STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P O BOX 942732
AMENTO, CA 94234-7320
(916) 657-2941

September 15, 1995

ACWDL Information Letter No.: I-95-22

To: All County Medi-Cal Program Specialists/Liaisons
All County MEDS Coordinators

MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS) QUICK REFERENCE SHEET

The purpose of this letter is to distribute the MEDS Quick Reference Sheet (MQR), formerly known as the MEDS Cheat Sheet. The MQR has been updated and has been reformatted in alphabetical order. It now contains information on transactions, inquiry screens, and important phone numbers along with definitions of common MEDS data elements found on MEDS screens. We hope it proves useful to you.

In order to keep the MQR updated and useful to counties and State staff, please report any errors, changes, or items you would like to see on the next, updated MQR.

Please submit changes to:

Ms. Bonnie Kinkade
Department of Health Services
714 P Street, Room 1650
P.O. Box 94234-7320
Sacramento, California 94234-7320
Fax Number (916) 657-3224

If you have any questions, please contact Ms. Bonnie Kinkade of my staff at (916) 657-1469.

Sincerely,

Original signed by

Ricardo Bustamante for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

MEDS QUICK REFERENCE - PAGE 1

ELIG 0190

1st Digit = Medi-Cal/CMSP/Other Eligible Status 0191

0 Eligible with No Conditions (Includes Zero SOC)
1 Share of Cost to be Met by LTC Claim
2 LTC/SOC Plus Other Conditions - See #1 & #3
3 Other Conditions - Certified SOC, Restricted Service, Minor Consent or Partial Health Care Plan (HCP)
4 Full Service HCP
5 Unmet Share of Cost Obligation (Uncertified)
6 Health and Welfare Program, Other than Medi-Cal/ CMSP Eligible (SLMB, QDWI, & Out-of-State Foster Care, Unborn)
7 Hold
8 QMB Pending Part A & B Confirmation
9 Ineligible

ADDRESS FLAG 0305

Blank Address Presumed Valid
0 Address to which a BIC has been Mailed
2 Undeliverable Address (Input Failed Edits)
3 Terminated Foster Care, Address Presumed Undeliverable
4 SSI/SSP Recipient Address Undeliverable per SSA
5 BIC Returned as Undeliverable

ALIAS/SSA-NAME-CODE 9035

0 Name and Birthdate Validated Via the SSA Referral Process
1 Name Reported by a County as a Social Security Name
2 Other Alias Name
8 Name and Birthdate Validated via a Prior Validation/Referral Process
9 Name and Birthdate Validated via the State/SSA Valida' 'rocess

ELIG 0190 (CONT.)

2nd Digit = Normal/Exception Eligibility 0192

0 Normal Eligible
1 Reported More than 1 Month Prior*
2 Reported 1 Month Prior*
3 Reported in Current Month*
*1-3 Unconfirmed Immediate Need Eligible

4 Forced Eligible/Late Termination
5 Normal Eligible/Unconfirmed SOC Certification
6 Unconfirmed Immediate Need Eligible with Unconfirmed SOC Certification

7 Exception Eligible**
8 Forced Eligible from MEDS Hold**
9 Not Defined

**Not Being Used Yet

DEATH-CD 2019
(SOURCE OF DEATH INFORMATION)

M Medi-Cal Eligibility Branch
P County Pickle Status Update
R Returned Card
S SSA SSI/SSP Update
V Vital Records System

ESAC 9109

0 (ZERO) County Reported SSI/SSP Eligible (EW15)

Ongoing Eligibility
1 New Eligible
2 Inter/Intra Program Transfer
3 Other County ID Change
4 Exception Eligibility Beyond Normal Age Limit

ELIG 0190 (CONT.)

3rd Digit = Timeliness/Misc. Information 0193

1 Regular Eligible Reported Timely
2 Regular Eligible Reported Retroactively
3 3 Month Retroactive Eligible

4 Continuing Eligible Reported Timely
5 Continuing Eligible Reported Retroactively
6 Ramos/Pickle/IHSS/Other Extended Eligible

7 Aid Paid Pending Ramos/Myers
8 Hold from LTC/SOC Status
9 Ineligible or Regular Hold

ESAC 9109 (CONT.)

Closed Eligibility Period
6 Eligible
7 Inter/Intra Program Transfer
8 Other County ID Change
9 Exception Eligibility Beyond Normal Age Limit

Other Status
A Unborn
B Hold, Questionable Eligibility
C Hold, Possibly Deceased
D Hold, Pending Federal Review
F QMB, Pending Part A Confirmation (Treated by MEDS like ESAC 1)
P Pending Application (PE)
Q Drop Pending Change
R Release Hold

MEDS QUICK REFERENCE - PAGE 2

ETHNIC 0115

1 WHITE
2 HISPANIC
3 BLACK
4 ASIAN OR PACIFIC ISLANDER
5 ALASKAN NATIVE OR AMERICAN INDIAN
7 FILIPINO
A AMERASIAN
C CHINESE
H CAMBODIAN
J JAPANESE
K KOREAN
M SAMOAN
N ASIAN INDIAN
P HAWAIIAN
R GUAMANIAN
T LAOTIAN
V VIETNAMESE

GOVT-RESP 0125

1 County Controlled
2 Federal or State Controlled
3 Terminated from Federal Control
6 Truncated/IE/RR or Food Stamp Only
9 Frozen

HCP-REAS 1004

A Aid Code not covered
C County not covered
I Ineligible (i.e. 999)
Z Zip Code not covered

HCP STATUS 1019

00 Voluntary Disenrollment - No Capitation Paid
01 Active Enrollment - Capitation Paid
05 HCP Hold Due to Hold on Recipient Medi-Cal Eligibility - No Capitation paid
09 Mandatory Disenrollment - No Capitation Paid
10 Voluntary Disenrollment - Capitation - Recovery Required
19 Mandatory Disenrollment - Capitation - Recovery Required
40 Voluntary Disenrollment Occurred Before Enrollment Became Effective
49 Mandatory Disenrollment Occurred Before Enrollment Became Effective
51 Enrollment Activated from HCP Hold - Supplemental Capitation to be Paid at End of Month
59 HCP Hold Due to Change in Status Other than Hold on Medi-Cal Eligibility - No Capitation Paid (See HCP Reason)

P4 Plan Initiated Enrollment, Application Accepted
SO Voluntary Disenrollment - Capitation - Recovery Processed
S1 Active Enrollment - Supplemental Capitation Paid
S9 Mandatory Disenrollment -Capitation Recovery Processed

SPECIAL CONSIDERATION FOR HCP STATUS:
'51' is updated to 'S1' when renewal initiates payment of capitation.

'10' and '19' are updated to 'S0' and 'S9' after renewal initiates recovery of capitation.

MEDS renewal retroactively terminates an HCP enrollment after two consecutive months of HCP hold, effective the first hold month.

HEALTH INSURANCE SYSTEM: Scope of Coverage

COVERAGE CODE	SERVICE
D	Dental
I	Hospital Inpatient
L	Long Term Care
M	Medical and Allied Services
O	Hospital Outpatient
P	Prescription Drugs
V	Vision Care

If coverage unknown, OHC is regarded as comprehensive - Provider must bill OHC carrier for all services

LANGUAGE 0120

0 AMERICAN SIGN LANGUAGE (ASL)
1 SPANISH
2 CANTONESE
3 JAPANESE
4 KOREAN
5 TAGALOG
6 OTHER NON-ENGLISH
7 ENGLISH
8 NO VALID DATA REPORTED
A OTHER SIGN LANGUAGE
B MANDARIN
C OTHER CHINESE LANGUAGES
D CAMBODIAN
E ARMENIAN
F ILACANO
G MIEN
H HMONG
I LAO
J TURKISH
K HEBREW
L FRENCH
M POLISH
N RUSSIAN
P PORTUGUESE
Q ITALIAN
R ARABIC
S SAMOAN
T THAI
U FARSI
V VIETNAMESE

MEDS QUICK REFERENCE - PAGE 3

State and Federal Transactions

BINQ	Buy-In Update Request
BI30	Buy-In Update Part B
BI35	Buy-In Update Part A
BI60	Buy-In Exception Deletion Part B
BI65	Part A Accretion/Deletion
BR30	BRU SOC Certification for an Individual [F11]
BR50	BRU Certification over 12 Months Prior
DP30	Returned Card/Deceased
MB30	MEB Update (Also Used by County for Death Reversal/Removal) [F10]
OC30	Modify OHC/ID Card Request (Health Insurance Section)
PE15	Report Pregnancy Presumptive Eligibility
PH30	Modify HCP Enrollment Record
PH40	HCP Disenrollment
RB30	Returned BIC
RB31	Returned BIC/Deceased
SD10	SDX Recipient MEDS-ID Number Change
SD20	SDX Recipient Add/Update
SS10	SSN Referral Update
SS30	SSN Validation Update
SU30	S/URS Status Change (Service Restrictions, i.e. Hospice, Restricted Doctor Visits Etc.)

MEDICARE 0849

1st Digit = Part A (Hospital)
2nd Digit = Part B (Medical)

0 or Blank	No Coverage
1	Paid for by Beneficiary
2	Paid for by State Buy-In
3	Free (Part A Only)
4	Paid by Other Entity (Part B Only)
5	Buy-In Reject, Eligible per Bendex
6	Buy-In Reject, Presumed Eligible
7	Presumed Eligible
8	Buy-In Reject, Not Presumed Eligible
9	Aged / [illegible]eligible for Medicare

MEDS TRANSACTION CODES

County Transactions

EW05	Transfer County of Responsibility [F1]
EW10	MEDS-ID Number Change [F2]
EW11	MEDS-ID Number Consolidation [Shift F2/F14]
EW15	Report Immediate Need Eligibility [F3]
EW20	Add New Client Record [F4]
EW25	Modify Whole Case [F5]
EW30	Modify Current/Future (Individual) [F6]
EW31	Modify History/Miscellaneous (Individual) [Shift F6/F18]
EW34	Modify Applicant/Appeal Information
EW35	Termination or Hold Status Change (Whole Case) [F7]
EW40	Termination/Hold Status Change (Individual) [F8]
EW45	Request Replacement ID Card [F9]
EW55	SSI/SSP Modify/ID Card Request [Shift F3/F15]
EW60	Modify Pickle Status Information
FX10	MEDS-ID Number Change (Food Stamp Only Recipient)
FX20	Add New Food Stamp Recipient Record [Shift F4/F16]
FX30	Modify Food Stamp Record (Individual) [Shift F5/F17]

Other Transactions

Type in abbreviation unless PF keys listed or as indicated

ACEM	Assistance to Children in emergency (aka: ACE)
HIAR	Health Insurance Action Request Menu
HOME	Homeless Program Main Menu
IEVS	Income and Eligibility Verification System (or use [Shift F7/F19])
INQN	Name Inquiry Request (or use [Shift F10/F21])
INQR	Inquiry Request Menu (or use [F12])
	Options within INQR
A	Address Information
B	Buy-In and Bendex
F	Food Stamp
H	Health Care Plans and Other Health Coverage
M	Medi-Cal/CMSP - Primary
O	Other Miscellaneous
P	Pending/Denied Applications
X	Title XVI - SSI/SSP
1	Medi-Cal/CMSP - Special Program 1
2	Medi-Cal/CMSP - Special Program 2
3	Medi-Cal/CMSP - Pending
4	Medi-Cal/CMSP - Future Pending
5	Medi-Cal/CMSP - Medi-Cal/CMSP - 13-15 Months Prior
INQW	Whole Case Inquiry Request (or use [Shift F11/F23])
INWA	Request for Online Worker Alert Inquiry (or use [Shift F8/F20])
INXR	Cross Reference File Inquiry Request (or use [Shift F9/F21])
MENU -	Inquiry Request Menu
	Menu Inquiry Options Include
R	INQR - Recipient Record [F12]
N	INQN - Name List [F22]
W	INQW - Whole Case List [F23]
X	INXR - Cross Reference File [F21]
A	INWA - Online Worker Alerts
I	IEVS - Income/Eligibility Verification
S	SOCR - SOC Case Makeup

For Detailed Explanations of the Inquiry Options Listed Use [F13]

SOCO	Share of Cost Obligation
SOCR	Share of Cost Case Make-[illegible] [illegible]quiry Request

MEDS QUICK REFERENCE - PAGE 4

OHC - OTH -COV 1109

Pay and Chase OHC
- A Any Single Carrier
- M Two or More Carriers
- X Blue Shield
- Z Blue Cross

Cost Avoidance OHC
- B Blue Cross
- C Champus Prime
- D Prudential
- E Aetna
- F Medicare HMO
- G General American
- H Mutual of Omaha
- I Metropolitan Life
- J John Hancock
- K Kaiser
- L Dental Only Policies
- P PHP/HMO's & EPO (Exclusive Provider Option) Not Otherwise Specified
- S Blue Shield
- T Travelers
- U Connecticut General/Equicor/Cigna
- V Variable
- W Great West Life
- 2 Provident Life and Accident
- 3 Principal Financial Group
- 4 Pacific Mutual Life
- 5 Alta Health Strategies
- 6 AARP
- 8 New York Life

Other OHC Related Codes
- N None
- O Override (Used to Remove Cost Avoidance Codes) - Changes OHC to N

OHC - SOURCE 1129

- C or Blank County
- H Health Insurance Unit
- T Insurance Information Exchange with Carrier

OVERPAYMENT RECOVERY INDICATOR 2020

See Q/M Page under 'Recovery'

- Blank No Overpayment
- 1 AFDC Overpayment
- 2 Food Stamp Overpayment
- 3 AFDC and Food Stamp Overpayment (System Generated)

PAYMENT STATUS CODES 0625

Common SSI/SSP Payment Status Codes
See QX Page under Payment Status

- C0 Current Pay
- E01 Eligible but No Payment Due (Many Times these are in LTC)
- N01 Nonpay Recipient's Countable Income Exceeds Title XVI Payment Amount and His/Her State's Payment Standard
- N02 Nonpay Recipient Is Inmate of Public Institution
- N03 Nonpay Recipient Is Outside U.S.
- N04 Nonpay Recipient's Nonexcludable Resources Exceed Title XVI Limitations
- N10 Failure to Comply with Approved Drug or Alcohol Treatment Plan
- N11 Benefit Sanction Month because of Failure to Comply with Approved Treatment Plan
- S06 Suspended Recipient's Address Unknown
- S08 Suspended Representative Payee Development Pending
- T01 Terminated Death of Recipient
- T30 Terminated (Manual Termination) Sort of an "Other" Category
- T31 Terminated (Syster [illegible]erated Termination) Sort of an "Other" Category

IMPORTANT PHONE NUMBERS
****NOT TO BE GIVEN OUT TO THE PUBLIC*****

MEDS CONTROL DESK (DATA GUIDANCE)
☎ (916) 657-3075

Use this number if there is a problem or question concerning the printing of reports such as Worker Alerts, SAVE, IEVS, TAO MESSAGES OR MEDS BROADCAST MESSAGES.

MEDS HOTLINE
☎ (916) 654-0341

Use this number if there is a problem or question concerning MEDS processing, missing cards or when instructed by a MEDS error message. HOTMEDS form monitored by MEDS Hotline.

☎ (916) 654-0341 - Use HOTMEDS form on TAO if a non-emergency.

HWDC TP HELP DESK
☎ (916) 739-7640

Use this number if there is a problem or question concerning MEDS or CDB equipment, i.e. terminal won't work, printer won't print, etc.

MEDS SECURITY COORDINATOR
(OR TECH SUPPORT NUMBERS)
☎ (916) 657-0611
☎ (916) 657-3698
☎ (916) 657-1010

Use these numbers for MEDS or TAO security or for problems with passwords, unable to signon, MEDS 41 questions, MEDS print alignment, etc.

Note: These numbers are only to be used by the County Security Coordinator when a security issue.

HOSPICE REMOVAL
☎ (916) 657-1451 ASK FOR HOSPICE CLERK

FOR ALL NEWEST PHONE NUMBEF [illegible]E TAO BULLETIN BOARD...

MEDS QUICK REFERENCE - PAGE 5

PICKLE

Potential Pickle Eligibles
1st Byte - See Pickle Type
2nd Byte - See Pickle Status

PICKLE TYPE 2031
First Digit on QM Screen 'Pickle'

Potential Pickle Eligibles

A Potential Pickle Based on Aid Code
C COLA Terminated SSI/SSP Eligible
M Potential Pickle Moved into State
P Potential Pickle Identified by County
T Terminated SSI/SSP Recipient Also Receiving Title II Benefits

SSP Reduction Eligibles

Q0 2.3% Beneficiaries
R0 2.7% Beneficiaries
S0 5.8% Beneficiaries

Note: M and P Are County Reported, All Other Types Are MEDS Generated. A, M and P Are Removable/Can Be Changed by the County

PICKLE STATUS 2032
Second Digit on QM Screen 'Pickle'

0 No Update Received (MEDS Generated)
(Only Records Coded with 'C0' Are Included on 503 Leads Tape. When a County Reports LTC Aid Codes or Term Reasons 01(death) or 98 (Whereabouts Unknown), the 'C0' Stays on MEDS but the Record Goes Off the 503 Leads Tape.)

1 Potential Pickle Eligible (Also Posted by MEDS If Pickle Aid Code Reported)
(Used with EW60 to Remove a Potential Pickle from 503 Leads and onto Pickle Tickler. Can Change C2's and C3's Back to C1.)

2 Recipient Requested Not to Be Contacted
(Used to Remove Potential Pickle from 503 Leads and onto Pickle Tickler.)

3 Loss of Contact/Whereabouts Unknown
(Used to Remove Potential Pickle from 503 Leads and onto Pickle Tickler.)

7 Remove Erroneously Reported Potential Pickle (Pickle Types A, M or P)

8 Immediate Need SSI/SSP Card Issued Pending SSA Eligibility Confirmation (MEDS Generated)

9 Deceased
(Places Death Source of P and Death Date which is Filled in with the Date the Death Was Posted, Does Not Change Pickle Status)

- 503 Leads - Includes Persons Who Are Terminated from SSI/SSP During January Because of a COLA
- Pickle Tickler - Persons Who must Be Tracked for Future Pickle Eligibility

REASON-FOR-ISSUANCE 9055

Full Complement

01 Initial Card for New Eligible or Immed. Need Eligible
02 ID Card Not Received
03 Incorrect Card - Returned with both MEDI Labels Intact
04 Mutilated Card - Returned with both MEDI Labels intact

POE Only/BIC Replacement

21 Lost/Stolen/Mutilated/Incorrect or Paper Cards
22 Additional Labels Required

REFUGEE/ALIEN 2009

County Input Values

1 Indochinese Refugee
7 Other Refugee
8 Cuban/Haitian Refugee
9 Aged Alien (Medicare Ineligible Alien and Not 1, 7, or 8)
0 (Zero) Other Alien (12/95)

Federal Input Values

F Section 203(a)(7) Alien (Other Refugee)
G Section 203(d)(5) Alien (Parolee)
H Silva vs. Levi Alien
I Indochinese Alien
J Deferred Status Alien
K Other Legal Alien
L Section 208, Asylum Class (Cuban-Haitian)
M Residents of the Northern Mariana Islands
P Pre-1948 Alien (Presumed Legal)
V Citizenship Verification Overridden by DO (Obsoleted 9/80)

MEDS QUICK REFERENCE - PAGE 6

RESTRICT 1229/9129

1st and 2nd Digit - Restricted Status,
3rd Digit - Sensitive Services

Service Restrictions
3rd Digit is Limited Access or Minor Consent

010/011 Drug Restriction
050/051 Restricted Scheduled Drugs
110/111 Restricted M.D. Visits
120/121 Restricted M.D. Visits and Drugs
150/151 Restricted to Primary M.D. & Drugs
900/901 Hospice Services only
950/951 Transfer of Assets (LTC) Restriction

001 Limited Access Record

Minor Consent
004 * Sexually Transmitted Disease
005 * Mental Health
006 Sexual Assault
007 Drug and/or Alcohol
008 Pregnancy or Family Planning
009 * Venereal Disease
*Must be between 12-21 years old
Note: Highest minor consent service covers all services with lower numbers

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RETRO (WAS PRE/POST CD) 9169

Three Month Retroactive Eligibility
0 Retroactive Month(s)
1 1st Month Prior
2 2nd Month Prior
3 3rd Month Prior
4 1st and 2nd Months Prior
5 1st and 3rd Months Prior
6 2nd and 3rd Months Prior
7 1st, Second and Third Months Prior

Numbers 1 through 7 Identify which Month(s) Prior to the Application have the Same Eligibility as the Effective Month

SEX 0110

F Female
M Male
U Unborn

SSN-VER 0106

0 SSN-Ver Previously Submitted to MEDS
2 SSN Application Filed at SSA District Office - Confirmation Received by County
3 SSN Sight Verified by County Welfare
5 SSN Not Sight Verified, SSA Referral Initiated
6 No SSN, SSA Referral Initiated
7 No Valid Input on County or MEDS
8 SSN Unattainable - Undocumented Person
9 SSN Not Reported- Pre-Adoptive Person
A SSN Validated via SSA Referral
B SSN Validated via SSA Referral - Birthdate Discrepancy Identified
C SSN Validated via SSA Referral - Sex Discrepancy Identified
D SSN Validated via SSA Referral - Sex and Birthdate Discrepancy Identified
J SSN Validated via State Validation
K SSN Validated via State Validation - Birthdate Discrepancy Identified
L SSN Validated via State Validation - Sex Discrepancy Identified
M SSN Validated via State Validation - Sex and Birthdate Discrepancy Identified
P Previously Validated - SSN Changed by SSI/SSP Update or byMEB
Q Previously Validated - Birthdate Changed Outside Acceptable Range
R Previously Validated - SSN-Ver Code Changed by MB30
T Unvalidated - SSN Validated, Not Applied to MEDS Due to a Subsequent Birthdate Change

SSN-VER 0106 (CONT.)

U SSA Referral Matched MEDS, Reported New SSN, MEDS ID Change Notice Sent to County
V Unvalidated - SSA Referral Update Failed, Insufficient Matching Fields on MEDS
W Unvalidated per SSA - Name Matched, Birthdate Did Not Match
X Unvalidated per SSA - Name Matched, Birthdate and Sex Did Not Match

MEDS Input Values
Y Unvalidated per SSA - Name Did Not Match, Birthdate and Sex Not Checked
Z Unvalidated per SSA - SSN Not Known to SSA's Numident File

Note: 7 and All Alphas Are MEDS Generated

WELFARE-PGM* 0195

MEDS Current or History

Welfare Program/s Recipient eligible for:

001 Medi-Cal without AFDC Cash Grant
003 Medi-Cal and AFDC Cash Grant
004 Food Stamps Only
005 Medi-Cal and Food Stamps
007 Medi-Cal, AFDC Cash Grant and Food Stamps

* AKA Global Program Indicator

MEDS QUICK REFERENCE - PAGE 7

TERM REAS 0185

*Note: * Reason Applies Only to Medi-Cal/CMSP*
#Indicates Acceptable Edwards Term Reason (Will Terminate /Prevent Establishment of Edwards)

#01	Discontinuance Due to Death
#03	Discontinuance at Recipient Request (MC Only, AFDC/MC)
#04*	Failure to Cooperate (MC Only)
05	Increased Earnings of Father
06	Increased Earnings of Mother
07	Increased Earnings of Child
08	Increased Earnings of Stepfather
09	Other Increased Earnings in Home
17	Increased Support - Absent Parent Return
18	Increased Support - Remarriage of Parent
19	Increased Support - Absent Father
#20	Term. Medi-Cal (Allegation of Disability)
21	Increased Support - Other Outside Source
22	Increased Income from OASDI
23	Increased Income from Other Federal Program
24	Increased Income from Veterans Benefits
27	Increased Income - Unemployment/Disability Insurance
28	Increased Income - Other State/Local Program
29	Increased Income - Non-Government Program
32	Increased Income from Any Other Source
33*	Increase in Real Property
34*	Increase in Personal Property
#35	AFDC Term, MEDS Eligibility Reported under Another MEDS ID by County Agency (i.e. Foster Care)
36	"Need" Change: Law or Policy/Determination
37	Decrease in "Need"
#38	Determined Ineligible for Medi -Cal Only
39	Financial Reason Not Codes 36 or 37
40	Par[illegible] No Longer Incapacitated
#44*	R[illegible]t of a Public Institution
45	Parent Returned Home or Remarried
46	Change in Law or Agency Policy
47	No Longer Eligible Child in Home
#48*	Loss of Legal Residence
50*	Refused to Comply - Property Utilities Requirement
52	Refused to Participate in Gain Program
53	Refused to Seek Work in Program other than Gain
54	Refused to Accept Work - EDD Referral
55	Refused to Accept Work - Other Referral
56	Refused Training/Education (Not Gain)
#57	AFDC Recipient has been Transferred into the SSI Program
59*	Other than 50-70
60*	Refused to Provide CA7or Medi -Cal Status Report
61*	Refused to Provide Essential Information (Non-CA7)
70	Refused to Register with EDD
93	Transferred to AFDC-FG from AFDC-U
94	Transferred to AFDC-U from AFDC-FG
95	Transferred to AFDC-FC from AFDC-FG or U
96*	Transferred to Another County
97	Discontinued at Recipient Request
#98*	Whereabouts Unknown
99*	Other than 01-98 above

System Generated Hold Reasons

B	Hold, Questionable Eligibility
D	Hold, Pending Federal Review
J	Hold, Rejected Eligibility Status Change
K	Hold, Questionable Eligibility, Reconcile Birthdate Discrepancy
L	Hold, Questionable Eligibility, Reconcile County ID Discrepancy
M	Hold, Possible Termination, No Record on Reconcile File

System Generated Term Reasons

AA	Out of State Foster Care (Per ZipCode)
CC	CMSP Companion Without Corresponding Primary Eligibility
D1	Death Reported via Returned Card
D2	Death Reported by MEB
D3	Death Reported by Vital Statistics
D4	Death Reported by SDX
FF	Terminated by State via a File Fix
M1	Terminated by MEB
M2	Death Removed by MEB, No Eligibility
PP	Pregnancy/FPL/Percentage Program Expired
SS	Renewal Terminated after 2 Mos. Hold
TT	CMSP Aid Code/Non-CMSP County
VV	Pickle Presumptive Termination
WW	Renewal Terminated Current Aid Code Invalid
YY	Terminated by Meds after 4 Mos. Continuing Eligibility
ZZ	Terminated by MEDS after 6 Mos. Continuing Eligibility

COUNTY MEDS PROGRAM STATUS

	COUNTY	COUNTY PROGRAM	CMSP COUNTIES
01	ALAMEDA	C	
02	ALPINE	O	X
03	AMADOR	O	X
04	BUTTE	S	X
05	CALAVERAS	O	X
06	COLUSA	S	X
07	CONTRA COSTA	C	
08	DEL NORTE	O	X
09	EL DORADO	X	X
10	FRESNO	C	
11	GLENN	S	X
12	HUMBOLDT	X	X
13	IMPERIAL	X	X
14	INYO	O	X
15	KERN	S	
16	KINGS	S	X
17	LAKE	X	X
18	LASSEN	S	X
19	LOS ANGELES	X	
20	MADERA	S	X
21	MARIN	S	X
22	MARIPOSA	O	X
23	MENDOCINO	S	X
24	MERCED	X	
25	MODOC	O	X
26	MONO	O	X
27	MONTEREY	X	
28	NAPA	S	X
29	NEVADA	C	X
30	ORANGE	C	
31	PLAC	C	
32	PLUMAS	S	X
33	RIVERSIDE	X	
34	SACRAMENTO	C	
35	SAN BENITO	O	X
36	SAN BERNARDINO	X	
37	SAN DIEGO	C	
38	SAN FRANCISCO	C	
39	SAN JOAQUIN	S	
40	SAN LUIS OBISPO	C	
41	SAN MATEO	C	
42	SANTA BARBARA	C	
43	SANTA CLARA	C	
44	SANTA CRUZ	C	
45	SHASTA	S	X
46	SIERRA	O	X
47	SISKIYOU	X	X
48	SOLANO	C	X
49	SONOMA	C	X
50	STANISLAUS	C	
51	SUTTER	X	X
52	TEHAMA	S	X
53	TRINITY	O	X
54	TULARE	C	
55	TUOLUMNE	O	X
56	VENTURA	X	
57	YOLO	C	
58	YUBA	S	X

C = CASE DATA S = SAWS/ISAWS COUNTIES
X = OTHER BATCH O = ONLINE

CMSP COUNTIES: COUNTIES CONTRACTED WITH THE STATE TO PROCESS COUNTY MEDICAL PROGRAMS THRU MEDS (CMPS ...v. 8/95)