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August 1, 2020 Launch for Medi-Cal's and Medi-Cal Access Project's 12-month Post-Pregnancy Mental Health Eligibility Expansion

New 12-months total post-pregnancy coverage: At present, Medi-Cal and Medi-Cal Access Project (MCAP) continue coverage during a “postpartum period”, which lasts until the end of the month in which the 60th day after the end of a pregnancy (live birth, miscarriage or abortion) occurs.

But starting August 1, eligibility for Medi-Cal or MCAP will be extended an additional ten months for people who document a maternal mental health condition, such as anxiety, depression, bipolar disease, or others.

- 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.

For information, see the [Provisional Postpartum Care Extension](#) page for providers and the [All County Welfare Directors Letter 20-14](#).

How to enroll: To be enrolled in the expansion, you have to have a midwife, clinic, doctor, nurse, mental health or other provider complete a form, the [MC 61](#), certifying your mental health diagnosis. The completed form then must be submitted to the county for Medi-Cal by fax, uploaded to the beneficiary's Medi-Cal case portal or mailed in, and for the MCAP program, to the state in Sacramento by fax, mail or call 1-800-433-2611 for options. A link to the MC 61 is [here](#); **the form is also at the end of the [All County Welfare Directors Letter 20-14](#).**

How will eligible persons know about the right to ask for the extension? The state has developed a [flyer](#) (also at the end of the ACWDL above). 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 beneficiaries!

What is the timing for requesting the eligibility extension? To avoid any gaps in coverage, the completed form should be submitted as soon as there is a mental health diagnosis, either during the pregnancy or the “60-day postpartum period”. **This is especially important for MCAP enrollees.**

For Medi-Cal, the completed form can also be submitted within 90 days after the end of the traditional 60-day 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, or in about the third, fourth or fifth month postpartum: you can still qualify for the eligibility extension in that case, and the Medi-Cal will go back “retroactively” to the end of the usual 60-day 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.

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.

Other: The state's instructions to the counties (All County Welfare Directors Letter – ACWDL- 20-14) are posted: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/20-14.pdf>

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!

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