

Medicaid Expansions for People to 133% of Poverty and Former Foster Youth in Health Reform



Introduction

The federal health reform law adds two new groups of people to the state populations who must be covered under state Medical Assistance Programs (“Medicaid”) – adults and families earning up to 133% of poverty level and former foster youth. The federal and state governments usually share the costs of the Medicaid program, but in the case of these new expansions the Federal Government has agreed to pay 100% of the cost at first, then 90% or more later on.

Background on Medicaid

Under Section 1902 of the Social Security Act, states must have Medicaid plans, and must:

- Make the plans statewide
- Pay at least 40% of the non-Federal share of the cost;
- Provide for a fair hearing for anyone denied benefits;
- Provide for administration of the plan and designate a single state agency as lead agency;
- Make reports to the Federal government when asked, and otherwise safeguard information;
- Have an open application process;
- Set quality assurance standards.

In addition, Medicaid plans must cover certain groups of individuals, including:

- People receiving a variety of forms of state assistance;
- People on SSI;
- Qualified pregnant women and children;
- Families whose income is below minimum state standards.

New Populations Covered by Medicaid As a Result of Health Reform

The Health Reform law added, effective 2014, two more groups to those eligible for Medicaid. They are:

1. Families earning up to 133% of the Federal Poverty Level (around \$30,000 for a family of four);
2. Youths up to age 25 who have been in foster care for at least six (non-consecutive or consecutive) months of their lives.

Additional Provision Assisting Former Foster Youth

To assist former foster youth with this and other health care-related decisions, the Health Reform Law also requires (as of October 2010) the provision of information to foster children aging out of the system about their option to give a medical power of attorney to a non-relative adult to replace role a biological parent would typically play in helping them to get information about health care and insurance choices available to them.

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