

**County of Orange Social Services Agency
Family Self- Sufficiency/ Foster Care**

Program/Area: Foster Care Program
Title: **Medi-Cal Administered by Foster Care Regional Center**
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Approved:

PURPOSE The purpose of this policy is to provide guidelines for administering Medi-Cal for children in various foster care programs.

BACKGROUND All children participating in the following programs are eligible for noshare-of-cost, full scope Medi-Cal benefits.

- Foster Care (FC)
 - Wraparound Cases
 - Former Foster Youth (FFY)
 - Unaccompanied Refugee Minors (URM)
 - Kin-GAP
 - Adoption Assistance Program (AAP)
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INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC) Out-of-state placements are governed by the ICPC. The compact was created to ensure that children requiring out-of-state placement will receive the same protections and services as if they remained in their home state. The ICPC helps the County meet AFDC-FC service requirements for children placed out-of-state by creating a formalized process of reciprocal services. The receiving state will provide services to California dependents in accordance with the terms of the ICPC. All 50 states and the Virgin Islands have enacted the ICPC into their Statutes.

Medi-Cal/Medicaid Coverage

If the child is AFDC-FC (Title IV-E) eligible, form [F063-25-246](#), Federal Medicaid (Title IV-E) Eligibility/Ineligibility and Medical/Financial Plan is completed in order for the caregiver to apply for Medicaid in the State in which they live.

If the child is Non-Title IV-E eligible, the child is only eligible to use Medi-Cal from California.

- The child's medical coverage will need to be CalOPTIMA Direct. A CalOPTIMA application will need to be sent to the provider in the host state, who in turn will need to sign up with CalOPTIMA. This will allow for the child's medical expenses to

be covered with no share-of-cost.

Aid Code

46- Is used for Title IV-E federally funded Foster Care children placed in California from another state.

40 or 43- Is used for Non-Title IV-E funded Foster Care children placed outside of California.

ORANGEWOOD CHILDREN AND FAMILY CENTER

Children placed in Orangewood Children and Family Center (OCFC) are eligible for full scope Medi-Cal (aid code 45).

OCFC intake staff completes the following forms and emails them to the Foster Care Regional Center (FCRC):

- The [SAWS 1](#), Initial Application For CalFresh, Cash Aid, And/or Medi-Cal/Health Care Programs
- [MC13](#), Statement Of Citizenship, Alienage, And Immigration Status

Refer to [Orangewood Children and Family Center PG.](#)

CONTINUOUS ELIGIBILITY FOR CHILDREN (CEC)

Continuous Eligibility for Children (CEC) continues to provide zero share-of-cost Medi-Cal to an eligible child under age 19 who is discontinued from public cash assistance for up to a 12-month period from the initial eligibility determination or redetermination (RRR) by disregarding changes which would otherwise result in a share-of-cost or ineligibility.

Refer to [Transitional Medi-Cal/Continuous Eligible Children/Transitional CalFresh PG.](#)

WRAPAROUND PROGRAM

The purpose of the Wraparound Program is to provide family-centered strength based alternatives to Group Home (GH) or Short-Term Residential Therapeutic Program (STRTP) placements in California.

Refer to Medi-Cal Section in the [Wraparound Program Policy 715.](#)

FORMER FOSTER YOUTH (FFY)

With the implementation of the Affordable Care Act (ACA) children in foster care on their 18th birthday are considered Former Foster Youth (FFY) and are eligible for Medi-Cal until their 26th birthday. This requirement includes youth that have exited Foster Care from any state in the United States.

Youth eligible for FFY Medi-Cal are exempt from a Modified Adjusted Gross Income (MAGI) determination and **all** income is disregarded for this group. Youth eligible for this program are entitled to full scope zero

share-of-cost Medi-Cal benefits. These youth must be transitioned seamlessly into the FFY program without being terminated, having to reapply, or having to provide any additional information.

**ELIGIBILITY REQUIREMENTS FOR FORMER FOSTER YOUTH
(FFY)**

MEDI-CAL

- Foster Care youth who were in the following aid codes on their 18th birthday are eligible to FFY Medi-Cal until the age of 26 under aid code 4M:

Aid Code	Description
40	AFDC-FC; Non Federal
42	AFDC-FC; Federal
43	AFDC-FC NMD; State Cash/FFP Medi-Cal
45	Foster Care
46	Out of State Federal Foster Care; CA Medi-Cal
49	AFDC-FC NMD Title IV-E; Federal/FFP Medi-Cal
4H	Foster Care Child in CalWORKs
4L	Foster Care Child in 1931(b)
4N	CalWORKs NMD; State Cash/FFP Medi-Cal
5K	Emergency Assistance, Child in Foster Care
9X	County Funded Foster Care Payment
2S	ARC + Federal CalWORKs
2T	ARC + State CalWORKs
2U	ARC + State NMDs
2P	ARC Only
2R	ARC Only (NDMs)

Note: There are situations where it has been verified that the youth was in Foster Care on his/her 18th birthday, but not enrolled in any of the aid codes listed above. These youths are also eligible to FFY Medi-Cal.

- Age 18 - 26
- California residency is required
- There are NO income or resource tests for FFY

ELIGIBILITY RULES – FFY APPLICANTS

Application for Medi-Cal for Former Foster Care Youth [MC 250A](#) must be completed.

An applicant can apply by telephone, email, MyBenefits CalWIN (BCW), FAX, or mail.

FFY applicants are not required to provide proof of being in Foster Care

on their 18th birthday. They can self-attest on their application.

SELF-ATTESTATION

When a potential former Foster Care youth is applying for Medi-Cal based on “Self-Attestation” (the youth declaring being in Foster Care at age 18) he/she must

be enrolled in aid code 4M immediately and the CalWIN Conditional Approval of Eligibility for FFY MC 239-FFY 2 Notice of Action must be sent to the youth. A reasonable opportunity period of 30 calendar days is established to verify that the youth was in Foster Care on their 18th birthday. The Foster Care Medi-Cal worker shall use all available resources to verify eligibility including but not limited to:

- MEDS
- Child Welfare Services/Cases Management System (CWS/CMS)
- CalWIN
- Contacting other county/state to obtain documentation

When eligibility has been verified the youth must be sent the CalWIN Approval of Eligibility for FFY MC 239 FFY-1 Notice of Action.

INTER COUNTY TRANSFER (ICT) REQUIREMENTS FOR FFY YOUTH

When the former FC youth moves to another county FFY Medi-Cal follows the youth.

The following forms must be sent when initiating an ICT:

- Copy of the Foster Care discontinuance Notice of Action.
- MEDS screen with month the youth went from Foster Care to FFY Medi-Cal.
- When available, a copy of the Order that terminated dependency.
- When available, a copy of the last [MC 250A](#).
- A complete “Notification of Medi-Cal Inter-County Transfer” ([MC 360](#)).
- The “Sending County” portion “Medi-Cal Inter-County Transfer Packet Receipt” ([MC 360 R](#)), and
- If not a citizen, [MC 13](#) and copy of immigration document if available.

Note: The above documents are also required for incoming ICTs; however, if the youth “Self-Attest” the FFY Medi-Cal eligibility, the Medi-Cal must be established based on the Self Attestation process.

FFY REDETERMINATION

Foster Care workers are not required to make contact with the client to

complete the annual redetermination.

The FFY Medi-Cal will be automatically renewed each year until the beneficiary reaches age 26. However, FFY Medi-Cal may be discontinued prior to youth reaching age 26 due to one of the following reasons:

- Deceased
- Moving out of state
- FFY notifying the Foster Care worker that they no longer wish to have Medi-Cal

At renewal, the Foster Care worker will send out the Automatic Renewal of Eligibility for FFY Medi-Cal Program (MC 239 FFY-3), informing the youth their benefits are continuing.

If the mailed NOA is returned as a result of loss of contact, the Foster Care worker will attempt to verify through phone contact, authorized representative, or other contact person listed on the case record history.

If contact is not established, the County will continue the beneficiary on aid code 4M and place the FFY beneficiary into fee-for-service Medi-Cal, if applicable. If contact is re-established the Foster Care worker will assist FFY with enrolling in a no-fee-for-service County Operated Health System (COHS) or managed care plan.

ASSISTANCE PROGRAM REGIONAL OFFICES- FFY MEDI-CAL PROCEDURE

FFY applications ([MC 250A](#)) received at an ASAP Regional office must be accepted and forwarded to the FCRC by following the [Former Foster Care Children Applying for Health Care in an ASAP Region Processing Guide](#).

UNACCOMPANIED REFUGEE MINORS (URM)

URM children enter the United States without being accompanied by their parents or relatives and are eligible to the URM program based on their immigration status (refugee, asylee, Cuban/Haitian entrant, victim of human trafficking, or Special Immigrant Juvenile Status or a U-Visa).

Note: They are not part of the state's Foster Care system because they are not removed from their home or placed in Foster Care through a voluntary agreement. However, they are considered to be in a Foster Care program with probate guardianship.

In Southern California, Crittenton Services for Children and Families of Orange County serves as probate guardian to these youths and is the contracted URM service provider. Similar to Foster Care youths, URMs are eligible to full-scope Medi-Cal, with aid types "45" or "4M". Crittenton applies for Medi-Cal on behalf of youths placed in Orange

County directly with the FCRC.

Counties are required to verify the immigration status of URM youths using the Systematic Alien Verification for Entitlements (SAVE) system to establish eligibility for FC Medi-Cal coverage (aide code 45).

The SAVE process is initiated automatically by entering the alien registration number on the **Individual Demographics Detail** page in CalWIN. A SAVE can also be requested manually by sending a Forced Transaction to MEDS through CalWIN, refer to the [Send Forced Add/Suppress Transactions to MEDS](#) Online User Manual (OLUM) page for instructions.

The SAVE results can be retrieved through the Interface Activities subsystem in CalWIN two days later. Reference the [Search for Applicant IEVS instructions](#) in OLUM for more detailed information. If an "Institute Secondary Verification notification" is received, submit a G-845 to the United States Citizenship and Immigration Services (USCIS) to request Secondary Verification.

Medi-Cal coverage beyond age 18:

- URM youths are eligible for Medi-Cal (aid code 4M), until age 26, if they were in URM Foster Care and enrolled in Medi-Cal at age 18.

FCRC is responsible for processing the application and maintaining Medi-Cal eligibility on these cases. In the event there is a placement change, Crittenton will notify FCRC to determine if it's going to impact Medi-Cal eligibility, i.e. Continuous Eligible Children (CEC) or Former Foster Youth (FFY).

When the URM Program service provider applies for Medi-Cal on behalf of URM youth at a County office, utilize [MC 250 Application And Statement Of Facts For Child Not Living With A Parent Or Relative And For Whom A Public Agency Is Assuming Some Financial Responsibility](#).

For URM youth placed outside of Orange County, Crittenton will apply for Medi-Cal in the county where the youth resides.

Note: URM youth do not receive assistance payments through the County. They are administered by URM Program provider (Crittenton).

**KINSHIP GUARDIANSHIP
ASSISTANCE PAYMENT
(Kin-GAP)**

The Kin-GAP Program serves children exiting the Foster Care system and entering into guardianship with a relative. Children receiving Kin-GAP are categorically eligible to receive Medi-Cal.

Refer to Medi-Cal Section on the [Kin-GAP Policy 702](#).

ADOPTION ASSISTANCE PROGRAM (AAP)

The Adoption Assistance Program (AAP) was created to provide financial and/or medical assistance to children who would otherwise remain in long term Foster Care.

Interstate Compact Adoptions And Medical Assistance (ICAMA) is an agreement between the States that provide interstate cooperation for medical accessibility to protect the interest of adopted childrens' medical benefits. The agreement allows AAP children to receive benefits from one State while residing in another. The AAP benefits remain with the State that finalized the adoption agreement.

Medical Coverage: AAP eligible children can receive Medi-Cal or Medicaid. The coverage can serve as the child's primary insurance, if there is no other coverage, or as secondary medical insurance if the child is covered under the adoptive parents' health plan.

Refer to ICAMA and Medi-Cal Section in the [Adoption Assistance Program \(AAP\) Policy 708.](#)

REFERENCES

ACL 16-03, 15-20, 11-78, 11-61, 11-15
ACWDL 16-20, 16-16, 16-01, 15-32, 15-32E, 14-41, 14-41E, 14-05, 10-28, 08-30, 08-30E

RESOURCES

[Policy 702 Kin-GAP](#)
[Policy 708 Adoption Assistance Program \(AAP\)](#)
[Policy 715 Wraparound Program](#)
[Orangewood Children and Family Center PG](#)
[Send Forced Add/Suppress Transactions to MEDS](#)
[Search for Applicant IEVS instructions](#)
[Transitional Medi-Cal/Continuous Eligible Children/Transitional CalFresh PG](#)
[Medi-Cal Eligibility Worker Tool 5h.2 Deemed Eligible Former Foster Care Children Applying for Health Care in an ASAP Region Processing Guide.](#)
[Medi-Cal Eligibility Worker Tool Ex Parte Review](#)
[Medi-Cal Eligibility Worker Tool Change in Circumstance Redeterminations \(CICR\)](#)