

DEPARTMENT OF HEALTH SERVICES

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July 12, 1995

ACWDL Information Letter No.: I-95-13

**TO: All County Medi-Cal Program Liaisons
All County MEDS Coordinators**

AID CODE "CHEAT SHEET" MASTER CHART

We are transmitting to you the updated version of the Aid Code "CHEAT SHEET" MASTER CHART. If you have any questions about this list, please contact Sharon Garcia of my staff at (916) 657-5327.

Sincerely,

Original signed by

Glenda Arellano for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

Aid Codes Master Chart

CODE	BENEFITS	SOC	PROGRAM/DESCRIPTION	Aid Code Pending Implementation
1A	FULL	NO	2.7 Percent Program - Aged	X
1	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.	
2A	FULL	NO	2.7 Percent Program - Blind	X
2	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.	
3D	FULL	NO	2.7 Percent Program - Family	X
3F	FULL	YES	2.7 Percent Program - Family - SOC	X
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.	
04	FULL	NO	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC) - (Non-FFP). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.	
05	NO MEDI-CAL CARD ISSUED		Seriously Emotionally Disturbed Children (SED). Cash grant only for residential placement necessary for education. No Medi-Cal issued.	
6D		NO	2.7 Percent Program - Disabled	X
6P			DA/A (Not in Use Yet)	X
07 Phasing Out	Restricted to emergency services	NO	Asset Waiver Program. Infant-Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for infants up to age one year and continues beyond one year when inpatient status, which began before 1st birthday, continues and family income is between 185% and 200% of the federal poverty level. (State Only Program).	

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.	
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.	
12	NO MEDI-CAL CARD ISSUED		Aid to the Aged-Special-Circumstances (AGED-SC--Optional)--Special circumstances payments to aged adult recipients of SSI/SSP and SSP only.	
13	FULL	NO/YES	Aid to the Aged-LTC (FFP). Covers persons 65 years of age or older who are medically needy and in Long-Term Care (LTC) status.	
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.	
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 <u>Lynch v. Rank</u> lawsuit.	
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.	
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.	
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.	

22	NO MEDI-CAL ISSUED		Aid to the Blind-Special Circumstances (BLIND-SC-Optional)--Special circumstances payments to blind adult recipients of SSI/SSP and SSP only.	
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.	
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.	
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 <u>Lynch v. Rank</u> . (See aid code 16 for definition of Pickle eligibles).	
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.	
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).	
3A	FULL	NO	California Alternative Assistance Program - Aid to Families with Dependent Children. Family Group (CAAP-AFDC (FG)) (FFP). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal.	
3C	FULL	NO	California Alternative Assistance Program - Aid to Families with Dependent Children. Unemployed Parent Group (CAAP-AFDC [U]) (FFP). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal.	
3P	FULL	NO	AFDC Unemployed Parent (FFP) cash-- Aid to Families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions.	X

3R	FULL	NO	Aid to Families with Dependent Children (AFDC)-Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity, or death of either parent. This population is the same as aid code 30 except that they are exempt from the AFDC grant reductions.	X
30	FULL	NO	AFDC-FG (FFP). Provides Aid to Families with Dependent Children in a family group in which the child(ren) is deprived because of the absence, incapacity, or death of either parent.	
32	FULL	NO	AFDC-FG (State-Only) (non-FFP cash grant/ FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided.	
33	FULL	NO	AFDC-Unemployed Parent (State Only) (non-FFP cash grant/FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.	
34	FULL	NO	AFDC MN (FFP). Covers families with deprivation or parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	
35	FULL	NO	AFDC-U (FFP Cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.	
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.	
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.	

38	FULL	NO	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC, until the family's eligibility for Medi-Cal only has been determined and an appropriate Notice of Action sent.
39	FULL	NO	Initial Transitional Medi-Cal (TMC) - Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to increased earnings, or hours of employment, or loss of the \$30 and 1/3 disregard.
4C	FULL	NO	AFDC-FC-Voluntarily Placed (Fed) (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care.
4K	FULL	NO	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.
4O	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.
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 (IV-A) (IV-E).
44	Restricted to pregnancy-related services	NO	Income Disregard Program. Pregnancy (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.
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
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 of below 200 percent of the federal poverty level.

48	Restricted to pregnancy-related services	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.	
49 Phasing Out	Restricted to pregnancy-related services	NO	Income Disregard Program. Pregnancy-Amnesty Alien. Provides planning, pregnancy-related, and postpartum services to any age female with income at or below 200 percent of the federal poverty level.	
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers non-immigrant and undocumented pregnant aliens who do not have proof of permanent resident alien, PRUCOL, or amnesty alien status, but who are otherwise eligible for Medi-Cal.	
5K	FULL	NO	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.	
50	Restricted to CMSP emergency services only	Y/N	CMSP MI-Restricted. Covers persons who have undetermined immigration status.	
51 (Expires 12/31/94)	FULL	Y/N	IRCA Aliens - Full Medi-Cal Benefits. Pre-1982 Amnesty Alien (ABD or under 18).	
52 (Expires 12/31/94)	Restricted to pregnancy and emergency services	Y/N	IRCA Aliens - Restricted Medi-Cal Benefits. Pre -1982 Amnesty Alien (Not ABD; not under 18).	
53	Restricted to LTC services only	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 with or without a SOC. Medi-Cal does not cover Acute Inpatient Hospital Care.	
54	FULL	NO	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments.	

55	Restricted to pregnancy and 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. Beneficiaries will remain in this aid code even if they leave LTC.
56 (Expires 12/31/94)	FULL	Y/N	IRCA. Amnesty Aliens SAWS/RAWS (ABD or under 18). Covers amnesty SAWS/RAWS who are aged, blind, disabled, or under 18 years old and otherwise eligible.
57 (Expires 12/31/94)	Restricted to pregnancy and emergency services	Y/N	IRCA. Amnesty Aliens SAW/RAW (Not ABD, not under 18). Covers amnesty SAWS/RAWS who are 18 through 64 years old, not blind or disabled, and who are otherwise eligible to Medi-Cal.
58	Restricted to pregnancy and 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 to Medi-Cal.
59	FULL	NO	Additional TMC - Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to increased earnings, or hours of employment, or loss of the \$30 and 1/3 disregard.
6A	FULL	NO	Disabled Adult Child(ren) (DAC)/Blindness (FFP)
6C	FULL	NO	Disabled Adult Child(ren)/Disabled (FFP).
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.
62	NO MEDI-CAL CARD ISSUED		Aid to the Disabled-Special Circumstances (DISABLED-SC--Optional)-- Special circumstances payments to adult recipients of SSI/SSP and SSP only.
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.
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.

65	FULL	Y/N	<p>Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled-Medically Needy IHSS (non-FFP). Covers persons who:</p> <p>(a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations;</p> <p>(b) also continue to suffer from the physical or mental impairment that was the basis of the disability determination; and</p> <p>(c) have the costs of IHSS deducted from their monthly income.</p>	
66	FULL	NO	<p>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. Bank lawsuit. No age limit for this aid code.</p>	
67	FULL	YES	<p>Aid to the Disabled-Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled-MN). SOC is required of the beneficiaries.</p>	
68	FULL	NO	<p>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.)</p>	
69	Restricted to emergency services	NO	<p>Income Disregard Program. Infant (FFP) - Undocumented/Nonimmigrant Alien (But Otherwise Eligible). Provides emergency services only for infants under one year of age and 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.</p>	
7A	FULL	NO	<p>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 born after September 30, 1983, ages 6 to 19 and beyond when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.</p>	

7C	Restricted to pregnancy and emergency services	NO	100 Percent Program Child-Undocumented Nonimmigrant Status/IRCA Amnesty Alien (Not or Under 18). Covers emergency and pregnancy-related services to otherwise eligible children born after September 30, 1983, ages 6 to 19 and beyond when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.	
7F	Valid for pregnancy verification office visit	NO	Presumptive Eligibility (PE) - Pregnancy Verification (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative.	
7G	Valid only for Ambulatory Prenatal Care Services	NO	Presumptive Eligibility (PE) - Ambulatory Prenatal Care Services (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive.	
7H	Valid only for TB-related outpatient services	NO	Medi-Cal Tuberculosis (TB) Program. Covers individuals who are TB-infected for TB-related outpatient services only.	
70 Phasing Out	Restricted to pregnancy-related services	NO	Asset Waiver Program (Pregnant). United States Citizen, Permanent Resident Alien/PRUCOL Alien or Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related, and postpartum services under the state-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185% and 200% of the federal poverty level. (State-Only Program).	
71	Restricted to dialysis and supplemental dialysis-related services	Y/N	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP) (Non-FFP). Covers persons of any age who are eligible only for dialysis and related services.	

72	FULL	NO	133 Percent Program. Child-United States Citizen/Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages one up to six and beyond when inpatient status, which began before sixth birthday, continues, and family income is at or below 133 percent of the federal poverty level.
73	Restricted to Parenteral Hyperalimentation-related expenses	Y/N	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program (Non-FFP). Covers persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.
74	Restricted to emergency services	NO	133 Percent Program (OBRA). Child Undocumented/Nonimmigrant Alien (but otherwise eligible) (FFP). Provides emergency services only for children ages one up to six and beyond when inpatient status, which began before sixth birthday, continues, and family income is at or below 133 percent of the federal poverty level.
75 Phasing Out	Restricted to pregnancy-related services	NO	Asset Waiver Program (Pregnant). Provides family planning, pregnancy related, and postpartum services for amnesty aliens under the state-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185% and 200% of the federal poverty level. (State-Only Program).
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 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.
79 Phasing Out	FULL	NO	Asset Waiver Program (Infant). Provides full Medi-Cal benefits to infants up to 1 year, and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is between 185% and 200% of the federal poverty level (State-Only Program).
8A	(QDWI) No Medi-Cal Issued		Qualified Disabled Working Individual (QDWI) (FFP) – Provides state paid Medicare Part A premiums for working disabled individuals under age 65. No Medi-Cal card will be issued; the Medicaid card will be used for services.

8C	(SLMB) No Medi-Cal issued		Specified Low-Income Medicare Beneficiaries (SLMB) (FFP) – Provides state paid Medicare Part B premiums for certain specified low-income Medicare beneficiaries. No Medi-Cal card will be issued. The Medicare card will be used for Part B services.	
8F	CMSP services only (companion aid code)	Y/N	CMSP Companion Aid Code. Covers persons eligible for certain benefits under the Medi-Cal program and other benefits under CMSP. 8F is used in conjunction with Medi-Cal aid codes 52, 53, and 57 to facilitate the payment of claims for covered benefits. 8F will appear as a special aid code and will entitle the eligible client to full-scope CMSP coverage for those services not covered by Medi-Cal.	
80	Restricted to Medicare expenses	NO	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A and B premiums and Part A and B coinsurance and deductibles for eligible low-income aged, blind, or disabled individuals.	
81	FULL	Y/N	MI-Adults Aid Paid Pending (Non-FFP). Aid Paid Pending for persons over 21 but under 65 with or without share of cost.	
82	FULL	NO SOC	MI-Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. Covers persons until age 22 who were in an institution for mental disease before age 21. Persons may be continued in this aid code until age 22 if they have filed for a State hearing.	
83	FULL	YES	MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.	
84	CMSP Services Only (No Medi-Cal)	NO	CMSP MI-A (Non-FFP). Covers medically indigent adults age 21 and over but under 65 years who meet the eligibility requirements of medically indigent.	
85	CMSP Services Only (No Medi-Cal)	YES	CMSP MI-A (Non-FFP). Covers medically indigent adults age 21 and over but under 65 years, who meet the eligibility requirements of medically indigent.	
86	FULL	NO	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.	

87	FULL	YES	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for Income Disregard program.	
88	CMSP Services Only (No Medi-Cal)	NO	CMSP MI-A/Disability Pending (Non-FFP). Covers medically indigent adults age 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.	
89	CMSP Services Only (No Medi-Cal)	YES	CMSP MI-A/Disability Pending (Non-FFP). Covers medically indigent adults age 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.	
90-99 GR/GA GENERAL RELIEF/GENERAL ASSISTANCE FOR COUNTY USE IN LOCAL GENERAL RELIEF/GENERAL ASSISTANCE PROGRAM.				
Other Indicators and Identifiers				
4D		NO	An artificial aid code for ADAM so that DSB can bill DSS for the costs associated with processing these cases through IEVS.	
9A	BCEDP Only	NO	The Breast Cancer Early Detection Program (BCEDP) recipient identifier. BCEDP offers benefits to uninsured and underinsured women, 40 years and older, whose household income is at or below 200 percent of the federal poverty level. BCEDP offers reimbursement for screening, diagnostic, and case management services. Please note: BCEDP and Medi-Cal are separate programs, but BCEDP is using the Medi-Cal billing process (with few exceptions).	
9C	EAPC PROGRAM IDENTIFIER		The Expanded Access to Primary Care (EAPC) program. EAPC claims can be identified for processing by EBS separately from the Medi-Cal program.	

9X	FOSTER CARE INELIGIBLE CASES PAID BY COUNTY- ONLY FUNDS		When a child has been determined ineligible for foster care based on state and federal rules, some counties still pay benefits with county-only funds. This code is for SAWS purpose to identify foster care ineligible cases paid by county-only funds.	
IE Ineligible. A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.				
BB (Sneade Case) Responsible Relative. A RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, a RR individual is not eligible for Medi-Cal benefits in this MBU. The individual may be eligible for Medi-Cal benefits in another MBU where this person is not identified as RR.				
15. SERVICES ONLY-OPTIONAL CODES - NO MEDI-CAL CARD ISSUED				
11	AGED-SO (OPTIONAL)		Aid to the Aged-Services Only--Persons age 65 years or older who do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income.	
21	BLIND-SO (OPTIONAL)		Aid to the Blind-Services Only--Persons who meet the federal criteria for blindness and do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income.	
31	AFDC-FG-SO (OPTIONAL)		AFDC-Family Group-Services Only--See Aid Code 30 for definition of AFDC-FG. Families who do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income.	
41	AFDC-FC-SO		AFDC-(Optional) Foster Care-Services Only--Families in the Foster Care Program who do not receive a cash grant, but are receiving social services as an income eligible with or without regard to income.	

61	DISABLED-SO (OPTIONAL)		Aid to the Disabled-Services Only—Persons who meet the federal definition of disability who do not receive a cash grant, but are receiving social services as an income eligible with or without regard to income.	
FOOD STAMP PROGRAM - NO MEDICAL CARD ISSUED				
09	F/S		Food Stamp Program—Participants are not public welfare recipients, but need a case number to receive food stamps.	