



MEMORANDUM

Jess Dannhauser
Commissioner

Winette Saunders
First Deputy Commissioner

Angel V. Mendoza, Jr., MD
Chief Medical Officer
Office of Child and Family Health

150 William Street, 11th Fl
New York, NY 10038

DATE: February 21st, 2025

TO: Voluntary Foster Care Agency Medical Directors and Staff

FROM: **Angel Mendoza, MD**, Agency Chief Medical Officer and
Elvita Dominique, Executive Director of Equity Strategies

**RE: Consent for Gender Affirming and/or Transgender Healthcare Services-
UPDATED**

Pursuant to ACS policy, young people in foster care seeking gender affirming care must be promptly referred to LGBTQ culturally competent medical and mental health providers for an evaluation. For Transgender and Gender Non-Conforming Non-Binary (TGNCNB) youth, the hormonal and physical changes that occur during puberty can cause increased gender dysphoria and related negative health outcomes. For many TGNCNB youth, the physical changes that occur during puberty will need to be medically corrected later in life through use of hormones, surgery and other interventions.

To avoid possible negative outcomes associated with the development of secondary sexual characteristics, an increasing number of TGNCNB youth are engaging in pubertal suppression, which uses hormone blockers to "pause" puberty and temporarily prevent physical changes associated with it. Currently, the New York State Medicaid program provides coverage for hormone therapy (including cross-sex hormones and pubertal suppressants), surgeries, and other procedures. If there is a related medication, treatment, or procedure that is not covered by Medicaid, then the case planning agency can submit a request to ACS under the Non-Medicaid Reimbursable (NMR) policy.¹

In order to receive coverage under Medicaid or the NMR policy, the youth must have a diagnosis of gender dysphoria and a clinician treating the youth must provide documentation stating that the treatment is medically necessary.

¹ ACS Policy, *Non-Medicaid Reimbursable Treatments and Services for Children in the Custody of the Administration for Children's Services* (2014), available at: <https://www1.nyc.gov/assets/acs/policies/init/2014/A.pdf>

If a TGNCNB youth is seeking this type of medical treatment, and they are under the age of 18 and in ACS' custodial care; then reasonable efforts must be made (and appropriately documented) to obtain informed consent from the youth's parent/legal guardian as required by law and/or ACS policy.

As in all cases of proposed non-routine medical care/treatment,² if consent is not obtained from the child's parent/legal guardian,³ the case planning agency must follow the steps required in the Medical Consent Policy and contact the ACS Medical Consent Unit as appropriate. Please send all requests of this nature, including the date by which a response is needed, via email to: MedicalConsentRequests@acs.nyc.gov .

ACS will continue to adhere to our policies, which require that all medically necessary care for young people must be provided, and to follow New York State laws and regulations. If a TGNCNB youth is seeking this type of healthcare and is unable to make a medical appointment with a provider within a reasonably prompt timeframe, please contact, the ACS Office of LGBTQ Equity Strategies via email LGBTQ@acs.nyc.gov.

² Non-routine medical treatment is defined as anything outside of the scope of routine medical treatment (defined as medical, dental, mental health and hospital services which are customarily given as part of preventive health care and/or for ordinary childhood diseases or illnesses).

³ If the parent/legal guardian has an objection to their child receiving transgender healthcare services, the case planning agency should contact FCLS Legal Compliance Unit and/or assigned FCLS attorney to the case for a consultation.