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Department of Health Care Services



EDMUND G. BROWN JR.
Governor

September 25, 2015

Medi-Cal Eligibility Division Information Letter No.: I 15-28

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: County Process to Change Hospital Presumptive Eligibility Former Foster Youth Aid Code 4E to Former Foster Youth Aid Code 4M

The purpose of this letter is to provide Counties with guidance when individuals are enrolled in the Hospital Presumptive Eligibility (HPE) Former Foster Youth (FFY) (formerly known as Former Foster Care Children), aid code 4E. The Medi-Cal Eligibility Data System (MEDS) will generate a new worker alert 9068 for the counties to move the FFY from the HPE FFY aid code 4E to the FFY 4M aid code and verify FFY status.

Background

The Affordable Care Act extended full-scope Medi-Cal benefits for designated FFY up to age 26, effective January 1, 2014. Individuals are eligible for full-scope Medi-Cal if they were in foster care under the responsibility of any state or tribe at age 18 or older and on Medicaid. These beneficiaries receive aid code 4M, FFY full scope Medi-Cal benefits, regardless of income or property until their 26th birthday. Individuals who were in foster care on their 18th birthday but not on Medicaid may be eligible for coverage until age 21. However, until further guidance is issued by the Department of Health Care Services (DHCS), all individuals under age 26 who were in foster care at age 18 or older should currently be enrolled in aid code 4M.

FFY are not required to complete the Single Streamlined Application. All County Welfare Directors Letter (ACWDL) 14-41 provides details on the application and verification process for FFY. Per ACWDL 14-41, FFY may self-attest to FFY status. Upon self-attestation, FFY must be enrolled into, and remain in, aid code 4M while the county verifies FFY eligibility.

Previously, individuals enrolled in HPE FFY aid code 4E temporary full-scope Medi-Cal, had to submit an application for Medi-Cal and provide the necessary information to the

county to effectuate ongoing coverage. If the HPE FFY beneficiary did not apply for Medi-Cal before the end of the HPE period, the HPE FFY beneficiary's coverage automatically ended on the last day of the month following the HPE eligibility date.

County Instructions

Effective immediately, when an eligibility determination is made for HPE FFY, aid code 4E, MEDS will automatically generate a new worker alert 9068 to the county to open a FFY case and immediately enroll the individual into aid code 4M. The county eligibility worker (CEW) handling the alert must treat the MEDS alert as an application on file pending FFY verification. The CEW will have 30 days to verify FFY status. The CEW must use all available information and resources to attempt to verify FFY status as outlined in ACWDL 14-41 and utilize all records in MEDS, Statewide Automated Welfare System, and/or the Child Welfare System/Case Management System. If after this data review, the CEW is unable to verify FFY status, the CEW must contact the youth to obtain additional information to help verify FFY status. Because the HPE application does not currently ask for information about which state the youth was in foster care and received Medicaid, the CEW will need to ask if the FFY was in foster care in another state if FFY status in California cannot be verified. If the youth attests to FFY status in another state, the CEW must attempt to verify FFY status with the other state.

MEDS will display all data known to MEDS for the county to utilize in the verification as indicated below:

Worker alert number 9068 will be generated one time in the daily MEDS reports and display **URGENT** with the following information displayed if known to MEDS:

FFY ATTESTED- ESTABLISH 4M ELIG AND VERIFY FFY STATUS

- *County of Residence*
- *District*
- *Foster Care Case Worker Name*
- *Foster Care Case Number*

If the CEW is unable to verify the 4M status, the CEW needs to follow the process outlined in ACWDL 14-41 to assess the FFY for another Medi-Cal program or other insurance affordability programs. The individual shall remain in aid code 4M until eligibility determination is complete. For other information and FFY processing instructions, refer to ACWDL: 00-41, 00-61, 01-41, and 14-41, and Medi-Cal Eligibility Division Information Letter (MEDIL): I 13-07 and I 14-05. The eligibility information in these ACWDLs and MEDILs, other than the special extensions, shall continue to be

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followed when processing FFY eligibility. The county must send the FFY a Notice of Action informing them whether they are eligible for ongoing coverage through the Medi-Cal program for FFY, and if not eligible, provide the specific reason(s) for the eligibility determination.

If there are any questions regarding this letter or any further information is needed, please contact the Access Unit in the Access Programs and Policy Branch at (916) 552-9200 or FFY@dhcs.ca.gov.

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