

## Frequently Asked Questions Health

### **Is Florida going to offer the full array of services to Medicaid eligible children in care and extended care up to age 21? Medical/dental/vision/mental health benefits the same as for children under 18?**

AHCA and DCF have assured us that the full array of health and behavioral health services will be covered under the Sunshine Plan for the 10 regions covered by the Sunshine Plan and by the two providers for the other two regions as well. Until these plans are fully implemented as of August, 2014, services will be paid on a fee for service basis. They have to change many rules and handbooks etc.

### **What will happen when the kids turn 18, do we need to re-do proof of eligibility with a new application?**

As long as the young adult remains in foster care upon reaching age 18, AHCA has assured us that all young adults who are Medicaid eligible will remain Medicaid eligible without having to re-apply upon reaching age 18.

### **What about the young adults who will drop in and out of the programs? Since their eligibility is based on their foster care history, can they just stay in the Specialty Plan until 21?**

Young adults who exit foster care will not be eligible to remain in the specialty plan. The young adult who comes forward after having dropped out of extended foster care, will be offered the opportunity to choose either the specialty plan or other plan offered in the location where they live. Medicaid eligibility will remain seamless, but there is not seamless specialty plan eligibility.

### **What will happen when the young adults turn 21? A new application? For all? (Asking because of the likely move from the Specialty Plan to Adult Medicaid)**

When the young adult is no longer participating in foster care, they would have to submit a new application for Medicaid. The Affordable Care Act would allow young adults who have been in care to use a categorical eligibility until age 26. Florida is likely to comply.

### **Will Florida use the federal definition of foster care for Affordable Care Act and Medicaid purposes?**

AHCA and DCF assure us that for purposes of the Social Security Act, “foster care” includes all children who are placed away from their parents or guardians under the care and direction of the state. (45 CFR 1355.20) CBCs serve all of those kids while under 18 but the new law narrows who we can serve over 18. But we would be happy to have at least health care to offer them.

**How will all this be handled until the new Specialty Integrated Health Plan (Mental Health/Medical) is in effect? What will change thereafter?**

Children in the current child welfare plan will remain in the plan until they transition upon reaching age 18. For young adults over the age of 18 who are eligible, there will be a fee-for-service arrangement until the plan goes into effect and the young adult is enrolled.

**Will the Young Adults (18 and over) be required to go into this plan or provided the option to remain in this plan or choose another?**

They will be given an option of a plan serving their community or the child welfare specialty plan.

**Will the Plan include “adult service” providers?**

Yes.

**The new law is clear that the Legislature intends “portability” for the new Road to Independence Program. Youth who may live out-of-state must be served. It is our understanding that Florida Medicaid does not transfer to out-of-state, even for a young adult attending college and planning to return to Florida. Can you provide guidance on how to harmonize the new law and current Medicaid rules?**

The specialty plan will have limited service arrangements out of state. These have not been finalized yet.

**Will undocumented Young Adults also have access to Medicaid benefits?**

Undocumented young adults have access to emergency services only and will not have access to the plan.

## **BEHAVIORAL HEALTH SERVICES**

**Will Young Adults in EFC be able to stay in SIPPs or go to a SIPP if needed and will AHCA fund?**

So long as Young Adult meets criteria and it is medically necessary, this should not be a problem. Inpatient psychiatric hospital services for individuals under the age of 21 is a Medicaid covered service. 42 U.S.C. §§ 1396d(r)(5); 1396d(a)(16) & 1396d(h); Fla. Stat. 409.906(8). We understand that the current Statewide Inpatient Psychiatric Program (SIPP) is the subject of a Medicaid waiver that improvidently limits the provision of this service to children under the age of 18. We also understand that under Medicaid Managed Care the SIPP waiver will cease to be

in effect. It is our understanding that young adults in extended foster care will continue to have access to inpatient psychiatric hospital services and we are hopeful that means in the same facilities now dedicated to young people.

**Will licensing need to change as it is now capped at 18?**

Yes, licensing will need to change. AHCA has submitted suggested revised language to DCF for the needed change.

**Will the handbook for SIPPs, and other matters be amended?**

Yes. The 18 year old cap will be removed and other revisions will address the needs of the population served in extended foster care. We do not have dates for this yet.

**Will a Young Adult in Extended Foster Care be eligible for a specialized or therapeutic group home (or foster home) funded by AHCA if that service is needed?**

Yes. We have young people indicating they want to remain in Specialized Therapeutic Foster Care, Therapeutic Group Care, and/or receive Behavioral Health Overlay Services which currently are included in the Community Behavioral Health Services Handbook as available up to the age of 21 but historically have not been available. Licensing issues for such placements will need to be resolved.

**Is AHCA willing to look at the problem of Community Based Non-Residential Related Services are not being generally available but very much needed, especially if DCFs Safety Plans are going to work and especially if young adults are going to heal from trauma, gain insight and move on to self sufficiency?**

AHCA and DCF are will to look at the problem described.

**Substance abuse is a real barrier to completing education and gaining employment. How are DCF (its substance abuse programs and child welfare programs) and AHCA planning to address the gaps in services across the state in this area?**

AHCA indicates that substance abuse services will be integrated into all medical managed assistance (MMA) managed care options.

**Can stipends in the independent living allocation be used to cover room and board at AHCA and APD facilities for over 18s?**

Generally, we think the answer is yes.

**Will there be sufficient flexibility in the funding for EFC and PESS to assist for Non-Medicaid covered services: example-Orthodontics, Restorative Dental Work, etc.? In the past, we used After Care for this purpose but the new law restricts its use to Non EFC and PESS young adults.**

We are waiting on an answer.

## CMS

Medical Foster Care (per the Medical Foster Care Services Handbook) is available up to the age of 21 and it appears no further action is needed to make sure that service remains available to young adults in extended foster care.

Right now the CBCs pay the foster parent board rate for under 18s but not over 18s. AHCA pays for medically necessary services provided by the caregivers. Will/can stipends be used to cover room and board?

Yes.

## PREVENTION

**Will the Sunshine Plan or other Medicaid resources be available to fund a nurse case manager to assist in navigation of healthcare system/accessing services for the young adults?**

Yes, nurse care managers are part of the plan.

**Will targeted case managers be available for young adults with mental health needs, especially those who decide to leave care at 18?**

Yes.

**Will capacity in the system be increased to ensure home visiting and other essential programs for pregnant youth/high risk clients?**

Home visiting is utilized now for the under 18 population and will be utilized for the eligible over 18 population