Medi-Cal for Kids & Teens

Your Medi-Cal Rights

Please keep!

Important information to help children and youth to age 21 get all the care they need

What services can children and youth get if they are in Medi-Cal?

Under California and federal law, all children and youth to age 21 enrolled in Medi-Cal have the right to regular **check-ups** and other **preventive** and **treatment** services needed to stay or get healthy.

This right is known in federal law as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement. It ensures that every child enrolled in Medi-Cal gets the care they need to grow up as healthy as possible. In California, EPSDT is called **Medi-Cal for Kids & Teens**.

The services are **free**, unless the child or youth was found to have a Share of Cost or a premium when they qualified for Medi-Cal.

Medi-Cal for Kids & Teens must cover these services if needed, without limits:

- Physical health services, including primary care and specialist visits
- Vision services, including eyeglasses
- Hearing services
- Dental check-ups and follow-up services*
- Mental health and drug or alcohol addiction services, including therapy
- Physical, occupational, and speech therapy
- Medical equipment and supplies, such as wheelchairs, including durable medical equipment
- Medication, both over-the-counter and prescribed
- Lab tests, including blood tests to check lead levels and sexually transmitted infection (STI) testing, and any needed follow-up care
- Home health services, including nursing care
- Hospital and residential treatment
- Reproductive and sexual health services, such as birth control and abortion care
- Pregnancy check-ups
- COVID-19 testing and treatment
- Care coordination, if enrolled in a managed care plan
- All other needed medical services that can be covered under Medi-Cal (known as “medically necessary services”) as determined by your medical provider

* Some members may only qualify for emergency dental services

If you need this letter or any Medi-Cal materials in an alternative format such as larger font, audio format, CD, or braille, call 1-833-284-0040. For language assistance, call the Medi-Cal Member Hotline at 1-800-541-5555 (TDD 1-800-430-7077).

Children and youth have the right to free supports to get care, such as:

- Getting a free ride to and from your appointment or to pick up medication, medical equipment, and supplies
- Support in making medical appointments
- Help finding a doctor or health care provider
- Language interpretation services (you should not need to bring your own interpreter to a medical appointment)

What does "medically necessary" mean?

For children and youth, **medically necessary** means the services needed to treat, correct, manage, or improve an illness or health condition.

Your child's doctor or health care provider usually decides if something is medically necessary.

Some services may need pre-approval. If services are medically necessary for children or youth to age 21, the number of services or treatments cannot be limited. For example, a child cannot be limited to one pair of glasses every two years. If a child has glasses but has trouble seeing, they have a right to a new prescription and new glasses when necessary.

BOX 1

Your child's Medi-Cal



Children and youth in Medi-Cal get their benefits in one of these two ways:

1. **Managed care** by a health insurance plan, mental health plan, or dental health plan, **or**
2. **Fee for service** by the California Department of Health Care Services (DHCS), the State Medi-Cal agency

This document explains what to do if an enrolled child or youth does not get a needed service through **managed care** or **fee for service**. It explains how to:

- File an appeal
- Ask for a State Hearing
- Submit a grievance

For help getting services or for questions about your benefits, call the Medi-Cal Member Help line at **1-800-541-5555**.

What should you do if your child's care is denied, delayed, reduced, or stopped?

If your child's care is denied, delayed, reduced, or stopped and you do not agree with the decision as described in your written notice, you can ask to have the decision reviewed and reversed.

This is to support your child in getting the care they need and have the right to get. Your child has the right to file an **appeal**, ask for a **State Hearing**, or submit a **grievance**. There is no penalty for taking any of these actions.

Whether your appeal, State Hearing, or grievance succeeds or not, your child's Medi-Cal coverage will **not** end because you took any of these actions.

An **appeal** requires your child's managed care plan to review any service denial, delay, reduction, or stopping to find out if they agree with you.

A **State Hearing** is a chance to speak before a judge to review a decision your child's managed care plan or DHCS (the State Medi-Cal agency) made that you disagree with.

A **grievance** is for any matter you are not satisfied with or do not agree with that an appeal or State Hearing does not cover. It is for issues or concerns with your child's managed care plan or DHCS that are not a denial, delay, reduction, or stopping of services.

You may also submit a grievance to your child's managed care plan for complaints related to your child's covered services, including quality of care or access to care.

How to file an appeal, ask for a State Hearing, or submit a grievance

Read the written notice. If a managed care plan, DHCS (the State Medi-Cal agency), or provider denies, reduces, or stops your child's services, they must send a written Notice of Action (also called "Notice of Adverse Benefit Determination") with their decision.

You must get this notice at least **10** days before your child's treatment or service will be reduced or stopped. The notice explains:

- Why and how your child's managed care plan or DHCS made its decision
- Your child's rights
- How to file an appeal or ask for a State Hearing

If you disagree with the decision, it is important to appeal **before** the services stop or are reduced so they can continue during the appeal or State Hearing.

If you did <u>not</u> get a notice, call the Health Consumer Alliance (HCA) number on page 4. You can still file an appeal if you did not get a notice. To learn how to file an appeal, ask for a State Hearing, or submit a grievance, read the remaining pages.

How to get help

Medi-Cal Member Help Line

The Medi-Cal Member Help Line provides free support. They can connect you to your local Medi-Cal office, your managed care plan, or to other Medi-Cal resources to help answer your questions about Medi-Cal.

- Phone: 1-800-541-5555
- Online: www.dhcs.ca.gov/myMedi-Cal

Health Consumer Alliance (HCA)

HCA gives free phone or in-person help to Medi-Cal enrollees to resolve health problems. They may also be able to connect you with free resources to help address legal issues related to health care.

- Phone: 1-888-804-3536
- Online: healthconsumer.org

BOX 2

If you think a decision is wrong



If you believe your child's Medi-Cal was wrongly stopped or your child was wrongly found not eligible for Medi-Cal:

- Follow the instructions on the notice to appeal, **or**
- Find your local county human services agency at dhcs.ca.gov/COL

What are your child's rights in Medi-Cal managed care?

The following information on pages 5-8 applies to all managed care systems in Medi-Cal. Most children enrolled in Medi-Cal get their care through a **Medi-Cal managed care plan**. The plan is for physical health services. It is also for limited mental health services called "non-specialty mental health services."

Other managed care systems include:

- **Specialty Mental Health Services** for intensive behavioral health services through a separate mental health plan.
- **Drug Medi-Cal Organized Delivery System** for drug and alcohol addiction treatment.
- **Dental Managed Care** for dental care in Los Angeles and Sacramento counties. Read **Table 1** on page 8.

If your child has problems getting or keeping a service you think one of the plans above should cover, read below. If your child is not in a plan, read about **fee for service** on page 9.

What can you do if your child's care is denied, delayed, reduced, or stopped in managed care?

File an appeal with your child's managed care plan

You must start by filing an **appeal** with the managed care plan. To find your plan, go to www.dhcs.ca.gov/mmchpd. An appeal requires your child's plan to review any service denial, delay, reduction, or stopping to find out if they agree with you. You must file the appeal before you can ask for a State Hearing.

- After your child gets the written Notice of Action from their managed care plan, you can file an appeal. You may also file an appeal if you did **not** get a Notice of Action.
- You have **60** calendar days after you get the Notice of Action to file an appeal with the managed care plan. You can file an appeal with the plan in writing, by phone, or online. You can find contact numbers in **Table 1** on page 8.
- If the Notice of Action says that a service your child already gets will stop or be reduced, you may also ask that your child keep getting the service during the appeal. This is called **continuation of benefits**. To learn how to ask for this, read **Box 3** on this page.

BOX 3

How to ask for a continuation of benefits in managed care



If the notice says that a service your child already gets will stop or be reduced, you can ask for a **continuation of benefits** (also called "Aid Paid Pending") for your child during the appeal or State Hearing.

- You must appeal or ask for a State Hearing **before** the service stops or is reduced.
- The managed care plan must give you written notice at least **10** calendar days before they plan to stop or reduce the service for your child.

- Your child's managed care plan must acknowledge the appeal in writing within **5** calendar days of the date they get the appeal. The plan must also tell you the name, phone number, and address of the person at the plan who can tell you more about the appeal and its status. The plan must send you a written decision within **30** calendar days of the appeal request. This is called a Notice of Appeal Resolution.
- If your child's situation is urgent and waiting 30 days will make their condition worse, you can ask for an **expedited** (faster) decision. For how to do this, read **Box 4** on this page.
- You can contact your child's managed care plan with questions about your child's appeal at any time. For contact numbers, read **Table 1** on page 8.
- Your child's managed care plan may include a process called an Independent Medical Review Board. Your child's Notice of Action will explain this process. If your child's managed care plan offers this process, it would be after you complete your child's appeal. To learn more about the Independent Medical Review Board, call the California Department of Managed Health Care at 1-888-466-2219 (TDD 1-877-688-9891). Or, go to https://bit.ly/IMRCR.

BOX 4

Expedited (faster) appeal or State Hearing



If your child needs an **expedited** (faster) appeal or State Hearing because your child's life, health, or ability to function is in danger, call **1-800-743-8525**.

You can read more in your Member Handbook on how to ask for an expedited process.

Ask for a Medi-Cal State Hearing

If the managed care plan's appeal process is complete and you still disagree with the plan's decision, you can ask for a **State Hearing** for your child. You can also ask for a State Hearing if your child's managed care plan does not send a notice about your child's right to appeal or does not send it in a reasonable time.

The State Hearing is a chance to speak before a judge to review the managed care plan's decision that you disagree with. The judge works for the California Department of Social Services, not for your child's plan.

- You must ask for a State Hearing within **120** calendar days of the date you get the managed care plan's written decision on your child's appeal. An impartial judge will review your child's case. If the decision you asked for a hearing on stops a service your child already gets, you may also ask for a continuation of benefits for your child. Read **Box 3** on page 5.
- You may ask for a State Hearing by phone, mail, fax, or online. Call 1-800-743-8525. Or, go to www.cdss.ca.gov/hearing-requests.
- You have the right to bring a person to represent you at your child's State Hearing. You can bring a friend, relative, attorney, or anyone you choose. To learn how to get free legal help, read **How to get help** on page 4.
- You do not have to pay for a State Hearing. It is free.

- The State has **90** calendar days after the date of your child's request for a State Hearing to make a final decision. If your child needs services right away and waiting 90 days will make their condition worse, you can ask for an **expedited** (faster) decision. Read **Box 4** on page 6.
- For more help, read the notices from your child's managed care plan. Or, call 1-800-743-8525. Or, go to www.dhcs.ca.gov/fair-hearing.

Contact the Ombudsman

An **Ombudsman** is a person who works for DHCS (the State Medi-Cal agency). Their job is to help you and your child work with your child's managed care plan. They will listen and help answer your questions. They also review problems, explain benefits, and suggest options with you. You can call the Ombudsman at any time. This includes when your child got a notice, filed an appeal, asked for a State Hearing, or submitted a grievance. The Ombudsman is only for people enrolled in a managed care plan.

You can contact the Ombudsman by:

- Phone: 1-888-452-8609
- Email: MMCDOmbudsmanOffice@dhcs.ca.gov
  - » Do not put personal health information in an email.

To learn more about the Ombudsman, go to www.dhcs.ca.gov/ombudsman.

What if you are not happy with your child's care, doctor, or health care provider in managed care?

Submit a grievance

If a doctor treated your child poorly or rudely, or you are not satisfied with the quality of care, or you cannot find a doctor, you can submit a **grievance** for your child. A grievance is for any disagreement on anything an appeal or State Hearing does not cover. It is for issues or concerns that do not deny, delay, reduce, or stop any of your child's services. You may also submit a grievance to your child's managed care plan for complaints related to your child's covered services, including quality of or access to care.

- You may submit a grievance for your child any time. You can submit it by phone, or in writing online or by mail. To submit a grievance, contact your child's managed care plan. For contact numbers, read **Table 1** on page 8.
- Your child's managed care plan must acknowledge your grievance in writing within **5** calendar days of the date they get it. This must include the name, phone number, and address of the person at the plan who can tell you more about your child's grievance and its status.
- Your child's managed care plan has **30** calendar days from the date you submit the grievance to resolve your child's grievance.

Who should you contact with questions?

TABLE 1

Managed care systems overview and contact information

Medi-Cal Managed Care (MCMC)

Most children get most of these services through Medi-Cal managed care plans:

- Physical health needs, such as well-child check-ups and shots
- Non-specialty mental health needs, such as therapy and medication
- Care coordination

If your child is not getting needed services or has concerns, call your child's Medi-Cal managed care plan. The plan's phone number is on your child's plan ID card. It is also on the plan's website. You can also find their phone number at www.dhcs.ca.gov/mmchpd. Or, call 916-449-5000.

Specialty Mental Health Services (SMHS)

Some children who need specialty mental health services, such as care for a serious mental health condition, get this care through Specialty Mental Health Services. Each county has a mental health plan.

If your child is not getting needed services or has concerns, call your child's county mental health plan. You can find the phone number at www.dhcs.ca.gov/CMHP.

Drug Medi-Cal Organized Delivery System (DMC-ODS)

Children who need substance use services such as drug or alcohol treatment, including counseling and other clinical treatments, such as inpatient drug or alcohol residential treatment, when necessary, get this care through the Drug Medi-Cal Organized Delivery System. Each county either has a DMC-ODS plan or is in Drug Medi-Cal. To learn more on Drug Medi-Cal, read **Table 2** on page 11.

If your child is not getting needed services or has concerns, call your child's DMC-ODS plan. Find the phone number at www.dhcs.ca.gov/sud-cal.

Dental Managed Care (Dental MC)

Some children who live in Los Angeles County or Sacramento County get dental services, including dental check-ups and cleanings twice a year and oral health care, through Dental Managed Care plans. Children who live in all other counties get their dental care through Dental Fee for Service (Dental FFS). To learn more on Dental FFS, read **Table 2** on page 11.

If you live in Los Angeles or Sacramento and your child is not getting needed services or has concerns, call your child's Dental MC plan. The phone number is on your child's Dental MC ID card. It is also on your child's Dental MC plan's website. Or, call 1-800-322-6384. You can also find the plan's phone number at https://bit.ly/DMC-Contact.

What are your child's rights in Medi-Cal Fee For Service?

The following information on pages 9-11 applies to Medi-Cal Fee For Service (FFS). Some children enrolled in Medi-Cal get their care through FFS. FFS is also called "regular" Medi-Cal. Children in FFS get their care through DHCS (the State Medi-Cal agency). No managed care plan is involved. FFS includes Medi-Cal FFS for physical health services and a limited set of mental health services called "non-specialty mental health services," Drug Medi-Cal for drug and alcohol treatment services, Dental FFS for dental care,* and Medi-Cal Rx for medications. To learn more, read **Table 2** on page 11.

If your child has problems getting or keeping a service that you think DHCS should cover, read below. Even if your child is not in a managed care plan, if your child needs care for a serious mental health condition, they will get this care through a Specialty Mental Health Services mental health plan. To learn more and find out where to call for help from the county's mental health plan, read **Table 1** on page 8.

What can you do if your child's care in FFS is delayed, denied, reduced, or stopped?

Ask for a Medi-Cal State Hearing

A **State Hearing** is a chance to speak before a judge to review the decision by DHCS that you disagree with. This includes any service denial, delay, reduction, or stopping. The judge works for the California Department of Social Services, not DHCS.

- After your child gets the Notice of Action from DHCS, you may ask for a State Hearing. You may also ask for a State Hearing if you did not get a Notice of Action.
- You must ask for a State Hearing within **90** calendar days of the date you get the written Notice of Action by DHCS. An impartial judge will review your child's case. You may also ask for a State Hearing at any time without a Notice of Action. If the decision you asked for the hearing on would stop a service your child already gets, you may ask for a continuation of benefits for your child. Read **Box 5** on this page.
- You may ask for a State Hearing by phone, mail, fax, or online. Call 1-800-743-8525. Or, go to www.cdss.ca.gov/hearing-requests.
- You have the right to bring a person to represent you at the hearing. You can bring a friend, relative, attorney, or anyone you choose. For free legal help, read **How to get help** on page 4.

BOX 5

How to ask for a continuation of benefits in fee for service



If the notice says the service your child already gets will stop or be reduced, you may also ask for a **continuation of benefits** (also called "Aid Paid Pending") during the State Hearing.

- You must ask for the State Hearing **before** the service stops or is reduced.
- DHCS must give you written notice at least **10** calendar days before they plan to stop or reduce the service for your child.

* Some members may only qualify for emergency dental services

- You do not have to pay for a State Hearing. It is free.
- The state has **90** calendar days after the date of your child's request for a State Hearing to make a final decision. If your child needs services right away and waiting 90 days will make their condition worse, you can ask for an **expedited** (faster) decision. Read **Box 6** on this page.
- For more help, read the notices your child got from DHCS. Or, call 1-800-743-8525. Or, go to www.dhcs.ca.gov/fair-hearing.

BOX 6

Expedited (faster) appeal or State Hearing



If your child needs an **expedited** (faster) State Hearing because your child's life, health, or ability to function is in danger, call 1-800-743-8525.

What if you are not happy with your child's care, doctor, or health care provider in FFS?

Submit a grievance

If a doctor treated your child poorly or rudely, or you are not satisfied with the quality of care, or you cannot find a doctor, you may submit a **grievance** for your child. A grievance is for any disagreement on anything a State Hearing does not cover. It is for issues or concerns that do **not** deny, delay, reduce, or stop any of your child's services.

- You may submit a grievance for your child for Drug Medi-Cal, Dental FFS, or Medi-Cal Rx at any time. You can submit it by phone, or in writing online or by mail. To submit a grievance, contact Drug Medi-Cal, Dental FFS, or Medi-Cal Rx. For contact numbers, read **Table 2** on page 11. There is **no** grievance process for Medi-Cal FFS for physical health services and non-specialty mental health services.
- DHCS must acknowledge your grievance in writing within **5** calendar days of the date they get it. It must include the name, phone number, and address of the person at DHCS who can tell you more about your child's grievance and its status.
- DHCS has **30** calendar days from the date 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.

Who should you contact with questions?

TABLE 2

Fee for service overview and contact information

Medi-Cal Fee For Service (Medi-Cal FFS)

Some children, such as some children in foster care, get their physical health services through Medi-Cal FFS.

If your child is not getting these services or has concerns, call 1-800-541-5555 (TDD 1-800-430-7077).

Drug Medi-Cal (DMC)

Children who need substance use services such as drug or alcohol treatment, including counseling and other clinical treatments, such as inpatient drug or alcohol residential treatment, when necessary, get this care through Drug Medi-Cal. Each county either has a DMC-ODS plan or is in DMC. To learn more on DMC-ODS, read **Table 1** on page 8.

If your child is not getting these services or has concerns, call your child's DMC program. To find the phone number, go to www.dhcs.ca.gov/sud-cal.

Dental Fee For Service (Dental FFS)*

Most children get their Medi-Cal dental services through Dental FFS. This includes dental check-ups and cleanings twice a year and oral health care.

If your child is not getting these services or has concerns, call 1-800-322-6384. To learn more, go to smilecalifornia.org.

Medi-Cal Rx

Children get their Medi-Cal pharmacy services through Medi-Cal Rx. These include prescription and over-the-counter outpatient drugs, enteral nutrition products such as a feeding tube, and medical supplies.

If your child is not getting these services or has concerns, call 1-800-977-2273. Learn more at https://bit.ly/3D1rQFV.

* Some members may only qualify for emergency dental services