

All children in foster care are entitled to Medi-Cal/Denti-Cal with no share of cost and no income or resource limits. This includes children who are under a legal guardianship from dependency court or who have been adopted through the foster care system.

Types of Medi-Cal:

Fee-For-Service Medi-Cal:

The child may be seen by any doctor who accepts Medi-Cal. Children with an open foster care case, a foster care case that was closed with Kin-GAP (guardianship) and children who have been adopted from foster care are entitled to Fee-for-Service Medi-Cal, unless the caregiver chooses a Managed Care Plan.

If the relative caregiver receives CalWORKs funding instead of Federal Foster Care payments the child is still entitled to fee-for-service Medi-Cal unless the caregiver requests a Managed Care Plan.

Managed Care Medi-Cal:

The caregiver can choose a Managed Care Plan for the child if they prefer, and may only take the child to a provider in the plan. If a child is mistakenly in a Managed Care Plan, the caregiver should call the Foster Care Hotline at (800) 697-4444 to be switched to a Fee-For-Service plan.

Medi-Cal for Former Foster Youth: (See "Covered Until 26" for more information)

Every former foster youth in California (who had an open foster care case on their 18th birthday) is entitled to Medi-Cal until their 26th birthday. After the youth leaves foster care, the Department of Public Social Services (DPSS), not DCFS, is responsible for ensuring Medi-Cal coverage.

How Former Foster Youth Maintain Active Coverage:

- It is very important for DPSS to have the youth's current contact information at all times, and that the youth return any correspondence from DPSS.
- If the youth's Medi-Cal is stopped before the age of 26 contact Dorian Madrid, at DPSS: (626) 927-2690.

What to do if Medi-Cal Coverage Stops

If there is a social worker from DCFS (CSW) involved in the case, call her/him immediately to have the Medi-Cal turned back on: ask for the supervisor if necessary. Also, contact the Minor's Attorney. If the problem is not resolved, call the Alliance for Children's Rights.

What to do if Medi-Cal/Denti-Cal Denies a Service

If Medi-Cal/Denti-Cal won't pay for a particular service or medication, the caregiver and doctor should receive a Notice of Action (NOA) which provides information about why the treatment was denied. The denial can be contested (a request for a Fair Hearing to contest the denial must be made within 90 days of the date the NOA was received). The CSW should be contacted immediately and might refer the issue to the DCFS Public Health Nurse. The child's attorney should also be informed of the denial. A referral can also be made to the Alliance for Children's Rights.

California Children's Services

California Children's Services (CCS) is a state program for children with certain diseases or health problems. Through this program, children up to 21-years-old can get the health care and services they need. CCS may help with:

- Doctor visits and care, hospital stays, surgery, physical therapy and occupational therapy, tests, X-rays, medical equipment, and medical supplies
- Medical case management to help get special doctors and to refer you to other agencies, such as public health nursing and regional centers
- Medical Therapy Program, which provides physical therapy and/or occupational therapy in public school.