



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
<b>Policy Title</b>	Sensitive Services	<b>Policy #</b>	3.20-P
<b>Policy Owner</b>	Utilization Management	<b>Original Effective Date</b>	2004-05
<b>Revision Effective Date</b>	1/16/2025	<b>Approval Date</b>	2/12/2026
<b>Line of Business</b>	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

**I. PURPOSE**

The purpose of this policy is to define Kern Health Systems’ (KHS) responsibilities and procedures for ensuring timely and confidential access to sensitive services, in accordance with applicable state and federal laws. This includes compliance with the California Family Code, Health and Safety Code, and guidance issued by the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS). Sensitive services include, but are not limited to reproductive health care, abortion, family planning, pregnancy-related care, sexually transmitted infection (STI) testing and treatment, Human Immunodeficiency Virus (HIV) counseling and testing, substance use treatment, and outpatient mental health services. This policy affirms KHS’s obligation to safeguard protected health information, support members’ rights to confidential care including those of minors legally permitted to consent to such services and implement appropriate procedures to ensure access and privacy are maintained.

**II. POLICY**

A. Kern Health Systems (KHS) will maintain procedures to ensure confidentiality and ready access to sensitive services for all members, including minors. Members shall be able to access sensitive services in a timely manner and without barriers such as prior authorization requirements. Access to abortion services for minors is subject to applicable State and Federal law.

KHS ensures access to minor consent services from any network provider or out of network provider without requiring prior authorization to all minors twelve (12) years of age, under the age of eighteen.

Sensitive services will be provided in accordance with the contractual requirements outlined in the following sources:

1. Department of Managed Health Care (DMHC) All Plan Letter (APL) 22-010 Guidance Regarding Assembly Bill 1184-Confidentiality of Medical Information.
2. Assembly Bill (ABP 1184 (Chiu, Ch. 190, Stats. 2021) amends Civil Code Sections 56.05 and 56.35 and adds Civil Code section 56.107, effective July 1, 2022

Sensitive services will be provided in accordance with the following *KHS Policies and Procedures*:

- A. 2.17-P Access – Treatment of a Minor
- B. 3.17-P STD Treatment
- C. 3.18-P Confidential HIV Testing
- D. 3.21-P Family Planning Services and Abortion
- E. 3.24-I/P Maternity Care
- F. 14.03-P Protected Health Information – Privacy, Use, and Disclosure

### III. DEFINITIONS

TERMS	DEFINITIONS
<b>Sensitive Services</b>	<p>Those services related to:</p> <ol style="list-style-type: none"> <li>A. Sexual assault</li> <li>B. Drug or alcohol abuse for children 12 years of age or older</li> <li>C. High risk sexual behavior</li> <li>D. Pregnancy</li> <li>E. Family planning</li> <li>F. Sexually transmitted diseases designated by the Director for children 12 years of age or older.</li> <li>G. Sexually transmitted diseases for adults</li> <li>H. Abortion</li> <li>I. HIV testing, counseling, and treatment as specified in Health &amp; Safety Code 121020</li> <li>J. Non-specialty Mental Health Services (NSMHS) for minors 12 years of age or older to consent to non-specialty outpatient mental health treatment or counseling if deemed mature enough to participate intelligently by the attending professional.</li> </ol> <p>All health care services described in Sections 6924, 6925, 6926, 6927, 6928, and 6929 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section, including but not limited to:</p> <ol style="list-style-type: none"> <li>K. Mental Health treatment or counseling services as defined in California Family Code 6924 and Health and Safety Code 124260 (b)</li> <li>L. Medical care related to the prevention or treatment of pregnancy, as specified in Family code 6925.</li> <li>M. Minors aged 12 years or older consenting to medical care related to</li> </ol>

	<p>the diagnosis and treatment of infectious, contagious, or communicable diseases if the disease/condition is required by law or regulation to be reported to local health officer or is a related sexually transmitted disease as determined by the State Public Health Office (as defined in California Family Code 6926)</p> <p>N. Minors aged 12 years or older consenting to medical care related to the prevention of a sexually transmitted disease (as defined in Family Code 6926)</p> <p>O. Minors aged 12 years or older consenting to medical care related to the diagnosis or treatment of the condition and collection of medical evidence with regard to alleged rape or sexual assault (as defined in Family Code 6927 and 6928).</p> <p>P. Minors aged 12 years or older consenting to medical care and counseling related to the diagnosis and treatment of a drug or alcohol-related problem (as defined in Family Code 6929)</p> <p>Q. Abortions (APL 22-022)</p>
<b>Abortion Services</b>	<p>Abortion services are covered by the Medi-Cal program as a Physician service. Abortion is a covered benefit regardless of the gestational age of the fetus, and medical justification and authorization for abortion are prohibited.</p> <p>Abortion services are, by nature, sensitive services. Minors who wish to receive abortion services may do so without parental consent under the Medi-Cal Minor Consent Program.</p>
<b>Protected Individual</b>	<p>“Protected individual” means any adult covered by the subscriber’s health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. “Protected individual” does not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code.</p>

**IV. PROCEDURES**

- A. Services are provided in confidence to adolescents and adults from any qualified provider in a timely manner without barriers including prior authorizations.
  - 1. Adult members may self-refer without prior approval except in cases where those services require hospitalization.
- B. Adolescents twelve (12) years of age and older may request these services without parental consent.
- C. Parents and/or guardians will not be informed of a minor’s sensitive services information without the minor’s permission, except as allowed by law.

D. Adolescent and adult Members are able to access the following services in a timely and confidential manner without prior authorization:

1. Family planning services
2. Pregnancy services (including pregnancy termination)
3. Treatment for injuries resulting from sexual assault.
4. Diagnosis and treatment of sexually transmitted diseases from any qualified provider.
5. HIV counseling and testing services
6. Alcohol and substance abuse treatment including heroin detoxification, confidential referrals.
7. Behavioral health referrals.
8. Non-specialty outpatient mental health care for children twelve (12) years of age or older who are deemed mature enough by the attending professional clinical judgement to participate intelligently.
  - a. Professional person treating or counseling the minor must consult with the minor before determining whether involvement of the parent or guardian would be appropriate.
    - i. Following consultation with minor, professional person treating minor must note their determination regarding the appropriateness of involvement of the parent in the member record, stating either; Whether and when the person attempted to contact the minor's parent or guardian and whether the attempt was successful
    - ii. The reason why in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian
9. Abortion Services:
  - a. In accordance with the KHS EOC-Member Handbook there are no limitations annual or lifetime on the coverage of abortion services.
  - b. Members may select and go to any Medi-Cal Provider (regardless of network affiliation with KHS (contracted and non- contracted) for abortion services, at any time for any reason, regardless of network affiliation.
  - c. KHS shall not impose the requirement for a physician, health care provider, or person to perform or participate in the performance of an abortion and will honor the provider's right to refuse the service.
    - i. The refusal to perform and abortion will not be subject to penalty or discipline in any form for such a choice.
    - ii. In the event a provider refuses to perform the abortion service, in such

case, KHS will assist the member to find another provider for the needed services to ensure the member receives timely access to the abortion services.

1. Members are informed to contact KHS Member services department for any assistance in accessing care. This includes assisting members with access to abortion services.
  - d. If a Member chooses to see an Out-of- Network Provider for abortion services, the reimbursement rate will not be lower, and is not required to be higher, than the Medi-Cal Fee-For-Service rate, unless the Out-of- Network Provider and KHS mutually agree to a different reimbursement rate.
  - e. KHS will cover abortion services, as well as the medical services and supplies incidental or preliminary to an abortion, consistent with the requirements outlined Medi-Cal Part 2 Provider Manual Abortions (abort) (ca.gov).
  - f. KHS will pay providers of abortion services in compliance with the clean claims requirements and timeframes and in accordance with the DHCS-KHS Contract
10. Members are encouraged to call their in-plan Primary Care Provider (PCP) to schedule an appointment for the following:
- a. Sensitive and prevention services and education regarding positive impact of coordinated care on health outcomes.
  - b. Confidential referrals from their PCP for family planning services, and pregnancy services, including pregnancy termination; sexual assault services; sexually transmitted diseases and treatment; and HIV counseling and testing, alcohol and/or substance abuse treatment; and behavioral health treatment.
- E. Directing communications regarding a protected individual's receipt of sensitive services as follows:
1. Directly to the protected individual's designated alternative mailing address, email address, or telephone number; OR,
  2. In the absence of a designated alternative mailing address, email address, or telephone number: to the address or telephone number on file in the name of the protected individual.
  3. Communications (written, verbal or electronic communications) regarding a protected individual's receipt of sensitive services shall include:
    - a. Bills and attempts to collect payment.
    - b. A notice of adverse benefits determinations.
    - c. An explanation of benefits notice.
    - d. KHS requests for additional information regarding a claim
    - e. A notice of a contested claim.

- f. The name and address of a provider, description of services provided, and other information related to a visit.
  - g. Any written, oral, or electronic communication from a plan that contains protected health information
4. Not disclosing medical information related to sensitive health care services provided to a protected individual to the primary subscriber or any plan enrollees other than the protected individual receiving care, absent an express authorization of the protected individual.
  5. Permitting and accommodating requests from subscribers or enrollees for confidential communication in the form and format requested, if readily producible in the requested form and format, or at alternative locations.
  6. Implementing confidential communications requests within 7 calendar days of receipt of an electronic or telephonic request or within 14 calendar days of receipt by first-class mail. In addition, acknowledging receipt of confidential communications requests and advising the subscribers or enrollees of the status of implementation of the requests if the subscribers or enrollees contact the plan. All UM notifications will be sent to Member Services.

**V. ATTACHMENTS**

Attachment A:	N/A
---------------	-----

**VI. REFERENCES**

Reference Type	Specific Reference
All Plan Letter(s) (APL)	DHCS APL 24-019
All Plan Letter(s) (APL)	DHCS APL 22-022
All Plan Letter(s) (APL)	DHCS APL 22-010
Other KHS Policies	2.17-P Access – Treatment of a Minor
Other KHS Policies	3.17-P STD Treatment
Other KHS Policies	3.18-P Confidential HIV Testing
Other KHS Policies	3.21-P Family Planning Services and Abortion
Other KHS Policies	3.24-I/P Maternity Care
Other KHS Policies	14.03-P Protected Health Information – Privacy, Use, and Disclosure

**VII. REVISION HISTORY**

Action	Date	Brief Description of Updates	Author
Revised	2025-01	Updated per DHCS APL 24-019, Minor Consent to Outpatient Mental Health Treatment or Counseling.	UM
Revised	2023-01	Updated per DHCS APL 22-022, Abortion Services, Medi-Cal Part 2 Provider Manual <u>Abortions (abort)</u> (ca.gov). DHCS approval received on 2/10/2023, DMHC Approval received on 4/11/2023 (efiling 20231319).	UM
Revised	2022-10	Updated per 2024 DHCS contract. Exhibit A Attachment III Section 5.2.8 Specific Requirements for Access to Programs and Covered Services. Approved by DHCS on 3/7/2023.	UM
Revised	2022-04	Policy updated as per Department of Managed Health Care APL 22-010 Assembly Bill 1184 effective date 7/1/22. DMHC approval received on 2/1/2023.	UM
Revised	2017-02	Policy updated per MCAL policy Minor Consent program September 2016. Definition contains both elements of the contractual definition and services listed in 1996 DHS contract section 6.5.6.5. Exhibit E1 pg. 14 (Minor consent services). DHS considers all of the listed services to be sensitive services. See DHS Medical Review YE Oct03. (Finding 3.1.5).	UM

**VIII. APPROVALS**

Committees   Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		
Choose an item.		

<b>Regulatory Agencies (if applicable)</b>	<b>Date Reviewed</b>	<b>Date Approved</b>
Department of Managed Health Care (DMHC)	Efiling 20252739	7/2/2025
Department of Health Care Services (DHCS)	Post OR D.0390 (R.0186)	6/18/2025
Department of Managed Health Care (DMHC)	Efiling 0231319	4/11/2023
Department of Health Care Services (DHCS)	APL 22-022	2/10/2023
Department of Health Care Services (DHCS)	OR R.0186	3/7/2023
Department of Managed Health Care (DMHC)	APL 22-010	2/1/2023