



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: February 7, 2014

MHSUDS INFORMATION NOTICE NO.: 14-002

TO: COUNTY ALCOHOL AND DRUG PROGRAM ADMINISTRATORS
COUNTY MENTAL HEALTH DIRECTORS
DRUG MEDI-CAL PROVIDERS

SUBJECT: DRUG MEDI-CAL REQUIREMENTS FOR SCHOOL-BASED
SERVICES AND MINOR CONSENT ELIGIBILITY

This letter serves as a reminder to county alcohol and drug program administrators and Drug Medi-Cal (DMC) providers of the DMC requirements when providing minor consent substance use disorder (SUD) treatment and school-based SUD treatment services.

Due to the prevalence of school-based DMC programs throughout the state and the significant findings from reviews of these programs, the following requirements are reiterated to ensure providers understand and are able to apply these requirements to their programs. Since some DMC services may be minor consent services, requirements related to minor consent are included as well.

It is very important that all minors entering a substance abuse treatment program be assessed for whether their substance use rises to the level of a substance use disorder. Some degree of experimentation with drugs and/or alcohol is part of normal development; however, not all young people who experiment with substances develop clinical problems requiring specialized treatment. In all DMC programs, including school-based programs, it is important that all DMC program requirements are met, including the documentation of a student's medical necessity for SUD treatment. Attached as Exhibit 1 is the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM IV-TR) criteria that must be met in order to establish medical necessity. A DSM IV-TR diagnosis is based in part on a finding of recurrent and significant adverse consequences related to the repeated use of substances.

In order to ensure that DMC beneficiaries receive medically necessary treatment that is appropriate to their disease, illness or injury, the medical record must contain sufficient documentation and services must be provided by or under the direction of a physician. California Code of Regulations, Title 22, Section 51341.1(h)(1) lists the admission

criteria and procedures necessary for a provider to receive reimbursement for DMC services. Specifically, the provider must develop and use criteria and procedures for the admission of beneficiaries into treatment; complete a personal, medical and substance abuse history for each beneficiary upon admission to treatment; and complete an assessment of the physical condition of the beneficiary either through a physical examination, or upon review of the beneficiary's medical history, substance abuse history and/or most recent physical examination. If the assessment is made without the benefit of a physical examination, the physician shall complete a waiver with a justification specifying the basis for not requiring a physical examination.

Although research indicates that prevention activities/classes are appropriate and universally beneficial to school-age children and at-risk children, these types of activities do not constitute DMC reimbursable treatment services. All DMC services must be specific to each beneficiary's diagnosis based on the requirements in Title 22, and determined to be medically necessary. Providers that need assistance structuring a school-based DMC treatment program may obtain assistance through the Department of Health Care Services (DHCS) technical assistance contractor, Alcohol and Other Drug Policy Institute (See Exhibit 2).

In regard to minor consent drug and alcohol services, authority is contained in Family Code Section 6929 and the specific Medi-Cal requirements are contained in California Code of Regulations, Title 22, Sections 50147.1, 50030, 50063.5, 50157(f)(3), 50167(a)(6)(D), and 50195(d). In summary, minor consent services are available to youth ages 12-20 that live with their parent(s) or guardian(s), and qualify for Medi-Cal services by excluding parental income and resources. Minor consent eligibility is for a period of one month and must be re-established monthly by the county welfare office. The confidential nature of the information received from an applicant seeking minor consent services shall not be disclosed to a parent without the applicant's consent. However, Family Code Section 6929(c) provides that the minor's parent or guardian shall be involved in the minor's treatment plan if deemed appropriate by the professional person treating the child, and that the decision for parental involvement or not should be documented in the record. Further, under Family Code Section 6929(d), the minor's parent or guardian is not liable for payment for the minor consent services unless the minor's parent or guardian participates in the counseling program, at which time the parent or guardian becomes liable for the cost of the services provided to the minor and the parent or guardian.

Lastly, providers offering DMC school-based services must ensure that the specific law enforcement background check requirements (Education Code Section 45125.1(d), (f) and (g)) that pertain to non-school contractor personnel who are allowed on the school site and come into contact with students are complied with in full. Providers must also

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comply with Education Code Section 35350 requiring written parental permission prior to transporting any student.

If you have questions regarding this notice, please contact Marcia Yamamoto, Chief, SUD Prevention, Treatment and Recovery Services Division, Performance Management Branch, (916) 322-1308, marcia.yamamoto@dhcs.ca.gov. This bulletin is available on the DHCS web page at www.dhcs.ca.gov.

Sincerely,

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health and Substance Use Disorder Services

Attachments

cc: Tom Renfree, Executive Director
County Alcohol and Drug Program Administrators' Association of
California
1415 L Street, Suite 1000
Sacramento, CA 95814

Victor Kogler, Executive Director
Alcohol and Other Drug Policy Institute
2125 19th Street, 2nd Floor
Sacramento, CA 95818

Robert Oakes, Executive Director
County Mental Health Director's Association
2125 19th Street, 2nd Floor
Sacramento, CA 95818