

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

COUNTY ORGANIZED HEALTH SYSTEMS (COHS)	SAN BENITO (SB)	GEOGRAPHIC MANAGED CARE (GMC) / REGIONAL / TWO PLAN / IMPERIAL		COORDINATED CARE INITIATIVE (CCI*)	
				CAL MEDICCONNECT (CMC*)	MEDI-CAL MANAGED LONG TERM SUPPORT & SERVICES (MLTSS*)
08 Del Norte	35 San Benito	01 Alameda	29 Nevada	19 Los Angeles	19 Los Angeles
12 Humboldt		02 Alpine	31 Placer	30 Orange	30 Orange
17 Lake		03 Amador	32 Plumas	33 Riverside	33 Riverside
18 Lassen		04 Butte	33 Riverside	36 San Bernardino	36 San Bernardino
21 Marin		05 Calaveras	34 Sacramento	37 San Diego	37 San Diego
23 Mendocino		06 Colusa	36 San Bernardino	41 San Mateo	41 San Mateo
24 Merced		07 Contra Costa	37 San Diego	43 Santa Clara	43 Santa Clara
25 Modoc		09 El Dorado	38 San Francisco		
28 Napa		10 Fresno	39 San Joaquin		
27 Monterey		11 Glenn	43 Santa Clara		
30 Orange		13 Imperial	46 Sierra		
41 San Mateo		14 Inyo	50 Stanislaus		
40 San Luis Obispo		15 Kern	51 Sutter		
42 Santa Barbara		16 Kings	52 Tehama		
44 Santa Cruz		19 Los Angeles	54 Tulare		
45 Shasta		20 Madera	55 Tuolumne		
47 Siskiyou		22 Mariposa	58 Yuba		
48 Solano		26 Mono			
49 Sonoma					
53 Trinity					
56 Ventura					
57 Yolo					

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

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						CMC*	MLTSS*
0A	Adult & Family OTLIC	Refugee Cash Assistance (RCA). Covers all eligible refugees during their first eight months in the United States, including unaccompanied children who are not subject to the eight-month limitation. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.  <b>Full Benefits. No Share of Cost. FFP: 100%</b>	M	V	M	N/A	N/A
0C	N/A	Access for Infants and Mothers (AIM) Infants enrolled in Healthy Families (HF) whose family's income is 200 to 300 percent of the FPL, born to a mother enrolled in AIM. The infant's enrollment in HF is based on the mother's participation in AIM.  <b>Healthy Family Only. No Medi-Cal. FFP: Enhanced 65% Title XXI</b>	N/A	N/A	N/A	N/A	N/A
0D	N/A	AIM Subscribers  <b>Full Benefits. No Share of Cost. FFS Only. FFP: N/A</b>	N/A	N/A	N/A	N/A	N/A
0E	Adult & Family OTLIC	Medi-Cal Access Program (MCAP) Pregnant Women >213% = 322% FPL Managed Care  <b>Full Benefits. No Share of Cost. FFP: 65/35 Fed/State Title XXI</b>	M	V	M	V	V

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0L	BCCTP	<p>Breast and Cervical Cancer Treatment Program (BCCTP) Transitional coverage until the County makes a determination of Medi-Cal eligibility. Covers:</p> <ul style="list-style-type: none"> <li>• BCCTP recipients formerly in aid code 0U, without satisfactory immigration status, who are no longer in need of treatment, and/or have creditable health coverage and are not eligible for state-funded BCCTP.</li> <li>• BCCTP recipients formerly in aid code 0V, without satisfactory immigration status, who have turned 65 years of age, have other health coverage, and/or are no longer in need of treatment and have exhausted their 18-month (breast cancer) or 24-month (cervical cancer) time limit.</li> <li>• BCCTP recipients formerly in aid code 0X with creditable health coverage who have exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of state eligibility.</li> <li>• BCCTP recipients formerly in aid code 0Y, age 65 or older who have exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of state eligibility.</li> </ul> <p><b>Restricted Benefits. No Share of Cost. FFP Under 50%</b></p>	N/A	N/A	N/A	N/A	N/A
0M	BCCTP	<p>BCCTP– Accelerated Enrollment (AE). Provides temporary AE for full-scope, no Share of Cost Medi-Cal for eligible females under age 65 who have been diagnosed with breast and/or cervical cancer. Limited to 2 months.</p> <p><b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b></p>	N/A	N/A	N/A	N/A	N/A
0N	BCCTP	<p>BCCTP – AE. Provides temporary AE for full-scope, no Share of Cost Medi-Cal while an eligibility determination is made for eligible females under age 65 without creditable health coverage who have been diagnosed with breast and/or cervical cancer.</p> <p><b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b></p>	M	V	V	N/A	N/A
0P	BCCTP	<p>BCCTP. Provides full-scope, no Share of Cost Medi-Cal for eligible females under age 65 who are diagnosed with breast and/or cervical cancer and are without creditable insurance coverage. They remain eligible while still in need of treatment and meet all other eligibility requirements.</p> <p><b>Full Benefits. No Share of Cost. Enhanced FFP 65% (Title XXI)</b></p>	M	V	V	N/A	N/A

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0R	BCCTP	BCCTP – High Cost Other Health Coverage. Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for eligible all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer, if premiums, co-payments and deductibles are greater than \$750. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months.  <b>Restricted Benefits. No Share of Cost. State Funded</b>	M	N/A	N/A	N/A	N/A
0T	BCCTP	BCCTP -- Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for eligible all-age males and females 65 years of age and older, regardless of citizenship, who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with expensive, creditable insurance. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months.  <b>Restricted Benefits. No Share of Cost. State Funded.</b>	M	N/A	N/A	N/A	N/A
0U	BCCTP	BCCTP – Undocumented Aliens. Provides emergency, pregnancy-related and Long Term Care (LTC) services to females under age 65 with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. Cancer treatment services are 18 months (breast) and 24 months (cervical).  <b>Restricted Benefits. No Share of Cost. FFP Under 50%</b>	M	N/A	N/A	N/A	N/A
0V	N/A	Post – BCCTP. Provides emergency, pregnancy-related, and LTC services for females under age 65 with unsatisfactory immigration status and without creditable health insurance coverage who have exhausted their 18 month (breast) or 24 month (cervical) period of cancer treatment coverage under aid code 0U. No cancer treatment. Continues as long as the woman is in need of treatment and, other than immigration, meets all other eligibility requirements.  <b>Restricted Benefits. No Share of Cost. FFP Under 50%.</b>	N/A	N/A	N/A	N/A	N/A

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0W	BCCTP	BCCTP transitional coverage. Covers recipients formerly in aid code 0P who no longer meet federal BCCTP requirements due to reaching age 65, are no longer in need of treatment for breast and/or cervical cancer, or have obtained creditable health coverage. Recipients in aid code 0W will continue to receive transitional full-scope Medi-Cal services until the county completes an eligibility determination for other Medi-Cal programs.  <b>Full Benefits, No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
0X	N/A	BCCTP Transitional coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have obtained creditable health coverage, still require treatment for breast and/or cervical cancer and have not exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of coverage under State funded BCCTP. Recipients eligible only for transitional emergency, pregnancy-related and State only LTC services, and co-pays, deductibles and/or non-covered breast and/or cervical cancer and related services.  <b>Restricted Benefits. No Share of Cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
0Y	N/A	BCCTP Transitional coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have reached 65 years of age, still require treatment for breast and/or cervical cancer and have not exhausted their 18 months (breast cancer) or 24 months (cervical cancer) State funded BCCTP. Recipients eligible only for transitional emergency, pregnancy-related and State only LTC services, and State-funded cancer treatment and related services.  <b>Restricted Benefits. No share of cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
01	Adult & Family OTLIC	RCA. Covers all eligible refugees during their first 8 months in the US, including unaccompanied children who are not subject to the 8 month limitation.  <b>Full Benefits. No Share of Cost. FFP 100%</b>	M	V	M	N/A	N/A
02	Adult & Family OTLIC	Refugee Medical Assistance (RMA)/Entrant Medical Assistance. Covers eligible refugees and entrants who are not eligible for Medi-Cal or Healthy Families and do not qualify for or want cash assistance.  <b>Full Benefits. Share of Cost and No Share of Cost. FFP 100%</b>	M	V	M	N/A	N/A

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03	Adult & Family OTLIC	Adoption Assistance Program (AAP). Covers children receiving federal cash grants under Title IV-E to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
04	Adult & Family OTLIC	AAP/Aid for Adoption of Children (AAC). Covers children receiving cash grants under the State-only AAP/AAC program.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
06	Adult & Family OTLIC	Adoption Assistance Program (AAP) Child. Covers children receiving federal AAP cash subsidies from out of state. Provides eligibility for Continued Eligibility for Children (CEC) if for some reason the child is no longer eligible under AAP prior to his/her 18th birthday.  <b>Full benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
07	Adult & Family OTLIC	Title IV-E Extended AAP/FFP Medi-Cal. Adoption Assistance Program (AAP) Federal: A cash grant program to facilitate the ongoing adoptive placement of hard-to-place non-minors, whose initial AAP payment occurred on or after age 16 and are over age 18 but under age 21, and participating in one of five conditions who would require permanent foster care placement without such assistance.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
08	Adult & Family OTLIC	Entrant Cash Assistance (ECA). Covers Cuban/Haitian entrants during their first 8 months in the US who are receiving ECA benefits, including unaccompanied children who are not subject to the 8 months provision.  <b>Full Benefits. No Share of Cost. FFP 100%</b>	M	V	M	N/A	N/A
1E	Aged	Craig v. Bonta Aged Pending SB 87 Redetermination. Covers former Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipients who are aged, until the county redetermines their Medi-Cal eligibility.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M

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1H	Aged	Federal Poverty Level – Aged (FPL-Aged). Covers the Aged in the Aged and Disabled FPL program. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
1U	N/A	Restricted FPL – Aged. Covers the Aged in the Aged and Disabled FPL program that do not have satisfactory immigration statuses. Benefits restricted to pregnancy and emergency services. <b>Restricted Benefits. No Share of Cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
1X	Aged	Aid to the Aged – Multipurpose Senior Services Program (MSSP). Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older. <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	V	M
1Y	Aged	Aid to the Aged – MSSP. Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older. <b>Full Benefits. Share of Cost. FFP 50%</b>	N/A	N/A	N/A	V	M
10	Aged	Aid to the Aged – SSI/SSP. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
13	Long Term Care	Aid to the Aged – LTC. Covers persons 65 years and older who are medically needy and in LTC status. <b>Full Benefits. Share of Cost and No Share of Cost. FFP 50%</b>	M	N/A	N/A	V	M
14	Aged	Aid to the Aged – Medically Needy. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
16	Aged	Aid to the Aged – Pickle Eligibles. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M

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17	Aged	Aid to the Aged – Medically Needy. <b>Full Benefits. Share of Cost. FFP 50%</b>	M	N/A	N/A	V	M
18	N/A	Aid to the Aged – In Home Supportive Services (IHSS). <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
2A	N/A	Abandoned Baby Program. Provides full-scope benefits to children up to 3 months old who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act. <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
2E	Disabled	Craig v. Bonta Blind – Pending SB 87 redetermination. Covers former SSI/SSP recipients who are blind, until the county redetermines their Medi-Cal eligibility. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
2H	Disabled	Blind-FPL. Covers blind individuals pursuant to Title XVI who have not yet or cannot meet the Title II criteria for disability based upon blindness. This program replicates the eligibility criteria for the Aged and Disabled FPL program, except linkage is based on blindness. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
2P	Adult & Family OTLIC	Medi-Cal coverage for foster children/youth up to age 18 years old participating in the ARC Program and who do not qualify for state CalWORKs. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
2R	Adult & Family OTLIC	Medi-Cal coverage for foster youth age 18 but under 21 years old participating in the ARC Program as a non-minor dependent (NMD) & who do not qualify for state CalWORKs. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A

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2S	Adult & Family OTLIC	Medi-Cal coverage for foster children/youth up to age 18 years old participating in the ARC Program and who qualify for federal CalWORKs. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
2T	Adult & Family OTLIC	Medi-Cal coverage for foster children/youth up to age 18 years old participating in the ARC Program and who qualify for state CalWORKs. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
2U	Adult & Family OTLIC	Medi-Cal coverage for foster youth age 18-21 years old participating in the ARC Program as a non-minor dependent (NMD) & who qualify for state CalWORKs. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
2V	N/A	Trafficking and Crime Victims Assistance Program (TCVAP). RMA. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. <b>Full Benefits. No Share of Cost. State Funded</b>	N/A	N/A	N/A	N/A	N/A
20	Disabled	Blind – SSI/SSP – Cash. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
23	Long Term Care	Blind – LTC. <b>Full Benefits. Share of Cost and No Share of Cost. FFP 50%</b>	M	N/A	N/A	V	M
24	Disabled	Blind – Medically Needy. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
26	Disabled	Blind – Pickle Eligibles. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M

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27	Disabled	Blind – Medically Needy. <b>Full Benefits. Share of Cost. FFP 50%</b>	M	N/A	N/A	V	M
28	N/A	Blind – IHSS. <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
3A	Adult & Family OTLIC	California Work Opportunity and Responsibility to Kids (CalWORKS), Timed-Out, Safety Net – All Other Families. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	N/A	N/A
3C	Adult & Family OTLIC	CalWORKS – Timed-Out, Safety Net – Two-Parent Families. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	N/A	N/A
3D	N/A	CalWORKS – Pending, Medi-Cal Eligible. <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
3E	Adult & Family OTLIC	CalWORKS – Legal Immigrant – Family Group. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
3F	Adult & Family OTLIC	CalWORKS – Children of two-Parent Safety Net and Drug/Fleeing Felon Family. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	N/A	N/A
3G	Adult & Family OTLIC	CalWORKS – Zero Parent Exempt. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M

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3H	Adult & Family OTLIC	CalWORKS – Zero Parent Mixed. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
3L	Adult & Family OTLIC	CalWORKS – Legal Immigrant – Aid to Families. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
3M	Adult & Family OTLIC	CalWORKS – Legal Immigrant – Two Parent. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
3N	Adult & Family OTLIC	Aid to Families with Dependent Children (AFDC) – 1931(b) Non CalWORKS. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
3P	Adult & Family OTLIC	CalWORKS – All Families – Exempt. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
3R	Adult & Family OTLIC	CalWORKS – Zero Parent – Exempt. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
3T	N/A	Initial Transitional Medi-Cal (TMC). Provides 6 months of coverage for eligible aliens without satisfactory immigration status who have been discontinued from Section 1931(b) due to increased earnings from employment. <b>Restricted Benefits. No Share of Cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
3U	Adult & Family OTLIC	CalWORKS – Legal Immigrant – Two Parent Mixed. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M

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3V	N/A	AFDC – 1931(b) Non CalWORKS. Covers those eligible for the Section 1931(b) program who do not have satisfactory immigration status.  <b>Retricted Benefits. No Share of Cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
3W	Adult & Family OTLIC	Temporary Assistance to Needy Families (TANF) – Timed Out, Mixed Case.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
30	Adult & Family OTLIC	CalWORKS – All Families.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
32	Adult & Family OTLIC	TANF – Timed Out.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
33	Adult & Family OTLIC	CalWORKS – Zero Parent.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
34	Adult & Family OTLIC	AFDC – Medically Needy.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
35	Adult & Family OTLIC	CalWORKS – Two Parent.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
36	Disabled	Aid to Disabled Widow(er)s.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	D	V	M
37	Adult & Family OTLIC	AFDC – Medically Needy.  <b>Full Benefits. Share of Cost. FFP 50%</b>	M	N/A	N/A	V	M

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\*Duals only (Medi-Cal/Medicare eligible)  
[www.calduals.org](http://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*
38	Adult & Family OTLIC	Edwards v. Kizer. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
39	Adult & Family OTLIC	Initial TMC – 6 months. Provides 6 months of coverage for those discontinued from CalWORKS or the Section 1931(b) program due to increased earnings or increased hours of employment. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	V	M
4A	Adult & Family OTLIC	Out-of-State AAP. Covers children for whom there is a State-only AAP agreement between any state other than California and adoptive parents. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
4C	N/A	Foster Care STEP <b>Full Benefits. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
4E	N/A	Hospital PE (Title XIX). Covers former foster care children up to 26 years of age with no income screening. <b>Full Scope. No Share of Cost. FFP 50%</b>	N/A	N/A	N/A	N/A	N/A
4F	Adult & Family OTLIC	Kinship Guardianship Assistance Payment (Kin-GAP) Cash Assistance. Covers children in the federal program for children in relative placement receiving cash assistance. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
4G	Adult & Family OTLIC	Kin-GAP Cash Assistance. Covers children in the state program for children in relative placement receiving cash assistance. <b>Full benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
4H	Adult & Family OTLIC	Foster Care children in CalWORKS. <b>Full Scope. No Share of Cost. FFP 50%</b>	M	V	V	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*
4K	Adult & Family OTLIC	Emergency Assistance Foster Care. Covers juvenile probation cases placed in foster care. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
4L	Adult & Family OTLIC	Foster Care Children in 1931(b). <b>Full Scope. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
4M	Adult & Family OTLIC	Former Foster Care Children (FFCC). <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	V	V
4N	Adult & Family OTLIC	CalWORKS for NMD/FFP Medi-Cal. <b>Full Scope-No SOC. FFP 50%</b>	M	V	V	N/A	N/A
4S	Adult & Family OTLIC	Title IV-E Extended for NMD Kin-GAP/FFP Medi-Cal. <b>Full Scope No SOC. FFP 50%</b>	M	V	V	N/A	N/A
4T	Adult & Family OTLIC	A federal Title IV-E KinGAP (Kinship Guardianship Assistance Program) that serves former and current foster youth by moving them from foster care placements to more permanent placement options through the establishment of a relative guardianship. <b>Full Scope. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
4U	Adult & Family OTLIC	Medi-Cal coverage for former foster care children aged 18-21 enrolled in state-sponsored foster care program on their 18th birthday in any state or tribe. Income is exempt. Medi-Cal benefits continue until age 21. <b>Full scope. No Share of Cost. FFP 50%</b>	M	V	V	V	V
4V	N/A	TCVAP-RMA. 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

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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
4W	Adult & Family OTLIC	State Extended for NMC Kin-GAP/FFP Medi-Cal. <b>Full Scope. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
40	Adult & Family OTLIC	AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for State only foster care placement. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
42	Adult & Family OTLIC	AFDC-Foster Care. Covers children 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
43	Adult & Family OTLIC	State Extended Foster Care/FFP Medi-Cal. AFDC-FC State: Covers non-minor dependents, age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for state only foster care placement. <b>Full Scope-No SOC FFP 50%</b>	M	V	V	N/A	N/A
44	N/A	200 Percent FPL Pregnant (Income Disregard Program – Pregnant). Provides eligible pregnant women of any age with family planning, pregnancy-related, and postpartum services if family income is at or below 200 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
45	Adult & Family OTLIC	Foster Care. Covers children supported by public funds other than AFDC-FC. <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A

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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
46	Adult & Family OTLIC	Interstate Compact on the Placement of Children (ICPC) Child. Covers foster children placed in California from another state. Provides eligibility for CEC if for some reason the child is no longer eligible under foster care prior to his/her eighteenth birthday. Also provides eligibility for the Former Foster Care Children (FFCC) program (aid code 4M) at age 18.  <b>Full benefits. No Share of Cost. FFP 50%</b>	M	V	V	N/A	N/A
47	Adult & Family OTLIC	200 Percent FPL Infant (Income Disregard Program – Infant). Provides full Medi-Cal benefits to eligible infants up to 1 year old or continues beyond 1 year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level.  <b>Full Benefits. No Share of Cost. FFP 50%</b>	M	V	M	N/A	N/A
48	N/A	200 Percent FPL Pregnant Omnibus Budget Reconciliation Act (OBRA) (Income Disregard Program – Pregnant OBRA). Provides eligible pregnant aliens of any age without satisfactory immigration status with family planning, pregnancy-related and postpartum, if family income is at or below 200 percent of the federal poverty level.  <b>Restricted Benefits. No Share of Cost. FFP Under 50%</b>	N/A	N/A	N/A	N/A	N/A
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

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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
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
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

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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*
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
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

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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*
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
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

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**Medi-Cal Managed Care Plans  
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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
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
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

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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
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
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

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						CMC*	MLTSS*
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
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

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						CMC*	MLTSS*
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
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

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						CMC*	MLTSS*
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
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

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](http://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*
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
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

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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
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
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

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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
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
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

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**Medi-Cal Managed Care Plans  
Mandatory or Voluntary Enrollment  
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						CMC*	MLTSS*
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	Adult & Family OTLIC	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	Adult & Family OTLIC	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	Adult & Family OTLIC	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
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

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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. Share 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
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

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						CMC*	MLTSS*
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
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

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						CMC*	MLTSS*
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
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

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						CMC*	MLTSS*
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
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

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						CMC*	MLTSS*
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
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

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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
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

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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*
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
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

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

\*Duals only (Medi-Cal/Medicare eligible)  
[www.calduals.org](http://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*
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
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

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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
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
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

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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS	SB	GMC / REGIONAL / TWO PLAN / IMPERIAL	CCI*	
						CMC*	MLTSS*
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
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

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						CMC*	MLTSS*
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
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

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						CMC*	MLTSS*
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
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

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						CMC*	MLTSS*
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
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

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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
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

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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
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

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