

Washington Apple Health Request for Children Aging Out of Tribal Foster Care

A youth who ages out of foster care on or after turning 18 is eligible for Washington Apple Health (Medicaid) Former Foster Care Medical up to age 26 if the youth met the requirements in Section 3 below. Please complete this form to request coverage.

Section 1: Youth's Information (Please print)					
Name	Date of birth Gender		Gender		
Social Security number	Tribal Affiliation				
Section 2: Tribe Information (Please print)					
ribe		Phone			
Case worker name		Email			
Section 3: Tribal Attestation for Coverage (Please print)					
The youth named above was enrolled in Apple Health (Medicaid) <i>and</i> under the care and placement authority of the placement agency (e.g., Indian Child Welfare agency) of the Tribe named above upon attaining age 18.					
Signature	Date				
lame (Please print)		Phone			
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Section 4: Tribe Attestation for Coverage (Please check appropriate box, sign and complete)

Former Foster Care Clients

The Former Foster Care program was created by the Affordable Care Act.

When a foster care client ages out of coverage, they will automatically be placed on the Foster Care Alumni program. Alumni clients are:

- Opened on Apple Health when they age out of foster care on their 18th birthday.
- Not eligible for another mandatory Apple Health group.
- Under the age of 26
- Automatically enrolled and do **not** have to complete an annual renewal.
 - Once the client turns 26, their coverage will be terminated by the Foster Care Medical Team (FCMT) and they will be sent an application.

When foster care client's age out at the age of 18, they are automatically eligible for Foster Care Alumni medical. However, as long as they maintain SSI eligibility, they will be opened on medical assistance. If they lose SSI eligibility, they can be re-opened on Alumni medical until they age out of coverage.

Clients in Adoption Support coverage prior to their 18th birthday are not eligible for Foster Care Alumni coverage unless they meet specific eligibility criteria.

Some of these clients have complex eligibility scenarios. If you have questions about coverage/changes in coverage that you are unable to answer please call to the FCMT for assistance.

Section 5: Type of Coverage					
As the placement agency with authority over this child's care, we are choosing enrollment in (please select one):					
	Apple Health Core Connections through Coordinated Care of Washington, Inc. (CCW). This form will be shared with CCW to allow for health care coordination.				
	Apple Health coverage without a managed care plan (also referred to as fee-for-service).				
Please submit the completed form to:					
Mail	: Health Care Authority - Foster Care Medical Team P.O. Box 45534 Olympia, WA 98504	Questions?	Call 1-(800) 562-3022 Ext 15480		

Email: hcatribalfostercaremedical@hca.wa.gov

(360) 725-1158

Fax:

More information on your coverage Options

Apple Health Core Connections (AHCC) primary goal is to make health care easier. Our health care coordinators work with caregivers, caseworkers, bio-parents, adoptive parents and the youth we serve to ensure AHCC members get the care they need. This includes access to primary care, behavioral health, vision, dental, specialists, durable medical equipment (DME), Home Health and more.

Apple Health coverage without a managed care plan (also referred to as fee for service) is when Apple Health pays providers directly for each service they do, using the ProviderOne payment system. Regardless whether you are in a health plan or not, the following services are always covered fee-for-service (FFS): dental care, vision hardware (children only), Long-term care, and Inpatient psychiatric care for physician services.