



July 14, 2015

Thomas J. Betlach, Director
AHCCCS
801 E. Jefferson Street, MD 4100
Phoenix, Arizona 85034

Re: Extension of Medicaid Coverage for Former Tribal Foster Youth

Dear Mr. Betlach,

Over the past several months, the Inter Tribal Council of Arizona, Inc. (ITCA) has facilitated a workgroup comprised of representatives from Tribal Social Services, Tribal Health Departments, AZ Department of Economic Security, and AHCCCS to discuss the ACA provision regarding the continuation of Medicaid services to youth who have aged out of tribal foster care. Attached is the outline of the final recommendations of which most, if not all, can be implemented immediately regarding Medicaid coverage for current and former Tribal foster youth.

Upon a final review and consultation with Tribes, the ITCA looks forward to continuing the work with the workgroup to develop and implement an information dissemination and training plan on the new processes for this project. Questions regarding these recommendations may be addressed to my attention at maria.dadgar@itcaonline.com or to the following staff: Alida Montiel, Health Systems Director, at alida.montiel@itcaonline.com or Verna Johnson, Health Program Manager, at verna.johnson@itcaonline.com.

Sincerely,

Maria Dadgar, MBA
Executive Director
Inter Tribal Council of Arizona, Inc.

CC: File
Enclosure

Ak-Chin Indian
Community
Cocopah Tribe
Colorado River
Indian Tribes
Fort McDowell
Yavapai Nation
Fort Mojave Tribe
Gila River Indian
Community
Havasupai Tribe
Hopi Tribe
Hualapai Tribe
Kaibab-Paiute Tribe
Pascua Yaqui Tribe
Pueblo of Zuni
Quechan Tribe
Salt River Pima-
Maricopa Indian
Community
San Carlos
Apache Tribe
San Juan Southern
Paiute Tribe
Tohono O'odham
Nation
Tonto Apache Tribe
White Mountain
Apache Tribe
Yavapai-Apache
Nation
Yavapai-Prescott
Indian Tribe

Inter Tribal Council of Arizona
Tribal Foster Youth/Medicaid Workgroup
Recommendations

Background

In Arizona, all foster youth in the state system are enrolled in the Young Adult Transitional Insurance Program (YATI) for health care coverage through the Arizona Health Care Cost Containment System (AHCCCS) in the month they turn 18. Prior to passage of the Patient Protection and Affordable Care Act (ACA), youth up to the age of 21 were enrolled in YATI, but it was expanded to the age of 26 on January 1, 2014, per a new requirement of the ACA known as Section 191. AHCCCS and the Arizona Department of Economic Security (ADES) instituted coverage for the new eligibility group on January 1, 2014, but did not include American Indian youth who transition out of tribal foster care systems.

On December 31, 2014, the Inter Tribal Council of Arizona, Inc. (ITCA) requested that a tribal workgroup be established to discuss aspects of the program that would be required for AHCCCS/ADES and Tribal government implementation. With the concurrence of the agencies and staff participation, the workgroup began to meet and develop the following necessary steps to ensure equal access to Medicaid for youth that are aging out of or currently in tribal foster care.

1. Revise the Application for Benefits (Medicaid Electronic/Paper Application)
 - Page 8 – Foster Care and Adult with Child
 - Add a question: “Was anyone in Tribal Foster Care in Arizona on his/her 18th birthday?”
 - Inclusion of this question is necessary to assist in the completion and processing of the AHCCCS application for youth currently and formerly in tribal foster care and triggers data collection.

2. Develop a New Cover Page for Youth Currently in Tribal Foster Care for the Application for Benefits
 - The cover page may be utilized by Tribal Social Services programs to clearly identify youth in foster care placement that are applying for Medicaid coverage.
 - The cover page will alert AHCCCS/ADES (DBME) in local offices that the individual is in Tribal foster care to ensure applications are processed appropriately.
 - For electronic applications, the cover page can be uploaded.
 - The cover page to be maintained by AHCCCS will be updated as needed. (See draft attached).

3. Establish a Central Unit at ADES/Division of Benefits and Medical Eligibility (DBME)
 - Establish a central unit of staff to process all Medicaid applications for foster youth aging out of tribal foster care.
 - Develop system that sends alerts to Tribal case managers regarding youth who are close to aging out to prepare for continued Medicaid coverage up to age 26.

4. Young Adult Transitional Insurance (YATI) – Referral and DCYF/FAA Turn-Around Document (TAD) – FAA Form 1097
 - Create a new form (1097-T) for Tribal youth aging out of Tribal foster care. Include the name of the Tribe’s referring agency, i.e., Social Services and the name of the Tribe the applicant is a member of.
 - The new form will alert DBME/Family Assistance Administration (FAA) that the applicant is a member of a federally recognized Tribe located in Arizona.

5. Medicaid Eligibility Manual
 - Amend appropriate sections to include Medicaid eligibility of youth in and aging out of tribal foster care (up to age 26).

6. Former Foster Youth – Self Attestation
 - Allow self-attestation by former foster youth as of March 23, 2010, the effective date of the Patient Protection and Affordable Care Act, to begin processing Medicaid applications of tribal youth that would have qualified since that date for the YATI program in Arizona. This is a request by Tribal Social Service Directors because Tribes do not have a system such as CHILDS that would allow for electronic verification of foster care status for youth who were tribal wards. Tribes indicated that copies of paper files of youth that aged out of tribal foster care may no longer be stored on-site if the case was closed. Self-attestation would alleviate the barrier of accessing Medicaid health insurance coverage.
 - According to the FAQ issued by the Centers for Medicare & Medicaid Services (CMS) in December 2013, *states have broad flexibility under the final regulations at §435.956 regarding verification of non-financial eligibility requirements, other than citizenship and immigration status. States may, for example, accept self-attestation of the former foster care status and enrollment in Medicaid required for eligibility under this group. In addition, §435.952(c)(2)(ii) provides that the state may not require paper documentation unless electronic data to verify the individual’s status as a former foster care individual is not available and establishing such a data match would not be effective.*

7. Information Dissemination & Training
 - Continuation of the workgroup to develop and implement an information dissemination and training plan on the new processes for tribal youth in this new eligibility group.

DRAFT - Youth in Tribal Foster Care Update

A. Update Information

1. Out of home placement Change in "out of home" placement Returned home

2. Date child(ren) placed or returned home: _____ / _____ / _____

B. Child(ren)'s Information (Please print clearly)		
Name:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number:	Tribal Affiliation:	
Name:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number:	Tribal Affiliation:	
Name:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number:	Tribal Affiliation:	
Name:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number:	Tribal Affiliation:	
C. Placement Information (Please print clearly)		
Placed with:		
Relationship to child:	Phone:	
Address:		
City:	State:	Zip Code:
D. Tribal Social Services/Foster Care Information (Please print clearly)		
Tribe:	Social Worker Name:	
Address:		
City:	State:	Zip Code:
Phone #:	Email:	
Submitted by:		Date:

Using the Youth in Tribal Foster Care Update form:

Children in Tribal foster placements are potentially eligible for AHCCCS Medical Assistance. This form was designed for Tribal Social Services/Foster Care staff to use:

- By itself to report a change in placement for a child that is currently receiving AHCCCS; or
- As a cover sheet when applying for AHCCCS on behalf of a child in Tribal Foster Care.

Instructions for filling out the form:

Section A:

Question 1 – Check one of the three boxes to indicate the child’s updated placement.

Question 2 – Enter the date the change in placement or return home occurred.

Section B: Enter the child(ren)’s identifying information in each field.

NOTE: If multiple siblings are placed together, only one form is needed. If one or more siblings are placed separately, complete a separate form for each placement. (Example: Three siblings are removed from their home. Two of them are placed with one foster family, and the third child is placed with another. Two forms would be needed; one with the two siblings, and the other with the third.)

Section C:

Enter the information for the child’s new placement.

NOTE - “**Placed with**” field: Enter the name of the child(ren)’s primary contact at the new placement. This may be a staff contact at a group home, a foster parent or the child’s parent/guardian when returned home.

Section D:

Enter the identifying information for the Tribal Social Services/Foster Care agency and the child’s social worker. It is important to include a contact number and address as the DES or AHCCCS eligibility worker may need more information. Notices about eligibility and renewals will also be sent to the child’s social worker at the address provided.

Instructions for submitting the form:

When the child has current AHCCCS eligibility:

Send the completed form to the local DES office, except if the child has ALTCS. When the child has ALTCS, submit the form to the local ALTCS office. A list of ALTCS offices and their contact information can be found at:

<http://www.azahcccs.gov/applicants/application/ALTCSoffices.aspx?ID=ALTCS>

Please include a copy of the Tribal Court Order of Placement if available (only needed for the initial out-of-home placement).

When the child does **not** have current AHCCCS eligibility:

Complete this form and submit it with the AHCCCS application to the local DES office or online through HEAplus.