



266 West 37th Street, 3rd Floor
New York, NY 10018
212.869.3850/Fax: 212.869.3532

April 17, 2023

VIA ELECTRONIC SUBMISSION

Kathleen McHugh
Director, Policy Division
U.S. Department of Health and Human Services
Administration for Children and Families (ACF)
Washington, D.C.

Re: RIN: 0970-AC91: Separate Licensing Standards for Relative or Kinship Foster Family Homes

Dear Director McHugh:

The Medicare Rights Center (Medicare Rights) appreciates this opportunity to comment on this **Separate Licensing Standards for Relative or Kinship Foster Family Homes** proposed rule. Medicare Rights is a national, nonprofit organization that works to ensure access to affordable and equitable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Each year, Medicare Rights provides services and resources to over three million people with Medicare, family caregivers, and professionals.

Many older adults find themselves unexpectedly caring for grandchildren or other kin. These household additions are welcome and beloved, but they may also stretch budgets that are already thin. Half of all Medicare beneficiaries, nearly 30 million people, live on \$29,650 or less per year, and one quarter have less than \$8,500 in savings.¹ Health care costs comprise a large and disproportionate share of beneficiaries' limited budgets: nearly 30% of Medicare households spend 20% or more of their income on health care, compared to only 6% of non-Medicare households.²

¹ Wyatt Koma, *et al.*, "Medicare Beneficiaries' Financial Security Before the Coronavirus Pandemic," Kaiser Family Foundation (April 24, 2020), <https://www.kff.org/medicare/issue-brief/medicare-beneficiaries-financial-security-before-the-coronavirus-pandemic/>.

² Juliette Cubanski, *et al.*, "The Financial Burden on Health Care Spending: Larger for Medicare Households than for Non-Medicare Households," Kaiser Family Foundation (March 1, 2018), <https://www.kff.org/medicare/issue-brief/the-financial-burden-of-health-care-spending-larger-for-medicare-households-than-for-non-medicare-households/>

Year after year, calls to our helpline reflect that many people with Medicare already struggle to meet all basic needs. For this reason, we strongly support the proposed rule to allow title IV-E agencies to adopt commonsense licensing or approval standards for relative and kinship foster family homes that are different from those used for non-kin foster family homes. We deeply appreciate ACF's work in proposing this important rule that will facilitate the placement of children with loving relatives and kin, and the equitable treatment of all children in foster family homes.

This proposed rule is a significant advancement for thousands of children who are placed with relatives and kin in foster care and yet do not receive monthly financial assistance to meet their needs. These children, who are disproportionately Black, Indigenous, and/or in underserved rural areas, do not receive this support simply because their relatives and kin are not licensed according to standards that were developed for non-kin foster homes.

By allowing different licensing or approval standards for relatives and kin, the proposed rule will promote equity for all children and family foster homes, and will prevent children from going into group or institutional placements when they can be placed with loving and supported kin instead.

To ensure it is maximally effective, we urge a broad definition of "kin" for the purposes of this rule, including allowing placement where there is shared tribal affiliation, close family friends, or individuals who have an emotionally significant relationship with the parents or other family members. This avoids situations where very young children who may be too young to have emotionally significant relationships with anyone, or may simply not know the kin prior to placement, can still be placed in a loving kin home.

Conclusion

Thank you again for the opportunity to provide comment. For additional information, please contact Lindsey Copeland, Director of Federal Policy at LCopeland@medicarerights.org or 202-637-0961 and Julie Carter, Counsel for Federal Policy at JCarter@medicarerights.org or 202-637-0962.

Sincerely,



Fred Riccardi
President
Medicare Rights Center