Helping Former Foster Care Children Apply for Medicaid
Former Foster Care Children - FFCC

- Under the FFCC program, HHSC provides Medicaid to individuals 25 and younger who aged out of foster care and received Medicaid in Texas.
- The majority of individuals who age out of foster care are automatically transferred from Foster Care Medicaid to FFCC.
Who’s Eligible

❖ To be eligible for this program, the individual must:
  ➢ Have aged out of foster care in Texas under the conservatorship of the Texas Department of Family and Protective Services (DFPS) at age 18 or older
  ➢ Meet the age requirement and be age 18 through 25 years old
  ➢ Have received Medicaid when they aged out of foster care
  ➢ Meet all other Medicaid eligibility criteria such as U.S citizenship, immigration status, and Texas residency

❖ Note: If a former foster care individual wasn’t getting Medicaid when they aged out of foster care, they might be eligible for Medicaid for Transitioning Foster Care Youth (MTFCY). They can apply online at YourTexasBenefits.com or by submitting a Form H1205, Texas Streamlined Application, or Form H1010, Texas Works Application for Assistance - Your Texas Benefits.
Individuals who Aged out of Foster Care from Other States

- Individuals living in Texas who age out of foster care under an Interstate Compact on the Placement of Children (ICPC) agreement might be eligible for:
  - Medicaid for Transitioning Foster Care Youth (MTFCY) for those age 20 and younger, or
  - Former Foster Care in Higher Education (FFCHE) for those from age 21 through 23 if they are enrolled in an institution of higher education

- An individual currently living in Texas who aged out of foster care in another state is not eligible for FFCC, MTFCY, or FFCHE. However, they might qualify for another type of health care coverage.
Non-FFCC Eligible Individuals

- Individuals who are in jail, prison, or a juvenile detention center when they age out of foster care aren’t eligible for FFCC because they weren’t getting foster care Medicaid when they aged out.

- They might be eligible to receive MTFCY if they are 20 years of age or younger and were in the conservatorship of DFPS when they age out of foster care.
Verification of Citizenship/Immigration Status

- HHSC will first try to confirm the applicant’s citizenship or immigration status electronically.
- HHSC will use the applicant’s Social Security Number to verify citizenship and the applicant’s U.S. Citizenship and Immigration Services (USCIS) document to confirm immigration status.
- If HHSC can’t confirm the applicant’s citizenship or immigration status, the applicant must provide proof of citizenship or immigration status.
- If the applicant can’t provide proof of citizenship/immigration status at application, they will have a 95-day period from their certification date to prove their status.

Note: Individuals with certain immigration statuses may no longer be eligible to receive FFCC after the age of 21.
Citizenship/Immigration Verification Sources

If HHSC can’t verify the applicant’s citizenship or immigration status, one of the following sources is acceptable for verification:

**Citizenship**
- U.S. Passport
- U.S. Birth Certificate
- Certificate of Naturalization
- Certificate of U.S. Citizenship
- Evidence of membership or enrollment in a federally recognized tribe

**Immigration Status**
- I-551, Permanent Resident Card
- I-94, Arrival/Departure Record
- I-766, Employment Authorization Document

**Note:** These are just a few examples of verification sources.
Verification of Identity

- Former foster care children must provide proof of their identity at application.
Identity Verification Sources

- One of the following sources is acceptable for verification:
  - U.S. Passport
  - Certification of Naturalization
  - Driver’s license issued by a state or territory
  - School Identification card
  - Identification card issued by the federal, state, or local government with the same information included on driver’s licenses
  - Evidence of membership or enrollment in a federally recognized tribe
  - Two or more corroborating documents confirming ID (examples include, but are not limited to marriage license, divorce decree, or high school diploma)
  - Certificate of U. S. Citizenship

Note: These are just a few examples of verification sources.
Verification of Residency

- An applicant must live in Texas and intend to stay here permanently or for an indefinite period. The applicant doesn’t have to have a permanent dwelling or fixed residence.
- The applicant must give proof of their physical address at application and each renewal.
Residency Verification Sources

The following are acceptable for verifying the applicant’s current address:

- Utility bills or utility company records
- Rent receipt or statement from non-relative landlord
- Mortgage receipt or statement from mortgage company
- Valid Texas driver license or Department of Public Safety (DPS) identification card
- Department of Motor Vehicles record
- School records
- Voter registration card
- Statement from child care provider
- Employment records or statement from employer
- Official records confirming ownership of property
- Item of mail with household name and address
- Post office records
- Church records
- Statement from non-relative

Note: These are just a few examples of verification sources.
Residency Verification

- Individuals who have aged out of foster care might not always have documents that show their current address.
- If the person doesn’t have a document that proves their current address, they can provide a letter or statement from one of the following:
  - Statement from a non-relative, such as:
    - The individual’s Preparation for Adult Living (PAL) or Aftercare worker
    - Any agency or shelter the individual is getting services from
  - The person they are staying with if they are not related to that person
  - A neighbor or friend
  - Someone from school or job
  - Anyone familiar with their situation
Residence Verification - Letter

- If the FFCC applicant provides a letter or statement, the following information must be included:
  - Date
  - Applicant’s name
  - Name of company or agency, address and phone of the person providing the letter/statement
  - Signature of the person providing letter/statement
  - The address where the FFCC applicant can get mail

- The letter should explain how they know the FFCC applicant and explain the FFCC applicant’s living arrangement.

- For example: “I am John's PAL worker and have knowledge that he is currently living with his grandmother.”
How to Apply for Medicaid

- Online at YourTexasBenefits.com
- In person at a local office
  (Office locations are available at YourTexasBenefits.com, Your Texas Benefits Mobile App or call 2-1-1 and press 1)
- By mail – Texas Health and Human Services Commission
  PO Box 149024, Austin, Texas 78714-9024
- By fax – 1-877-447-2839
- By phone – calling 2-1-1 (after picking a language, press 2)
This is the quickest and best way to apply for benefits.

Applicants can call 2-1-1 or go to a local office if they need help applying online.

They need to make sure to tell the local office staff or the 2-1-1 representative that they are a former foster care child.

Staff in the local office will help applicants through the process.
YourTexasBenefits.com

If applying online, they will first need to set up an account.

Under the **Pick programs** section and Health-care benefits section select:
Person who: (1) is age 25 or younger, and (2) was in foster care.
In the **People applying for benefits** section, applicants must answer “Yes” to the question **Was ________ in: (1) foster care at age 18 or older?**

**Note:** The applicant’s name will appear in the shaded areas on the image to the right.
Applicants can apply by completing one of the following paper application forms:

- **Form H1010, Your Texas Benefits.** This application can be used to apply for SNAP (food benefits) or TANF (cash benefits for families), in addition to Health care.

- **Form H1205, Application for Health Care Coverage & Help Paying Costs.** This application is used for health care only.
Completing a Paper Application

- The following pages provide information on how to complete these important sections of the application and the addendum.
- The applicant can use the Form H1010 or Form H1205 to apply for other people in their household.
Completing Form H1010: Your Texas Benefits Application for Benefits

Applicants who have aged out of foster care and are applying for Medicaid must complete Section A of the application (page 1). *This is the first of three steps to ensure the application is routed to specialized FFCC staff for processing.*

- All applicants, who were in foster care and age out, **must** pick *Adult not caring for a child* if they are not caring for a child in the household.
- Applicants who are pregnant should pick *Pregnant Women*.
- Applicants who have children should pick *Adult caring for a child*.

If the applicant is pregnant or has children he or she may still be eligible for FFCC Medicaid.

**Note:** If the former foster care child is also applying for a child and/or spouse they should mark the appropriate boxes.
Completing Form H1010: Your Texas Benefits Application for Benefits

Section G of the application (page 3). This is the second of three steps to ensure the application is routed to specialized FFCC staff for processing.

- All applicants, who were in foster care and age out, must pick **Adult not caring for a child** if they are not caring for a child in the household
- Applicants who are pregnant should pick **Pregnant Women**
- Applicants who have children should pick **Adult caring for a child**

**Note:** If the former foster care child is also applying for a child and/or spouse they should mark the appropriate boxes.

**If the applicant is pregnant or has children he or she may still be eligible for FFCC Medicaid.**
Completing Form H1010: Your Texas Benefits Application for Benefits

In Section 3 (page 4-A), the applicant must answer question #4 as applicable.

*This is the third of three steps to ensure the application is routed to specialized FFCC staff for processing.*

Make sure and answer this question!
Completing Form H1205: Application for Health Coverage & Help Paying Costs

If a former foster care individual applies for Medicaid using Form H1205, they must answer questions #17 (page 3).

Note: This question is also listed on page 5, if there is a second person on the application who was also in foster care at age 18 or older.
Accessing Medicaid Services

- Former foster care children get Medicaid services through two Medicaid managed care programs: STAR and STAR Health.
- In each of these programs, Medicaid services are provided through a health plan.
- STAR Health offers extra benefits other programs do not, such as:
  - An Electronic Health Passport that keeps track of the individual’s doctor visits
  - Service management programs to help with the individual’s healthcare needs
  - A 24-hour nurse hotline (1-866-912-6283, option 7) to get answers to medical questions quickly
Accessing Medicaid Services

- STAR Health is available for aged out foster children 18 to 20 years old. It is the same program that covers children currently in foster care. Details about STAR Health can be found at: www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-star.asp. Superior is the health plan for individuals who are on STAR Health. (Note: Individuals in this group who are part of the STAR Health program can switch to the STAR program.)

- Former foster care children who age out and are 21 and older no longer qualify for STAR Health but may continue to receive Medicaid through the STAR program. Former foster care children in STAR must choose a STAR plan or one will be assigned. (Note: STAR is a different program than STAR Health.)
Accessing Medicaid Services

- Details of these plans are available at: www.hhsc.state.tx.us/medicaid/managed-care/star/client-information.shtml.
- If the individual does not get a list of plans to choose from when they are accepted, they should go to the above link and then call 1-800-964-2777 to choose their plan.
Reporting Changes – Types of Changes to Report

Former foster care children must report address changes within 10 days of knowing about the change. The changes a former foster care child must report are:

- Address changes
- Moves out of state
- Enrollment in health insurance

**Note:** Enrolling in another health insurance doesn’t affect FFCC coverage.
Reporting Changes – How to Report Changes

- Through YourTexasBenefits.com
- Through Your Texas Benefits Mobile App
- By calling – 2-1-1 (after selecting a language, press option 2)
- By fax – 1-877-447-2839
- By mail to: Texas Health and Human Services Commission
  PO Box 149024, Austin, Texas 78714-9024
- In person at a benefits office (Office locations are available at YourTexasBenefits.com or call 2-1-1 and press 1)
Renewing FFCC Medicaid

- HHSC uses an automated renewal process to determine if the individual continues to be eligible for FFCC Medicaid.
- Beginning in the 9th month of the 12-month certification period, HHSC gathers electronic data to confirm residency and immigration status.
- Two months before the end of their certification period, the individual receives Form H1211, *It’s Time to Renew Your Health-Care Benefits Cover Letter*, with instructions on how to renew their FFCC Medicaid.
- Individuals should carefully read and follow all instructions.
Renewing FFCC Medicaid – Additional Information Needed

- If the individual needs to provide more information, a Form H1020, *Request for Information or Action*, is included with the cover letter H1211, *It’s Time to Renew Your Health-Care Benefits Cover Letter*
- The H1020 lists the additional information that must be provided and acceptable sources that can be used to satisfy the information
Renewing FFCC Medicaid – Additional Information Needed

- The individual can return the requested information by uploading the documents to YourTexasBenefits.com or the Your Texas Benefits Mobile App. They can also mail or fax the documents.
- The individual must review their current case information.
- The individual must return a signed renewal, Form H1206FFCC, and all requested information to be recertified for FFCC Medicaid. The individual can complete and return the form electronically or by completing and returning the paper version of the form.
Renewing FFCC Medicaid – No Additional Information Needed

- If the individual does not need to provide more information, the cover letter H1211, *It’s Time to Renew Your Health-Care Benefits Cover Letter*, notifies the individual that they must review the information used to determine their eligibility.

- Individuals are only required to complete and return a renewal form, Form H1206FFCC, *Health Care Benefits Renewal - FFCC*, if the information on the renewal form is wrong or has changed.

- The individual can complete and return the form electronically or by completing and returning the paper version of the form.
Instructions for Renewing FFCC Medicaid

An example of the Form H1211, *It’s Time to Renew Your Health Care Benefits Cover Letter*, is provided.

Do not ignore this letter. If individuals have questions about this letter, they can call 2-1-1 for help.

When contacting 2-1-1 about their renewal inform 2-1-1 staff, and state: “I am a former foster care youth"

**Note:** It is important individuals keep all paper work together and read their notices.
Contacting 2-1-1

Former foster care children follow the steps below, to apply for benefits, renew their benefits, report a change (including updating their address), or if they just need help:

1) Call 2-1-1 (1-877-541-7905) between 8 a.m. and 6 p.m. Central Time, Monday to Friday
2) Pick language (English is 1)
3) Pick 2 (State Benefit Programs)
4) Pick 1 (Help with SNAP [food benefits], Medicaid)

5a) Pick 1 to enter the young adult’s Social Security Number and date of birth (xx-xx-xxxx) or pick 2 to enter the case number
   - You will hear case information
   - Pick 3, to report a change or check on a change reported
   - Pick 3, to report a new change to your household status. Wait for a call center agent to answer, and then say: “I am a former foster care child and need help with benefits.”

5b) Pick 3 if the Social Security Number and the Case Number are unknown
   - Pick 4, for questions about YourTexasBenefits or calling for another reason not listed
   - Pick 4, for questions about something not listed. Wait for a call center agent to answer, and then say: “I am a former foster care child and need help with benefits.”

**Note:** 2-1-1 will assist with non-FFCC related changes. If you have FFCC-related questions 2-1-1 staff will transfer you to specialized FFCC Staff.
Your Texas Benefits Mobile App

Individuals can download the Your Texas Benefits Mobile App to their phone. It’s free to download in the Google Play and Apple iTunes stores. They can use it to:

- Find an HHSC Office
- Create a YourTexasBenefits.com account
- Report certain types of changes, including change of address
- Check Status of case
- Upload documents
- View case information
- Sign up to receive alerts - Individuals can receive a cell phone text message or email reminder each time a new form or notice has been posted to their account.
- View letters and forms and pick the option to go paperless. This feature can be accessed through the Settings screen from the Main menu.

**Note:** Individuals can go to a local office if they need help downloading the app.
Aftercare Services

- The PAL Case Management and Aftercare Services contractors or DFPS PAL staff are available to help individuals who have issues with their Medicaid.

- Lead PAL Staff per region:
  [https://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Preparation_For_Adult_Living/PAL_coordinators.asp](https://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Preparation_For_Adult_Living/PAL_coordinators.asp)
Medicaid Cards and Eligibility Dates

- Medicaid cards are usually mailed within 10 calendar days from when an individual is certified for Medicaid.
- In general, regular Medicaid eligibility begins the day an individual meets all eligibility criteria. It is usually the first day of the application month if all eligibility criteria are met.
- Individuals can get a temporary Medicaid card, Form H1027-A, *Medicaid Eligibility Verification*, from their YourTexasBenefits.com account, at a local office, or by calling 2-1-1. They can also ask for a replacement Medicaid card by calling 1-855-827-3748.

**Note:** When a former foster care child visits a local office or calls 2-1-1 they need to make sure to tell the field staff or the 2-1-1 representative that they are a former foster care child.
The Community Partner Program (CPP)

The CPP is an HHSC program that partners with community-based organizations, including governmental agencies, that assist individuals in applying for and renewing benefits through YourTexasBenefits.com.

Community Partners receive numerous benefits including:

- Personal regional support
- Training and technical assistance on YourTexasBenefits.com
- Ability to provide HHS feedback on websites, 2-1-1 Option 2, and benefits
- News and updates on HHS programs
- Access to continuing education units (CEUs)
- Data reports on Community Partner activities

For more information go to:
www.TexasCommunityPartnerProgram.com