STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

February 20, 1996

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 157

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

ARTICLE 4V--MINOR CONSENT SERVICES PROCEDURES

Ref.: Medi-Cal Eligibility Procedures Manual (MEPM) Letter No. 153

This letter supersedes MEPM Letter No. 153 which was issued on October 24, 1995. The Medi-Cal Eligibility Branch (MEB) became aware of certain errors contained in MEPM Letter No. 153 which are corrected in this letter.

Specific corrections include:

- on page 4V-2:

  1) minor consent applicant/beneficiaries **are not** required to provide identity;

  2) accessibility to resources must be considered before including resources in the property reserve; and

  3) a new **MC 210** and **MC 219** are required at least every 12 months or when a break in service of over a month occurs.

- on page 4V-4:

  1) form **MC 4026** does not have to be signed each month for outpatient mental health services;

  2) notice of action **MC 239V** is required each month that the minor is recertified eligible; and

  3) any minor who applies for limited services benefits but is enrolled in a prepaid health plan (PHP) or Primary Care Case Management (PCCM) plan will be processed for minor consent eligibility with the PHP or PCCM plan code removed.

MEB was advised that instructions to type "MEDS" at the card issue site on the EW 15 screen was incorrect. Counties are advised to type "LOGS" at the issue site which will correctly suppress a new card issuance.

The **MC 4026** has also been revised to delete unnecessary information, and to list available services under Part A in an age specific categorization. Counties will be notified when the revised **MC 4026** is available for ordering. Meanwhile counties should continue to use the old stock of the **MC 4026**.

Counties are reminded that Article 19B has been eliminated and replaced with this Article 4V.

Procedure Revision	Description
Article 4V	Minor Consent Services

Filing Instructions:

Remove Pages	Insert Pages
4V-1 through 4V-7	4V-1 through 4V-8
PTC-19	PTC-19
Article19 Table of Contents	Article 19 Table of Contents Page TC-1

If you have any questions concerning this revision, please contact Gary Varner of my staff at (916) 654-5321.

Sincerely,

Original Signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

4V -- MINOR CONSENT MEDI-CAL SERVICES

1. BACKGROUND

California Family Code provides that a minor may, without parental consent, receive services related to sexual assault, pregnancy and pregnancy related services, family planning, sexually transmitted diseases, drug and alcohol abuse, and outpatient mental health treatment and counseling.

Minor consent services are categorized by age as follows:

UNDER AGE 12:
- pregnancy & pregnancy related care
- family planning services
- sexual assault services

AGE 12 YEARS AND OLDER:
- sexually transmitted diseases treatment
- drug and alcohol abuse treatment/counseling
- mental health outpatient care
- pregnancy & pregnancy related care
- family planning services
- sexual assault services

Methadone treatment, psychotropic drugs, convulsive therapy, psychosurgery, and sterilization are excluded from the services which a minor may receive without parental consent. The above-named services which a minor may receive on his/her own will be referred to as "minor consent services".

State law further provides that persons under 21 years may apply for minor consent services Medi-Cal without their parents' consent or knowledge. The statute further provides that the parents shall not be required to contribute to the cost of minor consent services. However, the parents' income and property must be considered in the eligibility determination for Medi Cal if the child requests **other** medical services not covered under minor consent services. The Medi-Cal regulations and procedures are, therefore, different for minor consent Medi-Cal coverage than they are for full scope Medi-Cal coverage in the areas of: parental informing of the child's need for medical care, parental consent to Medi-Cal coverage for the child, parental consent to medical treatment of the child, and parental financial responsibility for the child's medical costs.

State law requires that the parents or guardians of a minor receiving outpatient mental health treatment or counseling, or services for drug or alcohol related problems be contacted and encouraged to participate in the treatment. The parents or guardian may not be contacted if the health care professional treating the minor believes it would not be advantageous to the minor to have their parents or guardian involved. If the parents or guardian do participate in the treatment, they are required to pay for any services they participate in -- i.e., family counseling or individual/couple counseling for the parent(s).

Although all minor consent cases are confidential, the parents' knowledge of their child's circumstance in no way affects eligibility for minor consent services, and **no contact shall be directed to the parent(s) or guardian(s)**. A minor must apply for minor consent services, their parent(s) can not apply on their behalf. However, one parent may accompany a minor to apply for minor consent services when there is a need or desire to maintain confidentiality with the other parent. The confidentiality requirement is not waived in this situation.

2. COUNTY WELFARE DEPARTMENT RESPONSIBILITIES

Minor consent services are supported with State funds only. No Federal funds are claimed since the income and resources of the minor's parents/guardian are not considered in establishing eligibility. Therefore, it is critical that the following criteria be strictly adhered to:

a. Processing of Minor Consent Applicants Under 21 Years Who Are Adults

Persons under 21 years of age who are defined as adults under the definition of regulation Section 50014 are not eligible for minor consent services and should be processed for full-scope Medi-Cal.

b. Processing of Minor Consent Applicants Under 21 Years Who Are **Not Physically Living With Their Parent(s).**

A minor must be considered living in the home to be eligible for minor consent services. If they are away temporarily, i.e., school/college, they are considered living in the home. If the minor is living temporarily with another relative or friend they are considered living in their parent(s) home if their parent(s) are legally and financially responsible for the minor, i.e.; minor is claimed as a dependent for income tax purposes.

If a public agency has legal responsibility for a minor he/she is not eligible for minor consent services. If a minor is a Seriously Emotionally Disturbed (SED) child they are considered living in the home in regard to determining Medi-Cal eligibility. A SED child may apply for minor consent services. However, minor consent Medi-Cal will not cover mental health treatment or counseling that is required by the child's Individual Educational Plan (IEP), whether the SED child is in 24 hour care or a day treatment program.

c. Processing Minor Consent Eligibility

At the initial intake, and when an annual redetermination would be required, a new MC 210 and 219 must be completed. If a break occurs in the monthly reapplication for minor consent services, a new MC 210 and 219 OR MC 210A must be completed. **Minor consent applicants are not required to provide their Social Security number for eligibility**. At intake, and every time a minor recertifies for minor consent services (except for outpatient mental health services), they must complete a MC 4026. The eligibility worker must review the MC 4026 with the minor and verify that the information on the MC 210 has not changed. The revised MC 4026 contains specific rights and responsibilities that the minor must read and sign upon initial application and all subsequent recertifications.

Minor consent eligibility is for a period of one month. Children receiving minor consent services are required to report changes that may impact their eligibility to their Eligibility Worker in person each month that they need minor consent services and reapply for those services.

Minor consent applicants do not have to provide the same level of verification as an applicant for full-scope Medi-Cal. **Minor consent applicants are not required to provide any identification**. Section 50167(D)4 exempts the minor consent applicant from this requirement. In addition, **Section 50167(V)(8) exempts the minor consent applicant from the requirement to verify pregnancy**. If the minor is employed they must provide pay stubs. Bank account statements are required if they own a bank account and have access to the information.

d. Identification of Types of Minor Consent Services

Children applying for Medi-Cal minor consent coverage must specify on the MC 4026, the type of services for which they are seeking coverage. To indicate which minor consent service the minor has requested or is eligible for, the Department of Health Services (DHS) has assigned three specific aid codes to reflect eligible minor consent services. These aid codes are effective April 1, 1996. With the implementation of these aid codes, the "L" codes previously used are eliminated.

Listed below are the aid codes and categories of service for each:

AID CODE	CATEGORY OF SERVICE
7M	Restricted to minors who are at least 12 years of age and limited to sexually transmitted diseases, drug and alcohol abuse, pregnancy and pregnancy related, family planning, and sexual assault treatment. This aid code may have a share of cost. **This aid code is not to be used for outpatient mental health services.**
7P	Restricted to minors who are at least 12 years of age and limited to sexually transmitted diseases, drug and alcohol abuse, pregnancy and pregnancy related, family planning, sexual assault treatment **and outpatient mental health treatment and counseling.** This aid code may have a share of cost.
7R	Restricted to minors under age 12 and limited to pregnancy and pregnancy-related services, family planning and sexual assault treatment. **This aid code is not to be used for outpatient mental health services or drug and alcohol abuse.** This aid code may have a share of cost.

When minors present their minor consent Medi-Cal card to a provider, the provider verifies their eligibility through the Point of Service (POS) network. The eligibility verification system will return a restricted eligibility service message for the minor consent service imputed into MEDS. The providers have been directed via the provider manual that minors are entitled to the category of service which is returned from the eligibility verification system. Providers are also informed that minor consent services are confidential, and parents are not to be contacted regarding their child's receipt of these services (provider manual section 100-24).

e. Minors Requesting Outpatient Mental Health Treatment and Counseling

Minors requesting outpatient mental health treatment and counseling must submit to the county welfare department a statement from a mental health professional: licensed marriage, family and child counselor; licensed clinical social worker; licensed educational psychologist; credentialed school psychologist; clinical psychologist; licensed psychologist; or psychiatrist which states that the child needs mental health treatment or counseling, the estimated length of time treatment will be needed, and meets **both** of the following:

[Minor] is mature enough to participate intelligently in the mental health treatment or counseling, **and is one of the following**:

(a) In danger of causing serious physical or mental harm to self or others without mental health treatment or counseling; OR

(b) An alleged victim of incest or child abuse.

The MC 4026 does not have to be signed each month that the minor is eligible for outpatient mental health services. The minor consent case may be approved each month that is covered in the statement provided by the mental health professional indicating the length of the treatment plan. However, as in all minor consent cases, the case must be approved each month and a notice of action (NOA) must be issued. The **MC 239V NOA should be used for all minor consent cases.**

f. Minor Consent and Immigration Status

Otherwise eligible IRCA and OBRA children under 21 years of age are entitled to all minor consent services. A lack of satisfactory immigration status does not prohibit eligibility for minor consent services.

All minor consent applicants, regardless of their immigration status or citizenship, are required to fill out a form MC 13. Minor Consent services are considered restricted services, therefore, the MC 13 instructions for restricted services apply to minor consent applicants. On the MC 13, "Section B: Scope of Benefits Requested" should have the box "Other" checked and "Minor Consent Services" written on the blank line.

A Systematic Alien Verification for Entitlements (SAVE) check is not needed for minor consent services. **Advise alien minor consent applicants that INS will not be contacted regarding their immigration status.**

g. Minor Consent Medi-Cal Card

Minor consent beneficiaries receive a paper ID card that is good for one year from the date of issuance. Counties should not have to issue a new card when a minor reapplies for minor consent services unless it has been 12 months since the last date of issuance, or if the card is lost. When continuing or re-opening a minor consent case the issuance of the Medi-Cal card can be suppressed by typing " LOGS" at the card issue site on the EW15 screen.

Eligibility for minor consent services must be verified through the POS network. When verifying eligibility providers will get a limited services message that identifies which service(s) the minor is eligible (see section 2d above).

The minor consent case should not be opened for minors who are already included in a public assistance case, a Medi-Cal Family Budget Unit (MFBU) with no share of cost, or for minors who apply for and receive Aid to Families with Dependent Children (AFDC) cash on the basis of pregnancy. A BEOMB is not issued on services obtained that would qualify as a minor consent service so confidentiality is not compromised in these situations.

If the minor is included in an MFBU **with a share of cost**, issue the minor a minor consent Medi-Cal card. If the minor is included in a MFBU **without a share of cost** issue a paper immediate need card.

If a minor is requesting services related to pregnancy, the unborn is included in the MFBU as an aided child. The maintenance need for two would be used. Once the child is born the minor mother must apply for full scope Medi-Cal for the child if Medi-Cal coverage is desired for the child. There is no continuing eligibility for the minor's child under minor consent services. A new case must be established for the minor's child. The minor parent is then an ineligible member of the child's MFBU.

h. Reporting of Minor Consent Eligibles

To assure **confidentiality**, MEDS requires that all minor consent Medi-Cal identification cards be issued by an on-line transaction on a MEDS terminal using pseudo numbers rather than actual Social Security numbers. **To ensure that minor consent applicants/beneficiaries do not receive mailings from DHS, the county welfare department should <u>not</u> submit a home address to DHS via MEDS**.

i. Other Health Care Coverage

County departments shall not report other health care coverage information for children who are applying for minor consent services when the minor is included in their parents' MFBU and the child's parent(s) have other health care coverage. The OHC code must be removed from the minor's paper card. If the minor has their own health care coverage through their employer or other source, put the OHC code on the minor's paper card.

If the child is enrolled in a PHP or a managed care plan, he/she should be processed for minor consent services and a minor consent case should be established.

If an immediate need card is being issued to the minor based on the parent's Medi-Cal case and the minor has an OHC code on MEDS, the county is to use the EW 15 transaction which will immediately and permanently remove the OHC code for that individual. This will avoid any situation in which the Health Insurance System (HIS) will reassert the OHC prior to the minor receiving the limited service that they are seeking. The county will have to reenter the OHC prior to the next month's eligibility on MEDS,

assuming that their is no further need for a limited service, to assure that services are correctly tied to the OHC.

j. Confidentiality and Child Abuse Reporting Requirements

State law and regulations on minor consent services prevent the county welfare department from contacting the parents of a child applying for minor consent services only. **The Child Abuse Reporting Law** requires the county welfare department to report suspected child abuse to child protection agencies, law enforcement agencies, and agencies responsible for investigation of cases involving dependent children. County welfare workers should make reports as required by Penal Code Section 11166. However, such reports should not disclose the fact that the child has applied for Medi-Cal. When making a report, welfare workers may be required to include in their reports only the minimum, specifically-enumerated elements: name of the person making the report, name of the child, present location of the child, nature and extent of injury, and the fact that led the reporting person to suspect child abuse (e.g., "child stated she is pregnant and under the age of 14 years").

3. Medi-Cal Provider Responsibilities

California regulation, Title 22, Section 51473.2 states that providers may render services to minors without parental consent only if:

(1) Those services are related to a sexual assault, pregnancy and pregnancy related, family planning, drug or alcohol abuse, sexually transmitted diseases, or outpatient mental health treatment and counseling; OR

(2) The minor is living apart from his/her parents and neither they nor a public agency will accept legal responsibility for the child.

A provider bulletin has been issued which describes minor consent services.

4. DHS Responsibilities -- BEOMBS

DHS will take necessary precautions to assure that children receiving minor consent services only will not receive BEOMBS. For minors who are issued a paper card copy of their parents' case should not receive a BEOMB, since the Department does not send a BEOMB for any beneficiary who received a sensitive service (i.e.; abortion, drug and alcohol counseling, etc.).

State of California-Health and Welfare Agency | Department of Health Services

REQUEST FOR ELIGIBILITY LIMITED SERVICES

Name of Applicant (Last, First)

FOR COUNTY USE ONLY-State Number

County	Aid	Serial Number	FIU	Person No.

PART A.

I need/continue to need services related to: (Please check one or more of the following.)

UNDER AGE 12 AND OLDER:

1. ☐ Sexual Assault
2. ☐ Pregnancy or Family Planning

AGE 12 YEARS AND OLDER:

3. ☐ Sexually Transmitted Diseases
4. ☐ Drug or Alcohol Abuse
5. ☐ Outpatient Mental Health *

*If requesting outpatient mental health services, a statement from a mental health professional confirming that you meet the requirements for those services must be presented to your Eligibility Worker.

PART B.

I am requesting medical assistance for the month of: _____/_____
Month Year

☐ I choose to receive my Medi-Cal card immediately upon signing this form.

OR ☐ I request that my Medi-Cal card be sent to the following address:

_____

Street Number City ZIP Code

PART C. RIGHTS AND RESPONSIBILITIES

1. I understand that I will receive a paper Medi-Cal ID card that is good for one year from the issue date on the card. This card is for identification only and does not verify eligibility.

2. I understand that my eligibility is good for one month, and each month I need Minor Consent medical services I must come back into the welfare department to recertify my eligibility to at least one of the above services. To allow time for my eligibility worker to process my recertification, I must come in and complete this form as soon as I know I need to see a doctor or need medical care.

3. I understand that if any of the following occurs I must tell my eligibility worker at my next interview when I recertify my eligibility:
   a. I move out of my parent's/guardians' house.
   b. I get married.
   c. My parent(s) stop supporting me or declaring me as a dependent for tax purposes.
   d. I get a job or quit working.
   e. I acquire some property; i.e.; bank accounts, automobile, stocks, bonds, trust funds, etc.
   f. I give birth or my pregnancy ends for any reason.

4. I will receive this card and the medical services I have requested without my parents/guardian being contacted.

_____

Signature of Applicant Date

Signature of County Representative Date

MC 4026 (11/95)

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL
NOTICE OF ACTION
APPROVAL OF BENEFITS

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

Your application for Medi-Cal benefits has been approved

☐ You are entitled to receive Medi-Cal benefits beginning the first day of _____. You will receive a Medi-Cal Benefits Identification Card soon. ***Do not throw this card away.*** This card is good as long as you are eligible for Medi-Cal. Take this plastic card to your doctor or other Medi-Cal provider when you request medical services.

☐ Since your income exceeds the amount allowed for living expenses, you have a share of cost to pay or obligate toward your medical care. Your share of cost is $_____ beginning _____. Your share of cost was computed as follows:

Gross Income	$_____
Net Nonexempt Income	$_____
Maintenance Need	$_____
Excess Income/Share of Cost	$_____

Your plastic card will show your provider if you have a share of cost to pay. The amount that you must pay or obligate to the provider will be automatically computed. The regulation which requires this action is California Code of Regulations, Title 22, Section 50653.

☐ You are eligible for Medi-Cal benefits for _____ only because you have applied for Minor Consent Services and must reapply each month that you need Medi-Cal. The regulations which require this action are California Code of Regulations, Title 22, Sections 50147.1 and 50163. You will receive a paper Medi-Cal Identification card. Take this card to your medical provider when you obtain care for your Minor Consent need.

☐ You are eligible for Medi-Cal benefits for _____ only because _____. The regulations which require this action are California Code of Regulations, Title 22, Section(s)

☐ You must bring or mail the verification listed below by _____ or your eligibility for Medi-Cal benefits will be discontinued effective the last day of _____

The regulations which require this action are California Code of Regulations, Title 22, Section(s)

Eligibility Worker _____ Phone _____ Date _____

MC 2089V (1/89)

Article 19 -- SPECIAL SERVICES

19A -- INDIVIDUALS ON RESTRICTED SERVICE STATUS DUE TO PROGRAM ABUSE

19B -- THIS SECTION HAS BEEN REMOVED FROM ARTICLE 19 AND HAS BEEN INCORPORATED INTO ARTICLE 4V, MINOR CONSENT MEDI-CAL SERVICES, EFFECTIVE OCTOBER 24, 1995.

19C -- LIMITED SERVICES FOR MEDICALLY INDIGENT ADULTS IN SNF/ICF

19D -- MODEL WAIVER PROGRAM ("KATIE BECKET" WAIVER)

Article 19 -- SPECIAL SERVICES

19A -- INDIVIDUALS ON RESTRICTED SERVICE STATUS DUE TO PROGRAM ABUSE

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6. Issuance of Appropriate Medi-Cal Card

19B -- THIS SECTION HAS BEEN REMOVED FROM ARTICLE 19 AND INCORPORATED INTO ARTICLE 4V, MINOR CONSENT MEDI-CAL SERVICES, EFFECTIVE OCTOBER 24, 1995

19C -- LIMITED SERVICES FOR MEDICALLY INDIGENT ADULTS IN SNF/ICF

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19D -- MODEL WAIVER PROGRAM

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Model Waiver Program information Notice