

DATE: October 6, 2023

Medi-Cal Eligibility Division Information

Letter No.: I 23-50

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

SUBJECT: FREQUENTLY ASKED QUESTIONS (FAQs) RELATED TO FORMER
FOSTER YOUTH (FFY), FOSTER CARE (FC), KIN-GAP, ADOPTION
ASSISTANCE PROGRAM (AAP) AND THE CONTINUOUS COVERAGE
UNWINDING PERIOD

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide frequently asked questions (FAQs) to address county questions during the continuous coverage unwinding period related to guidance issued by the Department of Health Care Services (DHCS) relative to FFY, Foster Care, Kin-GAP, and AAP.

FREQUENTLY ASKED QUESTIONS

Former Foster Youth (FFY) Unwind

1. Should an ex parte review and full assessment be completed when an FFY ages out to see if they are eligible to a different program such as MAGI?

Answer: Yes, an ex parte review would need to be completed and a full reassessment to redetermine eligibility for any other Medi-Cal coverage (based upon both Modified Adjusted Gross Income (MAGI) and Non-MAGI eligibility and other health insurance affordability programs offered through Covered California. During the Continuous Coverage Unwinding period, please follow the guidance set out in ACWDLs [22-18](#) and [22-33](#).

2. What if their whereabouts are unknown, there is returned mail, and the county is unable to reassess FFY?

Answer: For the youth who are not aging out, and contact is not established, continue the FFY in aid code 4M and place them in fee for service. Please follow the guidance published in ACWDL [14-41](#).

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If the FFY is aging out, and contact is not established, eligibility needs to be determined for other Medi-Cal programs through an ex parte review. If eligible, the county shall transition the FFY to the appropriate Medi-Cal program, effective the month following their 26th birthday. If FFY is not eligible, the county shall issue the FFY Informational Letter: "Upcoming Change to Your Medi-Cal Coverage," notifying the member the need for additional information, along with the MC355 form specifying all of the additional information needed. Please follow the guidance in MEDIL [121-33](#) if the FFY is aging out of the FFY program.

For the updated guidelines on returned mail, please refer to ACWDL [22-09](#).

3. Is there a difference between processing a redetermination for an FFY who aged out during the PHE?

Answer: Yes, for the FFY who were moved into a different aid code during the Public Health Emergency because they had aged out (e.g., aid code 76), counties shall complete the youth's redetermination in accordance with Title 42 Code of Federal Regulations (C.F.R.) section 435.916 prior to taking an adverse action. This includes beneficiaries determined no longer eligible FFY. For further instructions please follow the guidance set out in ACWDLs [22-18](#) and [22-33](#).

Additionally, during the Continuous Coverage Unwinding period and thereafter, for FFY who age out, the county shall conduct an ex parte review, utilizing all available information that could affect eligibility for Medi-Cal benefits prior to contacting the beneficiary. 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," notifying the member the need for additional information, along with the MC355 form specifying all of the additional information needed. Additional information can be found in ACWDLs [14-41](#) and [15-32](#) and MEDIL [121-33](#) are to be used during the Continuous Coverage Unwinding period and thereafter for FFY who will be aging out of the FFY Program.

4. Is an actual MC renewal form required or is the ex parte review process sufficient?

Answer: If through the ex-parte review of available information, the county is not able to determine eligibility, the county should request more information using MC355 form. When assessing eligibility include a full Medi-Cal hierarchy assessment of the individual for any other Medi-Cal program eligibility. Follow the guidance set out in ACWDLs [22-18](#) and [22-33](#).

Foster Care / Continuous Coverage for Children (CEC)

1. What process do counties follow for non-FFY cases (Foster Care, Kin-GAP, AAP) that were granted Medi-Cal during the PHE, but since being granted they have been reunified with parent?

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Answer: A redetermination must be performed if the individual is no longer eligible to Medi-Cal through Foster Care, AAP, or Kin-GAP. If the child is determined ineligible at redetermination, counties should retain the child in coverage and evaluate for a more advantageous program. If the child is not found eligible for another program, the counties shall then disenroll. If a child reports a change in circumstance that would otherwise make them ineligible, the child would be held in coverage until the next redetermination. For further information, please follow CEC rules detailed in ACWDL [14-05](#).

2. For Foster Care, FFY, AAP, Kin-GAP case is there generally a specific NOA to use or just issue a manual NOA?

Answer: Yes, there are specific general NOAs for FFY.

- Approval of Eligibility for FFY (MC 239 FFY-1 dated 10/07/2015)
- Conditional Approval of Eligibility for FFY (MC 239 FFY-2 dated 10/07/2015)
- Automatic Renewal of Eligibility for FFY Medi-Cal Program (MC 239 FFY-3 dated 10/07/2015)
- Notice of Continuing in Medi-Cal Coverage through FFY Medi-Cal Program (MC 239 FFY-4 dated 10/07/2015)
- Upcoming Change to Your Medi-Cal Coverage (Information Letter)
- Medi-Cal Request for Information Form (MC 355)

These general FFY NOAs are detailed in ACWDL [15-32](#).

For children in Foster Care, AAP or Kin-GAP counties should issue the manual NOAs outlined ACWDL 19-03 where there is no change in eligibility. These include notices that ask about:

- Income changes
- Household Changes
- Disability
- Pregnancy

Adoption Assistance Program (AAP)/Kin-GAP

1. What is the process for AAP children that should have been discontinued for aging out but were held in coverage during PHE?

Answer: An annual redetermination must be performed for members who are no longer eligible to Medi-Cal. This includes individuals who have aged out of the AAP program. For more information, please follow guidance set out in ACWDL [22-18](#).

2. What forms should be sent for Discontinued AAP and Discontinued Kin-GAP to renew if Kin-GAP and AAP cash programs no longer apply.

Answer: A full redetermination for Continuous Coverage Unwinding purposes is defined as completing a renewal, including performing the ex parte review and sending a

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prepopulated annual renewal form only to those beneficiaries whose eligibility cannot be determined through an ex parte or if the ex parte review were to result in a discontinuance. The county should follow the guidance set out by ACWDL [22-18](#).

In addition to the responses provided in this FAQ, please continue to reference other ACWDLs and MEDILs DHCS has published regarding the FFY, Kin-GAP, and AAP:

- [ACWDL 22-33](#) – Medi-Cal Redetermination Process
- [ACWDL 22-18](#) – Case Processing Actions after the Conclusion of the Coronavirus (COVID-19) Public Health Emergency (PHE)
- [ACWDL 22-09](#) – Updated Guidance on the County Process when Mail is Returned Undeliverable
- [MEDIL I 21-33](#) – Former Foster Youth Aging Out at Age 26
- [ACWDL 15-32](#) - Medi-Cal General Notice of Actions for Former Foster Youth (Welfare And Institutions Code Sections 14005.28 And 14005.285)
- [ACWDL 14-41](#) – Enrollment in the FFCC Program for Mandatory Coverage Group
- [ACWDL 14-05](#) – Continuous Eligibility for Children (CEC) with Attachment

If you have any questions, or if we can provide further information, please contact us by email at FFY@dhcs.ca.gov, DHCSFosterCareProgram@dhcs.ca.gov.

Sincerely,

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