

## Aid Codes Master Chart

The Aid Codes Master Chart was developed for use in conjunction with the Medi-Cal Automated Eligibility Verification System (AEVS). Providers must submit an inquiry to AEVS to verify a recipient's eligibility for services. The eligibility response returns a message indicating whether the recipient is eligible, and for what services. The message includes an aid code if the recipient is eligible. If a recipient has an unmet Share of Cost (SOC), an aid code is not returned, since the recipient is not considered eligible until the SOC is met. A recipient may have more than one aid code, and may be eligible for multiple programs and services.

The aid codes in this chart are meant to assist providers in identifying the types of services for which Medi-Cal and public health program recipients are eligible. The chart includes only aid codes used to bill for services through the Medi-Cal claims processing system and for other non Medi-Cal programs that need to verify eligibility through AEVS.

**Note:** Unless stated otherwise, these aid codes cover United States citizens, United States nationals and immigrants in a satisfactory immigration status. Satisfactory immigration status includes lawful permanent residents, **Permanent Residence** Under Color of Law (PRUCOL) aliens and certain amnesty aliens.

Code	Benefits	SOC	Program/Description
C1	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	<b><u>Omnibus Budget Reconciliation Act</u></b> (OBRA) Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Aid to the Aged – Medically Needy (MN). <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>
C2	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Aid to the Aged – MN, SOC. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>
C3	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Blind – MN. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>
C4	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Blind – MN, SOC. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>

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Code	Benefits	SOC	Program/Description
C5	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. <b><u>Aid to Families with Dependent Children (AFDC) – MN.</u></b> <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>
C6	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. AFDC – MN, SOC. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>
C7	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Disabled – MN. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>
C8	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Disabled – MN, SOC. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>
C9	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. <b><u>Medically Indigent (MI) – Child.</u></b> Covers <b><u>MI</u></b> persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>
D1	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. MI – Child, SOC. Covers MI persons under 21 who meet the eligibility requirements of MI. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>

Code	Benefits	SOC	Program/Description
D2	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	<p>OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual.</p> <p>Aid to the Aged – LTC. Covers persons 65 years of age or older who are MN and in LTC status.</p> <p><b>Note:</b> <i>LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> <p><b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b></p>
D3	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	Yes	<p>OBRA Aliens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual.</p> <p>Aid to the Aged – LTC, SOC. Covers persons 65 years of age or older who are MN and in LTC status.</p> <p><b>Note:</b> <i>LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> <p><b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b></p>
D4	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	<p>OBRA Aliens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual.</p> <p>Blind – LTC.</p> <p><b>Note:</b> <i>LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> <p><b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b></p>

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Code	Benefits	SOC	Program/Description
D5	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	Yes	OBRA Aliens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual. Blind – LTC, SOC. <i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient’s day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i> <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>
D6	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	OBRA Aliens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual. Disabled – LTC. <i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient’s day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i> <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>
D7	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	Yes	OBRA Aliens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual. Disabled – LTC, SOC. <i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient’s day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i> <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>

Code	Benefits	SOC	Program/Description
D8	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens.  MI – Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of MI.  <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>
D9	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	Yes	OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens.  MI – Confirmed Pregnancy, SOC. Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of MI but are not eligible for 185 percent/200 percent or the MN programs.  <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>
E1	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	Unverified Citizens. Covers eligible unverified citizen children. One-Month Medi-Cal to Healthy Families ( <b><u>HF</u></b> ) Bridge.  <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b> Covers services only to eligible children ages 0 to 19, who are unverified citizens.
E6	Full	No	<b><u>Medi-Cal Access Program (MCAP)</u></b> -linked (Title XXI). Infants and children ages 0 up to 2 years in the Medi-Cal Optional Targeted Low-Income Children’s Program ( <b><u>OTLICP</u></b> ). Provides full-scope, no-cost Medi-Cal coverage to <b><u>MCAP</u></b> -linked infants and children 0 up to 2 years of age whose family income is above 213 percent up to and including 266 percent of the <b><u>Federal Poverty Level</u></b> (FPL).
E7	Full	No	<b><u>MCAP</u></b> (Title XXI). Infants and children ages 0 up to 2 years. Provides health care services (medical, dental and vision) through Medi-Cal Managed Care Plans with a premium to children whose family income is above 266 percent up to and including 322 percent of the FPL.

Code	Benefits	SOC	Program/Description
<b><u>F3</u></b>	<b><u>Limited</u></b>	<b><u>No</u></b>	<b><u>Adult County Inmate Program (ACIP) (Title XIX). Limited to full scope inpatient hospital and inpatient mental health services only, for inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</u></b>
<b><u>F4</u></b>	<b><u>Restricted</u></b>	<b><u>No</u></b>	<b><u>ACIP Title (XIX/Title XXI). Restricted to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX) and inpatient pregnancy-related (Title XXI) services only, for undocumented inmates in correctional facilities who receive those services off the grounds of the correctional facility.</u></b>
<b><u>G3</u></b>	<b><u>Limited</u></b>	<b><u>Yes</u></b>	<b><u>ACIP (Title XIX). Limited to full scope inpatient hospital and inpatient mental health services only, for inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</u></b>
<b><u>G4</u></b>	<b><u>Restricted</u></b>	<b><u>Yes</u></b>	<b><u>ACIP (Title XIX/Title XXI). Restricted to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only, for undocumented inmates in correctional facilities who receive those services off the grounds of the correctional facility.</u></b>
<b><u>G5</u></b>	<b><u>Limited</u></b>	<b><u>No</u></b>	<b><u>Juvenile County Ward Program (JCWP) (Title XIX). Limited to all covered inpatient hospital and inpatient mental health services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</u></b>
<b><u>G6</u></b>	<b><u>Restricted</u></b>	<b><u>No</u></b>	<b><u>JCWP (Title XIX/Title XXI). Restricted to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only, for undocumented juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</u></b>
<b><u>G7</u></b>	<b><u>Limited</u></b>	<b><u>Yes</u></b>	<b><u>JCWP (Title XIX). Limited to all covered inpatient hospital and inpatient mental health services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</u></b>

Code	Benefits	SOC	Program/Description
<b>G8</b>	<b><u>Restricted</u></b>	<b><u>Yes</u></b>	<b><u>JCWP (Title XIX/Title XXI). Restricted to all covered inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only, for undocumented juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</u></b>
H1	Full	No	Medi-Cal OTLICIP (Title XXI). Infants. Provides full-scope, no-cost Medi-Cal coverage for infants, ages 0 to 1, whose family's household income is above 200 percent up to and including 250 percent of the FPL.
H2	Full	No	Medi-Cal OTLICIP (Title XXI). Children ages 1 to 6. Provides full-scope, no-cost Medi-Cal coverage to children whose family's household income is above 133 percent up to and including 150 percent of FPL.
H3	Full	No	Medi-Cal OTLICIP (Title XXI). Children ages 1 to 6. Provides full-scope Medi-Cal coverage with a premium payment to children whose family's household income is above 150 percent up to and including 250 percent of the FPL.
H4	Full	No	Medi-Cal OTLICIP (Title XXI). Children ages 6 to 19. Provides full-scope, no-cost Medi-Cal coverage to children whose family's household income is above 100 percent up to and including 150 percent of the FPL.
H5	Full	No	Medi-Cal OTLICIP (Title XXI). Children ages 6 to 19. Provides full-scope Medi-Cal coverage with a premium payment to children whose family's household income is above 150 percent up to and including 250 percent of the FPL.
H6	Full	No	Hospital Presumptive Eligibility (HPE) (Title XXI). Provides full-scope, no cost Medi-Cal coverage for infants ages 0 up to 1 year whose family income is 209 up to and including 266 percent of the FPL.
H7	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for children ages 1 up to 6 years whose family income is 0 up to and including 142 percent of the FPL.
H8	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for children ages 6 to 19 years whose family income is 0 up to and including 133 percent of the FPL.
H9	Full	No	HPE (Title XXI). Provides full-scope, no cost Medi-Cal coverage for children ages 1 to 6 years whose family income is 143 up to and including 266 percent of the FPL.
H0	Full	No	HPE (Title XXI). Provides full-scope, no cost Medi-Cal coverage for children ages 6 to 19 years whose family income is above 133 up to and including 266 percent of the FPL.

Code	Benefits	SOC	Program/Description
<u>J1</u>	<u>Full</u>	<u>No</u>	<u>County Compassionate Release/Medical Probation (CCRP/CMPP) (Title XIX).</u> <u>Recipients eligible for all covered Medi-Cal services.</u>
<u>J2</u>	<u>Full</u>	<u>Yes</u>	<u>CCRP/CMPP (Title XIX).</u> <u>Recipients eligible for all covered Medi-Cal services.</u>
<u>J3</u>	<u>Restricted</u>	<u>No</u>	<u>CCRP/CMPP (Title XIX/Title XXI).</u> <u>Restricted to all undocumented recipients covered for emergency, mental health emergency and pregnancy-related (Title XXI) services only.</u>
<u>J4</u>	<u>Restricted</u>	<u>Yes</u>	<u>CCRP/CMPP (Title XIX/Title XXI).</u> <u>Restricted to all covered for emergency, mental health emergency (Title XIX) and pregnancy-related (Title XXI) services only. For undocumented recipients who do not have satisfactory immigration status.</u>
<u>J5</u>	<u>Limited</u>	<u>No</u>	<u>CCRP/CMPP (Title XIX), SOC for the recipients 65 years of age or older who reside in LTC facilities. Recipients are eligible for all Medi-Cal covered LTC services only.</u>
<u>J6</u>	<u>Restricted</u>	<u>No</u>	<u>CCRP/CMPP (Title XIX/Title XXI). SOC for undocumented recipients ages 65 and older who reside in LTC facilities. Restricted to covered emergency, mental health emergency (Title XIX), and pregnancy-related (Title XXI) services only. Covers all Medi-Cal covered LTC services.</u>
<u>J7</u>	<u>Limited</u>	<u>No</u>	<u>CCRP/CMPP (Title XIX), SOC for disabled not on supplemental security income (SSI) recipients who reside in LTC facilities. Recipients eligible for all Medi-Cal covered LTC services only.</u>
<u>J8</u>	<u>Restricted</u>	<u>No</u>	<u>CCRP/CMPP (Title XIX/Title XXI), SOC for disabled, not on SSI, undocumented recipients who reside in LTC facilities. Restricted to all Medi-Cal covered emergency, mental health emergency (Title XIX), and pregnancy-related (Title XXI) services only. Covers all Medi-Cal covered LTC services.</u>



Code	Benefits	SOC	Program/Description
K1	Full	No	California Work Opportunity and Responsibility to Kids (CalWORKs) – Single-Parent Safety Net and Drug/Fleeing Felon Family.
K6	Full	No	County Compassionate Release Program (CCRP) and County Medical Probation Program (CMPP) (Title XIX). Newly-eligible, citizen/ <b>satisfactory immigration status</b> recipients 19 up to 65 years of age with income less than or equal to 138 percent of the FPL, including disabled/blind recipients, with income above 128 up to and including 138 percent of the FPL. <b>Recipients eligible for all covered Medi-Cal services, including mental health services.</b>
K7	<b>Restricted</b>	No	CCRP and CMPP (Title XIX/Title XXI). Newly-eligible, undocumented recipients 19 up to 65 years of age with income less than or equal to 138 percent of the FPL, including disabled/blind recipients, with income above 128 up to and including 138 percent of the FPL. <b>Restricted to all covered emergency services, including labor/delivery and mental health (Title XIX), and all pregnancy-related (Title XXI) services only.</b>
K8	Full	No	CCRP and CMPP (Title XIX). Not newly-eligible, citizen/ <b>satisfactory immigration status</b> recipients 19 up to 65 years of age, including disabled/blind recipients without Medicare, with income less than or equal to 128 percent of the FPL. <b>Recipients eligible for all covered Medi-Cal services, including mental health services.</b>
K9	<b>Restricted</b>	No	CCRP and CMPP (Title XIX/Title XXI). Not newly-eligible, undocumented recipients 19 up to 65 years of age, including disabled/blind recipients without Medicare, with income less than or equal to 128 percent of the FPL. <b>Restricted to all covered emergency, including mental health (Title XIX) and all covered pregnancy-related (Title XXI) services only.</b>
L1	Full	No	Low Income Health Program (LIHP) Medicaid Covered Expansion (MCE) transition to Medi-Cal (Title XIX). Eligible recipients ages 19 up to 65 enrolled in the LIHP MCE program on December 31, 2013, whose family's income is at or below 138 percent of the FPL.
L6	Full	No	Title XIX. Expansion adults who are disabled/blind, ages 19 up to 65, with income at or below 128 percent of the FPL, and are citizens or lawfully present.
L7	Restricted	No	Title XIX. Expansion adults who are disabled/blind, ages 19 up to 65, with income at or below 128 percent of the FPL, and are undocumented.
M1	Full	No	Title XIX. Adults ages 19 up to 65. Provides full-scope, no-cost Medi-Cal coverage to adults with income at or below 138 percent of the FPL.

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Code	Benefits	SOC	Program/Description
M2	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>Title XIX. Adults ages 19 up to 65. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented adults with income at or below 138 percent of the FPL.</p> <p><b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</p>
M3	Full	No	<p>Title XIX. Parents/caretaker relatives. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present parent/caretaker relatives with income at or below 109 percent of the FPL.</p>
M4	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>Title XIX. Parents/caretaker relatives. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented parents/caretaker relatives with income at or below 109 percent of the FPL.</p> <p><b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</p>
M5	Full	No	<p>Title XXI. Children ages 6 to 19. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present children with family income of 108 up to and including 133 percent of the FPL.</p>
M6	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>Title XXI. Children ages 6 to 19. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented children with family income at 108 up to and including 133 percent of the FPL.</p> <p><b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</p>
M7	Full	No	<p>Title XIX. Pregnant women. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present pregnant women with income up to and including 138 percent of the FPL.</p>

Code	Benefits	SOC	Program/Description
M8	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	Title XIX. Pregnant women. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented pregnant women with income up to and including 138 percent of the FPL.  <i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i>
M9	Limited to family planning, pregnancy-related, postpartum and emergency services	No	Title XIX. Pregnant women. Provides family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to citizens/lawfully present pregnant women with income at 139 up to and including 213 percent of the FPL.
M0	Limited to family planning, pregnancy-related, postpartum and emergency services	No	Title XIX. Pregnant women. Provides family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to undocumented pregnant women with income at 139 up to and including 213 percent of the FPL.
<b><u>N7</u></b>	<b><u>Limited</u></b>	<b><u>No</u></b>	<b><u>ACIP (Title XIX). Adult inmates 19 through 64 years of age in county correctional facilities who receive those services off the grounds of the correctional facility, with income 0 percent to 138 percent FPL. Limited to all covered inpatient hospital and inpatient mental health services only.</u></b>
<b><u>N8</u></b>	<b><u>Restricted</u></b>	<b><u>No</u></b>	<b><u>ACIP (Title XIX/Title XXI). Adult inmates 19 through 64 years of age in county correctional facilities who receive those services off the grounds of the correctional facility, with income 0 percent to 138 percent FPL. Restricted to covered undocumented inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only.</u></b>

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Code	Benefits	SOC	Program/Description
<u>N0</u>	<u>Limited</u>	<u>No</u>	<b><u>ACIP (Title XIX).</u></b> <b><u>Adult inmates 19 through 64 years of age enrolled in the Low Income Health Program on December 31, 2013, with income 0 percent to 138 percent FPL. Limited to inpatient hospital services and inpatient mental health services off the grounds of the correctional facility.</u></b>
P1	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for infants ages 0 up to 1 year whose family income is at or below 208 percent of the FPL.
P2	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for parent-caretakers with income at or below 109 percent of the FPL.
P3	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for adults ages 19 up to 65 years with income at or below 138 percent of the FPL.
P4	Limited to specific prenatal ambulatory services	No	HPE (Title XIX). Provides no cost Medi-Cal coverage limited to specific prenatal ambulatory services for pregnant women with income at or below 213 percent of the FPL.
P5	Full	No	Title XIX. Children ages 6 to 19. Provides full-scope, no-cost Medi-Cal coverage with income at or below 133 percent of the FPL.
P6	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	Title XIX. Children ages 6 to 19. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented children with income at or below 133 percent of the FPL.  <b><i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></b>
P7	Full	No	Title XIX. Children ages 1 to 6. Provides full-scope, no-cost Medi-Cal coverage with income at or below 142 percent of the FPL.
P8	Restricted to emergency and LTC services	No	Title XIX. Children ages 1 to 6. Provides emergency and LTC services to undocumented children with income at or below 142 percent of the FPL.

Code	Benefits	SOC	Program/Description
P9	Full	No	Title XIX. Infants up to 1 year of age. Provides full-scope, no-cost Medi-Cal coverage with income at or below 208 percent of the FPL.
P0	Restricted to emergency and LTC services	No	Title XIX. Infants up to 1 year of age. Provides emergency and LTC services to undocumented children with income at or below 208 percent of the FPL.
R1	Full	No	<p>State-only cash assistance and full-scope Medi-Cal benefits with no SOC for non-citizen trafficking and crime victims. Federal Financial Participation (FFP) for emergency (Title XIX) and pregnancy-related and postpartum (Title XXI) services only. Covers non-citizen individuals who have been the victim of human trafficking, domestic violence or other serious crimes and are not eligible for federally funded programs.</p> <p>The Trafficking and Crime Victims Assistance Program (TCVAP) services and benefits include English language training, employment-related services and cash assistance. Services and benefits under TCVAP are equivalent to federal benefits available to persons who enter this country with the immigration status of refugee.</p>
T1	Full	No	OTLICIP (Title XXI). Children ages 6 to 19 years. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 160 up to and including 266 percent of the FPL. OTLICIP premiums apply.
T2	Full	No	OTLICIP (Title XXI). Children ages 6 to 19 years. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 133 up to and including 160 percent of the FPL.
T3	Full	No	OTLICIP (Title XXI). Children ages 1 to 6 years. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 160 up to and including 266 percent of the FPL. OTLICIP premiums apply.
T4	Full	No	OTLICIP (Title XXI). Children ages 1 to 6 years. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 142 up to and including 160 percent of the FPL.
T5	Full	No	OTLICIP (Title XXI). Infant up to 1 year. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 208 up to and including 266 percent of the FPL.

## aid codes

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Code	Benefits	SOC	Program/Description
T6	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	OTLICIP (Title XXI). Children ages 6 to 19 years, without satisfactory immigration status. Provides no cost benefits restricted to pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and state-funded LTC services to children whose family income is above 160 up to and including 266 percent of the FPL. OTLICIP premiums apply.  <i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i>
T7	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	OTLICIP (Title XXI). Children ages 6 to 19 years, without satisfactory immigration status. Provides no cost benefits restricted to pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and state-funded LTC services to children whose family income is above 133 up to and including 160 percent of the FPL.  <i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i>
T8	Restricted to emergency and LTC services	No	OTLICIP (Title XXI). Children ages 1 to 6 years, without satisfactory immigration status. Provides no cost benefits restricted to emergency and state-funded LTC services to children whose family income is above 160 up to and including 266 percent of the FPL. OTLICIP premiums apply.
T9	Restricted	No	OTLICIP (Title XXI). Children ages 1 to 6 years, without satisfactory immigration status. Provides no cost benefits restricted to emergency and state-funded LTC services to children whose family income is above 142 up to and including 160 percent of the FPL.
T0	Restricted	No	OTLICIP (Title XXI). Infant up to 1 year without satisfactory immigration status. Provides no cost benefits restricted to emergency and state-funded LTC services to children whose family income is above 208 up to and including 266 percent of the FPL.

Code	Benefits	SOC	Program/Description
0A	Full	No	Refugee Cash Assistance. Covers all eligible refugees during their first eight months in the United States, including unaccompanied children who are not subject to the eight-month limitation. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
0C	HF services only (no Medi-Cal)	No	MCAP. Infants enrolled in HF whose family's income is 200 up to and including 300 percent of the FPL, born to a mother enrolled in MCAP. The infant's enrollment in HF is based on the mother's participation in MCAP.
0E	Full	No	MCAP (Title XXI). Provides full-scope, no SOC health care services (medical, dental and vision), through the Medi-Cal managed care delivery system, to pregnant women who are California residents with a modified adjusted gross income (MAGI) above 213 percent and up to and including 322 percent of the FPL. This code is not valid for an infant using the mother's ID.
0G	Full	No	MCAP (Title XXI). Provides full-scope, no SOC health care services (medical, dental, and vision), through fee-for-service Medi-Cal, to pregnant women who are California residents with a MAGI above 213 percent and up to and including 322 percent of the FPL. This code is not valid for an infant using the mother's ID.

## aid codes

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Code	Benefits	SOC	Program/Description
0L	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>Breast and Cervical Cancer Treatment Program (BCCTP) Transitional coverage until the County makes a determination of Medi-Cal eligibility. Covers:</p> <ul style="list-style-type: none"> <li>• BCCTP recipients formerly in aid code 0U, without satisfactory immigration status, who are no longer in need of treatment, and/or have creditable health coverage and are not eligible for state-funded BCCTP.</li> <li>• BCCTP recipients formerly in aid code 0V, without satisfactory immigration status, who have turned 65 years of age, have other health coverage (OHC), and/or are no longer in need of treatment and have exhausted their 18-month (breast cancer) or 24-month (cervical cancer) time limit.</li> <li>• BCCTP recipients formerly in aid code 0X with creditable health coverage who have exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of state eligibility.</li> <li>• BCCTP recipients formerly in aid code 0Y, age 65 or older who have exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of state eligibility.</li> </ul> <p>Recipients eligible only for transitional federal pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and state-only LTC services.</p> <p>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</p>
0M	Full	No	BCCTP – Accelerated Enrollment (AE). Provides temporary AE for full-scope, no SOC Medi-Cal for eligible females younger than 65 years of age who have been diagnosed with breast and/or cervical cancer. Limited to two months.
0N	Full	No	BCCTP – AE. Provides temporary AE for full-scope, no SOC Medi-Cal while an eligibility determination is made for eligible females younger than 65 years of age without creditable health coverage who have been diagnosed with breast and/or cervical cancer.
0P	Full	No	BCCTP. Provides full-scope, no SOC Medi-Cal for eligible females younger than 65 years of age who are diagnosed with breast and/or cervical cancer and are without creditable insurance coverage. They remain eligible while still in need of treatment and meet all other eligibility requirements.



Code	Benefits	SOC	Program/Description
0R	Restricted Services	No	BCCTP – High Cost OHC. State-funded. Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for eligible all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer, if premiums, co-payments and deductibles are greater than \$750. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months.
0T	Restricted Services	No	BCCTP – State-funded. Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for eligible all-age males and females 65 years of age or older, regardless of citizenship, who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with expensive, creditable insurance. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months.
0U	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	BCCTP – Undocumented Aliens. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to females younger than 65 years of age with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. State-funded cancer treatment services are covered for 18 months (breast) and 24 months (cervical).  <i><b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i>
0V	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	Post-BCCTP. Provides limited-scope no SOC Medi-Cal pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services for females younger than 65 years of age with unsatisfactory immigration status and without creditable health insurance coverage who have exhausted their 18-month (breast) or 24-month (cervical) period of cancer treatment coverage under aid code 0U. No cancer treatment. Continues as long as the woman is in need of treatment and, other than immigration, meets all other eligibility requirements.  <i><b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i>

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Code	Benefits	SOC	Program/Description
0W	Full	No	BCCTP Transitional Coverage. Covers recipients formerly in aid code 0P who no longer meet federal BCCTP requirements due to reaching age 65, are no longer in need of treatment for breast and/or cervical cancer, or have obtained creditable health coverage. Recipients in aid code 0W will continue to receive transitional full-scope Medi-Cal services until the county completes an eligibility determination for other Medi-Cal programs.
0X	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>BCCTP Transitional Coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have obtained creditable health coverage, still require treatment for breast and/or cervical cancer and have not exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of coverage under state-funded BCCTP.</p> <p>Recipients eligible only for transitional pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services, state-only LTC services, and co-pays, deductibles and/or non-covered breast and/or cervical cancer treatment and related services.</p> <p><b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</p>
0Y	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>BCCTP Transitional Coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have reached 65 years of age, still require treatment for breast and/or cervical cancer and have not exhausted their 18 months (breast cancer) or 24 months (cervical cancer) state-funded BCCTP.</p> <p>Recipients eligible only for transitional pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services, state-only LTC services, and state-funded cancer treatment and related services.</p> <p><b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</p>
02	Full	Y/N	Refugee Medical Assistance (RMA)/Entrant Medical Assistance. Covers eligible refugees and entrants who are not eligible for Medi-Cal or HF and do not qualify for or want cash assistance.

Code	Benefits	SOC	Program/Description
03	Full	No	Adoption Assistance Program (AAP). Covers children receiving federal cash grants under Title IV-E to facilitate the adoption of hard-to-place children who would require permanent foster care (FC) placement without such assistance.
04	Full	No	AAP/Aid for Adoption of Children (AAC). Covers children receiving cash grants under the state-only AAP/AAC program.
06	Full	No	AAP Child. Covers children receiving federal AAP cash subsidies from out of state. Provides eligibility for Continuous Eligibility for Children (CEC) if for some reason the child is no longer eligible under AAP prior to his/her 18 <sup>th</sup> birthday.
07	Full	No	Title IV-E Extended AAP/FFP Medi-Cal. AAP Federal: A cash grant program to facilitate the ongoing adoptive placement of hard-to-place non-minors, whose initial AAP payment occurred on or after age 16 and are over age 18 but under age 21, and participating in one of five conditions who would require permanent FC placement without such assistance.
08	Full	No	Entrant Cash Assistance (ECA). Covers Cuban/Haitian entrants during their first eight months in the United States who are receiving ECA benefits, including unaccompanied children who are not subject to the eight-month provision.
1E	Full	No	<u>Craig v. Bonta</u> Aged Pending SB 87 Redetermination. Covers former Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipients who are aged, until the county redetermines their Medi-Cal eligibility.
1H	Full	No	FPL – Aged. Covers the aged in the Aged and Disabled (A&D) FPL program.
1U	Restricted to pregnancy-related, postpartum and emergency services	No	Restricted FPL – Aged. Covers the aged in the A&D FPL program that do not have satisfactory immigration status.  Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
1X	Full	No	Aid to the Aged – Multipurpose Senior Services Program (MSSP). Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older.

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Code	Benefits	SOC	Program/Description
1Y	Full	Yes	Aid to the Aged – MSSP. Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older.
10	Full	No	Aid to the Aged – SSI/SSP.
13	Full	Y/N	Aid to the Aged – LTC. Covers persons 65 years of age or older who are MN and in LTC status.
14	Full	No	Aid to the Aged – MN.
16	Full	No	Aid to the Aged – Pickle Eligibles.
17	Full	Yes	Aid to the Aged – MN, SOC.
18	Full	No	Aid to the Aged – In-Home Support Services (IHSS).
2A	Full	No	Abandoned Baby Program. Provides full-scope benefits to children up to three months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act.
2E	Full	No	<u>Craig v. Bonta Blind</u> – Pending SB 87 Redetermination. Covers former SSI/SSP recipients who are blind, until the county redetermines their Medi-Cal eligibility.
2H	Full	No	Blind – Federal Poverty Level – covers blind individuals in the FPL for the Blind Program.
2P	Full	No	Approved Relative Caregiver (ARC) Program. Medi-Cal coverage for foster children and youth up to 18 years of age (eligibility ends on the last day of the month of their 18 <sup>th</sup> birthday) participating in the ARC Program who do not qualify for state CalWORKs.
2R	Full	No	ARC Program – Non-Minor Dependent (NMD). Medi-Cal coverage for foster youth 18 to 21 years of age (eligibility ends on the last day of the month of their 21 <sup>st</sup> birthday) participating in the ARC Program as a NMD who does not qualify for state CalWORKs.
2S	Full	No	ARC Program – Federal CalWORKs. Medi-Cal coverage for foster children and youth up to 18 years of age (eligibility ends on the last day of the month of their 18 <sup>th</sup> birthday) participating in the ARC Program who qualify for federal CalWORKs.
2T	Full	No	ARC Program – State CalWORKs. Medi-Cal coverage for foster children and youth up to 18 years of age (eligibility ends on the last day of the month of their 18 <sup>th</sup> birthday) participating in the ARC Program who qualify for state CalWORKs.

Code	Benefits	SOC	Program/Description
2U	Full	No	ARC Program – State CalWORKs NMD. Medi-Cal coverage for foster youth 18 to 21 years of age (eligibility ends on the last day of the month of their 21 <sup>st</sup> birthday) participating in the ARC Program as a NMD who qualifies for state CalWORKs.
2V	Full	No	TCVAP. Refugee Medical Assistance (RMA). Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.
20	Full	No	Blind – SSI/SSP – Cash.
23	Full	Y/N	Blind – LTC.
24	Full	No	Blind – MN.
26	Full	No	Blind – Pickle Eligibles.
27	Full	Yes	Blind – MN, SOC.
28	Full	No	Blind – IHSS.
3A	Full	No	CalWORKs Timed-Out, Safety Net – All Other Families.
3C	Full	No	CalWORKs Timed-Out, Safety Net – Two-Parent Families.
3D	Full	No	CalWORKs – Pending, Medi-Cal Eligible.
3E	Full	No	CalWORKs – Legal Immigrant – Family Group.
3F	Full	No	CalWORKs – Two-Parent Safety Net and Drug/Fleeing Felon Family.
3G	Full	No	CalWORKs – Zero Parent Exempt.
3H	Full	No	CalWORKs – Zero Parent Mixed.
3L	Full	No	CalWORKs – Legal Immigrant – Aid to Families.
3M	Full	No	CalWORKs – Legal Immigrant – Two Parent.
3N	Full	No	AFDC – Section 1931(b). Non-CalWORKs.
3P	Full	No	CalWORKs – All Families – Exempt.
3R	Full	No	CalWORKs – Zero Parent – Exempt.
3T	Restricted to pregnancy-related, postpartum and emergency services	No	Initial Transitional Medi-Cal (TMC). Provides six months of coverage for eligible aliens without satisfactory immigration status who have been discontinued from Section 1931(b) due to increased earnings from employment.  Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.

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Code	Benefits	SOC	Program/Description
3U	Full	No	CalWORKs – Legal Immigrant – Two Parent Mixed.
3V	Restricted to pregnancy-related, postpartum and emergency services	No	AFDC – Section 1931(b) Non CalWORKs. Covers those eligible for the Section 1931(b) program who do not have satisfactory immigration status.  Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
3W	Full	No	Temporary Assistance for Needy Families (TANF) Timed-Out, Mixed Case.
30	Full	No	CalWORKs – All Families.
32	Full	No	TANF Timed-Out.
33	Full	No	CalWORKs – Zero Parent.
34	Full	No	AFDC – MN.
35	Full	No	CalWORKs – Two Parent.
36	Full	No	Aid to Disabled Widow(er)s.
37	Full	Yes	AFDC – MN, SOC.
38	Full	No	<u>Edwards v. Kizer</u> .
39	Full	No	Initial TMC (6 months). Provides six months of coverage for those discontinued from CalWORKs or the Section 1931(b) program due to increased earnings or increased hours of employment.
4A	Full	No	Out-of-State AAP. Covers children for whom there is a state-only AAP agreement between any state other than California and adoptive parents.
4E	Full	No	HPE (Title XIX). Covers former foster care children up to 26 years of age with no income screening.
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP) Cash Assistance. Covers children in the federal program for children in relative placement receiving cash assistance.
4G	Full	No	Kin-GAP Cash Assistance. Covers children in the state program for children in relative placement receiving cash assistance.
4H	Full	No	FC children in CalWORKs.
4K	Full	No	Emergency Assistance (EA) FC. Covers juvenile probation cases placed in FC.
4L	Full	No	FC children in Section 1931(b).

Code	Benefits	SOC	Program/Description
4M	Full	No	Former Foster Youth (FFY).
4N	Full	No	CalWORKs for NMD/FFP Medi-Cal.
4S	Full	No	Title IV-E Extended for NMD Kin-GAP/FFP Medi-Cal.
4T	Full	No	A federal Title IV-E Kin-GAP that serves former and current foster youth by moving them from FC placements to more permanent placement options through the establishment of a relative guardianship.
4U	Full	No	Medi-Cal coverage for FFY 18 to 20 years of age who were enrolled in a state-sponsored FC program in any state or tribe on their 18 <sup>th</sup> birthday, and not enrolled in Medicaid. Income is exempt. Medi-Cal benefits continue until age 21.
4V	Full	Yes	TCVAP – RMA. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.
4W	Full	No	State Extended for NMC Kin-GAP/FFP Medi-Cal.
40	Full	No	AFDC-FC. Covers children on whose behalf financial assistance is provided for state only FC placement.
42	Full	No	AFDC-FC. Covers children on whose behalf financial assistance is provided for federal FC placement.
43	Full	No	State Extended FC/FFP Medi-Cal. AFDC-FC State: Covers non-minor dependents (NMDs), age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for state-only FC placement.
44	Restricted to pregnancy-related and postpartum services	No	213 Percent FPL Pregnant (Income Disregard Program – Pregnant). Provides eligible pregnant women of any age with family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, and postpartum services if family income is at or below 213 percent of the FPL.
45	Full	No	FC. Covers children supported by public funds other than AFDC-FC.
46	Full	No	Interstate Compact on the Placement of Children – Child. Covers foster children placed in California from another state. Provides eligibility for CEC if for some reason the child is no longer eligible under FC prior to his/her 18 <sup>th</sup> birthday. Also provides eligibility for the FFY program (aid code 4M) at age 18.
47	Full	No	200 Percent FPL Infant (Income Disregard Program – Infant). Provides full Medi-Cal benefits to eligible infants up to 1 year old or continues beyond 1 year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the FPL.

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Code	Benefits	SOC	Program/Description
48	Restricted to family planning, pregnancy-related, and postpartum services	No	213 Percent FPL Pregnant OBRA (Income Disregard Program – Pregnant OBRA). Provides eligible pregnant aliens of any age without satisfactory immigration status with family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, and postpartum services if family income is at or below 213 percent of the FPL.
49	Full	No	Title IV-E Extended FC/FFP Medi-Cal. AFDC-FC Federal: Covers NMDs age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for federal FC placement.
5C	Full	No	Medi-Cal Presumptive Eligibility (PE) (Title XXI), Healthy Families Program (HFP) Transitional Children. Provides no cost, full-scope Medi-Cal coverage with no premium payment for children whose family's income is at or below 150 percent of the FPL during the transition period by the state until the annual eligibility review by the county.
5D	Full	No	Medi-Cal PE (Title XXI), HFP Transitional Children. Provides full-scope Medi-Cal coverage with a premium payment for children whose family's income is above 150 percent up to and including 250 percent of the FPL during the transition period by the state until the annual eligibility review by the county.
5E	Full	No	HFP to the Medi-Cal PE program. Provides immediate, temporary, fee-for-service (FFS), full-scope Medi-Cal benefits to certain children under the age of 19.
5F	Restricted to pregnancy-related, postpartum and emergency services	Y/N	OBRA Alien – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status.  Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
5J	Restricted to pregnancy-related, postpartum and emergency services	No	SB 87 Pending Disability Program. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
5K	Full	No	EA FC. Covers child welfare cases placed in EA foster care.



Code	Benefits	SOC	Program/Description
5T	Restricted to pregnancy-related, postpartum and emergency services	No	Continuing TMC. Provides an additional six months of emergency services coverage for those beneficiaries who received six months of initial TMC coverage under aid code 3T.  Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
5V	Full	No	TCVAP. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.
5W	Restricted to pregnancy-related, postpartum and emergency services	No	Four-Month Continuing (FMC) Pregnancy and Emergency Services Only. Provides four months of pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, and emergency services for aliens without satisfactory immigration status who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.
50	Restricted to CMSP emergency services only	Y/N	County Medical Services Program (CMSP). OBRA/Out of County Care.
53	Restricted to LTC and related services	Y/N	MI – LTC services. Covers eligible persons age 21 or older and under 65 years of age who are residing in a Nursing Facility Level A or B with or without SOC. For more information about LTC services, refer to the <i>County Medical Services Program (CMSP)</i> section in this manual.  <b>Note:</b> <i>LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i>
54	Full	No	FMC Eligibility. Covers persons discontinued from CalWORKs or Section 1931(b) due to the increased collection of child/spousal support.

## aid codes

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Code	Benefits	SOC	Program/Description
55	Restricted to pregnancy-related, postpartum and emergency services	No	<p>OBRA Not PRUCOL – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual.</p> <p>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</p> <p><b>Note:</b> <i>LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p>
58	Restricted to pregnancy-related, postpartum and emergency services	Y/N	<p>OBRA Aliens. Covers eligible aliens who do not have satisfactory immigration status.</p> <p>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</p>
59	Full	No	Continuing TMC (6 months). Provides an additional six months of TMC for beneficiaries who had six months of initial TMC coverage under aid code 39.
6A	Full	No	Disabled Adult Child(ren) (DAC) Blind.
6C	Full	No	DAC Disabled.
6E	Full	No	<u>Craig v. Bonta</u> Disabled – Pending SB 87 redetermination. Covers former SSI/SSP recipients who are disabled, until the county redetermines their Medi-Cal eligibility.
6G	Full	No	250 Percent Working Disabled Program.
6H	Full	No	Disabled – FPL. Covers the disabled in the A&D FPL program.
6J	Full	No	SB 87 Pending Disability. Covers with no SOC beneficiaries ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability.
6N	Full	No	Former SSI No Longer Disabled in SSI Appeals Status.
6P	Full	No	Personal Responsibility and Work Opportunity Reconciliation Act/ No Longer Disabled Children.
6R	Full	Yes	SB 87 Pending Disability (SOC). Covers with an SOC those ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability.

Code	Benefits	SOC	Program/Description
6U	Restricted to pregnancy-related, postpartum and emergency services	No	Restricted FPL – Disabled. Covers the disabled in the A&D FPL program who do not have satisfactory immigration status.  Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
6V	Full	No	Department of Developmental Services (DDS) Waivers (No SOC).
6W	Full	Yes	DDS Waivers (SOC).
6X	Full	No	Medi-Cal In-Home Operations (IHO) Waiver (No SOC).
6Y	Full	Yes	Medi-Cal IHO Waiver (SOC).
60	Full	No	Disabled – SSI/SSP – Cash.
63	Full	Y/N	Disabled – LTC.
64	Full	No	Disabled – MN.
65	Full	Y/N	Katrina-Covers eligible evacuees of Hurricane Katrina.
66	Full	No	Disabled – Pickle Eligibles.
67	Full	Yes	Disabled – MN, SOC.
68	Full	No	Disabled – IHSS.
69	Restricted to emergency services	No	200 Percent Infant OBRA. Provides emergency services only for eligible infants without satisfactory immigration status who are under 1 year of age or beyond 1 year when inpatient status, which began before 1 <sup>st</sup> birthday, continues and family income is at or below 200 percent of the FPL.
7A	Full	No	100 Percent Child. Provides full benefits to otherwise eligible children, ages 6 to 19 or beyond 19 when inpatient status began before the 19 <sup>th</sup> birthday and family income is at or below 100 percent of the FPL.
7C	Restricted to pregnancy-related, postpartum and emergency services	No	100 Percent OBRA Child. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to otherwise eligible children, without satisfactory immigration status who are ages 6 to 19 or beyond 19 when inpatient status begins before the 19 <sup>th</sup> birthday and family income is at or below 100 percent of the FPL.
7F	Valid for pregnancy verification office visit	No	PE – Pregnancy Verification. This option allows the Qualified Provider (QP) to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative.

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Code	Benefits	SOC	Program/Description
7G	Valid only for specific ambulatory prenatal care services	No	PE – Ambulatory Prenatal Care. This option allows the QP to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for specific Ambulatory Prenatal Care Services. Persons placed in 7G have self-attested to the pregnancy or have a pregnancy test result that is positive. QP issues a paper Immediate Needs Card.
7H	Valid only for TB-related outpatient services	No	Tuberculosis (TB) Program. Covers eligible individuals who are TB-infected for TB-related outpatient services only.
7J	Full	No	CEC. Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no SOC Medi-Cal.
7K	Restricted to pregnancy-related, postpartum and emergency services	No	CEC. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services with no SOC to children without satisfactory immigration status who are up to 19 years of age who would otherwise lose their no SOC Medi-Cal.
7M	Valid for Minor Consent services	Y/N	Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to Sexually Transmitted Diseases (STDs), sexual assault, drug and alcohol abuse, and family planning. Paper Immediate Needs Card issued.
7N	Valid for Minor Consent services, limited to pregnancy-related and postpartum services	No	Minor Consent Program. Covers eligible pregnant minors under the age of 21. Limited to pregnancy-related services, including services for conditions that may complicate the pregnancy and postpartum services. Paper Immediate Needs Card issued.
7P	Valid for Minor Consent services	Y/N	Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to STDs, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Paper Immediate Needs Card issued.
7R	Valid for Minor Consent services	Y/N	Minor Consent Program. Covers eligible minors under age 12. Limited to services related to family planning and sexual assault. Paper Immediate Needs Card issued.
7S	Full	No	Express Lane Enrollment (ELE) (Title XIX). CalFresh (CF) parents from 19 up to 65 years of age who are neither blind nor disabled. Full-scope, no cost Medi-Cal coverage.
7T	Full	No	ELE – National School Lunch Program (NSLP).

Code	Benefits	SOC	Program/Description
7U	Full	No	ELE (Title XIX). CF adults from 19 up to 65 years of age who are citizens or lawfully present, and neither blind nor disabled. Full-scope, no cost Medi-Cal coverage.
7V	Full	Yes	TCVAP. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.
7W	Full	No	ELE (Title XIX). CF children under 19 years of age who are neither blind nor disabled. Full-scope, no cost Medi-Cal coverage.
7X	Full	No	One-Month Medi-Cal to HF Bridge.
71	Restricted to dialysis and supplemental dialysis-related services	Y/N	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program. Covers eligible persons of any age who are eligible only for dialysis and related services.
72	Full	No	133 Percent Program. Provides full Medi-Cal benefits to eligible children ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the FPL.
73	Restricted to parenteral hyperalimentation-related expenses	Y/N	Total Parenteral Nutrition. Covers eligible persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the MN or MI programs.
74	Restricted to emergency services	No	133 Percent Program (OBRA). Provides emergency services only for eligible children without satisfactory immigration status who are ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6 <sup>th</sup> birthday, continues and family income is at or below 133 percent of the FPL.
76	Restricted to 60-day postpartum services	No	60-Day Postpartum Program. Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60 <sup>th</sup> day occurs.
77	Limited to organ transplant anti-rejection medication only	No	Organ transplants: Anti-rejection medications program.
8E	Full	No	Accelerated Enrollment. Provides immediate, temporary, FFS, full-scope Medi-Cal benefits.

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Code	Benefits	SOC	Program/Description
8F	CMSP acute inpatient services only	Y/N	CMSP Companion Aid Code. Used in conjunction with Medi-Cal aid code 53. Aid Code 8F will appear as a special aid code and will entitle the eligible client to acute inpatient services only while residing in a Nursing Facility Level A or B. For more information about LTC services, refer to the <i>County Medical Services Program (CMSP)</i> section in this manual.
8G	Full	No	Severely Impaired Working Individual.
8H	Family Planning	N/A	Family Planning, Access, Care and Treatment (Family PACT). Comprehensive family planning services for low income residents of California with no other source of health care coverage. Health Access Plan card issued.
8N	Restricted to emergency services	No	133 Percent Excess Property Child – Emergency Services Only. Provides emergency services only for eligible children without satisfactory immigration status who are ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the FPL.
8P	Full	No	133 Percent Excess Property Child. Provides full-scope Medi-Cal benefits to eligible children ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the FPL.
8R	Full	No	100 Percent Excess Property Child. Provides full-scope benefits to otherwise eligible children, ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the FPL.
8T	Restricted to pregnancy-related, postpartum and emergency services	No	100 Percent Excess Property Child – Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to otherwise eligible children without satisfactory immigration status who are ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the FPL.
8U	Full	No	Child Health and Disability Prevention (CHDP) Gateway Deemed Infant. Provides full-scope, no SOC Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth.
8V	Full	Yes	CHDP Gateway Deemed Infant SOC. Provides full-scope Medi-Cal benefits with a SOC for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met.
8W	Full	No	CHDP Gateway Medi-Cal. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Medi-Cal eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC.

Code	Benefits	SOC	Program/Description
8X	Full	No	CHDP Gateway Title XXI Medi-Cal PE, Targeted Low-Income FPL for Children (Medicaid-Children's Health Insurance Program Title XXI). Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Medi-Cal eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC.
8Y	CHDP services only	No	CHDP. Covers CHDP eligible children who are also eligible for Medi-Cal pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services.  Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).
80	Restricted to Medicare expenses	No	Qualified Medicare Beneficiary. Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind or disabled individuals.
81	Full	Y/N	MI – Adults Aid Paid Pending.
82	Full	No	MI – Child. Covers MI persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.
83	Full	Yes	MI – Child SOC. Covers MI persons under 21 who meet the eligibility requirements of MI.
84	CMSP services only (no Medi-Cal)	No	MI – Adult. Covers MI adults aged 21 and over but under 65 years who meet the eligibility requirements of MI.
85	CMSP services only (no Medi-Cal)	Yes	MI – Adult. Covers MI adults aged 21 and over but under 65 years who meet the eligibility requirements of MI.
86	Full	No	MI – Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of MI.
87	Full	Yes	MI – Confirmed Pregnancy SOC. Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of MI but are not eligible for 185 percent/200 percent or the MN programs.
88	CMSP services only (no Medi-Cal)	No	MI – Adult – Disability Pending. Covers MI adults aged 21 and over but under 65 years who meet the eligibility requirements of MI and have a pending Medi-Cal disability application.
89	CMSP services only (no Medi-Cal)	Yes	MI – Adult – Disability Pending SOC. Covers MI adults aged 21 and over but under 65 years who meet the eligibility requirements of MI and have a pending Medi-Cal disability application.

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Code	Benefits	SOC	Program/Description
9A	EWC only (no Medi-Cal)	No	Every Woman Counts (EWC) recipient identifier. EWC offers benefits to uninsured and underinsured women whose household income is at or below 200 percent of the FPL. EWC offers reimbursement for screening, diagnostic and case management services.  <i>Note: EWC and Medi-Cal are separate programs; however, EWC relies on the Medi-Cal billing process (with few exceptions).</i>
9D	CCS-only (no Medi-Cal)	No	California Children's Services (CCS)-only. Children who meet CCS eligibility requirements, but are not Medi-Cal recipients. Assigned only to CCS enrollees of specified CCS 1115 Waiver Demonstration Projects.
9H	HF services only (no Medi-Cal)	No	HF Child. Provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the FPL. HF covers medical, dental and vision services to enrolled children.
9J	GHPP	No	Genetically Handicapped Persons Program (GHPP)-eligible. Eligible for GHPP benefits and case management.
9K	CCS	No	CCS-eligible. Eligible for all CCS benefits (such as diagnosis, treatment, therapy and case management).
9M	CCS MTP only	No	Eligible for CCS Medical Therapy Program (MTP) services only.
9N	CCS Case Management	No	Eligible for CCS only if concurrently eligible for full-scope, no SOC Medi-Cal. CCS authorization required.
9R	CCS	No	CCS-eligible HF child. A child in this program is enrolled in a HF plan and is eligible for all CCS benefits (such as diagnosis, treatment, therapy and case management). The child's county of residence has no cost sharing for the child's CCS services.
9U	CCS	No	CCS-eligible HF child. A child in this program is enrolled in a HF plan and is eligible for all CCS benefits (such as diagnosis, treatment, therapy and case management). The child's county of residence has county cost sharing for the child's CCS services.
9V	PFC/PPCW	No	CCS-eligible Partners for Children/Pediatric Palliative Care Waiver (PFC/PPCW) program participant. A child assigned this aid code has met the requirements for, and is enrolled in the PFC/PPCW program. Loss of Medi-Cal eligibility will result in the discontinuance of state-funded services and waiver benefits.
9W	PFC/PPCW	No	CCS-eligible PFC/PPCW program participant. A child assigned this aid code has met the requirements for, and is enrolled in both CCS and the PFC/PPCW program. Loss of Medi-Cal eligibility will result in the discontinuance of waiver benefits and reassignment to an appropriate non-waiver based CCS aid code for the child by the responsible CCS county program.



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**Special Share of Cost (SOC) Case Indicators:**

These indicators, which appear on a recipient's SOC Case Summary Form, are used to identify the following:

**IE – Ineligible:** A person who is IE for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.

**RR – Responsible Relative:** An RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

For more information, refer to the *Share of Cost (SOC)* section of the Part 1 manual.