	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1309	<b>Lead Department:</b> Utilization Management
<b>Title:</b> Member Access to Self-Referred Services	
<b>Original Date:</b> 07/01/2006	<b>Date Published:</b> 04/15/2025
<b>Approved by:</b> Utilization Management Work Group (UMWG)	

**Purpose:**

To define those services which a Central California Alliance for Health (the Alliance) member may access directly, without a referral.


**Policy:**

Members will be informed about access to self-referred services through their Evidence of Coverage/Member Handbook, the Alliance website, and other means of member communication. Any limitations or restrictions to self-referred services will be disclosed.

Prior authorization is required for any service provided by a non-contracted or non-credentialed. Prior authorization is not required to access emergency services, family planning services, preventative services, basic prenatal care, sexually transmitted disease services, Human Immunodeficiency Virus (HIV) testing, or initial mental health and substance use disorder (SUD) assessments.<sup>i</sup>

In the following instances a Medi-Cal member may access services from any Medi-Cal enrolled provider, including providers not contracted with the Alliance without referral or authorization.

1. **Sensitive Services:** Pregnancy testing and counseling, birth control, human immunodeficiency virus infection (HIV)/acquired immunodeficiency syndrome (AIDS) testing, sexually transmitted infection (STI) testing and treatment, and termination of pregnancy. For more information, please see Alliance policy 404-1702 - Provision of Family Planning Services to Members. The Alliance will ensure that staff assisting members through telephone inquiries inform members of their right to obtain services from out-of-network freestanding birth centers (FBCs), Certified Nurse Midwives (CNMs), and Licensed Midwives (LMs) when access to these provider types is not available in-network.
2. **Emergency Services:** Inpatient and Outpatient covered services that are furnished by a Provider that is qualified to furnish those health services needed to evaluate or stabilize an Emergency Medical Condition. Members may receive emergency services from any provider, including providers not contracted with the Alliance and not enrolled in Medi-Cal, including Emergency Medical Transportation needed to obtain emergency services. Emergency room professional services includes all professional, physical, mental, and substance use disorder treatment services, including screening examinations necessary to determine the presence or absence of an Emergency Medical Condition and, if an Emergency Medical Condition exists, for all services Medically Necessary to stabilize the member. Emergency Services includes Facility and professional services and facility charges claimed by emergency departments.<sup>ii</sup>
3. **Gender Affirming Care (GAC):** Gender-affirmative health care can include any single or combination of several social, psychological, behavioral or medical (including hormonal treatment

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or surgery) interventions designed to support and affirm an individual's gender identity. PCP referral and/or prior authorization are not required for office visits related to Gender Dysphoria and/or Gender Affirming Care (GAC).

4. **Medication Assisted Treatment (MAT):** Use of specified MAT medications, such as buprenorphine, with counseling and behavioral therapies to treat substance and alcohol use disorders and prevent opioid overdose.

### **Definitions:**

Administrative Member: A Medi-Cal Member who is not linked to a Primary Care Provider. Administrative Members may access care from any Medi-Cal-enrolled provider consistent with the Alliance policy 200-5000 – Administrative Member Status – Medi-Cal Members.

Alliance-Approved Provider: A provider who has been pre-approved by the Alliance to provide specific services to Alliance members but is not contracted with the Alliance (such as health education services).

California Children's Services (CCS): CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).


Contracted Provider: A provider who has a written agreement with the Alliance to provide services to Alliance members.

HIV Specialist: A clinician who treats HIV/AIDs as defined by Alliance Policy 300-4130 – HIV/AIDs Specialist - Identification and Monitoring.

In Service Area Provider: A provider whose place of service is within the service area for the member's line of business.

Self-Referred Service: A covered service which an Alliance member may access directly, and without a referral.

Whole Child Model (WCM): The purpose of the WCM program is to incorporate services covered by the CCS Program into Medi-Cal managed care for Medi-Cal-eligible CCS Program members. Managed care plans (MCPs) operating in WCM counties will integrate Medi-Cal managed care and CCS Program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.

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## Procedures:

Self-Referred Services vary by line of business and are listed below:

### I. Self-Referred Services for Medi-Cal Members:

1. Alliance Medi-Cal members may access the following services without a referral from a Primary Care Provider (PCP), as long as they go to an Alliance-Approved Provider.
  - a. Alliance Health Education and Disease Management Programs (see Alliance policy 401-3101 – Health Education and Disease Management Programs). Members can self-refer to programs available by calling the Alliance Health Education line 800-700-3874, ext. 5580.
  - b. Urgent Visit primary care services at Urgent Visit access sites.
2. Alliance Medi-Cal members may access the following services without a referral from a PCP, as long as they go to an In-Service Area Contracted Provider.
  - a. Podiatry, Speech, and Occupational Therapy
    - i. For WCM CCS-eligible members, an authorized referral is required for initial evaluation/consultation for Podiatry, Speech, and Occupational Therapy. For more information, see Alliance policy 404-1710 – Pediatric Therapies for Medi-Cal Recipients.
    - ii. For all other members, an initial evaluation/consultation for Podiatry, Speech, and Occupational Therapy does not require a referral from a PCP as long as the member goes to an In-Service Area Contracted Provider.

Any additional visits or course of treatment will require an authorization with approval from the Alliance. The number of treatments allowed is based on the member's medical condition and current Alliance and Medi-Cal guidelines and benefits.

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- b. Acupuncture and Chiropractic services (a maximum of two treatments per month combined):
  - i. Members can self-refer for up to two of these services within a month.
  - ii. Additional acupuncture visits may be approved for pain management with Prior Authorization. For more information, please see Alliance policy 404-1707 - Acupuncture Services for Medi-Cal Members.
- c. Routine well woman care (annual exam and Pap smear) from either an obstetrics and gynecology (OB/GYN) physician or a family practice physician and pregnancy care.

**Note:** Members may access these services from either a Contracted or Non-Contracted Provider.


- d. Family Planning and Sensitive Services:

**Note:** Alliance Medi-Cal members may access the following services from any willing Medi-Cal provider. This service may be rendered by traditional personnel, such as a physician, in a hospital, and includes use of alternative birth facilities within California. Alternative Birthing Centers are specialty clinics authorized to bill Medi-Cal for Comprehensive Perinatal Services Program (CPSP), obstetrical and delivery services. This includes qualified certified nurse practitioner or a certified nurse mid-wife. The provider does not have to be contracted with the Alliance. Home births are not a Medi-Cal covered benefit and are not currently covered by the Alliance.

- i. **Family Planning:** Birth control and pregnancy testing and counseling. Members will be made aware of the importance of family planning, their right to confidential services, and that minors do not need parental consent to receive such services. For more information about Family Planning Services, please see Alliance policy 404-1702 - Provision of Family Planning Services.
- ii. **Sensitive Services:** Pregnancy testing and counseling, birth control, human immunodeficiency virus infection (HIV) / acquired immunodeficiency syndrome (AIDS) testing, sexually transmitted infection (STI) testing and treatment, and termination of pregnancy. These services are listed below:
  - 1. Abortion/termination of pregnancy (legal, unspecified, failed)

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2. Therapeutic abortion counseling
3. Contraception and contraceptive management, including provision of contraceptive pills/devices/supplies and tubal ligation and vasectomy
4. Diagnosis and treatment of STIs if medically indicated, including at home test kits and associated laboratory costs
5. Follow-up care for complications associated with contraceptive methods issued by the family planning provider
6. Health education and counseling necessary to make informed choices and understand contraceptive methods
7. High-risk sexual behavior counseling
8. Laboratory tests, if medically indicated as part of decision-making process for choice of contraceptive methods
9. Limited history and physical examination related to sensitive services.
10. Observation following alleged rape or seduction
11. Treatment for phthirus pubis (pubic lice) and pubic scabies
12. Pregnancy exam or test, pregnancy unconfirmed.
13. Rape examination
14. Sexual assault
15. Screening, testing and counseling of at-risk individuals for HIV and other STIs and referral for treatment
16. Treatment for urinary tract infection or associated symptoms

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Members are not required to file a police report, press charges, or secure a conviction against the assailant. The Alliance will ensure that coverage is provided.


e. Behavioral Health Services

1. An authorized referral is not required for members to access behavioral health services, including those seeking an initial mental health assessment from a network mental health provider. Members are informed in the Member Handbook about how to access services directly from the Alliance's Managed Behavioral Health Organization (MBHO) without an authorized referral.
- ii. For WCM CCS-eligible members, an authorized referral is required to ensure that the member is referred to a CCS paneled provider.

f. Minor Consent Services

- i. Members less than 18 years of age have access to Minor consent Services from any in-network or out-of-network provider without prior authorization. Members are informed of the availability of these services without prior authorization via the Member Handbook.
- ii. Members less than 18 years of age may lawfully consent to treatment for the following, without consent from the member's caregiver:
  - a. Sexual assault, including rape;
  - b. Drug and alcohol abuse for children ages 12 and over;
  - c. Pregnancy;
  - d. Family planning;
  - e. STIs in children ages 12 and over;
  - f. Non-specialty Mental Health Services (NSMHS) outpatient treatment and counseling for children ages 12 and over who are mature enough to participate intelligently in their health care. Minors eligible for full-scope Medi-Cal do not need to apply separately for limited-scope Minor Consent Services to be able to consent to outpatient mental health services

NSMHS providers should use their clinical judgement and expertise to assess whether a minor is mature enough to participate intelligently in these services. Additionally, state law requires the involvement of the minor's parent or guardian

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in the treatment, unless, after consulting with the minor, that the provider determines that such involvement would be inappropriate.

3. Additional Self-Referred Services for Administrative Medi-Cal Members:

In addition to the services listed above, Administrative Medi-Cal members may self-refer for the following services as long as they go to a Provider that accepts Medi-Cal and will bill the Alliance:


- a. Specialty consultation
- b. Initial evaluation for Physical Therapy. Any additional visits or course of treatment will require prior authorization from the Alliance.
- c. Medi-Cal Members over the age of 21 who are medically complex and/or with HIV/AIDS may be designated as Administrative Members. Administrative Members do not require referrals for specialty care and may self-refer to all specialty services including HIV/AIDS specialists.

4. Immunizations

- a. Members may access Local Health Department (LHD) clinics for immunizations, regardless of whether the LHD is an in-network or out-of-network provider, without prior authorization, Members should access immunizations at their Primary Care Physicians (PCPs) office. Members may also self-refer for immunizations without authorization or referral and receive immunizations from Public Health Department (PHD), mobile vaccine clinics and street medicine. (see Alliance Policy 401-1506 – Immunization Services and Reimbursement).
5. Medication Assisted Treatment (MAT): Use of specified MAT medications, such as buprenorphine, with counseling and behavioral therapies to treat substance and alcohol use disorders and prevent opioid overdose.

## II. Self-Referred Services for Alliance Care In-Home Supportive Services:

1. Members in IHSS line of business may access the following services without a referral from a PCP, as long as they go to an Alliance-Approved Provider.

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- a. Alliance Health Education and Disease Management Programs (see Alliance policy 401-3101 – Health Education and Disease Management Program). Members can self-refer to programs available by calling the Alliance Health Education line 800-700-3874, ext. 5580:
2. Members in IHSS line of business may access the following services without a referral from a PCP, as long as they go to an In-Service Area Contracted Provider:
  - a. Routine well woman care (annual exam and pap smear) from either an OB/GYN physician or a family practice physician
  - b. Pregnancy care
  - c. Family Planning services: Services may include, but are not limited to pregnancy services, termination of pregnancy, contraception, and counseling on STIs. Members will be made aware of the importance of family planning, their right to confidential services, and that minors do not need parental consent to receive such services. For more information about Family Planning Services, please see Alliance policy 404-1702 - Provision of Family Planning Services.
  - d. Behavioral Health Services
  - e. Medication Assisted Treatment (MAT): Use of specified MAT medications, such as buprenorphine, with counseling and behavioral therapies to treat substance and alcohol use disorders and prevent opioid overdose.


The Alliance will arrange follow-up health care treatment from out of service area providers if services are unavailable with in-service area contracted providers to ensure timely access to covered health care services consistent with Section 1367.03. The Alliance will cover follow-up health care treatment if those services are for emergency services and care as defined in Section 1317.1.

#### **References:**

Alliance Policies:

- 200-5000 – Administrative Member Status – Medi-Cal Members
- 300-4130 – HIV/AIDS Specialist - Identification and Monitoring
- 401-1506 – Immunization Services and Reimbursement
- 401-3101 – Health Education and Disease Management Program
- 404-1702 – Provision of Family Planning Services to Members



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404-1707 – Acupuncture Services for Medi-Cal Members  
404-1708– Chiropractic Services for Alliance Members  
404-1710 – Pediatric Therapies for Medi-Cal Recipients  
404-1731 - Medication Assisted Treatment  
408-1305– Behavioral Health Services

**Impacted Departments:**

Care Management  
Quality Improvement and Population Health  
Member Services  
Provider Services

**Regulatory:**

**Legislative:**

Assembly Bill, AB-2843 Health care coverage: rape and sexual assault.

**Contractual (Previous Contract):**

Medi-Cal Contract Exhibit A, Attachment 18, Provision 12.A.1

**Contractual (2024 Contract):**

Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.3.1.H

Medi-Cal Contract, Exhibit A, Attachment 3, Provision 5.5.2.I

**DHCS All Plan Letter:**

APL 18-022 – Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services

APL 20-018 Ensuring Access to Transgender Services

**NCQA:**

Supersedes: APL 16-017-Provision of Certified Nurse Midwife and Alternative Birth Center Facility Services was Superseded by APL 18-022

**Other References:**

Available on the Alliance Website:

Strategic Plan 2022-2026 – Central California Alliance for Health:

PERSON-CENTERED DELIVERY SYSTEM TRANSFORMATION

**Attachments:**

**Lines of Business This Policy Applies To**

- ☐ DSNP  
☒ Medi-Cal  
☒ Alliance Care IHSS

**LOB Effective Dates**

(01/01/2026 – present)  
(01/01/1996 – present)  
(07/01/2005 – present)

**Revision History:**



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Reviewed Date	Revised Date	Changes Made By	Approved By
08/09/2022	08/09/2022	Paige Harris, Regulatory Reporting Supervisor	UMWG
10/27/2022	10/27/2022	Paige Harris, Regulatory Reporting Supervisor	UMWG
02/10/2023	02/10/2023	Paige Harris, Regulatory Reporting Supervisor	UMWG
04/12/2023	4/11/2023	Paige Harris, Regulatory Reporting Supervisor	UMWG
07/27/2023	07/27/2023	Carissa Grepo, RN UM Manager – Prior Auth	UMWG
10/18/2023	10/18/2023	Danah Hernandez, UM Regulatory Reporting Supervisor	UMWG
12/10/2024	12/10/2024	Kelly Tlemcani, Business Analyst II	UMWG
12/27/2024	12/27/2024	Danah Hernandez, UM Regulatory Reporting Supervisor	UMWG
04/01/2025	04/01/2025	Kelly Tlemcani, Business Analyst II	UMWG

i 2024 Medi-Cal Contract A.3.2.3.1.H

ii 2024 Medi-Cal Contract A.10.8.D.2