

































### Medi-Cal Managed Care Plans Mandatory or Voluntary Enrollment by Medi-Cal Aid Codes

AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
49	Adult & Family OTLIC	Title IV-E Extended Foster Care/FFP Medi-Cal. AFDC-FC Federal: Covers non-minor dependents, age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for federal foster care placement.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
5C	Adult & Family OTLIC	Medi-Cal Presumptive Eligibility (Title XXI), Healthy Families Program (HFP) Transitional Children. Provides 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.  <b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	M	V	M	N/A	N/A
5D	Adult & Family OTLIC	Medi-Cal Presumptive Eligibility (Title XXI), HFP Transitional Children. Provides 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.  <b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	M	V	M	N/A	N/A
5E	N/A	Healthy Families to the Medi-Cal Presumptive Eligibility (PE) program. Provides immediate, temporary, Medi-Cal benefits to certain children under the age of 19.  <b>Full Benefits. No Share of Cost. FFS Only. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
5F (see note)	OBRA	OBRA Alien – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status. Benefits restricted to pregnancy and emergency services.  Note: See Alpha Numeric Chart Below: 5F has been changed to alpha numeric aid codes D8 and D9 per DRA.  <b>Restricted Benefits. Share of Cost. FFP Under 50%</b>	P	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary  
D Voluntary for Duals/Mandatory for Non-Duals  
P Mandatory for Napa, Solano, Yolo only

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5G	OBRA	Valid aid code-not in use at this time <b>Restricted Benefits. Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
5J	N/A	SB 87 Pending Disability Program. <b>Restricted Benefits. No Share of Cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
5K	Adult & Family OTLIC	Emergency Assistance (EA) Foster Care. Covers child welfare cases placed in EA foster care. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
5N	OBRA	Valid aid code-not in use at this time <b>Restricted Benefits. Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
5R	N/A	SB 87 Pending Disability Program. <b>Restricted Benefits. Share of Cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
5T	N/A	Continuing TMC. Provides an additional 6 months of emergency services coverage for those beneficiaries who received 6 months of initial TMC coverage under aid code 3T. <b>Restricted Benefits. No Share of Cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
5V	N/A	TCVAP. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. <b>Restricted Benefits. No Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A

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5W	N/A	Four-Month Continuing Pregnancy and Emergency Services Only. Provides 4 months of 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.  <b>Restricted Benefits. No Share of Cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
5X	N/A	Expired aid code-2nd year TMC (1 year) age 19 & oldern  <b>Full Benefits. No Share of Cost. State Funded</b>	N/A	N/A	N/A	N/A	N/A
50	N/A	County Medical Services Program (CMSP). OBRA/Out-of-County Care.  <b>Restricted Benefits. Share of Cost and No Share of Cost. County Funded.</b>	N/A	N/A	N/A	N/A	N/A
53	Long Term Care	Medically Indigent – LTC services. Covers eligible persons age 21 or older and under 65 who are residing in a Nursing Facility Level A or B with or without Share of Cost.  <b>Restricted Benefits. Share of Cost and No Share of Cost. State Funded.</b>	M	N/A	N/A	N/A	N/A
54	Adult & Family OTLIC	Four-Month Continuing Eligibility. Covers persons discontinued from CalWORKS or Section 1931(b) due to the increased collection of child/spousal support.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
55 (see note)	OBRA	OBRA Not Protected Under the Color of Law (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.  Note: See Alpha Numeric Chart Below: 55 changed to alpha numeric aid codes D2, D3, D4, D5, D6 and D7 per DRA.  <b>Restricted Benefits. No Share of Cost. FFP Under 50%</b>	P	N/A	N/A	N/A	N/A

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58 (see note)	OBRA	OBRA Aliens. Covers eligible aliens who do not have satisfactory immigration status.  Note: See Alpha Numeric Chart Below: 58 changed to alpha numeric aid codes C1, C2, C3, C4, C5, C6, C7, C8, C9 and D1 per DRA.  <b>Restricted Benefits. Share of Cost and No Share of Cost. FFP Under 50%</b>	P	N/A	N/A	N/A	N/A
59	Adult & Family OTLIC	Continuing TMC – 6 months. Provides an additional 6 months of TMC for beneficiaries who had 6 months of initial TMC coverage under aid code 39.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
6A	Disabled	Disabled Adult Child(ren) – Blind.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
6C	Disabled	Disabled Adult Child(ren) – Disabled.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
6E	Disabled	Craig v. Bonta Disabled – Pending SB 87 Redetermination. Covers former SSI/SSP recipients who are disabled, until the county redetermines their Medi-Cal eligibility.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
6G	Disabled	250 Percent Working Disabled Program.  <b>Full Benefits. No Share of Cost (Associated Premium). FFP 50%</b>	M	V	D	V	M
6H	Disabled	Disabled – FPL. Covers the disabled in the Aged and Disabled FPL program.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M

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6J	Disabled	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. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
6N	Disabled	Former SSI – No Longer Disabled. In SSI Appeals Status. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
6P	Disabled	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Children. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
6R	Disabled	SB 87 Pending Disability. Covers beneficiaries ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability. <b>Full Benefits. Share of Cost. FFP 50%</b>	M	N/A	N/A	N/A	N/A
6U	N/A	Restricted Federal Poverty Level – Disabled. Covers the disabled in the Aged and Disabled FPL program who do not have satisfactory immigration status. <b>Restricted Benefits. No Share of Cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
6V	Disabled	Department of Developmental Services (DDS) Waivers. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	N/A	M
6W	Disabled	DDS Waivers. <b>Full Benefits. Share of Cost. FFP: 50%</b>	M	N/A	N/A	N/A	M
6X	Disabled	Medi-Cal In-Home Operations (IHO) Waiver. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	N/A	N/A	N/A	M

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January 3, 2017

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6Y	Disabled	Medi-Cal In-Home Operations (IHO) Waiver. <b>Full Benefits. Share of Cost. FFP 50%</b>	M	N/A	N/A	N/A	M
60	Disabled	Disabled – SSI/SSP – Cash. <b>Full Benefits. No Share of Cost. FFP: 50%</b>	M	V	D	V	M
63	Long Term Care	Disabled – Long Term Care (LTC). <b>Full Benefits. Share of Cost and No Share of Cost. FFP 50%</b>	M	N/A	N/A	V	M
64	Disabled	Disabled – Medically Needy. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
65	N/A	Katrina-Covers eligible evacuees of Hurricane Katrina. <b>Full Benefits. Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A
66	Disabled	Disabled – Pickle Eligibles. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
67	Disabled	Disabled – Medically Needy. <b>Full Benefits. Share of Cost. FFP 50%</b>	M	N/A	N/A	V	M
68	N/A	Disabled – IHSS. <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
69	N/A	200 Percent Infant OBRA. Provides emergency services only for eligible infants without satisfactory immigration status who are under 1 year old or over 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the FPL. <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A

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7A	Adult & Family OTLIC	100 Percent Child. Provides full benefits to otherwise eligible children, ages 6 to 19 years or over 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the FPL.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	N/A	N/A
7C	N/A	100 Percent OBRA Child. Covers emergency and pregnancy-related services to otherwise eligible children, without satisfactory immigration status who are ages 6 to 19 years or over 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the FPL.  <b>Restricted Benefits. No Share of Cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
7F	N/A	Presumptive Eligibility (PE) – Pregnancy Verification. This option allows the Qualified Provider 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 a negative pregnancy test result.  <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
7G	N/A	PE – Ambulatory Prenatal Care. This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have a positive pregnancy test result. Qualified Provider issues paper PE ID Card.  <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
7H	N/A	Tuberculosis (TB) Program. Covers eligible individuals who are TB-infected for TB-related outpatient services only.  <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
7J	Adult & Family OTLIC	Continuous Eligibility for Children (CEC). Provides full-scope benefits to children up to 19 years old who would otherwise lose their no Share of Cost Medi-Cal.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	N/A	N/A

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7K	N/A	CEC. Provides emergency and pregnancy-related benefits to children without satisfactory immigration status who are up to 19 years old who would otherwise lose their no Share of Cost Medi-Cal.  <b>Restricted Benefits. No Share of Cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
7M	N/A	Minor Consent Program. Covers eligible minors between the ages of 12 and 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, and family planning. Paper Medi-Cal ID card issued.  <b>Restricted Benefits. Share of Cost and No Share of Cost. State Funded</b>	N/A	N/A	N/A	N/A	N/A
7N	N/A	Minor Consent Program. Covers eligible pregnant minors under the age of 21. Limited to services related to pregnancy and family planning. Paper Medi-Cal ID Card issued.  <b>Restricted Benefits. No Share of Cost. State Funded</b>	N/A	N/A	N/A	N/A	N/A
7P	N/A	Minor Consent Program. Covers eligible minors between the ages of 12 and 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Paper Medi-Cal ID Card issued.  <b>Restricted Benefits. Share of Cost and No Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A
7R	N/A	Minor Consent Program. Covers eligible minors under age 12. Limited to services related to family planning and sexual assault. Paper Medi-Cal ID Card issued.  <b>Restricted Benefits. Share of Cost and No Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A
7S	Adult & Family OTLIC	Express Lane Enrollment (Title XIX). CalFresh parents from 19 through 64 years of age who are neither blind nor disabled.  <b>Full-scope, no cost Medi-Cal coverage. FFP 50%</b>	M	V	M	N/A	N/A
7T	N/A	Express Enrollment – National School Lunch Program.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A

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7U	Adult Expansion	Express Lane Enrollment (Title XIX). CalFresh adults from 19 through 64 years of age who are citizens or lawfully present, and neither blind nor disabled. <b>Full-scope, no cost Medi-Cal coverage. FFP 95% (Title XIX)</b>	M	V	M	N/A	N/A
7V	N/A	TCVAP. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. <b>Full Benefits. Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A
7W	Adult & Family OTLIC	Express Lane Enrollment (Title XIX). CalFresh children under 19 years of age who are neither blind nor disabled. <b>Full-scope, no cost Medi-Cal coverage. FFP 50%</b>	M	V	M	N/A	N/A
7X	Adult & Family OTLIC	One Month Medi-Cal to Healthy Families Bridge. <b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	M	V	M	N/A	N/A
71	N/A	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP). Covers eligible persons of any age who are eligible only for dialysis and related services. <b>Restricted Benefits. Share of Cost and No Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A
72	Adult & Family OTLIC	133 Percent Program. Provides full Medi-Cal benefits to eligible children ages 1 to 6 years or over 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the FPL. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	N/A	N/A
73	N/A	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 Medically Needy or Medically Indigent Programs. <b>Restricted Benefits. Share of Cost and No Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A

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74	N/A	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 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.  <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
76	N/A	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 60th day occurs.  <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
77	N/A	Organ Transplants: anti-rejection medication.  <b>Restricted Benefits. No Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A
8E (see note)	N/A	Accelerated Enrollment. Provides immediate, temporary Medi-Cal benefits.  Note: aid code 8E changed to 5E on July 1, 2008  <b>Full Benefits. No Share of Cost. FFS Only. FFP: 50%</b>	N/A	N/A	N/A	N/A	N/A
8F	N/A	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 Long Term Care (LTC) services, refer to the County Medical Services Program (CMSP) section in this manual.  <b>Restricted Benefits. Share of Cost and No Share of Cost. County Funded.</b>	N/A	N/A	N/A	N/A	N/A
8G	N/A	Severely Impaired Working Individual.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
8H	N/A	Family PACT. Comprehensive family planning services for low income residents of California with no other source of health care coverage. HAP card issued.  <b>Restricted Benefits. No Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A

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8N	N/A	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 federal poverty level.  <b>Restricted Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A
8P	Adult & Family OTLIC	133 Percent Excess Property Child. Provides 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 federal poverty level.  <b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	M	V	M	N/A	N/A
8R	Adult & Family OTLIC	100 Percent Excess Property Child. Provides 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 Federal poverty level.  <b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	M	V	M	N/A	N/A
8T	N/A	100 Percent Excess Property Child – Pregnancy and Emergency Services Only. Covers emergency and pregnancy-related services only 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 Federal poverty level.  <b>Restricted Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A
8U	N/A	CHDP Gateway Deemed Infant. Provides 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.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
8V	N/A	CHDP Gateway Deemed Infant SOC. Provides 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.  <b>Full Benefits. Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A

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8W	N/A	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 Medi-Cal benefits.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
8X	N/A	CHDP Gateway Title XXI Medi-Cal Presumptive Eligibility, Targeted Low-Income FPL for Children (M-CHIP TITLE XXI). Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Medi-Cal eligibility.  <b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A
8Y	N/A	CHDP. Covers CHDP eligible children who are also eligible for Medi-Cal emergency, pregnancy-related and Long Term Care (LTC) services.  <b>Not Medi-Cal. CHDP State-Only Program. Non Funded.</b>	N/A	N/A	N/A	N/A	N/A
80	N/A	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind or disabled individuals.  <b>Restricted Benefits. No Share of Cost. Qualified Medicare Beneficiary.</b>	N/A	N/A	N/A	N/A	N/A
81	<b>Adult &amp; Family OTLIC</b>	MI – Adults Aid Paid Pending.  <b>Full Benefits. Share of Cost and No Share of Cost. State Funded.</b>	M	N/A	N/A	N/A	N/A
82	<b>Adult &amp; Family OTLIC</b>	MI – Child. 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.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	N/A	N/A
83	<b>Adult &amp; Family OTLIC</b>	MI – Child SOC. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.  <b>Full Benefits. Share of Cost. FFP 50%</b>	M	N/A	N/A	N/A	N/A

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V Voluntary  
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www.calduals.org  
N/A not in Managed Care

**Medi-Cal Managed Care Plans  
Mandatory or Voluntary Enrollment  
by Medi-Cal Aid Codes**

AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
84	N/A	MI – Adult. Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent. Benefits: CMSP services only – no Medi-Cal.  <b>Restricted Benefits. No Share of Cost. County Funded.</b>	N/A	N/A	N/A	N/A	N/A
85	N/A	MI – Adult. Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent. Benefits: CMSP services only – no Medi-Cal.  <b>Restricted Benefits. Share of Cost. County Funded.</b>	N/A	N/A	N/A	N/A	N/A
86	Adult & Family OTLIC	MI – Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
87	Adult & Family OTLIC	MI – Confirmed Pregnancy SOC. 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.  <b>Full Benefits. Shre of Cost. FFP 50%</b>	M	N/A	N/A	N/A	N/A
88	N/A	MI – Adult – Disability Pending. Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. Benefits: CMSP services only – no Medi-Cal.  <b>Restricted Benefits. No Share of Cost. County Funded.</b>	N/A	N/A	N/A	N/A	N/A
89	N/A	MI – Adult – Disability Pending SOC. Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. Benefits: CMSP services only.  <b>Restricted Benefits. No Share of Cost. County Funded.</b>	N/A	N/A	N/A	N/A	N/A

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						CMC*	MLTSS*
9A	N/A	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 federal poverty level. EWC offers reimbursement for screening, diagnostic and case management services.  Note: EWC and Medi-Cal are separate programs; however, EWC relies on the Medi-Cal billing process (with few exceptions). Cancer detection programs: Every Woman Counts only.  <b>Restricted Benefits. No Share of Cost. Non Funded.</b>	N/A	N/A	N/A	N/A	N/A
9H	N/A	Healthy Families (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 federal poverty level. HF covers medical, dental and vision services to enrolled children. Benefits: Healthy Families services only: no Medi-Cal.  <b>Restricted Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A
9J	N/A	GHPP-eligible. Eligible for GHPP benefits and case management. Benefits: GHPP.  <b>Restricted Benefits. No Share of Cost. Non Funded.</b>	N/A	N/A	N/A	N/A	N/A
9K	N/A	CCS-eligible. Eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management). Benefits: CCS.  <b>Restricted Benefits. No Share of Cost. Non Funded.</b>	N/A	N/A	N/A	N/A	N/A
9L	N/A	New institutionally deemed Medi-Cal aid code to be assigned as follows to children under 21 years of age who are enrolled in the Pediatric Palliative Care Waiver (PPCW). Children who qualify for full scope Medi-Cal under institutional deeming without a SOC; who have completed requirements to participate in the waiver, who are eligible for Title XIX FFP.  <b>Full Benefits. No Share of Cost. FFP: N/A</b>	N/A	N/A	N/A	N/A	N/A
9M	N/A	Eligible for CCS Medical Therapy Program services only. Benefits: CCS Medical Therapy Program only.  <b>Restricted Benefits. No Share of Cost. Non Funded.</b>	N/A	N/A	N/A	N/A	N/A

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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
9N	N/A	Eligible for CCS Medical Therapy Program services only. Benefits: CCS Medical Therapy Program only. <b>Restricted Benefits. No Share of Cost. Non Funded.</b>	N/A	N/A	N/A	N/A	N/A
9P	N/A	Eligible for CCS Medical Therapy Program services only. Benefits: CCS Medical Therapy Program only. <b>Restricted Benefits. No Share of Cost. Non Funded.</b>	N/A	N/A	N/A	N/A	N/A
9R	N/A	CCS-eligible Healthy Families child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management). The child's county of residence has no cost sharing for the child's CCS services. Benefits: CCS. <b>Restricted Benefits. No Share of Cost. FFP: N/A</b>	N/A	N/A	N/A	N/A	N/A
9U	N/A	CCS-eligible Healthy Families child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management). The child's county of residence has no cost sharing for the child's CCS services. Benefits: CCS. <b>Restricted Benefits. No Share of Cost. FFP: Non Funded.</b>	N/A	N/A	N/A	N/A	N/A
9V	N/A	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. <b>Non Medi-Cal. CCS Only. Non Funded.</b>	N/A	N/A	N/A	N/A	N/A
C1	OBRA	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Aid to the Aged-Medically Needy. Benefits restricted to pregnancy and emergency services. <b>Restricted Benefits. No Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A

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						CMC*	MLTSS*
C2	OBRA	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Aid to the Aged-Medically Needy. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
C3	OBRA	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status an unverified citizens. Blind-Medically Needy. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. No Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
C4	OBRA	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Blind-Medically Needy. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
C5	OBRA	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. AFDC-Medically Needy. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. No Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
C6	OBRA	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. AFDC-Medically Needy. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
C7	OBRA	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Disabled-Medically Needy. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. No Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A

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						CMC*	MLTSS*
C8	OBRA	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Disabled-Medically Needy. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
C9	OBRA	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Medically Indigent Child. Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until age 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. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. No Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
D1	OBRA	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Medically Indigent Child. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
D2	OBRA	OBRA Aliens not Protected Under the Color of Law (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. Aid to the Aged-LTC. Covers persons 65 years of age or older who are medically needy and in LTC status. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. No Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
D3	OBRA	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. Aid to the Aged-LTC. Covers persons 65 years of age or older who are medically needy and in LTC status. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A

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						CMC*	MLTSS*
D4	OBRA	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. Blind-LTC. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. No Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
D5	OBRA	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. Blind-LTC. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
D6	OBRA	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. Disabled-LTC. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. No Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
D7	OBRA	OBRA Aliens Not PRUCOL and Undocumented Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and undocumented citizens. Recipients will remain in this aid code even if they leave LTC. Disabled-LTC. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
D8	OBRA	OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens. Medically Indigent-Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. No Share of Cost FFP: N/A</b>	P	N/A	N/A	N/A	N/A

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						CMC*	MLTSS*
D9	OBRA	OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens. Medically Indigent-Confirmed Pregnancy. Covers persons aged 21 or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the Medically Needy programs. Benefits restricted to pregnancy and emergency services.  <b>Restricted Benefits. Share of Cost. FFP: N/A</b>	P	N/A	N/A	N/A	N/A
E1	N/A	Unverified Citizens. Covers eligible unverified citizen children. One month Medi-Cal to Healthy Families Bridge. Pregnancy and Emergency Services only for eligible children ages 0 to 19, who are unverified citizens.  <b>Restricted Benefits. No Share of Cost. FFP: N/A</b>	N/A	N/A	N/A	N/A	N/A
E2	Adult & Family OTLIC	Unverified Citizens. Covers eligible unverified citizen children. One month Medi-Cal to Healthy Families Bridge. Pregnancy and Emergency Services only for eligible children ages 0 to 19, who are unverified citizens.  <b>Restricted Benefits. No Share of Cost. Enhanced FFP</b>	M	V	M	N/A	N/A
E4	N/A	Unverified Citizens. Covers eligible unverified citizen children. One month Medi-Cal to Healthy Families Bridge. Pregnancy and Emergency Services only for eligible children ages 0 to 19, who are unverified citizens.  <b>Restricted Benefits. No Share of Cost. Enhanced FFP</b>	N/A	N/A	N/A	N/A	N/A
E5	Adult & Family OTLIC	Unverified Citizens. Covers eligible unverified citizen children. One month Medi-Cal to Healthy Families Bridge. Pregnancy and Emergency Services only for eligible children ages 0 to 19, who are unverified citizens.  <b>Restricted Benefits. No Share of Cost. Enhanced FFP</b>	M	V	M	N/A	N/A
E6	Adult & Family OTLIC	Access for Infants and Mothers (AIM) (Title XXI). Infants and children ages 0 up to 2 years in the Medi-Cal Optional Targeted Low-Income Children’s Program whose family income is above 213 percent up to and including 266 percent of the FPL.  <b>Full Benefits. No Share of Cost. Enhanced FFP.</b>	M	V	M	N/A	N/A

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E7	Adult & Family OTLIC	AIM (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.  <b>Full Benefits. No Share of Cost. Enhanced FFP.</b>	M	V	M	N/A	N/A
F1	N/A	Title XIX, Medi-Cal No SOC State Inmates. Limited to hospital inpatient services only.  <b>Restricted Benefits. No Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A
F2	N/A	Title XIX/Title XXI, Medi-Cal No SOC for Undocumented State Inmates. Limited to hospital inpatient emergency and pregnancy related services only.  <b>Restricted Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A
F3	N/A	Title XIX, Medi-Cal No SOC County Inmates. Limited to hospital inpatient services only.  <b>Restricted Benefits. No Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A
F4	N/A	Title XIX/XXI, Medi-Cal, No SOC Undoc County Inmates. Limited to hospital inpatient emergency and pregnancy related services only.  <b>Restricted Benefits. No Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A
G1	N/A	Title XIX, Medi-Cal SOC State Inmates. Limited to hospital inpatient services only.  <b>Restricted Benefits. Share of Cost. FFP: N/A</b>	N/A	N/A	N/A	N/A	N/A
G2	N/A	Title XIX/XXI, Medi-Cal SOC for Undoc State Inmates. Limited to inpatient emergency and pregnancy related services only.  <b>Restricted Benefits. Share of Cost. FFP: N/A</b>	N/A	N/A	N/A	N/A	N/A
G3	N/A	Title XIX, Medi-Cal SOC County Inmates. Limited to hospital inpatient services only.  <b>Restricted Benefits. Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A

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**Medi-Cal Managed Care Plans  
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January 3, 2017

AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
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G4	N/A	Title XIX/XXI, Medi-Cal SOC for Undoc County Inmates. Limited to hospital inpatient emergency and pregnancy related services only.  <b>Restricted Benefits. Share of Cost. State Funded.</b>	N/A	N/A	N/A	N/A	N/A
G9	N/A	Compassionate Release.  <b>Restricted. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A
H1	Adult & Family OTLIC	Medi-Cal Optional Targeted Low-Income Children's Program (Title XXI). Infants. Provides 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.  <b>Full Benefits. No Share of Cost. Enhanced FFP.</b>	M	V	M	N/A	N/A
H2	Adult & Family OTLIC	Medi-Cal Optional Targeted Low-Income Children's Program (Title XXI). Children ages 1 to 6. Provides coverage to children whose family's household income is above 133 percent up to and including 150 percent of FPL.  <b>Full Benefits. No Share of Cost. Enhanced FFP.</b>	M	V	M	N/A	N/A
H3	Adult & Family OTLIC	Medi-Cal Optional Targeted Low-Income Children's Program (Title XXI). Children ages 1 to 6. Provides 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.  <b>Full Benefits. No Share of Cost. Enhanced FFP.</b>	M	V	M	N/A	N/A
H4	Adult & Family OTLIC	Medi-Cal Optional Targeted Low-Income Children's Program (Title XXI). Children ages 6 to 19. Provides Medi-Cal coverage to children whose family's household income is above 100 percent up to and including 150 percent of the FPL.  <b>Full Benefits. No Share of Cost. Enhanced FFP.</b>	M	V	M	N/A	N/A

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						CMC*	MLTSS*
H5	Adult & Family OTLIC	Medi-Cal Optional Targeted Low-Income Children's Program (Title XXI). Children ages 6 to 19. Provides 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.  <b>Full Benefits. No Share of Cost. Enhanced FFP.</b>	M	V	M	N/A	N/A
H6	N/A	Hospital Presumptive Eligibility (Hospital PE) (Title XXI). Provides Medi-Cal coverage for infants ages 0 up to 1 year whose family income is 209 to 266 percent of the FPL.  <b>Full Benefits. No Share of Cost. Enhanced FFP.</b>	N/A	N/A	N/A	N/A	N/A
H7	N/A	Hospital PE (Title XIX). Provides Medi-Cal coverage for children ages 1 through 6 years whose family income is 0 to 142 percent of the FPL.  <b>Full Benefits. No Share of Cost. FFP: N/A</b>	N/A	N/A	N/A	N/A	N/A
H8	N/A	Hospital PE (Title XIX). Provides Medi-Cal coverage for children ages 6 through 19 years whose family income is 0 to 133 percent of the FPL.  <b>Full Benefits. No Share of Cost. FFP: N/A</b>	N/A	N/A	N/A	N/A	N/A
H9	N/A	Hospital PE (Title XXI). Provides Medi-Cal coverage for children ages 1 through 6 years whose family income is 143 to 266 percent of the FPL.  <b>Full Benefits. No Share of Cost. Enhanced FFP.</b>	N/A	N/A	N/A	N/A	N/A
H0	N/A	Hospital PE (Title XXI). Provides Medi-Cal coverage for children ages 6 through 19 years whose family income is above 133 to 266 percent of the FPL.  <b>Full Benefits. No Share of Cost. Enhanced FFP.</b>	N/A	N/A	N/A	N/A	N/A
J1	N/A	Compassionate Release.  <b>Full scope. No Share of Cost. County. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A
J2	N/A	Compassionate Release.  <b>Full scope. Share of Cost. County. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary  
D Voluntary for Duals/Mandatory for Non-Duals  
P Mandatory for Napa, Solano, Yolo only

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www.calduals.org  
N/A not in Managed Care

**Medi-Cal Managed Care Plans  
Mandatory or Voluntary Enrollment  
by Medi-Cal Aid Codes**

AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
K1	Adult & Family OTLIC	CalWORKS – Single-Parent Safety Net and Drug/Fleeing Felon Family. <b>Full scope. No Share of Cost. FFP 50%</b>	M	V	M	N/A	N/A
L1	Adult Expansion	Low Income Health Program (LIHP) Medicaid Covered Expansion (MCE) transition to Medi-Cal (Title XIX). Eligible recipients ages 19 to 64 enrolled in the LIHP MCE program on December 31, 2013, whose family's income is at or below 138 percent of the FPL. <b>Full Scope. No Share of Cost. FFP 95%</b>	M	V	M	N/A	N/A
L6	Adult Expansion	Disabled/Blind 19 to 65 at or below 128% FPL citizen. <b>Full Scope. No Share of Cost. FFP 50% Title XIX</b>	M	V	M	N/A	N/A
M1	Adult Expansion	Title XIX. Adults ages 19 to 64. Provides Medi-Cal coverage to adults with income up to 138 percent of the FPL. <b>Full Benefits. No Share of Cost. FFP 95% Title XIX</b>	M	V	M	N/A	N/A
M2	N/A	Title XIX. Adults ages 19 to 64. Provides emergency, pregnancy-related and Long Term Care (LTC) services to undocumented adults with income up to 138 percent of the FPL. <b>Restricted Benefits. No Share of Cost. FFP 95% Title XIX</b>	N/A	N/A	N/A	N/A	N/A
M3	Family	Title XIX. Parents/caretaker relatives. Provides Medi-Cal coverage to citizens/lawfully present parent/caretaker relatives with income up to 109 percent of the FPL. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
M4	N/A	Title XIX. Parents/caretaker relatives. Provides emergency, pregnancy-related and LTC services to undocumented parents/caretaker relatives with income up to 109 percent of the FPL. <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A

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Mandatory or Voluntary Enrollment  
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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
M5	Adult & Family OTLIC	Title XXI. Children ages 6 to 19. Provides Medi-Cal coverage to citizens/lawfully present children with family income 108 to 133 percent of the FPL. <b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	M	V	M	N/A	N/A
M6	N/A	Title XXI. Children ages 6 through 19. Provides emergency, pregnancy-related and LTC services to undocumented children with family income 108 to 133 percent of the FPL. <b>Restricted Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A
M7	Adult & Family OTLIC	Title XIX. Pregnant women. Provides Medi-Cal coverage to citizens/lawfully present pregnant women with income up to 60 percent of the FPL. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
M8	N/A	Title XIX. Pregnant women. Provides emergency, pregnancy-related and LTC services to undocumented pregnant women with income up to 60 percent of the FPL. <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
M9	N/A	Title XIX. Pregnant women. Provides emergency, family planning, pregnancy-related and postpartum services to citizens/lawfully present pregnant women with income 60 to 213 percent of the FPL. <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
M0	N/A	Title XIX. Pregnant women. Provides emergency, family planning, pregnancy-related and postpartum services to undocumented pregnant women with income 60 to 213 percent of the FPL. <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
N5	N/A	State Adult Inmate (19 to 64 Yrs) up to 138% FPL. <b>Restricted Benefits. No Share of Cost. FFP 95% Title XIX</b>	N/A	N/A	N/A	N/A	N/A

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V Voluntary  
D Voluntary for Duals/Mandatory for Non-Duals  
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Mandatory or Voluntary Enrollment  
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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
N6	N/A	State Adult Inmate (19 to 64 Yrs) up to 138% FPL. <b>Restricted Benefits. No Share of Cost. FFP 95% Title XIX</b>	N/A	N/A	N/A	N/A	N/A
N7	N/A	City Adult Inmate (19 to 64 Yrs) up to 138% FPL. <b>Restricted Benefits. No Share of Cost. FFP 95% Title XIX</b>	N/A	N/A	N/A	N/A	N/A
N8	N/A	City Adult Inmate (19 to 64 Yrs) up to 138% FPL. <b>Restricted Benefits. No Share of Cost. FFP 95% Title XIX</b>	N/A	N/A	N/A	N/A	N/A
N9	N/A	State Inmate LIHP Transition to Medi-Cal up to 138 % FPL. <b>Restricted Benefits. No Share of Cost. FFP 95% Title XIX.</b>	N/A	N/A	N/A	N/A	N/A
N0	N/A	County Inmate LIHP Transition to Medi-Cal up to 138% FPL <b>Restricted Benefits. No Share of Cost. FFP 95% Title XIX</b>	N/A	N/A	N/A	N/A	N/A
P1	N/A	Hospital PE (Title XIX). Provides Medi-Cal coverage for infants ages 0 up to 1 year whose family income is 0 to 208 percent of the FPL. <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
P2	N/A	Hospital PE (Title XIX). Provides Medi-Cal coverage for parent-caretakers with income at 0 to 109 percent of the FPL. <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
P3	N/A	Hospital PE (Title XIX). Provides Medi-Cal coverage for adults ages 19 through 64 years with income at 0 to 138 percent of the FPL. <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A

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### Medi-Cal Managed Care Plans Mandatory or Voluntary Enrollment by Medi-Cal Aid Codes

AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
P4	N/A	Hospital PE (Title XIX). Provides Medi-Cal coverage limited to prenatal ambulatory services for pregnant women with income at 0 to 213 percent of the FPL.  <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
P5	Adult & Family OTLIC	Title XIX. Children ages 6 to 19. Provides Medi-Cal coverage up to 133 percent of the FPL.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	N/A	N/A
P6	N/A	Title XIX. Children ages 6 to 19. Provides emergency, pregnancy, and LTC services to undocumented children up to 133 percent of the FPL.  <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
P7	Adult & Family OTLIC	Title XIX. Children ages 1 to 6. Provides Medi-Cal coverage up to 142 percent of the FPL.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	N/A	N/A
P8	N/A	Title XIX. Children ages 1 to 6. Provides emergency and LTC services to undocumented children up to 142 percent of the FPL.  <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
P9	Adult & Family OTLIC	Title XIX. Infants up to 1 year of age. Provides Medi-Cal coverage up to 208 percent of the FPL.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	N/A	N/A
P0	N/A	Title XIX. Infants up to 1 year of age. Provides emergency and LTC services to undocumented children up to 208 percent of the FPL.  <b>Restricted Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
T1	Adult & Family OTLIC	Optional Targeted Low Income Children (OTLIC) Program (Title XXI). Children ages 6 to 19 years. Provides Medi-Cal benefits to children whose family income is 160 to 266 percent of the FPL. OTLIC premiums apply.  <b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	M	V	M	N/A	N/A

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V Voluntary  
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**Medi-Cal Managed Care Plans  
Mandatory or Voluntary Enrollment  
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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
T2	Adult & Family OTLIC	OTLIC Program (Title XXI). Children ages 6 to 19 years. Provides Medi-Cal benefits to children whose family income is above 133 to 160 percent of the FPL. <b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	M	V	M	N/A	N/A
T3	Adult & Family OTLIC	OTLIC Program (Title XXI). Children ages 1 to 6 years. Provides Medi-Cal benefits to children whose family income is 160 to 266 percent of the FPL. OTLIC premiums apply. <b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	M	V	M	N/A	N/A
T4	Adult & Family OTLIC	OTLIC Program (Title XXI). Children ages 1 to 6 years. Provides Medi-Cal benefits to children whose family income is above 142 to 160 percent of the FPL. <b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	M	V	M	N/A	N/A
T5	Adult & Family OTLIC	OTLIC Program (Title XXI). Infant up to 1 year. Provides Medi-Cal benefits to children whose family income is above 208 to 266 percent of the FPL. <b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	M	V	M	N/A	N/A
T6	N/A	OTLIC Program (Title XXI). Children ages 6 to 19 years, without satisfactory immigration status. Provides no cost benefits restricted to emergency, pregnancy-related and State-funded Long Term Care (LTC) services to children whose family income is 160 to 266 percent of the FPL. OTLIC premiums apply. <b>Restricted Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A
T7	N/A	OTLIC Program (Title XXI). Children ages 6 to 19 years, without satisfactory immigration status. Provides no cost benefits restricted to emergency, pregnancy-related and State-funded LTC services to children whose family income is above 133 to 160 percent of the FPL. <b>Restricted Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A

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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
T8	N/A	OTLIC Program (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 160 to 266 percent of the FPL. OTLIC premiums apply.  <b>Restricted Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A
T9	N/A	OTLIC Program (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 to 160 percent of the FPL.  <b>Restricted Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A
T0	N/A	OTLIC Program (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 to 266 percent of the FPL.  <b>Restricted Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b>	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary  
D Voluntary for Duals/Mandatory for Non-Duals  
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