

SB 75 Full Scope Aid Code List - with Restricted Aid Code Crosswalk (04/25/2016)

The chart below shows the full scope aid codes that will be used for the implementation of SB 75. The right side of the chart shows the corresponding restricted scope aid codes that beneficiaries under 19 are currently eligible for when they do not have satisfactory immigration status. CalHEERS and SAWS will use this chart to ensure the proper full scope aid code is programed into their eligibility systems.

	Coverage Group	Full Scope Aid Code	Description	Restricted Scope Aid Code	Description
Pre ACA **	Parents/Caretaker Relative	3N	1931(b)	3V	1931(b) parents/caretaker relative
	Percent Programs Children	47	200% Infant Citizen	69	200% Infant OBRA
		72	Citizen/Lawful Permanent Resident/PRUCOL/Conditional Status (Age 1-6) 133%	74	Undocumented Temporary VISA (OBRA) FPL 133%
		7A	Citizen Child FPL 100% (Ages 6-19)	7C	OBRA Child FPL 100%
		8P	Excess Property Child FPL 133% (Ages 1-6)	8N	Excess Property Child – ESO FPL 133%
	Property Disregard	8R	Excess Property Child FPL 100% (Ages 6-19)	8T	Excess Property Child – Pregnancy + ESO FPL 100%
		Pregnant Women	44	Pregnant Citizen FPL 200%	48
	Consumer Protection Program		3N	1931(b)	5F
		7J	CEC	7K	CEC -Undocumented
		39	Initial TMC	3T	Initial TMC - ESO
		59	Continuing TMC	5T	Continuing TMC - ESO
		54	Four Month Continuing	5W	Four Month Continuing – Pregnancy + ESO
	Bridge Program	7X	Medi-Cal to Healthy Families Bridge	E1	Medi-Cal to Health Families Bridge - Unverified Citizen
MAGI	ACA Child	P5	ACA Child 6-19 Yrs: Citizen FPL 0 -133%	P6	ACA Child 6-19 Yrs: Undocumented
		P7	ACA Child 1-6 Yrs: Citizen FPL 0-142%	P8	ACA Child 1-6 Yrs: Undocumented
		P9	ACA Infant 0-1 Yrs: Citizen FPL 0-208%	P0	ACA Infant 0-1 Yrs: Undocumented
	OTLIC	T1	Child 6-19 Yrs: Citizen (OTLIC Premium) FPL 160-266%	T6	Child 6 -19 Yrs: Undocumented (OTLIC Premium) FPL 160-266%
		T2	Child 6-19 Yrs:Citizen (OTLIC) FPL 133-160%	T7	Child 6 -19 Yrs: Undocumented (OTLIC) FPL 133-160%
		T3	Child 1-6 Yrs:Citizen (OTLIC Premium) FPL 160-266%	T8	Child 1-6 Yrs: Undocumented (OTLIC Premium) FPL 160-266%
		T4	Child 1-6 Yrs:Citizen (OTLIC) FPL 142-160%	T9	Child 1-6 Yrs: Undocumented (OTLIC) FPL 142-160%
		T5	Infant up to 1 Yr: Citizen (OTLIC) FPL 208-266%	T0	Infant up to 1 Yr: Undocumented (OTLIC) FPL 208-266%
	Pregnant Women	M7	Pregnant Women Citizen FPL 0-60%	M8	Pregnant Women Undocumented FPL 0-60%
		M9	Pregnant Women Citizen FPL 60-213%	M0	Pregnant Women Undocumented FPL 60-213%
	Expansion Child	M5	Expansion Child 6-19 Yrs: Citizen/Lawful Presence FPL 108-133%	M6	Expansion Child 6-19 Yrs: Undocumented FPL 108-133%
	Parent/Caretaker Relative	M3	Parent/Caretaker Relative FPL <109%	M4	Parent/Caretaker Relative FPL <109%
		27	Blind Medically Needy - SOC	C4	Blind Medically Needy - SOC
Non-MAGI Share of Cost	Medically Needy: AFCD/Blind/Disabled	37	AFDC Medically Needy - SOC	C6	AFDC Medically Needy - SOC
		67	Disabled – Medically Needy - SOC	C8	Disabled – Medically Needy - SOC
		TBD	See Chart #2 below	58	OBRA Aliens
		83	Medically Indigent Child - SOC	D1	Medically Indigent Child - SOC
	LTC	23	Blind LTC - SOC	D5	OBRA Aliens not PRUCOL: Blind LTC - SOC
		63	Disabled LTC - SOC	D7	OBRA Aliens not PRUCOL: Disabled LTC - SOC
		G7	County Juvenile Inmate -SOC	G8	County Juvenile Inmate -SOC
	Inmate	J2	Compassionate Release/County Medical Probation - SOC	J4	Compassionate Release/County Medical Probation Undocumented - SOC
		J7	County Compassionate Release - SOC	J8	County Compassionate Release Undocumented SOC
		24	Blind Medically Needy	C3	Blind Medically Needy
Medically Needy: AFCD/Blind/Disabled	34	AFDC Medically Needy	C5	AFDC Medically Needy	
	64	Disabled – Medically Needy	C7	Disabled – Medically Needy	
	82	Medically Indigent Child	C9	Medically Indigent Child	

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Non-MAGI No Share of Cost	Blind/Disabled FPL	2H	Blind FPL	N/A	No Restricted Undocumented Aid Code
		6H	Disabled FPL	6U	Disabled FPL
		TBD	See Chart #2 below	58	OBRA Aliens
	LTC	23	Blind LTC	D4	OBRA Aliens not PRUCOL: Blind LTC
		63	Disabled LTC	D6	OBRA Aliens not PRUCOL: Disabled LTC
	Inmate	G1	State Juvenile Inmate	G2	State Juvenile Inmate
		G5	County Juvenile Inmate	G6	County Juvenile Inmate Undocumented
		G0	State Parolee Inmate	G9	State Medical Parolee
		J1	Compassionate Release/County Medical Probation	J3	Compassionate Release /County Medical Probation Undocumented
		J7	County Compassionate Release	J8	County Compassionate Release Undocumented

** Starting January 2016, the children in the Pre-ACA restricted aid codes should be transitioned into MAGI restricted aid codes due to completion of 2015 renewals

Chart #2: Restricted Scope Aid Code 58

	Coverage Group	Full Scope Aid Code	Description	Restricted Scope Aid Code	Description
Non-MAGI No Share of Cost/ Share of Cost	Medically Needy/ Medically Indigent	24	Blind Medically Needy (No-SOC)	58	OBRA Aliens (Blind Medically Needy (No-SOC))
		27	Blind Medically Needy (SOC)	58	OBRA Aliens (Blind Medically Needy (SOC))
		34	AFDC Medically Needy (No-SOC)	58	OBRA Aliens (AFDC Medically Needy (No-SOC))
		37	AFDC Medically Needy (SOC)	58	OBRA Aliens (AFDC Medically Needy (SOC))
		64	Disabled Medically Needy (No-SOC)	58	OBRA Aliens (Disabled Medically Needy (No-SOC))
		67	Disabled Medically Needy (SOC)	58	OBRA Aliens (Disabled Medically Needy (SOC))
		82	Medically Indigent Child (No-SOC)	58	OBRA Aliens (Medically Indigent Child (No-SOC))
83	Medically Indigent Child (SOC)	58	OBRA Aliens (Medically Indigent Child (SOC))		