



Lessons from California:

Ensuring Medi-Cal Plans Provide Services to Children

December 2014

THE ISSUE:

Federal Medicaid Law requires California to cover a [comprehensive array of prevention, diagnostic, and treatment services](#) for Medi-Cal enrolled infants, children and adolescents under age 21. This provision of the Medicaid Act is known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT). In California, most Medi-Cal beneficiaries who are eligible for EPSDT are enrolled in Medi-Cal managed care plans, and the state has delegated responsibility for providing needed services to the managed care plans. In some cases, another entity, such as a child's school district or a Regional Center, has [overlapping responsibility](#) with the managed care plan to provide particular services.

Advocates reported that in many cases, the Medi-Cal plans were refusing to provide needed services to children based on their potential ability to access those services from another source, even when the children were not able to access the services they needed. In 2000, California's Medicaid Agency issued [guidance](#) on Medi-Cal plans' responsibility for providing services to children when a child's school district also had responsibility to provide those services. Unfortunately, the guidance was misleading, and used by plans to deny access to needed services, even when children were not actually getting the care they needed.

STRATEGY AND ACTIONS:

In February, 2014, [NHeLP and Disability Rights California sent a letter to California's Medicaid Agency](#), asking it to issue clearer guidance to Medi-Cal plans stating that the plans have primary responsibility for ensuring coverage of medically necessary services for Medi-Cal enrollees under age 21 as part of their EPSDT obligation. The letter noted that, when a child needs a particular service, until a Medi-Cal plan has made a determination that the necessary level of service is already being provided completely by an outside entity, the plan must provide any amount of service needed beyond what the outside entity makes available. After a series of negotiations with NHeLP and other California advocates, California agreed to rescind its old, misleading letter to plans, and issue new guidance to plans on their requirements to provide and coordinate services for enrollees under age 21. This [new guidance](#) was released on December 12.

ADDITIONAL RESOURCES

- [NHeLP's EPSDT chapter from its Overview of the Medi-Cal Program](#)
- [NHeLP fact sheet on Medicaid EPSDT Case Trends and Docket](#)
- [The Center for Medicaid & Medicaid Services' EPSDT website](#)