

DATE: May 8, 2023

Medi-Cal Eligibility Division Information Letter No.: I 23-34

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY MEDS LIAISONS  
ALL CONSORTIA/SAWS PROJECT MANAGERS

SUBJECT: ARPA POSTPARTUM CARE EXTENSION REMINDER  
(ACWDL 21-[15](#) and MEDILs 21-[13](#), 21-[13E](#), 22-[21](#))

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide reminder instructions to counties for Medi-Cal policy on the Postpartum Care Extension (PCE) under the provisions of the American Rescue Plan Act (ARPA). This MEDIL summarizes guidance from MEDILs 21-[13](#), 21-[13E](#), 22-[21](#) and All County Welfare Directors Letter 21-[15](#).

With the lift of the continuous coverage requirement effective March 31, 2023, counties must ensure that pregnant and postpartum beneficiaries maintain access to coverage under ARPA PCE protections.

## **BACKGROUND**

Under provisions of H.R. 1319, the American Rescue Plan Act of the 117th Congress 2021-2022 (ARPA) (Pub. Law 117-2), effective April 1, 2022, California's Department of Health Care Services (DHCS) broadened the scope of coverage for currently eligible and newly eligible pregnant individuals, to the full breadth of medically necessary services during both the pregnancy and postpartum periods, and extended the postpartum coverage period from 60 days to 365 days.

## **Medi-Cal Postpartum Care Extension under the Provisions of ARPA**

Under ARPA PCE, Medi-Cal beneficiaries are eligible for pregnancy and postpartum care services throughout their pregnancy and the 365-day postpartum coverage period, regardless of income changes, citizenship or immigration status or how the pregnancy ends (i.e. live birth, stillbirth, miscarriage or termination).

The 12-month postpartum coverage period for Medi-Cal eligible pregnant individuals will begin on the last day of the pregnancy and will end on the last day of the month in which the 365th day occurs.

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For the 365-day postpartum coverage to be reflected in MEDS, county staff must take appropriate actions upon receipt of a report of the beginning or ending of a pregnancy. Appropriate actions include 1) ensuring the expected due date is reflected in both SAWS and MEDS and 2) reviewing the beneficiary's aid code and scope of coverage to either full-scope eligibility or eligibility to the full breadth of medically necessary services.

## **AID CODES**

Medi-Cal beneficiaries who are pregnant or in their postpartum period will remain in their full-scope aid code for the duration of pregnancy and 365-day postpartum period. If a beneficiary does not have full-scope or will lose their coverage in a full-scope aid code, they shall be transitioned to aid code 76 or have aid code 76 run concurrently with other aid codes as a means to protect the pregnancy and postpartum eligibility.

For additional guidance on ARPA PCE, aid code material and other examples, see MEDILs 21-[13](#), 21-[13E](#), 22-[21](#) and ACWDL 21-[15](#).

## **REPORTING THE PREGNANCY & ESTABLISHING THE POSTPARTUM PERIOD:**

ARPA PCE eligibility should be discussed whenever a pregnancy, an end to a pregnancy or a birth is reported, including at intake and renewal. When discussing questions pertaining to pregnancy, staff should inquire not just about current pregnancy, but whether anyone in the household has been pregnant within the last 12 months.

The postpartum period is calculated based on the initial expected due date (EDD) or estimated EDD. Counties should recalculate the postpartum period when there is updated information about the due date, the report of a birth, or other end to the pregnancy to ensure eligibility to 365 days of postpartum coverage. Counties must update the EDD in all relevant systems and review the pregnant or postpartum beneficiary's Medi-Cal eligibility to determine if aid code 76 should be applied. Regardless of how the pregnancy ends, the EDD must reflect the day the pregnancy ended since this field is used to calculate the 365-day period.

As a reminder, only beneficiaries, case members, and authorized representatives may report pertinent information to the county for action. Counties should only act on reports from other entities, such as providers, when case members provided verbal or written authorization.

In addition to medical verification, self-attestations, both written and verbal, can also be used to report a pregnancy or its end.

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**NEGATIVE ACTIONS:**

The only negative action reasons allowed for the discontinuance of an ARPA PCE-eligible beneficiary during the pregnancy or postpartum period are:

1. Deceased
2. Loss of California residency
3. Client request
4. SSI
5. Eligible to another case/program (CalWORKs)

If you have any questions, or if we may provide further information, please contact the Pregnancy inbox by email at [Pregnancy@dhcs.ca.gov](mailto:Pregnancy@dhcs.ca.gov).

Original Signed By

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