



# YATI and Tribal Foster Youth - Processing Eligibility for Youth Aging Out of Tribal Foster Care

## **Presenter:**

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Eligibility Policy Manager



# Background

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- The Affordable Care Act of 2010 created a new mandatory coverage group for Former Foster Youth.
- In proposed regulations, CMS clarified that the new group applied to children aging out of Tribal Foster Care.
- AHCCCS, DES and representatives from Tribal Social Services agencies have been meeting to develop the process for Tribal Foster Youth aging out of care.
- The form has been created, an additional question is being added to the applications, and the process is ready to roll out.

# Process Overview

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## Tribal Social Services process steps:

- Identify youth aging out of Tribal Foster Care
- Confirm that the youth is on AHCCCS
- Complete the YATI Referral Form revised for the Tribes' use and submit to R&A.

## Research & Analysis process steps:

- When the referral is received, complete a “report a change” action in HEAplus for the child and document case notes
- Enter any updated information from the form
- Select “Yes” to “Was anyone in AZ tribal foster care on his/her 18<sup>th</sup> birthday?” question (when added to HEAplus)
- Upload the referral form to HEAplus and process eligibility

**YOUNG ADULT TRANSITIONAL INSURANCE (YATI) REFERRAL**

PID: \_\_\_\_\_

<b>FROM: Social Services</b>		<input type="checkbox"/> <b>TO: FAA</b>	<input type="checkbox"/> <b>TO: Social Services</b>
SOCIAL WORKER	DATE	<b>Research and Analysis Unit</b> Site Code 759C Phone No.: 602-774-5749 Fax No.: 602-257-7035	SOCIAL WORKER
PHONE NO. (Include Area Code)			PHONE NO. (Include Area Code)
FAX NO. (Include Area Code)			FAX NO. (Include Area Code)

**INFORMATION ABOUT YATI CUSTOMER**

NAME (Last, First, M.I.) \_\_\_\_\_ MAIDEN NAME, ALIAS, AND OTHER NAME(S) USED \_\_\_\_\_

**INFORMATION ABOUT YATI CUSTOMER'S ADDRESS**

ADDRESS (No., Street) (If rural location, give directions)	CITY	STATE	ZIP CODE	PHONE NO. (Include Area Code)
MAILING ADDRESS (No., Street) (If different from above)	CITY	STATE	ZIP CODE	MESSAGE PHONE NO. (Include Area Code)

**FAMILY MEMBERS THAT WILL BE LIVING WITH THE YATI CUSTOMER**

(Parents, spouse, siblings, and customer's own children)

Name (Start with customer)	Relationship to Customer	Soc. Sec. No.	Sex (M or F)	Date of Birth
	SELF			

**INFORMATION FOR ELIGIBILITY**

A. Are you pregnant?  Yes  No If Yes, how many babies are you expecting? \_\_\_\_\_ When are you due? \_\_\_\_\_

B. Are you a U.S. citizen?  Yes  No If No are you a Qualified Non-Citizen?  Yes  No  
If Yes, what is your qualified non-citizen status: \_\_\_\_\_ (see the instructions for a list of qualified non-citizen statuses)

C. Are you working?  Yes  No If Yes, enter your work information below.

EMPLOYER'S NAME	PHONE NO.	HOURS PER WEEK	HOURLY PAY	HOW OFTEN PAID
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D. Do you have any other income?  Child Support  Social Security/SSI  Other: \_\_\_\_\_  
If Yes, how much do you get? \_\_\_\_\_ How often do you get this income? \_\_\_\_\_

E. Do you expect to be claimed as a tax dependent for this tax year?  Yes  No  
If Yes, who will claim you as a tax dependent? \_\_\_\_\_ Is this person your parent, step-parent or spouse?  Yes  No  
If No, do you expect to file a tax return for this tax year?  Yes  No

F. If you will be living with a parent, step-parent, spouse, siblings under 19, or your own child and any of them have income, fill in the information below:

Name of person with income	How much does this person get	How often	Income source

G. Customer's AHCCCS Health Plan choice: \_\_\_\_\_

H. Do you want to receive electronic alerts when eligibility decisions are made or more information is needed?  
Email: Yes  No  If Yes, email address: \_\_\_\_\_  
Text: Yes  No  If Yes, number to text (standard text rates apply): \_\_\_\_\_

TRIBAL SOCIAL WORKER'S NAME (Please Print)	SIGNATURE	DATE
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# Questions?



# Thank You.

