

## 39. Minor Consent



### 39.1 Background

#### 39.1.1 State Law [50147.1 Proc. 19B-1]

State law provides that a minor may, without parental consent or knowledge, receive services related to sexual assault, pregnancy, family planning, sexually transmitted diseases, drug or alcohol abuse and outpatient mental health care. To consent to receive services related to sexually transmitted diseases, drug or alcohol abuse, or outpatient mental health care, the minor must be 12 years of age or older. (There are no age restrictions for services related to sexual assault, pregnancy or family planning.) These services are referred to as “Minor Consent Services.”

State law further provides that persons under 21 years of age may apply for Minor Consent Services (MCS) without their parents' consent or knowledge. The parents ARE NOT required to contribute to the cost of minor consent services.



### 39.2 Definition of Minor Consent Services [50063.5]

Minor Consent Services (MCS) means services related to:

- Sexual assault
- Drug or alcohol abuse for children 12 years of age or older (Methadone treatment is excluded from the services which a minor may receive without parental consent.)
- Pregnancy
- Family planning
- Sexually transmitted diseases for children 12 years of age or older

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- Outpatient Mental health care for children 12 years of age or older who are:
  - Mature enough to participate intelligently, AND
  - Which is needed to prevent the child from seriously harming himself/herself or others, or because the child is the alleged victim of incest or child abuse.

**Reminder:**

Children under 12 years of age are NOT eligible for Minor Consent Services related to drug or alcohol abuse, a sexually transmitted disease or for outpatient mental health care. Make a referral for Child Welfare Services if abuse or neglect is suspected.

**39.2.1 Definition of “Child” for Minor Consent [50030, 50351]**

The following persons are by Medi-Cal definition considered a “child”:

- Any person under 21 years of age living with parent(s) or caretaker relative

**Exception:**

Blind or disabled persons 18 to 21 years of age living at home and not in school are considered adults.

- A person 18-21 years of age, married or unmarried, who is living away from home (i.e. attending school) and who IS BEING CLAIMED AS A TAX DEPENDENT by parent(s) is a child.
- A person 14-18 years of age living away from home and who has a parent, caretaker relative or legal guardian handling ANY of his/her financial affairs

**Note:**

A person 14-18 years of age living away from home and handling all of his/her own affairs is considered AN ADULT, regardless of tax dependency and is not eligible for Minor Consent.

- An unborn is considered a child for Medi-Cal purposes.



## 39.3 Who Can Apply

### 39.3.1 A Child [50147.1, 50163 Proc. 19-B]

A person who is a child (by Medi-Cal definition) may apply for Medi-Cal without parental consent or knowledge in order to receive Minor Consent Services. [Refer to “Definition of “Child” for Minor Consent [50030, 50351]”, page 39-2.]

### 39.3.2 Incompetent Child

When a child is not competent to complete or sign required forms or provide a statement of need for mental health, the following persons may do so on the child's behalf:

- If the child has a conservator, guardian or executor, then the conservator, guardian or executor shall complete and sign the necessary forms.
- If the child has no spouse, conservator, guardian or executor:
  - The county shall evaluate and determine the child's need for protective services.
  - The SAWS 1, MC 4026, MC 13, and Statement of Facts (and any other necessary forms) may be completed and signed by a relative, a person who has knowledge of the child's circumstances, or a representative of a public agency or the county department.

**Exception:**

In rare situations, a parent may complete the Minor Consent application process for an incompetent child when the need for confidential services exists.

**NOTE:** In order to be eligible for Minor Consent mental health services, a provider statement confirming that, in part, the applicant is “mature enough to participate intelligently in the mental health treatment” is required. This means that there should be NO situations where parents are applying for Minor Consent mental health services because their child is incompetent. The child must be competent and must apply on his/her own behalf, when an application for Minor Consent, mental health services is made.

**Minor Consent****39.3.3 Parents on Behalf of Competent Child**

Parents cannot complete the Minor Consent application process on behalf of their competent child. One parent may, however, accompany a minor to apply for MCS when there is a need or desire to maintain confidentiality with the other parent.

Parents may sign an "Application for Cash Aid, Food Stamps and Medi-Cal" (SAWS 1) form for the Minor Consent Program for their child. However, the competent child must complete and sign the "Request for Eligibility for Limited Services" (MC 4026) and the Medi-Cal Statement of Facts (MC 210).

Parents may, at their child's request, attend and assist in the Minor Consent application process, but cannot sign or complete the MC 4026 or MC 210.

**39.3.4 Adults [50147.1]**

A person under 21 years of age who is an adult (by Medi-Cal definition) is not eligible for Minor Consent Services. Process "regular" Medi-Cal for this person.

**Example:**

A unmarried 16 year old person living away from home, with no person or agency accepting legal responsibility, is an adult by Medi-Cal definition. Process "regular" Medi-Cal, NOT Minor Consent Services.

**Example:**

A married 17 year old person living with parents, whether or not claimed as a tax dependent, is a child by Medi-Cal definition. Process Minor Consent Services, if requested.

**Example:**

An 18-21 year old disabled individual living with parents and not attending school is an adult by Medi-Cal definition. The parent(s) do not need to apply for him/her. Process "regular" Medi-Cal, not Minor Consent Services.

**39.3.5 Other Services**

Children who are in need of Medi-Cal for services other than Minor Consent Services must have their parents apply for them.



## 39.4 Application Requirements

### 39.4.1 Forms

The application requirements of the Minor Consent Program include the following:

- A SAWS 1, MC 13 (for non-citizens), MC 210, MC 219 and MC 210A (if retro Medi-Cal is requested) are required for Minor Consent Services.

**Reminder:**

The applicant is not required to sign the “Rights & Responsibilities” (MC 219). However, it must be documented in the **Maintain Case Comments** window that the form was given to the client and the date provided.

**Note:**

An MC 210 and MC 219 are required at intake and at least every 12 months at redetermination, or when a break in service of over one month occurs, but not every month when a “Request for Eligibility for Limited Services” (MC 4026) is completed.

**Reminder:**

Upon initial approval, a “Notice of Privacy Practices” (NPP) brochure must be given to the Minor Consent individual. It is not required after the initial approval (i.e., not required again at monthly redetermination).

### MC 4026

- A child applying for Minor Consent Services shall complete and sign a “Request for Eligibility for Limited Services” (MC 4026).

At intake, and every time a minor recertifies for minor consent services (except for outpatient mental health services), he/she must complete an MC 4026. The EW must review the MC 4026 with the minor and verify that the information on the MC 4026 has not changed. The MC 4026 contains specific rights and responsibilities that must be read and signed upon initial application and all subsequent recertifications.

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- A Minor Consent Services application is for one month only. The child must reapply in person and complete a new MC 4026 (except for outpatient mental health services) for each month services are needed.

**Exception:**

A child applying for Minor Consent for outpatient mental health services is not required to complete an MC 4026, but must provide an SC 558 each month.

**39.4.2 Mental Health Statement**

Instead of completing an MC 4026, minors requesting outpatient mental health treatment and counseling must submit a statement from one of the following mental health professionals:

- Licensed marriage, family or child counselor
- Licensed educational psychologist
- Credentialed school psychologist
- Clinical psychologist
- Licensed psychologist
- Licensed Clinical Social Worker (LCSW)
- Psychiatrist.

The statement must indicate that the child needs mental health treatment or counseling and the estimated length of time treatment will be needed. In addition, the statement must specify that the child meets both of the following conditions:

- Is mature enough to participate intelligently in the mental health treatment or counseling on an outpatient basis, AND
- Is one of the following:
  - In danger of causing serious physical or mental harm to self or others without mental health treatment or counseling; or
  - The alleged victim of incest or child abuse.

EWs may give applicants the “Statement of Need for Mental Health Services” (SC 558), to be completed by the mental health professional, in order to meet the above requirement.

A new SC 558 or other acceptable mental health statement must be submitted each month to re-approve Medi-Cal in the following month.

### 39.4.3 Notices of Action

A child applying on the basis of Minor Consent shall be given a NOA in the office at the conclusion of the interview/eligibility determination. The MC 239 V is the appropriate NOA to use for Minor Consent situations. This NOA has the citation sections pre-printed on the form. The EW should advise the applicant to read and destroy the NOA if confidentiality may be compromised due to their living situation.

EWs may also use the county form, "Medi-Cal Approval Notice" (SC1225) (8/97).

### 39.4.4 Confidentiality

All Minor Consent cases are confidential and no contact shall be directed to the parent. A face-to-face interview is held with the child.

- The EW shall advise the child that parents will not be contacted.
- Do not contact the child's parents regarding the minor's application, nor inform them that there has been an application made.
- Do not screen a child applying for Minor Consent Services for parental responsibility (tax dependency requirements).
- Although all minor consent cases are confidential, the parent's knowledge of the minor's need for Minor Consent Services is not a reason for denial of the application. The EW is required to maintain confidentiality on Minor Consent cases. However, the child is not required to do so.

The Minor Consent application or eligibility determination processes are not affected if the child chooses to inform parents or anyone else of their application for Minor Consent Services.

**Note:**

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. However, 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).

**Minor Consent****39.4.5 Period of Eligibility**

Minor Consent cases are certified for one month at a time. If an ongoing need exists for Minor Consent Services then:

- The minor must reapply IN PERSON, and
- A new MC 4026 (except for outpatient mental health services) is completed and eligibility redetermined, or
- For outpatient mental health services, a new SC 558 or other acceptable mental health statement is completed and eligibility redetermined.

**Note:**

For outpatient Minor Consent Mental Health services, the minor must reapply each month IN PERSON. A new mental health statement (SC 558) is required EACH MONTH to redetermine eligibility for ongoing Medi-Cal. The minor is not required to complete an MC 4026 each month.

**Note:**

Santa Clara County Mental Health Dept. provides the EW with the SC 558.

Notices of Action are hand-issued for each month a Medi-Cal eligibility determination is made. The correct approval NOA for Minor Consent is the MC 239V (1/95). A "Medi-Cal Approval NOA" (SC 1225) (8/97) may also be used.



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**39.5 Eligibility Criteria [50147.1, 50167, 50191, 50301, 50351, 50373, 50509, 50603, MEPM 15-A,19-A]****39.5.1 General Rule**

Minor consent applicants do not have to provide the same level of verification as an applicant for full scope Medi-Cal.

**39.5.2 Citizenship/Alien Status**

Only Minor Consent applicants who are noncitizens must complete and sign the MC 13.



- Minor Consent Services are considered restricted; therefore, the EW is to write “Minor Consent Restricted Benefits Only” across the front of the MC 13.
- Lack of verification of satisfactory immigration status does not bar eligibility for Minor Consent.
- IEVS and SAVE requirements do not apply to Minor Consent Services.
- Non-citizen minors must be advised that USCIS will not be contacted regarding his/her immigration status.

**Note:**

Any Minor Consent applicant who STATES THAT HE/SHE IS NOT LEGALLY PRESENT IN THE U.S. must be denied benefits. However, the EW may not request verification of any child’s immigration status if the child does not have easy access to such verification. For example, if the child states that he/she does not know his/her status or where his/her documentation papers are, the EW is to assume that he/she is here legally and will not pursue verification of immigration status.

**39.5.3 Identity**

The identity of a child applying for Minor Consent Services does not have to be verified.

**39.5.4 Responsible Relatives**

The parents of the child are not responsible in any way towards the services the child may receive as part of Minor Consent.

A child applying for Minor Consent Services is not to be screened for parental responsibility. (Tax dependency requirements do not apply.)

**39.5.5 OHC**

Any Other Health Coverage (OHC) available to the child receiving Minor Consent Services shall be disregarded. It is considered unavailable.

The child who has OHC is not required to use nor provide any information regarding this coverage. This includes OHC which may be available from the child's parents or the child’s own employment.

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- OHC information shall not be entered in CalWIN.
- The “Health Insurance Questionnaire” (DHS 6155) is not required.

The chart below shows the required EW actions when a Minor Consent applicant has other health coverage.

WHEN the Minor...	THEN the EW shall...
Is not currently active in a Medi-Cal case, but has any OHC (from parents, other relatives, through his/her own employer, etc.),	Establish Medi-Cal in the child's own case: <ul style="list-style-type: none"> <li>• Indicate the child has no OHC</li> <li>• Do not complete a DHS 6155.</li> </ul>
Is active in another Medi-Cal case (for example, parents) and coded for OHC,	Process the application in the child's own case: <ul style="list-style-type: none"> <li>• Indicate the child has no OHC</li> <li>• Do not complete a DHS 6155.</li> </ul>
Is active in another Medi-Cal case (for example, parents) as a child: <ul style="list-style-type: none"> <li>• With no share of cost,</li> <li>• Eligible for full scope benefits, and</li> <li>• Has no other health coverage,</li> </ul>	Deny the Minor Consent application and issue an immediate need paper BIC from the active Medi-Cal case. (DO NOT issue a replacement BIC, as this will deactivate the child's BIC which may be in the caretaker's possession.)

**39.5.6 Health Care Options**

If a child is enrolled in a Medi-Cal Managed Care plan as a health care option in lieu of fee-for-service Medi-Cal, deny the Minor Consent application.

- Advise the minor to seek care under that plan.
- Issue an immediate need paper BIC from the active Medi-Cal case. (DO NOT issue a replacement BIC, as this will deactivate the child's BIC which may be in the caretaker's possession and would breach confidentiality.)

**Exception:**

Do not deny a Minor Consent applicant child enrolled in a Medi-Cal Managed Care plan in lieu of fee for service Medi-Cal if the services requested are for:

- Outpatient mental health, or
- Alcohol/drug abuse.

These two services are not available under Managed Care and the minor must be processed for minor consent eligibility with the plan code removed.

**39.5.7 Income**

The following rules apply in the treatment of income in a Minor Consent case:

- Only the child's available income is used to determine share of cost.

**Example:**

SSA benefits for the child are sent to the parents. This income is considered unavailable to the child and not included in the child's budget.

- There is no income in-kind to the child from the parents.
- The student exemption on earned income applies to Minor Consent recipients [Refer to "Earned Income", page 56-1.]

**39.5.8 Maintenance Need**

The maintenance need would normally be for 1 person, the minor. If the minor has any children included in the MFBU, they would also be included in the maintenance need.

**Example:**

A pregnant minor would have a maintenance need for 2 persons.

**39.5.9 Property**

Only the child's available property is used to determine eligibility. The property of the parents is not considered. Parents are not to be contacted regarding those resources that may be established in trust for the child.

**39.5.10 MFBU Rules**

The following rules apply when determining the MFBU composition in a Minor Consent case:

- A minor applying for Minor Consent Services shall be in his/her own separate MFBU.
- If the minor is pregnant and requests Minor Consent Services other than those provided under Aid Code 7N, the client can receive 7N and the other appropriate Aid Code in the same MFBU.

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- The minor's child(ren) or unborn shall also be included in the same MFBU. The minor's child(ren) will receive full Medi-Cal benefits.

**Example:**

Minor mother and her two children (their father is not in the home) are applying for Medi-Cal. The minor mother is applying for Minor Consent Services. When Medi-Cal is approved, there will be one MFBU, consisting of the minor mother and her two children. The mother will receive Minor Consent Services; the children, full-scope Medi-Cal.

- Minors who need Medi-Cal coverage for services other than those related to Minor Consent Services must obtain Medi-Cal benefits from the parent's MFBU.
- The minor mother's unborn can also be included in the senior parent's MFBU in those cases where the senior parent(s) are aware of the pregnancy and request that the unborn be added to their MFBU.

[Refer to "Pregnant Minors", page 39-13] for additional MFBU rules for cases which include the unmarried father in the home.

**39.5.11 Minor Consent Aid Codes**

Only four Aid Codes are used for Minor Consent cases. There is no need for the EW to decide if the minor is Medically Indigent or has AFDC-MN linkage.

Aid Code	Description
7M	Restricted to minors who are at least 12 years of age and requesting MCS solely for sexually transmitted diseases, drug and alcohol abuse, family planning or sexual assault services.  NOT TO BE USED FOR MENTAL HEALTH SERVICES
7N	Used only for pregnant minors with no age restriction.  Limited to pregnancy related, associated family planning and postpartum services. (Always has a zero Share of Cost).
7P	Restricted to minors who are at least 12 years of age and requesting MCS for OUTPATIENT MENTAL HEALTH and sexually transmitted diseases, drug and alcohol abuse, family planning, or sexual assault services.
7R	Restricted to minors under age 12 who are requesting MCS for family planning and sexual assault services.  NOT TO BE USED FOR MENTAL HEALTH, DRUG OR ALCOHOL ABUSE, OR SEXUALLY TRANSMITTED DISEASES

Selection of the appropriate Aid Code is based on two factors:

- Type of service requested, and
- Age of the child.

**Note:**

When a pregnant minor requests a service outside the scope of those provided under Aid Code 7N (pregnancy related), two Minor Consent Aid Codes will be necessary.

**Example:**

A thirteen year old pregnant minor applies for MCS. The EW grants Minor Consent using Aid Code 7N for pregnancy related services. The Minor also requests mental health services with appropriate documentation. EW grants the other Minor Consent service using Aid Code 7P. Only one MC 4026 is required and only one NOA is issued as both MFBUs are zero share of cost. One paper BIC must be issued.

### **39.5.12 Status Reports**

A child receiving Minor Consent Services is not required to complete a Midyear Status Report (MSR) including MFBUs which include only a Minor Consent mother and infants under age one.

### **39.5.13 Reporting Responsibility**

Children receiving minor consent services, including mental health services, are required to report changes, which may impact their eligibility, to their EW in person each month.



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## **39.6 Pregnant Minors**

### **39.6.1 Verification Not Required for Pregnancy**

A pregnancy verification is NOT required for the Minor Consent Program.

**Minor Consent****39.6.2 MFBU Considerations**

If an unmarried minor is living with the father of the unborn, do not add the unmarried father to the MFBU unless he is requesting Medi-Cal for himself and/or his other mutual or separate child(ren). Do not use his income to determine the share of cost when only the minor mother is requesting Medi-Cal.

- If the unmarried father is requesting Medi-Cal and there is no share of cost, minor mother, father and unborn are in one MFBU.
- If the unmarried father is also requesting Medi-Cal and a share of cost results, apply *Sneede v. Kizer* rules.

**Example:**

A pregnant 16-year-old, living with her parents, is applying for Minor Consent. The father of the unborn, age 17, is also requesting Medi-Cal, is residing with her, and he is employed. The unmarried minor parents and the unborn must be in one MFBU with a Maintenance Need for 3 persons. If a SOC results (or excess property), *Sneede v. Kizer* rules apply [Refer to “Court Orders: *Sneede v Kizer*”, page 70-1.]

- Once the child is born, the child is in his/her own MFBU. The unmarried father must be added to the child's MFBU the month following the month of delivery. If a share of cost results, *Sneede v. Kizer* rules apply.

**39.6.3 Income Disregard Program**

A pregnant Minor Consent applicant is eligible under the Income Disregard Program when she would have a share of cost and her income is at or below 200% of the FPL. Aid Code 7N is a federally funded Aid Code for this service specific program which allows appropriate tracking. A pregnant minor consent applicant is eligible under Aid Code 7N as long as her income is at or below 200% of FPL.

- Do not use the 200% Income Disregard Aid Code 44 for a pregnant minor.
- A minor of any age who is requesting pregnancy-related services must be assigned Aid code 7N.
- Aid Code 7N covers pregnancy-related services only and always has a zero SOC.

### 39.6.4 Pregnant Minor Needing Other Than Pregnancy Scope of Services/MFBU Considerations

Anytime a pregnant minor requests any service outside the scope of those provided under Aid Code 7N, two Minor Consent Aid Codes will be necessary.

#### No share of cost

##### Example:

A 13-year-old pregnant minor applies for Minor Consent Services. The EW grants Minor Consent using Aid code 7N for pregnancy related services. The Minor also requests mental health services with appropriate documentation. The EW grants the other Minor Consent service using Aid Code 7P. Only one MC 4026 is required and only one NOA is issued as both programs are zero share of cost. One paper BIC must be issued.

#### Share of cost

##### Example:

A pregnant minor applies for Minor Consent Services. The EW determines that she is eligible but due to her income she would have a SOC. The EW grants Minor Consent using aid code 7N with zero SOC as the minor is requesting pregnancy related services and qualifies for the Income Disregard program. The EW also grants the other Minor Consent services under the appropriate Aid Code with the appropriate SOC. One MC 4026 is required; however, two NOAs are necessary because one program has a SOC and the other no SOC. One paper BIC must be issued.

### 39.6.5 Continued Eligibility (CE)

Continued Eligibility (CE) rules apply to Minor Consent mothers and Deemed Eligibility (DE) rules apply to their newborns. [Refer to "Medi-Cal Programs [50201, 50203, 50227]", page 20-1 for complete information about Continued Eligibility.]

#### Mothers

Increases in the minor mother's income are not counted in her share of cost determination for pregnancy related services. However, she must have met her share of cost (if she has one) at least once during her pregnancy, in order to qualify for CE.

**Note:**

The state does not expect any Minor Consent mothers to have income above 200% of FPL. If this situation occurs, the state has instructed counties to use Aid Code 37 until further notice. The state anticipates that minors will receive zero share of cost Medi-Cal on Aid Code 7N.

**Infants**

An infant born to a Minor Consent mother is entitled to Deemed Eligibility (DE) benefits.

A separate case must be established for the newborn with Minor mom as Head of Household and case applicant. The EW will need to obtain the following:

- A completed application (SAWS 1) for the newborn.
- Proof of SSN application (MC 194 or other evidence) or an SSN for the newborn

**Note:**

An SSN is not an eligibility requirement until the child reaches age 1.

The MC 13 is required when the child reaches age 1 if not a U.S. citizen.

- A new Statement of Facts form (MC 210), if the one on file is less than 12 months old.

**Reminder:**

The newborn is exempt from income increases until he/she turns age one.

**39.6.6 Postpartum Benefits**

A Minor Consent recipient is entitled to no-share-of-cost postpartum benefits for 60 days after her pregnancy ends. She is not required to file a separate application.

Explain postpartum benefits to the pregnant minor and advise her to notify her EW in order to receive her postpartum benefits.



Issue 60-day postpartum benefits according to the chart below:

IF the Minor:	THEN the EW Shall:
<p>Received Minor Consent benefits with no share of cost in the month her pregnancy ends,</p>	<ul style="list-style-type: none"> <li>• Advise the recipient of postpartum benefits, including family planning services.</li> <li>• When the minor requests postpartum benefits, submit an SC 1296 to the MTO to extend Minor Consent benefits for another month. (An MC 4026 is not required.)</li> <li>• Hand-issue a Notice of Action.</li> </ul>
<p>Received Minor Consent benefits with a share of cost, and meets her SOC in the month pregnancy ends,</p> <p>NOTE: This will rarely occur because pregnant minors at or below 200% of the FPL will receive no SOC Medi-Cal on Aid Code 7N.</p>	<ul style="list-style-type: none"> <li>• Issue no share-of-cost postpartum benefits under Aid Code 7N (A SAWS 1 and MC 4026 are not required, but the minor must request these benefits.)</li> <li>• Due to Minor Consent confidentiality, issue Aid Code 7N as an immediate need paper BIC.</li> <li>• Hand-issue a Notice of Action.</li> </ul>

**Important:**

A Minor Consent recipient may continue to need Medi-Cal for family planning services once her pregnancy has ended. Advise the minor that these services are available under the Minor Consent Program, Aid codes 7M, 7P, or 7R.



## 39.7 Mental Health Applicants

### 39.7.1 Applicants

A child who applies for Minor Consent Services due to outpatient mental health care is not required to complete an MC 4026 at application or reapplication. However, a “mental health needs statement” (for example, SC 558) is required. [Refer to “Application Requirements”, page 39-5.]

Once determined eligible for Minor Consent outpatient mental health services, the child is certified for one month at a time. If an ongoing need exists, the child must reapply IN PERSON each month and provide the EW with a new mental health statement or SC 558 and eligibility will be redetermined.

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To be eligible for outpatient mental health services under the Minor Consent Program, a mental health professional must indicate that the child is mature enough to participate intelligently in mental health treatment or counseling on an outpatient basis.

Minors receiving outpatient mental health services may also need other types of Minor Consent benefits. Aid Code 7P provides for mental health services as well as sexual assault, drug/alcohol abuse, family planning, and sexually transmitted diseases.

An application for Minor Consent, mental health services, shall be processed as follows:

- If a child refuses to complete or sign the MC 4026, or provide a statement of need for mental health care, deny the application.
- If a child is not competent to complete or sign the MC 4026, or provide the statement of mental health need, the person completing the MC 210 Statement of Facts may sign the MC 4026 and /or provide the statement of mental health need on the child's behalf.

### 39.7.2 Mental Health Treatment Limitations

Currently there is no limitation on the mental health services that a Minor Consent recipient can receive. Minor Consent is a state-funded program that provides confidential mental health services to eligible minors.

However, there may be some confusion in regard to how the minor consent program interacts with the county mental health department. County mental health departments receive block funding that cannot be exceeded during certain time frames. Therefore, the interaction between Medi-Cal funding for minor consent mental health and county mental health funding for all other mental health services may not be the same.



## 39.8 Issuance Procedures [50147.1]

### 39.8.1 Paper BIC

The Minor Consent Benefits Identification Card (BIC) is a paper BIC. It is for identification purposes only, and does not indicate Medi-Cal eligibility.

The paper BIC shows an ISSUE DATE and a GOOD THRU date. The GOOD THRU date will be 365 days from the issuance date. This means the BIC is valid as an identification card only for one year.

These dates may be misleading for Minor Consent recipients and providers. Some may interpret the ISSUE and GOOD THRU dates to mean their period of Medi-Cal eligibility.

Minor Consent cards are certified for one month at a time. EWs must explain to recipients the requirement to reapply each month that additional Minor Consent Services are needed. Minor Consent Services will show a one month closed period of eligibility on MEDS.

### **39.8.2 Issuing Benefits**

Once a child is determined eligible for Minor Consent Services, the EW shall establish Medi-Cal benefits as follows:

- Issue Medi-Cal benefits in the child's own case number, if the child is:
  - Currently included in a senior parent's MFBU which has a share of cost
  - Part of a family not currently receiving Medi-Cal
  - Excluded from an MFBU
  - An ineligible member of an MFBU
  - Receiving only "restricted benefits" under an OBRA Aid Code
  - Active on parent's Medi-Cal case, but is coded with other health coverage.
- Issue benefits in the active Medi-Cal case (for example, parent's case) if the child is:
  - Currently included in a Public Assistance case, or
  - Currently included in an MFBU with no share of cost, eligible for full-scope benefits, and has no other health coverage.

**Note:**

As the child is already eligible for "regular" zero SOC Medi-Cal, his/her separate application for Minor Consent Services is denied.

- When issuing a paper BIC from the caretaker (e.g., parents) case to a child in need of Minor Consent Services, instruct the MTO to issue an immediate need paper BIC.

DO NOT issue a replacement BIC, as this will deactivate the child's BIC which may be in the caretaker's possession.

**Minor Consent****39.8.3 Reapplications/Subsequent Certifications**

If the minor received Minor Consent Services in the prior month and reapplies in the following month, the continuing EW shall:

- Obtain an MC 4026 from the minor.

**Exception:**

An MC 4026 is not required for mental health services, but a mental health needs statement (SC 558, etc.) must be on file each month.

- Complete an SC 1296 and submit it to the MTO as soon as possible, extending Minor Consent for another month.

**Note:**

Do not delay submitting an SC 1296 as eligibility must be activated in order for the provider to confirm monthly eligibility status.

- Do not issue another Minor Consent paper BIC, unless the minor has lost or misplaced the one previously issued.

**Note:**

All minors must reapply IN PERSON each month and complete an MC 4026 (except for mental health services). A new SAWS 1, MC 210 and MC 13 (for noncitizens) are not required, if previously completed at initial application.

- Hand issue a new Notice of Action.

**39.8.4 Adding Minor Mother to Her Child's Case**

If the minor has an active Medi-Cal case for his/her child, but has not previously applied for Minor Consent Services for himself/herself, the continuing EW shall:

- Use the minor mother's child's case.
- Obtain a SAWS 1, MC 13 (if applicable) and MC 4026 from the applicant for the Minor Consent Program.
- Complete an SC 1296 and submit to the MTO, to establish Minor Consent benefits.
- Issue a Minor Consent paper BIC.

- Hand-issue a Notice of Action.
- Document in **Maintain Case Comments** window any new or additional information since the last MC 210 was completed.

**Note:**

A face-to-face interview is not required. A new MC 210 is not required until the next RD due date, if a current MC 210 for the minor parent's child is on file.

**Exception:**

If the minor wants Minor Consent Services and is active in another Medi-Cal case (for example, in parent's case), see instructions under "Issuing Benefits".

### **39.8.5 ICT**

ICT and SB 87 policies and procedures are not compatible with the mission of the Minor Consent program and therefore, should not be applied to an applicant or beneficiary of Medi-Cal Minor Consent services.

- An ex parte review must not be conducted as the SSN must not be used to screen for other eligibility.
- EWs cannot contact the applicant or other family members to request additional information due to confidentiality rules.
- A minor must be considered living in the home to be eligible for Minor Consent services. If the minor reports a change in their living situation, EWs must verify that the address change does not impact the basis of Minor Consent eligibility which is the factor of living in the parent's home. Since the EW cannot initiate contact with the minor, this verification cannot occur.



## **39.9 CalWIN/MEDS Information**

### **39.9.1 Approvals in CalWIN**

Minor Consent cases are established in CalWIN; however, the actual issuance of the Minor Consent Medi-Cal benefits is completed through MEDS online transactions.

**Minor Consent**

On subsequent certifications, do not record another application.

[Refer to User's Guide to State Systems Handbook, for complete instructions on case approvals.]

**39.9.2 MEDS Online Procedures (Proc. 19-B)**

To assure confidentiality of Minor Consent cases, Medi-Cal benefits must be issued online each and every month Minor Consent Services are needed.

- As a result, a Minor Consent case cannot be granted ongoing MEDS eligibility.

[Refer to User's Guide to State Systems Handbook, for complete instructions] for MEDS on-line issuances of Minor Consent Medi-Cal benefits.

- If the minor has a share of cost (SOC), the Medi-Cal provider will enter the obligation to the SOC database. If a provider cannot or will not do so, the EW must submit a request [MEDS SOCO] to the MTO to reduce the share of cost.
- To protect the confidentiality of minor applicants, SSNs must not be entered. This is to prevent the linking of limited services and regular Medi-Cal records. The MEDS record will show a pseudo number as the MEDS ID.
- The EW must not enter a home address. Use the district office's address instead.
- Do not generate CHDP referrals.

**39.9.3 BIC Mail Procedures**

The "Request for Eligibility for Limited Services" (MC 4026) provides applicants with the option of having their Minor Consent paper BIC sent to a mailing address.

EWs shall follow the procedures below when the minor indicates that he/she wants the BIC mailed:

Step	Action
1	Discuss confidentiality and confirm with the minor that he/she wants the BIC mailed to the address indicated on the MC 4026.
2	Enter the district office address as the Residence Address and the Mailing Address in CalWIN.
3	Complete an SC 1296 to the MTO, with instructions to return the paper BIC to the EW.

Step	Action
4	Manually mail the paper BIC to the address indicated on the MC 4026.
5	Manually mail the NOAs to the address indicated on the MC 4026, if not previously hand-issued to the client.  NOTE: A Minor Consent paper BIC and NOAs are mailed only when the client makes the request on the MC 4026. Minors applying for mental health services (which do not require an MC 4026) who want their BIC or NOAs mailed must make the request in writing. Scan the written request into IDM.



## 39.10 Child Abuse Reporting Requirements

### 39.10.1 Mandatory Reporting

Employees of county welfare departments are required to report suspected child abuse of children under age 14 who are applying for minor consent services. Reasons for application may include the need for medical attention because of a sexually transmitted disease, pregnancy or abortion. However, such referrals may not include any information from which an inference may be drawn that the child applied for, or received, Medi-Cal. Parents may not be contacted.

### 39.10.2 Reporting Numbers

Reports to Child Protective Services via the Child Abuse and Neglect (CAN) Units are made through the following numbers:

- San Jose Area (408) 299-2071,
- Palo Alto Area (650) 493-1186,
- Gilroy/Morgan Hill (408) 683-0601,

Referrals must include only the minimum information as follows:

- Name of person making the referral
- Name of child
- Present location of the child
- Nature and extent of the injury
- Fact that led the person making the referral to suspect child abuse.

**Example:**

Child stated she is pregnant and under the age of 14 years.

