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Medi-Cal and the Medi-Cal Access Program (MCAP) Launch 12-month Post-Pregnancy Mental Health Expansion on August 1, 2020

New 12-months total post-pregnancy coverage:

At present, Medi-Cal and MCAP continue coverage to the end of a “postpartum period”, which lasts until the end of the month in which the 60th day after the end of a pregnancy occurs.

As of August 1, eligibility for Medi-Cal or MCAP can be extended an additional ten months for people diagnosed with a maternal mental health condition, such as anxiety, depression, or bipolar disease.

- This means that Medi-Cal or MCAP coverage continues for a **full 12 months after the end of the pregnancy** for individuals who meet the requirements.
- MCAP will not charge premiums for the additional ten months of coverage.

This new eligibility category is discussed at the [Provisional Postpartum Care Extension](#) page for providers and the [All County Welfare Directors Letter 20-14](#).

Download the Enrollment Form [MC 61](#)

Frequently Asked Questions

PPCE Informational Flyer - [English](#) and [Spanish](#)
[In multiple languages](#).

Please help distribute information to potentially eligible pregnant beneficiaries!

How to enroll:

To be enrolled in the expansion, a midwife, clinic, doctor, nurse, mental health or other provider must complete a form, the **MC 61**, certifying that the individual has a mental health diagnosis.

For Medi-Cal, the completed form must be online sent to the county by fax or mail, or uploaded to the individual’s Medi-Cal case.

For MCAP, send the form to the state in Sacramento by fax, mail or call 1-800-433-2611 for options.





What is the scope of the Medi-Cal or MCAP coverage during the eligibility extension? It's the same as what the individual had during the pregnancy and 60-day postpartum period: either Full-Scope Medi-Cal or Pregnancy-Related Medi-Cal.

Reminder: Pregnancy-Related provides all medically necessary care during pregnancy that Medi-Cal covers, including dental and substance use disorder treatment, in addition to mental health services.



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How Will Eligible Individuals Know About The Right To Ask For The Eligibility Extension?

The state has developed a **flyer**. It will be sent to all individuals in MCAP or who have reported a pregnancy to Medi-Cal. But this means that the lowest-income women in Medi-Cal may not be sent the flyer directly.

Please help distribute information to potentially eligible pregnant beneficiaries!

What is the timing for requesting the eligibility extension?

To avoid any gaps in coverage, the completed **MC 61** form should be submitted as soon as there is a mental health diagnosis, either during the pregnancy or the postpartum period. **This is especially important for MCAP enrollees.**

For Medi-Cal, the completed **MC 61** form can also be submitted within 90 days after the end of the traditional postpartum period. This is called Medi-Cal's "90-day cure period". It is OK if the mental health diagnosis was made during the 90-day cure period, in which would be about the third, fourth or fifth month postpartum. You can still qualify for the eligibility extension if the mental health diagnosis was made during the 90-day cure period, and the Medi-Cal will go back "retroactively" to the end of the usual postpartum period, to pay bills incurred during the gap. **We aren't sure yet whether there will be a 90-day cure period for MCAP, so please stay tuned.**

The state refers to this program as "Provisional Postpartum Care Extension", or PPCE. The state uses the word "provisional" because funding for the program must be renewed each year. But advocates are hoping to make the program permanent. **Please stay tuned for how you can get involved with that!**