

Minor Consent Medi-Cal: What It Is & How to Start It at Your SBHC



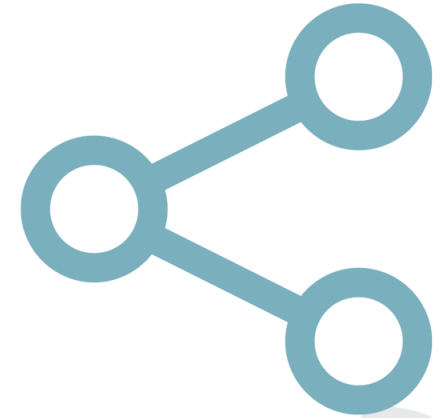


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For higher quality, dial a number based on your current location from your webinar invitation link



The webinar is being recorded



Supporting materials will be shared

Putting Health Care in Schools

The California School-Based Health Alliance is the statewide non-profit organization dedicated to **improving the health & academic success** of children & youth by **advancing health services in schools**.

Learn more:
schoolhealthcenters.org



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Friday, April 29: Full Day Conference

University of Redlands

San Bernardino



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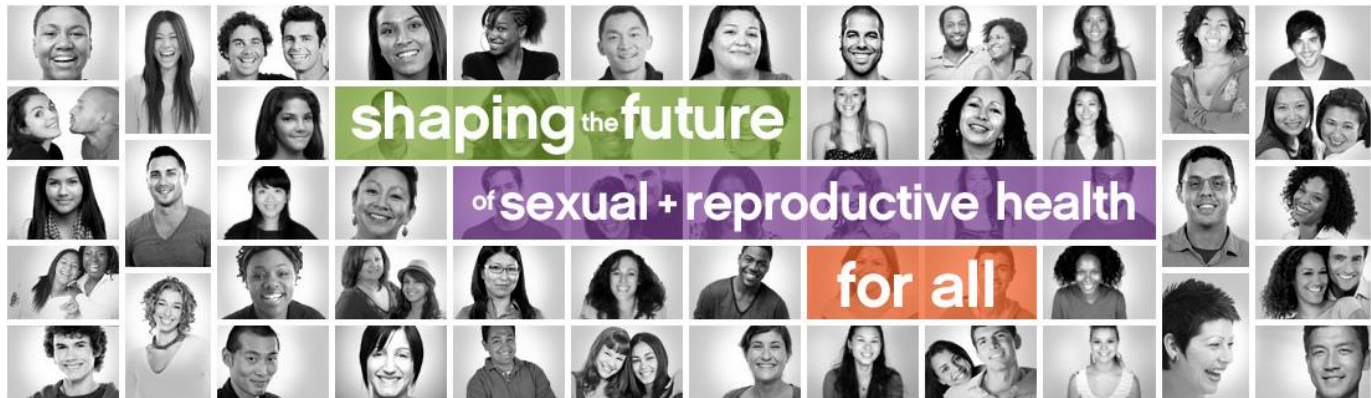
Project Director,
California School-Based
Health Alliance

Youth Access to Sexual + Reproductive Health Care

Sylvia Castillo

Director, Government + Community Affairs

Essential Access Health



MISSION

Essential Access champions and promotes quality sexual + reproductive health care for all

- Clinic Support Initiatives
- Provider Training
- Public Policy + Advocacy
- Public Education + Linkages to Care
- Clinical Research – Nationally recognized research center

Teen Reproductive Health Rights in California

Healthy Teens

Minor Consent Laws

- Empower youth to make health care decisions
- Expand access to time-sensitive care
- Improve overall youth public health
- Provide safety-net for teens in difficult family situations

Teen Rights in California

Any age

- Buy condoms/obtain free condoms
- Any birth control – Plan B, IUDs
- Pregnancy testing + abortion care
- HPV vaccine

✓ Confidential
✓ Regardless of
immigration status

Age 12+

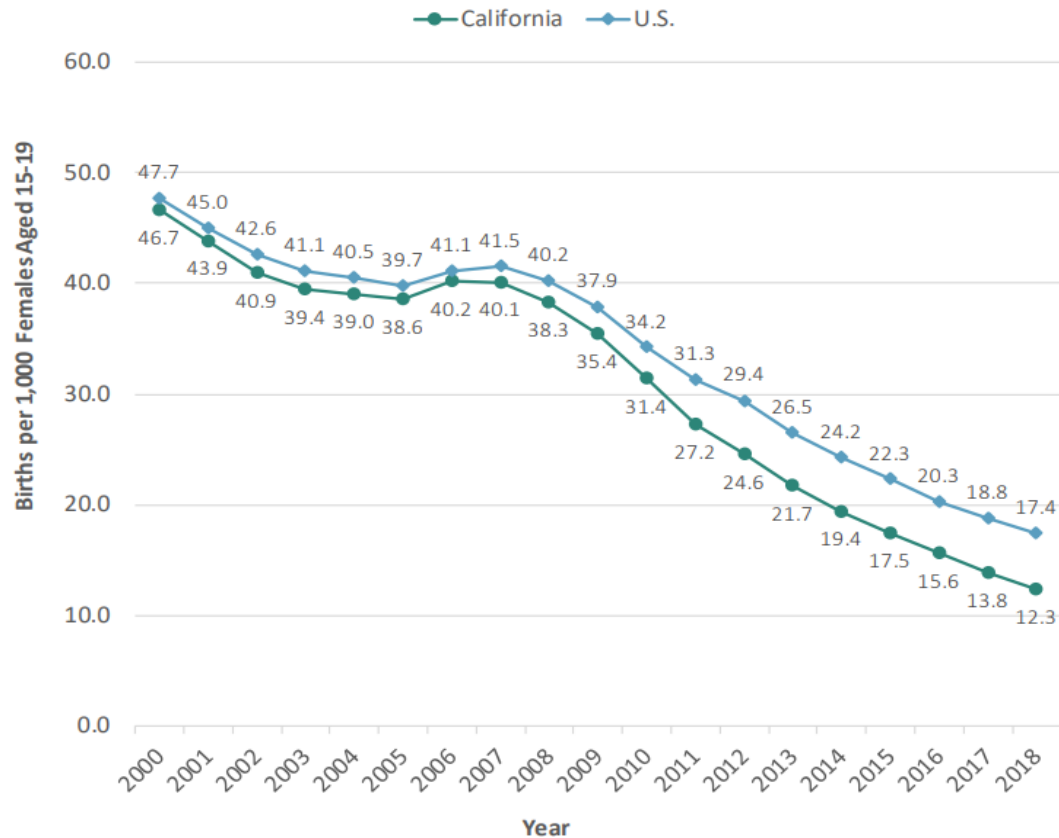
- STI testing + treatment (confidential after age 12)
- Other sensitive services: mental health + substance use disorder treatment

Access Make Rights a Reality

- Free + low-cost care
- Easily accessible
- Confidential

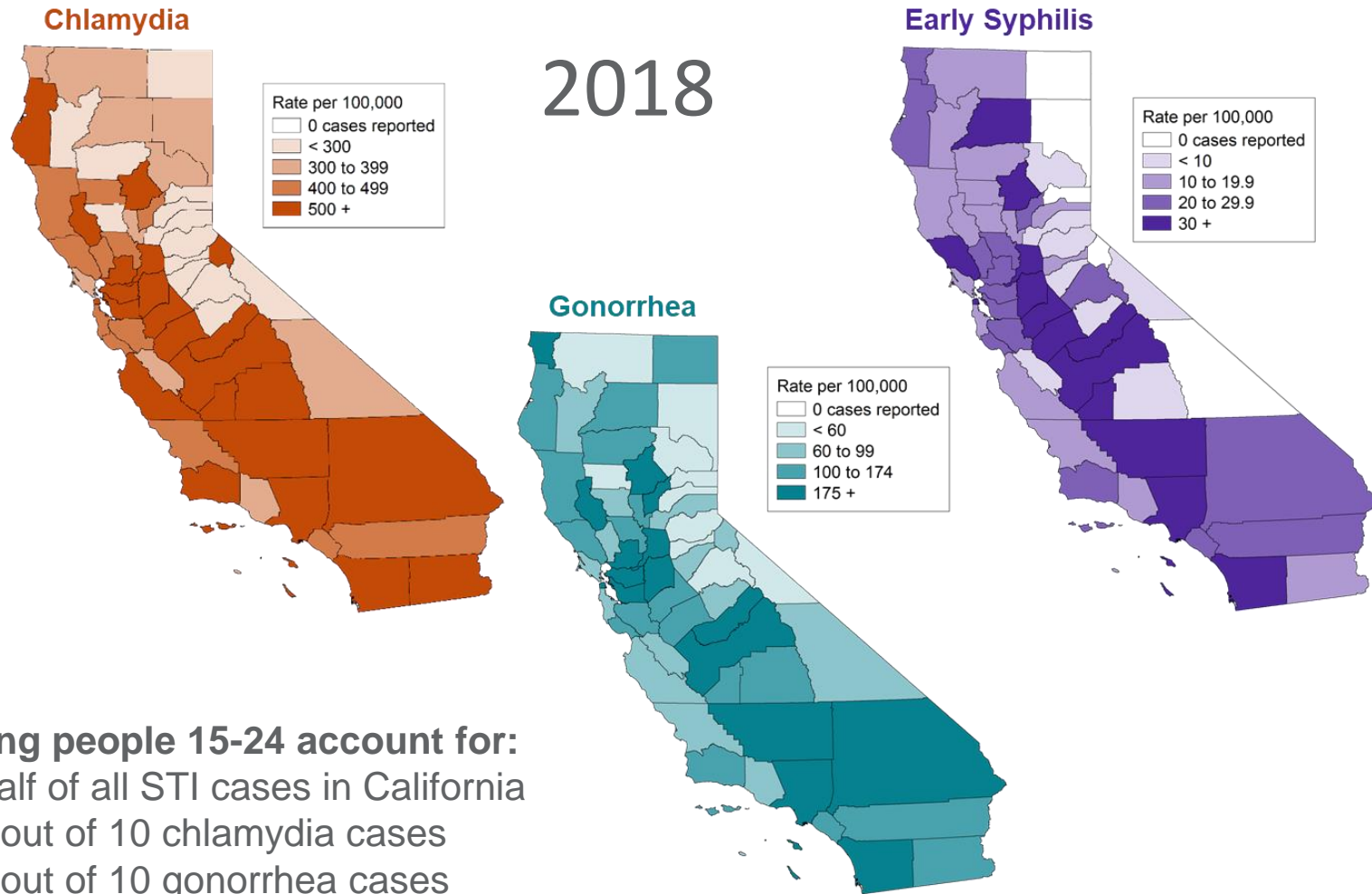
When Access Produces Results

Figure 3: Adolescent Birth Rate among Females Aged 15-19, California and the United States, 2000-2018



- Teen birth rates have declined by 60%
- Disparities remain for Latinx + Black youth

The Epidemic Before the Pandemic



Eligibility: Programs Available for Youth

	Medi-Cal Minor Consent	Family PACT
Purpose	<ul style="list-style-type: none"> Provide access to full range of sensitive services 	<ul style="list-style-type: none"> Provide access to family planning care for those at-risk of experiencing/causing unintended pregnancy
Income requirements	<ul style="list-style-type: none"> Up to 138% of FPL based on individual income Other coverage okay 	<ul style="list-style-type: none"> Up to 200% of FPL Based on family income Uninsured Insured but have confidentiality barriers
Age limit	<ul style="list-style-type: none"> Under 21 years of age 	<ul style="list-style-type: none"> Reproductive age
	Immigration status not an issue	

Covered Benefits	Medi-Cal Minor Consent	Family PACT
Family planning/birth control services	X	X
Pregnancy testing, options counseling	X	X
Abortion care	X	No
HPV vaccine	X	Not yet
STI testing + treatment	X	X
Mental health outpatient care	X	No
Drug + alcohol abuse treatment programs	X	No

The Path Forward: Improving Access for Teens





Expanding Teen Health Access + Equity

- Removing barriers to over-the-counter contraceptives
- STI coverage + care for all
- Expanding condom access for youth
- Improving program enrollment access points

Resources


SEX + HEALTH + YOU

teensource.org®



FIND A CLINIC BIRTH CONTROL STDs RELATIONSHIPS BLOGS KNOW YOUR RIGHTS

WHAT'S HOT



How will you be celebrating Transgender Day of Visibility?!

March 27, 2019


Every year on March 31 , we celebrate trans individuals and acknowledge the...[Read more »](#)

Balance for Better!

March 20, 2019

March is Women's History Month ! According to the official website , this year'...[Read more »](#)


VISIT BLOG



FIND A CLINIC NEAR YOU!

MILES


text hookup to 877877



hookup


info on sex, health & relationships

we'll text you new info every week
standard rates apply
www.teensource.org



STD?


GET IN THE KNOW



Condoms.

Good idea.

Get free condoms here.



[START NOW](#)[HEALTHY RELATIONSHIPS](#)[TEENS + HEALTH CARE](#)[RESOURCES](#)[ABOUT US](#)

"I want my daughter to **get the facts** and know she can always come to me."

Keep your children safe + healthy. . .talk with them about sex!

Be a source of information and support.

As a parent, you want to help your kids stay safe and healthy. **All kids learn about sex somehow, but it makes a difference when they hear it from you.** Talk with your kids openly, honestly and often to help them learn how to prevent pregnancy and the diseases people can get from having unprotected sex.

Here are some basics to get you started:

- **Start now.** The earlier you start, the easier it is. You don't have to be an expert. Just relax and learn with your child.

Share This Page



Resources for You

Talk With Your Kids
Timeline + Tips

Give Your Teen
The Facts

Find a Clinic

Contact Us

There's More at [TeenSource.org](#)

Visit our [teen-friendly site](#) for youth-


essentialacesstraining.org

Login or sign up to access free or discounted courses.




Course Catalog

Click here to see all courses!



Enrollment Key

Start here if you have a key!



New? Sign Up


You may qualify for FREE courses.

Featured Courses



Pregnancy Options Counseling Certification Training - May
Curriculum


\$350.00



Providing Trauma-Informed Care w/ CEs
Curriculum

★★★★★ (5)


\$50.00



STI Health Disparities - Beyond the Individual Patient
Online Course - 33m

★★★★★ (1)


\$15.00



Teen Sexual Health Rights + Mandatory Child Abuse
Curriculum

★★★★★ (4)


\$35.00



LARC Series: Improving Patient Experiences with LARC
Online Course - 2h4m

★★★★★ (2)

\$30.00



Pregnancy Intention + Contraceptive Information:
Online Course - 41m

★★★★★ (11)

\$15.00



Teen Sexual Health Rights + Mandatory Child Abuse
Online Course - 42m

★★★★★ (5)

\$15.00



Preventive Transitions
Online Course

★★★★★

Learn More About Our Trainings + Resources




TeleHealth Essentials



Private Training



Email Sign-Up



Family Planning Manual

Thank You!

Questions?

Stay Connected

Sylvia Castillo

Director, Government + Community Affairs

scastillo@essentialaccess.org

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- essentialaccess.org/sign-up

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Minor Consent Medi-Cal Services



Background

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

Minor Consent eligibility lasts one month. **The minor must recertify with the county (either in person or via telephone) every month to retain services** (except in the case of outpatient mental health treatment).

Minor Consent covers limited services to minors

The appropriate aid code is determined by age and particular services needed.

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.
7N	Restricted to pregnant minors of any age, limited to pregnancy and pregnancy-related services.
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 is the only aid code that includes outpatient mental health treatment.
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

Privacy

All Minor Consent cases are confidential.

- No correspondence should be mailed to minor
 - The minor's address should not be reported to MEDS.
- No contact should be made with minor's parent(s) or guardian(s)
- **None of the following are required:**
 - Social security number or identification
 - Income verification/documentation
 - Pregnancy verification

Minor Consent Intake

The MC 210 application is used for Minor Consent.

Hard copies available at county offices or can be requested via email.

Individuals may apply for Minor Consent coverage in person at the county office **OR** via telephone.

MC 210 English_0210v4.qxd, MC English.Gen.App 2/19/10 4:11 PM, Page 4

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

APPLICATION FOR MEDI-CAL

To complete this form, use the instructions. Print clearly. Use black or blue ink only.

SECTION 1 Tell us about the person who wants Medi-Cal for themselves, their family or children in their care.

1 LAST NAME FIRST NAME MIDDLE INITIAL

2 HOME ADDRESS (NUMBER AND STREET), DO NOT LIST APO BOX UNLESS HOMELESS **3** APARTMENT NUMBER **4** HOME PHONE #

5 CITY/STATE **6** COUNTY **7** ZIP CODE **8** WORK PHONE #

9 MAILING ADDRESS (IF DIFFERENT FROM ABOVE) OR P.O. BOX **10** APARTMENT NUMBER **11** HOME PHONE #

12 CITY **13** ZIP CODE

14 WHAT LANGUAGE DO YOU SPEAK BEST? **15** WHAT LANGUAGE DO YOU HEAR BEST?

SECTION 2 Tell us about the person listed in Section 1, his or her family and the children they care for, even if they don't want coverage.

	Adult 1/Self	Adult 2	Child 1	Child 2	Child 3
16 Name:					
Last					
First					
Middle					
17 Relationship to person in Section 1:					
18 If address where living is not the same as listed in Section 1, put address where living:					
19 Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
20 Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
21 Name of spouse(s) of married minors in the home:					
22 Date of Birth:	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR
23 Pregnant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Due Date:	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR	MO / DAY / YR
25 Has a physical, mental or emotional disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26 Disability expected to last:	<input type="checkbox"/> 30 Days or More <input type="checkbox"/> 12 Months or More	<input type="checkbox"/> 30 Days or More <input type="checkbox"/> 12 Months or More	<input type="checkbox"/> 30 Days or More <input type="checkbox"/> 12 Months or More	<input type="checkbox"/> 30 Days or More <input type="checkbox"/> 12 Months or More	<input type="checkbox"/> 30 Days or More <input type="checkbox"/> 12 Months or More

MC 210 210 APPLICATION

A1

CONTINUED



Minor Consent Intake

MC 4026 – Request for Limited Services

<https://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc4026.pdf>

During intake, EW should review **MC 4026** with minor to ensure that the correct service needed is requested on the form and understands their rights and responsibilities. The **MC 4026** is required at intake and each time a new statement is required from the mental health professional.

A temporary BIC should be printed and provided to minor, and be used as a form of ID.

If the application is over the phone, the eligibility worker should provide the BIC # telephonically, and let the applicant know they can pick it up at the county office. **The BIC should never be mailed to the beneficiary.**

In order to access services, the beneficiary should provide their BIC # to their Medi-Cal provider.

```

* STATE OF CALIFORNIA *
* TEMPORARY BENEFITS IDENTIFICATION CARD *
* =====
*
* === FOR IDENTIFICATION PURPOSES ONLY === *
* === PROVIDER: PLEASE VERIFY ELIGIBILITY === *
* =====
*
* ID NO. BICIDNUMBERXXX ISSUE DATE: MM/DD/YYYY *
* GOOD THRU : MM/DD/YYYY *
* FIRSTNAME I LASTNAME APL *
* F MM/DD/YYYY *
* *
* SIGNATURE _____ *
* *
*
TERMVTAMCICSTRANYYYMMDDHHMMSSDDOPRXXXXDISWRK
R *

```

Outpatient Mental Health Services: Aid Code 7P

- In order to receive outpatient mental health treatment under aid code 7P, an applicant must have a letter from a mental health provider that states 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 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 (to a maximum of 6 months).



Resources

Medi-Cal Eligibility Procedures Manual Article 4V

<https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEPM/4V-MinorConsent-12-16-21.pdf>

Minor Consent Provider Manual

<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/minor.pdf>



Contact

- For additional questions regarding Minor Consent, please contact:
- Lucy Hall Lucy.Hall@dhcs.ca.gov
- Forms can be sent individually to the requesting county.
- **Forms are not authorized to be duplicated or distributed to any other county or outside organization other than the county requesting the forms.**



Q & A Session



Questions and/or
Comments?



STAY CONNECTED



schoolhealthcenters.org



info@schoolhealthcenters.org



[sbh4ca](https://twitter.com/sbh4ca)



[sbh4ca](https://www.instagram.com/sbh4ca)



Gracias

謝謝

Thank you

Cảm ơn

Salamat

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