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Mental health and substance use disorder treatment services now covered under Pregnancy-Related Medi-Cal and MCAP

Our [January update](#) (available on MCHA website) included reminders that Pregnancy-Related Medi-Cal for women with household income up to 213% of the federal poverty level now covers **all medically necessary services that Medi-Cal covers for other adults, regardless of the pregnant or postpartum woman's immigration status.**

✓ **Good news:**

This includes Medi-Cal for mental health and substance use disorder conditions.

How can women in Pregnancy-Related Medi-Cal or the Medi-Cal Access Program (MCAP) access mental health or substance use disorder treatment services ?

These two groups of women are in “fee-for-service” or “regular” Medi-Cal,¹ which means they can go to any provider willing to accept Medi-Cal patients. Medi-Cal prenatal care providers or Comprehensive Perinatal Services Program staff should screen and provide, or refer women to, the appropriate level of care for mental health or substance use disorder treatment services as a Medi-Cal-covered benefit. (Social services, community agency, and home visitation staff may also screen and refer under various payment sources and programs). As the Centers for Medicare and Medicaid (CMS), the federal oversight agency for Medi-Cal, notes:

Maternal depression is characterized by a spectrum of severity: the common ‘maternity blues’ or ‘baby blues’ are usually gone after a few days or one to two weeks and are helped with reassurance and support for the mother. This is distinct from postpartum depression and post-partum psychosis (the most serious condition), which meet specific diagnostic criteria.²

For women in Pregnancy-Related Medi-Cal or MCAP, coverage is now available for medically necessary services to treat “mild to moderate” as well as more serious conditions requiring “specialty mental health” care. Services are covered regardless of the woman's immigration status. Providers participate in either fee-for-service or through contracts with the county or the state. Treatment for substance use disorders is also covered. Availability and type of services, however, vary widely throughout the state.³

Screening pregnant and postpartum women is critical not only because of the current opioid epidemic but also to identify pregnant women at risk of or suffering from severe depression or bipolar disorder: suicide is the second leading cause of death in postpartum women.

Research shows that screening with follow up treatment can save women's lives.⁴

Eligibility Aid Codes: Here is the [link](#) to the list of eligibility aid codes for Medi-Cal mental health and substance use disorder treatment services.

As a result of MCHA's advocacy, the list as of March 2017 now includes the eligibility aid codes for Medi-Cal's main groups of pregnant and postpartum women, **regardless of immigration status:**

- P4 (p. 25)— Hospital PE Program for Pregnant Women
- M7 (p. 8)— Full-Scope Medi-Cal for citizen or lawfully present pregnant women with income at or below 138% of poverty
- M9 (p. 8)— Pregnancy-Related Medi-Cal for citizen/lawfully present women with income over 138% through 213%
- M8 (p. 22)— Pregnancy-Related Medi-Cal for undocumented women with income at or below 138%
- M0 (p. 22)— Pregnancy-Related Medi-Cal for undocumented women with income over 138% through 213%
- 0G (p. 58)— MCAP Full-Scope Medi-Cal, delivered in fee-for-service
- OE (p. 58)— MCAP Full-Scope Medi-Cal, delivered through health plans, starting 7/1/17
- 3T, 3V, 7C, 48, 5F, 5W, M4, C4, C6, C8, 58, D1, D7, G8, J4, C3, C5, C7, C9, 6U, D4, D6, G6, J3, and J8 (pp. 16-22)— Pregnancy-Related and Emergency coverage for: adult parents and caretaker relatives; persons who are blind, disabled persons or need long-term care; juvenile inmates receiving services off-site; compassionate release parolees⁵

Still excluded are 7G, PE for Pregnant Women, and 76, coverage for women who don't enroll until after the baby is born but are still within the 60-day postpartum period. MCHA continues to advocate for these aid codes to be added, so please stay tuned.

✓ More good news:

Mothers may receive services under their child's Medi-Cal when services are for the child's direct benefit, even when the mother's own Medi-Cal eligibility has ended.

Many mothers lose their Medi-Cal eligibility at the end of the 60-day postpartum period. CMS has recently confirmed that Medi-Cal can provide mental health screening to a mother under her child's Medi-Cal number during well-child visits.⁶

Diagnostic and treatment services for the mother can also be covered when both child and mother are present and the services, such as family therapy, are directed at reducing or treating the effects of the mother's condition on the child.⁷

Child-Parent Psychotherapy is an example of how a child's Medi-Cal coverage may be used to support related mental health services for the mother as well. If you know of other such programs, we would appreciate hearing about them.

Questions? Please contact Lynn Kersey at lynnk@mchaccess.org or Lucy Quacinella at lucyqmas@gmail.com.

Endnotes:

¹MCAP enrollees currently have Full-Scope Medi-Cal in fee-for-service. Starting July 1, 2017, new MCAP enrollees will be going into Medi-Cal managed care plans instead of fee-for-service.

² CMCS Informational Bulletin, *Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children* (May 11, 2016), p. 1 (internal citation omitted), available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf>

³ This is because some counties have more providers than others, some providers are reluctant to see patients during pregnancy, and special “waiver” programs with expanded services are being implemented in only some counties, not others.

⁴ Wisner, et al., *Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings*, JAMA PSYCHIATRY/VOL 70 (NO. 5), MAY 2013. Downloaded 1/23/2017 from: <http://jamanetwork.com/pdfaccess.ashx?url=/data/journals/psych/926903/>.

⁵ In these aid codes, coverage for women who are not pregnant or post-partum and for men is limited to emergency services, including for mental health and substance use disorder emergencies.

⁶*Supra*, note 2, CMCS, p. 4.

⁷ *Id.*, p. 4.