

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 and 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 and pregnancy-related care
- family planning services
- sexual assault services

Methadone treatment, psychotropic drugs, convulsive therapy, psychosurgery, and sterilization are excluded from the services that 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."

The Medi-Cal regulations and procedures are 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 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.

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 parents or guardian involved. If the parents or guardian do participate in the treatment, they are required to pay for their share of 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' or guardian's knowledge of their child's circumstance in no way affects eligibility for minor consent services, and no contact shall be directed to the parents or guardian(s). A minor must apply for minor consent services. Parent(s) may not apply on behalf of their minor child. 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. Notices of Action (NOAs) shall not be sent to the home address, etc.

2. COUNTY WELFARE DEPARTMENT RESPONSIBILITIES

Minor consent services are supported with State funds only.

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. An 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 is 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 (SSN) for eligibility. If the minor provides their SSN at application, the county is not to use the SSN for screening purposes or for any eligibility determination.** To do so would compromise the minor's confidentiality. 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 501671(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. **Self-attestation is acceptable verification of income and property if the minor does not have the information readily available at application.**

At intake, and every time a minor recertifies for minor consent services (except for outpatient mental health services), they must complete an MC 4026 (Request For Eligibility Limited Services). The Eligibility Worker (EW) 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. The MC 4026 is available for download on the DHCS website.

Minor consent eligibility is for a period of one month, except for covered outpatient mental health services as recommended by a mental health professional. Children receiving minor consent services are required to report

changes, which may impact their eligibility, to their EW in person or by telephone each month.

d. Identification of Types of Minor Consent Services

Children applying for Medi-Cal 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 eligible minor consent services. These aid codes are effective September 1, 1997. 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, family planning, and sexual assault treatment. This aid code is not to be used for outpatient mental health services. This aid code may have a share of cost.
7N	Restricted to pregnant minors of any age, limited to pregnancy and pregnancy-related services. This aid code does not have a share of cost.
7P	Restricted to minors who are at least 12 years of age and limited to sexually transmitted diseases, drug and alcohol abuse, 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 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 entered into Medi-Cal Eligibility Data System (MEDS). The providers have been directed via the provider manual that minors are entitled to the category of service which is transmitted via 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 the requested 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 which states that the child needs mental health treatment or counseling, the estimated length of time treatment will be needed. In addition, the statement must specify that the minor 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.

For purposes of this section, a mental health professional is: a licensed marriage, family and child counselor; licensed clinical social worker; licensed educational psychologist; credentialed school psychologist; clinical psychologist; licensed psychologist; or psychiatrist.

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, 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. The period of time during which a minor can be approved for outpatient mental health services without reporting to their EW in person or via telephone is limited to a maximum of six (6) months. If it is determined that the minor is in need of additional outpatient mental health treatment or counseling services beyond the length of time indicated in the statement originally provided, the minor will need to recertify for Minor Consent services in person or by phone at the county welfare office (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 minor consent cases.**

f. 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 EW 15 screen.

A separate minor consent case does not need to 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. In addition, if a minor is covered under a Managed Care plan the minor should be referred back to the plan for treatment unless the minor is requesting drug/alcohol abuse treatment or mental health treatment. If the minor is enrolled in a Managed Care plan and the minor requests drug/alcohol abuse or mental health treatment, a minor consent application should be taken and processed.

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 requests services related to pregnancy, the unborn is included in the MFBU as an aided child. The maintenance need for two is 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.

g. 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 SSNs. To ensure that minor consent applicants/beneficiaries do not receive mailings from DHCS, the county welfare department must *not* submit a home address to DHCS via MEDS..

h. Other Health Care Coverage

If the minor is included in their parents' MFBU and the child's parent(s) have other health care coverage (OHC), the county must remove the OHC code from the minor's paper immediate need card. County departments shall not report other health care coverage information for children who are applying for minor consent services unless the minor has his/her own OHC through an employer or other accessible source.

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. If there is no further need for a limited service, the county will have to reenter the OHC prior to the next month of eligibility on MEDS. This action assures that services are correctly tied to the OHC.

i. 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.

3. Medi-Cal Provider Responsibilities

California regulations, 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 parent(s) and neither the parent(s) or a public agency will accept legal responsibility for the child.

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

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SECTION: 50147.1; 50163 MANUAL LETTER NO.: 183 DATE: 8/12/97

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DHCS will take necessary precautions to assure that children receiving 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, etc.). Therefore, minors who are issued a paper card copy on their parents' case should not receive a BEOMB.