

## DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

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## ADP BULLETIN

 <p>Title</p> <p style="text-align: center;"><b>Minor Consent Report</b></p>	<p>Issue Date: 2-26-99</p> <p>Expiration Date:</p>	<p>Issue No.</p> <p style="text-align: center;">99-07</p>
<p>Deputy Director Approval</p> <p>GLORIA J. MERK, II Program Operations Division</p>	<p>Function</p> <p><input type="checkbox"/> Information Management</p> <p><input type="checkbox"/> Quality Assurance</p> <p><input type="checkbox"/> Service Delivery</p> <p><input checked="" type="checkbox"/> Fiscal</p> <p><input type="checkbox"/> Administration</p>	<p>Supersedes Bulletin/ADP Letter No.</p> <p>N/A</p>

PURPOSE

The purpose of this bulletin is to notify counties and providers that counties will soon receive a new report, the “Minor Consent Report”, Exhibit 1. This new report is issued by the Department of Health Services (DHS) and details the status of Minor Consent Services to Medi-Cal eligible clients. This report is DHS’ method of validating minor consent client eligibility for 100 percent State General Fund (SGF) reimbursement. Counties will begin receiving this report immediately and should forward them to their Drug Medi-Cal (DMC) providers.

Counties contracting with DMC providers will use this Minor Consent Report to determine the units of service that are reimbursable for services provided to minor consent clients.

DISCUSSION

The DHS automated billing system processes DMC claims for minor consent clients. During the automated billing system's process and edit program, the system checks and verifies Medi-Cal eligibility as follows:

1. The edit program checks and verifies the client's Medi-Cal eligibility in the Medi-Cal Eligibility Determination System (MEDS) file.
2. The edit program checks the client's MEDS file by aid code and by date of service to determine if the client is eligible for federal financial participation (FFP) funding.
3. The edit program checks the client's MEDS file for aid codes which indicate the Medi-Cal services are eligible for SGF reimbursement, but are not eligible for FFP reimbursement. In the past, these non FFP services were listed as denied services on a Denied Non Title XIX Claims Report.

The “Minor Consent Report” lists claims for minor consent clients with an Aid Code of “7M” or “7P”; these claims will be denied with a denied reason code of “N” for “Non Title XIX Eligibility,” and are not eligible for FFP reimbursement. Although not eligible for FFP funding, these claims are eligible for 100 percent payment from SGF dollars.

Claims for eligible clients with an Aid Code of “7N” will continue to be approved for SGF and FFP and will continue to be listed on the 'Detailed Report by Provider of Title XIX Approved Services and Expenditures'.

### REFERENCES

Title 22, CCR, Section 51473.2

ADP Letter 97-11, dated February 11, 1997

ADP Letter 97-52, dated September 17, 1997

ADP Bulletin 98-44, dated August 21, 1998

### HISTORY

As a minor consent client, eligible minors (youths 12 years or older and less than 21 years of age) requesting confidential health care relating to a defined and limited range of services may receive those services under the Medi-Cal Minor Consent Program. Pursuant to Title 22, CCR, Section 51473.2, certified health care providers may render services to minors without parental consent *only* if:

- The services are related to sexually transmitted diseases, mental health care, sexual assault, drug and alcohol abuse, pregnancy, family planning or venereal disease.

or

- The minor is living apart from his or her parents and neither the parents nor a public agency will accept legal responsibility for the minor.

**Note:** If the minor is living apart from his or her parents and the parents are *not* legally responsible for him or her, the minor is *not* eligible for the Minor Consent Program. The minor must apply for the regular Medi-Cal program.

Minor Consent Program recipients do not have full-scope Medi-Cal benefits and are subject to service restrictions. Certified providers must access the point of service (POS) network to identify the range of services for which a minor consent recipient is eligible.

The following are examples of eligibility messages returned by the eligibility verification system when a provider verifies a minor consent client's eligibility:

<u>Aid Code</u>	<u>POS Eligibility Message</u>
7M	<p>“Recipient limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, and family planning with no share of cost.”</p> <p>“Recipient limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, and family planning with a share of cost.”</p>
7N	<p>“Recipient limited to services related to pregnancy and family planning with no share of cost.”</p>
7P	<p>“Recipient limited to services related sexually transmitted diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health with no share of cost.”</p> <p>“Recipient limited to services related sexually transmitted diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health with a share of cost.”</p>

Services provided to clients identified with Aid Code “7M” or “7P” are reimbursed with 100 percent SGF dollars. Services provided in a DMC certified perinatal program to minor consent clients identified with Aid Code “7N” are reimbursed in applicable percentages by both SGF and FFP dollars. See the attached copy Aid Code Master Chart for definitions and restrictions on benefits for each aid code.

Some providers have had difficulty verifying the eligibility of minor consent clients using the Automated Eligibility Verification System (AEVS). If the client has a “P” (i.e. ###-##-###P) as the last character of their Social Security Number (SSN), the system reads the keyed “P” as a “7”. When keying a SSN that has an alphabetical character at the end, follow this procedure:

1. Press the star (\*) button;
2. Press the numbered button of the alpha character (i.e., “P”, press “7”); then
3. Press the 1, 2, or 3 to indicate the position of the letter on the numbered button. (i.e., the letter “P” is the first letter on the phone button, therefore, you would press “1” to indicate its position. If the letter is an “S”, press the “3” after pressing the “7”.)

NOTE: You should not have this problem since it allows for key entry of both alphabetical and numerical characters if you use a Point of Service (POS) device.

If you have questions regarding this issue and other POS and eligibility verification questions, please call the POS Hotline at 1-800-427-1295. An instructional manual regarding AEVS and the POS device is also available through the POS hotline.

QUESTIONS/MAINTENANCE

Please direct questions regarding this material to your Fiscal Management Branch analyst.

EXHIBITS

- 1) Minor Consent Report
- 2) Detailed Report by Provider of Title XIX Approved Services and Expenditures
- 3) Aid Code Master Chart

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