



State of California—Health and Human Services Agency
Department of Health Care Services



July 31, 2020

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 20-14
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: PROVISIONAL POSTPARTUM CARE EXTENSION

The purpose of this All County Welfare Directors Letter (ACWDL) is to establish Medi-Cal policy instruction for Provisional Postpartum Care Extension (PPCE) pursuant to Senate Bill (SB) 104 (Chapter 67, Statutes of 2019). Under SB 104, an individual eligible under Medi-Cal or the Medi-Cal Access Program (MCAP) who would lose coverage after the 60-day postpartum period may remain eligible under their current aid category for an additional 10 months. In order to remain eligible, an individual must provide a *Medical Report for Medi-Cal or MCAP Postpartum Care Extension* form (MC 61) which has been signed by a treating health care provider indicating that the individual has been diagnosed with a maternal mental health condition during their pregnancy, postpartum or 90-day cure period following the postpartum period. PPCE is targeted for implementation on August 1, 2020, and may be suspended on December 31, 2021, unless further legislative action is taken.

Currently under the California Code of Regulations (CCR), Title 22 Section 50260, a pregnant individual who was eligible for and received Medi-Cal during the last month of pregnancy, shall continue to be eligible for all pregnancy-related and postpartum services for a 60-day period beginning on the last day of pregnancy. Eligibility ends on the last day of the month in which the 60th day occurs.

Individuals who would lose Medi-Cal or MCAP coverage after the end of their 60-day postpartum period and who return the MC 61 indicating a maternal mental health diagnosis during pregnancy, postpartum, or 90-day cure period, are eligible for 10 additional months of Medi-Cal or MCAP coverage under PPCE.

Medi-Cal

Aid codes M7, M8, M9, and M0 are Medi-Cal aid codes assigned when an individual requests and is granted health care eligibility for pregnancy. The individual is placed in one of these aid codes based on their income, family size, citizenship, and immigration status.

These four aid codes, along with MCAP aid code 0E, have been identified as likely to cover the majority of PPCE beneficiaries:

Aid Code	Benefits	Description
M7	Full Scope	Pregnant individuals. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present pregnant women with income at or below 138 percent of the FPL.
M8	Restricted to pregnancy-related, postpartum, emergency and LTC services	Pregnant individuals. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to pregnant women who are non-citizens/not lawfully present with income at or below 138 percent of the FPL.
M9	Limited to family planning, pregnancy related, postpartum and emergency services	Pregnant individuals. Provides family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to citizens/lawfully present pregnant women with income above 138 percent to at or below 213 percent of the FPL, with no age limitation.
M0	Restricted to pregnancy-related, postpartum, emergency and LTC services	Pregnant individuals. Provides family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to pregnant women who are non-citizens/not lawfully present with income above 138 percent to at or below 213 percent of the FPL.

Important Note: If there are individuals eligible for PPCE who have coverage under any Medi-Cal aid code other than the four listed above for the final month of their 60-day postpartum period, county eligibility workers (CEWs) must place the individual into one of the above aid codes per the PPCE Aid Code Crosswalk (see attachments). Moving individuals into these aid codes shall not impact continuity of care, scope of coverage or delivery system.

MCAP

Aid code 0E is the Medi-Cal Access Program (MCAP) aid code assigned when an individual requests and is granted health care eligibility for pregnancy. Though it is not managed by the counties, County Eligibility Workers (CEWs) may encounter questions or other interaction from MCAP beneficiaries which this letter seeks to address.

Aid Code	Benefits	Description
0E	Full Scope	MCAP. Provides full-scope, no SOC health care services (medical, dental and vision), through the Medi-Cal managed care delivery system, to pregnant individuals who are California residents with a modified adjusted gross income (MAGI) above 213 percent and up to and including 322 percent of the Federal Poverty Level.

Individuals in aid code 0E will have their PPCE administered by MAXIMUS following the same policy guidance and steps provided in this letter. If a county receives the MC 61 for an individual in aid code 0E, the CEW shall notify MAXIMUS that the individual is eligible for PPCE and MAXIMUS will effectuate PPCE coverage.

To report the receipt of an MC 61 to MAXIMUS, counties must send a scanned copy of the MC 61 securely to MAXIMUS by email at SPELiaisons@maximus.com. Counties may also contact MAXIMUS by phone at (916) 673 4602.

PPCE Eligibility

PPCE eligible individuals are postpartum individuals who are not otherwise eligible for no cost Medi-Cal or MCAP but for their pregnancy and who meet the mental health diagnosis criteria as described in this letter. All PPCE eligible beneficiaries must remain or be placed into one of the aforementioned aid codes for the duration of their PPCE

period. Individuals in any other aid code must be moved into one of the designated aid codes (M7, M9, M8, or M0) based on the aid code under which they had eligibility for the final month of the 60-day postpartum period, as outlined in the PPCE Aid Code Crosswalk. As mentioned previously, it is imperative for PPCE eligible individuals to remain or be placed into one of the designated aid codes to maintain the same scope of benefits, ensure continuity of care, and for proper claiming purposes.

The PPCE program allows these pregnant and postpartum individuals to remain eligible to Medi-Cal or MCAP for the 10 months directly following the end of the postpartum period, predicated upon verification that the individual was diagnosed with a maternal mental health condition during their pregnancy, postpartum or 90-day cure period. This is a 10-month extension to the current 60-day postpartum period.

To be eligible for PPCE, individuals who would otherwise lose Medi-Cal or MCAP coverage and who are diagnosed with a maternal mental health condition during their pregnancy, postpartum period, or 90-day cure period must provide a completed form MC 61 to the county or MCAP program, documenting the existence of a maternal mental health diagnosis. The completed MC 61 can be submitted during the pregnancy, postpartum period, or "90-day cure period" (the three months directly following the 60-day postpartum period and discontinuance from Medi-Cal or MCAP) via in person, mail, fax, or any other available means, per ACWDL 19-17. CEWs must retain documentation that the MC 61 was received in the individual's case record.

PPCE can also be granted after the 90-day cure period with good cause as long as the date of diagnosis with a maternal mental health condition is during the pregnancy, 60-day postpartum or 90-day cure period. If the individual provides the MC 61 beyond the 90-day cure period and they are able to establish good cause per California Code of Regulations, 22 CCR § 50175 (b) and (c), then the county shall follow guidance provided in Welfare and Institutions Code Section (WIC §) 14005.37 to re-establish Medi-Cal eligibility.

PPCE eligibility for the 10-month period begins immediately after the 60-day postpartum period and not the date the MC 61 is received by the county or MCAP program.

Administration

Beginning the first day of the month after the month in which the 60th day occurs (60-day postpartum period), individuals in aid codes M7, M8, M9, M0, or 0E who have submitted the MC 61 verification of a maternal mental health diagnosis, will remain in their respective aid code for the duration of the PPCE period. PPCE eligible individuals

are to remain in coverage for the duration of the PPCE period; protected from increases in income, or other factors that would negatively affect the PPCE individual's eligibility. PPCE for individuals in Medi-Cal aid codes will be administered by the counties. For Medi-Cal individuals in aid codes M7, M8, M9 or M0, the CEW will grant an additional 10 months of eligibility immediately following the 60-day postpartum end date, retaining the individual's current aid code, by sending a closed period Eligibility Status Action Code (ESAC) transaction to MEDS. This will allow the individual to remain in their respective aid code for the closed eligibility period limited to the additional 10 months as Exception Eligible.

For PPCE eligible individuals in any other Medi-Cal aid code, the CEW will grant an additional 10 months of eligibility immediately following the 60-day postpartum end date, moving the individual into one of the designated aid codes (per the PPCE Aid Code Crosswalk), by sending a closed period ESAC transaction to MEDS. The individual should not be moved into one of the PPCE aid codes until the end of the 60-day postpartum period. This will allow the individual to remain in their *new* aid code for the closed eligibility period limited to the additional 10 months as Exception Eligible.

For Counties and MAXIMUS: An ESAC-9 transaction is to be sent to MEDS to effectuate the 10-month PPCE period for Medi-Cal and MCAP individuals. This is a closed period of eligibility transaction which must be sent with an end date of 10 months after the end of the 60-day postpartum period. By sending the ESAC-9 closed period transaction to MEDS, individuals are protected from losing their PPCE coverage in MEDS during the 10-month PPCE period. Please refer to the examples below for specific transaction information.

In addition, CEWs must perform an eligibility override in SAWS to extend eligibility for the 10-month PPCE period and protect the PPCE individual's eligibility from auto-batch determinations, including discontinuance. Please refer to respective SAWS instructions on overrides.

IMPORTANT: It is necessary for the CEW to perform both the ESAC-9 transaction and the SAWS override to initiate the PPCE period. The CEW will need to create a manual informing notice. See Attachments section below for more information regarding the PPCE notice.

Per ACWDL 20-04, as with other individuals during their postpartum coverage period, PPCE eligible individuals are exempt from Medical Support Enforcement (MSE) Non-compliance requirements until the end of their 10 month PPCE period.

Alerts

The following MEDS alerts will be used to flag the need for eligibility reevaluations for individuals nearing the end of their PPCE period:

- 9562 TRANSITION PERIOD EXPIRING - MEDI-CAL REEVALUATION NEEDED
(This MEDS Worker Alert will be issued two months prior to termination date.)
- 9065 TRANSITION PERIOD EXPIRED - MEDI-CAL REEVALUATION OVERDUE
(This MEDS Worker Alert will be issued at MEDS Renewal in the month the PPCE period terminates if there is no recorded eligibility in MEDS for the upcoming month.)

Medical Report for Medi-Cal or MCAP Postpartum Care Extension (MC 61)

PPCE individuals are to be provided the MC 61 and PPCE Flyer (attachments below) at one of the following intervals (at minimum):

- Report a pregnancy
- Report the end of pregnancy
- Report a birth

Counties and the MCAP program must also provide the MC 61 to any individual who requests the form.

The MC 61 and PPCE Flyer are available on the Medi-Cal website at: <http://files.medi-cal.ca.gov/pubsdoco/forms.asp> and on the Department of Health Care Services website at: <https://www.dhcs.ca.gov/formsandpubs/forms/Pages/default.aspx>

SAWS shall make programming changes to automate distribution of the MC 61 and PPCE Flyer when a pregnancy is reported, and as part of the newborn package. Counties are to locate the MC 61 and PPCE Flyer at the websites above until SAWS programming is complete. DHCS requests that the MC 61 and PPCE Flyer also be added to the consortia's template repositories.

Redeterminations

Most changes in family circumstances will not affect the PPCE individual's eligibility, except when the individual dies or moves out of state. Therefore, counties must complete a redetermination when the PPCE individual approaches the final month of PPCE eligibility. If ongoing MAGI eligibility cannot be established beyond the 10 month PPCE period, counties must evaluate individuals for all Medi-Cal programs, including non-MAGI eligibility categories as required by ACWDL17-03. If the end of

the PPCE period does not align with the beneficiary's annual redetermination date, the end of the PPCE period will be considered a change in circumstance. Counties must conduct a change in circumstance redetermination at the end of the PPCE period.

Individuals in their PPCE period shall not be terminated from the program before the end of their 10-month extension and not before completing a redetermination. Annual redeterminations which come due during the PPCE period shall not negatively affect PPCE eligibility. Once the PPCE period ends, and the PPCE individual is determined eligible to ongoing Medi-Cal, they take on a redetermination due date according to their Medi-Cal household circumstances. Please see examples 5 through 5c below for clarification.

Examples

The examples below utilize existing functionality to add extended months of exception eligibility.

Example 1: The MC 61 is received during the pregnancy.

In September 2020, a beneficiary receiving M8 submits a completed MC 61 to the County during their pregnancy. The CEW is notified that the pregnancy has ended on October 31st. The postpartum period ends on December 31st.

In December 2020, the CEW overrides eligibility in SAWS to reflect PPCE eligibility and submits an EW20 MEDS transaction to add the exception eligibility beyond the December month of postpartum eligibility using a closed period exception eligible ESAC. The transaction contains the Effective Date of the exception eligibility (010121), the Termination Date of the exception eligibility (103121), the Termination Reason (41 – PPCE Eligibility Ending), and ESAC of 9 to indicate a closed period of exception eligibility. The expiration of the PPCE period will be treated as a Change in Circumstance (CIC), at which point the PPCE individual will be evaluated for ongoing Medi-Cal or other Insurance Affordability Programs (IAPs).

Example 1 Timeline:

Month/Year	Activity
9/2020	Beneficiary submits MC 61
10/2020	Pregnancy ends
11/2020	No action required
12/2020	60-day postpartum period ends – CEW overrides eligibility in SAWS and submits a MEDS transaction for closed period 1/1/21-10/31/21
1/2021	No action required
2/2021	No action required
3/2021	No action required
4/2021	No action required
5/2021	No action required
6/2021	No action required
7/2021	No action required
8/2021	No action required
9/2021	No action required
10/2021	Last month of PPCE period.

Example 2: The MC 61 is received during the postpartum period.

A pregnant beneficiary in aid code M1 reports an increase in income. Due to Continuous Eligibility for Pregnancy (CEP), the beneficiary maintains coverage in aid code M1 for the duration of the pregnancy and postpartum period. The beneficiary notifies the CEW that the pregnancy ended on October 31, 2020. On November 2nd, before the end of the postpartum period, the beneficiary submits a completed MC 61 to the county.

In December 2020, the CEW overrides eligibility in SAWS and completes an online MEDS transaction to reflect PPCE eligibility effective January 2021, under aid code M7 per the PPCE Aid Code Crosswalk. (Please refer to respective SAWS instructions on overrides.) The CEW submits an EW20 MEDS transaction to add the exception eligibility (EW20 and EW30 are both acceptable transactions) beyond the December month of postpartum eligibility using a closed period exception eligible ESAC. The

transaction contains the Effective Date of the exception eligibility (010121), the Termination Date of the exception eligibility (103121), the Termination Reason (41) and ESAC of 9 to indicate a closed period of exception eligibility. The expiration of the PPCE period will be treated as a Change in Circumstance (CIC), at which point the PPCE individual will be evaluated for ongoing Medi-Cal or other Insurance Affordability Programs (IAPs).

Example 2 Timeline:

Month/Year	Activity
9/2020	No action required
10/2020	Pregnancy ends
11/2020	Beneficiary submits MC 61
12/2020	60-day postpartum period ends – CEW overrides eligibility in SAWS and submits a MEDS transaction for closed period 1/1/21-10/31/21
1/2021	No action required
2/2021	No action required
3/2021	No action required
4/2021	No action required
5/2021	No action required
6/2021	No action required
7/2021	No action required
8/2021	No action required
9/2021	No action required
10/2021	Last month of PPCE period.

Example 3: The MC 61 is received during the 90-day cure period.

A beneficiary in aid code M9 notifies the CEW that the pregnancy ended on October 31, 2020. No MC 61 is received, and the postpartum period ends on December 31st. With no other basis for Medi-Cal eligibility, the beneficiary is discontinued from aid code M9 effective December 31st.

On March 15, 2021, the beneficiary submits a completed MC 61 to the County. Because the MC 61 is submitted within the 90-day cure period, the beneficiary’s eligibility in M9 is reinstated, and the 10 months of PPCE eligibility is granted.

In March 2021, the CEW overrides eligibility in SAWS to reflect PPCE eligibility and submits an EW 20 MEDS transaction to add the exception eligibility retroactively back to January 1, 2021, using a closed period exception eligible ESAC. The transaction contains the Effective Date of the exception eligibility (010121), the Termination Date of the exception eligibility (103121), the Termination Reason (41) and ESAC of 9 to indicate a closed period of exception eligibility. The expiration of the PPCE period will be treated as a Change in Circumstance (CIC), at which point the PPCE individual will be evaluated for ongoing Medi-Cal or other Insurance Affordability Programs (IAPs).

Example 3 Timeline:

Month/Year	Activity
9/2020	No action required
10/2020	Pregnancy ends
11/2020	No action required
12/2020	60-day postpartum period ends – beneficiary discontinued from M9
1/2021	No action required
2/2021	No action required
3/2021	Beneficiary submits MC 61 – CEW reinstates M9 through an override in SAWS and submits a MEDS transaction for closed period 1/1/21-10/31/21
4/2021	No action required
5/2021	No action required
6/2021	No action required
7/2021	No action required
8/2021	No action required
9/2021	No action required
10/2021	Last month of PPCE period.

Example 4: The MC 61 is received after the end of the 90-day cure period, with good cause.

A beneficiary in aid code M0 notifies the CEW that the pregnancy ended on October 31, 2020. No MC 61 is received, and the postpartum period ends on December 31st. With no other basis for Medi-Cal eligibility, the beneficiary is discontinued from aid code M0 effective December 31st. No MC 61 is submitted, and the 90-day cure period ends on 4/1/2021.

On September 1, 2021, the beneficiary submits a completed MC 61 to the County with good cause. The diagnosis date reflected on the MC 61 is within the 90-day cure period. Per 22 CCR § 50175(c), 'good cause' includes but is not limited to

- County failure to properly notice beneficiary or process MC 61
- Mailing delays
- Beneficiary physical or mental illness which precludes the return of the MC 61
- Literacy or language barriers
- Unavailability of transportation

Because the completed MC 61 has been submitted with good cause, the beneficiary's eligibility in M0 is re-instated, and the 10 months of PPCE eligibility are granted retroactively to begin where the postpartum period ended.

In September 2021, the CEW overrides eligibility in SAWS to reflect PPCE eligibility and submits an EW20 MEDS transaction to add the exception eligibility retroactively back to January 1, 2021, using a closed period exception eligible ESAC. The transaction contains the Effective Date of the exception eligibility (010121), the Termination Date of the exception eligibility (103121), the Termination Reason (41) and ESAC of 9 to indicate a closed period of exception eligibility

The expiration of the PPCE period will be treated as a Change in Circumstance (CIC), at which point the PPCE individual will be evaluated for ongoing Medi-Cal or other Insurance Affordability Programs (IAPs).

Example 4 Timeline:

Month/Year	Activity
9/2020	No action required
10/2020	Pregnancy ends
11/2020	No action required
12/2020	60-day postpartum period ends – beneficiary discontinued from M0
1/2021	No action required
2/2021	No action required
3/2021	No action required
4/2021	No action required
5/2021	No action required
6/2021	No action required
7/2021	No action required
8/2021	No action required
9/2021	Beneficiary submits MC 61 – CEW reinstates M9 through an override in SAWS and submits a MEDS transaction for closed period 1/1/21-10/31/21
10/2021	Last month of PPCE period.

Example 5: Household’s Annual Renewal due date falls during the PPCE period, and the household returns a complete renewal packet.

The PPCE eligible individual in this situation is covered by Continuous Eligibility for Pregnancy (CEP) and protected through the end of the 10-month PPCE period. The rest of the household is redetermined to remain Medi-Cal eligible and the household renewal due date (including the PPCE individual) is advanced accordingly. Though the ESAC-9 Exception Eligible status will protect MEDS from terminating the individual’s PPCE eligibility, the CEW will need to ensure that the individual remains eligible to PPCE in SAWS, through an override to match MEDS eligibility.

The expiration of the PPCE period will be treated as a Change in Circumstance (CIC), at which point the PPCE individual will be evaluated for ongoing Medi-Cal or other Insurance Affordability Programs (IAPs).

Example 5 Timeline:

Month/Year	Activity
9/2020	Beneficiary submits MC 61
10/2020	Pregnancy ends
11/2020	No action required
12/2020	60-day postpartum period ends – CEW overrides eligibility in SAWS and submits a MEDS transaction for closed period 1/1/21-10/31/21
1/2021	No action required
2/2021	No action required
3/2021	No action required
4/2021	No action required
5/2021	No action required
6/2021	No action required
7/2021	Household (HH) redetermination due; HH provides complete annual renewal packet and is processed per Medi-Cal renewal guidelines. No change in eligibility for PPCE individual
8/2021	No action required
9/2021	No action required
10/2021	Last month of PPCE period. PPCE individual is evaluated for ongoing Medi-Cal

Example 5a: Household Annual Renewal due date falls during the PPCE period, and the household fails to return the renewal packet.

Individuals eligible for PPCE are covered by Continuous Eligibility for Pregnancy (CEP) and protected through the end of the 10 month PPCE period regardless if the HH returns the renewal packet, though the rest of the household may potentially be terminated (with the exception, if applicable, of a Deemed Infant). If the HH fails to return the renewal packet, other HH members must be manually discontinued (excepting a Deemed Infant, who will remain eligible), and the PPCE individual must remain eligible through the PPCE period.

Since the PPCE individual (and deemed infant, if applicable) is the only HH member left on the case, the expiration of the PPCE period will become the individual’s new annual

redetermination due date (which will coincide with the deemed infant’s first birthday, if applicable).

Example 5a Timeline:

Month/Year	Activity
9/2020	Beneficiary submits MC 61
10/2020	Pregnancy ends
11/2020	No action required
12/2020	60-day postpartum period ends – CEW overrides eligibility in SAWS and submits a MEDS transaction for closed period 1/1/21-10/31/21
1/2021	No action required
2/2021	No action required
3/2021	No action required
4/2021	No action required
5/2021	No action required
6/2021	No action required
7/2021	HH Annual Renewal due, but not received – other HH members are manually terminated for failure to provide. PPCE individual’s eligibility is protected and new Annual Renewal due date is set to align with the end of the PPCE period.
8/2021	No action required
9/2021	No action required
10/2021	Last month of PPCE period. PPCE individual is evaluated for ongoing Medi-Cal or other IAPs.

Example 5b: Household Annual Renewal due date falls during the PPCE period, and the household returns the renewal packet during the 90-day cure period.

Individuals eligible for PPCE are covered by Continuous Eligibility for Pregnancy (CEP) and protected through the end of the 10 month PPCE period regardless if the HH returns the renewal packet, though the rest of the household may potentially be terminated (with the exception, if applicable, of a Deemed Infant). If the HH fails to return the renewal packet, other HH members must be manually discontinued.

However, if the other HH members have been discontinued, but provide the completed renewal packet during the 90-day cure period, then they must be reinstated/added back into the PPCE individual’s case following the current 90-day cure policy.

Example 5b Timeline:

Month/Year	Activity
9/2020	Beneficiary submits MC 61
10/2020	Pregnancy ends
11/2020	No action required
12/2020	60-day postpartum period ends – CEW overrides eligibility in SAWS and submits a MEDS transaction for closed period 1/1/21-10/31/21
1/2021	No action required
2/2021	No action required
3/2021	No action required
4/2021	No action required
5/2021	No action required
6/2021	No action required
7/2021	HH Annual Renewal due, but not received– other HH members manually terminated for failure to provide. PPCE individual’s eligibility is protected and new Annual Renewal due date is set to align with the end of the PPCE period.
8/2021	No action required
9/2021	HH provides complete renewal packet during 90-day cure period; Medi-Cal eligibility is reinstated for the HH, and Annual Renewal due date for the case is re-established per Medi-Cal Renewal guidelines
10/2021	Last month of PPCE period. PPCE individual evaluated for ongoing Medi-Cal or other IAPs.

Example 5c: Household Annual Renewal due date falls during the PPCE period where the *only* member of the household is the PPCE eligible individual.

When the PPCE individual is the only member in a household (and deemed infant, if applicable), the expiration of the PPCE period will become the individual’s new annual

redetermination due date. In this example, the HH renewal date prior to PPCE fell in May 2021.

Example 5c Timeline:

Month/Year	Activity
9/2020	Beneficiary submits MC 61
10/2020	Pregnancy ends
11/2020	No action required
12/2020	60-day postpartum period ends – CEW overrides eligibility in SAWS, resets Annual Renewal due date to align with end of PPCE period, and submits a MEDS transaction for closed period 1/1/21-10/31/21.
1/2021	No action required
2/2021	No action required
3/2021	No action required
4/2021	No action required
5/2021	Original Annual Renewal due date overridden to October 2021. PPCE eligibility protects beneficiary coverage.
6/2021	No action required
7/2021	No action required
8/2021	No action required
9/2021	No action required
10/2021	Annual Renewal due date and Last month of PPCE period. PPCE individual is evaluated for ongoing Medi-Cal or other IAPs.

Claims

PPCE is 100 percent State General Fund. Claims will be identified by Exception Eligible status in either aid code M7, M8, M9, M0, or in the case of MCAP, 0E. In order for the claims to be processed correctly, the PPCE beneficiary must be in one of these aid codes with an Exception Eligible status initiated by the ESAC-9 transaction. For this reason, counties must be diligent to ensure PPCE eligible are identified according to the procedures in this letter.

Attachments

- MC 61 – Medical Report For Medi-Cal or MCAP Postpartum Care Extension
- PPCE Aid Code Crosswalk
 - To assist in determining aid code assignment for an eligible PPCE individual.
- PPCE Informational Flyer
 - Informational flyer describing the PPCE program. Will be made available in County Human Services office lobbies, and on the Medi-Cal Pregnancy web page.
- PPCE NOA
 - A template NOA for PPCE is attached to this ACWDL and will be provided to counties. SAWS will not be programmed for PPCE. CEWs must complete the NOA manually.

Program Sunset

This program will be suspended December 31, 2021, unless extended by the Legislature. Further sunset instructions to follow.

If you have questions regarding the PPCE program, please contact Cynthia Cannon by email at Pregnancy@DHCS.ca.gov.

Original signed by

**Sandra Williams, Chief
Medi-Cal Eligibility Division**

MEDICAL REPORT FOR MEDI-CAL OR MCAP POSTPARTUM CARE EXTENSION**COUNTY/MAXIMUS USE ONLY**

Case name	Case number	Worker name	Worker number
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SECTION I (PATIENT/CLIENT INFORMATION AND MEDICAL RELEASE)

Name of patient/client (last, first, middle) / *Nombre del paciente/cliente (apellido, primer nombre, segundo nombre)*

Birth Date/ *Fecha de nacimiento*

Social Security Number, Medi-Cal, or MCAP Number

I authorize / *Autorizo a* _____ of / *de* _____

Name of licensed physician or certified psychologist

Name of clinic or medical group

Nombre del doctor con licencia o psicólogo certificado

Nombre de la clínica o grupo médico

to release my medical information on this form to the county Medi-Cal department or the MCAP program, as appropriate. This authorization is valid for one year from the date signed and I may ask for a copy of this authorization.

al departamento de Medi-Cal del condado o el programa de MCAP como necesario para que proporcione la información médica que se solicita en este formulario. Esta autorización es válida por un año a partir de la fecha de la firma y tengo derecho a solicitar una copia de esta autorización.

Patient/client signature / *Firma del paciente/cliente*

Date/*Fecha*

SECTION II: TREATING HEALTH CARE PROVIDER

The information requested below is needed to determine if the individual named above has been diagnosed with a maternal mental health condition, including but not limited to postpartum depression, during the pregnancy, postpartum period, or within 90 days from the end of the postpartum period. The individual may continue to be eligible for Medi-Cal or MCAP benefits for a period of one year following the last day of the individual's pregnancy. This completed and signed form must be submitted to the individual's county or the MCAP program for processing.

Has the above named individual been diagnosed with a maternal mental health condition?

Yes No

Onset date: _____

(month, day, year)

(County/MAXIMUS Stamp)

I understand that the statements I have made on this form are subject to verification and investigation for welfare fraud.

I declare under penalty of perjury under the laws of the United States and the State of California that the information contained in this report is true, correct, and complete.

Signature of treating health care provider or person authorized to sign on the doctor's behalf		Date	
Printed name and title/specialty		Phone number ()	
Street address (<i>mailing address, if different</i>)	City	State	ZIP code

PPCE Aid Code Crosswalk

rev. 1/21/2020

Non-PPCE Aid Code	Benefits	Description	PPCE Aid Code	Benefits	Description
M1	Full	Title XIX. Adults Eligible recipients age 19 through 65 years old. Provides full-scope, no-cost Medi-Cal coverage to adults with income at or below 138 percent of the FPL.	M7	Full Scope	Pregnant individuals. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present pregnant women with income under 138% percent of the FPL.
M3	Full	Title XIX. Parents/caretaker relatives. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present parent/caretaker relatives with income at or below 109 percent of the FPL.			
M5	Full	Title XXI. Children age 6 through 19 years old. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present children with family income of 108 up to and including 133 percent of the FPL.			
M2	Restricted to pregnancy-related, postpartum, emergency and LTC services	Title XIX. Adults Eligible recipients age 19 through 65 years old. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented adults with income at or below 138 percent of the FPL.	M8	Restricted to pregnancy-related, postpartum, emergency and LTC services	Pregnant individuals. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to pregnant women who are non-citizens/not lawfully present with income under 138% of the FPL.
M4	Restricted to pregnancy-related, postpartum, emergency and LTC services	Title XIX. Parents/caretaker relatives. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented parents/caretaker relatives with income at or below 109 percent of the FPL.			
M6	Restricted to pregnancy-related, postpartum, emergency and LTC services	Title XXI. Children age 6 through 19 years old. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented children with family income at 108 up to and including 133 percent of the FPL.			

44	Restricted to pregnancy-related and postpartum services	213 Percent FPL Pregnant (Income Disregard Program – Pregnant). Provides eligible pregnant women of any age with family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, and postpartum services if family income is at or below 213 percent of the FPL.	M9	Limited to family planning, pregnancy related, postpartum and emergency services	Pregnant individuals. Provides family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to citizens/lawfully present pregnant women with income at 138% to 213% of the FPL with no age limitation.
48	Restricted to family planning, pregnancy-related, and postpartum services	213 Percent FPL Pregnant OBRA (Income Disregard Program – Pregnant OBRA). Provides eligible pregnant aliens of any age without satisfactory immigration status with family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, and postpartum services if family income is at or below 213 percent of the FPL	M0	Restricted to pregnancy-related, postpartum, emergency and LTC services	Pregnant individuals. Provides family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to pregnant women who are non-citizens/not lawfully present with income at 138% to 213% of the FPL.
0G	Full	MCAP (Title XXI). Provides full-scope, no SOC health care services (medical, dental, and vision), through fee-for-service Medi-Cal, to pregnant women who are California residents with a MAGI above 213 percent and up to and including 322 percent of the FPL. This code is not valid for an infant using the mother's ID.	0E	Full Scope	MCAP. Provides full-scope, no SOC health care services (medical, dental and vision), through the Medi-Cal managed care delivery system, to pregnant individuals who are California residents with a modified adjusted gross income (MAGI) above 213% and up to and including 322% of the FPL.

Information on Extending Postpartum Benefits for Medi-Cal and the Medi-Cal Access Program after Pregnancy



Are you pregnant? Or have you been pregnant in the past 60 days, or recently lost your postpartum Medi-Cal?

If you were anxious or depressed during the pregnancy, or feel that way now, talk to your health care provider. You may qualify to keep Medi-Cal for ONE YEAR after the pregnancy, regardless of your immigration status.

HOW DO I APPLY?

STEP ONE: Talk to your health care provider and ask them to complete form **MC 61**, the Medical Report for Medi-Cal or MCAP Postpartum Care Extension. You or your provider can find the MC 61 on the DHCS website:

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/default.aspx>

STEP TWO: Ask your provider to complete and sign the MC 61.

STEP THREE: Return the completed MC 61 to your local County Office in person, via mail, or call the County for additional options for returning the MC 61.

Find your county telephone number here:

<https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>

If you're in the Medi-Cal Access Program (MCAP), you may return your completed MC 61:

- By mail to MCAP, P.O. Box 15559, CA 95852-0559, or
- By fax to 1-888-889-9238, or
- Call MCAP at 1-800-433-2611 for more options to return the MC 61

**MEDI-CAL
NOTICE OF ACTION
APPROVAL OF BENEFITS**

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Your application for Medi-Cal benefits has been approved.

You are entitled to receive Medi-Cal benefits beginning the first day of _____. You will receive a Medi-Cal Benefits Identification Card soon. **Do not throw this card away.** This card is good as long as you are eligible for Medi-Cal. Take this plastic card to your doctor or other Medi-Cal provider when you request medical services.

Since your income exceeds the amount allowed for living expenses, you have a share-of-cost to pay or obligate toward your medical care. Your share-of-cost is \$ _____ beginning _____ . Your share-of-cost was computed as follows:

Gross Income	\$	_____
Net Nonexempt Income	\$	_____
Maintenance Need	\$	_____
Excess Income/Share-of-Cost	\$	_____

Your plastic card will show your provider if you have a share-of-cost to pay. The amount that you must pay or obligate to the provider will be automatically computed. The regulation which requires this action is California Code of Regulations, Title 22, Section 50653.

You are eligible for limited Medi-Cal benefits from _____ to _____ only because you have applied for Minor Consent Services and must reapply by _____ in order for your benefits to continue should you need them. The regulations that require this action are California Code of Regulations, Title 22, Sections 50147.1 and 50163. You will receive a paper Medi-Cal Minor Consent identification card. Take this card to your medical provider when you obtain care.

You are eligible for Medi-Cal benefits for _____ only because PPCE Eligibility. The regulations which require this action are California Code of Regulations, Title 22, Section(s):

WIC Sec 14005.18

You must bring or mail the verification listed below by _____ or your eligibility for Medi-Cal benefits will be discontinued effective the last day of _____. The regulations which require this action are California Code of Regulations, Title 22, Section(s):