

**County of Orange Social Services Agency  
Family Self-Sufficiency & Adult Services Division**

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

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**PURPOSE** The purpose of this policy is to provide guidelines for administering Medi-Cal for children, non-minor dependents (NMDs) and former foster youth (FFY) in various foster care programs.

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**POLICY** Medi-Cal is California's Medicaid program. It is a public health insurance program which provides needed health care services. Medi-Cal is financed equally by the state and federal government.

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**BACKGROUND** All children, NMDs, and FFYs participating in the following programs are eligible to no share-of-cost, full scope Medi-Cal benefits.

- Adoption Assistance Program (AAP)
- Approved Relative Caregiver (ARC)
- Former Foster Youth (FFY)
- Foster Care (FC)
- Kinship Guardianship Assistance Program (Kin-GAP)
- Unaccompanied Refugee Minors (URM)
- Wraparound Program

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**DEFINITIONS****Former Foster Youth (FFY)**

A youth who was in Foster Care on their 18<sup>th</sup> birthday is referred to as an FFY.

**Unaccompanied Refugee Minor (URM)**

A youth who entered the United States without being accompanied by their parents or relatives and have an immigration status of (refugee, asylee, Cuban/Haitian entrant, victim of human trafficking, or Special Immigrant Juvenile Status or a U-Visa).

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**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 children's 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 Policy 708 - Adoption Assistance Program (AAP).

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**APPROVED  
RELATIVE  
CAREGIVER (ARC)  
PROGRAM**

The ARC Program allows for an approved relative caregiver with whom a non-federally eligible child or NMD is placed, to receive a payment equal to the basic foster care (FC) rate. Children and NMDs are eligible for no-share-of cost, full scope Medi-Cal benefits under the ARC program.

Refer to the Medi-Cal Section in the Policy 705 - Approved Relative Caregiver (ARC) Program.

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**CONTINUOUS  
ELIGIBILITY FOR  
CHILDREN (CEC)**

Continuous Eligibility for Children (CEC) program provides a 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 re-evaluation (RE) by disregarding changes which would otherwise result in a share-of-cost or ineligibility.

## **FORMER FOSTER YOUTH (FFY)**

With the implementation of the Affordable Care Act (ACA) children in Foster Care on their 18<sup>th</sup> birthday are considered Former Foster Youth (FFY) and are eligible for Medi-Cal until their 26<sup>th</sup> 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 18<sup>th</sup> birthday are eligible to FFY Medi-Cal until the age of 26 under aid code 4M:

<b>Aid Code</b>	<b>Description</b>
40	AFDC-FC; State (Non-Fed)
42	AFDC-FC; Federal
43	AFDC-FC NMD; State (Non-Fed) Cash/FFP Medi-Cal
45	County Funded Foster Care Payment
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 (Non-Fed) Cash/FFP Medi-Cal
5K	Emergency Assistance, Child in Foster Care
5K	Foster Care Emergency Assistance – FC-EA
5L	Foster Care Emergency Caregiver-Emergency Assistance - FC EC-EA Ineligible
2P	ARC Only
2R	ARC Only (NDMs)
2S	ARC + Federal CalWORKs
2T	ARC + State (Non-Fed) CalWORKs
2U	ARC + State (Non-Fed) NMDs

**Note:** There are situations where it has been verified that the youth was in Foster Care on his/her 18<sup>th</sup> 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 250 A may be completed.

An applicant can apply by telephone, email, BenefitsCal, FAX, or mail.

FFY applicants are not required to provide proof of being in Foster Care on their 18<sup>th</sup> 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 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 the youth was in Foster Care on their 18<sup>th</sup> birthday. The Foster Care Medi-Cal worker shall use all available resources to verify eligibility including but not limited to:

- Medi-Cal Eligibility Data System (MEDS)
- Child Welfare Services/Cases Management System (CWS/CMS)
- California Statewide Automated Welfare System (CalSAWS)
- Contacting other county/state to obtain documentation

When eligibility has been verified the youth must be sent the 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, is required only when (eICT) is unavailable and a manual ICT is necessary

- Not required when sending the FFY's MC case via electronic Intercounty Transfer (eICT) through CalSAWS
- The "Sending County" portion Medi-Cal Intercounty 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.

When an FFY relocates to another county within California, MEDS must be updated with the appropriate MEDS FFY Flag to record and preserve the verification of the Foster Care (FC) status for FFY.

### **FFY RE-EVALUATION (RE)**

Foster Care workers are not required to make contact with the client to complete the annual RE.

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, CalSAWS will generate and 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.

Refer to Former Foster Youth (FFY) Processing Guide (PG).

### **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 Youth (FFCY) External Referral Applications Processing Guide (PG).

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**INCARCERATED  
INDIVIDUAL**

California Advancing and Innovative Medi-Cal (Cal-AIM) initiatives require when a foster care youth/NMD and FFY become incarcerated, Medi-Cal must be suspended effective the date the individual becomes incarcerated.

Medi-Cal must remain in a suspended status in MEDS while incarcerated and updated upon release.

Refer to Justice Involved Cal-AIM Youth Processing Guide (PG).

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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 or NMDs 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**

The form Federal Medicaid (Title IV-E) Eligibility/Ineligibility and Medical/Financial Plan - F063-25-246 is required to be completed for all outgoing ICPC cases in order to determine eligibility to MC. The F063-25-246 is required for all FC cases being placed out of state regardless if the case is Fed or Non-Fed eligible.

If the child or NMD is Fed eligible, they are eligible for Medicaid in the State in which they live.

If the child or NMD is Non-Fed eligible, they are eligible to Medi-Cal from California.

- The child or NMDs medical coverage will need to be CalOptima Direct. The caregiver in the host state, will receive an enrollment packet notifying them they are automatically enrolled in CalOptima. This will allow for the child or NMDs medical expenses to be covered with no share-of-cost.
- The child or NMD has another option to enroll in Kaiser. The Kaiser enrollment must be requested, and the child/NMD must have a foster care or adoption assistance aid code to be eligible for Kaiser enrollment without having a family linkage.

**Note:** If a child is enrolled in Kaiser and moves to another county, they will automatically be disenrolled from Kaiser and a new request will need to be

submitted to the Ombudsman's foster care link to enroll the child/NMD into Kaiser in the new county of residence.

### **Aid Code**

46 – Is used for Federally funded Foster Care children placed in California from another state.

40 - Is used for Non-Fed funded Foster Care children placed outside of California.

43 – Is used for Non-Fed funded NMDs placed outside of California.

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#### **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 in the Policy 702 - Kinship Guardianship Assistance Program (Kin-GAP).

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#### **ORANGEWOOD CHILDREN AND FAMILY CENTER (OCFC)**

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 Initial Application For CalFresh, Cash Aid, And/or Medi- Cal/Health Care Programs - SAWS 1
- Statement Of Citizenship, Alienage, And Immigration Status - MC 13

Refer to Orangewood Children and Family Center Processing Guide (PG).

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#### **UNACCOMPANIED REFUGEE MINORS (URM)**

URM children enter the United States without being accompanied by their parents or relatives 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, URM's 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 (aid code 45).

The SAVE process is initiated automatically by entering the alien registration number refer to *Job Aid (JA)* – IEVS Abstracts and SAVE. 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 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 - MC 250.

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).

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## 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 Policy 715 - Wraparound Program.

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## REFERENCES

ACL 16-03, 15-20, 11-78, 11-61, 11-15  
ACWDL 22-26, 21-22, 21-08, 21-07, 20-10, 16-20, 16-16, 16-01, 15-32E, 15-32, 14-41E, 14-41, 14-26E, 14-26, 14-24E, 14-24, 14-05, 13-18, 10-28, 10-22, 10-06, 08-30E, 08-30, 07-34

MEDIL I 24-20, I 21-33, I 20-05, I 19-24, I 17-16

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## ATTACHMENTS

- 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 - MC 250

- Application for Medi-Cal for Former Foster Care Youth - MC 250 A
- Federal Medicaid (Title IV-E) Eligibility/Ineligibility and Medical/Financial Plan - F063-25-246
- Former Foster Care Youth (FFCY) External Referral Applications PG
- Former Foster Youth (FFY) PG
- Initial Application For CalFresh, Cash Aid, And/or Medi- Cal/Health Care Programs - SAWS 1
- Job Aid (JA) IEVS Applicant Abstracts and SAVE
- Justice Involved Cal-AIM Youth PG
- Medi-Cal Intercounty Transfer Packet Receipt - MC 360 R
- Notification of Medi-Cal Inter-County Transfer - MC 360
- Orangewood Children and Family Center PG
- Policy 702 - Kinship Guardianship Assistance Program (Kin-GAP)
- Policy 705 – Approved Relative Caregiver (ARC) Program
- Policy 708 – Adoption Assistance Program (AAP)
- Policy 715 – Wraparound Program
- Statement Of Citizenship, Alienage, And Immigration Status - MC 13
- Transitional Medi-Cal/Continuous Eligible Children/Transitional CalFresh PG