

Sample Medi-Cal Appeal Letter For Speech Denial & Referral to School District

<Your Address>

Via Certified Mail

<Date>

Attn: Appeals and Grievances

<Address of your Health Plan>

Re: Request for Appeal for Medi-Cal Patient <Child's name>

To Whom It May Concern:

I am writing on behalf of my child NAME (DOB: XX/XX/XXXX, Health Plan # XXXXXXXXX). I am writing to appeal/grieve about the denial letter dated (xx/xx/xxxx) that I received from (Name of Medical Group or Health Plan) (see attached) regarding speech therapy <services> <evaluation.> The letter states that <CHILD>'s request for speech therapy should be referred to the school district, as is their policy for all children over age three.

I have reviewed my Evidence of Coverage Manual, on pages < xxx> it explicitly describes speech therapy for those under age 21 as a COVERED BENEFIT as long as it is medically necessary (include only if it says this). <CHILD's> pediatrician, Dr XXXXX, requested the authorization. (if an evaluation has been done): Dr XXX, along with evaluating speech therapist XXXXX, agree that at least XX individual sessions of (specify duration, e.g 1 hour, 30 minutes) and XX group sessions per week are medically necessary treatment for <CHILD's> autistic disorder.

Whether <CHILD> is attending public school or receiving an IEP is irrelevant to his/her medical needs. California Health & Safety Code, 1374.72, states that health plans must provide medically necessary treatment of severe mental illnesses, including autism spectrum disorder, under the same terms and conditions applied to other medical conditions. The law does not state that IEP services should be factored into the equation, nor does it state that children can only get part of what was prescribed in the treatment plan because the school should be paying for the other half.

Federal EPSDT standards require that children receive coverage of "necessary health care, diagnostic services, treatment, and other measures . . . to correct or ameliorate defects and physical and mental illnesses and conditions." (42 USC Sec. 1396d(r)(5)). EPSDT medical necessity standard assures a level of coverage sufficient not only to treat an already-existing illness or injury but also to prevent the development or worsening of conditions, illnesses, and disabilities (42 USC Sec. 1396d(r)(5)).

Medi-Cal managed care plans are also governed by the Knox Keene Act, and must meet the requirement to provide "Basic Health Care Services" as described in Health & Safety code

§1367(i) and further elaborated in [28 CCR §1300.67 \(a\) \(1\)](#). Additionally, when contacted by The Autism Health Insurance Project, the Medi-Cal Ombudsman explained that it is the responsibility of the health plan/medical group to seek reimbursement from EPSDT, but that the patient's care should not be impacted or delayed by this exchange.

According to the (speech evaluation or psychological report) <CHILD> has the following language challenges which need to be addressed: (list language difficulties here and specific treatment recommendations). <CHILD>s speech therapist has recommended XX sessions/week for duration of XX months, at which point the need can be reassessed. (If no speech evaluation has been done): A speech evaluation is medically necessary to assess the need for and develop a treatment plan to address <CHILD>'s need for speech therapy.

Thank you in advance for authorizing the requested services.

Sincerely,

Name of Parent, with phone number

Enclosures: (Attached in order)

1. Denial from the Medical Group or Health Plan
2. Speech Therapy evaluation
3. Psychological evaluation
4. XXX Medi-Cal Managed Care EOC, pages (which describe speech therapy as covered, if it is).
5. Any other relevant attachments.