Understanding the Impact of Medicaid Expansion on Former Foster Youth in Maryland

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Background

- New ACA provision
  - Foster youth in care on their 18th birthday eligible for Medicaid up to their 26th birthday
    - Went into effect 2014
- Prior to ACA, aged out youth often lived with no insurance
  - High levels of somatic and behavioral health problems
    - Estimated up to 57% have some form of mental disorder
    - Twice as likely to have a child by 21
- After first year, stakeholders concerned about low enrollment
Project Objectives

- Determine the rate of Medicaid enrollment for MD former foster youth.
- Determine under what circumstances MD former foster youth are enrolled.
- Identify barriers and possible strategies to overcome them.
Methods

- **IRB**
- **Quantitative**
  - Worked with the Hilltop Institute at UMBC
  - Data and time limitations
- **Qualitative**
  - Stakeholder Interviews
    - Neha Trivedi, Health Policy Director, Advocates for Children and Youth
    - Leigh Cobb, Health Policy Consultant, Advocates for Children and Youth
    - Dr. Rachel Dodge, Medical Director, Making All the Children Healthy (MATCH) Program
    - Deborah Harburger, Project Director, THRIVE@25
Supplemental Methods

- Literature Review
- State Brief
  - How are the other 49 states handling the former foster youth provision?
Results- Quantitative

- Number of Former Foster Youth (FFY) Currently Eligible: (excluding 18&25 year olds) 6,737
- Number of FFY Currently Enrolled: 4,719
- Rate of Enrollment:
  - 19-24 yr olds: 70%
  - 21-24 yr olds: 63%
  - 23-24 yr olds: 54%
- Those who Left Medicaid: 28%
Results - Quantitative

Percent Enrolled

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<tr>
<th>Year</th>
<th>Percent Enrolled</th>
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<tr>
<td>19</td>
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Results- Quantitative

- **Location**
  - Baltimore City, Baltimore County, and Prince George’s County

- **Under what circumstances are enrolling**
  - Low income
  - Pregnancy
  - Former foster care status

- **Healthcare Utilization**
Results-Qualitative

10

• Common Foster Care Health Issues
  - Sexual health, including pregnancy
  - Mental and behavioral health
  - Chronic physical health issues
  - Oral health
  - Overmedication
Results-Qualitative

- **Barriers to Enrollment**
  - Lack of outreach and awareness
  - Systems to sign-up
  - Mobility of FFY population

- **Ideal Enrollment Practices**
  - Automatic
  - No youth leaves care without an active Medical Assistance card
  - Staff, such as call center workers and DSS case workers, are made aware of new provision
Results-State Brief

- **Enrollment Strategies**
  - Most states have no special practices for FFY
  - California’s 1 page form
  - Specialized workers in Georgia, Michigan, and Rhode Island

- **Renewal Strategies**
  - Most state have no special practices for FFY
  - California and Michigan require no annual renewal

- **Outreach Strategies**
  - NH’s Department of Children, Youth and Family
  - Advocacy groups
Discussion

- Low enrollment of those who left Medicaid and older former foster youth
- Current sign-up process
- Recommendations for gaining coverage
- Longer-term recommendations
  - Braiding and/or blending funding
  - Working with other state agencies to shore up FFY safety net
Next Steps

- Strengthen connections between DHMH and DHR
- Further research
  - Additional stakeholder interviews
  - Quantifying number of foster youth who are eligible
- Monitoring issue
  - Better understand how new provision is implemented and how systems are working
Questions

For questions:

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