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August 4, 2016

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 14-41E
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL PROBATION DIRECTORS

SUBJECT: Errata to All County Welfare Directors Letter No.: 14-41

The purpose of this errata to All County Welfare Directors Letter (ACWDL) is to clarify and update information in ACWDL 14-41. The following changes to the Former Foster Youth Program (FFY) (formerly known as Former Foster Care Children's (FFCC) Program) will take effect immediately.

ACWDL 14-41 was implemented based upon the approval of the California State Plan Amendment (SPA) 13-0021-MM1 by the Centers for Medicare & Medicaid Services (CMS).

SPA 13-0021-MM1 may be viewed in its entirety at
<http://www.dhcs.ca.gov/formsandpubs/laws/Pages/ApprovedSPA2013.aspx>.

FFY Program Expansion Clarification

The current ACWDL 14-41 language located on page 1 is:

This document indicates striked-out language with one asterisk (*) for ADA-compliance.

"The purpose of this All County Welfare Directors Letter (ACWDL) is to provide County Department of Social Services (Counties) with guidance on the handling of the ~~*former foster care youth*~~ Mandatory Coverage Group (MCG) and Optional Coverage Group (OCG). The MCG ~~*mandatory coverage group*~~ includes youth who were receiving Medicaid (Medi-Cal) in foster care under the responsibility of any state or tribe on their 18th birthday or a later age. These youth are ~~new~~ eligible for benefits in the former foster youth ~~*care*~~ program until age 26 ~~*since January 1, 2014*.~~"

Errata to All County Welfare Directors Letter No: 14-41
Page 2
August 4, 2016

The updated language for ACWDL 14-41 will be:

“The purpose of this All County Welfare Directors Letter (ACWDL) is to provide County Department of Social Services (Counties) with guidance on the handling of the FFY in the Mandatory Coverage Group (MCG) and Optional Coverage Group (OCG). The MCG includes youth who were receiving Medicaid (Medi-Cal) in foster care under the responsibility of any state or tribe on their 18th birthday or a later age **regardless of the aid code assigned while in foster care.** As of January 1, 2014, the law changed and these youth are eligible for benefits in the FFY program until age 26.”

Clarification of Department of Health Care Services (DHCS) Guidance Superseded by ACWDL 14-41:

ACWDL 14-41 supersedes ACWDLs 00-41 and 00-61 and Medi-Cal Eligibility Division Information Letters I13-07 and I14-05 as follows:

The current ACWDL 14-41 language located on page 6 is:

“For other information and ~~*FFCC*~~ processing instructions, refer to ACWDL No*s.: ~~00-41, 00-61, and* 01-41*~~ and Medi-Cal Eligibility Division Information Letter Nos.: ~~13-07 and 14-05*~~. The eligibility information in ~~*these*~~ ACWDL*s and MEDILs, other than the special extensions,* shall continue to be followed when processing ~~*FFCC eligibility*.~~“

The updated language for ACWDL 14-41 will be:

“For other information and FFY processing instructions, refer to ACWDL No.: 01-41. The eligibility information in ACWDL No. 01-41 (Expedited Medi-Cal Case Processing for Entrants to the Foster Care Program) shall continue to be followed when processing FFY eligibility.”

Change to Program Name:

ACWDL 14-41 refers to this program as the FFCC’s Program. Based on feedback from county liaisons and advocates, the program name has been changed to FFY Program.

FFY in a Mixed Household:

Applications containing FFY and other household members must be set up to allow eligibility to be determined for the FFY using the correct rule set. To meet this requirement, the FFY household member can be added to a companion case or in a different case segment/program window (depending on the Statewide Automated Welfare System (SAWS) functionality). A separate budget unit for the FFY household member is not required by the DHCS. Income and tax filing information are not considered in the FFY determination but are required for the other household members, if the FFY is applying for coverage for other household members.

Verification of Former Foster Status

The County Eligibility Workers (CEWs) must use all available information and resources to attempt to verify FFY status as outlined in ACWDL 14-41 and utilize all records in the Medi-Cal Eligibility Data System, SAWS, and/or the Child Welfare System/Case Management System. If after this data review the county is unable to verify FFY status, the CEW must contact the youth, whether the youth received foster care services in California or out of state, to obtain additional information to help verify FFY status. The CEW is to contact the youth using the Medi-Cal Request for Information MC 355 verification of FFY status. If the youth provides verification of FFY status and is in fact an FFY, the county will leave the youth on the appropriate aid-code until they age out.

If after contacting the youth, the youth fails to provide verification of FFY status, or provides information that does not verify FFY status, the county must assess the youth for all other Medi-Cal programs and other insurance affordability programs (IAP). The youth shall remain in the FFY program with aid code 4M while being assessed for all other Medi-Cal programs and other IAP. The county must send the MC 355 and ask for the Request for Tax Household Information Form (RFTHI) if it is not already on file; (for example, the FFY provided it at initial application or there are other household members on the case so the county has the information). If the youth provides the RFTHI or necessary RFTHI information, the county must re-determine eligibility for the appropriate program and notify the youth that they have been determined ineligible for the FFY program.

If within 30 days of the request for more information from the CEW by sending the MC 355 and the RFTHI, the FFY *does not* provide the additional information requested and the youth cannot be assessed for all other Medi-Cal programs and other insurance

Errata to All County Welfare Directors Letter No: 14-41
Page 4
August 4, 2016

affordability programs; the youth will be discontinued using a negative action reason. See ACWDL 15-32 Medi-Cal General Notice of Actions for FFY.

FFY Immigration Status

While citizenship and satisfactory immigration status are not a condition of eligibility for the FFY program, the FFY's immigration status needs to be recorded in their case file. If the FFY's citizenship and/or immigration status is not verified, the CEW must request that the FFY complete and submit a Statement of Citizenship, Alienage, and Immigration Status form (MC 13) which may be downloaded from the DHCS website at: <http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc13.pdf>. The FFY should be immediately enrolled into the FFY program which provides full scope Medi-Cal coverage regardless of immigration status; coverage shall not be delayed while completion of the MC 13 is pending. This paragraph supersedes ACWDL 00-41.

Guidance for the completion of the MC 13 Statement of Citizenship, Alienage, and Immigration Status is set forth in MEDIL I14-21.

Replacement of Broken Link and New Email Address in ACWDL 14-41

ACWDL 14-41 provided a link to the list of Independent Living Program (ILP) Managers by state that counties could use for points of contact in the out-of-state verification process. The link was broken after the posting of ACWDL 14-41.

The current ACWDL 14-41 language located on page 5 is:

“The link below provides the list of Independent Living Program (ILP) Managers by state that counties can use for points of contact in the out-of-state verification process. The following link is from the ~~*National Resource Center for Youth Development:~~
<http://www.nrcyd.ou.edu/state-pages/coordinators>.”*

The updated language for ACWDL 14-41 will be:

“The link below provides the list of ILP Managers by state that counties can use for points of contact in the out-of-state verification process. The following link is from the Children’s Bureau Welfare Information Gateway:
https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols :main.dspROL&rolType=Custom&RS_ID=145”

Errata to All County Welfare Directors Letter No: 14-41
Page 5
August 4, 2016

ACWDL 14-41 also provided an email address for counties to contact to obtain the ILP Coordinator where the applicant resided.

The current ACWDL 14-41 language located on page 5 is:

“For applicants who were in foster care in California, counties may email *ILPPolicy@dss.ca.gov* to find out ~~*who is the~~ ILP Coordinator where the applicant resided.”

The updated language for ACWDL 14-41 will be:

“For applicants who were in foster care in California, counties may email TAYPolicy@dss.ca.gov to find out the ILP Coordinator where the applicant resided.”

Aid code 4U (Optional Coverage Group (OCG))

ACWDL 14-41 provided Counties with guidance on the handling of the FFY in the Mandatory Coverage Group (MCG) and the OCG. However, an aid code was not developed for the OCG at the time ACWDL 14-41 was issued. DHCS directed counties to place all FFYs in the MCG aid code 4M. DHCS further instructed CEWs to flag OCG cases. In December of 2015, DHCS secured approval from the CMS to apply the OCG aid code (4U) prospectively. This means all OCG FFY currently in the MCG aid code 4M will remain in 4M until their 26th birthday as long as all other eligibility criteria continue to be met. At age 26, these FFY will be evaluated for eligibility in all other IAP. **Counties are to continue using only the MCG aid code 4M until the OCG aid code 4U is implemented.**

The current ACWDL 14-41 language located on page 1 is:

“The optional coverage group includes youth that were not receiving Medicaid benefits while in foster care on their 18th birthday and are between the ages of 18 and 21. These youth may be covered under the former foster care program up to age 21. The Department of Health Care Services (DHCS) is currently developing an aid code for this optional group. ~~*In the interim, counties must place these youth under aid code 4M. Counties must flag such cases for tracking purposes. At annual renewal, these cases are to be switched to aid code 4U if applicable.*~~Please note these youth do not need to have exited out of foster care but are only required to be in foster care on their 18th birthday.”

Errata to All County Welfare Directors Letter No: 14-41
Page 6
August 4, 2016

The updated language for ACWDL 14-41 will be:

“The optional coverage group includes youth that were not receiving Medicaid benefits while in foster care on their 18th birthday and are between the ages of 18 and 21. These youth may be covered under the FFY Program up to age 21. The Department of Health Care Services (DHCS) is currently developing an aid code for this optional group, aid code 4U. Until this aid code is implemented, counties must place these youth under aid code 4M. Please note these youth are only required to be in foster care on their 18th birthday; receiving Medicaid is not a requirement.”

DHCS is finalizing aid code 4U for the OCG. DHCS will issue written guidance and instruction on aid code 4U and when this aid code will be available for use. Currently counties *are not* to use aid code 4U.

If you have any questions or need further information, please contact the Access Unit in the Access Programs and Policy Branch at (916) 552-9200 or by email at FFY@dhcs.ca.gov.

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division

Former Foster Care Youth Frequently Asked Questions

1. How can I get Medi-Cal coverage as a former foster youth (FFY)?

You can apply for Medi-Cal by contacting your local county social services office and telling them that you were in foster care. You can call, mail in or fax a one-page simple form (MC 250A), or go in-person to the local county social services office to turn in the MC 250A. The county will decide if you are eligible for the Medi-Cal program for FFY based on a few simple questions. Eligible FFY are not required to provide any proof of income to get Medi-Cal. You must live in California to receive Medi-Cal. The MC 250A form is available online at: [Application for Medi-Cal for Former Foster Care Children \(MC 250A\)](#).

Most counties have a specific phone number, staff, or office to help former FFY sign up. To find out the FFY contact for your county go to [FFY contact](#). (Not Department of Health Care Services (DHCS)). Or to find the telephone number and location of your nearest county social services office, go to [County Contact List](#).

2. Do I need proof that I was in foster care?

No, you are not required to provide proof of being in foster care when you apply for Medi-Cal. It would be helpful to provide information about the county, state or tribe where you were in foster care. Also, please provide any paperwork, if you have any, regarding your foster care case to move the case along faster.

3. I was in foster care in California at age 18. I moved to another State after I turned 18. I am now living in California again. Can I get Medi-Cal as a FFY?

Yes, if you were in foster care at age 18 or older in any state or tribe and now live in California, you may qualify for the free Medi-Cal program for FFY until age 26.

4. I used to live in another state, and I was in foster care in that state or a tribe in that state. Can I get Medi-Cal in California?

If you were in foster care on your 18th birthday or later in another state or tribe and you are now under age 26, you may qualify for the Medi-Cal program for FFY. You will receive Medi-Cal benefits while the county verifies your former foster care status. You may continue to receive Medi-Cal up to 26. It would be helpful to give the county as much information as you can about your former foster care case.

Former Foster Care Youth Frequently Asked Questions

5. Do I need to complete the regular Medi-Cal application?

No, you do not need to complete the full application. Ask for the short one-page form for FFY. It is called the MC 250A. You can also download a copy of the form at: [eligibility forms page](#)

6. Can I still get Medi-Cal if I already have insurance through my job?

Yes, you can have Medi-Cal and health insurance through a job at the same time. Medi-Cal can be used to cover medical costs that your other health insurance does not cover.

7. Can I qualify for the Medi-Cal program for FFY if I have a job?

Yes, if you left foster care when you were age 18 or older and are still under age 26, you may be eligible to receive Medi-Cal until your 26th birthday. Your income and resources do not matter for this program.

8. What happens when I reach the maximum age for the Medi-Cal program for FFY?

Before your Medi-Cal coverage is terminated, the county must check to see if you qualify for Medi-Cal under a different program. If you are eligible for another Medi-Cal program, the county will put you in that program after it looks at any information needed to decide if you qualify for that program.

There are different ways to qualify for Medi-Cal. If the county cannot determine whether you will remain eligible for Medi-Cal with the information they have, the county may send you paperwork or ask you for additional information to decide if you still qualify for Medi-Cal. You may be asked to give income and tax information, or other information that will help the county decide if you can keep your Medi-Cal or can get other financial help to buy low-cost health insurance through Covered California. If the county decides that you are no longer eligible for Medi-Cal, you will get a Notice of Action and information about how to appeal if you disagree with the decision.

Former Foster Care Youth Frequently Asked Questions

9. I went to the emergency room or other place for medical treatment. They told me they will be sending me a bill. What do I do now?

If you are not on Medi-Cal, you or someone on your behalf should contact your county social services office and tell them that you want to enroll in the Medi-Cal program for FFY and need “retroactive coverage” to pay for medical services you received. Make sure to tell the county that you are a FFY and ask for Form MC 250A. If you need to pay for medical services you received anytime during the three months before you applied for Medi-Cal, make sure you check the box at the top of the MC 250A asking for “retroactive coverage.”

10. Is there a telephone number I can call to get more information?

Yes, you can call the numbers listed below.

- Call the Medi-Cal Helpline at 1-800-541-5555 (outside of California, please call 916-636-1980)
- Call your local county social services office. To find out the telephone number to the nearest county office, go to [County Contact List](#).
- [Call FFY contact](#) (Not DHCS)

11. Where can I find information about Medi-Cal and other benefits programs?

You can find information about Medi-Cal online at [Medi-Cal Frequently Asked Questions](#), or to obtain additional helpful information, go to [Coveredtil26](#) (Not DHCS).

You can find information on other benefits programs at <http://www.benefitscal.org>. This site is an online resource for California public benefits and connects you to applications for other programs such as County Medical Services Program, CalFresh (formerly known as Food Stamps) and California Work Opportunity and Responsibility to Kids (CaWORKS).

12. If I left foster care after January 1, 2014, was I supposed to be automatically enrolled in Medi-Cal coverage for FFY?

Yes, if you were in foster care in California after January 1, 2014, you should have been enrolled in Medi-Cal coverage for FFY automatically. To check your Medi-Cal status,

Former Foster Care Youth Frequently Asked Questions

contact the [FFY contact](#) (Not DHCS) for your county or call the Medi-Cal helpline at 1-800-541-5555 (outside of California, please call 916-636-1980).

If you left foster care in California before 2014 or were in foster care in another state, you may need to apply for Medi-Cal coverage for FFY. You can apply by filling out a one-page Medi-Cal form for FFY (called the MC 250A) or by giving your information over the phone to a county Medi-Cal worker.

To find the telephone number and location of the FFY contact for your county go to [FFY contact](#) (Not DHCS), or to find the nearest county social service office, visit [County Contact List](#).

13. Should I fill out a Covered California application?

You can apply: (1) through Covered California using the on-line application; or (2) through the county using a simple one-page form for FFY, called the MC 250A; or by giving your information over the phone. If you continue with the online application you may need to give more information about yourself than you need to give if you apply through the county using the [MC 250A form](#).

Most counties have a specific phone number, office, or staff to help FFY sign up for Medi-Cal. To find out the FFY contact for your county, go to [County Contact List](#) or the [FFY contact](#) (Not DHCS).

For more information, visit the [Medi-Cal Program for FFY](#) or [Coveredtil26](#).