

## 4V - MINOR CONSENT SERVICES

### 1. BACKGROUND

California Family Code provides that a minor<sup>1</sup> may, without parental consent, receive non-emergency services related to sexual assault and intimate partner violence, pregnancy and pregnancy-related services, family planning, communicable diseases including sexually transmitted infections, drug and alcohol use, outpatient mental health treatment and counseling, and residential shelter services.

Minor Consent Services are categorized by age as follows:<sup>2</sup>

#### UNDER AGE 12:

- pregnancy and pregnancy-related services
- family planning services-including abortion
- sexual assault services

#### AGE 12 YEARS AND OLDER:

- pregnancy and pregnancy-related services
- family planning services-including abortion
- sexual assault services
- infectious, contagious, or communicable disease diagnosis and treatment
- sexually transmitted diseases prevention, diagnosis and treatment
- drug and alcohol use treatment/counseling
- outpatient mental health treatment and counseling
- residential shelter services and other support services on a temporary or emergency basis
- intimate partner violence services

The above-listed services which a minor may receive on their own will be referred to as limited-scope "Minor Consent Services."

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<sup>1</sup> Minor as defined in Family Code 6920-6930

<sup>2</sup> Per BHIN 24-046 minors on full scope Medi-Cal do not need to apply for Minor Consent Services to access outpatient mental health and residential shelter care.

Minors cannot receive narcotic replacement therapy (NRT) in a narcotic treatment program (NTP) or psychotropic drugs, convulsive therapy, and psychosurgery without parental or guardian consent. However, a minor 16 years of age or older may consent to receive medications for opioid use disorder from a licensed narcotic treatment program as replacement narcotic therapy without the consent of the minor's parent or guardian only if, and to the extent, expressly permitted by federal law. Additionally, minors may not consent to sterilization without parental or guardian consent.

State law<sup>3</sup> provides that eligible minors may access limited-scope Minor Consent Services without parental or guardian consent. The law further provides that the parents shall not be responsible for payment for limited-scope Minor Consent Services, except for costs associated with the minor's parent or guardian's participation in a counseling program. All cases provided through limited-scope Minor Consent Services are confidential; the child's eligibility for limited-scope Minor Consent Services is not affected by the parent or guardian's knowledge of the child's circumstances, and no communication will be directed to the parents or guardians, with certain exceptions.

A minor must apply for limited-scope Minor Consent Services themselves. Parent(s) may not apply on behalf of their minor child. However, if there is a need or desire to maintain confidentiality between parents, it is permitted for one parent to accompany a minor to apply for limited-scope Minor Consent Services. In this case, limited-scope Minor Consent Services will continue to be confidential and Notices of Action (NOAs) shall not be sent to minor's the home address.

## **2. Eligibility for Limited-Scope Minor Consent Services**

- Minors not defined as adults under 22 C.C.R. section 50014 are eligible for limited-scope Minor Consent Services.
- If a public agency has legal responsibility for a minor (e.g., foster care, adoption assistance, probate, etc.), this does not disqualify the minor from requesting these services.

## **3. COUNTY RESPONSIBILITIES**

Limited-scope Minor Consent Services are supported with State funds only.

### **a. Processing Minor Consent Eligibility**

- (a) Eligible minors (see above) must apply for limited-scope Minor Consent Services in person or by telephone by filling out an MC 4026.
  - The MC 4026 contains specific rights and responsibilities that the minor must read and sign.

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<sup>3</sup> Cal. Fam. Code § 6920

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- Per Section 50167(D)4 applicants are not required to provide any form of identification or their social security number (SSN). If they provide their SSN, the county may not use it for screening purposes or eligibility determination.
  - Per section 501671(V)(8) the minor is not required to verify pregnancy.
  - The minor is required to provide income information. Self-attestation is acceptable verification of income if the minor does not have the information readily available at application.
    - If the minor is employed or has a bank account and has access to pay stubs and/or bank account statements, they should provide those documents.
- (b) The Eligibility Worker must review the MC 4026 with the minor and verify the information on the MC 210 has not changed
- The application must not be submitted through BenefitsCal.
- (c) Minors should be provided with a separate CIN from their parent/guardian's Medi-Cal case.
- (d) A new MC 210 and 219 must be completed.

Minor Consent Services are limited-scope and eligibility is for a period of one month, except for covered outpatient mental health services as recommended by a mental health professional. Minors receiving coverage through limited-scope Minor Consent Services are required to report changes, which may impact their eligibility, to their Eligibility Worker in person or by telephone each month. The Statement of Facts or SAWS 2 is an acceptable form to capture telephonic and electronic signatures.

### Redetermination

- Must be completed monthly, except for covered outpatient mental health services as recommended by a mental health professional.
  - Outpatient mental health services may be provided for up to six months, if recommended by the mental health professional, without the need for the minor to re-establish eligibility on a monthly basis. The limited-scope Minor Consent Services case may be approved for the number of months covered in the statement provided by the mental health professional indicating the length of the treatment plan.

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- If it is determined that the minor needs additional outpatient mental health treatment or counseling services beyond the length of time indicated in the statement originally provided or more than six months (whichever is shorter), the minor will need to recertify via the MC 4026 and a new statement from a mental health professional will be required. The **MC 239V NOA should be used for all limited-scope Minor Consent Services cases.**

- New MC 4026, 210 and 219's must be completed
- The Eligibility Worker must review the MC 4026 with the minor and verify the information on the MC 210 has not changed
  - The application must not be submitted through BenefitsCal

### b. **Minor Consent Services Applications**

- [MC 4026](#)
- [MC 210 ENG](#)

### c. **Identification of Types of Limited-scope Minor Consent Services**

Minors applying for limited-scope Minor Consent Services must specify the type of services for which they are seeking coverage on the MC 4026. The Department of Health Care Services (DHCS) has assigned four specific aid codes to reflect limited-scope coverage delivered through limited-scope Minor Consent Services. Listed below are the aid codes and categories of service for each:

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**MEDI-CAL ELIGIBILITY PROCEDURES MANUAL**

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<b>AID CODE</b>	<b>CATEGORY OF SERVICE</b>
7M	Restricted to eligible minors who are ages 12 through 21 years old. Limited to services related to sexually transmitted infections, sexual assault, drug and alcohol use treatment/counseling, and family planning. This aid code may have a share of cost.
7N	Restricted to eligible pregnant minors ages 21 and younger. Limited to pregnancy-related services, including services for conditions that may complicate the pregnancy and postpartum services. This aid code does not have a share of cost.
7P	Restricted to eligible minors who are ages 12 through 21 years old. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol use treatment/counseling, family planning, sexual assault services and outpatient mental health treatment. This aid code may have a share of cost.
7R	Restricted to eligible minors who are ages 12 and younger. Limited to services related to family planning and sexual assault. This aid code may have a share of cost.

When minors present their Minor Consent Services 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 entered into Medi-Cal Eligibility Data System (MEDS). The provider manual specifies that minors are entitled to the category of service which is transmitted via the eligibility verification system. Providers are also informed that limited-scope Minor Consent Services are confidential, and parents are not to be contacted regarding their child's receipt of the requested services (provider manual section 100-24).

**d. Minors Requesting Outpatient Mental Health Treatment and Counseling**

Outpatient mental health services may be provided for up to six months, if recommended by the mental health professional, without the need for the minor to re-establish eligibility monthly. The case may be approved, without the minor having to recertify or report to their EW each month, for the number of months covered in the statement provided by the mental health professional indicating the length of the treatment plan.

If a minor needs additional outpatient mental health treatment beyond the initial time frame or longer than six months, they must recertify for limited-scope Minor Consent Services before the current treatment period ends or at the six-month mark, whichever comes first. Recertification can be done in person or by phone at the county welfare office using the MC 4026 form, and a new statement from a mental health professional is required. The MC 239V NOA should be used for all limited-scope Minor Consent Services cases.

Minors on full scope Medi-Cal do not need to apply for limited-scope Minor Consent Services to consent to outpatient mental health services.

**e. Limited-scope Minor Consent Services Card**

Minors who apply for limited-scope Minor Consent Services receive a MEDS generated paper ID card that is good for one year from the date of issuance. If a minor reapplies, counties should not have to issue a new card unless it has been 12 months since the last date of issuance or if the card is lost. When continuing or re-opening a limited-scope Minor Consent Services case, the issuance of the paper ID card can be suppressed by typing "LOGS" at the card issue site on the EW 15 screen.

**f. Reporting of Minor Consent Service Eligibles in MEDS**

To assure confidentiality, MEDS requires that all limited-scope Minor Consent Services identification cards be issued by an online transaction on a MEDS terminal using pseudo numbers rather than actual SSNs. To ensure that minors using limited-scope Minor Consent Services do not receive mailings from DHCS, the county welfare department must not submit a home address to DHCS via MEDS.

**g. 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 limited-scope Minor Consent Services. 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.

**4. Minor Consent Services Provider Responsibilities**

State law authorizes providers to render non-emergency services to minors without parental consent only if:

- a. Those services are related to: sexual assault; pregnancy; family planning; drug or alcohol use treatment and counseling; infectious, contagious, or communicable disease diagnosis and treatment; sexually transmitted infection, prevention, diagnosis and treatment; outpatient mental health treatment and counseling; residential shelter services and other support services on a temporary or emergency basis; or intimate partner violence; or
- b. The minor is living apart from their parent(s), the minor is managing their own financial affairs, and neither the parent(s) or a public agency will accept legal responsibility for the child. In these cases, providers may offer any Medi-Cal services to the child.

State law requires that the parent or guardian of a minor receiving outpatient mental health treatment or counseling be involved in the treatment unless after consulting with the minor, the professional person determines that the involvement of the minor's parent or guardian would be inappropriate. Additionally, a professional person offering residential shelter services, whether as an individual or as a representative of an entity, shall make his or her best efforts to notify the parent or guardian of the provision of services as required by Fam. Code section 6924. Please refer to BHIN 24-046 for further information.

**5. DHCS Responsibilities - Beneficiary Explanation of Medi-Cal Benefits Statements (BEOMBS)**

DHCS will take necessary precautions to assure that children receiving limited-scope Minor Consent Services will not receive BEOMBS (see Medi-Cal Eligibility Procedures Manual, Section 16-D). The Department does not send a BEOMB for any beneficiary who received a sensitive service (i.e., abortion, drug and alcohol counseling.)