



## Medi-Cal Eligibility for Former Foster Youth Under the Affordable Care Act<sup>1</sup>

*The Affordable Care Act (ACA) recognizes that young adults may have difficulty obtaining affordable, comprehensive health care coverage on their own. As a result, the ACA permits young adults to remain on their parents' health insurance until the age of 26. For youth who emancipate from foster care and do not have access to health insurance through their parents, the ACA provides continued coverage through Medicaid.<sup>2</sup> The Medicaid program in California is known as Medi-Cal.*

### Who is eligible?

Youth residing in California who were in foster care on their 18<sup>th</sup> birthday are eligible for Medi-Cal coverage up to the age of 26 regardless of income.<sup>3</sup> California provides this coverage to youth whether they were in foster care in California or in another state.<sup>4</sup>

### How does a youth apply for coverage?

Medi-Cal coverage for youth who are emancipating from foster care should continue without any interruption in coverage and without requiring a new application.<sup>5</sup>

Youth who are not already enrolled can apply through the county social services department using a simplified one page Medi-Cal application called an MC 250A. *Note:* This form is different from MC 250, which is used for children living apart from their parents.

The MC 250A can be found at:

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

The California Healthcare Enrollment, Eligibility and Retention System (CalHEERS) is not currently programmed to disregard income for former foster youth. Therefore youth should apply though the county rather than CalHEERS (Covered California) until this issue is resolved.

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<sup>1</sup> Additional federal and state guidance on some issues is forthcoming. Be sure to check for updates.

<sup>2</sup> 42 U.S.C. §1396a(a)(10)(A)(i)(IX); 42 CFR §435.150.

<sup>3</sup> Welf. & Inst. Code (WIC) 14005.28(a); California Department of Health Care Services, Medi-Cal Eligibility Division Information Letter (MEDIL) No. I 14-05 (January 17, 2014) [www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEDIL2014/MEDILI14-05.pdf](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEDIL2014/MEDILI14-05.pdf) Note that the regular Medi-Cal rules on citizenship and immigration status apply. If you have questions about Medi-Cal eligibility related to immigration status, see the materials on the National Immigration Law Center website. <http://www.nilc.org/>

<sup>4</sup> Welf. & Inst. Code (WIC) 14005.28(a); MEDIL No. I 14-05.

<sup>5</sup> *Id.*

### How is eligibility determined?

Former foster youth will not have to provide information about their income in order to qualify. Once the youth's age is known and the youth indicates on the application, or otherwise attests to being in foster care at age 18, the county will enroll the youth in Medi-Cal and then obtain verification of their foster care status. Eligible youth will be placed in the 4M aid code.<sup>6</sup>

### Who is considered to be in foster care?

The Centers for Medicare and Medicaid Services (CMS) has issued guidance that references the definition of "foster care" for federal child welfare purposes.<sup>7</sup> Under this definition, foster care means 24 hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. Receipt of foster care benefits is not required for a child to be considered to be in foster care.

There may be young adults who are eligible because they were in foster care on their 18<sup>th</sup> birthday but are not identified as being in foster care. This may include youth placed with relatives, youth in probation supervised foster care placements as a result of a delinquency adjudication,<sup>8</sup> or youth who were not in a specified placement on their 18<sup>th</sup> birthday because of a temporary absence, a trial home visit, or leaving a placement without approval. These youth could all be eligible for this Medi-Cal program.<sup>9</sup>

Youth who were reunified or adopted before they turned 18 are not eligible for this program but may be eligible for Medi-Cal for another reason.

### How does this impact youth who were covered under the old FFCC program?

Prior to January 1, 2014 the Former Foster Care Children (FFCC) program provided Medi-Cal coverage for former foster youth up to age 21.<sup>10</sup> Youth in the FFCC program will now receive continued coverage up to age 26. They will remain in the same aid code (4M.)

Some former foster youth lost FFCC Medi-Cal coverage because they turned 21. These youth are now eligible until they turn 26 and can apply using the MC 250A. Federal law requires states to conduct outreach to vulnerable populations, including homeless youth.<sup>11</sup> State law requires DHCS to work with counties to identify and conduct outreach to former foster care

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<sup>6</sup> MEDIL No. I 14-05.

<sup>7</sup> Centers for Medicare and Medicaid Services, Medicaid and CHIP FAQs: Funding for the New Adult Group, Coverage of Former Foster Care Children and CHIP Financing, Question 8 (December 2013) available at: <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/FAQ-12-27-13-FMAP-Foster-Care-CHIP.pdf>

<sup>8</sup> See, WIC §§727(a)(3) and 727.1 -727.4.

<sup>9</sup> See, MEDIL I 14-05.

<sup>10</sup> California Department of Health Care Services, All County Welfare Director's Letters (ACWDLs) 0-41 and 00-61.

<sup>11</sup> 42 U.S.C. §1397aa.

adolescents who lost Medi-Cal coverage during the 2013 calendar year as a result of attaining 21 years of age, to ensure they are aware of the ability to reenroll under the coverage provided pursuant to this new law.<sup>12</sup> Youth on the old FFCC program who turned 21 in the last half of 2013 should not have lost coverage because the legislature provided continued funding for them until they became eligible for coverage under the ACA on January 1, 2014.<sup>13</sup>

### **How does someone find out if a youth was in foster care on their 18<sup>th</sup> birthday?**

The office of the Foster Care Ombudsman can check the state child welfare services database (called CWS/CMS) to see whether a youth was in foster care on the day he or she turned 18. The Ombudsman's office can also help youth who are having difficulty enrolling in Medi-Cal or have been dropped from coverage.

Toll-free telephone: 1-877-846-1602  
E-mail Address: [fosteryouthhelp@dss.ca.gov](mailto:fosteryouthhelp@dss.ca.gov)

### **What will be required to remain on the program?**

DHCS is required to develop and implement a simplified redetermination form for this program. A young adult enrolled in this program will be required to fill out and return the simplified form only if information known to the department (DHCS or the county) is no longer accurate or is materially incomplete.<sup>14</sup>

DHCS is required to seek federal approval to institute a renewal process that allows a young adult in this program to remain on Medi-Cal after a redetermination form is returned as undeliverable and the county is otherwise unable to establish contact. If federal approval is granted, the recipient shall remain eligible for services under the Medi-Cal fee-for-service program until the time contact is reestablished or ineligibility is established.<sup>15</sup> DHCS or the county can terminate eligibility only after it determines that the recipient is no longer eligible and all due process requirements are met in accordance with state and federal law.<sup>16</sup>

### **Are youth friendly materials available?**

Yes. More information, including county specific flyers and contacts, is available at: <http://coveredtil26.childrennow.org>

*This information is made available with the generous support of the Walter S. Johnson Foundation and Kaiser Permanente Northern California Community Benefit Programs.*

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<sup>12</sup> WIC §14005.28(a)(2).

<sup>13</sup> AB 82, section 55, repealed January 1, 2014, available at: [http://www.leginfo.ca.gov/pub/13-14/bill\\_asm/ab\\_0051-0100/ab\\_82\\_bill\\_20130627\\_chaptered.pdf](http://www.leginfo.ca.gov/pub/13-14/bill_asm/ab_0051-0100/ab_82_bill_20130627_chaptered.pdf); MEDIL 13-07 <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEDIL%2013-07.pdf>

<sup>14</sup> WIC §14005.28(a)(3)(A).

<sup>15</sup> WIC §14005.28(a)(3)(B).

<sup>16</sup> WIC §14005.28(a)(3)(C).

**California Affordable Care Act Amendment  
Medi-Cal for Former Foster Youth**

Section 14005.28 is added to the Welfare and Institutions Code, to read:

**14005.28.**

(a) To the extent federal financial participation is available pursuant to an approved state plan amendment, the department shall implement Section 1902(a)(10)(A)(i)(IX) of the federal Social Security Act (42 U.S.C. Sec. 1396a(a)(10)(A)(i)(IX)) to provide Medi-Cal benefits to an individual who is in foster care on his or her 18th birthday until his or her 26th birthday. In addition, the department shall implement the federal option to provide Medi-Cal benefits to individuals who were in foster care and enrolled in Medicaid in any state.

(1) A foster care adolescent who is in foster care in this state on his or her 18th birthday shall be enrolled to receive benefits under this section without any interruption in coverage and without requiring a new application.

(2) The department shall develop procedures to identify and enroll individuals who meet the criteria for Medi-Cal eligibility in this subdivision, including, but not limited to, former foster care adolescents who were in foster care on their 18th birthday and who lost Medi-Cal coverage as a result of attaining 21 years of age. The department shall work with counties to identify and conduct outreach to former foster care adolescents who lost Medi-Cal coverage during the 2013 calendar year as a result of attaining 21 years of age, to ensure they are aware of the ability to reenroll under the coverage provided pursuant to this section.

(3) (A) The department shall develop and implement a simplified redetermination form for this program. A beneficiary qualifying for the benefits extended pursuant to this section shall fill out and return this form only if information known to the department is no longer accurate or is materially incomplete.

(B) The department shall seek federal approval to institute a renewal process that allows a beneficiary receiving benefits under this section to remain on Medi-Cal after a redetermination form is returned as undeliverable and the county is otherwise unable to establish contact. If federal approval is granted, the recipient shall remain eligible for services under the Medi-Cal fee-for-service program until the time contact is reestablished or ineligibility is established, and to the extent federal financial participation is available.

(C) The department shall terminate eligibility only after it determines that the recipient is no longer eligible and all due process requirements are met in accordance with state and federal law.

(b) This section shall be implemented only if and to the extent that federal financial participation is available.

(c) This section shall become operative January 1, 2014.