

SPECIALTY MENTAL HEALTH SERVICES FOR YOUTH UNDER 21: WHAT TO KNOW

As of January 1, 2022, youth under 21 with child welfare, juvenile justice, or homelessness experience are eligible for Medi-Cal specialty mental health services (SMHS) without a diagnosis. If you would like assistance accessing SMHS for your clients, contact Liza Thantranon at Legal Services of Northern California, lthantranon@lsnc.net.

Medi-Cal beneficiaries under age 21 who meet medical necessity and access criteria are eligible to receive from their county Mental Health Plan (MHP) the following SMHS within 10-15 business days:

- Mental health services
- Medication support services
- Targeted case management
- Crisis intervention services
- Crisis stabilization services
- Crisis residential treatment services
- Adult residential treatment services
- Day treatment intensive services
- Day rehabilitation
- Psychiatric inpatient hospital services
- Psychiatric health facility services
- Intensive home-based services
- Intensive care coordination
- Therapeutic behavioral services
- Therapeutic foster care

MEDICAL NECESSITY

The service is needed to correct or ameliorate a mental illness or condition discovered by a screening tool, ***whether or not such services are covered under the State Medicaid plan.*** “Ameliorate” does not mean that the service must be curative or restorative; a service is covered if it sustains, supports, improves, or makes more tolerable a mental health condition.

ACCESS CRITERIA

SMHS shall be provided to beneficiaries who have a condition placing them at high risk for a mental health disorder due to experience of trauma, evidenced by ***any*** of the following:

- Scoring in the high-risk range on an approved trauma screening tool, or
- Child welfare involvement (either an open case or at imminent risk of entering care), or
- Juvenile justice involvement (past or current), or
- Experiencing homelessness (as defined in the McKinney-Vento Homeless Assistance Act)

CASE REFERRALS

[Legal Services of Northern California \(LSNC\)](#) is accepting referrals for cases involving issues with access to SMHS in 32 California counties.

If you would like assistance exploring problem resolution options, including filing an appeal or requesting a State Fair Hearing, contact Liza Thantranon, Health Unit Regional Counsel, at lthantranon@lsnc.net, and provide your client’s name, contact information, and a brief description of your client’s issues (e.g., “client cannot access therapeutic foster care”).

Please see the next page for more details on the problem resolution process and important timelines.

For additional technical assistance, contact Kim Lewis at National Health Law Program (NHeLP), lewis@healthlaw.org, and Rachel Murphy at Youth Law Center (YLC), rmurphy@ylc.org.

For more information on medical necessity and access criteria, see [BHIN 21-073](#). For more information on Medi-Cal advocacy, see NHeLP’s [Medi-Cal Services Guide](#) and [Internal and External Review in Medi-Cal Managed Care Plans](#).

PROBLEM RESOLUTION PROCESS

Once the MHP determines that a child meets the access criteria, the MHP will work with a qualified professional to assess ***which (not whether)*** services should be provided.

If the MHP denies, reduces, delays, or ends requested services, the youth is entitled to receive a Notice of Adverse Benefit Determination (NOABD). The NOABD must be provided **at least 10 days prior** to any reduction or termination of services, and it must include an opportunity to request **continuation of services** pending the resolution of an appeal or hearing.

There are a few options to challenge dissatisfaction or an adverse action pertaining to the provision of SMHS:

- **File a Grievance** at any time to address general concerns, including the quality of services, the professionalism of the provider, or a failure to respect the beneficiary's rights.
- **File an Appeal** to request the MHP review an adverse benefit determination or a delay in services. An appeal must be requested within 60 days of the NOABD. Where a service is reduced or terminated, the beneficiary may request continuing benefits pending appeal within 10 days of the NOABD or prior to the contested reduction or termination of services. An expedited process is available for urgent issues.
- **[Request a State Hearing](#)** to seek independent review to ensure necessary services are provided in a timely manner. A hearing may be requested after exhausting the MHP grievance or appeal process; however, if no NOABD was provided, a hearing may be requested right away. An expedited process is available for urgent issues.