Short-Doyle Medi-Cal (SDMC)

Aid Code Master Chart

August 14, 2014

The following chart organizes Medi-Cal aid codes into six groups based on the percent of federal financial participation (FFP) that will be paid for Medi-Cal eligibles within that group, provided FFP is available:

- Refugee (100% FFP)
- Managed Risk Medical Insurance Board (MRMIB) at Title XXI 65%
- Aid codes (Regular FFP) at Title XIX 50%
- Title XXI of the Social Security Act (Enhanced FFP) at 65%
- Breast and Cervical Cancer Treatment Program (BCCTP) Aid Codes (Enhanced FFP) at 65%
- Mixed Funding based on diagnostic and/or procedure codes. Emergency (Regular FFP) at Title XIX 50%, and/or Pregnancy (Enhanced FFP) at Title XXI 65%

Please note all Affordable Care Act (ACA) Aid Codes will not be effective until January 1, 2014 (see listing of Aid Codes on Change Log page 4).

ACA Aid Codes:

The new aid codes identify those individuals eligible for benefits in the ACA new adult group, expansion children, pregnant women and parents/caretaker relatives.

Aid Codes 7U, L1, N0 and N9 will be at 100% FFP until 2016.

For Aid Codes M1, M2, N5, N6, N7 and N8 please refer to the following table:

FFP	Dates
100%	2014-2016
95%	2017
94%	2018
93%	2019
90%	2020 and thereafter

Benefit	Definition
• Full	• No restrictions
• Restricted	• Special Condition: e.g. Undocumented or non-satisfactory immigration status; Pregnancy; Emergency, etc
• Restricted Limited	• A restriction based upon time (e.g. IP off the grounds of the prison for <24H)

The chart columns identify Mental Health Services (MHS), Medicaid Eligibility Group (MEG)[1], Drug Medi-Cal Program (DMC), Effective Dates and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). The MHS and DMC column indicate a "yes" if the aid code is appropriate for use by MHS and/or DMC; and "no" if it is not. The SD/MC column indicates the effective date of the aid code for Medi-Cal eligibility. The Inactive in MEDS

[1] The Centers for Medicare and Medicaid Services (CMS) requires that the State (DHCS) submit quarterly actual member month enrollment statistics by MEG in conjunction with the State's submitted CMS-64 forms for the Specialty Mental Health Waiver. The method used to develop the trends historical data is compiled by quarter by MEG which are: Disabled, Foster Care, MCHIP and Other. PLEASE NOTE: MEGs DO NOT APPLY TO DMC.

column indicates the date for which FFP is no longer available for an aid code. The EPSDT column identifies aid codes that may include beneficiaries under age 21 who are eligible for expanded Medi-Cal benefits under the EPSDT program.

Historical FFP Rates (As of Date Payment)

Federal Fiscal Year (October 1 through September 30)	Regular FFP	Enhanced FFP[2]
2005 - 2012	50.00%	65.00%
July 1, 2004 - September 30, 2005	50.00%	65.00%
October 1, 2003 - June 30, 2004	52.95%	65.00%
April 1, 2003 - September 30, 2003	54.35%	65.00%
October 1, 2002 - March 31, 2003	50.00%	65.00%
2001 – 2002	51.40%	65.98%
2000 – 2001	51.25%	65.88%
1999 – 2000	51.67%	66.17%

Effective October 1, 2008, Beneficiary Services received a stimulus of 11.59% FMAP rate for FY 08/09 with a date of service from October 1, 2008 through December 31, 2010. On August 10, 2010 the American Recovery and Reinvestment Act (ARRA) of 2009 was extended to continue the additional Federal assistance for six months, ending June 30, 2011, but would phase down the level of assistance. Therefore, the ARRA FMAPs for QTR 2 of FY 2011 are 3 percent less than the QTR 1 levels (6.2 percent minus 3.2 percent) and the ARRA FMAPs for QTR 3 of FY 2011 are 2 percent less than those for QTR 2 (3.2 percent minus 1.2 percent). Please see chart below:

Historical Stimulus Rates for Beneficiary Services Only

Federal Fiscal Year	Regular FFP
April 1, 2011 - June 30, 2011	56.88%
January 1, 2011 - March 31, 2011	58.77%
October 1, 2010 - December 31, 2010	61.59%
October 1, 2009 - September 30, 2010	61.59%
October 1, 2008 - September 30, 2009	61.59%

SD/MC Aid Codes Change Log

New Revision	Previous Revision	Added Codes	Removed Codes	Comments
9/10/2008	10/17/2003	3D, 3W, 65, 06, 46, 0W	5X, 5Y (discontinued in MEDS 10/1/03)	
2/11/2010	9/10/2008	C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, 2H, 5E, 8U, 8V, E1		8X, 0M, 0N, 0P,1X,1Y,47,8W, Changed from restricted to Full Benefits
8/9/2010	2/11/2010	None		All BCCTP aid codes updated Enhanced FFP – page 6
8/25/2010	8/9/2010	None		Updated '0U' benefits to be 'FFP Funds for Emergency & Pregnancy only'

[2] FFP of more than 50% is not applicable for DMC.

New Revision	Previous Revision	Added Codes	Removed Codes	Comments
9/13/2010	8/25/2010			Aid Codes E1, C3, C4, C5, C6, C7, C8, C9, D1, D4, D5, D6 and D7 changed to indicate “N” in the EPSDT column
10/7/2010	9/13/2010	4H, 4L – active in MEDS on 12/13/2010		Changed table deleted EDS and SD/MC- added effective dates and inactive dates
1/13/11	1/7/11	4T	4G, 53, 0R, 0T, 8Y, 81 = not eligible for FFP effective 1/10/11	Removed from Chart
1/21/11	1/13/11			7M, 7N, 7P, changed to “No” for MHS. These aid codes are not eligible for FFP.
1/27/11	1/21/11	4G on 1/25/11 (previously removed in error)		
2/11/11	1/27/11	74 for ADP (pending ITSD deployment)		Listed 8U and 8V under Title 19.
2/28/11	2/11/11	74 activated for ADP on 2/25/11		Added footnotes for aid codes 5E, 8E & 8W.
5/6/11	2/28/11			Changed ARRA language and added 7/1/11 -9/30/11 at 50% to chart. Organized aid codes according to funding. 7X, 8X now listed under Title 21 and “Yes” EPSDT.
9/13/11	2/28/11		7R = not eligible for FFP	Removed from Chart
12/02/11	9/13/11	07, 4N, 4S, 4W, 43, 49		Updated description for aid codes 3G, 3H, 3N, 3P, 3R, 30, 32, 33, 35, 39 and 59
6/5/12	12/2/11			0U, 0V are now listed under BCCTP. 0W is transitional aid code only. 48 is pregnancy only
8/29/12	6/5/12			Generally, enhanced aid codes are categorized as either SCHIP and MCHIP

New Revision	Previous Revision	Added Codes	Removed Codes	Comments
1/28/13	8/29/12	53, 65, 0R, 0T, 8Y, 81, R1 5C, 5D, H1, H2, H3, H4, H5 G0, G1, G2, G5, G6, G7, G8		State Only Aid Codes Effective Date 1/1/13 Effective Date 1/1/12
	1/28/13	3F, K1		Effective Date 4/1/13
10/28/13	1/28/13	E2, E4, E5, E7 H6, H7, H8, H9, H0, 4E, P1, P2, P3, P4, J1, J2, J3, J4, J5, J6, J7, J8, G9 L1, N9, N0, M1, M2, M3, M4, M7, M5, M6 M8, M9, M0 N5, N6, N7, N8, P5, P6, P7, P8, P9, P0 T1, T2, T3, T4,T5,T6,T7 T8, T9, T0,		Effective 1/1/14

<u>New Format for SD/MC Aid Codes Change Log</u>

New Revision	Previous Revision	Aid Codes	Effective Dates	Comments of Changes
3/18/14	10/28/13	13, 23, 63	3/11/14	<u>DMC Only</u> Restrict NTP (dosing and individual group counseling) services for LTC Aid Codes.
		8E	1/1/14	Expanded the age up to 65 years of age.
4/10/14	3/18/14	3F & K1	4/3/14	Changed to “Yes” for EPDST
		D2, D3, D4, D5, D6, D7, 69 and 74	3/11/14	Changed DMC column to indicate “Yes”
5/14/14	4/10/14	E6	1/1/14	New Aid Code
		7U, 7W	2/1/14	New Aid Code

New Revision	Previous Revision	Aid Codes	Effective Dates	Comments of Changes
5/14/14	4/10/14	7S	4/1/14	New Aid Code
		G0, J1, J2, J7, M3, M7, P2, P3, L1 & M1	N/A	Changed to "yes" for EPSDT services
		03, 04, 06, 07	N/A	Changed MEG to "Other"
8/14/14	5/14/14	L2, L3, L4, L5	8/1/14	New Aid Codes
		E2, E4, E5	6/30/14	Added end dates of 6/30/14
		4K	N/A	Inactive in MEDS for DMC & MHS effective 6/96
		69, 74, 80	N/A	No for "DMC" only

Aid Codes Master Chart Contact Information
http://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx#MasterAidCodeChart MedCCC Home Page

MHS email**:** MedCCC@dhcs.ca.gov
DMC email: Anthony.Ortiz@dhcs.ca.gov; Jim.Jacobson@dhcs.ca.gov

Refugee Aid Codes (100% FFP through-Refugee Resettlement Program) These aid codes are funded by the Refugee Resettlement Program (not Title XIX or XXI)							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
0A	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision. 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.	Yes	N/A	Yes			Yes
01	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision.	Yes	N/A	Yes			Yes
02	Full	Y/N	Refugee Medical Assistance/Entrant Medical Assistance (FFP). Covers refugees and entrants who need Medi-Cal and who do not qualify for or want cash assistance.	Yes	N/A	Yes			Yes
08	Full	No	Entrant Cash Assistance (ECA) (FFP). Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the eighth-month limitation provision.	Yes	N/A	Yes			Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
G0	Full	No	Title XIX, Medi-Cal no SOC for State Medical Parolees. Full Scope Medical parolees who are Medi-Cal eligible in aid code G0 will be entitled to all Medi-Cal covered services because they are not considered to be incarcerated. To the extent possible, former state inmates on Medical Parole with an OHC code of "G" will be moved into aid code G0 once it is implemented. Aid code G0 will be a secondary aid code.	Yes	Other	No	1/1/12		Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
G1	Restricted; Limited	No	Title XIX, Medi-Cal no share-of-cost (SOC) for state juvenile inmates. Medi-Cal benefits limited to covered inpatient hospital and inpatient mental health services only, for juvenile inmates in state correctional facilities who receive those services off the grounds of the correctional facility.	Yes	Other	No	1/1/12		No
G5	Restricted; Limited	No	Title XIX, Medi-Cal no SOC for county juvenile inmates. Medi-Cal benefits limited to covered inpatient hospital or inpatient mental health services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility	Yes	Other	No	1/1/12		No
G7	Restricted; Limited	No	Title XIX, Medi-Cal SOC for county juvenile inmates. Medi-Cal benefits limited to covered inpatient hospital or inpatient mental health services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.	Yes	Other	No	1/1/12		No
H7	Full	No	Hospital Presumptive Eligibility for Children age 1-6 (FPL at or below 142 percent FPL)	Yes	Other	Yes	1/1/14		Yes
H8	Full	No	Hospital Presumptive Eligibility for Children age 6-19 (FPL at or below 108 percent FPL)	Yes	Other	Yes	1/1/14		Yes
J1	Full	No	Title XIX, Medi-Cal no share-of-cost (SOC) for Compassionately released/Medical Probation County Inmates. Individuals who are Medi-Cal eligible in aid code J1 will be entitled to all Medi-Cal covered services because they are not considered to be incarcerated. The county is responsible for the non-federal share.	Yes	Other	Yes	1/1/14		Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
J2	Full	Yes	Title XIX, Medi-Cal SOC for Compassionately released/Medical Probation County Inmates. Individuals who are Medi-Cal eligible in aid code J2 will be entitled to all Medi-Cal covered services because they are not considered to be incarcerated. The county is responsible for the non-federal share.	Yes	Other	Yes	1/1/14		Yes
J5	Full	No	Title XIX, Medi-Cal no SOC/SOC for aged (>65 years old) Compassionately released/Medical Probation County Inmates who reside in long-term care (LTC) facilities. Individuals who are Medi-Cal eligible in aid code J5 will be entitled to all Medi-Cal covered LTC services because they are not considered to be incarcerated. The county is responsible for the non-federal share.	Yes	Other	No	1/1/14		No
J7	Full	No	Title XIX, Medi-Cal no SOC/SOC for disabled Compassionately released/Medical Probation County Inmates who reside in LTC facilities. Individuals who are Medi-Cal eligible in aid code J7 will be entitled to all Medi-Cal covered LTC services because they are not considered to be incarcerated. The county is responsible for the non-federal share.	Yes	Other	No	1/1/14		Yes
K1	Full	No	Two Parent Safety Net & Drug/Fleeing Felon Family	Yes	Other	Yes	4/1/13		Yes
M3	Full	No	Parent/Caretaker Relative at or below 125% FPL: Citizen/Lawfully Present	Yes	Other	Yes	1/1/14		Yes
M7	Full	No	Pregnant Women 0% through 125% FPL: Citizen/Lawfully Present	Yes	Other	Yes	1/1/14		Yes
M9	Limited Scope: Pregnancy Services	No	Pregnant Women 125% - 200% FPL: Citizen/Lawfully Present	Yes	Other	Yes	1/1/14		No
P0	Restricted	No	Infant up to 1 year of age with 0 percent - 208 percent Federal Poverty Level, Undocumented, restricted to emergency services and long term care services.	Yes	Other	No	1/1/14		No

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
P1	Full	No	Hospital PE Children 0-1 (at or below 208 percent FPL)	Yes	Other	Yes	1/1/14		Yes
P2	Full	No	Hospital PE Parent/Caretaker Relative (at or below 125 percent FPL)	Yes	Other	Yes	1/1/14		Yes
P3	Full	No	Hospital PE Adults (19-64) (at or below 138 percent FPL)	Yes	Other	Yes	1/1/14		Yes
P4	Limited	No	Hospital PE Pregnant Women (at or below 213 percent FPL). Limited to Ambulatory prenatal services.	Yes	Other	Yes	1/1/14		No
P5	Full	No	Children 6 to 19 years of age with 0 percent – 108 percent Federal Poverty Level, Citizen/Lawfully present, full scope no cost Medi-Cal.	Yes	Other	Yes	1/1/14		Yes
P7	Full	No	Children 1 to 6 years of age with 0 percent – 142 percent Federal Poverty Level, Citizen/Lawfully present, full scope, no cost Medi-Cal.	Yes	Other	Yes	1/1/14		Yes
P8	Restricted	No	Children 1 to 6 years of age with 0 percent - 142 percent Federal Poverty Level, Undocumented, restricted to emergency services and long term care services.	Yes	Other	No	1/1/14		No
P9	Full	No	Infant up to 1 year of age with 0 percent - 208 percent Federal Poverty Level, Citizen/Lawfully present, full scope, no cost Medi-Cal.	Yes	Other	Yes	1/1/14		Yes
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.	Yes	Other	Yes			Yes
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.	Yes	Other	Yes			Yes
06	Full	No	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.	Yes	Other	No			Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
07	Full	No	AAP Title IV-E Federal Cash and Medi-Cal.	Yes	Other	Yes	1/1/12		Yes
0W	Full	No	BCCTP transitional Medi-Cal coverage: Provides transitional no cost-full scope Medi-Cal coverage while county makes determination of eligibility under any other Medi-Cal program to beneficiaries formerly in aid code OP who no longer meet federal BCCTP requirements due to turning 65, obtaining creditable health insurance or who no longer need treatment for breast and/or cervical cancer.	Yes	Other	Yes			Yes
1E	Full	No	Continued eligibility for the Aged (FFP), Covers former SSI beneficiaries who are Aged (with exception of persons who are deceased or incarcerated in a correctional facility) until the county predetermines their eligibility.	Yes	Other	Yes			No
1H	Full	No	Federal poverty level – Aged (FPL-Aged) Provides full scope (no share of cost) Medi-Cal to qualified aged individuals/couples.	Yes	Other	Yes			No
1X	Full	No	Multipurpose Senior Services Program Medi-Cal Qualified**,** Eligible due to application of spousal impoverishment rules. Covers persons 65 years and older who meet the Medi-Cal criteria for inpatient care in a nursing facility.	Yes	Other	Yes			No
1Y	Full	Yes	Multipurpose Senior Services Program Medi-Cal Qualified, Eligible due to application of spousal impoverishment rules. Covers persons 65 yrs and older who meet the Medi-Cal criteria for inpatient care in a nursing facility.	Yes	Other	Yes			No
10	Full	No	SSI/SSP Aid to the Aged (FFP). A cash assistance program administered by the SSA which pays a cash grant to needy persons 65 years of age or older.	Yes	Other	Yes			No

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
13	Full	Y/N	Aid to the Aged – LTC (FFP) Covers persons 65 years of age or older who are medically needy and in LTC status **For DMC only: Restricted to Narcotic Treatment Program Individual/Group Counseling and NTP dosing.**	Yes	Other	Yes			No
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	Yes	Other	Yes			No
16	Full	No	Aid to the Aged – Pickle Eligibles (FFP). Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the Lynch v. Rank lawsuit.	Yes	Other	Yes			No
17	Full	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required.	Yes	Other	Yes			No
18	Full	No	Aid to the Aged – IHSS (FFP). Covers aged IHSS cash recipients, 65 years of age or older, who are not eligible for SSI/SSP cash benefits.	No	Other	Yes		Phased out from 9/05 to 1/06	No
2A	Full	No	Abandoned baby program. Provides full scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act	Yes	Other	No			Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	**Benefits**	**SOC**	**Program/Description**	**MHS**	**MEG**	**DMC**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
2E	Full	No	Continued eligibility for the Blind (FFP), Covers former SSI beneficiaries who are Blind (with exception of persons who are deceased or incarcerated in a correctional facility) until the county determines their eligibility.	Yes	Other	Yes			Yes
2H	Full	No	Blind – Federal Poverty Level – covers blind individuals in the FPL for the Blind Program.	Yes	Disabled	Yes			Yes
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program administered by the SSA, which pays a cash grant to needy blind persons of any age.	Yes	Other	Yes			Yes
23	Full	Y/N	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status. **For DMC only: Restricted to Narcotic Treatment Program Individual/Group Counseling and NTP dosing.**	Yes	Other	Yes			Yes
24	Full	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	Yes	Other	Yes			Yes
26	Full	No	Aid to the Blind – Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of the Lynch v. Rank lawsuit. (See aid code 16 for definition of Pickle eligibles.)	Yes	Other	Yes			Yes
27	Full	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.	Yes	Other	Yes			Yes
28	Full	No	Aid to Blind – IHSS (FFP). Covers persons who meet the federal definition of blindness and are eligible for IHSS. (See aid code 18 for definition of eligibility for IHSS.)	No	Other	Yes		Phased out from 9/05 to 1/06	Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
3A	Full	No	Safety Net – All other Families, CalWORKs Timed-Out, Child-Only Case. (FFP) Provides for continued cash and Medi-Cal coverage of children whose parents have been discontinued from cash aid and removed from assistance unit (AU) due to reaching the CalWORKs 60 month time limit without meeting a time extender exception.	Yes	Other	Yes			Yes
3C	Full	No	Safety Net – Two Parent, CalWORKs Timed-Out, Child-Only Case. (FFP) Provides for continued cash and Medi-Cal coverage of children whose parents have been discontinued from cash aid and removed from AU due to reaching the CalWORKs 60 month time limit without meeting a time extender exception.	Yes	Other	Yes			Yes
3D	Full	No	Not on cash aid, but cash-linked Medi-Cal eligible because the individual has been determined to be eligible for CalWORKs.	Yes	Other	Yes			Yes
3E	Full	No	CalWORKs Legal Immigrant-Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.	Yes	Other	Yes			Yes
3G	Full	No	CalWORKs – Zero Parent Exempt.	Yes	Other	Yes			Yes
3F	Full	No	Two Parent Safety Net & Drug/Fleeing Felon Family	Yes	Other	Yes	4/1/13		Yes
3H	Full	No	CalWORKs – Zero Parent Mixed.	Yes	Other	Yes			Yes
3L	Full	No	CalWORKs Legal Immigrant-Family Group – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.	Yes	Other	Yes			Yes
3M	Full	No	CalWORKs Legal Immigrant-Family Group – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.	Yes	Other	Yes			Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
3N	Full	No	Aid to Families with Dependent Children (AFDC) – 1931(b) Non-CalWORKs	Yes	Other	Yes			Yes
3P	Full	No	CalWORKs – All Families – Exempt.	Yes	Other	Yes			Yes
3R	Full	No	CalWORKs – Zero Parent – Exempt.	Yes	Other	Yes			Yes
3U	Full	No	CalWORKs Legal Immigrant-Family Group – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.	Yes	Other	Yes			Yes
3W	Full	No	Temporary Assistance to needy Families (TANF) Timed-Out Mixed Case	Yes	Other	No			Yes
30	Full	No	CalWORKs – All Families	Yes	Other	Yes			Yes
32	Full	No	TANF Timed out.	Yes	Other	Yes			Yes
33	Full	No	CalWORKs – Zero Parent	Yes	Other	Yes			Yes
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	Yes	Other	Yes			Yes
35	Full	No	CalWORKs – Two Parent	Yes	Other	Yes			Yes
36	Full	No	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.	Yes	Disabled	Yes			Yes
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.	Yes	Other	Yes			Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
38	Full	No	Continuing Medi-Cal Eligibility (FFP). Edwards v. Kizer court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate *Notice of Action* sent.	Yes	Other	Yes			Yes
39	Full	No	Initial Transitional Medi-Cal (TMC) (6 months). Provides six months of coverage for those discontinued from CalWORKs or the Section 1931(b) program due to increased earnings or increased hours of employment.	Yes	Other	Yes			Yes
4A	Full	No	Adoption Assistance Program (AAP). Program for AAP children for whom there is a state-only AAP agreement between any state other than California and adoptive parent(s).	Yes	Other	Yes			Yes
4E	Full	No	Hospital Presumptive Eligibility for Former Foster Care Children up to age 26 No income screening	Yes	Other	Yes	1/1/14		Yes
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.	Yes	Foster Care	Yes			Yes
4G	Full	No	Kin-GAP. State-only program for children in relative placement receiving cash assistance.	Yes	Foster Care	Yes			Yes
4H	Full	No	Foster Care children in CalWORKs	Yes	Foster Care	Yes	12/13/10		Yes
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.	Yes	Foster Care	Yes		Termed on 6/96	Yes
4L	Full	No	Foster care children in Social Security Act Title XIX, Section 1931 (b) program	Yes	Foster Care	Yes	12/13/10		Yes
4M	Full	No	This program covers former foster care youth who were in foster care on their eighteenth birthday. Coverage extends until the 21st birthday and provides full-scope, no-cost benefits.	Yes	Other	Yes			Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
4N	Full	No	CalWORKs FC State Cash Aid/ FFP Medi-Cal.	Yes	Foster Care	Yes	1/1/12		Yes
4P	Full	No	CalWORKs Family reunification – All Families (FFP) Provides for the continuance of CalWORKs services (includes Medi-Cal) to all families except two parent families, under certain circumstances, when a child has been removed from the home and is receiving out-of-home care.	No	Other	No	10/1/01		Yes
4R	Full	No	CalWORKs Family reunification – Two Parent (FFP) Provides for the continuance of CalWORKs services (includes Medi-Cal) to two parent families, under certain circumstances, when a child has been removed from the home and is receiving out-of-home care.	No	Other	No	10/1/01		Yes
4S	Full	No	Kin-GAP Title IV-E Federal Cash and Medi-Cal.	Yes	Foster Care	Yes	1/1/12		Yes
4T	Full	No	Children in IV-E Kin-GAP Program.	Yes	Foster Care	Yes	1/1/11		Yes
4W	Full	No	Kin-GAP State Cash Aid/FFP Medi-Cal after full Medi-Cal determination.	Yes	Foster Care	Yes	1/1/12		Yes
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.	Yes	Foster Care	Yes			Yes
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.	Yes	Foster Care	Yes			Yes
43	Full	No	AFDC-FC State Cash Aid/FFP Medi-Cal.	Yes	Foster Care	Yes	1/1/12		Yes
44	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant (FFP) United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.	Yes	Other	Yes			No

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.	Yes	Other	Yes			Yes
46	Full	No	Out of State Interstate Compact Foster Care children from out of state placed in CA	Yes	Foster Care	No			Yes
47	Full	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to one year old and continues beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level.	Yes	Other	Yes			Yes
49	Full	No	AFDC-FC Title IV-E/Federal Cash and Medi-Cal	Yes	Foster Care	Yes	1/1/12		Yes
5E	Full	No	Healthy Families to the Medi-Cal Presumptive Eligibility (PE) program. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to certain children under the age of 19. T21 effective through 3/31/09; T19 effective 4/1/09.	Yes	Other	Yes	10/25/10		Yes
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.	Yes	Foster Care	Yes			Yes
54	Full	No	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments but eligible for Medi-Cal only.	Yes	Other	Yes			Yes
59	Full	No	Continuing TMC (6 months). Provides an additional six months of TMC for beneficiaries who had six months of initial TMC coverage under aid code 39	Yes	Other	Yes			Yes
6A	Full	No	Disabled Adult Children (DAC)/Blindness (FFP).	Yes	Other	Yes			Yes
6C	Full	No	Disabled Adult Children (DAC)/Disabled (FFP).	Yes	Disabled	Yes			Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
6E	Full	No	Continued eligibility for the Disabled (FFP), Covers former SSI beneficiaries who are Disabled (with exception of persons who are deceased or incarcerated in a correctional facility) until the county determines their eligibility.	Yes	Disabled	Yes			Yes
6G	Full	No	250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.	Yes	Disabled	Yes	3/16/09		Yes
6H	Full	No	Federal Poverty Level – Disabled (FPL Disabled). Provides full-scope Medi-Cal (No share of cost) to qualified disabled individuals/couples	Yes	Disabled	Yes			Yes
6J	Full	No	SB87 Pending Disability Program. Provides full scope (no share of cost) benefits to recipients21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.	Yes	Other	Yes			No
6N	Full	No	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (FFP). Former SSI disabled recipients (adults and children not in aid code 6P) who are appealing their cessation of SSI disability.	Yes	Disabled	Yes			Yes
6P	Full	No	PRWORA/No Longer Disabled Children (FFP). Covers children under age 18 who lost SSI cash benefits on or after July 1, 1997, due to PRWORA of 1996, which provides a stricter definition of disability for children.	Yes	Disabled	Yes			Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
6R	Full	Yes	SB87 Pending Disability Program. Provides full scope (no share of cost) benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.	Yes	Disabled	Yes			No
6V	Full	No	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.	Yes	Disabled	Yes			Yes
6W	Full	Yes	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.	Yes	Disabled	Yes			Yes
6X	Full	No	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.	Yes	Disabled	Yes			Yes
6Y	Full	Yes	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.	Yes	Disabled	Yes			Yes
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.	Yes	Disabled	Yes			Yes
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status. For DMC only: Restricted to Narcotic Treatment Program Individual/Group Counseling and NTP dosing.	Yes	Disabled	Yes			Yes
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.	Yes	Disabled	Yes			Yes
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the Lynch v. Rank lawsuit. No age limit for this aid code.	Yes	Disabled	Yes			Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.	Yes	Disabled	Yes			Yes
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS).	Yes	Disabled	Yes		Phased out from 9/05 to 1/06	Yes
69	Restricted to emergency services only	No	Income Disregard Program. Infant (FFP) – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides Emergency services only for infants under 1 year of age and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.	Yes	Other	No			No
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.	Yes	Other	Yes			Yes
7J	Full	No	Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to the 19 years of age who would otherwise lose their share of cost	Yes	Other	Yes			Yes
7M	Restricted Valid for Minor Consent Services	Y/N	Minor consent Program. Covers minors age 12 and under 21. Limited services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, and family planning. Funded 100% through county realigned funds	No	N/A	Yes			No

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
7N	Restricted Valid for Minor Consent Services	No	Minor consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning. Funded 100% through county realigned funds	No	N/A	Yes			No
7P	Restricted Valid for Minor Consent Services	Y/N	Minor consent Program. Covers minors age 12 and under 21. Limited services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Funded 100% through county realigned funds	No	N/A	Yes			No
7S	Full	No	Express Lane Enrollment. CalFRESH parents from 19 through 64 years of age who are neither blind nor disabled.	Yes	Other	Yes	4/1/14		Yes
7W	Full	No	Express Lane Enrollment For Children.	Yes	Other	Yes	2/1/14		Yes
72	Full	No	133 Percent Program. Child-United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and 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.	Yes	Other	Yes			Yes
74	Restricted to emergency services only	No	133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible) (FFP). Provides Emergency services only for children ages 1 up to 6 and 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.	Yes	Other	No			No

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
76	Restricted to 60-day postpartum services	No	60-Day Postpartum Program (FFP). 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.	Yes	Other	Yes			No
8E	Full	No	Accelerated Enrollment. Provides immediate, temporary, fee-for-service, full scope Medi-Cal benefits up to the age of 65. T21 effective through 3/31/09; T19 effective 4/1/09.	Yes	Other	Yes			Yes
8G	Full	No	Qualified Severely Impaired Working Individual Program Aid Code. Allows recipients of the Qualified Severely Impaired Working Individual Program to continue their Medi-Cal eligibility.	Yes	Other	Yes			Yes
8U	Full	No	CHDP Gateway Deemed Infant. Provides full-scope, no Share of Cost (SOC) Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth.	Yes	Other	Yes	10/11/10		Yes
8V	Full	Yes	CHDP Gateway Deemed Infant SOC. Provides full-scope Medi-Cal benefits with a Share of Cost (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.	Yes	Other	Yes	10/11/10		Yes
8W	Full	No	Medically Indigent (MI)-Accelerated Enrollment (AE)-CHDP Gateway for Medi-Cal. Provides for the pre-enrollment of CHILDREN into the Medi-Cal program that are Screened as No Cost Medi-Cal Eligibles. Provides Temporary, full scope Medi-Cal benefits with no SOC. Please note: T21 through 3/31/09; however T19 effective 4/1/09.	Yes	Other	Yes			Yes

Regular FFP Aid Codes - Title XIX							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
80	Restricted to Medicare expenses	No	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.	Yes	Other	No			No
82	Full	No	MI-Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.	Yes	Other	Yes			Yes
83	Full	Yes	MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.	Yes	Other	Yes			Yes
86	Full	No	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meets the eligibility requirements of medically indigent.	Yes	Other	Yes			No
87	Full	Yes	MI-Confirmed Pregnancy (FFP). Covers person's 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.	Yes	Other	Yes			No

Title XIX 100% FFP- Please note: The FFP will be at 100 % from 2014 through 2016. All of the individuals in these aid codes should be placed into the appropriate ACA aid code for ongoing eligibility by March 2015.							Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**MHS**	**MEG**	**DMC**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
7U	Full	No	Express Lane Enrollment For Adults.	Yes	Medicaid Expansion	Yes	2/1/14		Yes
L1	Full	No	Adults aged 19 through 64 years of age, enrolled in LIHP MCE program on December 31, 2013 with 0 percent – 138 percent Federal Poverty Level	Yes	Medicaid Expansion	Yes	1/1/14		Yes
N0	Limited	No	Adults aged 19 through 64 years of age, inmates in county jail enrolled in LIHP MCE program on December 31, 2013, with 0 percent – 138 percent Federal Poverty Level (FPL), limited to covered inpatient hospital services provided off the grounds of the correctional facility.	Yes	Medicaid Expansion	No	1/1/14		No
N9	Limited	No	Adults aged 19 through 64 years of age, inmates in State prison enrolled in LIHP MCE program on December 31, 2013 with 0 percent – 138 percent FPL, limited to covered inpatient hospital services provided off the grounds of the correctional facility, no SOC.	Yes	Medicaid Expansion	No	1/1/14		No

Title XIX 100% FFP - Enhanced Title XIX federal funding is available for those who are "newly eligible" in the adults group. Please note the FFP category will decrease to the following: 100 % for 2014-2016; 95% for 2017; 94% for 2018; 93% 2019; 90% for 2020 and thereafter.							Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**MHS**	**MEG**	**DMC**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
M1	Full	No	Adult 19 to 65 Yrs at or below 138% FPL: Citizen/Lawfully Present	Yes	Medicaid Expansion	Yes	1/1/14		Yes
M2	Restricted	No	Adult 19 to 65 Yrs at or below 138% FPL: Undocumented-Restricted to emergency and pregnancy related services.	Yes	Medicaid Expansion	Yes	1/1/14		No
N5	Limited	No	Medi-Cal benefits limited to covered inpatient hospital only, for adult inmates aged 19 through 64 years of age in state correctional facilities who receive those services off the grounds of the correctional facility.	Yes	Medicaid Expansion	No	1/1/14		No
N6	Restricted	No	This aid code will reflect the new ACA adult group aged 19-64. Aid code provides restricted Medi-Cal benefits, without a share of cost, limited to inpatient hospital emergency related services only, to eligible undocumented adult state inmates who receive those services off the grounds of the correctional facility.	Yes	Medicaid Expansion	No	1/1/14		No
N7	Limited	No	Medi-Cal no SOC for County Adult Inmates. Medi-Cal benefits limited to covered inpatient hospital services only, for adult inmates aged 19 through 64 years of age in county correctional facilities who receive those services off the grounds of the correctional facility.	Yes	Medicaid Expansion	No	1/1/14		No
N8	Restricted	No	This Aid code will reflect the new ACA adult group aged 19-64. Aid code provides restricted Medi-Cal benefits, without a share of cost, limited to inpatient hospital emergency related services only, who receive those services off the grounds of the correctional facility.	Yes	Medicaid Expansion	No	1/1/14		No

Breast and Cervical Cancer Treatment Program (BCCTP) Aid Codes (Enhanced FFP 65%)Title XIX							Effective Dates		
Code	**Benefits**	**SOC**	**Program/Description**	**MHS**	**MEG**	**DMC**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
0M	Full	No	BCCTP-Accelerated Enrollment (AE). Provides AE for temporary full-scope, no SOC Medi-Cal for females under 65 years of age who are diagnosed with breast and/or cervical cancer. Eligibility limited to 2 months	Yes	Other	Yes			Yes
0N	Full	No	BCCTP-AE, Provides AE for temporary full-scope, no SOC Medi-Cal for females under 65 years of age who have diagnosed with breast and/or cervical cancer and are without creditable insurance coverage. No time limit	Yes	Other	Yes			Yes
0P	Full	No	BCCTP-Federal, Provides full-scope, no SOC Medi-Cal for females under 65 years of age who have diagnosed with breast and/or cervical cancer and are without creditable insurance coverage	Yes	Other	Yes			Yes
0U	Restricted to pregnancy and/or emergency services	No	BCCTP Provides services for females with unsatisfactory immigration status, who are under 65 years of age, who have been diagnosed with breast and/or cervical cancer and are found in need of treatment. They are eligible for Federal BCCTP for Emergency services for the duration of treatment. Does not cover individuals with creditable health insurance. State-only cancer treatment payments are 18 months (breast) and 24 months (cervical).	Yes	Other	No			No
0V	Restricted to pregnancy and/or emergency services	No	Post 0U eligibility for federal Medi-Cal Emergency services only and who continue to meet Federal BCCTP criteria. State-only pregnancy-related and LTC; for individuals whose 0U eligibility has expired and who are determined to be still in need of breast or cervical cancer treatment.	Yes	Other	No			No

SCHIP

The State Children's Health Insurance Program (SCHIP) was established by the federal government in the late 1990's to provide health insurance to children in families at or below 200 percent of the federal poverty level. SCHIP allowed states to create new programs to serve these children and families and/or expand their existing Medicaid programs. California elected to create the Healthy Families Program, serving children with family incomes below 250% of the federal poverty level and expand Medi-Cal programs to serve lower income children that would not previously qualify for Medi-Cal.

The HFP was established to provide a basic health, vision, and dental benefit package (provided by HFP health plans) that includes a mental health benefit for children assessed with serious emotional disturbances (SED). Mental health services for children meeting the SED criteria are provided by the county mental health departments. The enhanced Federal Medicaid Assistance Percentage (FMAP) of 65% under Title XXI is provided for HFP health and mental health service expenditures

Healthy Families - MRMIB Title XXI (Enhanced FFP 65%) - SCHIP							**Effective Dates**		
Code	**Benefits**	**SOC**	**Program / Description**	**MHS**	**MEG**	**DMC**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
9H	HF services only (no Medi-Cal)	No	The Healthy Families (HF) Program 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.	Yes	N/A	No			No
9R	CCS Services only (no Medi-Cal)	No	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)	Yes	N/A	No			No

MCHIP

California expanded Medicaid (Medi-Cal) eligibility for certain populations of children for the provision of health and mental health services. Known in California as MCHIP, services are reimbursed for "optional targeted low-income children" using the enhanced FMAP of 65% under Title XXI. These children are defined in federal law as targeted low-income children who would not otherwise qualify for Medicaid.

Title XXI Aid Codes (Enhanced FFP 65%) –MCHIP							**Effective Dates**		
Code	**Benefits**	**SOC**	**Program/Description**	**MHS**	**MEG**	**DMC**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
E1	Restricted to pregnancy and/or emergency services	No	Unverified citizens. Covers eligible unverified citizen children. One Month Medi-Cal to Healthy Families Bridge. Prenatal and Emergency Services Only. Covers services only to eligible children ages 0-19, who are unverified citizens	Yes	MCHIP	Yes	8/1/08		No
E2	Full	No	CHIP 2101(f) Citizen/Lawfully Present (Age 0-19, No premiums)	Yes	MCHIP	Yes	1/1/14	6/30/14	Yes
E4	Restricted	No	CHIP 2101(f) Undocumented (Age 0-19, No premiums) Restricted to emergency and pregnancy related services, and state-funded long term care services.	Yes	MCHIP	Yes	1/1/14	6/30/14	No
E5	Full	No	CHIP 2101(f) Citizen/Lawfully Present (Age 1-19, With premiums)	Yes	MCHIP	Yes	1/1/14	6/30/14	Yes
E6	Full	No	AIM infant above 213% to 266%	Yes	MCHIP	No	1/1/14		Yes
E7	Full	No	AIM infant above 250% to 300%	Yes	MCHIP	No	1/1/14		Yes
H0	Full	No	Hospital Presumptive Eligibility for Children age 6-19 (FPL above 108 percent up to and including 266 percent FPL).	Yes	MCHIP	Yes	1/1/14		Yes
H1	Full	No	Targeted Low Income FPL for infants. Provides full scope, no-cost Medi-Cal for infants who are U.S. citizens, have satisfactory immigration status, or unverified citizenship**. Coverage is up to the month of their first birthday or continues beyond one year, when in an inpatient status that began before the first birthday. Family income is above 200 percent up to 250 percent of the FPL.	Yes	MCHIP	Yes	1/1/13		Yes
H2	Full	No	Medi-Cal Targeted Low-Income FPL for Children Program. Provides full scope, no-cost Medi-Cal coverage to children with U.S. citizenship, satisfactory immigration status, or unverified citizenship; ages one through the month of the 6th birthday or continues when in an inpatient status which began before the 6th birthday for family income at or below 133 up to 150 percent of federal poverty level.	Yes	MCHIP	Yes	1/1/13		Yes

Title XXI Aid Codes (Enhanced FFP 65%) – MCHIP							Effective Dates		
Code	Benefits	SOC	Program / Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
H3	Full	No	Medi-Cal Targeted Low-Income FPL for Children Program. Provides full scope, Medi-Cal coverage with a premium payment to children with U.S. citizenship, satisfactory immigration status, or unverified citizenship; ages one through the month of their 6th birthday or continues when in an inpatient status which began before the 6th birthday, with family income above 150 percent up to 250 percent of the FPL.	Yes	MCHIP	Yes	1/1/13		Yes
H4	Full	No	Medi-Cal Targeted Low-Income FPL for Children Program. Provides full scope, no-cost Medi-Cal coverage to children with U.S. citizenship, satisfactory immigration status, or unverified citizenship; ages six through the month of the 19th birthday or continues when in an inpatient status which began before the 19th birthday for family income above 100 up to 150 percent of federal poverty level.	Yes	MCHIP	Yes	1/1/13		Yes
H5	Full	No	Medi-Cal Targeted Low-Income FPL for Children Program. Provides full scope, Medi-Cal coverage with premium payment to children with U.S. citizenship, satisfactory immigration status, or unverified citizenship; ages six through the month of the 19th birthday or continues when in an inpatient status which began before the 19th birthday, with family income above 150 percent up to 250 percent of FPL.	Yes	MCHIP	Yes	1/1/13		Yes
H6	Full	No	Hospital Presumptive Eligibility for infants (FPL above 208 percent up to and including 266 percent FPL).	Yes	MCHIP	Yes	1/1/14		Yes
H9	Full	No	Hospital Presumptive Eligibility for Children age 1-6 (FPL above 142 percent up to and including 266 percent FPL).	Yes	MCHIP	Yes	1/1/14		Yes
L2	Full	No	Age 1 through age 5, 0% to 142% FPL, citizen/lawfully present, uninsured	Yes	MCHIP	Yes	8/1/14		Yes
L3	Full	No	Age 1 through 5, 0% to 142% FPL, undocumented, uninsured	Yes	MCHIP	No	8/1/14		Yes
L4	Full	No	Age 6 through age 18, 0% to 108% FPL, citizen/lawfully present, uninsured	Yes	MCHIP	Yes	8/1/14		Yes
L5	Full	No	Age 6 through age 18, 0% to 108% FPL, undocumented, uninsured	Yes	MCHIP	Yes	8/1/14		Yes

Title XXI Aid Codes (Enhanced FFP 65%) – MCHIP							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
M5	Full	No	Expansion Child from 6 to 19 Yrs 101% through 133% FPL: Citizen/Lawfully Present.	Yes	MCHIP	Yes	1/1/14		Yes
M6	Restricted	No	Expansion Child from 6 to 19 Yrs 101% through133% FPL: Undocumented Restricted to pregnancy related, emergency, and long term care.	Yes	MCHIP	Yes	1/1/14		No
T0	Restricted	No	Infant up to 1 Yr. Undoc 201%-250% FPL (TLIC). Restricted to emergency and state funded long term care services.	Yes	MCHIP	No	1/1/14		No
T1	Full	No	Child from 6 to 19 Yrs: Citizen 151%-250% FPL (TLIC Premiums).	Yes	MCHIP	Yes	1/1/14		Yes
T2	Full	No	Child from 6 to 19 Yrs: Citizen 134%-150% FPL (TLIC).	Yes	MCHIP	Yes	1/1/14		Yes
T3	Full	No	Child from 1 to 6 Yrs: Citizen 151%-250% FPL (TLIC Premiums).	Yes	MCHIP	Yes	1/1/14		Yes
T4	Full	No	Child from 1 to 6 Yrs: Citizen 134%-150% FPL (TLIC).	Yes	MCHIP	Yes	1/1/14		Yes
T5	Full	No	Infant up to 1 Yr. Citizen 201%-250% FPL (TLIC).	Yes	MCHIP	Yes	1/1/14		Yes
T6	Restricted	No	Child from 6 to 19 Yrs: Undoc 151%-250% FPL (TLIC Premiums). Restricted to emergency and pregnancy related services, and state funded long term care services.	Yes	MCHIP	Yes	1/1/14		No
T7	Restricted	No	Child from 6 to 19 Yrs: Undoc 134%-150% FPL (TLIC). Restricted to emergency and pregnancy related services, and state funded long term care services.	Yes	MCHIP	Yes	1/1/14		No
T8	Restricted	No	Child from 1 to 6 Yrs: Undoc 151%-250% FPL (TLIC Premiums). Restricted to emergency and state funded long term care services.	Yes	MCHIP	No	1/1/14		No
T9	Restricted	No	Child from 6 to 19 Yrs: Undoc 134%-150% FPL (TLIC).). Restricted to emergency services and state funded long term care services.	Yes	MCHIP	No	1/1/14		No
5C	Full	No	Medi-Cal Presumptive Eligibility, Title XXI, HFP Transitional Children Provides no-cost, full scope, Medi-Cal coverage with no premium payment, to children with family income at or below 150 percent of the federal poverty level during the transition period until the annual eligibility review.	Yes	MCHIP	Yes	1/1/13		Yes

Title XXI Aid Codes (Enhanced FFP 65%) – MCHIP							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
5D	Full	No	Medi-Cal Presumptive Eligibility, Title XXI, HFP Transitional Children Provides full scope Medi-Cal coverage with a premium payment, to children with family income above 150 percent and up to 250 percent of the federal poverty level during the transition period.	Yes	MCHIP	Yes	1/1/13		Yes
7X	Full	No	One-Month Healthy Families (HF) Bridge (FFP). Provides one additional calendar month of health care benefits with no Share of Cost, through the same health care delivery system, to Medi-Cal-eligible children meeting the criteria of the HF Bridging Program.	Yes	MCHIP	Yes			Yes
8X	Full	No	Medically Indigent (MI)-Accelerated Enrollment (AE)-CHDP Gateway for Healthy Families. Provides for the pre-enrollment of CHILDREN into the Medi-Cal program that are Screened as Probable Healthy Families Eligibles. Provides Temporary, full scope Medi-Cal benefits with no SOC.	Yes	MCHIP	Yes			Yes
8N	Restricted to emergency services only	No	133 Percent Program (OBRA). Child Undocumented / Nonimmigrant Alien (but otherwise eligible except for excess property) (FFP). Provides emergency services only for children ages 1 up to 6 and 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.	Yes	MCHIP	No			No
8P	Full	No	133 Percent Program. Child – United States Citizen (with excess property), Permanent Resident Alien/PRUCOL Alien (FFP). Provides full-scope Medi-Cal benefits to children ages 1 up to 6 and 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.	Yes	MCHIP	Yes			Yes

Title XXI Aid Codes (Enhanced FFP 65%) – MCHIP							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
8R	Full	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident / PRUCOL / (IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.	Yes	MCHIP	Yes	1/1/12		Yes
8T	Restricted to pregnancy and/or emergency services	No	100 Percent Program. Child-Undocumented / Nonimmigrant Status / (IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when in patient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.	Yes	MCHIP	Yes			No

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
1U	Restricted to pregnancy and/or emergency services	No	Restricted Federal poverty level – Aged (Restricted FPL – Aged) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified aged individuals/couples who do not have satisfactory immigration status	Yes	Other	Yes			No
3T	Restricted to pregnancy and/or emergency services	No	Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment.	Yes	Other	Yes			No
3V	Restricted to pregnancy and/or emergency services	No	Section 1931(b) (FFP). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996.	Yes	Other	Yes			No

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		
Code	**Benefits**	**SOC**	**Program/Description**	**MHS**	**MEG**	**DMC**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
48	Restricted to pregnancy services only	No	Income Disregard Program. Pregnant – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.	Yes	Other	Yes			No
5F	Restricted to pregnancy and/or emergency services	Y/N	OBRA Aliens. Covers non-immigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal.	Yes	Other	Yes			No
5J	Restricted to pregnancy and/or emergency services	No	Pending disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with no SOC.	Yes	Other	No			No
5R	Restricted to pregnancy and/or emergency services	Yes	Pending disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with a SOC.	Yes	Other	No			No
5T	Restricted to pregnancy and/or emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.	Yes	Other	Yes			No
5W	Restricted to pregnancy and/or emergency services	No	Four Month Continuing (FFP). Provides four months of emergency and pregnancy-related benefits (no SOC) for aliens without SIS who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.	Yes	Other	Yes			No

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		
Code	**Benefits**	**SOC**	**Program/Description**	**MHS**	**MEG**	**DMC**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
55	Restricted to pregnancy and/or emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not Permanently Residing Under Color Of Law (PRUCOL). LTC services: State-only funds; Emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.	Yes	Other	Yes			No
58	Restricted to pregnancy and/or emergency services	Y/N	OBRA Aliens. Covers nonimmigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal.	Yes	Other	Yes			No
6U	Restricted to pregnancy and/or emergency services	No	Restricted Federal Poverty Level – Disabled (Restricted FPL-Disabled) Provides emergency and pregnancy-related benefits (no share of cost) to qualified disabled individuals/couples who do not have satisfactory immigration status.	Yes	Disabled	Yes			No
7C	Restricted to pregnancy and/or emergency services	No	100 Percent Program. Child – Undocumented / Nonimmigrant Status / [IRCA Amnesty Alien (Not ABD or Under 18)]. Covers emergency and pregnancy related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.	Yes	Other	Yes			No
7K	Restricted to pregnancy and/or emergency services	No	Continuous Eligibility for Children (CEC) program. Provides emergency and pregnancy-related benefits (no share of cost) to children up to 19 years of age who would otherwise lose their no share of cost Medi-Cal	Yes	Other	Yes			No
C1	Restricted to pregnancy and/or emergency services	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	Yes	Other	Yes			No
C2	Restricted to pregnancy and/or emergency services	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required	Yes	Other	Yes			No

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		
Code	**Benefits**	**SOC**	**Program/Description**	**MHS**	**MEG**	**DMC**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
C3	Restricted to pregnancy and/or emergency services	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	Yes	Disabled	Yes			No
C4	Restricted to pregnancy and/or emergency services	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.	Yes	Disabled	Yes			No
C5	Restricted to pregnancy and/or emergency services	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	Yes	Other	Yes			No
C6	Restricted to pregnancy and/or emergency services	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.	Yes	Other	Yes			No
C7	Restricted to pregnancy and/or emergency services	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.	Yes	Disabled	Yes			No
C8	Restricted to pregnancy and/or emergency services	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.	Yes	Disabled	Yes			No
C9	Restricted to pregnancy and/or emergency services	No	MI-Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.	Yes	Other	Yes			No
D1	Restricted to pregnancy and/or emergency services	Yes	MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.	Yes	Other	Yes			No

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		
Code	**Benefits**	**SOC**	**Program/Description**	**MHS**	**MEG**	**DMC**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
D2	Restricted to pregnancy and/or emergency services	No	Aid to the Aged – LTC (FFP) Covers persons 65 years of age or older who are medically needy and in LTC status	Yes	Other	Yes			No
D3	Restricted to pregnancy and/or emergency services	Yes	Aid to the Aged – LTC (FFP) Covers persons 65 years of age or older who are medically needy and in LTC status	Yes	Other	Yes			No
D4	Restricted to pregnancy and/or emergency services	No	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.	Yes	Disabled	Yes			No
D5	Restricted to pregnancy and/or emergency services	Yes	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.	Yes	Disabled	Yes			No
D6	Restricted to pregnancy and/or emergency services	No	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.	Yes	Disabled	Yes			No
D7	Restricted to pregnancy and/or emergency services	Yes	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.	Yes	Disabled	Yes			No
D8	Restricted to pregnancy and/or emergency services	No	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meets the eligibility requirements of medically indigent.	Yes	Other	Yes			No
D9	Restricted to pregnancy and/or emergency services	Yes	MI-Confirmed Pregnancy (FFP). Covers person's 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.	Yes	Other	Yes			No

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		
Code	**Benefits**	**SOC**	**Program/Description**	**MHS**	**MEG**	**DMC**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
G2	Restricted; Limited	No	Title XIX/Title XXI, Medi-Cal no SOC for undocumented state juvenile inmates. Medi-Cal benefits limited to covered inpatient hospital emergency and inpatient mental health emergency (Title XIX) and inpatient pregnancy-related (Title XXI) services only, for juvenile inmates in state correctional facilities who receive those services off the grounds of the correctional facility	Yes	Other	No	1/1/12		No
G6	Restricted; Limited	No	Title XIX/Title XXI, Medi-Cal no SOC for undocumented county juvenile inmates. Medi-Cal benefits limited to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX) and inpatient pregnancy-related (Title XXI) services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.	Yes	Other	No	1/1/12		No
G8	Restricted; Limited	Yes	Title XIX/Title XXI, Medi-Cal SOC for undocumented county juvenile inmates. Restricted/Limited- Medi-Cal limited to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX) and inpatient pregnancy-related (Title XXI) services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.	Yes	Other	No	1/1/12		No
G9	Restricted	No	Undocumented State Medical Parolees. Restricted – Medi-Cal benefits limited to covered emergency and pregnancy-related services only. Aid code G9 will be in the secondary segment in MEDS	Yes	Other	No	1/1/14		No
J3	Restricted	No	Compassionately released/Medical Probation County Inmates. Restricted – Medi-Cal benefits limited to covered emergency and pregnancy-related services only. The county is responsible for the non-federal share.	Yes	Other	Yes	1/1/14		No
J4	Restricted	Yes	Compassionately released/Medical Probation County Inmates. Restricted – Medi-Cal benefits limited to covered emergency and pregnancy-related services only. The county is responsible for the non-federal share.	Yes	Other	Yes	1/1/14		No

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		
Code	**Benefits**	**SOC**	**Program/Description**	**MHS**	**MEG**	**DMC**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
J6	Restricted	No	Compassionately released/Medical Probation County Inmates who reside in LTC facilities. Restricted – Medi-Cal benefits limited to covered emergency and pregnancy-related services only. The county is responsible for the non-federal share.	Yes	Other	No	1/1/14		No
J8	Restricted	No	Compassionately released/Medical Probation County Inmates who reside in LTC facilities. Restricted – Medi-Cal benefits limited to covered emergency and pregnancy-related services only. The county is responsible for the non-federal share.	Yes	Other	No	1/1/14		No
M0	Limited Scope -- Pregnancy Services/ Emergency Services	No	Pregnant Women 126% - 200%: FPL - Undocumented CHDP Funding: Baby using Mom's ID only 50/50 Final FPL 60% - 213% FPL	Yes	Other	Yes	1/1/14		No
M4	Restricted	No	Parent/Caretaker Relative at or below 125% FPL: Undocumented-Restricted to emergency, pregnancy related and long term care services.	Yes	Other	Yes	1/1/14		No
M8	Limited Scope: Pregnancy Services/ Emergency Services	No	Pregnant Women 0% through 125% FPL: Undocumented	Yes	Other	Yes	1/1/14		No
P6	Restricted	No	Children 6 to 19 years of age with 0 percent - 108 percent Federal Poverty Level, Undocumented, restricted to emergency services, pregnancy and long term care services.	Yes	Other	Yes	1/1/14		No

STATE ONLY AID CODES – NO FFP AVAILABLE							Effective Dates		
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	EPSDT
53	Restricted to LTC and related services	Y/N	Medically Indigent-LTC (Non-FFP). Covers persons age 21 or older and under 65 years of age who are residing in a Skilled Nursing or Intermediate Care Facility (SNF or ICF) and meet all other eligibility requirements of medically indigent, with or without SOC.	No	Other	No			No
65	Full	Y/N	1115 Waiver five months of eligibility for Evacuees of Hurricane Katrina. Applications 8/24/05 to 1/31/06. Final date of any waiver eligibility 5/31/06.	No	Other	No			Yes
0R	Restricted	No	BCCTP-State. Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for all-age males and females (regardless of age or immigration status). These individuals must have a high cost-sharing insurance (over $750/year); have a diagnosis of breast (payment limited to 18 months) and/or cervical (payment limited to for 24 months) cancer.	No	Other	No			No
0T	Restricted	No	BCCTP-State. Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for all-age males and females who are not eligible under aid codes 0P, 0R, or 0U regardless of citizenship, that are diagnosed with breast and/or cervical cancer. Does not cover individuals with other creditable insurance.	No	Other	No			No
8Y	Restricted CHDP services only	No	Covers CHDP eligible children who are also eligible for Medi-Cal emergency, pregnancy-related and Long Term Care (LTC) services.	No	Other	No			No
81	Full	Y/N	Medically Indigent Adult (MIA)– Adults Aid Paid Pending.	No	Other	No			No
R1	Full	Yes	CalWORKs TCVAP Trafficking Victims Funded 100% through county realigned funds.	No	N/A	Yes			Yes