



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



GAVIN NEWSOM
GOVERNOR

DATE: November 16, 2021

Medi-Cal Eligibility Division Information Letter No.: 21-33

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS
ALL PROBATION DIRECTORS
ALL FOSTER CARE ELIGIBILITY WORKERS
ALL FORMER FOSTER YOUTH ELIGIBILITY WORKERS

SUBJECT: Former Foster Youth Aging Out at Age 26 (Reference: All County Welfare Directors Letters (ACWDLs) 14-41, 14-41E, 14-18, and 17-32)

This Medi-Cal Eligibility Division Information Letter (MEDIL) clarifies the process for counties when a Former Foster Youth (FFY) ages out of the FFY Program at age 26. The MEDIL addresses several questions and concerns raised by counties during the ongoing Department of Health Care Services (DHCS) FFY County Liaison meetings.

As set forth in ACWDLs 14-41 and 14-41E, FFY Program Medi-Cal eligibility ends the last day of the month in which the FFY turns 26. No later than 120 days prior to their 26th birthday, counties shall initiate a redetermination to assess the FFY's eligibility for all other Medi-Cal programs.

Ex Parte Review

Welfare and Institutions Code (WIC) section 14005.37 requires that county workers conduct an ex parte review, utilizing all available information that could affect eligibility for Medi-Cal benefits prior to contacting the beneficiary. As such, the county will first complete an ex parte review of the information available in the FFY beneficiary's existing case record and other available sources, to determine the FFY's Medi-Cal eligibility beyond their 26th birthday. If eligible, the county shall transition the FFY to the appropriate Medi-Cal program, effective the month following their 26th birthday.

FFY Informational Letter and Requests for Additional Information

If through the ex-parte review of available information, the county is not able to determine eligibility for other Medi-Cal programs, the county shall issue the FFY Informational Letter: “Upcoming Change to Your Medi-Cal Coverage.” This letter notifies the FFY of the beginning of the reassessment process, and the need for additional information to make the determination of ongoing Medi-Cal eligibility, giving the FFY at least 30 days to provide the information requested.

Enclosed with the FFY Informational Letter, counties must include the “Medi-Cal Request for Information” form, MC 355, specifying all of the additional information needed, giving the FFY at least 30 days to provide the information requested (in alignment with the timeframe indicated on the FFY Informational Letter).

Note: If appropriate, the Request for Tax Household Information (RFTHI) form must also be listed on the MC 355 and enclosed with the FFY Informational Letter.

Counties shall follow timelines outlined in ACWDLs 14-32 and 17-32 for annual redetermination or change of circumstances.

If the FFY fails to provide the requested information within 30 days after sending out the FFY Informational Letter, the county must attempt to contact the beneficiary. During this contact, the county must specify the requested information and provide a 10-day deadline following the contact to provide the requested additional information.

Eligibility Determinations and Case Action

If the FFY provides the requested information and is found eligible, the county shall transition the FFY to the appropriate Medi-Cal program, effective the month following their 26th birthday.

If after the additional 10 days noted above, the FFY has not returned the information requested, the county shall send a timely notice of termination and discontinue the FFY from Medi-Cal effective the last day of the month in which they turn 26. The Medi-Cal Notice of Action shall explain the basis for termination and the ability to cure within 90 days.

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If you have any questions, or if we may provide further information, please contact the Access Unit in the Eligibility & Access Branch by email at FFY@dhcs.ca.gov.

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Health Care Benefits and Eligibility
Department of Health Care Services