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## Medi-Cal Family Therapy Benefit

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### What is the Medi-Cal Family Therapy Benefit?

Family therapy is a type of psychotherapy covered under Medi-Cal's Non-Specialty Mental Health Services (NSMHS) benefit. The primary purpose of family therapy is to address family dynamics as they relate to the recipient's mental status and behavior(s). Family therapy focuses on improving family relationships and behaviors in the family and between individual family members, such as between a parent and child, two parents or other adult family members. It must include at least two family members, but both need not be present. For example, a parent of a newborn infant can qualify for family therapy without the infant present if needed.

NSMHS are delivered through Medi-Cal Managed Care Plans (MCPs) and fee-for-service providers and include the following:

- Mental health evaluation and treatment, including individual, group and family psychotherapy
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition
- Outpatient services for purposes of monitoring drug therapy
- Psychiatric consultation
- Outpatient laboratory, drugs, supplies and supplements

Specialty Mental Health Services (SMHS) are mental health services delivered by county Mental Health Plans (MHPs) and not managed care plans or fee-for-service providers. For more information about SMHS, visit the state Department of Health Care Services website at: [Medi-Cal Specialty Mental Health Services](#).

### Who is eligible to get Medi-Cal Family Therapy?

Both children and adults on Medi-Cal can get family therapy mental health services that are medically necessary. Managed care plans and fee-for-service providers are required to provide family therapy to the following Medi-Cal recipients:

- Recipients 21 years and over with mild to moderate distress or mild-to-moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders
- Recipients under age 21, regardless of level of distress or impairment or the presence of a diagnosis, and
- Recipients of any age with a potential mental health disorder not yet diagnosed.

For recipients under 21 years of age, Medi-Cal's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides that family therapy services must be provided if needed to correct or ameliorate a mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition and are thus covered as EPSDT services.

A Medi-Cal recipient under age 21 is eligible for family therapy if he or she meets any one of the following criteria:

- 1) Has a diagnosis of a mental health disorder
- 2) Has persistent mental health symptoms but no diagnosis
- 3) Has a history of at least one of the following risk factors:
  - Neonatal or pediatric intensive care unit hospitalization
  - Separation from a parent/guardian (for example, due to incarceration, immigration or military deployment)
  - Death of a parent/guardian
  - Foster home placement
  - Food insecurity, housing instability
  - Exposure to domestic violence or other traumatic events
  - Maltreatment
  - Severe and persistent bullying
  - Experience of discrimination, including on the basis of race, ethnicity, gender identity, sexual orientation, religion, learning differences or disability; or
- 4) Has a parent/guardian with one of the risk factors:
  - A serious illness or disability

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- A history of incarceration
- Depression or other mood disorder
- Post-Traumatic Stress Disorder (PTSD) or other anxiety disorder
- Psychotic disorder under treatment
- Substance use disorder
- Job loss
- A history of intimate partner violence or interpersonal violence
- Is a teen parent

### Who provides Medi-Cal Family Therapy?

Family therapy may be provided by Licensed Clinical Social Workers (LCSWs), Licensed Professional Clinical Counselors (LPCCs), Licensed Marriage and Family Therapists (LMFTs), licensed psychologists, Psychiatric Physician Assistants (PAs), Psychiatric Nurse Practitioners (NPs), and psychiatrists. Associate marriage and family therapists, associate professional clinical counselors, associate clinical social workers and psychology assistants may render psychotherapy services under a supervising clinician. Services rendered by learning disability specialists are not Medi-Cal benefits.

Mental health providers can bill for family therapy for multiple family members as long as one family member is a Medi-Cal recipient. Family therapy provided to an infant who has not yet been assigned a Medi-Cal number may be billed under the birthing parent's Medi-Cal for the month of birth and the following month only.

### Is this available now?

Yes. This benefit has been covered under Medi-Cal since 2020.

### How do you access Medi-Cal Family Therapy?

Medi-Cal recipients enrolled in MCPs may receive mental health services through their MCP, if they meet the above criteria. While there is not a standard referral process that recipients must follow to access Medi-Cal covered family therapy mental health services, a recipient can ask his/her Primary Care Provider (PCP) to refer the recipient to the plan's family therapy mental health provider. MCPs [cannot require prior authorization](#) for an initial mental health assessment so if a PCP cannot perform the mental health assessment because it is outside of their scope of practice, they must refer the beneficiary to the appropriate mental health provider.

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If a recipient has fee-for-service Medi-Cal and is not enrolled in an MCP, the recipient can go to any Medi-Cal provider who takes Medi-Cal and provides mental health family therapy services.

### What can you do if a family has been denied Medi-Cal Family Therapy?

If an MCP denies Family Therapy services to a Medi-Cal recipient, the plan must provide a [written notice of the denial](#) (called an “*adverse benefits determination*”) to the recipient informing him or her of the reason for the denial and the right to appeal if the recipient does not agree. A recipient has a right to request a state hearing when family therapy services are denied, terminated or reduced or the request is not acted upon in a timely way.

To learn more about the right to file a grievance and appeal for notice and appeal, check out the [Health Consumer Alliance](#), as well as an advocates fact sheet on [Internal and External Review in Medi-Cal Managed Care Plans](#) well as the consumer brochure called: [What If Medi-Cal Says “No”?](#)

### Where can you find more information?

To learn more about Family Therapy and other psychological services, see the Medi-Cal Provider Manual on [Non-Specialty Mental Health Services: Psychiatric and Psychological Services](#).