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Department of Health Care Services



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GOVERNOR

DATE: December 18, 2015 **PPL 15-021**

TO: Local Governmental Agency (LGA) Coordinators participating in the Targeted Case Management (TCM) Program

SUBJECT: Affordable Care Act (ACA) “Newly Eligible” Aid Codes and Application to the TCM Program

The purpose of this Policy and Procedure Letter (PPL) is to identify the aid codes for **newly eligible** individuals under the ACA that are applicable to reimbursement under the TCM program. The ACA resulted in a number of new aid codes, only a portion of which are relevant to the adult expansion.

Newly eligible per Section 1905(y)(2)(A) of the federal Social Security Act is defined as:

“...an individual who is not under 19 years of age (or such higher age as the State may have elected) and who, on the date of enactment of the Patient Protection and Affordable Care Act, is not eligible under the State plan or under a waiver of the plan for full benefits or ... is eligible but not enrolled (or is on a waiting list) for such benefits or coverage through a waiver under the plan that has a capped or limited enrollment that is full.”

Pursuant to Section 1905(y) of the federal Social Security Act, medical assistance furnished to Medi-Cal beneficiaries meeting the definition of newly eligible is subject to an increased federal medical assistance percentage (FMAP) rate of reimbursement. The increased FMAP will equal:

- 100% in calendar years 2014 through 2016;
- 95% for calendar year 2017;
- 94% for calendar year 2018;
- 93% for calendar year 2019; and
- 90% for calendar year 2020 and all subsequent calendar years.

Pursuant to Welfare and Institutions Code Section 14132.02 and the federally approved State Plan, newly eligible beneficiaries are afforded full scope Medi-Cal benefits, which may include TCM services when the newly eligible beneficiary also meets the criteria for one of the target populations authorized under the TCM program.

Accordingly, the increased FMAP is available for reimbursement of TCM services furnished on behalf of newly eligible individuals under the following aid codes:

- **L1**— Low Income Health Program (LIHP) Medicaid Coverage Expansion (MCE) Transition to Medi-Cal
- **M1**—Adult 19 to 65 Years at or below 138% Federal Poverty Level (FPL): Citizen/Lawfully Present
- **7U**—Express Lane Enrollment for Adults

If you have any questions regarding this PPL, e-mail the TCM Program at dhcs-tcm@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY MICHELLE KRISTOFF

Michelle Kristoff, Chief
Medi-Cal Administrative Claiming Section