FOSTER CARE TRANSITIONAL MEDICAID (FCTMA)

Frequently Asked Questions

FCTMA OVERVIEW

What is Foster Care Transitional Medicaid?

Foster Care Transitional Medicaid (FCTMA) is the Michigan Medicaid program established for youth who transition out of the foster care system after age 18. Youth who age out of foster care are eligible for FCTMA once the foster care case and foster care departmental ward Medicaid case is closed, provided the youth meets FCTMA eligibility criteria.

On January 1, 2014, a provision in the Affordable Care Act (ACA) extended Medicaid to eligible former foster care youth to age 26. Previously FCTMA ended at age 21. With the ACA's Medicaid extension, FCTMA benefits are available to age 26, ending the last day of the month of the young adult's 26th birthday.

Who is eligible for FCTMA?

To be eligible for FCTMA, former foster youth must meet the following criteria:

- Under 26 years of age; and
- **At the time of the youth's 18th birthday,** the youth was:
  - In an out-of-home placement, under the responsibility of the Michigan Department of Health and Human Services (MDHHS) or tribal court;
  - Receiving Medicaid.

What health services are covered by FCTMA?

Benefits include doctor visits, health exams, dental exams and treatment, vision services, prescriptions, mental health services, inpatient/outpatient hospital care, immunizations, family planning, prenatal care and delivery, inpatient/outpatient surgery, 24-hour emergency care, lab tests, x-rays, and more.

What is the application process to receive FCTMA?

As youth (ages 18 to 21), are preparing to leave foster care, the assigned foster care caseworker must discuss transition planning. Transition planning includes health care coverage, i.e. Medicaid. At the time the ***eligible*** **youth exits** from foster care, an automatic referral is submitted to the FCTMA Unit. In order to receive FCTMA and other health care information, the youth's address is required. FCTMA cannot be processed without the youth's current address. This means the youth must provide the assigned caseworker with his/her address upon exiting foster care.

If the foster care youth has already aged out foster care (i.e. *former* foster care youth), the youth/young adult will need to apply for the medical assistance to age 26. There are two methods available to the former foster care youth to apply for the extended FCTMA coverage:

- Direct access to application: www.michigan.gov/mibridges or
- For more information and copy of the Michigan application, DCH-1426, Application for Health Coverage & Help Paying Costs[1], Go to the MDHHS Health Care Coverage site, http://www.michigan.gov/mdch/0,4612,7-132-2943-320219--,00.html

NOTE: The application includes a question for the former foster youth to indicate that he/she was in foster care at age 18 or older. The former foster care status box must be checked, or the former foster youth may be denied Medicaid or assigned another type of Medicaid program.

ELIGIBILITY QUESTIONS

Does the Medicaid extension for former foster care group cover youth who turned 18 or aged out of foster care prior to January 1, 2014?

Yes. Effective as of January 1, 2014, coverage is available to individuals under age 26 who meet the eligibility requirements (i.e. youth who were both enrolled in Medicaid and in out-of-home foster care under the responsibility of the state or tribe at age 18).
Example: an eligible youth who left FC at age 20 and received FCTMA until 21st birthday on October 31, 2013 will be eligible for extended coverage under the former foster care group. That youth may now apply and obtain Medicaid until his/her 26th birthday.

If an eligible former foster care youth who aged out at age 18 applies for Medicaid at age 24, would she/he be eligible under this group?

Yes, this former foster youth would receive Medicaid (FCTMA) until age 26.

I was returned to my parent(s) after I turned 18 years old. Am I eligible for FCTMA?

Yes. If all of the FCTMA eligibility criteria is met.

I am applying for FCTMA today, but I have medical bills right now? Can FCTMA do anything about that?

FCTMA is retroactive 3 months from the date of the application**.** Retroactive means once a referral is made for FCTMA and FCTMA is opened, FCTMA can address medical bills that occurred one, two or three month(s) prior to the case opening. Questions may be directed to the Beneficiary Helpline at 1-800-642-3195.

[1] The DCH-1426, Application for Health Coverage & Help Paying Costs, is the paper application to use to apply for healthcare coverage in Michigan. Health care coverage refers to Medicaid, the Children's Health Insurance Program (CHIP), private health insurance plans that offer comprehensive coverage, and a tax credit that can help pay your premiums for health coverage.

I was adopted. Can I get FCTMA?

Any youth that was adopted prior to age 18 is not eligible for FCTMA.

I was in foster care in another state but now I live in Michigan. Am I eligible for FCTMA?

No. Only Michigan aged-out foster youth can receive Michigan's FCTMA. Another type of health coverage may be available. To apply, go to the MDHHS Health Care Coverage site, http://www.michigan.gov/mdch/0,4612,7-132-2943-320219--,00.html

I ran away from my foster care placement. Can I get FCTMA?

Yes, if your case is closed. Any youth who was Absent Without Legal Permission (AWOLP) when the foster care case closed and who meets the eligibility criteria, can receive FCTMA. Contact your former case worker and ask her/him to make a manual referral for FCTMA.

Aa current address is required. If the foster care case is still open, Medicaid is still active. If so, FCTMA cannot be activated until foster care case is closed.

What happens if I move away to college? Can I keep FCTMA?

When moving to another location within Michigan, the FCTMA coverage continues. However, enrollment into another Medicaid Health Plan (MHP- see more info under Medicaid Health Plans) may be necessary. Each MHP operates in particular counties and the current MHP may not operate in the relocation county. For more information contact the current MHP.

If medical services are provided by a doctor that does not participate in the youth/young adult's enrolled MHP network, charges will apply. FCTMA only offers medical coverage for youth that live in Michigan. If moving to another state, apply for medical assistance in that state.

How do I let FCTMA know that I have an address change?

It is very important for Medicaid to have the youth's permanent address current with Medicaid. If you have FCTMA, the FCTMA unit can be notified of your new permanent address via email at FCTMA@michigan.gov Include your full name, previous and new address and your Medicaid recipient ID # as listed on the mihealth card. Understand the difference between permanent address and temporary address.

What happens when I turn 26?

Eligible former foster youth are covered by FCTMA through the month of your 26th birthday. As young adults approach this time, other forms of health insurance should be explored. If employed, there may be a possibility to receive health care coverage through the job. If not, another type of health coverage may be available. To apply, go to the MDHHS Health Care Coverage site, http://www.michigan.gov/mdch/0,4612,7-132-2943-320219--,00.html

What is a Medicaid Health Plan (MHP)?

The Michigan Department of Health and Human Services (MDHHS) contracts with Medicaid Health Plans (MHPs) to provide services to Medicaid beneficiaries. This is managed health care, very similar to health management organizations (HMOs). The majority of Medicaid beneficiaries are enrolled into an MHP. All MHPs provide all medically necessary services. Once FCTMA becomes effective, youth/young adult will receive an enrollment information packet from Michigan Enrolls outlining the MHP enrollment process.
The Medicaid Health Plan will send enrolled youth the MHP member ID card. This indicates that the youth is a member of this specific MHP. The member ID card is used at all office appointments and other medical services, along with the Medicaid card. The MHP will also send the MHP Member Handbook outlining services available and providing needed information to access health care within the MHP.

While enrolled in a Medicaid Health Plan all medical care **must be provided** through health care providers/facilities that accept the specific MHP the individual is enrolled. All specialty services must be arranged through your primary care physician using a process called prior authorization. Receiving medical services by a health care provider outside of the youth/young adult's enrolled MHP will result in out-of-pocket charges to the youth.

When my Medicaid case is opened, who will contact me about my Health Plan choices?

An information packet is sent from Michigan Enrolls. It will list the Medicaid Health Plan choices in your county. Instructions for MHP enrollment and choosing a Primary Care Provider (Doctor) are included.

If an MHP is not selected by the date in the enrollment letter, Michigan Enrolls will auto-assign an MHP.

How will I know which doctors, pharmacy, hospital, or other medical providers participate with my MHP?

Call your MHP. Your Health Plan should have list of doctors, pharmacy, hospital, or other medical providers that participate with them. The phone number will be listed on MHP member card. Information on providers and services can also be found in the MHP Member Handbook.

What is needed at health care appointments to verify Medicaid coverage?

- Medicaid Identification card, known as the miHealth card.
- Medicaid Health Plan Member ID card.