



New Considerations for Medi-Cal Managed Care Enrollment: Tips for Legal Aid Providers to Support Youth in Foster Care

All youth in foster care are eligible for Medi-Cal, but not all youth in foster care are enrolled in a Medi-Cal managed care plan. Many foster youth are on “Fee-for-Service” Medi-Cal, which has traditionally allowed for more flexibility and mobility. However, there are several new services and supports available through managed care plans, which may change the calculus for determining which system provides the most benefits to youth in foster care. Advocates may need to assist foster youth in enrolling in managed care and in being able to access needed services. This fact sheet describes the managed care changes that impact youth in foster care and provides legal aid providers with tips to assist youth in exploring their managed care options and enrolling in a local plan.

Tip #1: Help Youth Understand the Difference between Managed Care and Fee-for-Service

In managed care, the state contracts with health care plans and pays a fee for each member in the plan, then the plan pays providers when they provide covered services to members.¹ In the fee-for-service structure, health care providers who participate in the Medi-Cal program are paid directly by the state when they provide covered services to Medi-Cal beneficiaries.²

For youth in foster care who may be moving between counties, fee-for-service has been considered more advantageous because they are free to see any provider that accepts Medi-Cal, rather than switching between managed care models, plans, and providers. Managed care plans, on the other hand, may provide better access and a higher quality of care. Plans often emphasize preventive care and wellness, are required to meet certain quality metrics and standards, and include a broad network of providers, including a 24-hour nurse advice line. Managed care plans help coordinate care for members to help ensure that they receive the services they need in a timely manner. In the last fifteen years, managed care plans in California have changed significantly, and, under recent reforms known collectively as CalAIM, have added new benefits that are only available to individuals enrolled in managed care. These additional supports can be especially useful to youth in foster care who have, by definition, experienced trauma and face increased risks of physical and mental health conditions. In addition, the vast majority of parents and kin caregivers are enrolled in managed care making access and coordination easier if youth are also enrolled in the same managed care.

¹ Medicaid and CHIP Payment and Access Commission, *Provider Payment and Delivery Systems*, MACPAC.gov, <https://www.macpac.gov/%20medicaid-101/provider-payment-and-delivery-systems/> (last accessed Nov. 3, 2024).

² 42 U.S.C. § 1396a(a)(23); 42 C.F.R. § 431.51; Medicaid and CHIP Payment and Access Commission, *Provider Payment and Delivery Systems*, MACPAC.gov, <https://www.macpac.gov/%20medicaid-101/provider-payment-and-delivery-systems/> (last accessed Nov. 3, 2024).

Regardless of whether the youth is in a managed care plan or fee-for-service, they are eligible for Specialty Mental Health Services (SMHS), which are separately provided through county mental health plans.³ General medical services and Non-Specialty Mental Health Services (NSMHS) are provided through managed care or fee-for-service providers.

Tip #2: Explain What Managed Care Options are Available

Youth in foster care generally cannot be automatically enrolled in a managed care plan; instead, they can be voluntarily enrolled only if the county child welfare agency determines, in consultation with the foster caregiver, that it would be in the child’s best interest to do so.⁴ In the twenty-one counties where more than one managed care plan is operating (Two Plan, Regional, and Geographic Managed Care models), youth have the option to voluntarily enroll in a managed care plan or be in fee-for-service Medi-Cal.⁵ However, in the thirty-seven counties where only one managed care plan is operating in a county (County Organized Health System [COHS], currently, and Single Plan models, beginning in 2025), youth are automatically enrolled in managed care.⁶

Legal aid providers can help youth determine which type of managed care model is operating in their county.

- This website shows which model and which plans are available in each county: <https://www.healthcareoptions.dhcs.ca.gov/en/health-plan-materials>.
- A statewide map and list of the various county models are also available here: <https://www.dhcs.ca.gov/services/Documents/MMCD-Cnty-Map.pdf>.
- A description of each of the different models is available here: <https://www.dhcs.ca.gov/services/Documents/MMCD/MMCD-Model-Fact-Sheet.pdf>.

Tip #3: Explain the Updates to Managed Care that Are Relevant to Their Needs

There are several new benefits and changes to managed care plans that can help support youth in foster care. Legal aid providers should consider which services could benefit their clients to help them and their caregivers decide whether to enroll in managed care and decide between plans.

- Enhanced Care Management (ECM)

³ Cal. Welf. & Inst. Code § 14184.402(d)(1). For youth who are placed out-of-county, responsibility for providing SMHS may presumptively transfer to the new county of residence. For more information, see YLC’s fact sheet Medi-Cal for Foster Youth and Presumptive Transfer: Basic Requirements and Applicability (2024).

⁴ Cal. Welf. & Inst. Code § 14093.09(a).

⁵ Cal. Welf. & Inst. Code § 14093.09(a).

⁶ Cal. Welf. & Inst. Code § 14184.200(b)(2)(H).

ECM is a new benefit provided exclusively through managed care plans. It provides person-centered, community-based care management to address the health and social services needs of the highest-need Medi-Cal members.⁷ Through ECM, members can also be connected to Community Supports to help address their health-related social needs, such as access to healthy foods or financial supports to secure or stabilize housing.⁸ ECM is available to specific “Populations of Focus,” which includes youth involved in child welfare and youth transitioning from incarceration, among others.⁹ ECM is only available to foster youth who are enrolled in managed care.

➤ Community Supports

Community Supports are alternative services offered exclusively through managed care plans to address members’ health-related social needs and avoid higher levels of care.¹⁰ Each MCP decides which Community Supports to offer out of 14 pre-approved supports that include housing supports, assistance with personal care and meals, and caregiver respite services that may be relevant and useful to systems-involved youth.¹¹ The Department of Health Care Services is also seeking approval for a new Transitional Rent support that will provide up to six months of rental assistance to eligible members, including youth exiting foster care, and will be required for all managed care plans to cover.¹² Community Supports are only available to foster youth who are enrolled in managed care.

➤ Child Welfare Liaison

Managed care plans must assign an appropriate number of staff to serve as the Child Welfare Liaison to meet the health care needs of child and youth involved in child welfare in each county of the managed care plan’s service area.¹³ The Child Welfare Liaison advocates on behalf of

⁷ Dep’t of Health Care Servs., *All Plan Letter 23-032* 1-7 (Dec. 22, 2023), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-032.pdf> [“APL 23-032”]; Dep’t of Health Care Servs., Fact Sheet, *Medi-Cal Transformation: Enhanced Care Management*, <https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-ECM-a11y.pdf> [“DHCS ECM Fact Sheet”].

⁸ DHCS ECM Fact Sheet.

⁹ DHCS ECM Fact Sheet; Dep’t of Health Care Servs., *CalAIM Enhanced Care Management Policy Guide* 10-11, 32-35, 48-53 (Aug. 2024), <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf>.

¹⁰ Dep’t of Health Care Servs., *All Plan Letter 21-017 (Revised)* 1-2 (Mar. 1, 2022), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-017.pdf> [“Rev. APL 21-017”]; Dep’t of Health Care Servs., *Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide* (Jul. 2023), <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf> [“Community Supports Policy Guide”].

¹¹ Rev. APL 21-017 at 2-3; Community Supports Policy Guide at 3-4.

¹² Dep’t of Health Care Servs., *Transitional Rent Concept Paper: Key Elements of Proposed Service Design in the Medi-Cal Managed Care Delivery System* 3-4, 16-17 (Aug. 2024), <https://www.dhcs.ca.gov/services/Documents/MCQMD/Transitional-Rent-Concept-Paper-08222024.pdf>.

¹³ Dep’t of Health Care Servs., *All Plan Letter 24-013* 1-3 (Sept. 18, 2024), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-013.pdf> [“APL 24-013”].

children and youth involved in child welfare by serving as a point of contact to identify and resolve specific obstacles in accessing services, and provides assistance and resources to staff responsible for care coordination, including the ECM Lead Care Managers for the child welfare Population of Focus.¹⁴

➤ Child Welfare MOUs

Managed care plans must execute memoranda of understanding (MOUs) to strengthen their partnerships with local government agencies for each county in which they operate.¹⁵ These partnerships include health, behavioral health, education, social services, child welfare, and justice departments, with the goal of promoting care coordination and ensuring members have access to community-based resources.¹⁶

➤ More managed care plans in more counties

There are now more managed care plans that operate in more counties, which could promote greater continuity of care opportunities for youth who move to new counties. Kaiser Permanente also became a direct enrollment option for youth in foster care in 32 counties—including some Single Plan and COHS counties. That means that even though foster youth are required to enroll in managed care in those counties, they still have an option between the Single Plan or COHS managed care plans and Kaiser. To see all available plans in each county, visit: <https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>.

Tip #4: Ensure that County Staff are Considering the Youth's Options

County staff, including social workers and eligibility workers, are responsible for enrolling youth in Medi-Cal and making changes to their managed care status. When a legal aid provider is working with a youth in foster care, they can help support county staff in exploring managed care options and ensure that any necessary changes are being made. In many counties, youth are immediately de-enrolled from managed care plans when they first enter care. As we discuss below, this can be harmful to reunification or kinship care placements, making it more difficult for the youth to access needed healthcare supports and interrupting continuity of care and relationships they may have with service providers.

¹⁴ APL 24-013 at 3-7.

¹⁵ Dep't of Health Care Servs., *All Plan Letter 23-029* 1-3 (Oct. 11, 2023), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-029.pdf> ["APL 23-029"]. A sample MOU template is also available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/County-Child-Welfare-MOU-Template.pdf>.

¹⁶ APL 23-029.

When a youth resides in a county where they have the option to enroll in managed care or fee-for-service, legal aid providers can help ensure that the county worker is consulting with the foster caregiver to determine whether managed care is in the youth’s best interests. This decision can be raised at multiple stages in a youth’s child welfare case—when they first enter care, when they move placements, and when they are preparing for reunification or leaving care. Even if a youth resides in a county where managed care enrollment is mandatory, legal aid providers can help ensure that youth receive all managed care benefits they need, such as Enhanced Care Management and Community Supports.

The following questions should be raised with the youth’s team of providers and county workers to determine whether to enroll the youth in managed care, and if so, which plan to choose:

- **Does the youth have a pre-existing relationship with a medical or behavioral health provider and is that provider in a specific managed care network? Will switching their managed care enrollment impact any medical care scheduled or disrupt any existing relationships?** Maintaining continuity of care with an existing provider can help keep track of the youth’s health care needs. Note that managed care enrollment should NOT impact access to SMHS, substance use services, and regional center services.
- **Is the child likely to be placed out of county or at a high risk of changing placements multiple times?** When a youth is likely to move counties, it may help, when possible, to enroll in a managed care plan that operates in multiple counties, especially any neighboring counties or other counties to which the youth may move. This may improve coordination of care while minimizing disruptions due to placements changes.
- **Does the youth need extra support identifying or locating services?** Public health nurses are available to support youth in foster care, but managed care plans also have Child welfare Liaisons and offer Enhanced Care Management.
- **Which Community Supports could the youth benefit from, and do the available managed care plans offer those supports?** You can contact MCPs directly to learn which Community Supports are offered and the eligibility requirements for each service.
- **Has the youth and their caregiver been consulted in determining their needs and what would be in the youth’s best interest?** Child Welfare Workers and/or Probation Officers should consult with youth and caregivers to determine whether enrolling in managed care is in the youth’s best interest. This is the best way to determine what will work for the youth and is also required by law.¹⁷
- **Is the youth close to aging out of foster care?** The vast majority of Californians now receive their healthcare through managed care, yet half of all former foster youth are still in fee for service. Enrolling older youth in managed care may help them better access care, including case management and care coordination services. Further, they may be eligible for the new rent transition benefit once it is approved and implemented.

¹⁷ Cal. Welf. & Inst. Code §14093.09(a).

Tip #5: Assist Youth in Enrolling in or Changing Their Managed Care Plan

When managed care enrollment is optional, the county social worker, in consultation with the foster caregiver, decides whether to enroll the youth. The social worker may need to work with a county eligibility worker. The worker will need to provide the reason it is in the child's best interest to enroll in managed care and that there was a consultation with the child's caregiver so that it can be entered into the child's Medi-Cal file.

Enrollees can leave their managed care plan and join another plan in their county of residence at any time, but it usually occurs in the month following the request. To choose a new plan, the social worker or foster parent should coordinate and call Health Care Options (HCO) at 1-800-430-4263 (TTY 1-800-430-7077) between 8 a.m. and 6 p.m. Monday through Friday, or visit: <https://www.healthcareoptions.dhcs.ca.gov/en>.

However, youth in foster care or Adoption Assistance Programs can receive expedited disenrollments—within 1–2 business days—by contacting their local county health and human services office (see full list here: <https://www.dhcs.ca.gov/services/med-cal/Pages/CountyOffices.aspx>) or by contacting [HCO](#).

By understanding this process, legal aid providers can help educate youth and their caregivers and set expectations, as well as help ensure that necessary actions are taken in a timely manner.

Summary

Most foster youth are still in fee for service Medi-Cal – even while most Californians on Medi-Cal move to managed care.¹⁸ Without advocacy, foster youth may be automatically de-enrolled from managed care when they are removed or may never be offered the opportunity to enroll in managed care. This means that these youth never have access to new benefits offered through managed care. De-enrollment from managed care as youth enter foster care may also mean an interruption in continuity of care and undermining relationships the youth has with service providers. Legal advocates can help ensure that youth and caregivers are informed of their rights and the services and supports that are available to them under managed care and ensuring the Agency is consulting with caregivers and youth to be sure they have access to the healthcare and supports they need.

¹⁸ See Medi-Cal managed care enrollment data <https://data.ca.gov/dataset/medi-cal-managed-care-enrollment-report>