



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

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TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 22-23
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: AMERICAN RESCUE PLAN ACT POSTPARTUM CARE EXTENSION
Ref: ACWDL 21-15, MEDIL 21-13 and 21-13E, MEDIL 22-21

The purpose of this All County Welfare Directors Letter (ACWDL) is to update Medi-Cal policy on pregnancy and postpartum care pursuant to H.R. 1319, the American Rescue Plan Act of the 117th Congress 2021-2022 (ARPA) (Pub. Law 117-2).

ACWDL 21-15

This ACWDL obsoletes ACWDL 21-15 in its entirety.

Background

Under provisions of ARPA, California opted to extend the postpartum care period for currently eligible and newly eligible pregnant individuals, effective April 1, 2022. The postpartum coverage period for individuals receiving pregnancy-related and postpartum care services as of April 1, 2022 was expanded to include an additional ten months of coverage following the current 60-day postpartum period for a total of 12 months, without requiring a mental health diagnosis, as well as cover the full breadth of medically necessary services during the pregnancy and postpartum period.

Under 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 continued to be eligible for all pregnancy-related and postpartum services for a 60-day period beginning on the last day of pregnancy. Eligibility ended on the last day of the month in which the 60th day occurs.

Senate Bill (SB) 104 (Chapter 67, Statutes of 2019) amended Welfare and Institutions Code (W&I Code) Section 14005.18 to implement the Provisional Postpartum Care Extension (PPCE). PPCE was a state-funded program that extended the postpartum care period from 60 days to 12 months after the last day of pregnancy to an eligible individual who is receiving pregnancy-related services and is diagnosed with a mental health condition. Implementation of the state-funded PPCE program was effective August 1, 2020, as described in ACWDL 20-14. PPCE sunset on March 31, 2022.

Medi-Cal Postpartum Care Extension (PCE) under the Provisions of ARPA

Effective April 1, 2022, the Medi-Cal postpartum coverage period was extended from 60 days to 12 months for all Medi-Cal eligible pregnant individuals under the provisions of ARPA. The 12 month postpartum coverage period for Medi-Cal eligible pregnant individuals begins on the last day of the pregnancy and will end on the last day of the month in which the 365th day occurs. No mental health diagnosis is necessary to receive this benefit. All Medi-Cal eligible individuals who report a pregnancy are automatically eligible for the 12 month postpartum coverage period.

ARPA PCE protections apply immediately upon report of pregnancy. Please note that aid code 76 must be applied as soon as an individual in any limited or restricted scope aid code reports a pregnancy. Aid code 76 covers both pregnancy and postpartum. It is not time-limited to cover 365 days only and may be applied before the postpartum period begins.

Due to existing Continuous Eligibility for Pregnancy (CEP) rules, pregnant individuals who are eligible under a Medi-Cal program will maintain coverage through their pregnancy and an extended postpartum coverage period regardless of income changes. The ARPA PCE provides protections, broader than and separate from CEP, to prevent individuals from being discontinued during the pregnancy and the 365-day postpartum period.

The only allowable reasons that an individual can be discontinued from ARPA PCE protections during their pregnancy and/or the 365-day postpartum period are as follows:

- Death
- Loss of California residency
- Beneficiary's request for discontinuance
- Receipt of Supplemental Security Income
- Aid on another case

Individuals protected under ARPA PCE shall maintain continuous eligibility in their pregnancy and postpartum coverage through the 12-month postpartum period.

Under ARPA, individuals in pregnancy-related aid codes M0 and M8 will receive the full breadth of medically necessary services during pregnancy and postpartum. Aid code 76 is not necessary when the beneficiary is aided on M0 or M8.

Medi-Cal Access Program (MCAP)

Under California Code of Regulations (CCR), Title 10 Section 2699.209, a pregnant individual who was eligible for and received coverage under the Medi-Cal Access Program (MCAP) during the last month of pregnancy continued to be eligible for all services for a 60-day period beginning on the last day of pregnancy.

In the interest of aligning MCAP with the Medi-Cal postpartum care extension policies described above, the Department of Health Care Services (DHCS) implemented a Health Services Initiative (HSI) to extend the provisions allowed in ARPA to MCAP. Under the HSI the postpartum coverage period for MCAP is also extended for 12 months and ends on the last day of the month in which the 365th day occurs following the last day of pregnancy. Aid code 76 is not necessary for individuals in MCAP coverage.

MEDS Updates for ARPA PCE

As of June 2022, the following new Worker Alert will be generated during the 11th Renewal Month of an individual in their 365-day postpartum period:

#9597- ELIG REDETERMINATION DUE – POSTPART - PRI-ALT

Aid code 76 must be applied when an individual in any limited or restricted scope aid code reports a pregnancy, and coverage begins the month the pregnancy is reported. Aid code 76 will cover all months of pregnancy in addition to the 365 days of postpartum.

When aid code 76 is applied, the individual remains eligible under their original limited or restricted scope aid code, and is protected through the pregnancy and postpartum period.

As a result, the following changes were made to aid code 76 in MEDS:

- Aid code 76 no longer has a 60-day limit.

- Aid code 76 is not time-limited and may be applied before the 365 days of postpartum begin.
- The Expected Delivery Date (EDD) is required to determine the last day of the month in which the 365th day falls.
- Retroactive eligibility is allowed for any of the three months prior to the application month, if otherwise eligible. However, aid code 76 shall not be applied prior to the ARPA PCE implementation date of April 1, 2022.
- Aid code 76 no longer requires closed period eligibility. The County shall add eligibility using a continuing eligibility period Eligibility Status Action Code (ESAC) in MEDS.
- Eligibility response messaging for aid code 76 has been updated to include eligibility during the 365-day postpartum period.

The Statewide Automated Welfare System (SAWS) shall make programming changes to send the EDD to MEDS in the next available SAWS release, as needed.

Redetermination and Annual Renewal

Changes in circumstance or annual renewal processing shall not affect the eligibility of individuals during their pregnancy and 365-day postpartum periods. When a pregnant or postpartum beneficiary is a member of a larger household, the normal redetermination process applies to all other members of the household.

Medi-Cal household members are subject to discontinuance if they fail to complete their annual redetermination; however if the renewal process occurs during an individual's pregnancy or postpartum period, the pregnant or postpartum beneficiary will remain eligible as they are protected due to ARPA PCE. Once the 365-day postpartum period has expired, then the postpartum beneficiary shall have their eligibility redetermined.

If the household completes the annual renewal and maintains coverage during the 365-day postpartum period, then the redetermination for the postpartum beneficiary at the end of the postpartum period should be treated as a change in circumstance. The household's annual renewal date would be retained.

When the household contains only the postpartum beneficiary (or the postpartum beneficiary and a Deemed Infant), the annual renewal date is set for the last month of the postpartum period, and normal renewal processes would apply at that time.

ARPA PCE Beneficiary Flyer

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The ARPA PCE Beneficiary Flyer (attachment below) is to be provided to all individuals at redetermination and when a pregnancy is reported. The Flyer is available on the Medi-Cal website in all threshold languages at: https://files.medi-cal.ca.gov/pubsdoco/preg/pregnancy_landing.aspx

SAWS shall make programming changes to automate distribution of the ARPA PCE Beneficiary Flyer in redetermination packets and when a pregnancy is reported in the next available SAWS release. Until such time as SAWS programming is complete, counties are to locate the Flyer at the website above and send manually when a pregnancy is reported. DHCS requests that the ARPA PCE Beneficiary Flyer be added to the consortia's template repositories. Additionally, DHCS has provided SAWS with updated Notices of Action (NOA) snippets regarding the full breadth of medically necessary services to be programmed in the next available SAWS release.

Please find a Q&A attachment below.

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

Original Signed By,

Sandra Williams, Chief
Medi-Cal Eligibility Division

American Rescue Plan Act Postpartum Care Extension Question & Answer

Question #1: Some requirements, such as the Medical Support Enforcement (MSE) (ref: ACWDL 20-04), require postpartum individuals to respond to the county after 60 days or have coverage terminated. How should MSE be handled under ARPA PCE?

Answer: Under ARPA PCE, a postpartum individual is protected through the full 365 days of their postpartum period. The only allowable discontinuances are:

- Death
- Loss of California residency
- Client request
- Eligible to another case, such as CalWORKS
- SSI eligibility

Discontinuance due to MSE noncompliance is not an allowable discontinuance during the postpartum period. However, when the individual is redetermined at the end of their 365-day postpartum period, MSE compliance shall be enforced, and discontinuance for non-compliance can then be applied as appropriate. Other than limitations on the specific point at which MSE noncompliance can be applied, this guidance changes nothing about existing MSE guidance.

In general, anything that would discontinue the postpartum individual outside of the five reasons listed above should be delayed until the redetermination at the end of the 365-day postpartum period.

Question #2: The 60-day postpartum period previously disregarded citizenship and income changes, but not additional changes, such as additions to the household which would impact the postpartum individual's eligibility. Is this the same as the 365-day postpartum period under ARPA PCE?

Answer: Protection under the 365-day postpartum period is more robust than previous protection under the 60-day postpartum period. Based on federal law, ARPA PCE protects individuals in their postpartum period for **all** reasons except the following:

- Death
- Loss of California residency
- Client request
- Eligible to another case, such as CalWORKS
- SSI eligibility

Individuals should remain in either their full-scope aid code or their limited scope aid code concurrent with aid code 76 for the entire duration of pregnancy and the postpartum period. Except for the five reasons listed above, eligibility must not be changed through the end of the 365-day postpartum period.

Question #3: What is the purpose of adding aid code 76 to run concurrently if the individual already has active Medi-Cal coverage?

Answer: Aid code 76 is designed to meet the requirements of the American Rescue Plan Act by providing the full breadth of medically necessary services to individuals who have Medi-Cal coverage in restricted or limited aid codes. Aid code 76 should never run concurrently with a full-scope aid code, or with aid codes M0 or M8.

Question #4: What does “the full breadth of medically necessary services” mean?

Answer: Aid codes identified as covering “the full breadth of medically necessary services” will cover all services allowable under Medi-Cal. No claim for a Medi-Cal allowable/medically necessary service will be denied, regardless of whether a pregnancy diagnosis code is present on the claim.

Question #5: Why do aid codes M0 and M8 not require aid code 76 to run concurrently? M0 and M8 are listed as limited scope on the Aid Code Master Chart.

Answer: Aid codes M0 and M8 are MAGI pregnancy aid codes which already cover the full breadth of medically necessary services. No claim for a medically necessary service will be denied during the pregnancy and postpartum period.

Question #6: M9 is now a full-scope aid code. Was this part of ARPA PCE?

Answer: No, this was not included in the ARPA PCE. Aid code M9 was transitioned to full-scope effective January 1, 2022 as a result of CMS approval for California’s State Plan Amendment (SPA) 21-0066. Please see ACWDL 22-21.

Question #7: Are specialty mental health services or SUDS (Substance Use Disorder Services) covered under aid code 76?

Answer: Yes. Aid code 76 covers all services covered under Medi-Cal.

Question #8: Should the ARPA PCE protection be treated the same as the Deemed Infant protection?

Answer: No. ARPA PCE and Deemed Infant have some similarities, but requirements are not identical. Please only refer to MEDIL 21-13, MEDIL 21-13E, and this ACWDL for ARPA PCE policy. Please refer to ACWDL 11-33 for Deemed Infant policy.

Question #9: Do Minor Consent beneficiaries qualify for ARPA PCE?

Answer: No. ARPA PCE is an **automatic** postpartum extension. Minor Consent eligibility is month-to-month and cannot be applied automatically. During Minor Consent intake, the eligibility worker should discuss with the applicant to determine which Minor Consent aid code is appropriate to cover needed services.

Minor Consent pregnancy and postpartum aid code 7N can be applied up to 12 months following the end of a pregnancy for access to postpartum services, but does **not** cover the full breadth of medically necessary services. For this reason, aid code 7N may not be the most appropriate aid code for the applicant's desired services. Minor Consent eligibility is on a month-to-month basis, except in cases of ongoing outpatient mental health treatment (please see the Medi-Cal Eligibility Procedures Manual Article 4V for more detail).

Question #10: Does ARPA PCE replace the previous Provisional Postpartum Care Extension (PPCE) program?

Answer: Yes. As of April 1, 2022, ARPA PCE fully replaced PPCE. Please note that ARPA PCE is an automatic postpartum extension and does not require a mental health diagnosis or the MC 61 form which was previously required under PPCE.

Question #11: Will DHCS be editing previous policy letters and documents to reflect the change from the 60-day postpartum period to the 365-day postpartum period?

Answer: DHCS has updated Provider Manuals, the Aid Code Master Chart, and has published these updates to the DHCS and Medi-Cal websites on the Pregnancy landing page (https://files.medi-cal.ca.gov/pubsdoco/peq/pregnancy_landing.aspx) and in the form of Provider Bulletins and Newsflashes.

Question #12: Is ARPA PCE the same as Continuous Eligibility for Pregnancy (CEP)?

Answer: No. ARPA PCE is completely separate from CEP under federal law, and its protections go further than CEP. The protections under CEP are limited to increases in income. Effective April 1, 2022, ARPA PCE protects against any negative actions other than those mentioned above. ARPA PCE applies as soon as a pregnancy is reported and lasts until the end of the 365-day postpartum period. During pregnancy and the

postpartum period, ARPA PCE protections supercede those allowed under CEP. Please note that ARPA PCE is a limited federal program which may not be extended after five years. Due to this, ARPA PCE and CEP will remain separate programs, with ARPA PCE taking precedence until further notice.

For more information on CEP, please refer to the Medi-Cal Eligibility Procedures Manual (MEPM) Article 5H.

Question #13: Following the end of the postpartum period, the postpartum person's redetermination date falls in line with the rest of the household. What if they are the only member of the household?

Answer: If the postpartum person is the only member of the household (or if the household is just a postpartum person and a Deemed Infant), then the household redetermination date will be reset to coincide with the end of the postpartum period.

Question #14: How is Share of Cost (SOC) handled under ARPA PCE?

Answer: As soon as a county eligibility worker becomes aware that SOC was met at any month during the pregnancy, the worker should apply aid code 76 beginning that month. When the beneficiary reports the end of the pregnancy, if the worker has not already done so, the county eligibility worker should verify if SOC was met at any point during pregnancy. If it was, then aid code 76 should be applied retroactively from the month the SOC was first met, beginning no earlier than April 1, 2022. Aid code 76 should be applied to individuals in any SOC aid code as soon as they have met their SOC, whether the SOC aid code is full scope or restricted/limited scope.

If the beneficiary did not meet their SOC at least once during the pregnancy, they are not eligible for the postpartum period extension under ARPA PCE.

Question #15: What happens when a beneficiary ages out of a full scope aid code during pregnancy or postpartum?

Answer: If it is not possible to protect a beneficiary in their existing full-scope aid code until the end of the 365-day postpartum period, then the beneficiary may be placed into aid code 76 for the remainder of the pregnancy or postpartum period.

Question #16: What happens if an individual becomes eligible under MCAP aid code 0E?

Answer: If an individual transitions from a limited/restricted scope aid code, or a SOC aid code, to MCAP aid code 0E, then aid code 76 can be removed because the individual is receiving full-scope coverage under 0E.

Question #17: What happens if an individual was Medi-Cal eligible during the month they gave birth, but the pregnancy ended prior to April 1, 2022?

Answer: If an individual who gave birth prior to April 1, 2022, but is within 365 days of the end of their pregnancy, makes themselves known to the county, the county should restore the 365-day postpartum period protection for the remainder of the 365-day postpartum period, beginning on April 1, 2022.

Example: An individual's pregnancy ended in December 2021. They were eligible for Medi-Cal under aid code M1 in December 2021. In May 2022, they become aware of ARPA PCE. Upon reaching out to inform the county of this, the individual may have the remainder of the 365-day postpartum period added beginning April 1, 2022.

For this individual, the remainder of the 365-day postpartum period would begin April 1, 2022, and last until December 31, 2022. They should be protected during this time under full-scope aid code M1. If between December 2021 and May 2022 they lost coverage under M1, they can be placed into aid code 76 for the remainder of the postpartum period.

Please note that the county is not expected to automatically add these individuals for the remainder of their postpartum period. Eligible individuals must make themselves known to the county in order to receive the remainder of the postpartum period.



Postpartum Care Expansion for Medi-Cal and the Medi-Cal Access Program

Are you pregnant? Been pregnant within the past year (last 365 days?)

Under a new federal law, effective April 1, 2022, a new pregnancy and postpartum benefit may be available to you. You may be eligible for all services **during the pregnancy and for a full year (365 days) after** the pregnancy ends (“postpartum period”). This coverage is available through Medi-Cal and the Medi-Cal Access Program (MCAP) regardless of immigration status or how the pregnancy ends.

If you already have Medi-Cal or MCAP, or are applying, tell us if you are pregnant or postpartum if you have not already. We are asking for this information only to see if you qualify to receive coverage during pregnancy and the 365-day postpartum period.

Remember to:

Tell us when you are pregnant.

Tell us when the pregnancy ended.

Contact your local county office

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

or

Apply or update your application on Covered California

<https://www.coveredca.com/>

More information is here:

https://files.medi-cal.ca.gov/pubsdoco/preg/Pregnancy_Landing.aspx