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# 3. How to get care

- ~~California Children's Services (CCS) Program is a state program that treats children under 21 years of age who have certain health conditions, diseases, or chronic health problems and meet the CCS program rules. If you need health care services for a CCS-eligible medical condition and L.A. Care does not have a CCS-paneled specialist in the network who can provide the care you need, you may be able to go to a provider outside of the provider network at no cost to you. To learn more about the CCS program, read Chapter 4, "Benefits and services" in this handbook. – ( Page 34)~~

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## Sensitive care

### Minor consent services

If you are under age 18, you can get some services without a parent's or guardian's permission. These services are called minor consent services.

You may get these services without your parent or guardian's permission:

- **Services for rape and other sexual assaults**
- ~~Sexual assault services, including outpatient mental health care~~
- Pregnancy **testing and counseling**
- ~~Family planning~~
- **Contraception services such as** birth control **(excludes sterilization)**
- Abortion services

If you are 12 years old or older, you may also get these services without your parent's or guardian's permission:

- ~~Outpatient mental health care for:~~
  - ~~Sexual assault~~
  - ~~Incest~~
  - ~~Physical assault~~
  - ~~Child abuse~~
  - ~~When you have thoughts of hurting yourself or others~~
- Outpatient mental health services based on your maturity level and ability to

participate in your own health care

- HIV/AIDS **counseling**, prevention, testing, and treatment
- Sexually transmitted infections prevention, testing, and treatment **which may include sexually transmitted diseases such as syphilis, gonorrhea, chlamydia, and herpes simplex**
- Substance use disorder treatment **for drug and alcohol abuse including screening, assessment, intervention, and referral services**
  - To learn more, read “Substance Use Disorder Treatment services” in Chapter 4 of this handbook

For pregnancy testing, family planning services, birth control services, or services for sexually transmitted infections, the doctor or clinic does not have to be in the Anthem network. You can choose any Medi-Cal provider and go to them for these services without a referral or pre-approval (prior authorization). **For more information related to family planning services, please reference the “Preventive and Wellness Services and Chronic Disease Management” in Chapter 4 of this handbook.**

For minor consent services that are ~~not specialty~~ **outpatient** mental health services, you can go to an in-network **or out-of-network** provider without a referral and without pre-approval (prior authorization). Your PCP does not have to refer you and you do not need to get pre-approval (prior authorization) from Anthem to get covered minor consent services.

Minor consent services that are specialty mental health services are not covered. Specialty mental health services are covered by the county mental health plan for the county where you live.

Minors can talk to a representative in private about their health concerns by calling 24/7 Nurse Line: **1-800-224-0336 TTY 711**.

Anthem will not send information about getting sensitive services to parents or guardians. To learn more about how to ask for confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 7 of this handbook.

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# 4. Benefits and services

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## What your health plan covers

This chapter explains your covered services as a member of Anthem. Your covered services are free as long as they are medically necessary and provided by an in-network provider. You must ask us for pre-approval (prior authorization) if the care is out-of-network except for certain sensitive services and emergency care. Your health plan might cover medically necessary services from an out-of-network provider, but you must ask Anthem for pre-approval (prior authorization) for this.

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more on your covered services, call **1-800-407-4627 (TTY 711)**.

Members under 21 years old get extra benefits and services. To learn more, read Chapter 5, “Child and youth well care.”

Some of the basic health benefits Anthem offers are listed below. Benefits with a star (\*) need pre-approval (prior authorization).

## 4 | Benefits and services

- Acupuncture\*
- Acute (short-term treatment) home health therapies and services
- Adult immunizations (shots)
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services
- Asthma prevention
- Audiology\*
- Behavioral health treatments\*
- ~~Biomarker testing~~
- Cardiac rehabilitation
- Chiropractic services\*
- Chemotherapy & radiation therapy
- Cognitive health assessments
- Community health worker services
- [For San Mateo County only] Dental services (performed by dental professional)
- [For all other counties] Dental services - limited (performed by medical professional/primary care provider (PCP) in a medical office)
- Dialysis/hemodialysis services
- Doula services
- Durable medical equipment (DME)\*
- Dyadic services
- Emergency room visits
- Enteral and parenteral nutrition\*
- Family planning office visits and counseling (you can go to a non-participating provider)
- Habilitative services and devices\*
- Hearing aids
- Home health care\*
- Hospice care\*
- Inpatient medical and surgical care\*
- Lab and radiology\*
- Long-term home health therapies and services\*
- Maternity and newborn care
- Major organ transplant\*
- Occupational therapy\*
- Orthotics/prostheses\*
- Ostomy and urological supplies
- Outpatient hospital services
- Outpatient mental health services
- Outpatient surgery\*
- Palliative care\*
- PCP visits
- Pediatric services
- Physical therapy\*
- Podiatry services\*
- Pulmonary rehabilitation
- Rapid Whole Genome Sequencing
- Rehabilitation services and devices\*
- Skilled nursing services
- Specialist visits
- Speech therapy\*
- Surgical services
- Telemedicine/Telehealth
- Transgender services\*
- Urgent care
- Vision services\*
- Women's health services

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## Medi-Cal benefits covered by Anthem

### Maternity and newborn care

Anthem covers these maternity and newborn care services:

- Birthing center services
- Breast pumps and supplies
- Breastfeeding education and aids
- **Care coordination**
- Certified nurse midwife (CNM)
- **Counseling**
- Delivery and postpartum care
- Diagnosis of fetal genetic disorders and counseling
- Doula services
- Licensed midwife (LM)
- Maternal mental health services
- Newborn care
- **Nutrition education**
- Pregnancy-related health education
- Prenatal care
- **Social and mental health assessments and referrals**
- **Vitamin and mineral supplements**

#### ▪ **Chapter 4 Benefits and Services:**

#### ▪ **Section: *Dental Services* (Page 74)**

Medi-Cal uses managed care plans to provide your dental services. ~~To learn more, go to Health Care Options at~~ <http://dhcs.ca.gov/mymedi-cal>. You can stay in Fee-for-Service Dental, or you can choose the Dental Managed Care. To choose or change your dental plan, call Health Care Options at **1-800-430-4263**. You may not be enrolled in a PACE or SCAN plan and a Dental Managed Care plan at the same time.

- Your Medi-Cal dental services are provided by the Medi-Cal Dental Managed Care Program. For help finding a dentist, or for help getting dental services, you can call Member Services at 1-888-839-9909 (TTY-711).

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- **Section: Transplants for Children under age 21 (Page 68)**

- L.A. Care must refer California Children's Services (CCS) eligible children to a CCS-approved Special Care Center (SCC) for an evaluation within 72 hours of when the child's doctor or specialist identifies the child as a potential candidate for transplant. If SCC confirms that the transplant would be needed and safe, L.A. Care will cover the transplant and related services.

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- **Section: Transportation and travel expenses for CCS (Page 69) 84**

You may be able to get transportation, meals, lodging, and other costs such as parking, tolls, etc. if you or your family needs help to get to a medical appointment related to a CCS-eligible condition and there is no other available resource. You should call

L.A. Care and request pre-approval (prior authorization) before you pay out of pocket for transportation meals and lodging. L.A. Care does provide non-medical and non-emergency medical transportation as noted in Chapter 4, "Benefits and services."

If your transportation or travel expenses are found necessary and L.A. Care verifies that you tried to get transportation through L.A. Care, you can get reimbursed from

L.A. Care. We must reimburse you within 60 calendar days of you submitting the required receipts and proof of transportation expenses.

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- **Section: Home and community-based services (HCBS) outside of WCM services (Page 69) 85**

If you qualify to enroll in a 1915(c) waiver, you may be able to get home and community based services that are not related to a CCS-eligible condition but are necessary for you to stay in a community setting instead of an institution. For example, if you require home modifications to meet your needs in a community based setting, L.A. Care cannot pay those costs as a CCS-related condition. But if you are enrolled in a 1915(c) waiver, home modifications may be covered if they are medically necessary to prevent institutionalization.