

## MEDICAID/MEDICAL ASSISTANCE

All children committed to the Michigan Department of Health and Human Services (MDHHS) or placed with the department by a court, who are in out-of-home care, are categorically eligible for Medicaid as a department ward. Medicaid is also known as medical assistance (MA); see [BEM 117, Department Wards, Title IV-E and Adoption Assistance Recipients](#) for additional information.

**Exception:** Children placed in foster care who are not U.S. citizens or qualified non-citizens are not eligible for Medicaid.

Medical assistance coverage for children who are not U.S. citizens or do not meet the definition of a qualified non-citizen is limited to emergency services only (ESO); see [BEM 225, Citizenship/Non-Citizen Status](#). Refer to [FOM 902, Funding Determination and Title IV-E Eligibility](#) for information on determining a child's status.

### Opening Medicaid

The Medicaid program for all children in foster care is opened in the electronic case management system, unless the child:

- Is placed with a parent (this includes placement with the non-custodial parent).
- Receives Medicaid through Supplemental Security Income (SSI) through disability determination by the Social Security Administration.
- Is an out-of-state foster child placed with a non-licensed relative in Michigan through the Interstate Compact.

The electronic case management system opens, updates, and closes Medicaid through an interface with Bridges. All children in foster care with Medicaid opened in the electronic case management system receive MA-FCDW (foster care departmental ward).

### Standard of Promptness

MA-FCDW must be opened in the electronic case management system and transmitted to Bridges, for all eligible children, within 14 calendar days of case acceptance.

**Note:** If a child with an open foster care case is placed in an out-of-home placement, MA-FCDW is required to be opened in the electronic case management system.

### Children with MA-ADSW

MA-ADSW must be closed when a child with MA-ADSW (adoption assistance Medicaid) is removed from the adoptive home and placed into foster care. **The required MA-FCDW cannot be opened until the MA-ADSW is closed.**

Caseworkers must notify the adoption assistance specialist that the child has returned to foster care. Contact information for the adoption assistance specialist is available through the following link: [Adoption and Guardianship Office](#).

### Unlicensed Relative/Unrelated Placement

Children placed with unlicensed relatives or unrelated caregivers must have an open MA-FCDW case in the electronic case management system.

### CHILDREN RECEIVING SSI

Medicaid is not opened in the electronic case management system for children entering foster care who are already receiving SSI benefits with active MA-SSI. In this instance, eligibility has already been determined and children will continue to receive Medicaid benefits under the SSI case while the SSI case remains active. The caseworker must complete the actions described in paragraphs below to keep the SSI case active.

### SSI and DHS-3205

A [DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record](#), must be completed for all children who are SSI recipients upon entry into foster care. The [DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record](#) is submitted to:

- MDHHS Governmental Benefits Unit Mailbox at [MDHHS-GovtBenefits@michigan.gov](mailto:MDHHS-GovtBenefits@michigan.gov) for title IV-E, state ward board and care or limited term/emergency foster care funded children, or

- Local county probate court for county funded children in foster care.

Timely completion and submission of the [DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record](#) by the state or county court office, as the SSI payee, is necessary to regularly report the SSI recipient's required information to the Social Security Administration (SSA). **Failure to report information to SSA will result in the closure of the SSI case.** The caseworker may need to initiate a new SSI application. Refer to [FOM 902-12, Government and Other Benefits](#) for required process for children who may be potentially eligible for SSI.

#### ***DHS-3205 Required to Report Change of Child's Circumstances***

In addition to completion of the [DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record](#) at foster care entry, a [DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record](#) must be completed and sent to the appropriate office (MDHHS Governmental Benefits or the County Probate Court) as notification of all changes in the SSI recipient's circumstances such as:

- Change in physical placement of the child (replacements/moves):
  - Any replacement of a child by a child-placing agency, including a move from one foster home to another.
  - Return home, child placed back in own home with parent or legal guardian.
  - Move from one living arrangement/service type to another living arrangement/service type.
- Change in cost of care, such as placement into a child caring institution (CCI).
- Change in funding source.
- Adoption of child.
- Case closure, discharge, or release of the youth.
- Death of a child.

- Change in parent's situation that could affect the child's eligibility for benefits (example: disability of a parent, death of a parent, etc.).

### **MA-SSI and Foster Care Notification to the Eligibility Specialist**

For each change in physical placement of the child, the caseworker must notify the eligibility specialist (ES) with responsibility for the MA-SSI of the new placement address and service type to ensure Bridges is updated. If notification does not occur, Bridges will not update and the correct placement information will not transmit to MDHHS Community Health Automated Medicaid Processing System (CHAMPS). Incorrect foster care placement information creates Medicaid and health care access issues.

### **Maintaining SSI for the Child or Youth in Foster Care**

Along with timely completion and submission of the [DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record](#), the caseworker must ensure that all information requests from the MDHHS Governmental Benefits Unit are met with prompt response. This includes completion of Social Security Administration Continuing Disability Review (CDR) forms for the SSI recipient in foster care. Caseworkers must complete the SSA CDR forms and return to MDHHS Governmental Benefits Unit by the deadline indicated in the communication. Failure to return the completed SSA CDR forms to the Governmental Benefits Unit by the due date will trigger the closure of MA-SSI and ultimately the SSI benefits. If the SSI closes, the assigned caseworker (direct care worker) will need to complete all paperwork required for the SSA determination appeal or the new SSA application for disability benefits.

### **SSI Potential Eligibility**

Children who have physical, emotional, or mental disabilities may be eligible for SSI benefits.

If a child or youth is identified as potentially eligible for SSI at any time while in foster care, the caseworker must:

- Screen the child to determine if the youth meets the definition of disabled per SSA. See [FOM 902-12, Government and Other Benefits](#).
- Email the [DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record](#) and current court order to the Government Benefit Unit Mailbox at [MDHHS-GovtBenefits@michigan.gov](mailto:MDHHS-GovtBenefits@michigan.gov) and indicate the child is potentially eligible for SSI.
- Respond promptly to all contacts/inquiries from the Governmental Benefits Unit as SSI determinations are time dependent upon SSA's receipt of application.

Upload the [DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record](#) into the electronic case management system Financial Eligibility documents with clear identification of form (DHS-3205, date) for verification of [DHS-3205](#) submission.

## LONG-TERM CARE

Medicaid is the funding source for children placed in a long-term care facility (for example, nursing facility, mental health facility). Children in foster care placed in a long-term care facility must be referred to a MDHHS eligibility specialist (ES) for assistance in determining the begin and end dates for the level of care code.

## OUT-OF-STATE PLACEMENTS AND MICHIGAN MEDICAID

Medicaid must remain open in the electronic case management system for any child placed outside Michigan. However, this does not mean that Michigan Medicaid is a valid source of Medicaid coverage in other states. Medicaid coverage and benefits cannot be switched from one state to another. For children placed outside of Michigan, Michigan Medicaid can only be used if the health care provider in the child's placement state agrees to enroll in Michigan Medicaid. No Medicaid payments can be made to health care providers in other states unless that provider is enrolled in the Michigan Medicaid program.

In some instances, another state may open Medicaid for a child. Once it is verified that this has occurred, the child's Medicaid case must be closed in the electronic case management system.

When a child in foster care is placed out of Michigan, the child's title IV-E eligibility is used to determine medical assistance (Medicaid) eligibility.

### Title IV-E Eligible

If a title IV-E eligible child is placed in a licensed foster home or licensed private child caring institution outside Michigan, the child is eligible for medical assistance in the state where the youth is residing/placed. However, the Medicaid is not closed in the electronic case management system until confirmation of active Medicaid coverage is received from the receiving state. Follow the interstate procedures to ensure proper processing of the interstate referral.

Title IV-E eligible children placed in a Michigan-licensed family foster home or private child caring institution by an agency in another state are eligible for the Michigan medical assistance program. Follow the electronic case management system procedures outlined in this item.

### Title IV-E Ineligible

The state with legal jurisdiction is responsible for the medical assistance case for a non-title IV-E eligible child who is either:

- The responsibility of the department and placed in a licensed family foster home or licensed child caring institution outside Michigan.
- Placed in Michigan by another state.

Medicaid is not available for title IV-E ineligible cases. The child must have an Interstate Compact Financial/Medical Plan detailing the sending state's plan for providing and financing health care for the child.

***Exception:*** A child from an out-of-state foster care program placed with a non-licensed relative in Michigan through the Interstate Compact is eligible for Medicaid. The non-licensed relative must apply for the child's Medicaid at the local county MDHHS office.

Refer to [ICM 100, Interstate Compact on the Placement of Children \(ICPC\) Overview](#) for more information.

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**RETROACTIVE  
MEDICAID**

Retroactive Medicaid may be available for children for all or part of the three calendar month period prior to the receipt of the court commitment or placement and care order. If there was an incurred medical expense for which MA coverage is needed, the caseworker can assist by obtaining a [DHS-3243, Retroactive Medicaid Application](#), for the family to complete and return to the local office for a date stamp and to initiate the MA application process. If the family is unavailable to complete the form, the caseworker must complete the [DHS-3243, Retroactive Medicaid Application](#), to the best of the youth's ability and return the form to the local office reception for initiation of the retroactive MA process.

**OTHER MEDICAL  
RESOURCES AND  
THIRD PARTY  
LIABILITY**

Federal law and regulations require states to ensure Medicaid beneficiaries use all other resources available to pay for all or part of their medical care before turning to Medicaid. The State Medicaid program pays only after the third party has met its legal obligation to pay. A third party is any individual, entity, or program that is, or may be, liable to pay for any medical assistance provided to a Medicaid beneficiary. Third parties may include private health insurance, medical support from absent parents, Medicare, etc.

**Reporting Other  
Medical Resources**

Other medical resources must be reported to the [MDHHS Third Party Liability](#) (TPL) Division. The [DCH-0078, Insurance Coverage Request Form](#), is used to record additional health insurance information to the TPL division. Include copies of all identification cards for additional coverage (health, pharmacy, vision, and dental) available to the child with the [DCH-0078, Insurance Coverage Request Form](#).

Submit the [DCH-0078, Insurance Coverage Request Form](#) through the online process or fax the form to: (517) 346-9817.

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## Private Health Insurance

For children with private health insurance, the policy information must be documented in the electronic case management system Financial Section, under the Employment/Insurance tab. The private health insurance is the child's primary coverage, MA-FCDW is secondary coverage.

## Termination of Medical Resource

When local offices receive information on the termination of a medical resource, notify [MDHHS Third Party Liability Division](#) by use of the [DCH-0078, Insurance Coverage Request Form](#).

The TPL will investigate the reported change and notify the local office in writing of the status of its review. Terminations of other medical resources are verified with the resource. If the resource no longer exists, the TPL data bank (records on other medical resources) and Bridges are updated.

## Termination of Parental Rights Court Orders

The TPL data bank process is not able to verify or update private insurance status in cases where parental rights have been terminated. In this type of situation, the caseworker must attach a copy of the court order terminating the parental rights to the [DCH-0078, Insurance Coverage Request Form](#) and fill in the "Other" text field box (under Reason for Change). A copy of the [DCH-0078, Insurance Coverage Request Form](#) is filed in the medical section of the case record and all pertinent information regarding other insurance available to the child is documented in the electronic case management system Financial Section.

## DETENTION, COURT TREATMENT CENTER, JAIL, OR TRAINING SCHOOL PLACEMENTS

A youth remains Medicaid eligible while placed in a detention facility, court treatment center, jail, or MDHHS training school. The Medicaid case must remain open in the electronic case management system. However, per federal regulations, Medicaid



coverage is limited to off-site inpatient hospitalization only. The facility is responsible for all other medical services provided to youth.

## Process

The MDHHS Medicaid exception unit will enter a program enrollment type (PET) code, INC EXM PET or INC-JDET, to identify a youth who is incarcerated. The INC EXM PET/INC-JDET code suspends Medicaid reimbursability, preventing Medicaid coverage for any service with the exception of inpatient hospitalization. The caseworker must enter the youth's placement in the electronic case management system and transmit to Bridges for the Medicaid Exception Unit to complete the process. Failure to enter and transmit detention, court treatment center, jail, or training school placements promptly may create Medicaid payment problems.

When the youth is discharged, the caseworker enters the youth's new placement information into the electronic case management system and transmits to Bridges. Upon updating the electronic case management system with the new placement information, the INC EXM PET/INC-JDET code will end allowing access to Medicaid. Delays in placement updates create health care access-issues. Contact the county MDHHS Health Liaison Officer (HLO) to assist with incarceration code issues.

## MA-FCDW CLOSURES

Children no longer in a foster care out-of-home placement, regardless of court jurisdiction, are not categorically eligible for MA-FCDW. The MA-FCDW must be closed when:

- Child is placed in own home, which includes:
  - Reunification.
  - Placement with non-custodial parent.
  - Guardianship.
  - Adoption.
- Child's foster care program type/case closes.

See Medicaid Closure/Ex Parte Review below for more information.

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**DCH-1426,  
Application for  
Health Coverage &  
Help Paying Costs**

When a child is placed back in the child's own home (reunification), the child is no longer categorically eligible for foster care Medicaid. The caseworker must ensure that the family is aware that the MA-FCDW will close at the end of the month of the child's return home. Families with Medicaid will need to contact their county MDHHS office to reinstate the child's Medicaid to the family's case.

If the parent does not have health insurance for the child, the caseworker is to encourage the parents to apply for Medicaid for the child. Michigan offers several medical assistance programs. The caseworker is to refer the parent to the [MDHHS Application for Health Coverage & Help Paying Costs](#) site or provide the parent the health care coverage information and form from the site.

**Medicaid Closure/  
Ex Parte Review**

Prior to closing the MA-FCDW in the electronic case management system, the caseworker must update demographic information, which includes the child's current address in the electronic case management system. The electronic case management system updates are required for the Medicaid ex parte review (see Glossary) process, which must occur before the MA-FCDW can close. Once the demographic information is updated, the caseworker can close the MA-FCDW in the electronic case management system.

MA-FCDW does not close automatically with the electronic case management system closure; the centralized Medicaid unit must complete an ex parte review to determine if the child may be eligible for any other MA category, including disability related MA.

**MEDICAID TYPE**

There are two methods to reimburse (pay) Medicaid providers:

- The fee-for-service (FFS) method.
- The managed care plan method, Medicaid Health Plans (MHPs).

Children in foster care are Medicaid beneficiaries in one of these two types of Medicaid.

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## Fee-For-Service Medicaid

Fee-for-Service (FFS) Medicaid is a method of paying an established rate for a unit of health care service. FFS Medicaid is also known as traditional, regular, or straight Medicaid. Children with FFS Medicaid are not enrolled in an MHP and may receive medical services and treatment from health care providers that accept FFS Medicaid.

## Medicaid Health Plans (MHP)

A Medicaid health plan (MHP) is managed health care, which is responsible for both the financing and delivery of a broad range of health care services to the enrolled population. Children in an MHP must receive health care and services from a health care provider within the child's specific MHP network.

## Michigan Enrolls

Michigan Enrolls (MI Enrolls) is the state's contracted enrollment broker. MHP enrollment activity is facilitated through MI Enrolls.

## Enrollment Status

Enrollment statuses for Medicaid are mandatory, voluntary, and excluded. The three enrollment status definitions are as follows:

- **Mandatory:** Medicaid beneficiaries are required to enroll in a MHP. Approximately 85% of all Medicaid beneficiaries are mandatorily enrolled into an MHP. Examples of mandatory beneficiaries include SSI recipients, children with Children's Special Health Care Services (CSHCS), infants, children, and pregnant women. The majority of children in foster care are mandatorily enrolled into an MHP. See the electronic case management system Service Type and Living Arrangement Code within this section for more information.
- **Voluntary:** Medicaid beneficiaries can, but are not required to, enroll in an MHP. Examples include American Indians/Alaska Natives and migrant workers. See below for more information on voluntary enrollment status for Indian children.

- **Excluded:** Medicaid beneficiaries are not allowed to enroll in a health plan. Examples include beneficiaries with other commercial HMO coverage, Medicare beneficiaries, and certain refugees.

### **Voluntary Enrollment Status for Indian Children**

The Balanced Budget Act of 1997 included provisions specifically exempting American Indians/Alaska Natives who are members of federally recognized tribes from mandatory enrollment in Medicaid managed care. However, this is not to assume that American Indian children in foster care are never enrolled into an MHP. The decision to voluntarily enroll into an MHP or remain fee-for-service Medicaid eligible is made by the child's family and/or tribe, not by the worker or through the Michigan Enrolls auto-enrollment process. Workers are required to discuss the Medicaid options with the family and/or tribe, obtain the preferred decision and ensure appropriate Medicaid coverage.

#### ***The Electronic Case Management System Entry***

Since the enrollment materials are based on enrollment status (and county) it is important that the race code in electronic case management system for Indian children is accurately entered. If the child has membership within an American Indian or Alaskan Native federally recognized tribe, select American Indian/Alaskan Native as the primary race (documented membership in a federally recognized tribe is required) in the electronic case management system Demographics screen.

### **Newborn Enrollments**

In foster care situations, newborns have the same Medicaid eligibility and enrollment status as their birth mother at the time of the child's birth. This could be either Fee for Service (FFS) Medicaid or enrollment within an MHP. If the newborn has FFS Medicaid, medical care must be provided by health care providers that accept FFS Medicaid.

However, if the birth mother is enrolled in an MHP during the birth month, the newborn should receive medical care with health plan providers in the mother's plan, even if the Medicaid eligibility is not yet established in Bridges. Medicaid providers know that newborns

will be retro-enrolled in the mother's MHP for at least the birth month.

Newborns of mothers who were eligible and enrolled at the time of the child's birth will be automatically enrolled with the mother's MHP. The MHP will be responsible for all covered services for the newborn.

### **The Electronic Case Management System Service Type and Living Arrangement**

Children placed in the following foster care service type/living arrangements have a mandatory MHP enrollment status.

- Licensed/Unlicensed Relative Home.
- Licensed Unrelated Foster Home.
- Adoptive Home.
- Guardianship Home.
- Independent Living.
- Unrelated Caregiver.
- Hospital.
- Adult Foster Care Home.

Refer to the Medicaid-Detention, Court Treatment Center, Jail or Training School Placements section for youth placed within these service types.

Children in all other service types and living arrangements within Michigan receive health care coverage under fee for service (FFS) Medicaid.

#### ***Living Arrangement Exceptions***

Fee for service Medicaid is retroactive to the first day of the month the child is placed into a child care institution (CCI). Therefore, the child is disenrolled from the MHP and the MHP does not remain responsible for the health care services.

### **MHP Participation and Primary Care Provider**

To support continuity of health care and the medical home model, the following procedures must be followed:

- Whenever possible, children entering foster care remain with their former primary care provider (PCP). Many of the children entering care will already be receiving health care through an MHP. Remaining with the same doctor provides assurances of current and complete medical information and guidance to care for the child.
- All children in an MHP must have a PCP. For any changes or moves in foster home placement, the child will remain with the same MHP as long as the new foster home is within the county served by the MHP. If the PCP is also located within the new county, the child will continue to receive medical care from the same physician.
- If the MHP is still available in the new county residence, but the PCP does not have an office in that county, a new PCP participating within the MHP must be selected. Contact the MHP.

### Obtaining Needed Services & Prescriptions

Children in foster care who are enrolled with an MHP must work with their PCP and use providers in the MHP's provider network.

Children in foster care with FFS Medicaid can see any provider who accepts Medicaid FFS.

For problems obtaining the needed health care services and prescriptions:

- Call the health plan's member services department for a child in foster care who is enrolled in an MHP.
- Call the Beneficiary Helpline at 1-800-642-3195 (Monday through Friday, 8am to 7pm) for children with FFS Medicaid.

**Note:** If a foster parent or private agency receives bills for medical services, the MDHHS caseworker/monitor or HLO should call the Beneficiary Helpline (1-800-642-3195). The Helpline will advise how to resolve the billing problem or indicate if the foster parent or private agency is actually responsible for payment.

**Medicaid payment issues must be promptly addressed. Failure to seek early resolution may result in a claim denial due to**

**untimely submission within the CHAMPS authorization time frame.**

## Health Identification Cards

Two health identification cards are issued for all children enrolled into an MHP:

- mihealth card from the State of Michigan.
- MHP member ID card from the Medicaid health plan.

Children entering foster care who are covered by Medicaid will have a mihealth card and if in a health plan, will have an MHP member ID card issued to their family. The cards are the child's permanent ID cards. Efforts must be made to obtain the cards from the family. If the card cannot be obtained, replacement cards can be requested through the respective provider.

- Both health care ID cards are required for all health services (doctor visits, pharmacy, hospital, or any other medical provider).
- The provider requires the mihealth card and MHP member ID card to verify Medicaid and MHP eligibility.
- The original cards are given to the caregiver. The caseworker must ensure that the two ID cards are transferred to the legal parent when reunification occurs or to the new caregiver (replacements/moves).
- Youth in independent living placements must receive the youth's mihealth card (Medicaid) and Medicaid Health Plan (MHP) member ID card in order to access health care services.
- Copies of the cards are to be made and filed in the child's case file and is uploaded into the electronic case management system Health Profile Section.

**Note:** [The DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment](#) card is also required to show that the caregiver is authorized to secure routine, nonsurgical medical care and emergency medical and surgical treatment for the child in foster care. Refer to [DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency](#)

[Medical/Surgical Treatment](#), in [FOM 801, Health Services for Children in Foster Care](#) for more information.

## FOSTER CARE TRANSITIONAL MEDICAID (FCTMA)

Youth who age out of foster care at the age of 18, 19, and 20 are eligible for Foster Care Transitional Medicaid (FCTMA) to age 26 once the foster care Medicaid case is closed. FCTMA is not available for active foster care cases. See Young Adult Voluntary Foster Care (YAVFC) for more information.

### Youth Eligibility Criteria

For FCTMA eligibility, the youth or former foster care youth must meet the following criteria:

- Is under 26 years of age.
- **At the time of the youth's 18th birthday**, was:
  - Under the responsibility of MDHHS or a tribal court, **and**
  - In an out-of-home placement (including AWOLP).

Additional information is available in [BEM 118, Foster Care Transitional Medicaid \(FCTMA\)](#).

### ***Absent Without Legal Permission (AWOLP)***

A youth's absence from a foster care placement upon reaching the youth's 18th birthday does not exclude him/her from meeting FCTMA eligibility requirements. AWOLP youth with an open foster case remain under MDHHS responsibility.

FCTMA will not be activated for an AWOLP youth at case closure due to the youth's unknown location. If the youth contacts the former caseworker or the MDHHS foster care office in the youth's current county of residence, a manual referral must be made for FCTMA provided the eligibility requirements are met. The youth must have a valid mailing address.

**Note:** Returning AWOLP youth that remain on an active foster care case will continue to receive the Medicaid established prior to their absence. FCTMA is not available for active foster care cases.



### ***Juvenile Justice Youth***

Youth within the MDHHS juvenile justice program may also be eligible for FCTMA. A youth with a juvenile justice case must meet all FCTMA eligibility criteria.

### **Ineligible Youth**

The following youth are not eligible for FCTMA:

- Juvenile justice youth who are not in an out-of-home placement supervised by MDHHS or tribal court on the youth's 18th birthday
- Youth returned to the parental home prior to the youth's 18th birthday.
- Youth placed with a legal guardian or adoptive parent prior to the youth's 18th birthday.
- Youth with foster care case closures or dismissals prior to the youth's 18th birthday.

### **Procedures for Enrollment**

Prior to enrollment in FCTMA, the following must be in place:

- The MA-FCDW (foster care departmental ward Medicaid) must be closed.
- The youth must have a current valid mailing address in the electronic case management system upon foster care case closure.

### ***Automatic FCTMA Referral***

Automatic referrals to FCTMA are triggered during the case closure process when emancipation is entered as the electronic case management system Custody End Reason. A manual FCTMA referral is used for all other custody end reasons (see below).

At case closure, update the electronic case management system placement record to reflect the youth's current living arrangement and address. All information pertaining to FCTMA will be sent to the last address listed in the electronic case management system. This

address is transferred to Bridges during the automatic referral process. If the youth is moving to another address after case closure, notify the FCTMA Unit by email or by phone; see below.

### ***Manual FCTMA Referral***

The [DHS-57, Foster Care Transitional Medicaid Referral](#) form, must be completed for eligible youth with any one of the following situations:

- The electronic case management system custody end reason is not emancipation.
- The electronic case management system case is being closed and the living arrangement is the parental home (youth returned to home after reaching age 18).

Do not make a manual referral for FCTMA, if any one of the following applies:

- Youth is absent without legal permission at case closure, and youth's location is unknown. (If the youth later contacts the former caseworker or MDHHS foster care office in the youth's county of residence, a referral can be made at that time.)
- Youth chooses to remain in foster care after the youth's 18th birthday and remains eligible for the current Medicaid plan (MA-FCDW).
- Youth is living in an out-of-state placement.

The [DHS-57, Foster Care Transition Medicaid Referral](#) must be submitted when the Medicaid case is closing. FCTMA is inaccessible while the Medicaid related to an active foster care case is open. Submission of the [DHS-57, Foster Care Transition Medicaid Referral](#) informs the FCTMA Unit to open FCTMA. Attempts to process the referral prior to the closure of the foster care Medicaid case will result in a denial of FCTMA and the referral process will need to be repeated.

Submit the [DHS-57, Foster Care Transition Medicaid Referral](#) to the FCTMA Unit:

- Electronically to the FCTMA Mailbox at [FCTMA@michigan.gov](mailto:FCTMA@michigan.gov)
- By fax to (517) 432-6079.

For questions, contact the FCTMA Unit at (800) 343 -7320.

### ***Private Agency Foster Care (PAFC) Worker Process***

To preclude duplication of referrals and ensure that FCTMA eligibility is accurately determined prior to submission to the FCTMA Unit, the [DHS-57, Foster Care Transition Medicaid Referral](#) must be signed and submitted by the MDHHS caseworker, monitor, or other MDHHS designee only. PAFC caseworkers must forward the completed [DHS-57, Foster Care Transition Medicaid Referral](#), FCTMA referral to the MDHHS PAFC monitor to verify eligibility, provide signature, and to submit eligible FCTMA referrals to the FCTMA unit.

### ***Notification Process***

After a referral has been submitted for FCTMA, the FCTMA Unit:

- Certifies the youth's eligibility in Bridges.
- Sends a notice of case action letter to the youth. If the youth is eligible, the letter will indicate that the youth has been enrolled in FCTMA.

### **Required Information for Youth**

Prior to closing the foster care Medicaid (MA-FCDW) case, the caseworker will provide the youth with the following information:

- Youth receiving FCTMA will continue to be Medicaid eligible through the month of their 26th birthday.

A copy of the MDHHS publication, Guide to Michigan Medicaid Health Plans Quality Checkup (updated annually). The caseworker must review the guide with the youth.

- MHP enrollment information as outlined below.

### **FCTMA and Medicaid Health Plans**

Upon enrollment into FCTMA, the Medicaid coverage is as follows:

- If the youth was enrolled in an MHP at the point of FCTMA referral and remains residing in the same county, the youth will remain enrolled with the current MHP.

- If the youth was receiving fee-for-service Medicaid or has moved outside of the youth's MHP service area at the point of referral, Michigan Enrolls will mail an MHP enrollment packet to the youth at the address indicated on the referral.

Frequently Asked Questions and additional information regarding FCTMA is located on the [Foster Youth in Transition](#) (FYIT) website, under Health and Wellness - Insurance - Foster Care Transitional Medicaid.

## Documentation

The caseworker must:

- Place a copy of the [DHS-57, Foster Care Transition Medicaid Referral](#), Foster Care Transitional Medicaid Referral form in the case file, if applicable.
- Document discussion of FCTMA with the youth on the [DHS-902, 90-Day Discharge Plan](#).

## YOUNG ADULT VOLUNTARY FOSTER CARE

Youth in the Young Adult Voluntary Foster Care (YAVFC) program are categorically eligible for Medicaid. The youth's foster care case status or a physical or mental disability determines which type of medical assistance is provided. YAVFC youth will receive one of the following types of Medicaid:

- MA-FCDW (Foster Care Departmental Ward Medicaid).
- FCTMA (Foster Care Transitional Medicaid).
- MA-SSI (Supplemental Security Income Medicaid).

## MA-FCDW

Youth entering YAVFC by extending an open foster care case continue to receive MA-FCDW. **Do not close MA-FCDW.**

## FCTMA

Youth entering/re-entering YAVFC after foster care case closure are eligible for and provided FCTMA. Youth entering or re-entering YAVFC with current FCTMA remain in FCTMA. **Do not open MA-FCDW for youth with FCTMA.**

Youth entering YAVFC without FCTMA or any other Medicaid benefit must be enrolled in FCTMA. The caseworker must follow the FCTMA enrollment process as specified in the FCTMA Procedures for Enrollment in this section. The FCTMA enrollment must be initiated immediately for any eligible youth requesting to participate in YAVFC. The YAVFC Agreement **does not** need to be in effect in order for the eligible youth to receive FCTMA.

### MA-SSI

Youth currently receiving SSI benefits are provided MA-SSI. Ongoing MA-SSI eligibility begins the first day of the month of SSI entitlement. Youth with MA-SSI who are extending an open foster care case, entering or re-entering YAVFC after case closure retain MA-SSI, as long as the SSI is active.

### LEGAL AUTHORITY

#### Federal

**Social Security Act, 42 USC § 1382 et seq.**

**Social Security Act, 42 USC §1396 et seq.**

**42 CFR 435.10**

**42 CFR 435.145**

**42 CFR 435.150**

### POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox at [Child-Welfare-Policy@michigan.gov](mailto:Child-Welfare-Policy@michigan.gov).