



AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS COUNTIES													GMC	TWO PLAN	
			21	23	24	27	28	30	41	40	42	44	48	49	56	57		
																	34 Sacramento	01 Alameda
																	37 San Diego	07 Contra Costa
																		10 Fresno
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																		39 San Joaquin
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																		50 Stanislaus
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0L	BCCTP	Breast and Cervical Cancer Treatment Program (BCCTP) transitional coverage until the county makes a determination of Medi-Cal Eligibility. Covers: BCCTP recipients formerly in aid code 0U, w/o satisfactory immigration status, who are no longer in need of treatment, and/or have creditable health coverage and are not eligible for the State-funded BCCTP. BCCTP recipients formerly in aid code 0V, w/o satisfactory immigration status, who turned 65 years of age, have other health coverage, and/or are no longer in need of treatment and have exhausted their 18-months (breast cancer) or 24 months (cervical cancer) time limit. 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. 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. Recipients eligible only for transitional federal emergency, pregnancy-related and State-only LTC services. No Share of Cost.																

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M Mandatory Enrollment  
V Voluntary Enrollment  
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non-dual means eligible for Medi-Cal only

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																	56 Ventura-GCHP		50 Stanislaus
																	57 Yolo-PHC		54 Tulare
0M	BCCTP	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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√			
0N	BCCTP	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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√		V	V
0P	BCCTP	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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√		V	V

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OR	BCCTP	BCCTP – High Cost Other Health Coverage. State-funded. Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for eligible all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer, if premiums, co-payments and deductibles are greater than \$750. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months. Restricted Services Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√			
OT	BCCTP	BCCTP — State-funded. Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for eligible all-age males and females 65 years of age 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. Restricted Services Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√			

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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. State-funded cancer treatment services are 18 months (breast) and 24 months (cervical). Restricted Services Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
0V	BCCTP	Post – BCCTP. Provides limited-scope no Share of Cost Medi-Cal 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. Restricted Services Benefits. No Share of Cost.																

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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. Full Benefits, No Share of Cost. <b>Effective in Medi-Cal Managed Care 3/1/12</b>															
0X	BCCTP	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. No Share of Cost.															

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0Y	BCCTP	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. No share of cost.															
01	Family	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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
02	Family	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. Full Scope Share of Cost and No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M

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03	Family	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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
04	Family	AAP/Aid for Adoption of Children (AAC). Covers children receiving cash grants under the State-only AAP/AAC program. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
06	Family	Title IV-E Funds. 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. Full benefits. No SOC. Derivative of aid codes 03 & 04	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
07	Family	AAP Title IV-E Federal Cash and Medi-Cal: A cash grant program to facilitate the ongoing adoptive placement of hard-to-place non-minor dependents, whose initial AAP payment occurred on or after age 16 and are over age 18, but under age 21 who would require permanent FC placement without such assistance. Full Scope Benefits-No SOC	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V

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08	Family	Entrant Cash Assistance (ECA). Covers Cuban/Haitian entrants during their first 8 months in the US who are receiving ECA, including unaccompanied children who are not subject to the 8 months provision. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals)* V (all others)
1H	Aged	Federal Poverty Level – Aged (FPL-Aged). Covers the Aged in the Aged and Disabled FPL program. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
1U	Aged	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. No Share of Cost.															
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. Full Benefits. No Share of Cost.															

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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. Full Benefits. Share of Cost.																
10	Aged	Aid to the Aged – SSI/SSP. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
13	Long Term Care	Aid to the Aged – LTC. Covers persons 65 years and older who are medically needy and in LTC status. Full Benefits. Share of Cost and No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√			
14	Aged	Aid to the Aged – Medically Needy. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
16	Aged	Aid to the Aged – Pickle Eligibles. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
17	Aged	Aid to the Aged – Medically Needy. Full Benefits. Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
18	Aged	Aid to the Aged – In Home Supportive Services (IHSS). Full Benefits. No Share of Cost.																
2A	Abandoned Baby Program	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. Full Benefits. No Share of Cost.																

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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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
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	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
2V	TCVAP	Trafficking and Crime Victims Assistance Program (TCVAP). RMA. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.																
20	Disabled	Blind – SSI/SSP – Cash. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
23	Long Term Care	Blind – LTC. Full Benefits. Share of Cost and No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
24	Disabled	Blind – Medically Needy. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
26	Disabled	Blind – Pickle Eligibles. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)

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27	Disabled	Blind – Medically Needy. Full Benefits. Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√		
28	Disabled	Blind – IHSS. Full Benefits. No Share of Cost.															
3A	Family	California Work Opportunity and Responsibility to Kids (CalWORKS), Timed-Out, Safety Net – All Other Families. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
3C	Family	CalWORKS – Timed-Out, Safety Net – Two-Parent Families. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
3D	Family	CalWORKS – Pending, Medi-Cal Eligible. Full Benefits. No Share of Cost. Managed Care Implementation Delayed due to AB 1653.															
3E	Family	CalWORKS – Legal Immigrant – Family Group. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
3G	Family	CalWORKS – Zero Parent Exempt. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
3H	Family	CalWORKS – Zero Parent Mixed. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
3L	Family	CalWORKS – Legal Immigrant – Aid to Families. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
3M	Family	CalWORKS – Legal Immigrant – Two Parent. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
3N	Family	Aid to Families with Dependent Children (AFDC) – 1931(b) Non CalWORKS. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
3P	Family	CalWORKS – All Families – Exempt. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M

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M Mandatory Enrollment  
V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only

AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS COUNTIES													GMC	TWO PLAN
			21	23	24	27	28	30	41	40	42	44	48	49	56	57	
			21 Marin-PHC													34 Sacramento	01 Alameda
			23 Mendocino-PHC													37 San Diego	07 Contra Costa
			24 Merced-CAAH														10 Fresno
			27 Monterey-CAAH														15 Kern
			28 Napa-PHC														16 Kings
			30 Orange-CalOPTIMA														19 Los Angeles
			41 San Mateo-HPSM														20 Madera
			40 San Luis Obispo-CenCal														33 Riverside
			42 Santa Barbara-CenCal														36 San Bernardino
			44 Santa Cruz-CAAH														38 San Francisco
			48 Solano-PHC														39 San Joaquin
			49 Sonoma-PHC														43 Santa Clara
			56 Ventura-GCHP														50 Stanislaus
			57 Yolo-PHC														54 Tulare
3R	Family	CalWORKS – Zero Parent – Exempt. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
3T		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. Benefits restricted to pregnancy and emergency services. No Share of Cost.															
3U	Family	CalWORKS – Legal Immigrant – Two Parent Mixed. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
3V		AFDC – 1931(b) Non CalWORKS. Covers those eligible for the Section 1931(b) program who do not have satisfactory immigration status. Benefits restricted to pregnancy and emergency services. No Share of Cost.															
3W	Family	Temporary Assistance to Needy Families (TANF) – Timed Out, Mixed Case. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
30	Family	CalWORKS – All Families. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
32	Family	TANF – Timed Out. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
33	Family	CalWORKS – Zero Parent. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
34	Family	AFDC – Medically Needy. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M

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V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only

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			21	23	24	27	28	30	41	40	42	44	48	49	56	57	
			21 Marin-PHC													34 Sacramento	01 Alameda
			23 Mendocino-PHC													37 San Diego	07 Contra Costa
			24 Merced-CCAH														10 Fresno
			27 Monterey-CCAH														15 Kern
			28 Napa-PHC														16 Kings
			30 Orange-CalOPTIMA														19 Los Angeles
			41 San Mateo-HPSM														20 Madera
			40 San Luis Obispo-CenCal														33 Riverside
			42 Santa Barbara-CenCal														36 San Bernardino
			44 Santa Cruz-CCAH														38 San Francisco
			48 Solano-PHC														39 San Joaquin
			49 Sonoma-PHC														43 Santa Clara
			56 Ventura-GCHP														50 Stanislaus
			57 Yolo-PHC														54 Tulare
35	Family	CalWORKS – Two Parent. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
36	Disabled	Aid to Disabled Widow(er)s. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
37	Family	AFDC – Medically Needy. Full Benefits. Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√		
38	Family	Edwards v. Kizer. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
39	Family	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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
4A	Family	Out-of-State AAP. Covers children for whom there is a State-only AAP agreement between any state other than California and adoptive parents. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
4C	Family	Foster Care STEP															
4F	Family	Kinship Guardianship Assistance Payment (Kin-GAP) Cash Assistance. Covers children in the federal program for children in relative placement receiving cash assistance. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V

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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS COUNTIES													GMC	TWO PLAN	
			21	23	24	27	28	30	41	40	42	44	48	49	56	57		
			21 Marin-PHC														34 Sacramento	01 Alameda
			23 Mendocino-PHC														37 San Diego	07 Contra Costa
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			27 Monterey-CCAH															15 Kern
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			40 San Luis Obispo-CenCal															33 Riverside
			42 Santa Barbara-CenCal															36 San Bernardino
			44 Santa Cruz-CCAH															38 San Francisco
			48 Solano-PHC															39 San Joaquin
			49 Sonoma-PHC															43 Santa Clara
			56 Ventura-GCHP															50 Stanislaus
			57 Yolo-PHC															54 Tulare
4G	Family	Kin-GAP Cash Assistance. Covers children in the state program for children in relative placement receiving cash assistance. Full benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
4H	Family	Foster Care children in CalWORKS-effective 12/1/10	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
4K	Family	Emergency Assistance Foster Care. Covers juvenile probation cases placed in foster care. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
4L	Family	Foster Care Children in 1931(b)-effective 12/1/10	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
4M	Family	Former Foster Care Children (FFCC). Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
4N	Family	CalWORKS Foster Care (FC) -State Cash Aid/FFP Medi-Cal. Covers non-minor dependent (NMD), age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for foster care placement, living with an approved CalWORKS relative who is not eligible for Kin-GAP or FC. Full Scope-No SOC	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V

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			21	23	24	27	28	30	41	40	42	44	48	49	56	57				
																		21 Marin-PHC	34 Sacramento	01 Alameda
																		23 Mendocino-PHC	37 San Diego	07 Contra Costa
																		24 Merced-CCAH		10 Fresno
																		27 Monterey-CCAH		15 Kern
																		28 Napa-PHC		16 Kings
																		30 Orange-CalOPTIMA		19 Los Angeles
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																		44 Santa Cruz-CCAH		38 San Francisco
																		48 Solano-PHC		39 San Joaquin
																		49 Sonoma-PHC		43 Santa Clara
																		56 Ventura-GCHP		50 Stanislaus
																		57 Yolo-PHC		54 Tulare
4S	Family	KinGAP Title IV-E Federal Cash and Medi-Cal: Serves former foster care NMDs over age 18, but under age 21, by moving them from foster care placements to more permanent placement options through the establishment of a relative guardianship that occurred on or after age 16. Also includes youth age 18 but under 21 based on disability. Full Scope No SOC	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		V	V

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AID CODE	RATE GROUP	PROGRAM / DESCRIPTION	COHS COUNTIES														GMC	TWO PLAN		
			21	23	24	27	28	30	41	40	42	44	48	49	56	57				
																		21 Marin-PHC	34 Sacramento	01 Alameda
																		23 Mendocino-PHC	37 San Diego	07 Contra Costa
																		24 Merced-CCAH		10 Fresno
																		27 Monterey-CCAH		15 Kern
																		28 Napa-PHC		16 Kings
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																		48 Solano-PHC		39 San Joaquin
																		49 Sonoma-PHC		43 Santa Clara
																		56 Ventura-GCHP		50 Stanislaus
																		57 Yolo-PHC		54 Tulare
4T	Family	Title IV-E KinGAP. Full Scope. No Share of Cost to 21 years of age w/exceptions. Managed Care Implementation Date: 1/1/2011.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		V	V
4V	TCVAP	TCVAP-RMA. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. Full Benefits. Share of Cost.																		

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			27 Monterey-CCAH															15 Kern
			28 Napa-PHC															16 Kings
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			44 Santa Cruz-CCAH															38 San Francisco
			48 Solano-PHC															39 San Joaquin
			49 Sonoma-PHC															43 Santa Clara
			56 Ventura-GCHP															50 Stanislaus
			57 Yolo-PHC															54 Tulare
4W	Family	KinGAP State Cash Aid/FFP Medi-Cal after full Medi-Cal determination. Covers NMDs age 18 but under age 21, eligible for extended KinGAP assistance based on a disability or based on the establishment of the guardianship that occurred on or after age 16. Full Scope-No SOC	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
40	Family	AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for State only foster care placement. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
42	Family	AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for federal foster care placement. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
43	Family	AFDC-FC State Cash Aid/FFP Medi-Cal: Covers NMD, age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for state-only FC placement. Full Scope-No SOC	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V

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			44 Santa Cruz-CCAH														38 San Francisco
			48 Solano-PHC														39 San Joaquin
			49 Sonoma-PHC														43 Santa Clara
			56 Ventura-GCHP														50 Stanislaus
			57 Yolo-PHC														54 Tulare
44		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. Benefits restricted to pregnancy-related services. No Share of Cost.															
45	Family	Foster Care. Covers children supported by public funds other than AFDC-FC. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V
46	Family	Title IV-E funds. 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 18th birthday. Also provides eligibility for the FFCC program (aid code 4M) at age 18. Full benefits. No Share of Cost. Derivative of aid codes 40 & 42	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V

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			44 Santa Cruz-CCAH															38 San Francisco
			48 Solano-PHC															39 San Joaquin
			49 Sonoma-PHC															43 Santa Clara
			56 Ventura-GCHP															50 Stanislaus
			57 Yolo-PHC															54 Tulare
47	Family	200 Percent FPL Infant (Income Disregard Program – Infant). Provides full Medi-Cal benefits to eligible infants up to 1 year old or continues beyond 1 year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the FPL. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
48	OBRA	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 FPL. Benefits restricted to pregnancy-related services. No Share of Cost.																
49	Family	AFDC-FC Title IV-E/Federal Cash and Medi-Cal: Covers NMD age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for federal foster care placement. Full Scope-No SOC	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V

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			56 Ventura-GCHP														50 Stanislaus
			57 Yolo-PHC														54 Tulare
5E		Healthy Families to Medi-Cal Presumptive Eligibility Program. Provides immediate, temporary, fee-for-service, full scope Medi-Cal benefits to certain children under the age of 19. No Share of Cot. <b>Note: Per MMCD on 12/12/2007, aid code 5E will not be included in any Medi-Cal managed care contracts.</b>															
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. <b>Note: See Alpha Numeric Chart Below: 5F has been changed to alpha numeric aid codes D8 and D9 per DRA.</b>				√						√			√		
5J		SB 87 Pending Disability Program. Benefits restricted to pregnancy-related and emergency services. No Share of Cost.															
5G	OBRA	Valid aid code-not in use at this time															
5K	Family	Emergency Assistance (EA) Foster Care. Covers child welfare cases placed in EA foster care. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
5N	OBRA	Valid aid code-not in use at this time															
5R		SB 87 Pending Disability Program. Benefits restricted to pregnancy-related and emergency services. Share of Cost.															

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																		33 Riverside
																		36 San Bernardino
																		38 San Francisco
																		39 San Joaquin
																		43 Santa Clara
																		50 Stanislaus
																		54 Tulare
5T		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. Benefits restricted to pregnancy and emergency services. No Share of Cost.																
5V	TCVAP	TCVAP. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. Restricted to pregnancy and emergency services. No Share of Cost.																
5W		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. Benefits restricted to pregnancy and emergency services. No Share of Cost.																
5X	Family	Expired aid code-2nd year TMC (1 year) age 19 & older																
50	CMSP	County Medical Services Program (CMSP). OBRA/Out-of-County Care. Benefits restricted to CMSP emergency services only. Share of Cost and No Share of Cost.																

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			48 Solano-PHC														39 San Joaquin
			49 Sonoma-PHC														43 Santa Clara
			56 Ventura-GCHP														50 Stanislaus
			57 Yolo-PHC														54 Tulare
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. Benefits restricted to LTC and related services. Share of Cost and No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√		
54	Family	Four-Month Continuing Eligibility. Covers persons discontinued from CalWORKS or Section 1931(b) due to the increased collection of child/spousal support. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	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. Benefits restricted to pregnancy and emergency services. No Share of Cost. <b>Note: See Alpha Numeric Chart Below: 55 has been changed to alpha numeric aid codes D2, D3, D4, D5, D6 and D7 per DRA.</b>					√						√		√		

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			28 Napa-PHC														16 Kings	
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			44 Santa Cruz-CCAH														38 San Francisco	
			48 Solano-PHC														39 San Joaquin	
			49 Sonoma-PHC														43 Santa Clara	
			56 Ventura-GCHP														50 Stanislaus	
			57 Yolo-PHC														54 Tulare	
58 (see note)	OBRA	OBRA Aliens. Covers eligible aliens who do not have satisfactory immigration status. Benefits restricted to pregnancy and emergency services. Share of Cost and No Share of Cost. <b>Note: See Alpha Numeric Chart Below: 58 has been changed to alpha numeric aid codes C1, C2, C3, C4, C5, C6, C7, C8, C9 and D1 per DRA.</b>					√						√				√	
59	Family	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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
6A	Disabled	Disabled Adult Child(ren) – Blind. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
6C	Disabled	Disabled Adult Child(ren) – Disabled. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
6G	Disabled	250 Percent Working Disabled Program. Full Benefits. No Share of Cost ( <b>Associated Premium</b> ).	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
6H	Disabled	Disabled – FPL. Covers the disabled in the Aged and Disabled FPL program. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)

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			49 Sonoma-PHC															43 Santa Clara
			56 Ventura-GCHP															50 Stanislaus
			57 Yolo-PHC															54 Tulare
6J	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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
6N	Disabled	Former SSI – No Longer Disabled. In SSI Appeals Status. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
6P	Disabled	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Children. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
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. Full Benefits. Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
6U		Restricted FPL – Disabled. Covers the disabled in the Aged and Disabled FPL program who do not have satisfactory immigration status. Benefits restricted to pregnancy and emergency services. No Share of Cost.																
6V	Disabled	Department of Developmental Services (DDS) Waivers. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
6W	Disabled	DDS Waivers. Full Benefits. Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
6X	Disabled	Medi-Cal In-Home Operations (IHO) Waiver. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√		

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6Y	Disabled	Medi-Cal IHO Waiver. Full Benefits. Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√		
60	Disabled	Disabled –SSI/SSP – Cash. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
63	Long Term Care	Disabled – LTC. Full Benefits. Share of Cost and No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√		
64	Disabled	Disabled – Medically Needy. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
65	Disabled	Hurricane Katrina Evacuees															
66	Disabled	Disabled – Pickle Eligibles. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M (non-duals) V (all others)	M (non-duals) V (all others)
67	Disabled	Disabled – Medically Needy. Full Benefits. Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√		
68	Disabled	Disabled – IHSS. Full Benefits. No Share of Cost.															
69	OBRA	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. Benefits restricted to emergency services. No Share of Cost.															
7A	Family	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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M

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7C	OBRA	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. Benefits restricted to pregnancy and emergency services. No Share of Cost.															
7F		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. Benefits: valid for pregnancy verification office visit. No Share of Cost.															

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7G		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. Benefits: valid only for ambulatory prenatal care services. No Share of Cost.															
7H	TB Program	Tuberculosis (TB) Program. Covers eligible individuals who are TB-infected for TB-related outpatient services only. Benefits: valid only for TB-related outpatient services. No Share of Cost.															
7J	Family	CEC. Provides full-scope benefits to children up to 19 years old who would otherwise lose their no Share of Cost Medi-Cal. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
7K		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. Benefits restricted to pregnancy and emergency services. No Share of Cost.															

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7M	Minor Consent Program	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. Benefits: valid for minor consent services. Share of Cost and No Share of Cost.															
7N	Minor Consent Program	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. Benefits: valid for minor consent services. No Share of Cost.															
7P	Minor Consent Program	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. Benefits: valid for minor consent services. Share of Cost and No Share of Cost															

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7R	Minor Consent Program	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. Benefits: valid for minor consent services. Share of Cost and No Share of Cost.															
7T		Express Enrollment – National School Lunch Program. Full Benefits. No Share of Cost.															
7V	TCVAP	TCVAP. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. Full Benefits. Share of Cost.															
7X	Family	One Month Medi-Cal to Healthy Families Bridge. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
71	DP/DSP	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. Benefits are restricted to dialysis and supplemental dialysis-related services. Share of Cost and No Share of Cost.															

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72	Family	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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√		M	M
73		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. Benefits restricted to parenteral hyperalimentation-related expenses. Share of Cost and No Share of Cost.																
74	OBRA	133 Percent Program (OBRA). Provides emergency services only for eligible children without satisfactory immigration status 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. Benefits restricted to emergency services. No Share of Cost.																

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			49 Sonoma-PHC															43 Santa Clara
			56 Ventura-GCHP															50 Stanislaus
			57 Yolo-PHC															54 Tulare
76	Postpartum Program	60-Day Postpartum Program. Provides Medi-Cal to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may 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. Benefits restricted to 60-day postpartum services. No Share of Cost.																
77		Organ Transplants: anti-rejection medication. Limited to anti-rejection medication only.																
8E (see note)		Accelerated Enrollment. Provides immediate, temporary, fee-for-service Medi-Cal benefits to certain children under the age of 19. Full Benefits. No Share of Cost. <b>Note: aid code 8E changed to 5E on July 1, 2008</b>																
8F	CMSP	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. Benefits: CMSP acute inpatient services only. Share of Cost and No Share of Cost.																
8G		Severely Impaired Working Individual. Full Benefits. No Share of Cost.																

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8H	Family PACT	Family PACT. Comprehensive family planning services for low income residents of California with no other source of health care coverage. HAP card issued. Benefits: Family Planning. N/A Share of Cost.															
8N		133 Percent Excess Property Child – Emergency Services Only. Provides emergency services only for eligible children without satisfactory immigration status who are between 1 and 6 years old or over 6 when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the FPL. Benefits restricted to emergency services. No Share of Cost.															
8P	Family	133 Percent Excess Property Child. Provides full-scope Medi-Cal benefits to eligible children between 1 and 6 years old or over 6 when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the FPL. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M

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			44 Santa Cruz-CCAH														38 San Francisco
			48 Solano-PHC														39 San Joaquin
			49 Sonoma-PHC														43 Santa Clara
			56 Ventura-GCHP														50 Stanislaus
			57 Yolo-PHC														54 Tulare
8R	Family	100 Percent Excess Property Child. Provides full-scope benefits to otherwise eligible children, between 6 and 19 years old or over 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the FPL. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
8T		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 between 6 and 19 years old or over 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the FPL. Benefits restricted to pregnancy and emergency services. No Share of Cost.															
8U	CHDP	CHDP Gateway Deemed Infant. Provides Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no Share of Cost in the month of the infant's birth. Full Benefits. No Share of Cost.															

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																	34 Sacramento	01 Alameda
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																		36 San Bernardino
																		38 San Francisco
																		39 San Joaquin
																		43 Santa Clara
																		50 Stanislaus
																		54 Tulare
8V	CHDP	CHDP Gateway Deemed Infant. Provides Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with a Share of Cost in the month of the infant's birth and Share of Cost was met. Full Benefits. Share of Cost.																
8W	CHDP	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. Full Benefits. No Share of Cost.																
8X	CHDP	CHDP Gateway Healthy Families. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Healthy Families eligibility. Provides temporary Medi-Cal benefits. Full Benefits. No Share of Cost.																
8Y	CHDP	CHDP. Covers CHDP eligible children who are also eligible for Medi-Cal emergency, pregnancy-related, and LTC services. Benefits: CHDP services only. No Share of Cost.																
80		Qualified Medicare Beneficiary. Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind, or disabled individuals. Benefits restricted to Medicare expenses. No Share of Cost.																

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			49 Sonoma-PHC															43 Santa Clara
			56 Ventura-GCHP															50 Stanislaus
			57 Yolo-PHC															54 Tulare
81	Adult	Medically Indigent (MI)—Adults Aid Paid Pending. Full Benefits. Share of Cost and No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
82	Family	MI – Child. Covers medically indigent persons under age 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. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	M	M
83	Family	MI – Child. Covers medically indigent persons under age 21 who meet the eligibility requirements of medically indigent. Full Benefits. Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
84	CMSP	MI – Adult. Covers medically indigent adults age 21 and over but under age 65 who meet the eligibility requirements of medically indigent. Benefits: CMSP services only – no Medi-Cal. No Share of Cost.																
85	CMSP	MI – Adult. Covers medically indigent adults age 21 and over but under age 65 who meet the eligibility requirements of medically indigent. Benefits: CMSP services only – no Medi-Cal. Share of Cost.																

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			49 Sonoma-PHC															43 Santa Clara
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			57 Yolo-PHC															54 Tulare
86	Adult	MI – Confirmed Pregnancy. Covers persons age 21 and over with confirmed pregnancy who meet the eligibility requirements of medically indigent. Full Benefits. No Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√	V	V
87	Adult	MI – Confirmed Pregnancy. Covers persons age 21 and over with confirmed pregnancy who meet the eligibility requirements of medically indigent but are not eligible for 185/200 percent of poverty or the Medically Needy programs. Full Benefits. Share of Cost.	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
88	Adult	MI – Adult – Disability Pending. Covers medically indigent adults age 21 and over but under age 65 who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. Benefits: CMSP services only – no Medi-Cal. No Share of Cost.																
89	Adult	MI – Adult – Disability Pending. Covers medically indigent adults age 21 and over but under age 65 who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. Benefits: CMSP services only – no Medi-Cal. Share of Cost.																

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																		39 San Joaquin
																		43 Santa Clara
																		50 Stanislaus
																		54 Tulare
9A	Cancer Detection Program	The Cancer Detection Programs: Every Woman Counts recipient identifier. Cancer Detection Programs: Every Woman Counts offers benefits to uninsured and underinsured women, 25 years and older, whose household income is at or below 200 percent of the FPL. Cancer Detection Programs: Every Woman Counts offers reimbursement for screening, diagnostic, and case management services. <b>Cancer Detection Programs:</b> Every Woman Counts and Medi-Cal are separate programs; however, Cancer Detection Programs: Every Woman Counts relies on the Medi-Cal billing process (with few exceptions). Cancer detection programs: Every Woman Counts only. No Share of Cost.																
9H	Healthy Families	Healthy Families Child. Provides a comprehensive health insurance plan for uninsured children between ages 1 and 19 years of age whose family's income is at or below 200 percent of the FPL. Healthy Families covers medical, dental, and vision services to enrolled children. Benefits: Healthy Families services only: no Medi-Cal. No Share of Cost.																

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																		39 San Joaquin
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																		50 Stanislaus
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9J	<b>GHPP</b>	Genetically Handicapped Persons Program (GHPP)-eligible. Eligible for GHPP benefits and case management. Benefits: GHPP. No Share of Cost.																
9K	<b>CCS</b>	California Children Services (CCS)-eligible. Eligible for all CCS benefits (i.e., diagnosis, treatment, therapy, and case management). Benefits: CCS. No Share of Cost.																
9L	<b>PPCW</b>	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.																
9M	<b>CCS</b>	Eligible for CCS Medical Therapy Program services only. Benefits: CCS Medical Therapy Program only. No Share of Cost.																
9N	<b>CCS</b>	Eligible for CCS only if concurrently eligible for full-scope, no Share of Cost Medi-Cal. CCS authorization required. Benefits: CCS Case Management. No Share of Cost.																

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			49 Sonoma-PHC														43 Santa Clara
			56 Ventura-GCHP														50 Stanislaus
			57 Yolo-PHC														54 Tulare
9P	PPCW	New institutionally deemed Medi-Cal aid code to be assigned as follows to children under 21 years of age with a CCS eligible condition. Children who qualify for full scope Medi-Cal under institutional deeming with a SOC, who have completed requirements to participate in waiver, who are eligible for Title XIX FFP (if SOC is met)															
9R	CCS	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). Benefits: CCS. No Share of Cost.															
9U	CCS	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 county cost sharing for the child's CCS services. Benefits: CCS. No Share of Cost.															

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			56 Ventura-GCHP														50 Stanislaus
			57 Yolo-PHC														54 Tulare
9V	Health Access Program	New Health Access Program aid code to be assigned as follows to children under 21 years of age with CCS eligible medical condition that qualifies them for the PPCW. Children who have been found not to be financially eligible for the CCS program, and who have completed requirements for participation in the PPCW.															
C1	OBRA Aged Medically Needy (MN)	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. No Share of Cost.					√						√			√	
C2	OBRA Aged MN	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. Share of Cost.					√						√			√	

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																		38 San Francisco		
																		39 San Joaquin		
																		43 Santa Clara		
																		50 Stanislaus		
																		54 Tulare		
C3	OBRA Blind MN	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. No Share of Cost.					√							√						
C4	OBRA Blind MN	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. Share of Cost.					√							√						
C5	OBRA AFDC MN	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. No Share of Cost.					√							√						

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C6	OBRA AFDC MN	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. Share of Cost.					√						√			√		
C7	OBRA Disabled MN	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. No Share of Cost.					√						√			√		
C8	OBRA Disabled MN	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. Share of Cost.					√						√			√		

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																		56 Ventura-GCHP		50 Stanislaus
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C9	OBRA Medically Indigent (MI) Child	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. No Share of Cost.					√													
D1	OBRA MI Child	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. Share of Cost.					√													

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D2	OBRA AGED LTC	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. No Share of Cost.					√								√		
D3	OBRA AGED LTC	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. Share of Cost.					√								√		
D4	OBRA Blind LTC	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. No Share of Cost.					√								√		

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D5	OBRA Blind LTC	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. Share of Cost.					√							√				
D6	OBRA Disabled LTC	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. No Share of Cost.					√							√				
D7	OBRA Disabled LTC	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. Share of Cost.					√							√				

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D8	OBRA MI Pregnancy	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. No Share of Cost					√							√			√
D9	OBRA MI Pregnancy	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%/200% of poverty or the Medically Needy programs. Benefits restricted to pregnancy and emergency services. Share of Cost.					√							√			√
E1		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. No Share of Cost.															

√ Aid Code Included in Contract - All COHS Enrollments are Mandatory  
M Mandatory Enrollment  
V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only