



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

December 4, 2014

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

SUBJECT: Enrollment in the Former Foster Care Children's (FFCC) Program for
Mandatory Coverage Group and Optional Coverage Group County Process for
Medi-Cal Applicants and Beneficiaries

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 in the Mandatory Coverage Group () and Optional Coverage Group (). The 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 now eligible for benefits in the former foster care program until age 26 since January 1, 2014.

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 must be changed 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.

For these youth who were in foster care on their 18th birthday but not on Medicaid, they may be eligible for coverage until age 21.

	Authority	Age	Income	In FC on 18 th birthday or later	On Medicaid on 18 th Birthday or when aged out	All States
Mandatory Coverage Group	42 CFR 435.150 1902(a)(10)(A)(i)(IX)	Under 26	Exempt	In FC on 18 th birthday or later	Yes	Yes
Optional Coverage Group	42 CFR 435.226 1902(a)(10)(A)(ii)(XVII)	Under 21	Exempt	In FC on 18 th birthday	No	Yes

The FFCC program provides a simplified eligibility determination and enrollment process for Medi-Cal coverage for this population through the use of self-attestation. It is important that this population be identified early in the application intake process to prevent any collection of unnecessary information (e.g. income or household composition) in order to streamline the eligibility determination and enrollment process. It is also important to ensure existing beneficiaries who are eligible for the FFCC program are moved seamlessly into this program without being terminated, having to reapply, or having to provide any additional information. Additionally, youth who are missing from placement when they leave foster care at age 18 or older, should also be moved seamlessly into this program without being terminated, having to reapply, or having to provide any additional information.

The first contact that many of these applicants have will be with the reception staff, in person or on the telephone. Therefore, it is imperative that these staff members are aware of the program expansion and the simplified application procedures in order to streamline the process for the applicants and provide immediate eligibility to the FFCC population.

The following county instructions are to be followed for both the programs.

County Instruction:

The county should ensure that all staff members that come into contact with the applicants, whether in the local offices, on the telephone, or any other means, are aware of the age extension (up to age 26 for the MCG and up to age 21 for the OCG) to the FFCC program and that correct information is provided to the applicants.

Counties should ask applicants who call or come into a county office if they were in foster care at age 18 or older. Applicants for the FFCC program are not required to complete a full application or provide any additional information beyond the information requested on the Application for Medi-Cal for Former Foster Youth (MC 250A) form. Counties must use the MC 250A form for the FFCC program and expedite application processing. The youth applying for former foster care is not required to complete the MC250A. The requested information can be obtained by the county verbally, over the phone, electronically or by mail.

The MC 250A form has been updated and is available on the DHCS website under the heading labeled "Forms, Laws & Publications". The following URL address will link you to the form:

<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc250a2014.pdf>.

Prior foster care status can be attested to by the FFCC applicant at the time of application and verified later by the county. If the individual applies as a FFCC applicant, the county is to immediately determine the individual eligible for FFCC program based on attestation. After enrollment, within 30 days, the county shall verify prior foster care status from any county, state (if not California) or tribe where the individual was in foster care.

If former foster care status verification is unavailable after a thorough examination of the existing circumstances, all county eligibility workers should attempt to verify prior foster care status in California using the Child Welfare System/Case Management System (CWS/CMS), whenever possible. This data base can be accessed by contacting the Department of Social Services (CDSS). The CDSS contact should be identified in the CDSS county roster under Foster Care Programs. Further information on that process is provided below:

- When a call comes into the county, counties shall establish if the caller is a new applicant or an existing beneficiary and if the caller was in foster care at age 18 or older. If the caller indicates that he or she is a former foster youth and not a current Medi-Cal beneficiary, the county shall assist the caller by asking the caller if he/she prefers to provide the information requested on the MC 250A form by phone, fax, in person, or by mail. If the applicant prefers to complete the form in-person, by fax, or by mail, he/she shall be provided with the location of the form online or a form will be mailed, emailed or faxed to the applicant upon request. The information collected on this form will enable the county worker to proceed with the eligibility determination and immediately enroll the applicant into coverage while any other verifiable information is being obtained by the county. If the caller is already on Medi-Cal under another program, the beneficiary can be enrolled directly into the FFCC program without having to complete the MC 250A form. In this scenario, the caller should receive clarification and information about the scope of their new coverage from the county representative followed by a notice of action.
- When an applicant is identified as a former foster youth by the county, whether through questioning by staff or self-attestation, efforts shall be made to determine if the FFCC program applicant has already filed an application for health insurance, online, by phone, by mail or an MC 250A form. If an application has been submitted, the county staff shall determine the status of the application. If the status can be immediately determined through the Statewide Automated Welfare System (SAWS) or the Medi-Cal Eligibility Data System (MEDS), staff shall expedite the processing of that application and

provide immediate eligibility to the FFCC beneficiary. If staff cannot immediately determine whether an application has already been submitted, staff are to ask the applicant for the information needed to complete the MC 250A form, and provide immediate eligibility under the FFCC aid code 4M while the county verifies former foster care status.

- If an applicant submits an MC 250A form and answers “no” or “not sure” when asked if he or she was in foster care on his or her 18th birthday or later, the county shall verify by utilizing all available resources, what age the applicant left foster care prior to determining the applicant ineligible for the FFCC program. Some eligible former foster youth may be unaware of what age they left foster care or may incorrectly believe they left foster care at an earlier age than they actually did. Youth that believe they may have been in foster care on their 18th birthday should be enrolled immediately.
- For applicants who did not receive Medicaid at the time of exit from foster care, resulting in the applicant falling under the coverage limitation of the OCG, the counties shall attempt to determine if the applicant was or should have been eligible for Medicaid at the time of his/her exit from foster care by utilizing all available resources.

If an application other than the MC 250A form was previously submitted, counties will need to ask the applicant which state or tribe was responsible for his/her foster care placement in order to identify if an applicant was in foster care outside of California or through a tribe or tribal social services program. If an application was not submitted or if the status of a prior application cannot be immediately ascertained, the county staff will ask the applicant to complete the MC 250A form and then provide immediate eligibility under the FFCC aid code 4M, while awaiting any former foster care status verification.

County eligibility workers will process FFCC cases in SAWS and provide the applicant with immediate eligibility. Verification of foster care status shall be obtained after the fact by the county, if not readily available. Counties shall provide the applicant with evidence of coverage at the time of application, such as a temporary benefits identification card, whether or not the applicant has immediate health care needs. Counties shall verify the individual's eligibility in MEDS, immediately, to ensure eligibility is also reported for future months. If the aid code did not post to MEDS, a manual EW15 transaction shall be completed to provide immediate eligibility under aid code 4M which must then be followed by the EW 20. Counties shall ensure eligibility is posted for the immediate need month and future months.

Access to the CWS/CMS or MEDS data bases should enable immediate verification of former foster care in California, even if the application county is not the county of record for the FFCC's foster care. If the CWS/CMS system is not accessible or verification is not obtained, the county where the applicant last resided in foster care should be contacted first for verification.

When an applicant from a state other than California or tribe identifies himself or herself as a FFCC, he or she is to be requested to complete the MC 250A form and have the application expedited, as was described above. If the applicant can provide any contact information or other information that can be used for verification of FFCC status, this information should also be collected (e.g. the name and contact information of a social worker, if the youth has it). However, verification is the responsibility of the county and if an applicant does not have this information, it is not a barrier to immediate enrollment into this program. 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>

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 resides.

If the state or tribe in which the youth asserts to have been in foster care is unable to provide verification of age of prior foster care exit, counties shall have the applicant complete the Request for Household and Tax Information (RFHTI) form. Counties shall continue to keep the applicant in aid code 4M and not remove eligibility until after a determination has been made using the information on the RFHTI for other health programs.

After initial enrollment in the FFCC program, subsequent annual renewals should be automatic until age 21 (OCP) or age 26 (MCG) unless there is evidence indicating death, incarceration, or no California state residency. In the situation where there is doubt regarding residency, death or incarceration, counties shall perform an ex-parte review to determine if the beneficiary will continue eligibility under FFCC Medi-Cal Program for a subsequent year. Do not send any information to the beneficiary such as the MC250A or other forms unless other family members on the case should be receiving these forms.

At renewal, after the county has verified that the individual is not out-of-state, incarcerated, or deceased, the county will send a Notice of Action (NOA) to the beneficiary notifying him/her regarding his/her ongoing eligibility. (Note: Medi-Cal should not be terminated for youth who are incarcerated, per SB 1147 (see ACWDLs 10-06 & 10-22) If the mailed NOA is returned as a result of loss-of-contact, the county will attempt to verify the address through phone contact, authorized representative, social worker or other contact person listed on their case record history. If contact is not established, the county will continue the beneficiary on aid code 4M and will place the FFCC beneficiary into fee-for-service. The FFCC beneficiary shall not be discontinued from coverage due to a loss of contact. If contact is re-established and the beneficiary resides within a county with a County Operated Health System (COHS) or prefers to be in a managed care plan, the county will assist the beneficiary/authorized representative in contacting the Office of the Ombudsman to initiate this transaction. If a FFCC beneficiary is incarcerated, eligibility should be handled in accordance with existing policy (per the ACWDLs referenced above)

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The county shall initiate a redetermination no later than 120 days prior to the FFCC youth attaining the age of 21 (OCG) or age 26 (MCG) to determine if the youth is eligible for any other Medi-Cal programs using available information. If not eligible for other Medi-Cal programs, the county shall notify the FFCC youth to complete a "Request for Tax Household Information" form for an eligibility determination for other health programs.

If the redetermination process experiences delays, resulting in the FFCC youth reaching the age of exit without a completed redetermination and enrollment into other health programs, the county shall keep the youth in coverage until completion of redetermination and enrollment into another Medi-Cal program or other health insurance programs.

A Frequently Asked Questions (FAQ) document regarding the FFCC program is attached to provide general information to the public regarding the extension of Medi-Cal for FFCC, in regards to eligibility and enrollment. Counties are encouraged to share this FAQ document with local agencies providing support services to this population.

For other information and FFCC processing instructions, refer to All County Welfare Director Letter (ACWDL) Nos.: 00-41, 00-61, and 01-41 and Medi-Cal Eligibility Division Information Letter (MEDIL) No.: 13-07 and 14-05. The eligibility information in these ACWDLs and MEDILs, other than the special extensions, shall continue to be followed when processing FFCC eligibility.

If you have any questions, or if we can provide further information, please contact Jesus Torres at (916) 327-0410 or by email at Jesus.TorresJr@dhcs.ca.gov.

Original Signed By:

Tara Naisbitt, Chief
Medi-Cal Eligibility Division

Attachments

Former Foster Care Youth Frequently Asked Questions

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

You can apply for Medi-Cal by contacting your local county human services office and inform them of your prior foster care status. You can call, mail in an application, or go in person to the local county social services office. The county will assess your eligibility based on a few simple questions. Eligible former foster care youth are not required to provide any proof of income to get Medi-Cal. You must live in California to receive Medi-Cal. Former foster care youth can also apply by submitting a simple form called the [Application for Medi-Cal for Former Foster Care youth](http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc250a2014.pdf) (MC 250A) for individuals who were in foster care placement to their local county social services office. This form is available online at <http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc250a2014.pdf>

To find the telephone number and location of your nearest county human services office, go to <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

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 applying for Medi-Cal. It would be helpful to provide information about what county, state or tribe you enrolled in or exited from foster care, and provide any paperwork regarding your foster care case to move the case along faster.

3. I was in foster care in California. I left the State when I turned 18. I am now back living in California; can I get Medi-Cal again?

Yes, if you were in foster care at any age in any state or tribe and are under age 26, you may qualify for full scope, no cost Medi-Cal and get Medi-Cal in a program for former foster care youth.

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

If you were in foster care on your 18th, 19th, 20th, or 21st birthday in another state or tribe and you are now under age 26, you may qualify. Based on what age you were in foster care, you may receive Medi-Cal benefits while the county verifies your former foster care status. You may continue to receive Medi-Cal up to age 21 or 26. It is important to provide the county with as much information as possible about your former foster care situation.

Former Foster Care Youth Frequently Asked Questions

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

No, you are not required to complete the full application. If you were given a long application, ask for the application form for former foster youth. It is called the MC 250A or you can download a copy of the form

at: <http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc250a2014.pdf>

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

Yes, you can have Medi-Cal and health insurance through an employer at the same time. If medical expenses are incurred, and are not paid by your health plan, Medi-Cal may cover those expenses.

7. Can I get Medi-Cal if I have a job?

Yes, if you exited foster care when you were 18, 19, 20, or 21 and are still under age 26, you may be eligible to receive Medi-Cal until your 26th birthday. Your income and resources do not count for this program.

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

Before your Medi-Cal expires, the county will check for you before the program ends to see if you can still qualify for Medi-Cal under a different program. If you are eligible for another program, the county should place you in that program after a review of any necessary information.

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 will send you paperwork and ask you for additional information to complete a redetermination. You may be asked to provide income and tax information when this program ends, as well as 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?

To receive payment for the emergency room visit you or someone on your behalf will still need to contact your county social services office and inform them that you need Medi-Cal retroactive coverage for health care services received and that you wish to enroll in the former foster care program. Make sure to inform the county that you are a former foster care youth and request 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 asking for retroactive coverage on the MC250A.

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

Yes, you can call the numbers listed below.

- Medi-Cal Helpline-1-800-541-5555
- Call your local county human services office. To find out the telephone number to the nearest county office, go to <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

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

You can find information about Medi-Cal online at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Medi-CalFAQ2014.aspx>

You can find information 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 CalWORKS (California Work Opportunity and Responsibility to Kids).

APPLICATION FOR MEDI-CAL FOR FORMER FOSTER CARE CHILDREN

- New application
- Redetermination
- Request for retroactive coverage for _____ months

COUNTY USE ONLY

Case name: _____

Case number: _____

Date of discontinuance: _____

Name		Date of Birth (mm/dd/yy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone Number ()	Cell Phone Number ()	Social Security Number		
Address (number, street)		City	State	ZIP Code
Mailing Address (if different) (number, street, P.O. Box)		City	State	ZIP Code
Email Address				

Were you in foster care on your 18th birthday or later? Yes No Not Sure

Which state were you in foster care (for example, California)? _____

I declare under penalty of perjury under the laws of the State of California that the answers I have given in this application are true and correct to the best of my knowledge and belief.

Signature	Date
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Instructions:

If you are completing this application it is because you were in foster care. While in foster care, you may have been under the responsibility of any state or tribe. Changes to Medicaid rules may allow you to receive Medi-Cal benefits at no share-of-cost. Under these rules, you are not required to show proof of income or resources (such as a car) in order to be eligible for Medi-Cal.

Once you have completed this form, you can return it to your local county social services office in person, by fax, or by mail. You may also be able to provide your information over the phone by calling your local county social services office. Check your phone book for the nearest office or visit:

<http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>

If you move, you will still be eligible for Medi-Cal, but you will have to notify your county eligibility worker of your address change. If you move out of the county that you lived in when you applied, the county worker will have to change the information on your case so that you can continue to get medical coverage without difficulty. If you have any changes in your living arrangements, such as moving back in with your parents or become married, or if you are pregnant, notify your eligibility worker immediately to report the change. These changes, however, will not affect your eligibility for this program.

If you move out of state, you may still be eligible for medical benefits in your new state, but you will have to apply for benefits in the new state of residence.

DHCS PRIVACY STATEMENT

This form is for receiving benefits through the Department of Health Care Services (DHCS). The personal and medical information you provide on it is private and confidential. DHCS needs it to identify you and the other people on this form and to administer our programs. We will share your information with other state, federal, and local agencies, contractors, health plans, and programs only to administer programs, and with other state and federal agencies as required by law.

You must answer all of the questions on this form unless they are marked “optional.” If your form is missing anything that we require, we will contact you to get it. If you do not provide it, we will not be able to make a decision on your benefits. You may have to submit a new application, or services may be denied.

In most cases, you have the right to see personal information about you that is in federal and state records. You can see it in an alternative format (such as large print) if you need that. For more information, contact the DHCS Information Protection Unit at:

P.O. Box 997413, MS 4721
Sacramento, CA
95899-7413
Phone: 1-866-866-0602
TTY: 1-877-735-2929

These state laws give us the right to collect and keep the information: CA Welfare and Institutions Code § 14011 and Article 3, Chapters 5 and 7, Parts 2 and 3, Division 9. We must give you this Privacy Statement under CA Civil Code § 1798.17.