

DATE: June 25, 2025

Medi-Cal Eligibility Division Information

Letter No.: I 25-15

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: IMPROVEMENTS TO THE MONTHLY LONG-TERM CARE AID CODE
REPORT
(REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTERS: [17-34](#)
AND [15-21](#).)

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to inform counties that the Department of Health Care Services (DHCS) has made improvements to the monthly Long-Term Care (LTC) aid code reports and after a brief delay will resume sending the reports to the counties.

DHCS has updated the report to include encounter data from both Fee-for Service (FFS) and Managed Care Plan (MCP) claims, rather than primarily relying on the Treatment Authorization Request (TAR) data. These improvements were made to reflect the shift of most Medi-Cal members to the managed care delivery system. Additionally, the modifications to the list allows counties to promptly identify those members who are enrolled in Non-MAGI programs, but are not assigned to LTC aid codes, including when they begin using LTC services and billing Medi-Cal so counties can evaluate whether their eligibility needs to be redetermined based on the change.

There have been no changes to the procedures for processing the LTC aid code reports and the list will still be sent to counties via email. As a reminder counties are required to do the following:

1. Review the monthly LTC aid code report.
2. Research member cases.
3. Take appropriate action, if necessary.
4. Follow-up with DHCS MCED quarterly

For more detailed guidance on counties' responsibilities in processing the LTC aid code report, please refer to [ACWDL 17-34](#)

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If you have any questions, or if we can provide further information, please contact the LTCaidcodereport@dhcs.ca.gov and MCED-Policy@dhcs.ca.gov.

Sincerely,

Theresa Hasbrouck, Branch Chief
Medi-Cal Eligibility Division