

# Grow Up Healthy California

## Know Your Medi-Cal Rights for Enrolled Children & Youth

### What is Grow Up Healthy California?

- Under both California and federal law, all children and youth up to age 21 who are enrolled in Medi-Cal have the right to regular check-ups and other preventive and treatment services. These services must be provided for free or at low cost.
- This right to preventive and treatment services is known in federal law as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement. It is meant to ensure every child enrolled in Medi-Cal gets the care they need and grows up healthy.
- **In California, EPSDT is known as Grow Up Healthy California.**
- Under Grow Up Healthy California, all children and youth under 21 who are enrolled in Medi-Cal are entitled to all **medically necessary** covered services.
- The **following services must be covered without limitations if medically necessary:**
  - Physical health services
  - Vision services, including eyeglasses
  - Hearing services
  - Dental follow-up treatment services
  - Mental health services
  - Substance use disorder services
  - Physical, occupational, and speech therapy
  - Medical equipment and supplies (e.g., wheelchairs)
  - Medication (both over the counter and prescribed)
  - Lab tests, including blood lead testing and sexually transmitted infection (STI) testing
  - Home health services, including nursing care
  - Inpatient and residential treatment
  - Sexual health services (e.g., birth control)
  - COVID-19 testing and treatment
  - Any other medical service coverable under Medicaid that a child or youth needs, even if it is not covered for adults



**Box 1.** If your child needs but is not receiving one of these services, call your child’s provider or the Medi-Cal “system of care” that is responsible for the service. See chart on page 8 for help identifying the system of care and the phone number. The following pages provide more information on how to file an appeal, request a State Fair Hearing, or submit a grievance if your child is not getting the needed service.

### What Does “Medically Necessary” Services Mean?

- While everyone on Medi-Cal has the right to medically necessary covered services, Medi-Cal has a medically necessary standard that is unique to children and youth. For children and youth, the term “medically necessary” means the services that are needed to treat, correct, manage, or reduce illnesses or a health condition discovered through any diagnostic tests, check-ups, or screenings must be provided.
- In general, your child’s doctor or health care provider will determine if something is medically necessary. If the needed service is denied even after being recommended by your child’s doctor or health care provider, see the information on page 2 on what to do next.
- Services for children and youth under 21 enrolled in Medi-Cal may be subject to “prior authorization” to check if they are medically necessary. If services are medically necessary, there cannot be **limits on the amount of care, services, or treatment**. For example, a child cannot be limited to one pair of glasses every few years; if a child has glasses but has trouble seeing, then he or she has a right to a new prescription and new glasses.

## What if Care Has Been Denied, Reduced, or Stopped... What Can You Do?

If your child's care has been denied, reduced, or stopped, there are a few steps you can take to have the decision reviewed and possibly reversed. This process is sometimes complicated, but it is important for you to know that this process is **meant to support your child in getting the care they need and are entitled to**. In fact, the majority of Medi-Cal enrollees who file an appeal or request a State Fair Hearing get a result that is in their favor. It is **your child's right** to file an appeal, request a State Fair Hearing, submit a grievance, and/or contact the Ombudsman or DHCS – **there is no penalty for doing so. Your child's Medi-Cal coverage will not be stopped because you choose to take these actions.**

Below are a few ways you can start the process:

- **Start with Your Notice.** The easiest and best way to start the process is by looking for a Notice of Action (sometimes called a "Notice of Adverse Benefit Determination"). Your child should have received this Notice after your child's treatment or service was denied, reduced, or stopped. This Notice will explain your child's rights and the way to file an appeal or request a State Fair Hearing.
- **If You Do Not Have a Notice.** If your child's Notice is lost or your child never got it, then use the chart on page 8 to find the right website to identify the right phone number to call for help. The phone number will lead you to options for filing an appeal, requesting a State Fair Hearing, or filing a grievance. If you call a system of care or DHCS on behalf of your child, they are required to assist you. The following pages provide information on how to file an appeal, request a State Fair Hearing, or file a grievance.
- **For Additional Help.**
  - **Local Legal Aid Office:** Legal aid agencies are non-profit organizations that provide free legal services to people below a certain income level, including Medi-Cal enrollees. Contact your county Legal Aid Office by:
    - Phone: 1-888- 804-3536
    - Visit this website: <https://www.lawhelpca.org/>
  - **Medical Legal Partnerships (MLPs):** A MLP is a partnership between health care providers and lawyers to support enrollees in addressing legal issues related to health care. For help accessing local MLPs, you can reach out to one of the following:
    - Bay Area Legal Aid: <https://bit.ly/bay-aid>
    - Legal Aid Foundation of Los Angeles: <https://bit.ly/LAF-LA>

**Box 2.** If you believe your child's Medi-Cal has been wrongly stopped or your child was wrongly found ineligible for Medi-Cal, you can also follow the instructions for appealing on your child's Notice or contact your local county human services agency by visiting [dhcs.ca.gov/COL](https://dhcs.ca.gov/COL).



## Know Your Medi-Cal Rights for Grow Up Healthy California if Your Child is Enrolled in Managed Care

Most children enrolled in Medi-Cal get their care through a managed care plan that are a part of these Medi-Cal systems of care: Medi-Cal Managed Care (for physical health services and non-specialty mental health services), Specialty Mental Health Services, Drug Medi-Cal Organized Delivery System, and Dental Managed Care (see chart below on page 8). If your child has problems with a service that you think should be covered by a managed care plan in any of these systems, the information below applies to you.

### What Can You Do if Care is Denied?

- **File an Appeal with Your Managed Care Plan:** This usually is the best place to start with managed care. An “appeal” requires your child’s managed care plan to review any denial, reduction, or stoppage of any service (this is sometimes called an “adverse benefit determination”). You must complete the appeals process for your child before you can ask for a State Fair Hearing (see details below).
  - After your child receives the Notice of Action from your managed care plan, you can file an appeal. You may also file an appeal without a Notice.
  - You have 60 calendar days to file an appeal with your managed care plan after receiving the Notice of Action for your child. If the decision your child is appealing would end a service that your child is already receiving, then you may also request a continuation of benefits for your child, see Box 4.
  - Your child’s managed care plan must provide written acknowledgement within 5 calendar days of receiving the appeal and how to contact the person at the managed care plan (name, phone number, address) who can tell you more about your child’s appeal and its status.
  - Your child’s managed care plan must send you a written decision within 30 calendar days following your request for an appeal (this is sometimes called a “Notice of Resolution”). If you feel that your child’s situation is urgent, you can ask for a quicker decision (see Box 3).
  - You may contact your child’s managed care plan with other questions about your child’s appeal at any time (see chart on page 8).<sup>1</sup>

**Box 3.** If your child needs a **faster appeal** or a **faster State Fair Hearing**, you can request an **expedited process** by calling (800) 743-8525.



**Box 4.** If the decision you are **appealing with your child’s managed care plan or at a State Fair Hearing** would end a service your child is already receiving, then you may also **request a continuation of benefits** for your child (this is sometimes called an “aid paid pending” request) but only if you request the appeal or hearing **within 10 calendar days** of your child’s managed care plan sending the Notice of Action **or** before the action takes place (whichever is later). This will continue services while your child’s appeal or State Fair Hearing is being processed.



<sup>1</sup> Your child’s managed care plan may include a process called an Independent Medical Review Board and this will be clearly outlined in your child’s Notice of Action. If your managed care plan offers this process, it would be after you have completed your child’s appeal. You may contact the California Department of Managed Health Care for more information on the Independent Medical Review Board: call (888) 466-2219 or TDD (877) 688-9891 or visit here: <https://bit.ly/IMRCR>

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- **Request a State Fair Hearing:** If your child has completed the managed care plan's appeal process and you disagree with the decision, you can request a "State Fair Hearing" on behalf of your child. You also can request a State Fair Hearing if your child's managed care plan does not notify your child properly or in a timely way about your child's right to an appeal. The State Fair Hearing is an opportunity to have another review of the decision that you disagree with. It is overseen by an impartial judge who works for the State, not by your child's managed care plan.
  - You must request a State Fair Hearing within 120 calendar days of receiving your child's managed care plan's written decision on your child's appeal, and an impartial judge will review your child's case. If the decision you are requesting a State Fair Hearing on would end a service that your child is already receiving, then you may also request a continuation of benefits on behalf of your child, see Box 4.
  - You have the right to bring a friend, relative, attorney, or anyone else you choose with you to your child's State Fair Hearing. For legal help and assistance, see information on page 2 on how to reach a Local Legal Aid Office or a MLP.
  - You do not have to pay for a State Fair Hearing.
  - You may submit your child's request for a State Fair Hearing by phone, mail, fax, or online submission: <https://www.cdss.ca.gov/hearing-requests>
  - The State has 90 calendar days after the date of your child's request for a State Fair Hearing to issue a final decision for the State Fair Hearing. If your child needs services right away, see Box 3 about how to request a faster State Fair Hearing.
  - For additional help and information, review your child's notices received from your child's managed care plan closely and visit here: <https://www.dhcs.ca.gov/fair-hearing>
- **Contact the Ombudsman:** An "Ombudsman" is an individual who works at DHCS and whose job is to help you and your child, as a Medi-Cal enrollee, resolve issues with your child's managed care plan. You can call the Ombudsman during any point of this process, including if your child has received a Notice, filed an appeal, requested a State Fair Hearing, or submitted a grievance. The Ombudsman is only available to people enrolled in a managed care plan.
  - The Medi-Cal Managed Care Office of the Ombudsman is available to help Medi-Cal members in managed care plans access care and benefits, including care guaranteed by Grow Up Healthy California. You can contact the Ombudsman by:
    - Phone: 1-888-452-8609
    - Email: [MMCDOmbudsmanOffice@dhcs.ca.gov](mailto:MMCDOmbudsmanOffice@dhcs.ca.gov) (do not include personal health information in an email message)
  - For additional information on the Ombudsman, visit: <https://www.dhcs.ca.gov/ombudsman>

## What Can You Do if You Are Unsatisfied with your Child's Care, Doctor, or Health Care Provider?

- **File a Grievance:** If your child has been treated poorly or rudely by a doctor, is dissatisfied with the quality of care, or is unable to find a doctor, then you may want to file a "grievance" on behalf of your child. A grievance is for any dissatisfaction or disagreement on any matter not covered in an appeal (see process above). It covers issues that are **not** about the denial, reduction, or stoppage of any of your child's services.
  - You may file a grievance for your child at any time, either by phone or in writing (online or via mail). To file a grievance, contact your child's managed care plan (see chart below on page 8).
  - Your child's managed care plan must provide written acknowledgement within 5 calendar days of receiving the grievance and how to contact the person at the managed care plan

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(name, phone number, address) who can tell you more about your child's grievance and its status.

- Your child's managed care plan has 30 calendar days from when you submit the grievance to resolve your child's grievance.


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## Know Your Medi-Cal Rights for Grow Up Healthy California if Your Child is Enrolled in Fee For Service


Some children enrolled in Medi-Cal get their care through a Fee For Service (FFS) system of care provided by DHCS; no managed care plan is involved. These include Medi-Cal FFS (for physical health services and non-specialty mental health services), Drug Medi-Cal, Dental FFS, and Medi-Cal Rx (for medications) (see chart below on page 8). If your child has problems with a service that you think should be covered by a FFS system of care, the information below applies to you.

### What Can You Do if Care is Delayed or Denied?

- **Request a State Fair Hearing:** This usually is the best place to start with FFS. A “State Fair Hearing” is an opportunity to have a review of the action by DHCS that you do not agree with, including any denial, reduction, or stoppage of any of your child’s services.
  - After your child receives the Notice of Action from DHCS – or if DHCS does not notify your child correctly or timely about your child’s rights – you may request a review through a State Fair Hearing. You may also file a State Fair Hearing request without a Notice.
  - You must request a State Fair Hearing within 90 calendar days of receiving your child’s DHCS’ Notice of Action, and an impartial judge will review your child’s case. If the decision you are requesting a State Fair Hearing on would end a service that your child is already receiving, then your child may also request a continuation of benefits, see Box 6.
  - You have the right to bring a friend, relative, attorney, or anyone else you choose with you to your child’s State Fair Hearing. For legal help and assistance, see the information on page 2 on how to reach a Local Legal Aid Office or a MLP.
  - You do not have to pay for a State Fair Hearing.
  - You may submit your child’s request for a State Fair Hearing by phone, mail, fax, or online submission: <https://www.cdss.ca.gov/hearing-requests>.
  - The state has 90 calendar days after the date of your child’s request for a State Fair Hearing to issue a final decision for the State Fair Hearing. If your child needs services right away, see Box 5 about how to request a faster State Fair Hearing.
  - For additional help and information, review your child’s notices received from DHCS closely and visit here: <https://www.dhcs.ca.gov/fair-hearing>



**Box 5.** If your child needs a **faster State Fair Hearing**, you can request an **expedited hearing** by calling (800) 743-8525 for more information.



**Box 6.** If the decision you are **taking to a State Fair Hearing** would end a service that your child is already receiving, then you may also **request a continuation of benefits** for your child (this is sometimes called an “aid paid pending” request) but only if you request the hearing **within 10 calendar days** of DHCS sending your child’s Notice of Action **or** before the action takes place (whichever is later). This will continue services while your child’s State Fair Hearing is being processed.



## What Can You Do if You Are Unsatisfied with Your Child’s Care, Doctor, or Health Care Provider?

- **File a Grievance:** If your child has been treated poorly or rudely by a doctor, is dissatisfied with the quality of care, or is unable to find a doctor, then you may want to file a “grievance” on behalf of your child. A “grievance” is for any dissatisfaction or disagreement on any matter not covered in a State Fair Hearing (see process above). It covers issues that are **not** about the denial, reduction, or stoppage of any of your child’s services.
  - You may file a grievance for your child for Drug Medi-Cal, Dental FFS, or Medi-Cal Rx at any time, either by phone or in writing (online or via mail). To file a grievance, contact your child’s appropriate system of care (see chart below on page 8). There is **no** grievance process for Medi-Cal FFS (for physical health services and non-specialty mental health services).
  - DHCS must provide written acknowledgement within 5 calendar days of receiving your child’s grievance and how to contact the person at DHCS (name, phone number, address) who can tell you more about your child’s grievance and its status.
  - DHCS has 30 calendar days from when you submit the grievance to resolve your child’s grievance for Dental FFS and Medi-Cal Rx. Drug Medi-Cal has 90 calendar days to resolve your child’s grievance.

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## Systems of Care & Contact Information Chart

If your child is having problems with a service that you believe your child should be receiving, including under Grow Up Healthy California, and your child does not have a Notice that would tell you how to appeal, you will need to figure out the “system of care” that should be providing that service. The “system of care” could be a managed care plan, DHCS, or another entity depending on the service. In fact, most children and youth under 21 are enrolled in more than one system of care. For example, a child might receive most of his or her care from a managed care plan, but some specialty mental health services through a county Mental Health Plan dental care through Dental FFS, and pharmacy care through Medi-Cal Rx.

The chart below will help you figure out the right system of care to contact about your child’s concern.

<b>Managed Care Systems of Care<sup>2</sup></b>	
<b>Medi-Cal Managed Care (MCMC)</b>	Most children receive most of their services through <b>Medi-Cal managed care plans</b> for physical health needs (e.g., well-child visits, immunizations), non-specialty mental health needs (e.g., therapy, medication), and care coordination. If your child is not receiving needed services or have concerns, call your child’s Medi-Cal managed care plan. The phone number for your child’s Medi-Cal managed care plan is on your child’s Medi-Cal managed care plan ID card and can be found on your Medi-Cal managed care plan’s website. You can also visit this webpage for your child’s managed care plan’s phone number: <a href="https://www.dhcs.ca.gov/mmchpd">https://www.dhcs.ca.gov/mmchpd</a> .
<b>Specialty Mental Health Services (SMHS)</b>	Some children who require specialty mental health services – such as care for a serious emotional disturbance or inpatient mental health residential treatment – receive this care through Specialty Mental Health Services. Each county has a Mental Health Plan. If your child is not receiving needed services or has concerns, call your child’s county Mental Health Plan by visiting this webpage for your child’s county Mental Health Plan’s phone number: <a href="https://www.dhcs.ca.gov/CMHP">https://www.dhcs.ca.gov/CMHP</a> .
<b>Drug Medi-Cal Organized Delivery System (DMC-ODS)</b>	Some children who require substance use treatment – such as care for a substance use disorder or inpatient substance use residential treatment – receive this care through Drug Medi-Cal Organized Delivery System. Each county either has a DMC-ODS plan or participates in Drug Medi-Cal (see below under Fee For Service). If your child is not receiving needed services or has concerns, call your child’s DMC-ODS plan by visiting this webpage for your child’s county DMC-ODS plan’s phone number: <a href="https://www.dhcs.ca.gov/sud-cal">https://www.dhcs.ca.gov/sud-cal</a> .
<b>Dental Managed Care (Dental MC)</b>	Some children in Los Angeles County and the majority of children in Sacramento County receive their dental services through Dental Managed Care plans. This includes twice a year dental check-ups and cleanings and care for oral health. If your child is not receiving needed services or has concerns, call your child’s Dental MC plan. The phone number for your child’s Dental MC managed care plan is on your child’s Dental MC ID card and can be found on your child’s Dental

<sup>2</sup> In managed care, you are also entitled to transportation assistance to get to and from a medical appointment or service, support in scheduling medical appointments or finding a doctor or health care provider, language interpretation services (you should not need to bring your own interpreters to a medical appointment), and help with coordinating care.



	MC plan’s website or by visiting this webpage for your child’s Dental MC plan’s phone number: <a href="https://bit.ly/DMC-Contact">https://bit.ly/DMC-Contact</a> .
<b>Fee For Service System of Care<sup>3</sup></b>	
<b>Medi-Cal Fee For Service</b> (Medi-Cal FFS)	Some children, such as some children enrolled in foster care, receive their physical health services through what is called Medi-Cal FFS . If your child is not receiving these services or has concerns, call 1-800-541-5555 (TDD 1-800-430-7077).
<b>Drug Medi-Cal (DMC)</b>	Some children who require substance use services – such as care for a substance use disorder or inpatient substance use residential treatment – receive this care through Drug Medi-Cal. Each county has a DMC-ODS plan (see above for Medi-Cal Managed Care) or participates in DMC. If your child is not receiving these services or his concerns, call your child’s DMC plan by visiting this webpage for your child’s county DMC plan’s phone number: <a href="https://www.dhcs.ca.gov/sud-cal">https://www.dhcs.ca.gov/sud-cal</a> .
<b>Dental Fee For Service</b> (Dental FFS)	Most children receive their Medi-Cal dental services through Dental FFS. This includes twice a year dental check-ups and cleanings and care for oral health. If your child is not receiving these services or has concerns, call 1-800-322-6384 (TDD 1-800-735-2922) or visit this webpage for more information: <a href="https://smilecalifornia.org">https://smilecalifornia.org</a> .
<b>Medi-Cal Rx</b>	Children receive their Medi-Cal pharmacy services through Medi-Cal Rx. This includes outpatient drugs (prescription and over-the-counter), enteral nutrition products, and medical supplies. If your child is not receiving these services or has concerns, call 1-800-977-2273 or visit this webpage for more information: <a href="https://bit.ly/3D1rQFV">https://bit.ly/3D1rQFV</a>

<sup>3</sup> In fee for service, you are also entitled to transportation assistance to get to and from a medical appointment or service, support in scheduling medical appointments or finding a doctor or health care provider, and language interpretation services (you should not need to bring your own interpreters to a medical appointment).