



An Advocate's Guide to Medi-Cal Services

December 2022

**Chapter VIII:
Children's Health Services**

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Outline of Medi-Cal Children's Health Services (in addition to general Medi-Cal services)*

- Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)
 - Generally, all medically necessary services
 - Specific Categories of Services:
 - Frequent check-ups/screenings
 - Dental
 - Vision
 - Hearing
 - Mental health
 - Substance use disorders
 - Developmental and specialty services
 - Diagnostic services
 - Assistance with scheduling appointments
 - Transportation for Medi-Cal covered appointments
 - Pediatric day health care services
 - Skilled nursing
 - Occupational therapy
 - Other therapeutic services
 - Case management
 - Behavioral Health Services
- California Children's Services
 - Diagnostic and treatment services, medical case management, and physical and occupational therapy services
 - Whole Child Model
 - Traditional Counties
- Child Health and Disability Prevention Program (CHDP)
 - Health assessments and immunizations
- Minor Consent Medi-Cal
- Enhanced Care Management and Community Supports

*This is a non-exhaustive list of services. It may not include all available services.

Federal law requires state Medicaid programs to provide coverage for all children in families with incomes up to 138% of the federal poverty level (FPL).¹ California elects to cover all children up to 19 years old in families with incomes up to 266% FPL.² Additionally, in 2016, California extended full-scope Medi-Cal benefits to all eligible children under age 19 regardless of immigration status.³ Currently, Medi-Cal covers health services for more than 5.5 million children.⁴

Medi-Cal coverage of services for children is more robust than the services available to adults to assure that children receive early detection and care. Children under age 21 can obtain all Medicaid covered services, whether or not the service is covered under California's Medicaid State Plan or available for adults.⁵ This chapter will address the Medi-Cal services that are available to children, some of which are offered through different programs.

This chapter focuses broadly on services provided exclusively to children. For more information on reproductive and sexual health services for children and youth through EPSDT services and other programs, see Chapter VI of this guide.

A. Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

1. In General

Federal and state laws require Medi-Cal to offer Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to enrolled children and youth under age 21.⁶ These services are designed to foster strong childhood development. Children experience rapid developmental and behavioral changes that require identification and treatment of health-related conditions at the earliest possible time. As part of the EPSDT benefit, Medi-Cal offers no-cost health care screening, diagnostic and treatment services to prevent, identify, and address health and behavioral health problems.⁷

The scope of services covered under EPSDT is broad. EPSDT covers all medically necessary services and treatments that can *potentially* be covered by Medicaid under federal law, even if those services are not included in the scope of Medi-Cal coverage for adults.⁸ For example, while Medi-Cal covers limited chiropractic services for adults (see Chapter XII of this Guide on Ancillary Services), EPSDT chiropractic services must be covered when it is medically necessary for an individual child. Medi-Cal EPSDT services must be covered when they are necessary to correct or *ameliorate* the individual child's physical and behavioral health conditions.⁹ This means that Medi-Cal must cover services to maintain or improve a child's health or condition, not just correct the problem.

EPSDT requires early and routine screening for health problems through frequent check-ups. The purpose of EPSDT's broad mandate is to assess and

identify problems early, by checking children's health at periodic, age-appropriate intervals.¹⁰ The Department of Health Care Services (DHCS) uses the American Academy of Pediatrics Bright Futures Guidelines and periodicity schedule to establish appropriate intervals, and when "inter-periodic" checkups are necessary, they are covered as well.¹¹ Medi-Cal screens for a variety of conditions through these checkups, including dental, vision, hearing, mental health, and substance use disorder issues, as well as developmental and specialty services.¹² When a screening indicates the need for further evaluation and follow-up, EPSDT covers diagnostic and treatment services.¹³ Medically necessary referrals should be made without delay to ensure a child receives a complete diagnostic evaluation whenever a potential risk is identified.

Beyond screenings and preventive measures, EPSDT ensures that children have access to adequate services and treatments. EPSDT includes services like pediatric day health care services, which are skilled nursing, occupational therapy, and other therapeutic services provided in a day program.¹⁴ EPSDT also covers all behavioral health services that are medically necessary.¹⁵ See Chapter III (Mental Health Services) and Chapter IV (Substance Use Disorder Services) of this Guide for more details on coverage of these services under Medi-Cal EPSDT.

Medi-Cal EPSDT also covers case management services to support a child's access to medical, social, educational, and other services.¹⁶ Case management services are available through DHCS' Targeted Case Management (TCM) program, Regional Centers, child protection agencies, and other entities or individual providers that contract to provide case management services.¹⁷ TCM is also a specialty mental health service, and may be provided to beneficiaries through a contract with the Mental Health Plan (MHP).¹⁸ TCM services are carved out of Medi-Cal managed care plans (MCPs), but the plan is responsible for determining whether an enrollee requires TCM services and referring the enrollee to the appropriate type of case management service.¹⁹ EPSDT also covers assistance with scheduling appointments and arranging transportation for Medi-Cal-covered appointments.²⁰

2. EPSDT and Medi-Cal Managed Care

Medi-Cal MCPs are required to cover all of the same screening, diagnostic, and treatment services for enrollees under age 21 that children and youth in fee-for-service (FFS) Medi-Cal are entitled to and receive.²¹ Although some Medi-Cal EPSDT services are carved out of the MCP contract, MCPs have the primary responsibility to provide all medically necessary EPSDT services.²² In other words, MCPs are responsible for coordination of care for all medically necessary EPSDT services delivered within and outside the MCP's provider network, regardless of whether the MCP is responsible for paying for the service.²³ MCPs are also required to provide appointment scheduling assistance and necessary transportation, including non-emergency medical and non-medical

transportation (NMT) services to and from medical appointments for medically necessary services.²⁴ MCPs must provide NMT for all medically necessary services, including those services carved out of the MCP.²⁵

MCPs must ensure that members under the age of 21, and their families or primary caregivers, know what Medi-Cal services are available and where and how to obtain these services.²⁶ MCPs have a responsibility to provide health education to enrollees under age 21, and to their parents or guardians, in order to effectively use those resources, including screenings and treatment.²⁷ This information must be provided in the member's primary language at a sixth-grade reading level.²⁸

ADVOCACY TIP:

- ✓ Look out for situations where the Medi-Cal managed care plan (MCP) fails to coordinate medically necessary services that are carved out of the MCP contract, and appeal as necessary. MCPs are ultimately responsible coordination of care for all medically necessary EPSDT services delivered within and outside the MCP's network.

B. Other Programs for Children

1. California Children's Services (CCS)

The California Children's Services (CCS) program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children up to age 21 with CCS-eligible medical conditions.²⁹ Approximately 90% of children enrolled in CCS are Medi-Cal eligible.³⁰ As a result, Medi-Cal pays for the cost of CCS care for these children and the services provided to the remaining ten percent of CCS beneficiaries are funded equally by county and state funds.³¹

Medi-Cal MCPs are required to refer all children with certain medical conditions to CCS.³² Until the child's CCS eligibility is confirmed, the MCP remains responsible for providing all medically necessary EPSDT services.³³ It is also the MCP's obligation to communicate with the county CCS program to ensure the enrollee's needs are met, and to provide EPSDT services when the county CCS program is not providing those services.³⁴

Whole Child Model

In 2018, the Whole Child Model (WCM) program was implemented to authorize MCPs to administer the CCS program in 21 County Organized Health System (COHS) counties.³⁵ In WCM counties, the MCP integrates Medi-Cal managed care and CCS program administrative functions to provide comprehensive care coordination and integrated services to children on CCS for both their CCS eligible and non-CCS eligible medical conditions.³⁶ As a result, the MCP assumes

full financial responsibility for authorization and payment of CCS eligible medical services, including service authorizations, claim processing and payment, case management, and quality oversight.³⁷ Typically, the child will receive care through the MCP's network of CCS paneled providers but if a child needs to see a specialist that is not in the plan's network, the plan must coordinate and approve those services as well.³⁸

Traditional Counties

In traditional, or non-WCM counties, Medi-Cal beneficiaries with CCS continue to access services as they did before the implementation of the WCM program and county size determines who administers the program. In non-WCM counties with populations greater than 200,000 people, the county is responsible for administering the CCS program independently.³⁹ In non-WCM counties with populations *less than* 200,000, the Children's Medical Services (CMS), a subset of DHCS, can provide medical case management, eligibility, and benefit determinations.⁴⁰ Even if a child in a non-WCM county is enrolled in a Medi-Cal MCP, CCS services are "carved out" of the MCP – so the child must obtain CCS services, and authorization for services, from the CCS program, not their Medi-Cal MCPs.⁴¹

Ultimately, how a child accesses services if enrolled in both Medi-Cal and CCS depends on the county in which the child lives. If CCS determines that the medically necessary service is not tied to the CCS-eligible condition, the MCP is responsible for providing the medically necessary service as determined by the MCP provider.⁴² MCPs are ultimately responsible for ensuring that children and youth under age 21 have access to EPSDT services. For more information about the CCS Program, see NHeLP's Issue Brief, *Helping Families Obtain Durable Medical Equipment and Supplies Through The California Children's Services (CCS) Program*.⁴³

ADVOCACY TIP:

- ✓ If CCS determines that the medically necessary service is not tied to the CCS-eligible condition, advocates are encouraged to seek authorization through the child's Medi-Cal managed care plan, if applicable.

2. The Child Health and Disability Prevention Program

Before Medi-Cal was administered by MCPs, the Child Health and Disability Prevention (CHDP) program was created to oversee the screening and follow-up care of EPSDT for Medi-Cal eligible children and youth.⁴⁴ Today, Medi-Cal beneficiaries may access EPSDT services through CHDP prior to completing an application for Medi-Cal. CHDP services are available to all children and youth up to age 21 who are eligible for Medi-Cal.⁴⁵ Proof of residence and income is not required.⁴⁶ The CHDP program is operated at the county level by local health departments.⁴⁷ Once a child is enrolled in CHDP, the CHDP Gateway

provides presumptive eligibility (PE) or temporary Medi-Cal to the child or youth pending the submission of a full Medi-Cal application, streamlining access to Medi-Cal services.⁴⁸ Once a child is enrolled in Medi-Cal, children access CHDP services through FFS Medi-Cal or their Medi-Cal MCP.

The 2022-2023 California state budget approved the sunset of the CHDP program, and the implementation of the Children's Presumptive Eligibility program, effective July 1, 2024.⁴⁹ The goal is to simplify and streamline the delivery of services to children and youth under the age of 21, in alignment with the goals of California Advancing and Innovating Medi-Cal (CalAIM) Initiative, which is a long-term commitment to strengthen and transform Medi-Cal and offer person-centered, equitable and coordinated health care for children and youth on Medi-Cal.

3. Minor Consent Medi-Cal

Minor Consent Medi-Cal is a program that provides limited services to youth under age 21, regardless of their immigration status, without parental consent or notification.⁵⁰ In this program, minors can provide legal consent for sensitive services.⁵¹ Children under age 12 can receive family planning, pregnancy and pregnancy-related care, and sexual assault services. Youth age 12 and older can receive coverage for these same services as well as coverage for sexually transmitted disease treatment, substance use disorder treatment and outpatient mental health treatment.⁵² However, a child or youth cannot receive methadone treatment, psychotropic drugs, convulsive therapy, psychosurgery or sterilization without parental consent.⁵³ Under a California Supreme Court decision, a minor also has a right to consent to an abortion without parental or court authorization, and therefore abortions may be covered under Minor Consent Medi-Cal.⁵⁴

A child or youth must apply each month for Minor Consent Medi-Cal services. The one exception is when a child or youth is seeking outpatient mental health services as recommended by a mental health professional.⁵⁵ Additionally, the child or youth must be under age 21 and living at home with a parent or guardian in order to enroll in Minor Consent Medi-Cal (if a minor is temporarily living at school or college, the minor is considered to be living at home).⁵⁶ Eligibility is based on the minor's income and resources, not the income and resources of the minor's parent(s) or guardian(s).⁵⁷ Minors do not have to provide any identification when they apply, and eligibility workers are prohibited from requiring documents related to immigration status when assessing eligibility for the program; however, if the minor is employed, they must provide pay stubs to verify income.⁵⁸ Services provided under the program are confidential, so providers are not allowed to contact parents or guardians about the minor's receipt of these services.⁵⁹ If a child or youth is enrolled in a MCP, the MCP must abide by these Minor Consent services program rules, and DHCS also prohibits plans from applying prior authorization requirements to these services.⁶⁰

C. Enhanced Care Management and Community Supports

As part of the CalAIM initiative, several new services will be available for children on Medi-Cal. Enhanced Care Management (ECM) and Community Supports are two new foundational components of CalAIM and offer new services for children and youth beginning in 2023.

1. Enhanced Care Management

As part of CalAIM, some children and youth on Medi-Cal are entitled to Enhanced Care Management (ECM) services, beginning July 1, 2023. ECM is a whole-person, interdisciplinary approach to comprehensive care management intended to address the clinical and non-clinical needs of high-cost, high-need individuals through systematic coordination of services that is community-based, interdisciplinary, high-touch and person-centered.⁶¹ ECM is delivered through Medi-Cal managed care plans (MCPs) and was implemented for some Medi-Cal adult populations beginning January 1, 2022. Each MCP must provide seven core services: 1.) Outreach and Engagement; 2.) Comprehensive Assessment and Care Management Plan; 3.) Enhanced Coordination of Care; 4.) Health Promotion; 5.) Comprehensive Transitional Care; 6.) Member and Family Supports; and 7.) Coordination of and Referral to Community and Social Support Services.⁶² ECM services will be available to children and youth in select populations of focus, as follows:⁶³

- Children and youth up to age 21 who are experiencing homelessness;
- Children and youth who are high utilizers of high-cost services such as emergency department and inpatient services;
- Children and youth with serious emotional disturbance or identified to be at clinical high clinical risk for psychosis or experiencing a first episode of psychosis;
- Children enrolled in California Children's Services (CCS) with additional needs beyond the CCS eligible condition
- Children and youth involved in, or with a history of involvement in, child welfare (including Foster Care up to age 26), and
- Youth transitioning from incarceration

2. Community Supports

Through CalAIM, children on Medi-Cal may also be eligible for Community

ADVOCACY TIP:

- ✓ Minors can apply for Minor Consent Medi-Cal, and renew eligibility, either in-person or by telephone. This change was adopted at the onset of the COVID-19 public health emergency and this change has been adopted on a permanent basis.

Supports. Community Supports are medically appropriate and cost-effective alternatives to traditional medical services that address social drivers of health.⁶⁴ All Medi-Cal MCPs are encouraged, but not required, to offer the 14 Community Supports effective January 1, 2022, and use of Community Supports is optional for members.⁶⁵ For more information on Community Supports, see Chapter XI of this Guide.

Endnotes

¹ 42 U.S.C. §1396a(l)(2)(C); 42 U.S.C. 1396a(e)(14)(l)(i) (the statute sets the upper limit at 133% FPL but income is determined according to MAGI methodology, which provides a 5% income disregard, so the upper income limit is 138% FPL).

² CAL. WELF. & INST. CODE § 14005.26(d)(1)(B) (California implemented the federal optional Targeted Low-Income Children's Program (TLICP) pursuant to 42 U.S.C. §§1396a(a)(10)(A)(ii)(XIV)), 14005.26(b), 1396a(e)(14)(l)(i) (the state statute sets the upper limit at 261% FPL but income is determined according to MAGI methodology, which provides a 5% income disregard, so the upper income limit for children in the TLICP is 266% FPL).

³ CAL. WELF. & INST. CODE § 14007.8; see Cal. Dep't Health Care Servs., *Senate Bill 75 Full Scope Medi-Cal for All Children: Eligibility and Enrollment Plan* (2016), https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/SB75/SB75_EE_Plan_032116_Final.PDF.

⁴ Cal. Dep't Health Care Servs., *Medi-Cal Children's Health Dashboard 1* (2022), <https://www.dhcs.ca.gov/services/Documents/Childrens-Health-Dashboard-June-2022.pdf>.

⁵ 42 U.S.C. § 1396d(r)(5).

⁶ 42 U.S.C. §§ 1396a(a)(10)A, 1396a(a)(43), 1396d(a)(4)(B), 1396d(r); CAL. WELF. & INST. CODE §§ 14059.5(b)(1), 14132(v); see CAL. CODE REGS. tit. 22, §§ 51184, 51340, 51340.1.

⁷ CAL. WELF. & INST. CODE §§ 14059.5(b)(1), 14132(v); CAL. CODE REGS. tit. 22, §§ 51184, 51340, 51340.1; Cal. Dep't Health Care Servs., All Plan Letter 19-010 (Aug. 14, 2019), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-010.pdf> [hereinafter All Plan Letter 19-010]; see also CMS, *EPSDT—A Guide for States: Coverage in the Medical Benefit for Children and Adolescents* (2014), https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/epsdt_coverage_guide_82.pdf.

- ⁸ 42 U.S.C. §§ 1396d(r)(5), 1396a(a)(10)A, 1396a(a)(43), 1396d(a)(4)(B).
- ⁹ 42 U.S.C. § 1396d(r)(5); *see also* CAL. WELF. & INST. CODE § 14059.5(b)(1); CAL. CODE REGS. tit 22, § 51184; *cf. id.* § 51303(a) (defining services that are medically necessary for the purpose of being covered under Medi-Cal, generally).
- ¹⁰ 42 U.S.C. § 1396d(r)(1); CAL. CODE REGS. tit. 22, § 51184; *see also* Cal. Dep’t Health Care Servs., *Medi-Cal Coverage for EPSDT* (2019), <https://www.dhcs.ca.gov/services/medi-cal/Documents/Medi-Cal-Coverage-for-EPSDT.pdf>.
- ¹¹ Cal. Dep’t Health Care Servs., *supra* note 10; *see also* All Plan Letter 19-010, *supra* note 7, at 4.
- ¹² 42 U.S.C. § 1396d(r)(1); *see also* Cal. Dep’t Health Care Servs., *supra* note 10.
- ¹³ 42 U.S.C. § 1396d(r)(5); CAL. CODE REGS. tit 22, § 51184.
- ¹⁴ CAL. CODE REGS. tit. 22, § 51340.1(e). “Pediatric day health care EPSDT services” are defined as services that “(a) promote the physical, developmental and psychosocial well-being of individuals eligible for EPSDT services who are medically fragile...and who live with their parent, foster parent, or legal guardian; (b) provide medically necessary skilled nursing care and therapeutic interventions which include occupational therapy, physical therapy, speech therapy and medical nutrition therapy provided by licensed or registered therapists and furnished in response to the attending physician’s orders and in accordance with the individual’s plan of treatment (not including respite care); and (c) are provided in a day program of less than 24 hours that is individualized and family-centered, with developmentally appropriate activities of play, learning and social interaction designed to optimize the individual’s medical status and developmental functioning so that he or she can remain within the family.” *Id.* § 51184(k).
- ¹⁵ CAL. WELF. & INST. CODE §§ 14184.402(d), 14184.402(e)(2).
- ¹⁶ CAL. CODE REGS. tit. 22, § 51184(g).
- ¹⁷ *Id.* §§ 51184(h), 51340(f)(1).
- ¹⁸ CAL. CODE REGS. tit. 9, § 1810.249.
- ¹⁹ CAL. CODE REGS. tit. 22, § 51340(k); *see also* All Plan Letter 19-010, *supra* note 7, at 8.
- ²⁰ 42 C.F.R. §§ 441.62; *see also* Cal. Dep’t Health Care Servs., *supra* note 10.
- ²¹ *See generally* All Plan Letter 19-010, *supra* note 7; *see also, e.g.,* Cal. Dep’t Health Care Servs., *Two-Plan Boilerplate Contract*, Exhibit A, Attachment 10 (2014), <https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx> [hereinafter *Two-Plan Boilerplate Contract*].
- ²² All Plan Letter 19-010, *supra* note 7, at 9.
- ²³ *Id.* at 7; *Two-Plan Boilerplate Contract*, *supra* note 21, at Exhibit A, Attachment 11.
- ²⁴ All Plan Letter 19-010, *supra* note 7, at 7.

- ²⁵ *Id.*; Cal. Dep't Health Care Servs., All Plan Letter 22-008 (May 18, 2022), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-008.pdf> [hereinafter All Plan Letter 22-008].
- ²⁶ All Plan Letter 19-010, *supra* note 7, at 8.
- ²⁷ 42 U.S.C. § 1396d(r)(1)(B)(v); *see also* All Plan Letter 22-008, *supra* note 25.
- ²⁸ All Plan Letter 19-010, *supra* note 7.
- ²⁹ CAL. HEALTH & SAFETY CODE § 123800-123995 (enabling legislation); CAL. WELF. & INST. CODE § 14094-14094.3; CAL. CODE REGS. tit. 22, § 51013.
- ³⁰ Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual: California Children's Services Program 2* (2020), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/calchild.pdf>.
- ³¹ *Id.*
- ³² CAL. CODE REGS. tit 22, § 51013; *see also* All Plan Letter 19-010, *supra* note 7, at 8; Cal. Dep't Health Care Servs., All Plan Letter 21-005 at 3 (Dec. 10, 2021), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-005.pdf> [hereinafter All Plan Letter 21-005].
- ³³ All Plan Letter 19-010, *supra* note 7, at 8-9.
- ³⁴ *Id.*
- ³⁵ CAL. WELF. & INST. CODE § 14094.5 (as amended by SB 586-Hernandez in 2016); *see also* Cal. Dep't Health Care Servs., *California Children's Services (CCS) Program Whole Child Model Frequently Asked Questions 2* (2019), <https://www.dhcs.ca.gov/services/ccs/Documents/CCS-WCM-FAQ-2019.pdf> [hereinafter *CCS Whole Child FAQ*].
- ³⁶ CAL. WELF. & INST. CODE § 14094.6; *see also* All Plan Letter 21-005, *supra* note 32, at 1.
- ³⁷ All Plan Letter 21-005, *supra* note 32, at 2; *see also* Cal. Dep't Health Care Servs., CCS Numbered Letter 03-0421 at 2 (Dec. 9, 2021), <https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-03-0421-Whole-Child-Model.pdf>.
- ³⁸ *See CCS Whole Child FAQ, supra* note 35, at 3.
- ³⁹ CAL. HEALTH & SAFETY CODE § 123850(a).
- ⁴⁰ *Id.*
- ⁴¹ All Plan Letter 19-010, *supra* note 7, at 8.
- ⁴² *Id.*, at 7.
- ⁴³ Alicia Emanuel & Michelle Lilienfeld, Nat'l Health Law Prog., *Helping Families Obtain Durable Medical Equipment and Supplies Through The California Children's Services (CCS) Program* (2021), <https://healthlaw.org/resource/helping-families-obtain-durable-medical-equipment-and-supplies-through-the-california-childrens-services-ccs-program/>.

- ⁴⁴ CAL. HEALTH & SAFETY CODE §§ 124025–124110; see also Cal. Dep’t Health Care Servs., *Child Health and Disability Prevention Information Brochure* (2015), <https://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/CHDPInfoEnglish.pdf>.
- ⁴⁵ CAL. HEALTH & SAFETY CODE § 104395(a); CAL. CODE REGS. tit. 17, § 6802(a). CHDP is also available to all children and youth under age 19 with family income up to 200% FPL. See *Id.*
- ⁴⁶ Cal. Dep’t Health Care Servs., *supra* note 44, at 2.
- ⁴⁷ See, e.g., CAL. HEALTH & SAFETY CODE § 124040.
- ⁴⁸ CAL. WELF. & INST. CODE § 14011.7(b), (e); see also Cal. Dep’t Health Care Servs., All County Welfare Director’s Letter No. 03-33 (June 18, 2003), <https://www.cdss.ca.gov/lettersnotices/entres/getinfo/ac103/pdf/03-33.pdf>.
- ⁴⁹ Cal. Health & Human Servs. Agency, *2022–23 Enacted CA State Budget Summary* 73, <https://www.ebudget.ca.gov/2022-23/pdf/Enacted/BudgetSummary/HealthandHumanServices.pdf>; see also Cal. Dep’t Health Care Servs., *Proposal to Discontinue the Child Health and Disability Prevention Program*, <https://www.dhcs.ca.gov/Documents/DHCS-Proposal-to-Discontinue-the-CHDP-Program.pdf>.
- ⁵⁰ See Cal. Dep’t Health Care Servs., *Medi-Cal Eligibility Procedures Manual* § 4V (2021), <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEPM/4V-MinorConsent-12-16-21.pdf>.
- ⁵¹ CAL. FAMILY CODE § 6920 and subsequent provisions describe the health care services for which a minor may provide consent without the knowledge of the minor’s parents or guardians.
- ⁵² Cal. Dep’t Health Care Servs., *supra* note 50, at § 4V; see also CAL. FAMILY CODE § 6920.
- ⁵³ Cal. Dep’t Health Care Servs., *supra* note 50, at § 4V.
- ⁵⁴ *Am. Acad. of Pediatrics v. Lundgren*, 16 Cal. 4th 307 (1997) (holding that the right to privacy found in the California Constitution invalidates a statute requiring that pregnant minors obtain judicial or parental consent prior to abortion).
- ⁵⁵ Cal. Dep’t Health Care Servs., *supra* note 50, at 3.
- ⁵⁶ *Id.*, at § 4V; CAL. CODE REGS. tit. 22, § 50147.1(e).
- ⁵⁷ Cal. Dep’t Health Care Servs., *supra* note 50, at § 4V.
- ⁵⁸ *Id.*; see also CAL. CODE REGS. tit. 22, § 50167(a)(6)(D)(4).
- ⁵⁹ Cal. Dep’t Health Care Servs., *Medi-Cal Provider Manual: Minor Consents Program* (Aug. 2020), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/minor.pdf>.

- ⁶⁰ See, e.g., *Two-Plan Boilerplate Contract*, *supra* note 21, at Exhibit A, Attachment 9, § 9(D) (affirming all services named in minor consent regulation as minor consent services); *id.* at Exhibit A, Attachment 5, § 2(G).
- ⁶¹ Cal. Dep't Health Care Servs., All Plan Letter 21-012 (Sept. 15, 2021), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-012.pdf> [hereinafter All Plan Letter 21-012]; See also Cal. Dep't Health Care Servs., *CalAIM Enhanced Care Management and In Lieu of Services FAQs* (Dec. 2021), <https://www.dhcs.ca.gov/Documents/MCQMD/ECMILOS-FAQs-May-05282021.pdf> [hereinafter *CalAIM ECM FAQs*].
- ⁶² *CalAIM ECM FAQs*, *supra* note 61.
- ⁶³ All Plan Letter 21-012, *supra* note 61, at Attachment 1
- ⁶⁴ Cal. Dep't Health Care Servs., All Plan Letter 21-017 (March 1, 2022), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-017.pdf>.
- ⁶⁵ *Id.*