

Medi-Cal

Full-Scope Medi-Cal

The federal Medicaid program, called Medi-Cal in California, provides health care for California residents who are low-income, blind, elderly, or [disabled](#). Full-scope Medi-Cal covers all medically necessary services for those who qualify, including medical, dental, mental health, and vision care, as well as alcohol and drug use treatment, prescription medications, and more. Medi-Cal is the largest funding source for mental health services for justice-involved youth.

Eligibility

Many youth are categorically eligible for Medi-Cal, including youth in [foster care](#) (i.e. placed in a group home, STRTP, or any non-parent placement through probation), and youth receiving certain benefits such as [CalWORKs](#), [SSI](#), [Kin-GAP](#), and [Adoption Assistance Program \(AAP\) payments](#). Through SB 75, passed in 2015, all otherwise eligible youth under age 19 are eligible for full-scope Medi-Cal coverage regardless of immigration status.¹ Former foster youth who were under placement orders at 18 or older are eligible for Medi-Cal until age 26 regardless of income or assets.² Similarly, youth who are not in foster care are eligible to remain on their parents' health insurance (if applicable) until 26 under the Affordable Care Act. If youth or their families are having difficulties accessing health care, they can contact the Health Consumer Alliance, which has state-funded advocates in every county and a statewide toll free number (888-804-3536) providing assistance.

Some youth are categorically excluded from Medi-Cal, particularly youth in secure institutions (e.g., juvenile hall, camps, ranches) who are not eligible to receive Medi-Cal benefits while in a locked facility.³ This means health-related services, including mental health services, that could otherwise be billed to Medi-Cal have to be provided through other funding sources. Statutory procedures try to ensure minimal disruption to Medi-Cal eligibility for youth who exit juvenile hall. SB 1147, passed in 2009, mandates that Medi-Cal coverage be temporarily suspended—but not terminated—when a beneficiary is placed in a secure public institution. This change allows Medi-Cal coverage to automatically be re-activated upon a youth's release from secure placement.⁴

Although restoration of Medi-Cal coverage is supposed to be automatic, jurisdictions vary on whether and how they ensure restoration. San Francisco County is one jurisdiction that has a proactive process to reinstate Medi-Cal upon a minor's release from a secure facility. In the 45-90 minutes it takes to discharge a youth from juvenile hall, there is an opportunity to connect the youth and their family to comprehensive community-based services. During this discharge time, an onsite Child Welfare administrator completes the paperwork to reinstate the youth's Medi-Cal.

Eligible youth can get Medi-Cal even if they are covered by other health insurance (e.g., are on parent's insurance but are in foster care/out-of-home placement). Medi-Cal calls this

“other health coverage” (OHC), and requires a beneficiary to use OHC first, but this rule cannot interfere with getting needed health care. If youth are in foster care, including out-of-home orders through probation, the state will hide (suppress) the OHC on the youth’s Medi-Cal records. If youth are not in foster care and OHC is keeping them from getting health care (for example, because a needed service is not covered by the OHC), they may be able to get the OHC suppressed. Youth with OHC who have trouble getting needed services may contact the Foster Care Ombudsman or the Health Consumer Alliance for assistance.

Services

All beneficiaries can get regular Medi-Cal services, including:

- Outpatient (ambulatory) services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription drugs;
- Programs such as physical and occupational therapy (known as rehabilitative and habilitative services) and devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management;
- Some dental services; and
- Transportation to the doctor.

A chart of Medi-Cal services is on the [California Department of Health Care Services website](#).

Early and Periodic Screening, Diagnostic and Treatment services (EPSDT)

Youth under 21 can get the regular Medi-Cal services outlined above as well as [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\)](#) services. These services include regular medical check-ups and dental, vision, and hearing screens. Health screens help to identify other needed services, such as a referral to a doctor for specialized treatment or for additional assessments.

For example, youth can get:

- Vision services, including diagnosis and treatment for defects in vision, including eyeglasses.
- Dental services, including services that include relief of pain and infections, restoration of teeth, and maintenance of dental health. This includes preventive dental services and braces if needed to preserve dental health. In California, the

section of the Department of Health Care Services responsible for dental services is called Denti-Cal.

- Hearing services, including diagnosis and treatment for defects in hearing, including hearing aids.

In California, there are some limits on the services adults can receive under Medi-Cal, but these limits do not apply for youth under 21, unless the state determines that the assessment or treatment is not medically necessary.

EPSDT also covers mental health services. Most mental health services for youth are delivered by county mental health either directly or through a contract with community-based providers. EPSDT also requires that Medi-Cal programs engage in outreach, screening, and notification of services for eligible children and families, and that they offer scheduling, transportation, referral, and appointment follow-up assistance. Because EPSDT Specialty Mental Health Services are a federal entitlement, any service necessary to correct or ameliorate a disability that is medically necessary is legally required—even if that service is not currently in the State plan.

Special mental health services like Therapeutic Behavioral Services (TBS)⁵ (also known as *Emily Q.* services) and [Pathways to Well-Being](#) services (also known as *Katie A.* services) help youth with emotional or mental health problems stay in their communities. Therapeutic Behavioral Services provide a one-to-one aide. Youth can get TBS if they are in a mental health placement, have recently been in a psychiatric hospital, or are at risk of needing a mental health placement. Pathways to Well-Being services are intensive mental health services for children in foster care or at risk of needing foster care. They include intensive care coordination, intensive home-based services, and therapeutic foster care. For more information, see the [Community-Based Mental Health Services Through Medi-Cal EPSDT](#) section of this toolkit.

Medi-Cal EPSDT providers offer two key benefits for all eligible children:

1. *Comprehensive Screening Services* that include, at a minimum, medical, dental, vision, and hearing; developmental history; physical exam including assessment of nutritional status, immunizations, laboratory tests, health education, lead screenings. Screenings must follow a preset periodicity schedule, as well as when needed.
2. *All Medically Necessary Services* to provide medical, diagnostic, and treatment services in order to “correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.”⁶ These include dental services, prescription drugs, physical therapy, and medical equipment.

In 2012, California transferred oversight of a number of health and mental health programs, including EPSDT mental health services, to the counties. Under this realignment, counties receive an annual allocation from the state based on historical spending and county demographics for EPSDT mental health services. County behavioral health departments are responsible for using this allocation to provide EPSDT mandated services.

For counties spending above their allocation, the state augments the realigned funds with additional reimbursements.⁷

By accessing these Medi-Cal funded intensive mental health services outside of the institutional walls of detention facilities or group homes, juvenile probation departments and divisions can help ensure, when appropriate, that youth can access the mental health services they need without ordering the much more expensive institutional placement of youth as a means to provide therapeutic services.

More Information

Covered California

<http://www.coveredca.com>

Children Now Webinar (February 27, 2014) – Medi-Cal Coverage for Former Foster Youth
<http://www.childrennow.org/files/6614/2913/2227/Medi-Cal-Coverage-FFY.pdf>

DHCS Flyer – Medi-Cal Eligibility for Former Foster Youth

http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/FFY/FFY_Flyer_EW.pdf

California Health Care Foundation – Share of Cost (SOC) Medi-Cal

<http://www.chcf.org/publications/2010/09/share-of-cost-medical>

The People's Guide to Welfare, Health, & Other Services (36th Edition 2015 Los Angeles County)

https://d3n8a8pro7vhmx.cloudfront.net/hungeractionla/pages/28/attachments/original/1423592735/2015_English_Peoples_Guide.pdf?1423592735

¹ California Department of Health Care Services, *SB 75: Full-Scope Medi-Cal Coverage for All Children - Frequently Asked Questions*, http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SB75_FAQ_1.aspx#MHS.

² See Welf. & Inst. Code § 14005.28. Administratively, this means it is important to ensure that the youth have Medi-Cal coded to 4M when they age out or opt out of extended foster care. For guidance on eligibility and enrollment, DHCS has produced a flyer, available at http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/FFY/FFY_Flyer_EW.pdf.

³ However, they may be eligible for Medi-Cal coverage if they are transported to a health care facility for emergency services.

⁴ California Department of Health Care Services, All-County Welfare Directors Letter No. 10-06: Suspension of Medi-Cal Benefits for Incarcerated Juveniles (March 23, 2010), available at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c10-06.pdf>; see also All-County Welfare Directors Letter No. 14-26: Implementation of Assembly Bill (AB) 720 – Suspension of Medi-Cal Benefits for All Inmates and Other Requirements (May 6, 2014), available at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/ACWDL2014/14-26.pdf>.

⁵ More information on Therapeutic Behavioral Services can be found California Department of Health Care Services, *Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)*, <http://www.dhcs.ca.gov/services/MH/Pages/EPSDT.aspx#tbs>.

⁶ 42 U.S.C § 1396d(r)(5).

⁷ Currently a county needs to exhaust the realigned funding in all five parts of the Behavioral Health Subaccount before it is eligible for an increase in the base allocation in subsequent years. The five components of the behavioral health subaccount are Specialty Mental Health Services (SMHS), which include EPSDT, Drug Medi-Cal, non-Drug Medi-Cal substance abuse programs, drug courts, and perinatal drug services and treatment. See Government Code 30025. In fiscal year 2016-17, the behavioral health subaccount statewide allocation was more than \$1.3 billion.