
9. ACCESS STANDARDS

E. Access to Services with Special Arrangements

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Members.

POLICY:

- A. IEHP and its IPAs ensure that Members have access to medically necessary covered services, including but not limited to services with special arrangements.

PURPOSE:

- A. To ensure that Members have access to services with special arrangements.

DEFINITION:

- A. Sensitive Services – All health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence, and minor consent services, as outlined in this policy.¹

PROCEDURES:

- A. Services with special arrangements include the following:
1. **Family Planning** – Members may access family planning services through any contracted or non-contracted family planning Provider without prior authorization.² Please see Policy 10G, “Family Planning Services.”
 2. **Sexually Transmitted Infection (STI) Preventive Care, Diagnosis and Treatment** – Members may access STI services without prior authorization both within IEHP’s Provider network and from an out-of-network Local Health Department (LHD), any qualified family planning Provider, or any other Provider who treats STIs within his or her scope of practice.³ Please see Policy 10H, “Sexually Transmitted Infection Services.”
 3. **HIV Testing and Counseling** – Members may access confidential HIV testing and counseling services without prior authorization within IEHP’s Provider network and from an out-of-network LHD or any qualified family planning Provider.^{4,5,6,7} Please see

¹ California Civil Code (Civ. Code) § 56.05(p)

² Department of Health Care Services (DHCS)-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.8, Specific Requirements for Access to Programs and Covered Services

³ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.8, Specific Requirements for Access to Programs and Covered Services

⁴ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.8, Specific Requirements for Access to Programs and Covered Services

⁵ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 3.3.11, HIV Testing and Counseling

⁶ CA Health & Saf. Code, § 1367.46

⁷ CA Health & Saf. Code § 1342.3

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Policy 10I, “HIV Testing and Counseling.”

4. **Immunization** – Immunizations are preventive services not subject to prior authorization requirements.^{8,9,10,11} Please see Policy 10B, “Adult Preventive Services.”
5. **Indian Health Services (IHS) Programs** –Members must have timely access to Indian Health Services (IHS) Providers within the Plan’s network, where available. IHS Providers, whether within or outside the network, can provide referrals directly to network Providers without requiring a referral from a network Primary Care Provider (PCP) or prior authorization.¹²

B. Minor Consent Services

1. Members under the age of 18 may access the following services through any Provider within or outside IEHP’s Provider network without requiring prior authorization or parental consent:¹³
 - a. Treatment for sexual assault, including rape;¹⁴
 - b. Treatment for intimate partner violence;¹⁵
 - c. Drug or alcohol treatment services (for children 12 years of age and older);¹⁶
 - d. Pregnancy-related services;¹⁷
 - e. Family planning services;
 - f. STI preventive care, diagnosis, and/or treatment (for children 12 years of age and older);¹⁸
 - g. HIV testing;
 - h. Behavioral health care (outpatient mental health care for children 12 years of age and older who are mature enough to participate intelligently in their health care);¹⁹ and
 - i. Abortion services.²⁰

⁸ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.8, Specific Requirements for Access to Programs and Covered Services

⁹ DHCS All Plan Letter (APL) 18-004 Supersedes Policy Letter (PL) 96-013 and APL 07-015, “Immunization Requirements”

¹⁰ DHCS APL 16-009, “Adult Immunizations as a Pharmacy Benefit”

¹¹ CA Health & Saf. Code § 1367.002

¹² DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.8, Specific Requirements for Access to Programs and Covered Services

¹³ Ibid.

¹⁴ California Family Code (Fam. Code) §§ 6927 & 6928

¹⁵ CA Fam. Code § 6930

¹⁶ CA Fam. Code § 6929

¹⁷ CA Fam. Code § 6925

¹⁸ CA Fam. Code § 6926

¹⁹ CA Fam. Code § 6924

²⁰ CA Fam. Code § 6925

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2. There are additional regulations that deal specifically with services provided to minors (See “California Minor Consent and Confidentiality Law” found on the IEHP website).²¹ Prior to any reliance on the information included, please check the citations for a comprehensive understanding of the statutes, as well as any updates and/or changes to the law. Additionally, please refer to your legal counsel for official interpretation or other laws/regulations that may be applicable.
- C. Other authorization or access requirements include:
1. **Pregnancy-Related Services** – Services do not require prior authorization and can be provided by any credentialed obstetrical Practitioner within the IPA’s network.²²
 2. **Abortion Services** – Abortion is a covered benefit regardless of the gestational age of the fetus. Medical justification is not required. Services do not require prior authorization and can be obtained through any contracted or non-contracted qualified Provider consistent with the DHCS Medi-Cal Provider Manual.²³ Coverage includes medical services and supplies incidental or preliminary to an abortion. The Plan does not impose annual or lifetime limits on the coverage of outpatient abortion services.²⁴ However, no physician or other health care provider who objects to performing abortion services is required to do so, and no person refusing to perform an abortion is to be subject to retaliation in any form for such a choice.²⁵
 3. **Behavioral Health Care** - The PCP is responsible for behavioral health care within his/her scope of practice, otherwise, the Member may be referred or may self-refer to the appropriate Behavioral Health Provider or County Behavioral Health Department. Please see Policy 12K1, “Behavioral Health – Behavioral Health Services” for more information.
 4. **Substance Use (Drug or Alcohol) Disorder Treatment Services** - Substance use disorder (SUD) services are provided by the SUD program at the Member’s county of residence or Medi-Cal Fee-For-Service (FFS). See Policy 12K2, “Behavioral Health – Substance Use Disorder Treatment Services” for more information.
 5. For more specific information regarding authorization requirements and other details, see Sections 10, “Medical Care Standards” and 14, “Utilization Management.”
- D. If a Provider has religious or ethical objections to perform or otherwise support the provision of covered services, IEHP and its IPAs will timely arrange for, coordinate, and ensure the Member receives the covered services through referrals to a Provider that has no religious or ethical objection to performing the requested service or procedure at no additional expense to

²¹ <https://www.providerservices.iehp.org/en/resources/resources-for-providers/forms>

²² DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 2.3.1 Prior Authorization and Review Procedures

²³ [DHCS Medi-Cal Provider Manual, “Abortions”](#)

²⁴ DHCS All Plan Letter (APL) 24-003. Supersedes APL 22-022, “Abortion Services”

²⁵ CA Health & Saf. Code § 123420

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the Department of Health Care Services (DHCS) or the Member.²⁶

- E. Medical information related to sensitive services must only be disclosed to the Member receiving care, absent an express authorization of the Member.²⁷
- F. Members are informed of their rights to access sensitive services and services with special arrangements through the Member Handbook.
- G. Members, regardless of age, may obtain information regarding access to care and assistance with scheduling appointments for sensitive services through IEHP Member Services at (800) 440-4347 or their PCP's office. Assistance is provided with complete confidentiality.
- H. Periodic monitoring of Provider compliance is performed through review of encounter data and medical record review. See Policy 6A, "Facility Site Review and Medical Record Review Survey Requirements and Monitoring," for more information.

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	<input checked="" type="checkbox"/> DHCS	<input type="checkbox"/> CMS
	<input checked="" type="checkbox"/> DMHC	<input type="checkbox"/> NCQA
Original Effective Date:	September 1, 1996	
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²⁶ DHCS-IEHP Primary Operations Contract, Exhibit A, Attachment III, Provision 5.2.8, Specific Requirements for Access to Programs and Covered Services

²⁷ Department of Managed Health Care (DMHC) All Plan Letter (APL) 22-010, "Guidance Regarding AB 1184"