



Jennifer Kent  
Director

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
Governor

October 7, 2015

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 15-32  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
STATEWIDE AUTOMATED WELFARE SYSTEMS

SUBJECT: MEDI-CAL GENERAL NOTICE OF ACTIONS FOR FORMER FOSTER  
YOUTH (Welfare and Institutions Code Sections 14005.28 and  
14005.285)

## PURPOSE

The purpose of this letter is to provide county welfare and probation departments with new Notices of Action (NOAs) and an informational letter for Former Foster Youth (FFY). The FFY Medi-Cal program policies are outlined in All County Welfare Directors Letter (ACWDL) 14-41.

The Department of Health Care Services (DHCS), in partnership with the County Welfare Directors Association, and FFY stakeholders, updated and standardized NOAs for ease of use for FFY and county welfare and probation departments. This joint effort resulted in revisions to four NOAs and the creation of an informational letter to help assess FFY who are aging out of this Medi-Cal program.

All NOAs outlined in this letter will be issued by the counties using the Statewide Automated Welfare Systems (SAWS) regardless of whether the FFY applies through the county or through the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) Application Portal. SAWS will be required to program or update the FFY NOAs and Informational Letter pertaining to this ACWDL. Until the NOAs are programed into SAWS, the counties shall manually issue the NOAs.

## BACKGROUND

In 2015, DHCS convened a FFY NOA workgroup to develop FFY specific information so FFY are properly informed about this Medi-Cal program, because it operates differently

than other Medi-Cal programs. This workgroup was also convened to address the various circumstances that FFY encounter, since FFY Medicaid benefits were extended in January 2014 with the implementation of the Affordable Care Act (ACA).

Beneficiaries of this program are currently placed into aid code 4M, and receive Medi-Cal regardless of income or property. It is available to FFY who were in foster care at age 18 or older, and were on Medicaid. This extended coverage is available to FFY who were in foster care under the responsibility of any state or tribe on their 18th birthday or a later age.

Most foster youth in California are on federal Medicaid. In rare instances, a FFY might not have the immigration status/verification that makes him or her eligible for federal Medicaid. In this circumstance, counties are to request that the FFY submit a Statement of Citizenship, Alienage, and Immigration Status (MC13) form, downloadable from the DHCS website at: <http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc13.pdf>. If needed, the counties should assist the FFY with completing the MC 13. Upon completion of form MC13, the county shall enroll the FFY in the full-scope Medi-Cal program for FFY and assign the 4M aid code.

### **Summary of the FFY NOAs and Informational Letter**

The attached NOAs and informational letter provide clarification for the various FFY beneficiary situations. The FFY Medi-Cal program has unique eligibility and operational requirements and existing Medi-Cal NOAs do not provide specific information for FFY.

#### **1) Approval of Eligibility for FFY (MC 239 FFY-1 dated 10/07/2015)**

This NOA is for FFY whose former foster care status has been verified and are eligible to remain on aid code 4M until age of 26. This NOA should be issued to FFY enrolling through both the SAWS and CalHEERS access channels.

#### **2) Conditional Approval of Eligibility for FFY (MC 239 FFY-2 dated 10/07/2015)**

This NOA is to notify FFY that they are Medi-Cal eligible pending verification of FFY status. This NOA is intended for FFY who were in foster care in another state, and/or whose FFY status cannot be immediately verified through the Medi-Cal Eligibility Data System or the Child Welfare Services/Case Management System. Per ACWDL 14-41, applicants who attest they are FFY shall be immediately enrolled into aid code 4M and subsequent verification by the county shall occur. After verification of their FFY status, these youth should be sent the "Approval of Eligibility for FFY" NOA discussed above, if they remain eligible for aid code 4M.

If after 30 days, the FFY in this group are not verified as FFY, they should be considered for other health insurance affordability programs per the instructions in ACWDL 14-41. If the county is unable to verify FFY eligibility, the county must send a request for additional information to the FFY and specify what additional information is needed to verify FFY eligibility or to assess eligibility for other health insurance programs.

**3) Automatic Renewal of Eligibility for FFY Medi-Cal Program (MC 239 FFY-3 dated 10/07/2015)**

This NOA is for the annual redetermination process for FFY, who are already in aid code 4M and are still less than 26 years of age. The NOA informs these FFY that their Medi-Cal has automatically been renewed for the following year.

**4) Notice of Continuing in Medi-Cal Coverage through FFY Medi-Cal Program (MC 239 FFY-4 dated 10/07/2015)**

This NOA is to notify FFY who were placed in the wrong aid code and that their Medi-Cal benefits have been placed into the correct FFY coverage group. This group may consist of those FFY who were assigned an incorrect aid code through CalHEERS or county SAWS. This NOA will also be utilized to inform youth exiting foster care at age 18 or older that they been automatically moved into the FFY program.

**5) Upcoming Change to Your Medi-Cal Coverage**

Per ACWDL 14-41, counties shall initiate a redetermination process no later than 120 days prior to the FFY attaining the age of 26. This information letter is used to notify FFY currently enrolled in aid code 4M that they are approaching the age of 26 and will need to be evaluated for other Medi-Cal coverage (based upon both Modified Adjusted Gross Income (MAGI) and Non-MAGI eligibility) and other health insurance affordability programs offered through the California Health Benefit Exchange (Covered California). Health insurance affordability programs, as defined in § 15926 of the Welfare and Institutions Code (W&I Code), include qualified health plans offered through Covered California which include Cost Sharing Reductions and Advance Premium Tax Credit (APTC).

If additional information is needed to determine eligibility for other Medi-Cal programs during this process, the county shall use the Medi-Cal Request for Information Form (MC 355), downloadable from DHCS website at:

<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc355.pdf>. The MC 355 should

specify the information needed to determine continued Medi-Cal eligibility for the FFY after age 26.

### **Medi-Cal Request for Information Form (MC 355)**

The MC 355 is in the process of being revised. The revisions to the MC 355 will incorporate changes in the Medi-Cal program since the implementation of the ACA. As a part of the revisions to the MC 355, specific FFY language will also be included so counties can use the MC 355 to request information needed to determine continued Medi-Cal eligibility after age 26, as stated above, or to request information to assist in the verification of FFY status when necessary, as explained below. Until the revised MC 355 is published, counties should use the "Other" option on the form to request additional information from FFY to determine their eligibility. In the "Other" option, counties should explain the county is requesting information to verify their FFY status, i.e., "A copy of any document that shows that you were in foster care on your 18th birthday or later. We are asking for this information because we checked but have not been able to get proof that you were in foster care at age 18 or older." Counties should evaluate the youth's eligibility for MAGI and, if appropriate, non-MAGI Medi-Cal before terminating Medi-Cal and/or placing the youth on Covered California with APTCs.

If the county is requesting information to determine the FFY for other programs because it believes the FFY does not qualify for the FFY program based on the information it has reviewed, the county must provide specific information informing the FFY as to the basis for believing the individual does not qualify for the FFY program up to age 26.

### **Denials/Discontinuance**

If an individual who identified himself or herself as a FFY is determined ineligible for the FFY Medi-Cal programs, the denial NOA shall contain language that informs the FFY of the basis for determining that the FFY does not qualify for the FFY programs. The NOA shall contain all of the reasons why the individual is found ineligible for Medi-Cal. If the individual is determined ineligible due to failure to respond, the NOA must list the specific information or verification(s) missing and needed to determine eligibility, as outlined in ACWL 15-26 & 15-27.

If the county determines that an individual who was conditionally approved for the Medi-Cal program for FFY is not eligible for continuing coverage in the FFY program but that they qualify for another program, the county must send the FFY a NOA informing the FFY of the change in Medi-Cal program and the NOA shall contain all of the reasons why the individual is found ineligible for the FFY Medi-Cal program.

### **OTHER FFY POLICY**

As required by W&I Code § 14005.28(a)(3), the annual redetermination process for FFY has been simplified, and FFY should not receive the Pre-Populated Renewal Form (MC 216), or any other renewal form unless they are part of a household where other household members must complete an annual redetermination to retain their Medi-Cal benefits, or if they are aging out of FFY.

The only scenarios that would require discontinuance for FFY are:

- death
- loss of California residency
- aging out of the program
- the FFY qualifies for 4M and for a program that provides Medi-Cal benefits such as the California Work Opportunity and Responsibility to Kids or the Supplemental Security Income programs and the county is unable to maintain the FFY in both aid codes simultaneously
- the FFY requests a discontinuance after being informed of the individual mandate that all adults must have health insurance coverage

For additional guidance on the FFY Medi-Cal program, such as a loss of contact with a FFY, please refer to ACWDL 14-41. For additional guidance on the suspension of Medi-Cal benefits when incarcerated please refer to ACWDL 14-26.

### **NOA Implementation**

The counties shall begin to manually issuing the revised FFY NOAs as soon as administratively feasible, but no later than October 30, 2015 until these NOAs are programmed in SAWS. Counties may choose to add information to the FFY NOAs to provide county specific information that will help inform FFY of their benefits but these notices should be submitted to DHCS for prior approval. However, counties shall not eliminate information from the FFY NOAs.

If you have any questions about this ACWDL, please contact the Access Unit in the Access Programs and Policy Branch at (916) 552-9200 or by email at [FFY@dhcs.ca.gov](mailto:FFY@dhcs.ca.gov).

Alice Mak, Chief (Acting)  
Medi-Cal Eligibility Division

Attachments



mailed to you soon. If you previously had a Benefits Identification Card but no longer have it, contact your worker and ask for a new card. The Benefits Identification Card has the information your provider needs to check your Medi-Cal eligibility. You should take the Benefits Identification Card to your medical provider whenever you need care.

If you think we made a mistake, you can appeal. See the back side of the first page of this notice for "Your Hearing Rights" to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

Note: Other family members may receive a separate notice about whether they are eligible for Medi-Cal. Please call your eligibility worker if you need more information about this notice

**RULES:** The law that requires this action is California Welfare and Institutions Code Sections 14005.28 and 14005.285.

NOTICE OF ACTION  
APPROVAL OF BENEFITS

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Notice Date:	_____
Case Number:	_____
Worker Name:	_____
Worker ID Number:	_____
Worker Telephone Number:	_____
Office Hours:	_____
Office Address:	_____

**IMPORTANT NOTICE: APPROVAL OF MEDI-CAL BENEFITS NOTICE FOR:**  
*Insert Name(s) Here*

**Automatic Renewal of Eligibility for Former Foster Youth Medi-Cal Program**

**You're still covered! Your Medi-Cal has been automatically renewed.**

Good news! Your Medi-Cal has been continued for another year. Because you are in the Medi-Cal program for former foster youth, your Medi-Cal coverage will continue without any break and you will remain eligible for this Medi-Cal program until your 26<sup>th</sup> birthday, as long as you live in California. Medi-Cal for former foster youth gives free Medi-Cal until age 26 to young adults like you who were in foster care at age 18 or older. Income and property do not matter for this program.

As a former foster youth, in many counties, you can choose to have "Fee-For-Service" Medi-Cal or to enroll in a Medi-Cal Managed Care Plan. With "Fee-For-Service" Medi-Cal, you can go to any doctor, therapist, or hospital that takes Medi-Cal. If you decide to enroll in a managed care plan, you must go to the doctors and providers who are in your health plan.

If you have any questions about your Medi-Cal eligibility, contact your eligibility worker at the number on the top of this letter. If you have questions about Medi-Cal managed care, call Health Care Options at 1-800 430-4263 for more information.

**Stay in Touch**

If you move, please contact your eligibility worker to give your new address or contact information.

- *If you move within California*, you will remain eligible for the Medi-Cal program for Former Foster Youth until age 26.
- *If you move to another state*, you may be eligible for Medicaid in your new state, but you will have to apply for benefits there.

**IF YOU ALREADY HAVE A BENEFITS IDENTIFICATION CARD DO NOT THROW IT AWAY.** You should keep using that card. If you have never had a Benefits Identification Card, one will be mailed to you soon. If you previously had a Benefits Identification Card but no longer have it, contact your worker and ask for a new card. The Benefits Identification Card has the information your provider needs to check your Medi-Cal eligibility. You should take the Benefits Identification Card to your medical provider whenever you need care.

If you think we made a mistake, you can appeal. See the back side of the first page of this notice for "Your Hearing Rights" to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

Note: Other family members may receive a separate notice about whether they are eligible for Medi-Cal. Please call your eligibility worker if you need more information about this notice.

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NOTICE OF ACTION  
CHANGE IN MEDI-CAL PROGRAM

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Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker ID Number: \_\_\_\_\_  
Worker Telephone Number: \_\_\_\_\_  
Office Hours: \_\_\_\_\_  
Office Address: \_\_\_\_\_

**IMPORTANT NOTICE: CHANGE IN MEDI-CAL PROGRAM NOTICE FOR:**  
[Insert Name\(s\) Here](#)

**Notice of Continuing Medi-Cal Coverage through Former Foster Youth Medi-Cal Program**

**You've been approved for the Former Foster Youth Medi-Cal Program!**

As of \_\_\_\_\_, you have been moved into the Medi-Cal program for Former Foster Youth. The Medi-Cal program for Former Foster Youth gives free Medi-Cal until age 26 to young adults like you who were in foster care at age 18 or older. Income and property do not matter for this program. Your Medi-Cal coverage will continue without any break and you will remain eligible for this program until your 26<sup>th</sup> birthday, as long as you live in California.

As a former foster youth, in many counties, you can choose to have "Fee-For-Service" Medi-Cal or enroll in a Medi-Cal Managed Care Plan. With "Fee-For-Service" Medi-Cal, you can go to any doctor, therapist, or hospital that takes Medi-Cal. If you decide to enroll in a managed care plan, you must go to the doctors and providers that are in your health plan.

If you have any questions about your Medi-Cal eligibility, contact your eligibility worker at the number at the top of this letter. If you have questions about Medi-Cal managed care, call Health Care Options at 1-800-430-4263 for more information.

**Stay in Touch**

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worker and ask for a new card. The Benefits Identification Card has the information your provider needs to confirm your Medi-Cal eligibility. You should take the Benefits Identification Card to your medical provider whenever you need care.

If you think we made a mistake, you can appeal. See the back side of the first page of this notice for "Your Hearing Rights" to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

Note: Other family members may get a separate notice about whether they are eligible for Medi-Cal. Please call your eligibility worker if you need more information about this notice.

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NOTICE OF ACTION  
APPROVAL OF BENEFITS

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Notice Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Name: \_\_\_\_\_  
Worker ID Number: \_\_\_\_\_  
Worker Telephone Number: \_\_\_\_\_  
Office Hours: \_\_\_\_\_  
Office Address: \_\_\_\_\_

**IMPORTANT NOTICE: CONDITIONAL APPROVAL OF MEDI-CAL BENEFITS NOTICE FOR:**  
*Insert Name(s) Here*

**Conditional Approval of Eligibility for Former Foster Youth Medi-Cal Program**

**You've been conditionally approved for Medi-Cal!**

Good news! Your Medi-Cal request has been conditionally approved for the Medi-Cal program for Former Foster Youth and your continuing eligibility will be reviewed by the county. Your Medi-Cal coverage begins on \_\_\_\_\_ and you can begin using health care services through Medi-Cal on this date. Your information is being reviewed by your county social services offices, and the county will check that you were in foster care at the age 18 or older. If the county has any difficulty checking your information, the county will contact you and ask for more information.

The Medi-Cal program for Former Foster Youth gives free Medi-Cal until age 26 to young adults who were in foster care at age 18 or older. Income and property does not matter for this program.

Once we have verified all your information, you will get a final letter from us that says whether or not you continue to be eligible for the Medi-Cal program for Former Foster Youth.

As a former foster youth, in many counties, you can choose to have "Fee-For-Service" Medi-Cal or to enroll in a Medi-Cal Managed Care Plan. With "Fee-For-Service" Medi-Cal, you can go to any doctor, therapist or hospital that takes Medi-Cal. If you decide to enroll in a managed care plan, you must go to the doctors and providers who are in your health plan.

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