



May 24, 2025

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically via Medicaid.gov

RE: Support for Missouri 1115 Waiver Extension Application; Former Foster Care Youth

Dear Administrator Oz,

On behalf of Families USA, we appreciate the opportunity to submit comments in strong support of Missouri's request to extend its Section 1115 Demonstration Waiver for former foster care youth. Families USA is the longtime national, non-partisan voice for health care consumers dedicated to achieving high-quality, affordable health care and improved health for all by working closely with organizations on the ground in Missouri and across the nation. Families USA greatly appreciates the opportunity to comment on Missouri's proposed waiver extension, as it will positively impact the lives of vulnerable former foster care youth under age 26.

Background: Gaps in Medicaid coverage for former foster youth.

Missouri's waiver extends Medicaid coverage to youth who reside in the state but were formerly in foster care in other states—an essential bridge correcting an unintentional gap left by the Affordable Care Act (ACA). While the ACA sought to extend Medicaid eligibility to former foster youth through age 26 (if they were in foster care at age 18 or older and were enrolled in Medicaid at that time), due to a technical error, it applied only to those youth who remained in the same state in which they were in foster care.¹ This meant that young people who moved out of state—whether to go to school, pursue work, or connect with family—were not eligible for Medicaid as a former foster youth in their new state, unless that state opted to provide them coverage (or they were eligible under another pathway). The 2018 *Substance Use Disorder Prevention that Promotes Opioid Treatment for Patients and Communities (SUPPORT) Act* fixed this error for foster youth who turn 18 on or after January 1, 2023.² However, the law phases in this change, and coverage is not fully available until 2031.

In the meantime, states that want to close this coverage gap have sought approval from the Centers for Medicare and Medicaid Services (CMS) to waive the in-state limitation for eligible former foster youth. Missouri and 17 other states have active or pending waivers.³ Missouri's waiver, initially approved in June 2021, enables these young adults—many with complex physical and behavioral health needs—to maintain continuous, comprehensive coverage during a critical period in their lives. By approving Missouri's request to extend this waiver through December 31, 2030, CMS can ensure all eligible former foster youth who move to Missouri have access to Medicaid coverage until related SUPPORT Act provisions reach full implementation.

Medicaid is a critical support for former foster youth with complex health needs.

An estimated 99% of children in foster care are eligible for Medicaid, and approximately 18,000 of these children age out of the foster care system each year.⁴ While they are a small segment of the Medicaid-eligible population, youth aging out of foster care face significantly higher risks of adverse health outcomes than their peers:

- The experience of foster care often involves trauma and instability with more than half of children entering foster care because of neglect.⁵ According to research from the National Survey of Child and Adolescent Well-Being and other longitudinal studies, the mental health burden among this population is comparable to or exceeds that of combat veterans.⁶
- Children transitioning out of foster care are four times more likely to have substance use disorders, are twice as likely to suffer from depression and are more likely to experience chronic anxiety and to attempt suicide.⁷
- Physical health issues are also more prevalent, including higher rates of asthma and obesity.⁸

These disparities persist and often worsen as young people transition out of foster care,⁹ leading not only to poor health, but, often, to poverty, unemployment and homelessness.¹⁰ Up to 50% of the homeless population in the United States has spent time in foster care, and up to 1/3 of young people aging out of foster care may become homeless during the transition to adulthood.¹¹

Medicaid plays an instrumental role in the lives of youth aging out of the foster care system, linking them to the care they need to manage chronic and behavioral health conditions to ensure they enter adulthood on stable footing.¹² In Missouri, under the *Show Me Healthy Kids Adolescent to Adult Program*, older foster youth have access to targeted care coordination offered by specialty health plans equipped to address their medical complexity.¹³ The current demonstration waiver extends these critical services to former foster youth who move from out of state, and the state's interim evaluation report demonstrates the program's success: claims data show that Missouri has effectively connected eligible new state residents to needed services, greatly improving access to care for former foster youth with complex health needs.¹⁴

Families USA strongly supports Missouri's waiver extension.

Missouri's demonstration waiver ensures continuity of care for former foster youth regardless of original state residence and forms a critical component of the support this vulnerable population needs to successfully enter adulthood. In addition, Missouri's waiver is aligned with congressional intent and keeping the waiver in place ensures the state will be prepared for full implementation of the SUPPORT Act in 2031. **We strongly urge CMS to support Missouri's waiver and efforts in other states to extend Medicaid coverage to all former foster youth.**

For any questions regarding this comment, please contact Mary-Beth Malcarney, Senior Advisor on Medicaid Policy, Families USA at: mmalcarney@familiesusa.org.

Thank you for your time and consideration.

Sincerely,



Sophia Tripoli
Senior Director of Health Policy
Families USA

¹ Brooks, T., Pokempner, J., And, Lawson, N., Tricia Brooks is a Research Professor at the Center for Children and Families (CCF), Tricia Brooks, Park, E., & Searing, A. (2024, November 18). *Ensuring continuity of Medicaid coverage for former Foster Youth*. Center For Children and Families. <https://ccf.georgetown.edu/2024/11/13/ensuring-continuity-of-medicaid-coverage-for-former-foster-youth/>

² The support for patients and Communities Act (P.L.115-271): Medicare provisions (2019). <https://www.congress.gov/bill/115th-congress/house-bill/6/text>

³ Brooks, N. L. and T., Lawson, N., And, Brooks, T., Natalie Lawson is a Senior State Policy Analyst at the Georgetown University McCourt School of Public Policy's Center for Children and Families., Park, E., & Searing, A. (2025, March 25). *New brief: States should act to ensure all former foster youth receive Medicaid continuity of coverage*. Center For Children and Families. <https://ccf.georgetown.edu/2024/11/13/new-brief-states-should-act-to-ensure-all-former-foster-youth-receive-medicaid-continuity-of-coverage/>

⁴ "How Medicaid Supports Parents in Crisis, Children in or Youth Aging out of Foster Care, Relative Caregivers, and Adoptive Families," Georgetown University McCourt School of Public Policy Center for Children & Families, February 13, 2025, <https://ccf.georgetown.edu/2025/02/13/how-medicaid-supports-parents-in-crisis-children-in-or-aging-out-of-foster-care-relative-caregivers-and-adoptive-families/>; "The AFCARS Report," U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2024, <https://acf.gov/cb/report/afcars-report-30>;

⁵ U.S Department of Health and Human Services, Administration for Children and Families. (n.d.). AFCARS report #30: Preliminary FY1 2022 Estimates as of May 9, 2023 - No. 30 . <https://acf.gov/cb/report/afcars-report-30>

⁶ Jeff. (2023, December 15). *Foster Youth Mental Health policy brief*. NFYI. <https://nfyi.org/foster-youth-mental-health-policy-brief/>

⁷ Braciszewski, J. M., & Stout, R. L. (2012). Substance Use Among Current and Former Foster Youth: A Systematic Review. *Children and youth services review*, 34(12), 2337–2344. <https://doi.org/10.1016/j.childyouth.2012.08.011>

⁸ Hambrick, E. P., Oppenheim-Weller, S., N'zi, A. M., & Taussig, H. N. (2016, November). *Mental health interventions for children in Foster Care: A systematic review*. Children and youth services review. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5421550/>
Young, E. B., Day, A., Lewis, C., & Yao, R. (2023, December 15). *The Future of Behavioral Health Services for Youth with Foster Care Experience*. NFYI. [https://nfyi.org/foster-youth-mental-health-policy-brief/#:~:text=Youth%20with%20foster%20care%20experience%20\(FCE\)%20are%20up%20to%2062,peers%20in%20the%20general%20population](https://nfyi.org/foster-youth-mental-health-policy-brief/#:~:text=Youth%20with%20foster%20care%20experience%20(FCE)%20are%20up%20to%2062,peers%20in%20the%20general%20population)

⁹ Brooks, T., Pokempner, J., And, Lawson, N., Tricia Brooks is a Research Professor at the Center for Children and Families (CCF), Tricia Brooks, Park, E., & Searing, A. (2024, November 18). *Ensuring continuity of Medicaid coverage for former Foster Youth*. Center For Children and Families. <https://ccf.georgetown.edu/2024/11/13/ensuring-continuity-of-medicaid-coverage-for-former-foster-youth/>

¹⁰ Hambrick, E. P., Oppenheim-Weller, S., N'zi, A. M., & Taussig, H. N. (2016, November). *Mental health interventions for children in Foster Care: A systematic review*. Children and youth services review. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5421550/>
Young, E. B., Day, A., Lewis, C., & Yao, R. (2023, December 15). *The Future of Behavioral Health Services for Youth with Foster Care Experience*. NFYI. [https://nfyi.org/foster-youth-mental-health-policy-brief/#:~:text=Youth%20with%20foster%20care%20experience%20\(FCE\)%20are%20up%20to%2062,peers%20in%20the%20general%20population](https://nfyi.org/foster-youth-mental-health-policy-brief/#:~:text=Youth%20with%20foster%20care%20experience%20(FCE)%20are%20up%20to%2062,peers%20in%20the%20general%20population)

¹¹ Cyndi. (2025, April 23). *Housing & Homelessness*. NFYI. <https://nfyi.org/issues/homelessness-2/>; Dworsky, A., Napolitano, L., & Courtney, M. (2013). Homelessness during the transition from foster care to adulthood. *American journal of public health*, 103 Suppl 2(Suppl 2), S318–S323. <https://doi.org/10.2105/AJPH.2013.301455>

¹² Bullinger, L. R., & Meinhofer, A. (2021). The Affordable Care Act Increased Medicaid Coverage Among Former Foster Youth. *Health affairs (Project Hope)*, 40(9), 1430–1439. <https://doi.org/10.1377/hlthaff.2021.00073>

¹³ Health, H. S. (n.d.). *Adolescent 2 adult (A2A) program*. Missouri Medicaid & Health Insurance Plans. <https://www.homestatehealth.com/members/healthy-kids/transitioningyouth/A2A.html>

¹⁴ *Former Foster Youth 1115 waiver interim evaluation report*. Missouri Department of Social Services. (2021, June 2).
<https://oembed-myds.mo.gov/media/pdf/former-foster-youth-1115-waiver-interim-evaluation-report>