

AMENDED IN ASSEMBLY APRIL 25, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 652

Introduced by Assembly Member Mitchell
(Coauthor: Assembly Member Jeffries)

February 16, 2011

An act to add Section 1367.17 to the Health and Safety Code, to add Section 12693.625 to the Insurance Code, and to add Section ~~14132.19~~ *14087.306* to the Welfare and Institutions Code, relating to child health.

LEGISLATIVE COUNSEL'S DIGEST

AB 652, as amended, Mitchell. Child health.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law creates the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, to arrange for the provision of health, dental, and vision benefits to eligible children pursuant to a federal program, the State Children's Health Insurance Program. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. *Under existing law, one of the methods by which Medi-Cal is provided is pursuant to contracts with various types of managed care plans. Existing law provides for a schedule of benefits under the Medi-Cal program and provides for various services provided to children, including, among*

others, early and periodic screening, diagnosis, and treatment for any individual under 21 years of age.

~~This bill would provide that an initial health assessment, as defined, and a forensic medical evaluation, as defined, shall be covered benefits under the Healthy Families Program, the Medi-Cal program, and under health care service plans licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1973, as prescribed. Because a willful violation of the bill’s provisions relative to health care service plans would be a crime, the bill would impose a state-mandated local program.~~

This bill would provide that an initial health assessment, as defined, and a forensic medical evaluation, as defined, shall be covered benefits under health care service plans licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1973, and would require these health care service plans, plans providing services under the Healthy Families Program, and Medi-Cal managed care plans, as defined, to make payments to providers for these services, as specified. This bill would authorize a county board of supervisors to, upon a motion made at the request of a local child welfare agency, excuse the plans specified above from the obligation to provide coverage of, or payment for, initial health assessments or forensic medical evaluations provided to children who are residents of that county if the county welfare agency has made sufficient alternative arrangements to ensure that the services are provided and that payment is made to providers for these services. Because a willful violation of the bill’s provisions relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1367.17 is added to the Health and Safety
- 2 Code, to read:
- 3 1367.17. (a) For the purposes of this section, the following
- 4 definitions shall apply:

1 (1) “Initial health assessment” means a medical or dental
2 examination, or both, performed on a child for whom a case plan
3 must be prepared pursuant to Section 16501.1 of the Welfare and
4 Institutions Code and who has been placed in an out-of-home
5 placement within the last 30 days, and that is designed to determine
6 the child’s medical and dental status and further health care needs.
7 An initial health assessment shall meet, and may exceed, the
8 guidelines established by the Child Health and Disability
9 Prevention Program for well child exams and includes, but is not
10 limited to, diagnostic testing to the extent necessary to provide a
11 complete assessment.

12 (2) “Forensic medical evaluation” means an examination
13 performed by a qualified medical professional at the request of a
14 local child welfare agency ~~or local law enforcement agency~~
15 pursuant to Section 324.5 of the Welfare and Institutions Code. A
16 forensic medical ~~examination~~ *evaluation* includes, but is not limited
17 to, diagnostic testing to the extent necessary to provide a complete
18 evaluation.

19 (b) (1) An individual or group health care service plan contract
20 issued, amended, or renewed on or after January 1, 2012, shall
21 cover an initial health assessment or forensic medical evaluation
22 provided for any child who is an enrollee at the time the assessment
23 or evaluation is performed. Notwithstanding any other provision
24 of law, prior authorization shall not be required for the provision
25 of an initial health assessment or forensic medical evaluation
26 pursuant to this section.

27 (2) *This section shall not be construed to apply to specialized*
28 *health care service plans as described in subdivision (o) of Section*
29 *1345.*

30 ~~(e) In the event that a local child welfare agency elects to limit~~
31 ~~the health care providers that are eligible to receive payment~~
32 ~~pursuant to this section, the obligation to pay providers shall only~~
33 ~~apply to initial health assessments and forensic medical evaluations~~
34 ~~performed by providers designated by the local child welfare~~
35 ~~agency.~~

36 ~~(d) Payments made to providers pursuant to this section shall~~
37 ~~be equal to the reasonable value of the service, which shall in no~~
38 ~~event be less than the amount the Medi-Cal program would pay~~
39 ~~for the same service when rendered by the same provider to a~~
40 ~~Medi-Cal beneficiary on a fee-for-service basis. A contract between~~

1 a provider and a plan obligated to make payment pursuant to this
 2 section may provide for a different amount as long as the amount
 3 is not less than the amount the Medi-Cal program would pay for
 4 the same service when rendered by the same provider to a Medi-Cal
 5 beneficiary on a fee-for-service basis.

6 (c) *Payments made to providers pursuant to this section shall*
 7 *be equal to the reasonable value of the service, which shall not,*
 8 *during the 2012 calendar year, be less than two hundred fifty*
 9 *dollars (\$250) for an initial health assessment, and seven hundred*
 10 *fifty dollars (\$750) for a forensic medical evaluation. These*
 11 *minimum payment amounts shall be increased each year by the*
 12 *Medicare Economic Index. A contract between a provider and a*
 13 *plan obligated to make payment pursuant to this section may*
 14 *provide for a different payment amount.*

15 (d) *In the event that a local child welfare agency elects to limit*
 16 *the health care providers that are eligible to receive payment*
 17 *pursuant to this section, the obligation to pay providers shall only*
 18 *apply to initial health assessments and forensic medical evaluations*
 19 *performed by providers designated by the local child welfare*
 20 *agency.*

21 (e) The obligation to pay a provider pursuant to this section
 22 exists irrespective of whether the provider has a contract with the
 23 plan obligated to make the payment and irrespective of whether
 24 the provider is part of the plan’s network.

25 (f) *A county board of supervisors may, upon a motion made at*
 26 *the request of a local child welfare agency, excuse all individual*
 27 *and group health care service plans from the obligation to provide*
 28 *coverage of, or payment for, initial health assessments or forensic*
 29 *medical evaluations provided to children who are residents of that*
 30 *county if the county welfare agency has made sufficient alternative*
 31 *arrangements to ensure that the services are provided and that*
 32 *payment is made to providers for these services.*

33 (f)

34 (g) A court, local law enforcement agency, or local child welfare
 35 agency may consider or rely on a report by any qualified medical
 36 professional regarding the health care status, needs, or findings of
 37 a forensic medical evaluation concerning a child examined or
 38 evaluated by the qualified medical professional, irrespective of
 39 whether the medical professional may receive payment under this
 40 section.

1 SEC. 2. Section 12693.625 is added to the Insurance Code, to
2 read:

3 12693.625. (a) For the purposes of this section, the following
4 definitions shall apply:

5 (1) "Initial health assessment" means a medical or dental
6 examination, or both, performed on a child for whom a case plan
7 must be prepared pursuant to Section 16501.1 of the Welfare and
8 Institutions Code and who has been placed in an out-of-home
9 placement within the last 30 days, and that is designed to determine
10 the child's medical and dental status and further health care needs.
11 An initial health assessment shall meet, and may exceed, the
12 guidelines established by the Child Health and Disability
13 Prevention Program for well child exams and includes, but is not
14 limited to, diagnostic testing to the extent necessary to provide a
15 complete assessment.

16 (2) "Forensic medical evaluation" means an examination
17 performed by a qualified medical professional at the request of a
18 local child welfare agency ~~or local law enforcement agency~~
19 pursuant to Section 324.5 of the Welfare and Institutions Code. A
20 forensic medical ~~examination~~ *evaluation* includes, but is not limited
21 to, diagnostic testing to the extent necessary to provide a complete
22 evaluation.

23 ~~(b) Coverage provided to subscribers under this part shall
24 include an initial health assessment or forensic medical evaluation
25 provided for any child who is a subscriber at the time the
26 assessment or evaluation is performed. Notwithstanding any other~~

27 *(b) Notwithstanding any other* provision of law, prior
28 authorization shall not be required for the provision of an initial
29 health assessment or forensic medical evaluation pursuant to this
30 section.

31 ~~(c) In the event that a local child welfare agency elects to limit
32 the health care providers that are eligible to receive payment
33 pursuant to this section, the obligation to pay providers shall only
34 apply to initial health assessments and forensic medical evaluations
35 performed by providers designated by the local child welfare
36 agency.~~

37 ~~(d) Payments made to providers pursuant to this section shall
38 be equal to the reasonable value of the service, which shall in no
39 event be less than the amount the Medi-Cal program would pay
40 for the same service when rendered by the same provider to a~~

1 ~~Medi-Cal beneficiary on a fee-for-service basis. A contract between~~
2 ~~a provider and a plan obligated to make payment pursuant to this~~
3 ~~section may provide for a different amount as long as the amount~~
4 ~~is not less than the amount the Medi-Cal program would pay for~~
5 ~~the same service when rendered by the same provider to a Medi-Cal~~
6 ~~beneficiary on a fee-for-service basis.~~

7 *(c) Plans providing coverage under this part, except for*
8 *specialized health care service plans as described in subdivision*
9 *(o) of Section 1345 of the Health and Safety Code, shall make*
10 *payment to providers for initial health assessments and forensic*
11 *medical evaluations of amounts at least equal to the reasonable*
12 *value of the service, which shall not, during the 2012 calendar*
13 *year, be less than two hundred fifty dollars (\$250) for an initial*
14 *health assessment, and seven hundred fifty dollars (\$750) for a*
15 *forensic medical evaluation. These minimum payment amounts*
16 *shall be increased each year by the Medicare Economic Index. A*
17 *contract between a provider and a plan obligated to make payment*
18 *pursuant to this section may provide for a different payment*
19 *amount.*

20 *(d) In the event that a local child welfare agency elects to limit*
21 *the health care providers that are eligible to receive payment*
22 *pursuant to this section, the obligation to pay providers shall only*
23 *apply to initial health assessments and forensic medical evaluations*
24 *performed by providers designated by the local child welfare*
25 *agency.*

26 *(e) The obligation to pay a provider pursuant to this section*
27 *exists irrespective of whether the provider has a contract with the*
28 *plan obligated to make the payment and irrespective of whether*
29 *the provider is part of the plan's network.*

30 *(f) To the extent permitted by federal law, a county board of*
31 *supervisors may, upon a motion made at the request of a local*
32 *child welfare agency, excuse all plans providing coverage pursuant*
33 *to this part from the obligation to provide coverage of, or payment*
34 *for, initial health assessments or forensic medical evaluations*
35 *provided to children who are residents of that county if the county*
36 *welfare agency has made sufficient alternative arrangements to*
37 *ensure that the services are provided and that payment is made to*
38 *providers for these services.*

39 ~~(f)~~

1 (g) A court, local law enforcement agency, or local child welfare
2 agency may consider or rely on a report by any qualified medical
3 professional regarding the health care status, needs, or findings of
4 a forensic medical evaluation concerning a child examined or
5 evaluated by the qualified medical professional, irrespective of
6 whether the medical professional may receive payment under this
7 section.

8 SEC. 3. Section ~~14132.19~~ 14087.306 is added to the Welfare
9 and Institutions Code, to read:

10 ~~14132.19:~~

11 14087.306. (a) For the purposes of this section, the following
12 definitions shall apply:

13 (1) "Initial health assessment" means a medical or dental
14 examination, or both, performed on a child for whom a case plan
15 must be prepared pursuant to Section 16501.1 and who has been
16 placed in an out-of-home placement within the last 30 days, and
17 that is designed to determine the child's medical and dental status
18 and further health care needs. An initial health assessment shall
19 meet, and may exceed, the guidelines established by the Child
20 Health and Disability Prevention Program for well child exams
21 and includes, but is not limited to, diagnostic testing to the extent
22 necessary to provide a complete assessment.

23 (2) "Forensic medical evaluation" means an examination
24 performed by a qualified medical professional at the request of a
25 local child welfare agency ~~or local law enforcement agency~~
26 pursuant to Section 324.5. A forensic medical ~~examination~~
27 *evaluation* includes, but is not limited to, diagnostic testing to the
28 extent necessary to provide a complete evaluation.

29 ~~(b) To the extent permitted by federal law, an initial health~~
30 ~~assessment or forensic medical evaluation provided by a Medi-Cal~~
31 ~~provider, including a provider under a Medi-Cal managed care~~
32 ~~plan, as defined in Section 14093.07, shall be a covered benefit~~
33 ~~under this chapter for any child who is a Medi-Cal beneficiary at~~
34 ~~the time the assessment or evaluation is performed.~~
35 ~~Notwithstanding any other provision of law, prior authorization~~
36 ~~shall not be required for the provision of an initial health~~
37 ~~assessment or forensic medical evaluation pursuant to this section.~~

38 ~~(c) In the event that a local child welfare agency elects to limit~~
39 ~~health care providers that are eligible to receive reimbursement~~
40 ~~under this section, the obligation to reimburse providers shall only~~

1 apply to initial health assessments and forensic medical evaluations
2 performed by providers designated by the local child welfare
3 agency.

4 (d) ~~Reimbursement paid to providers pursuant to this section
5 shall be equal to the reasonable value of the service, which shall
6 in no event be less than the amount the Medi-Cal program would
7 pay for the same service when rendered by the same provider to
8 a Medi-Cal beneficiary on a fee-for-service basis. A contract
9 between a provider and a plan obligated to reimburse the provider
10 pursuant to this section may provide for a different amount as long
11 as the amount is not less than amount the Medi-Cal program would
12 pay for the same service when rendered by the same provider to
13 a Medi-Cal beneficiary on a fee-for-service basis.~~

14 (3) *“Medi-Cal managed care plan” means a health plan that
15 is subject to the requirements contained in Article 2.7 (commencing
16 with Section 14087.3), Article 2.81 (commencing with Section
17 14087.96), and Article 2.91 (commencing with Section 14089), or
18 a prepaid health plan with an agreement under Chapter 8
19 (commencing with Section 14200). “Medi-Cal managed care plan”
20 shall not include a managed care plan that contracts to provide
21 health services in a single specialized area of health care.*

22 (b) *Notwithstanding any other provision of state law, and to the
23 extent permitted by federal law, no Medi-Cal managed care plan
24 shall require prior authorization for the provision of an initial
25 health assessment or forensic medical evaluation pursuant to this
26 section.*

27 (c) *All Medi-Cal managed care plans shall make payment to
28 providers for the initial health assessments and forensic medical
29 evaluations at a rate equal to the reasonable value of the service,
30 which shall not, during the 2012 calendar year, be less than two
31 hundred fifty dollars (\$250) for an initial health assessment, and
32 seven hundred fifty dollars (\$750) for a forensic medical
33 evaluation. These minimum payment amounts shall be increased
34 each year by the Medicare Economic Index. A contract between
35 a provider and a plan obligated to make payment pursuant to this
36 section may provide for a different payment amount.*

37 (d) *In the event that a local child welfare agency elects to limit
38 health care providers that are eligible to receive reimbursement
39 under this section, the obligation to reimburse providers shall only
40 apply to initial health assessments and forensic medical evaluations*

1 performed by providers designated by the local child welfare
2 agency.

3 (e) ~~If applicable, the~~The obligation to reimburse a provider
4 pursuant to this section exists irrespective of whether the provider
5 has a contract with the *Medi-Cal managed care* plan obligated to
6 make the payment and irrespective of whether the provider is part
7 of the plan’s network.

8 (f) *To the extent permitted by federal law, a county board of*
9 *supervisors may, upon a motion made at the request of a local*
10 *child welfare agency, excuse all Medi-Cal managed care plans*
11 *from the obligation to provide coverage of, or make payment for,*
12 *initial health assessments or forensic medical evaluations provided*
13 *to children who are residents of that county if the county welfare*
14 *agency has made sufficient alternative arrangements to ensure*
15 *that the services are provided and that payment is made to*
16 *providers for these services.*

17 (f)

18 (g) A court, local law enforcement agency, or local child welfare
19 agency may consider or rely on a report by any qualified medical
20 professional regarding the health care status, needs, or findings of
21 a forensic medical evaluation concerning a child examined or
22 evaluated by the qualified medical professional, irrespective of
23 whether the medical professional may receive payment under this
24 section.

25 SEC. 4. No reimbursement is required by this act pursuant to
26 Section 6 of Article XIII B of the California Constitution because
27 the only costs that may be incurred by a local agency or school
28 district will be incurred because this act creates a new crime or
29 infraction, eliminates a crime or infraction, or changes the penalty
30 for a crime or infraction, within the meaning of Section 17556 of
31 the Government Code, or changes the definition of a crime within
32 the meaning of Section 6 of Article XIII B of the California
33 Constitution.