



# TESTIMONY

of

The National Center for Law and Economic Justice

Before the New York State Assembly Standing Committee on Children and Families  
and the New York State Assembly Subcommittee on Foster Care

Public Hearing on the Needs of Youth Aging Out of Foster Care

December 14, 2007

Submitted December 21, 2007

Prepared by: Laura Redman, Staff Attorney

Assemblymember Scarborough, Assemblymember Titus, and Committee Members, my name is Laura Redman, and I am a Staff Attorney at the National Center for Law and Economic Justice (NCLEJ), which is based in New York City.<sup>1</sup> On behalf of the National Center, I thank you for this opportunity to submit testimony on the needs of youth aging out of foster care.

The National Center for Law and Economic Justice is a national organization that promotes economic justice, fairness, and opportunity for those in need through legal advocacy, impact litigation, policy analysis, and community education and training in New York and across the country. NCLEJ has long urged improvements in access to public benefits for low-income individuals and families, including youth who are leaving foster care and facing the challenges of living on their own. NCLEJ has successfully litigated cases concerning federally required Transitional Medicaid Assistance for those whose income has changed in order to ensure seamless transitions between public benefits programs and coverage categories for those who are leaving one program, yet remain eligible for another.

This testimony is limited to the issue of access to medical assistance and housing for young people who have opted to remain in foster care after they turn 18, but who face automatic discharge from foster care when they reach the maximum age of 21.

### **Medical Assistance**

New York City's Administration for Children's Services, which has the highest caseload of foster youth in the state, recognizes that "[i]t is crucial that youth who are discharged from foster care at any age, and do not otherwise have medical coverage are successfully

---

<sup>1</sup> Contact: Laura Redman, National Center for Law and Economic Justice, 275 Seventh Avenue, Suite 1506, New York, NY 10001, redman@nclej.org, 212-633-6967, FAX 212-633-6371, www.nclej.org.

transitioned into Community Medicaid until further eligibility can be determined.”<sup>2</sup> In particular, as ACS notes, “youth who remain in foster care past their 21st birthday must be transitioned into Community Medicaid when they turn 21” as “foster care Medicaid ends automatically at age 21 for any youth still in care.” Unfortunately, despite this clear pronouncement from ACS, to date this transition has not been a smooth one for youth aging out of foster care in New York City because of coordination problems at ACS at HRA, the City agencies tasked with assisting youth aging out of foster care with obtaining medical assistance.

Youth leaving foster care, particularly those who have aged out, have an ongoing need for seamless health coverage. Many children enter foster care with “chronic health, developmental and psychiatric disorders, reflecting neglect and abuse experience.”<sup>3</sup> As a population, children in foster care are “sicker than homeless children or children living in the poorest sections of inner cities.”<sup>4</sup> Already burdened by difficult childhood experiences and health issues, once youth age out of foster care and are discharged to live on their own, approximately 30-62% have trouble accessing health care due to inadequate finances or lack of insurance.<sup>5</sup> Where youth who have aged out of foster care lack the economic means to pay for expensive treatments or prescriptions during a gap in coverage, they may forego much-needed health care at a time when they are vulnerable and most in need of assistance.

Despite the clear need for a seamless transition in health coverage and the seeming simplicity of providing that coverage, many youth automatically aging out of foster care at age

---

<sup>2</sup> Memorandum of Lorraine Stephens, ACS Deputy Commissioner, Family Permanency Services, to Provider Agencies Executive Directors, Program Directors, and ACS Staff, Re: Medicaid Transition (Nov. 21, 2007) (attached).

<sup>3</sup> Mark D. Simms, Howard Dubowitz, and Moira A. Szilagyi, *Health Care Needs of Children in the Foster Care System*, Pediatrics, Vol. 106, No. 4, Supplement (October 2000), pp. 909-918.

<sup>4</sup> U.S. General Accounting Office, “Foster Care: Health Needs of Many Young Children are Unknown and Unmet,” GAO/HEHS-95-114 (1995).

<sup>5</sup> Children’s Aid Society, *Aging Out of Foster Care: Youth Aging Out of Foster Care Face Poverty, Homelessness, and the Criminal Justice System*, On the Issues: Policy Recommendations, p. 2.

21 lack the information and assistance necessary to navigate this complicated transition.

Communication with youth who have aged out of foster care can be difficult where, as discussed below, their housing situations are unstable. In New York City, while ACS provides youth automatically discharged from foster care at age 21 with 4 months of community Medicaid, many youth do not receive the information or proof of coverage they need to actually receive care during this period. It is a shame that youth aging out of care may, in fact, be transitioned to community Medicaid upon aging out, but remain utterly unaware of that fact simply because the agencies responsible for assisting them with discharge simply do not tell them their new ID number or provide them with a new Medicaid card as proof of coverage. In the absence of any information or assistance during a crucial time of transition, youth aging out of foster care may experience a gap in accessing medical services where it need not exist.

This bureaucratic morass is all too often an insurmountable obstacle for youth aging out of foster care, especially if they are also facing immediate housing and employment crises. While ACS recently released a Memorandum to foster care contract agencies outlining the Medicaid transition process for youth discharged from foster care,<sup>6</sup> the Memorandum does not address some very basic problems that lead to gaps in Medicaid coverage for youth automatically discharged from foster care at age 21. In particular, the Memorandum does not resolve:

- delays in the receipt of a transitional Medicaid CIN number or card for youth aging out,
- the lack of information for youth on their 4-month transition to community Medicaid

---

<sup>6</sup> Memorandum of Lorraine Stephens, *supra* note 2.

- the lack of discharge planning conferences for many youth at which information about public benefits such as Medicaid could be provided,
- problems in the receipt of information about community Medicaid sent by mail because of unstable housing situations, or
- the lack of contract agency assistance in the community Medicaid transition process.

Some simple solutions could eliminate these problems and ensure a truly seamless transition to independent living. First, youth aging out of foster care should be entitled to automatic community Medicaid for a period much longer than 4 months. Most youth aging out of foster care will be income-eligible for Medicaid after their categorical foster care eligibility comes to an end. Perhaps most crucially, preparation for the transitional coverage period must begin well in advance of the date on which a youth will age out of care in order to leave sufficient time to locate and confer with the youth about his or her needs for assistance. A new Medicaid ID number and card should be available to the youth in advance of the date of aging out, even if not effective until that date. Communication by email or text message should also be routine, as many youth may not be in stable housing immediately before or immediately following their aging out. The contract agency should be the back-up contact address if the mailing address is not current.

## **Housing**

Despite a state regulation prohibiting the discharge of youth from foster care into homelessness,<sup>7</sup> many youth in New York City are discharged to shelters instead of stable housing every year. In New York City, two of the factors that contribute to this travesty relate to poor coordination among ACS, HRA, and NYCHA, the agencies responsible for providing stable housing for youth aging out of foster care.

First, youth about to age out of foster care in New York City face a Catch-22 where they will be, but are not yet, in receipt of public assistance and are also seeking public or Section 8 housing. In New York City, youth in foster care who apply for such housing have priority status — which expires as soon as they leave foster care. However, because these youth are not yet receiving public assistance while they remain in foster care, they are unable to meet income requirements for NYCHA housing prior to discharge and are denied on that basis. We support the routine use of pro forma, provisional public assistance budgeting letters for youth who are likely to be eligible for public assistance upon aging out of foster care for purposes of processing their housing applications.

Second, youth aging out of foster care in New York City are eligible for two ACS grants for furniture and security deposits or other moving costs. Yet delays in the processing of these grants can result in either the loss of an eligible apartment for lack of a security deposit, or a youth sleeping on the floor for prolonged periods of time without a bed. Similar grants available to recipients of public assistance are processed much more quickly, and the ACS housing grants should be processed on the same timetable.

---

<sup>7</sup> 18 N.Y.C.R.R. § 430.12(f)(3)(i)(c).

In light of the crucial needs of youth aging out of foster care for assistance with the transition to adult life, NCLEJ strongly urges the Assembly to do all in its power to: (1) ensure that youth aging out of foster care receive all possible assistance in accessing public benefits, including Medicaid, public assistance, food stamps, and housing in advance of their aging out, and (2) extend these benefits to former foster children without the need for a complicated transition process or a new application.

I thank you for considering this testimony and for holding these important hearings.