

# MEDI-CAL FUNDED DELIVERIES

## 2003



The Great Seal

**MEDICAL CARE STATISTICS SECTION**

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This report provides summary data on Medi-Cal funded deliveries occurring in hospitals. The data are distributed by age, ethnicity and aid category of the mother, type of delivery and type of inpatient hospital (county versus community, contract versus non-contract). Average Medi-Cal payments for the fee-for-service component of these deliveries are also included.

This report, as well as previous years' reports, may be found at [www.dhs.ca.gov/mcss](http://www.dhs.ca.gov/mcss). Questions may be directed to Jan Rains by telephone at (916) 552-8570 or e-mail [Jrains@dhs.ca.gov](mailto:Jrains@dhs.ca.gov).

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## EXECUTIVE SUMMARY

Births to Medi-Cal beneficiaries in calendar year 2003 increased two percent above calendar year 2002, to a total of 244,327. These births represented 45% of all births in California hospitals, the same as in the previous year.

The general fertility rate of California women ages 15-44 rose to 69.5 per thousand in calendar year 2003 from 68.4 per thousand in the previous year. Prior to this upturn, the trend has been steadily downward for over a decade.<sup>1</sup>

As in previous years, women ages 20-24 delivered most of the babies (33.2%), followed by women aged 25-29, who were responsible for 25% of the deliveries. Older teens, ages 18 and 19, were 10.5% of the Medi-Cal beneficiaries delivering babies in 2003, compared to 10.6% the year before and 11.4% two years prior. The percentage of younger teens, ages 15 through 17, with Medi-Cal funded deliveries has been declining over the past several years from 7% in 1994 to 4.9% in 2003.

Hispanic women represented 69% of the Medi-Cal beneficiaries delivering in 2003, up two percentage points from calendar year 2002. The next largest group was white women (15%), followed at 7% by black women and Asian/Pacific Islanders at 6%.

Deliveries continue to be concentrated in the fee-for-service arena, with 72% of the deliveries covered by fee-for-service and the remaining 28% spread among various managed care arrangements.

Over 80% of the Medi-Cal funded deliveries fell into two major aid groups. The greatest number of deliveries was to "Undocumented" women (42%), followed closely by the "Families" aid group (39%). The "Percent Poverty" programs rose from 11% in year 2002 to 12% in year 2003; all remaining categories were very small. See Appendix A for a list of aid codes by category.

The type of birth was distributed 73% vaginal and 27% Cesarean, compared to 74% and 26% respectively in calendar year 2002.

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<sup>1</sup> California Department of Health Services, Center for Health Statistics

## **DATA QUALIFICATIONS**

The Medi-Cal Funded Deliveries report has been published annually since 1978. This report provides statewide as well as county-level number of deliveries by age, type of delivery, type of facility and the amount of Medi-Cal expenditures. The information source, the Pregnancy Monitoring System (PMS), an extract from the Medi-Cal paid claims files, has been only minimally updated despite significant changes in the Medi-Cal program over the past two decades.

The change with the greatest impact on delivery reporting is undoubtedly the movement of Medi-Cal eligibles into managed care systems, and the consequential non-reporting of encounters within the paid claims file. Initially this missing information was captured by linking Medi-Cal eligibility records to the hospital discharge database maintained by the Office of Statewide Health Planning and Development. Medi-Cal delivery reports based on this source were published for the years 1994-2000, 2001 and 2002. Beginning with this report, calendar year 2003, the managed care delivery information is based on a linkage between Medi-Cal eligibility records and California vital records files. The fee-for-service delivery information is obtained from the Medi-Cal paid claims files.

Although this method provides the most complete delivery information available at this time, it is likely that managed care deliveries are underreported to an unknown degree, believed to be relatively small. The reason for an undercount is that this component in the report is based on a link between Medi-Cal eligible files and birth records. Inaccuracy in personal identifiers may result in non-linking records.

**TABLE 1**  
**DELIVERIES TO MEDI-CAL BENEFICIARIES**  
**AS A PERCENT OF CALIFORNIA BIRTHS, AND**  
**GENERAL CALIFORNIA FERTILITY RATE**  
**1994 THROUGH 2003**

	BIRTHS IN CALIFORNIA HOSPITALS <sup>1</sup>	BIRTHS TO MEDI-CAL BENEFICIARIES <sup>2</sup>	MEDI-CAL AS PERCENT OF TOTAL	GENERAL FERTILITY RATE OF CALIFORNIA WOMEN <sup>1</sup>
1994	564,929	269,770	47.75%	77.6
1995	549,213	261,371	47.59%	75.5
1996	536,771	253,487	47.22%	73.6
1997	522,707	230,873	44.17%	70.8
1998	519,961	215,848	41.51%	69.7
1999	515,235	218,316	42.37%	68.6
2000	529,766	224,405	42.36%	70.0
2001	525,959	229,884	43.71%	68.7
2002	527,628	238,809	45.26%	68.4
2003	539,265	244,327	45.31%	69.5

Source:

<sup>1</sup>California Department of Health Services, Center for Health Statistics.

These rates have been updated in 2005 to reflect revised population estimates.

<sup>2</sup>California Department of Health Services, Medical Care Statistics Section, Medi-Cal/Vital Records Linked File 2003 and Medi-Cal paid claims.

**TABLE 2**  
**DELIVERIES TO MEDI-CAL BENEFICIARIES**  
**BY AGE AND ETHNICITY,**  
**CALENDAR YEAR 2003**

**NUMBER**

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
<b>UNDER 15</b>	53	54	339	20	6	87	559
<b>15-17</b>	1,219	885	7,497	402	57	2,001	12,061
<b>18-19</b>	3,904	2,079	16,247	983	119	2,247	25,579
<b>20-24</b>	13,751	6,293	55,559	3,694	411	1,441	81,149
<b>25-29</b>	8,473	4,252	44,712	3,991	263	347	62,038
<b>30-34</b>	4,922	2,493	28,025	3,835	124	250	39,649
<b>35-44</b>	3,152	1,559	15,507	2,542	87	174	23,021
<b>45 &amp; UP</b>	47	27	151	43	1	2	271
<b>Total</b>	35,521	17,642	168,037	15,510	1,068	6,549	244,327

**PERCENT**

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
<b>UNDER 15</b>	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.2%
<b>15-17</b>	0.5%	0.4%	3.1%	0.2%	0.0%	0.8%	4.9%
<b>18-19</b>	1.6%	0.9%	6.6%	0.4%	0.0%	0.9%	10.5%
<b>20-24</b>	5.6%	2.6%	22.7%	1.5%	0.2%	0.6%	33.2%
<b>25-29</b>	3.5%	1.7%	18.3%	1.6%	0.1%	0.1%	25.4%
<b>30-34</b>	2.0%	1.0%	11.5%	1.6%	0.1%	0.1%	16.2%
<b>35-44</b>	1.3%	0.6%	6.3%	1.0%	0.0%	0.1%	9.4%
<b>45 &amp; UP</b>	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%
<b>Total</b>	14.5%	7.2%	68.8%	6.3%	0.4%	2.7%	100.0%

**TABLE 3**  
**DELIVERIES TO MEDI-CAL BENEFICIARIES**  
**BY AGE AND AID CATEGORY,**  
**CALENDAR YEAR 2003**

**NUMBER**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
UNDER 15	312	6	7	0	125	22	87	0	559
15-17	5,541	151	507	0	3,344	536	1,965	16	12,060
18-19	11,628	288	1,696	0	7,664	2,113	2,154	35	25,578
20-24	34,752	951	1,172	1,932	30,256	10,968	1,029	89	81,149
25-29	21,548	823	0	967	31,193	7,414	0	93	62,038
30-34	12,532	549	0	508	20,627	5,376	0	54	39,646
35-44	8,761	560	0	289	9,765	3,597	0	47	23,019
45 & UP	127	21	0	3	78	41	0	0	270
AGE/AID CONFLICT*	-	-	5	2	-	-	1	-	8
<b>Total</b>	<b>95,201</b>	<b>3,349</b>	<b>3,387</b>	<b>3,701</b>	<b>103,052</b>	<b>30,067</b>	<b>5,236</b>	<b>334</b>	<b>244,327</b>

**PERCENT**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
UNDER 15	0.13%	0.00%	0.00%	0.00%	0.05%	0.01%	0.04%	0.00%	0.23%
15-17	2.27%	0.06%	0.21%	0.00%	1.37%	0.22%	0.80%	0.01%	4.94%
18-19	4.76%	0.12%	0.69%	0.00%	3.14%	0.86%	0.88%	0.01%	10.47%
20-24	14.22%	0.39%	0.48%	0.79%	12.38%	4.49%	0.42%	0.04%	33.21%
25-29	8.82%	0.34%	0.00%	0.40%	12.77%	3.03%	0.00%	0.04%	25.39%
30-34	5.13%	0.22%	0.00%	0.21%	8.44%	2.20%	0.00%	0.02%	16.23%
35-44	3.59%	0.23%	0.00%	0.12%	4.00%	1.47%	0.00%	0.02%	9.42%
45 & UP	0.05%	0.01%	0.00%	0.00%	0.03%	0.02%	0.00%	0.00%	0.11%
AGE/AID CONFLICT*	-	-	0.00%	0.00%	-	-	0.00%	-	0.00%
<b>Total</b>	<b>38.96%</b>	<b>1.37%</b>	<b>1.39%</b>	<b>1.51%</b>	<b>42.18%</b>	<b>12.31%</b>	<b>2.14%</b>	<b>0.14%</b>	<b>100.00%</b>

\*These beneficiaries may have been reported with incorrect birthdates or may be assigned to an inappropriate aid category.

**TABLE 4**  
**DELIVERIES TO MEDI-CAL BENEFICIARIES**  
**BY ETHNICITY AND AID CATEGORY,**  
**CALENDAR YEAR 2003**

**NUMBER**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
WHITE	23,679	1,098	992	1,265	1,002	7,404	18	63	35,521
BLACK	14,342	969	227	238	456	1,371	3	36	17,642
HISPANIC	48,376	536	1,904	1,726	97,932	17,332	39	192	168,037
ASIAN OR PACIFIC ISLANDER	7,485	399	200	427	3,309	3,658	0	32	15,510
AMERICAN INDIAN OR ALASKAN	793	34	34	28	30	148	0	1	1,068
NOT REPORTED	526	313	30	17	323	154	5,176	10	6,549
<b>TOTAL</b>	<b>95,201</b>	<b>3,349</b>	<b>3,387</b>	<b>3,701</b>	<b>103,052</b>	<b>30,067</b>	<b>5,236</b>	<b>334</b>	<b>244,327</b>

**PERCENT**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
WHITE	9.7%	0.4%	0.4%	0.5%	0.4%	3.0%	0.0%	0.0%	14.5%
BLACK	5.9%	0.4%	0.1%	0.1%	0.2%	0.6%	0.0%	0.0%	7.2%
HISPANIC	19.8%	0.2%	0.8%	0.7%	40.1%	7.1%	0.0%	0.1%	68.8%
ASIAN OR PACIFIC ISLANDER	3.1%	0.2%	0.1%	0.2%	1.4%	1.5%	0.0%	0.0%	6.3%
AMERICAN INDIAN OR ALASKAN	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.4%
NOT REPORTED	0.2%	0.1%	0.0%	0.0%	0.1%	0.1%	2.1%	0.0%	2.7%
<b>TOTAL</b>	<b>39.0%</b>	<b>1.4%</b>	<b>1.4%</b>	<b>1.5%</b>	<b>42.2%</b>	<b>12.3%</b>	<b>2.1%</b>	<b>0.1%</b>	<b>100.0%</b>

**TABLE 5**  
**DELIVERIES TO MEDI-CAL BENEFICIARIES**  
**BY TYPE OF DELIVERY AND AID CATEGORY,**  
**CALENDAR YEAR 2003**

**NUMBER**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
VAGINAL	70,032	2,011	2,707	2,634	74,288	21,752	4,250	227	177,901
CESAREAN	25,076	1,015	677	1,058	28,616	8,247	977	88	65,754
NOT REPORTED	93	323	3	9	148	68	9	19	672
<b>TOTAL</b>	<b>95,201</b>	<b>3,349</b>	<b>3,387</b>	<b>3,701</b>	<b>103,052</b>	<b>30,067</b>	<b>5,236</b>	<b>334</b>	<b>244,327</b>

**PERCENT**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
VAGINAL	28.7%	0.8%	1.1%	1.1%	30.4%	8.9%	1.7%	0.1%	72.8%
CESAREAN	10.3%	0.4%	0.3%	0.4%	11.7%	3.4%	0.4%	0.0%	26.9%
NOT REPORTED	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.3%
<b>TOTAL</b>	<b>39.0%</b>	<b>1.4%</b>	<b>1.4%</b>	<b>1.5%</b>	<b>42.2%</b>	<b>12.3%</b>	<b>2.1%</b>	<b>0.1%</b>	<b>100.0%</b>

**TABLE 6**  
**DELIVERIES TO MEDI-CAL BENEFICIARIES**  
**BY TYPE OF DELIVERY AND ETHNICITY,**  
**CALENDAR YEAR 2003**

**NUMBER**

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
VAGINAL	26,030	12,213	122,098	11,646	787	5,127	177,901
CESAREAN	9,251	5,346	45,692	3,809	278	1,378	65,754
NOT REPORTED	240	83	247	55	3	44	672
<b>TOTAL</b>	<b>35,521</b>	<b>17,642</b>	<b>168,037</b>	<b>15,510</b>	<b>1,068</b>	<b>6,549</b>	<b>244,327</b>

**PERCENT**

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
VAGINAL	10.7%	5.0%	50.0%	4.8%	0.3%	2.1%	72.8%
CESAREAN	3.8%	2.2%	18.7%	1.6%	0.1%	0.6%	26.9%
NOT REPORTED	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.3%
<b>TOTAL</b>	<b>14.5%</b>	<b>7.2%</b>	<b>68.8%</b>	<b>6.3%</b>	<b>0.4%</b>	<b>2.7%</b>	<b>100.0%</b>

**TABLE 7**  
**DELIVERIES TO MEDI-CAL BENEFICIARIES**  
**BY TYPE OF PAYMENT SYSTEM AND AID CATEGORY,**  
**CALENDAR YEAR 2003**

**NUMBER**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
Fee For Service	30,686	2,265	1,468	2,566	103,024	29,820	5,236	291	175,356
County Organized Health System	8,783	237	391	502	24	32	0	11	9,980
GMC	7,654	138	307	149	0	26	0	5	8,279
Two-Plan (CP)	21,513	301	631	233	2	77	0	11	22,768
Two-Plan (LI)	26,549	408	589	250	2	112	0	16	27,926
Prepaid Health Plan	16	0	1	1	0	0	0	0	18
<b>Total</b>	<b>95,201</b>	<b>3,349</b>	<b>3,387</b>	<b>3,701</b>	<b>103,052</b>	<b>30,067</b>	<b>5,236</b>	<b>334</b>	<b>244,327</b>

**PERCENT**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
Fee For Service	12.6%	0.9%	0.6%	1.1%	42.2%	12.2%	2.1%	0.1%	71.8%
County Organized Health System	3.6%	0.1%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	4.1%
GMC	3.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	3.4%
Two-Plan (CP)	8.8%	0.1%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	9.3%
Two-Plan (LI)	10.9%	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	11.4%
Prepaid Health Plan	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Total</b>	<b>39.0%</b>	<b>1.4%</b>	<b>1.4%</b>	<b>1.5%</b>	<b>42.2%</b>	<b>12.3%</b>	<b>2.1%</b>	<b>0.1%</b>	<b>100.0%</b>

**TABLE 8**  
**DISTRIBUTION OF HOSPITAL TYPE AND**  
**AVERAGE AMOUNT PAID PER DELIVERY,**  
**FEE-FOR-SERVICE MEDI-CAL BENEFICIARIES,**  
**BY TYPE OF HOSPITAL, CALENDAR YEAR 2003<sup>1</sup>**

	Type of Hospital, Percentage Distribution	Average Amount Paid
<b>ALL HOSPITALS</b>	100.00%	\$ 3,474
<b>Contract</b>	82.37%	\$ 3,243
<b>Non-Contract</b>	17.63%	\$ 4,557
<b>COUNTY HOSPITALS</b>	12.00%	\$ 3,836
<b>Contract</b>	11.98%	\$ 3,835
<b>Non-Contract</b>	0.01%	\$ 4,153
<b>COMMUNITY HOSPITALS</b>	88.00%	\$ 3,425
<b>Contract</b>	70.39%	\$ 3,142
<b>Non-Contract</b>	17.61%	\$ 4,557

<sup>1</sup> Expenditures include payments to physicians for pregnancy-related claims if a matching hospital delivery claim was identified. Although prenatal and postpartum pregnancy-related services may be included in the total, other non-pregnancy related services during the prenatal and postpartum months are excluded.

**TABLE 9**  
**AVERAGE LENGTH OF STAY (IN DAYS)**  
**BY TYPE OF DELIVERY AND AGE OF MOTHER**  
**FEE-FOR-SERVICE, CALENDAR YEAR 2003**

	NON-CESAREAN	CESAREAN	TOTAL
UNDER 15	2	4	2
15-17	2	4	2
18-19	2	4	2
20-24	2	3	2
25-29	2	3	2
30-34	2	3	2
35-44	2	3	3
45 & UP	2	3	3
Total	2	3	2

**TABLE 10**  
**AVERAGE MEDI-CAL PAYMENT**  
**BY TYPE OF DELIVERY AND AGE OF MOTHER**  
**FEE-FOR-SERVICE, CALENDAR YEAR 2003<sup>1</sup>**

	NON-CESAREAN	CESAREAN	TOTAL
UNDER 15	\$3,117	\$4,698	\$3,252
15-17	\$3,173	\$5,509	\$3,425
18-19	\$3,097	\$5,547	\$3,423
20-24	\$3,038	\$5,133	\$3,392
25-29	\$3,027	\$4,981	\$3,438
30-34	\$3,058	\$4,950	\$3,535
35-44	\$3,233	\$4,955	\$3,712
45 & UP	\$3,428	\$4,950	\$3,937
Total	\$3,069	\$5,042	\$3,474

<sup>1</sup> Expenditures include payments to physicians for pregnancy-related claims if a matching hospital delivery claim was identified. Although prenatal and postpartum pregnancy-related services may be included in the total, other non-pregnancy related services during the prenatal and postpartum months are excluded.

**TABLE 11**  
**DELIVERIES TO MEDI-CAL BENEFICIARIES**  
**BY BENEFICIARY COUNTY AND AID CATEGORY,**  
**CALENDAR YEAR 2003**

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
STATEWIDE	95,201	3,349	3,387	3,701	103,052	30,067	5,236	334	244,327
ALAMEDA	2,627	149	87	239	2,600	749	128	9	6,588
ALPINE	4	0	1	0	0	0	0	0	5
AMADOR	68	1	3	0	9	22	3	0	106
BUTTE	885	37	7	10	112	208	38	4	1,301
CALAVERAS	95	3	7	4	11	24	0	1	145
COLUSA	76	0	4	3	92	35	5	0	215
CONTRA COSTA	1,290	72	46	64	1,633	429	62	8	3,604
DEL NORTE	154	11	3	0	19	21	1	0	209
EL DORADO	276	10	6	5	145	72	21	0	535
FRESNO	5,011	172	154	201	2,893	1,158	200	10	9,799
GLENN	109	4	8	3	77	51	2	1	255
HUMBOLDT	469	37	14	16	75	147	24	1	783
IMPERIAL	974	12	19	17	248	197	25	0	1,492
INYO	66	0	4	0	24	12	3	0	109
KERN	3,770	203	126	118	2,235	726	214	5	7,397
KINGS	651	20	15	22	332	154	38	0	1,232
LAKE	244	11	7	7	65	49	9	0	392
LASSEN	99	2	6	0	10	14	2	0	133
LOS ANGELES	29,974	814	753	591	41,847	7,502	1,501	182	83,164
MADERA	646	8	16	8	688	145	19	1	1,531
MARIN	134	4	4	3	461	42	7	2	657
MARIPOSA	45	0	3	1	2	11	2	0	64
MENDOCINO	369	13	7	8	183	95	22	2	699
MERCED	1,290	40	45	38	852	282	55	4	2,606
MODOC	36	1	2	1	11	11	0	0	62
MONO	15	0	1	0	40	9	0	0	65
MONTEREY	1,282	20	38	33	2,130	409	174	0	4,086

(continued)

**TABLE 11** (continued)

	FAMILIES	AGED, BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOCU- MENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
NAPA	193	7	10	8	253	99	17	1	588
NEVADA	139	5	2	2	51	61	7	0	267
ORANGE	3,992	86	203	193	10,584	2,498	564	9	18,129
PLACER	284	16	26	24	222	156	26	0	754
PLUMAS	44	0	5	1	7	19	2	2	80
RIVERSIDE	4,996	170	244	274	4,743	2,468	229	9	13,133
SACRAMENTO	4,696	226	154	221	1,826	977	80	5	8,185
SAN BENITO	147	0	7	8	144	30	14	0	350
SAN BERNARDINO	7,128	284	256	286	4,583	2,044	376	13	14,970
SAN DIEGO	4,767	169	293	390	5,741	2,717	273	12	14,362
SAN FRANCISCO	1,045	60	18	16	1,008	532	56	3	2,738
SAN JOAQUIN	2,675	136	76	55	1,543	574	94	7	5,160
SAN LUIS OBISPO	336	16	28	35	325	245	30	4	1,019
SAN MATEO	569	22	24	72	1,572	340	79	0	2,678
SANTA BARBARA	970	32	53	68	1,524	385	55	2	3,089
SANTA CLARA	2,411	74	105	130	3,829	936	114	5	7,604
SANTA CRUZ	439	6	27	38	721	281	89	2	1,603
SHASTA	747	45	31	20	40	190	15	1	1,089
SIERRA	6	0	0	1	0	6	1	0	14
SISKIYOU	191	16	5	5	18	40	6	0	281
SOLANO	971	44	39	56	439	214	51	4	1,818
SONOMA	479	29	52	64	1,026	304	43	2	1,999
STANISLAUS	1,901	70	85	54	1,302	595	113	4	4,124
SUTTER	290	19	6	4	214	135	17	0	685
TEHAMA	277	13	11	4	110	57	14	0	486
TRINITY	42	2	1	1	1	17	2	0	66
TULARE	2,321	68	151	173	1,774	580	148	1	5,216
TUOLUMNE	133	4	3	3	5	53	4	0	205
VENTURA	1,545	36	53	55	2,313	716	142	6	4,866
YOLO	436	21	18	37	232	132	12	2	890
YUBA	372	29	15	11	107	92	8	2	636
INVALID CODE	0	0	0	0	1	0	0	8	9

**TABLE 12**  
**DELIVERIES TO MEDI-CAL BENEFICIARIES**  
**BY BENEFICIARY COUNTY AND AGE OF MOTHER,**  
**CALENDAR YEAR 2003**

	UNDER 15	15-17	18-19	20-24	25-29	30-34	35-44	45 & UP	TOTAL
STATEWIDE	559	12,061	25,579	81,149	62,038	39,649	23,021	271	244,327
ALAMEDA	12	295	614	2,166	1,730	1,127	637	7	6,588
ALPINE	0	0	0	2	2	1	0	0	5
AMADOR	0	4	17	44	17	14	10	0	106
BUTTE	2	78	163	522	294	148	91	3	1,301
CALAVERAS	1	6	17	55	36	19	11	0	145
COLUSA	1	8	26	78	49	34	19	0	215
CONTRA COSTA	6	143	374	1,252	959	567	301	2	3,604
DEL NORTE	0	14	38	82	45	19	11	0	209
EL DORADO	1	20	64	212	130	60	48	0	535
FRESNO	41	602	1,238	3,466	2,287	1,349	800	16	9,799
GLENN	1	15	37	88	58	38	18	0	255
HUMBOLDT	1	27	82	310	214	98	50	1	783
IMPERIAL	3	105	193	542	337	194	118	0	1,492
INYO	0	6	16	45	21	14	7	0	109
KERN	19	493	931	2,674	1,706	989	577	8	7,397
KINGS	8	60	173	440	299	146	103	3	1,232
LAKE	3	21	46	121	95	64	42	0	392
LASSEN	0	6	16	57	30	16	8	0	133
LOS ANGELES	164	3,843	7,623	25,523	21,982	15,050	8,876	103	83,164
MADERA	8	90	194	537	391	192	117	2	1,531
MARIN	0	15	44	211	205	113	68	1	657
MARIPOSA	0	4	7	30	11	7	5	0	64
MENDOCINO	4	35	84	274	166	78	58	0	699
MERCED	9	148	315	993	595	337	206	3	2,606
MODOC	0	5	12	20	10	12	3	0	62
MONO	0	2	3	20	24	12	4	0	65

(continued)

**TABLE 12** (continued)

	UNDER 15	15-17	18-19	20-24	25-29	30-34	35-44	45 & UP	TOTAL
MONTEREY	19	268	488	1,421	1,013	576	297	4	4,086
NAPA	0	27	70	186	146	100	59	0	588
NEVADA	1	8	30	107	69	28	24	0	267
ORANGE	32	776	1,674	5,580	4,742	3,316	1,988	21	18,129
PLACER	0	30	92	284	188	96	61	3	754
PLUMAS	0	2	11	35	21	10	1	0	80
RIVERSIDE	35	670	1,486	4,613	3,230	1,931	1,157	11	13,133
SACRAMENTO	23	408	948	2,932	1,995	1,196	670	13	8,185
SAN BENITO	1	10	46	135	86	53	19	0	350
SAN BERNARDINO	31	796	1,748	5,329	3,645	2,158	1,249	14	14,970
SAN DIEGO	32	733	1,510	4,801	3,616	2,346	1,312	12	14,362
SAN FRANCISCO	1	94	205	715	751	596	372	4	2,738
SAN JOAQUIN	12	300	661	1,860	1,185	733	399	10	5,160
SAN LUIS OBISPO	1	45	127	363	249	170	62	2	1,019
SAN MATEO	5	113	224	862	746	436	288	4	2,678
SANTA BARBARA	8	157	363	1,088	767	463	243	0	3,089
SANTA CLARA	10	281	664	2,467	2,056	1,387	733	6	7,604
SANTA CRUZ	2	101	184	521	388	256	151	0	1,603
SHASTA	4	63	167	458	222	113	61	1	1,089
SIERRA	0	1	1	4	6	2	0	0	14
SISKIYOU	1	11	29	134	59	31	16	0	281
SOLANO	3	78	189	687	457	242	162	0	1,818
SONOMA	3	102	193	738	489	301	169	4	1,999
STANISLAUS	9	217	517	1,499	1,030	567	282	3	4,124
SUTTER	1	26	89	266	150	106	47	0	685
TEHAMA	1	35	64	195	101	59	31	0	486
TRINITY	0	6	5	26	13	9	7	0	66
TULARE	20	326	698	1,812	1,273	693	392	2	5,216
TUOLUMNE	2	5	28	80	53	22	15	0	205
VENTURA	12	248	542	1,640	1,222	755	442	5	4,866
YOLO	1	35	107	296	233	136	80	2	890
YUBA	5	44	90	249	142	62	43	1	636
INVALID CODE	0	0	2	2	2	2	1	0	9

**TABLE 13**  
**DELIVERIES TO MEDI-CAL BENEFICIARIES**  
**BY BENEFICIARY COUNTY AND ETHNICITY,**  
**CALENDAR YEAR 2003**

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
STATEWIDE	35,521	17,642	168,037	15,510	1,068	6,549	244,327
ALAMEDA	716	1,506	3,205	988	21	152	6,588
ALPINE	1	0	0	0	4	0	5
AMADOR	85	0	13	1	3	4	106
BUTTE	848	32	247	97	35	42	1,301
CALAVERAS	116	0	23	1	3	2	145
COLUSA	33	1	175	0	1	5	215
CONTRA COSTA	581	558	2,126	239	10	90	3,604
DEL NORTE	136	2	36	9	24	2	209
EL DORADO	307	2	197	8	1	20	535
FRESNO	1,207	614	6,871	831	45	231	9,799
GLENN	104	4	124	13	8	2	255
HUMBOLDT	552	8	92	21	85	25	783
IMPERIAL	110	13	1,319	9	15	26	1,492
INYO	40	0	40	0	26	3	109
KERN	1,561	494	4,894	185	28	235	7,397
KINGS	202	64	896	27	4	39	1,232
LAKE	238	16	106	5	17	10	392
LASSEN	94	0	28	2	7	2	133
LOS ANGELES	4,937	7,101	64,293	4,459	96	2,278	83,164
MADERA	265	38	1,186	14	8	20	1,531
MARIN	96	28	495	29	1	8	657
MARIPOSA	52	0	6	0	4	2	64
MENDOCINO	302	7	297	4	65	24	699
MERCED	462	81	1,842	135	9	77	2,606
MODOC	45	0	15	0	2	0	62
MONO	13	1	50	0	1	0	65
MONTEREY	291	55	3,457	104	4	175	4,086

(continued)

**TABLE 13** (continued)

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
NAPA	149	4	406	9	2	18	588
NEVADA	200	2	56	1	3	5	267
ORANGE	1,890	192	13,843	1,564	14	626	18,129
PLACER	387	7	305	18	11	26	754
PLUMAS	61	1	10	1	5	2	80
RIVERSIDE	2,383	756	9,388	275	65	266	13,133
SACRAMENTO	2,550	1,389	2,924	1,151	64	107	8,185
SAN BENITO	38	1	296	0	1	14	350
SAN BERNARDINO	2,930	1,551	9,496	443	75	475	14,970
SAN DIEGO	2,452	1,017	9,687	837	54	315	14,362
SAN FRANCISCO	273	476	1,116	799	8	66	2,738
SAN JOAQUIN	987	441	2,972	614	32	114	5,160
SAN LUIS OBISPO	398	18	537	31	3	32	1,019
SAN MATEO	269	125	1,827	366	3	88	2,678
SANTA BARBARA	402	44	2,532	51	2	58	3,089
SANTA CLARA	623	248	5,367	1,220	20	126	7,604
SANTA CRUZ	250	7	1,238	18	1	89	1,603
SHASTA	871	21	102	34	41	20	1,089
SIERRA	10	0	1	0	2	1	14
SISKIYOU	208	3	34	5	21	10	281
SOLANO	457	387	705	198	11	60	1,818
SONOMA	474	40	1,361	53	21	50	1,999
STANISLAUS	1,160	118	2,546	156	10	134	4,124
SUTTER	211	8	338	100	9	19	685
TEHAMA	286	3	169	4	10	14	486
TRINITY	57	0	4	2	1	2	66
TULARE	787	59	4,058	133	25	154	5,216
TUOLUMNE	177	0	17	1	6	4	205
VENTURA	611	53	3,933	107	8	154	4,866
YOLO	241	32	530	64	8	15	890
YUBA	334	14	200	73	5	10	636
INVALID CODE	1	0	6	1	0	1	9

## APPENDIX A: AID CODE CATEGORIZATION

Medical Care Statistics Section determined placement of individual aid codes into categories for this report. Aid code descriptions were taken from EDS Provider Manual as of September 2003.

### FAMILIES:

Code	Benefits	Share of Cost	Program/Description
30	Full	No	AFDC-FG (FFP). Provides aid to families with dependent children in a family group in which the child(ren) is deprived because of the absence, incapacity or death of either parent.
32	Full	No	TANF–Timed out. Recipients who have reached their TANF 60-month time limit and remain eligible for CalWORKs.
33	Full	No	AFDC – Unemployed Parent (State-only program) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.
35	Full	No	AFDC-U (FFP cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.
38	Full	No	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from CalWORKs until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate <i>Notice of Action</i> sent.
39	Full	No	Initial Transitional Medi-Cal (TMC) – Six Months Continuing Eligibility (FFP). Provides coverage to certain clients subsequent to CalWORKs cash grant or <u>Section 1931(b) program</u> discontinuance due to increased earnings or increased hours of employment.
3E	Full	No	CalWORKs Legal Immigrant – Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3G	Full	No	AFDC-FG (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does not meet all federal requirements, but State rules require the individual(s) be aided. This population is the same as aid code 32, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3H	Full	No	AFDC-FU (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. This population is the same as aid code 33, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3L	Full	No	CalWORKs Legal Immigrant – Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3M	Full	No	CalWORKs Legal Immigrant – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
3N	Full	No	AFDC – Mandatory Coverage Group Section 1931(b) (FFP). Section 1931 requires Medi-Cal be provided to low-income families who meet the requirements of the Aid to Families with Dependent Children (AFDC) State Plan in effect July 16, 1996.

Code	Benefits	Share of Cost	Program/Description
3P	Full	No	AFDC Unemployed Parent (FFP cash) – Aid to Families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3R	Full	No	AFDC – Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity or death of either parent. This population is the same as aid code 30, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3U	Full	No	CalWORKS Legal Immigrant – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
4C	Full	No	AFDC-FC Voluntarily Placed (Fed) (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care.
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.
59	Full	No	Additional TMC – Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC.
5T	Restricted to pregnancy and emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.
5X	Full	No	Second Year Transitional Medi-Cal (TMC). Provides a second year of full-scope (no SOC) TMC benefits for citizens and qualified aliens age 19 and older who have received six months of additional full-scope TMC benefits under aid code 59 and who continue to meet the requirements of additional TMC (State-only program).
7J	Full	No	Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.

#### AGED, BLIND OR DISABLED:

Code	Benefits	Share of Cost	Program/Description
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program, administered by the SSA, which pays a cash grant to needy blind persons of any age.
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.

65	Full	Y/N	Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled – Medically Needy IHSS (non-FFP). Covers persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program and were eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment that was the basis of the disability determination or (b) are aged, blind or disabled medically needy and have the costs of IHSS deducted from their monthly income.
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. No age limit for this aid code.
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the <b>recipients</b> .
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS.)
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).
6H	Full	No	Federal Poverty Level – Disabled (FPL-Disabled). Provides full-scope (no SOC) Medi-Cal to qualified disabled individuals/couples.

### MEDICALLY INDIGENT - CHILD

Code	Benefits	Share of Cost	Program/Description
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC) (non-FFP). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.
4M	Full	No	Former Foster Care Children (FFCC) 18 through 20 years of age. Provides full-scope Medi-Cal benefits to former foster care children who were receiving benefits on their 18th birthday in aid codes 40, 42, 45, 4C and 5K and who are under 21 years of age.
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.
82	Full	No	MI – Person (FFP). Covers medically indigent 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 – Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.

### MEDICALLY INDIGENT – ADULT

Code	Benefits	Share of Cost	Program/Description
53	Restricted to LTC services only	Y/N	Medically Indigent – LTC (Non-FFP). Covers 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.
81	Full	Y/N	MI – Adults Aid Paid Pending (Non-FFP). Aid Paid Pending for persons over 21 but under 65, with or without SOC.
86	Full	No	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.
87	Full	Yes	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.

**UNDOCUMENTED:**

Code	Benefits	Share of Cost	Program/Description
1U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Aged (Restricted FPL-Aged). Provides emergency and pregnancy-related benefits (no SOC) to qualified aged individuals/couples who do not have satisfactory immigration status.
3T	Restricted to pregnancy and emergency services	No	Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment.
3V	Restricted to pregnancy and emergency services	No	Section 1931(b). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996. <b><u>(FFP for emergency services including labor and delivery. State-only for pregnancy-related services.)</u></b>
48	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant – <b><u>Covers aliens who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens)</u></b> , but <b><u>who are</u></b> otherwise eligible for <b><u>Medi-Cal</u></b> . Provides family planning, pregnancy-related and postpartum services for any age female, if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.
55	Restricted to pregnancy and emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not PRUCOL. LTC services: State-only funds; emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers <b><u>aliens who do not have lawful</u></b> Permanent Resident Alien, PRUCOL or Amnesty Alien status <b><u>(including undocumented aliens)</u></b> , but who are otherwise eligible for Medi-Cal.
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers <b><u>pregnant alien women who do not have lawful</u></b> Permanent Resident Alien, PRUCOL or Amnesty Alien status <b><u>(including undocumented aliens)</u></b> , but who are otherwise eligible for Medi-Cal.
5Y	Restricted to pregnancy and emergency services	No	Second Year TMC (State-only program). Provides a second year of continuing emergency and pregnancy-related TMC benefits (no SOC) to <b><u>aliens without satisfactory immigration status who have received benefits under</u></b> aid code 5T <b><u>and are</u></b> 19 years of age or older.
7C	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/[IRCA Amnesty Alien (Not ABD or Under 18)]. Covers emergency and pregnancy-related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
8T	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.

**PERCENT POVERTY:**

Code	Benefits	Share of Cost	Program/Description
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44	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant (FFP) – <b>Covers</b> United States Citizen/ <b>U.S. National and aliens with satisfactory immigration status including lawful Permanent Resident Aliens/Amnesty Aliens and PRUCOL Aliens</b> . Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.
47	Full	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to 1-year-old and continues 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 federal poverty level.
70	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). United States Citizen, Permanent Resident Alien/PRUCOL Alien or Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related, and postpartum services under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
8R	Full	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.

**MINOR CONSENT:**

Code	Benefits	Share of Cost	Program/Description
7M	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors aged 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning.
7N	Valid for Minor Consent services	No	Minor Consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning.
7P	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors age 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment.