



## Upcoming Changes to Medi-Cal for Foster Youth in Alameda, Contra Costa, and Imperial Counties

On January 1, 2025, current and former foster youth who live in Alameda, Contra Costa, and Imperial counties and have Medi-Cal fee-for-service (FFS) will be required to enroll in a Medi-Cal managed care plan. After this date, FFS Medi-Cal will no longer be available in these counties.

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### Who does this change apply to?

It applies to all current and former foster children and youth up to age 26 who are currently residing in a "single plan" county (Alameda, Contra Costa, and Imperial) and enrolled in FFS Medi-Cal. If a child or youth resides outside of these counties or is already enrolled in a managed care plan, then this change will not affect them.

### Do youth need to take any steps to enroll in the managed care plan?

Medi-Cal will assign each child and youth to a managed care plan and, if they take no further action, then they will be automatically enrolled in that plan on January 1, 2025. Medi-Cal will send notification letters in November and December 2024, which will contain information about the assigned health plan and the member's rights.

Current and former foster children and youth have a [right to accept the health plan they are assigned or choose a different one](#). They can enroll in their local plan (Alameda Alliance for Health, Contra Costa Health Plan, or Community Health Plan of Imperial Valley) or they can enroll in Kaiser Permanente. To change the plan they have been assigned, call [Medi-Cal Health Care Options](#) at 1-800-430-4263. If no action is taken, the child or youth will be automatically enrolled in the assigned plan.

### Will this change affect Medi-Cal eligibility and benefits?

This change will **not** impact Medi-Cal eligibility and it will **not** reduce Medi-Cal benefits. Managed care plans can provide additional benefits and services that are not available in FFS, such as [Enhanced Care Management](#) and [Community Supports](#). Among other benefits, Community Supports can help youth obtain housing and pay security deposits, utilities, and first and last month's rent. Plans also have a designated [Child Welfare Liaison](#), who serves as a central point of contact if foster youth face barriers in accessing services.

## Will this change impact how youth receive mental health services?

This change will **not** impact how children and youth receive [Specialty Mental Health Services \(SMHS\)](#) through County Mental Health Plans (MHPs). Youth can continue to be referred and served through their MHPs.

This change **will** impact how youth receive [Non-Specialty Mental Health Services \(NSMHS\)](#). NSMHS will now be coordinated through their new managed care plan. If a youth is currently seeing a FFS provider for NSMHS, then they may be able to continue to see that provider for up to 12 months after the transition (see below for more information).

## Can youth keep their current providers?

If the provider works with or is “in network” with their new managed care plan, then they can keep that provider. If the provider does not work with their new plan, then youth or their caregivers/guardians can ask for [continuity of care](#). Continuity of care means that individuals can continue to see their current provider(s), including physical and behavioral health providers, for up to 12 months after enrollment in the new plan. It also requires plans to honor existing prescriptions and treatment authorizations for a transition period.

Foster children and youth subject to this transition are entitled to **enhanced continuity of care protections** under [Medi-Cal policy](#). Among other protections, the plan is required to:

- Conduct outreach to the transitioning members’ current providers to initiate a network provider agreement or continuity of care agreement no later than December 1, 2024 (30 days prior to the transition);
- Accept requests from youth or their caregiver/guardian for continuity of care beginning on November 2, 2024 (60 days prior to the transition);
- Process continuity of care requests within 30 days, or within 3 days if urgent;
- Provide continuity of care for the member’s existing providers, including behavioral health providers, for up to 12 months;
- Honor any active prior authorizations or courses of treatment for 6 months;
- Allow members to keep their existing durable medical equipment rentals and medical supplies without additional authorization for 6 months; and
- Identify, engage, and refer transitioning youth who are involved in child welfare to Enhanced Care Management.

**For additional information and resources**, visit [the State’s webpage on this transition](#).

**If you have questions or requests for technical assistance**, please reach out to the National Health Law Program at [FosterYouthTA@healthlaw.org](mailto:FosterYouthTA@healthlaw.org).