

**Medi-Cal Managed Care Plans  
Mandatory or Voluntary Enrollment  
by Medi-Cal Aid Codes  
2025 Forward**

COUNTY ORGANIZED HEALTH SYSTEMS (COHS)		GEOGRAPHIC MANAGED CARE (GMC) / REGIONAL / TWO PLAN	SINGLE PLAN	SENIOR CARE ACTION NETWORK (SCAN)	PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)
04 Butte	44 Santa Cruz	02 Alpine	01 Alameda	19 Los Angeles	09 El Dorado
06 Colusa	45 Shasta	03 Amador	07 Contra Costa	33 Riverside	10 Fresno
08 Del Norte	46 Sierra	05 Calaveras	13 Imperial	36 San Bernardino	16 Kings
11 Glenn	47 Siskiyou	09 El Dorado		37 San Diego	19 Los Angeles
12 Humboldt	48 Solano	10 Fresno			20 Madera
17 Lake	49 Sonoma	14 Inyo			31 Placer
18 Lassen	51 Sutter	15 Kern			33 Riverside
21 Marin	52 Tehama	16 Kings			34 Sacramento
22 Mariposa	53 Trinity	19 Los Angeles			36 San Bernardino
23 Mendocino	56 Ventura	20 Madera			39 San Joaquin
24 Merced	57 Yolo	26 Mono			50 Stanislaus
25 Modoc	58 Yuba	33 Riverside			51 Sutter
27 Monterey		34 Sacramento			54 Tulare
28 Napa		36 San Bernardino			58 Yuba
29 Nevada		37 San Diego			
30 Orange		38 San Francisco			
31 Placer		39 San Joaquin			
32 Plumas		43 Santa Clara			
35 San Benito		50 Stanislaus			
40 San Luis Obispo		54 Tulare			
41 San Mateo		55 Tuolumne			
42 Santa Barbara					

M Mandatory  
V Voluntary

N/A not in Managed Care

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
01	Adult/Family/OT LIC	Refugee Resettlement Program (RRP) - Refugee Cash Assistance (RCA) - First 8 months Covers all eligible refugees during their first 12 months in the US, including unaccompanied children who are not subject to the 12 month limitation.	Full	No	Title XIX: FFP 100%	M	M	M	N/A	Family COA
02	Adult/Family/OT LIC	Refugee Resettlement Program (RRP) - Refugee Medical Assistance (RMA)/Entrant Medical Assistance (EMA) Covers eligible refugees and entrants who are not eligible for Medi-Cal or Healthy Families and do not qualify for or want cash assistance.	Full	No	Title XIX: FFP 100%	M	M	M	N/A	Family COA
02	Adult/Family/OT LIC	Refugee Resettlement Program (RRP) - Refugee Medical Assistance (RMA)/Entrant Medical Assistance (EMA) Covers eligible refugees and entrants who are not eligible for Medi-Cal or Healthy Families and do not qualify for or want cash assistance.	Full	Yes	Title XIX: FFP 100%	N/A	N/A	N/A	N/A	N/A
03	Adult/Family/OT LIC	Adoption Assistance Program (AAP). Covers children receiving federal cash grants under Title IV-E to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance. Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance Maintenance payments are made under Title IV-E of the Act.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
04	Adult/Family/OT LIC	Adoption Assistance Program (AAP)/Aid for Adoption of Children (AAC) Covers children receiving cash grants under the State-only AAP/AAC program. Children with special needs for whom there is a non-IV-E adoption assistance agreement in effect with a state, who either were eligible for Medicaid or had income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A

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06	Adult/Family/OT LIC	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.  Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance Maintenance payments are made under Title IV-E of the Act.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
07	Adult/Family/OT LIC	Adoption Assistance Program (AAP) - Title IV-E Extended  A cash grant program to facilitate the ongoing adoptive placement of hard-to-place non-minors, whose initial AAP payment occurred on or after age 16 and are over age 18 but under age 21, and participating in one of five conditions who would require permanent foster care placement without such assistance. Title IV-E Extended AAP/FFP Medi-Cal.  Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance Maintenance payments are made under Title IV-E of the Act.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
08	Adult/Family/OT LIC	Entrant Cash Assistance (ECA) - Cuban Haitian Entrants 8 month  Covers Cuban/Haitian entrants during their first 8 months in the US who are receiving ECA benefits, including unaccompanied children who are not subject to the 8 months provision.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
10	SPD	Aged - Supplemental Security Income/State Supplementary Payment (SSI/SSP)  Individuals who are aged, blind or disabled who receive SSI.	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
13	Long Term Care	Aged - Long Term Care (LTC) Medically Needy (MN)  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Full	No	Title XIX: FFP 50%	M	M	M	SPD COA	SPD COA

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13	Long Term Care	Aged - Long Term Care (LTC) Medically Needy (MN)  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.  <b>Note: Managed Care coverage does not start until Share of Cost is met.</b>	Full	Yes	Title XIX: FFP 50%	M	M	M	SPD COA	SPD COA
14	SPD	Aged - Medically Needy (MN)  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
16	SPD	Aged - Pickle Eligible  Individuals who are receiving OASDI and became ineligible for SSI/SSP after April, 1977, who would continue to be eligible if the cost of living increases in OASDI since their last month of eligibility for SSI/SSP/OASDI were deducted from income.	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
17 (see note)	N/A	Aged - Medically Needy (MN)  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.  Note: Excluded from Managed Care 1/1/22, as per CalAIM.	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	SPD COA
18	N/A	Aged - In Home Supportive Services (IHSS)  <b>Deactivated Aid Code 4/1/2006</b>  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Full	No	FFP 50%	N/A	N/A	N/A	N/A	N/A

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20	SPD	Blind - Supplemental Security Income/State Supplementary Payment (SSI/SSP)  Individuals who are aged, blind or disabled who receive SSI.	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
23	Long Term Care	Blind - Long Term Care (LTC) Medically Needy (MN)  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Full	No	Title XIX: FFP 50%	M	M	M	SPD COA	SPD COA
23	Long Term Care	Blind - Long Term Care (LTC) Medically Needy (MN)  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.  <b>Note: Managed Care coverage does not start until Share of Cost is met.</b>	Full	Yes	Title XIX: FFP 50%	M	M	M	SPD COA	SPD COA
24	SPD	Blind - Medically Needy (MN)  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
26	SPD	Blind – Pickle Eligibles.  Individuals who are receiving OASDI and became ineligible for SSI/SSP after April, 1977, who would continue to be eligible if the cost of living increases in OASDI since their last month of eligibility for SSI/SSP/OASDI were deducted from income.	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA

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27 (see note)	N/A	Blind - Medically Needy (MN)  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.  Note: Excluded from Managed Care 1/1/22, as per CalAIM.	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	SPD COA
28	N/A	Blind - In Home Support Services (IHSS)  <b>Deactivated Aid Code 4/1/2006</b>  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Full	No	FFP 50%	N/A	N/A	N/A	N/A	N/A
30	Adult/Family/OT LIC	CalWORKS – All Families.  Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
32	Adult/Family/OT LIC	Temporary Assistance to Needy Families (TANF) - Timed Out  Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
33	Adult/Family/OT LIC	CalWORKS – Zero Parent.  Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
34	Adult/Family/OT LIC	Aid to Families with Dependent Children (AFDC) - Medically Needy (MN)	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
35	Adult/Family/OT LIC	CalWORKS – Two Parent.  Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A

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36	SPD	Aid to Disabled Widow(er)s.  Disabled widows and widowers who would be eligible for SSI/SSP, except for the increase in OASDI benefits due to the elimination of the reduction factor in P.L. 98-21, who therefore are deemed to be SSI or SSP recipients.	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
37 (see note)	N/A	Aid to Families with Dependent Children (AFDC) - Medically Needy (MN)  Women who are pregnant, who would qualify as categorically needy, except for income.  Children under 18 who would qualify as categorically needy, except for income.  Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.  Parents and other caretaker relatives of dependent children, eligible as categorically needy except for income.  Note: Excluded from Managed Care 1/1/22, as per CalAIM.	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
38	Adult/Family/OT LIC	Edwards v. Kizer Discontinued Aid to Families with Dependent Children (AFDC) - Pending Eligibility Determination  Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.  Infants and children under age 19 with household income at or below standards established by the state based on age group.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	Family COA
39	Adult/Family/OT LIC	Initial 6 Months - Transitional Medi-Cal (TMC)  Provides 6 months of coverage for those discontinued from CalWORKS or the Section 1931(b) program due to increased earnings or increased hours of employment.  Families with Medicaid eligibility extended for up to 12 months because of earnings.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A

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40	Adult/Family/OT LIC	Aid to Families with Dependent Children (AFDC) - State Foster Care  AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for State only foster care placement.  Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
42	Adult/Family/OT LIC	Aid to Families with Dependent Children (AFDC) - Federal Foster Care  AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for federal foster care placement.  Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance Maintenance payments are made under Title IV-E of the Act.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
43	Adult/Family/OT LIC	Aid to Families with Dependent Children (AFDC) - State Extended Foster Care  Covers non-minor dependents, age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for state only foster care placement.  Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
44	N/A	Pregnant - 0% to 200% Federal Poverty Level (FPL) Property Disregard  213 Percent FPL Pregnant (Income Disregard Program – Pregnant). Provides eligible pregnant individuals of any age with family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, and postpartum services if family income is at or below 213 percent of the FPL  <b>Deactivated Aid Code 5/1/2020</b>	Restricted	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

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45	Adult/Family/OT LIC	<p>Non Aid to Families with Dependent Children (AFDC) Foster Care</p> <p>Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance Maintenance payments are made under Title IV-E of the Act.</p> <p>Foster Care. Covers children supported by public funds other than AFDC-FC.</p>	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
46	Adult/Family/OT LIC	<p>Non Aid to Families with Dependent Children (AFDC) Foster Care</p> <p>Interstate Compact on the Placement of Children (ICPC) Child. Covers foster children placed in California from another state. Provides eligibility for CEC if for some reason the child is no longer eligible under foster care prior to his/her eighteenth birthday. Also provides eligibility for the Former Foster Care Children (FFCC) program (aid code 4M) at age 18.</p> <p>Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance Maintenance payments are made under Title IV-E of the Act.</p>	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
47	Adult/Family/OT LIC	<p>Infants - Ages 0 to 1 - 0% to 200% Federal Poverty Level (FPL)</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
48	N/A	<p>Pregnant - 0% to 200% Federal Poverty Level (FPL) Property Disregard</p> <p>200 Percent FPL Pregnant Omnibus Budget Reconciliation Act (OBRA) (Income Disregard Program – Pregnant OBRA). Provides eligible pregnant aliens of any age without satisfactory immigration status with family planning, pregnancy-related and postpartum, if family income is at or below 200 percent of the federal poverty level.</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Restricted	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

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49	Adult/Family/OT LIC	Title IV-E Extended Foster Care - Aid to Families with Dependent Children (AFDC) Non Minor Dependent (NMD)  Title IV-E Extended Foster Care/FFP Medi-Cal. AFDC-FC Federal: Covers non-minor dependents, age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for federal foster care placement.  Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance Maintenance payments are made under Title IV-E of the Act.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
50	N/A	County Medical Services Program (CMSP) - Omnibus Budget Reconciliation Act (OBRA)/Out-of-County Care	Full	No	100% County	N/A	N/A	N/A	N/A	N/A
50	N/A	County Medical Services Program (CMSP) - Omnibus Budget Reconciliation Act (OBRA)/Out-of-County Care	Full	Yes	100% County	N/A	N/A	N/A	N/A	N/A
53	Long Term Care	State - Medically Indigent (MI) Long Term Care (LTC)  Medically Indigent – LTC services. Covers eligible persons age 21 or older and under 65 who are residing in a Nursing Facility Level A or B with or without Share of Cost.	Restricted	No	100% State	M	M	M	N/A	Adult COA
53	Long Term Care	State - Medically Indigent (MI) Long Term Care (LTC)  Medically Indigent – LTC services. Covers eligible persons age 21 or older and under 65 who are residing in a Nursing Facility Level A or B with or without Share of Cost.  <b>Note: Managed Care coverage does not start until Share of Cost is met.</b>	Restricted	Yes	100% State	M	M	M	N/A	Adult COA
54	Adult/Family/OT LIC	Four-Month Continuing Eligibility.  Covers persons discontinued from CalWORKS or Section 1931(b) due to the increased collection of child/spousal support.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A

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55 (see note)	N/A	<p>OBRA Not Protected Under the Color of Law (PRUCOL) – LTC services.</p> <p><b>Deactivated Aid Code 5/1/2020</b></p> <p>Covers eligible undocumented aliens in LTC who are not PRUCOL. Recipients will remain in this aid code even if they leave LTC.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
58 (see note)	N/A	<p>Omnibus Budget Reconciliation Act (OBRA) Individuals</p> <p>Covers eligible aliens who do not have satisfactory immigration status.</p> <p>Women who are pregnant, who would qualify as categorically needy, except for income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	Yes	Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
58 (see note)	N/A	<p>Omnibus Budget Reconciliation Act (OBRA) Individuals</p> <p>Covers eligible aliens who do not have satisfactory immigration status.</p> <p>Women who are pregnant, who would qualify as categorically needy, except for income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
59	Adult/Family/OT LIC	<p>Transitional Medi-Cal (TMC) - Additional 6 Months</p> <p>Provides an additional 6 months of TMC for beneficiaries who had 6 months of initial TMC coverage under aid code 39.</p> <p>Families with Medicaid eligibility extended for up to 12 months because of earnings.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A

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60	SPD	Disabled - Supplemental Security Income/State Supplementary Payment (SSI/SSP) Individuals who are aged, blind or disabled who receive SSI.	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
63	Long Term Care	Disabled – Long Term Care (LTC) Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Full	No	Title XIX: FFP 50%	M	M	M	SPD COA	SPD COA
63	Long Term Care	Disabled – Long Term Care (LTC) Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.  <b>Note: Managed Care coverage does not start until Share of Cost is met.</b>	Full	Yes	Title XIX: FFP 50%	M	M	M	SPD COA	SPD COA
64	SPD	Disabled - Medically Needy (MN) Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
65	N/A	Katrina-Covers eligible evacuees of Hurricane Katrina.  <b>Deactivated Aid Code 6/2006</b>	Full	Yes	100% State	N/A	N/A	N/A	N/A	N/A
66	SPD	Disabled – Pickle Eligibles. Individuals who are receiving OASDI and became ineligible for SSI/SSP after April, 1977, who would continue to be eligible if the cost of living increases in OASDI since their last month of eligibility for SSI/SSP/OASDI were deducted from income.	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA

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67 (see note)	N/A	<p>Disabled – Medically Needy</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	SPD COA
68	N/A	<p>Disabled - In Home Support Services (IHSS)</p> <p><b>Deactivated Aid Code</b></p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Full	No	FFP 50%	N/A	N/A	N/A	N/A	N/A
69	N/A	<p>Infants - Ages 0 to 1 - 0% to 200% Federal Poverty Level (FPL)</p> <p><b>Deactivated Aid Code 5/2020</b></p> <p>200 Percent Infant OBRA. Provides emergency services only for eligible infants without satisfactory immigration status who are under 1 year old or over 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the FPL.</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p>	Restricted	No	Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
71	N/A	<p>Dialysis Special Treatment Program. Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP)</p> <p>Covers eligible persons of any age who are eligible only for dialysis and related services.</p>	Restricted	No	LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A
71	N/A	<p>Dialysis Special Treatment Program. Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP)</p> <p>Covers eligible persons of any age who are eligible only for dialysis and related services.</p>	Restricted	Yes	LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans  
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2025 Forward**

AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
72	Adult/Family/OT LIC	<p>Children - Ages 1 to 6 - 0% to 133% Federal Poverty Level (FPL)</p> <p><b>Deactivated Aid Code 5/2020</b></p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p> <p><b>Plans may still see beneficiaries remaining in this aid code and will receive payment for them.</b></p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
73	N/A	<p>Total Parenteral Nutrition (TPN) Special Treatment Program</p> <p>Covers eligible persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.</p>	Restricted	No	100% State	N/A	N/A	N/A	N/A	N/A
73	N/A	<p>Total Parenteral Nutrition (TPN) Special Treatment Program</p> <p>Covers eligible persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.</p>	Restricted	Yes	100% State	N/A	N/A	N/A	N/A	N/A
74	N/A	<p>Children - Ages 1 to 6 - 0% to 133% Federal Poverty Level (FPL)</p> <p><b>Deactivated Aid Code 5/2020</b></p> <p>OBRA. Provides emergency services only for eligible children without satisfactory immigration status who are ages 1 up to 6 or 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.</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
76 (see note)	Adult/Family/OT LIC	365 Day PostPartum. Provides Medi-Cal coverage to pregnant women with income up to 213% of the FPL. Women who are pregnant or post-partum, with household income at or below a standard established by the state.  Note: Expanded to cover the length of potential pregnancy plus the 365-day postpartum period. Effective 4/1/22 as per ARPA PCE.	Full	No	Title XIX: FFP 50%	M	V	V	N/A	N/A
77	N/A	Organ Transplants - Anti-Rejection Medication	Restricted	No	100% State	N/A	N/A	N/A	N/A	N/A
80	N/A	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.	Restricted	No	Title XIX: FFP 50%, eFMAP Title XIX: FFP 65%/State 35%	N/A	N/A	N/A	N/A	N/A
81 (see note)	Adult/Family/OT LIC	Adults - Medically Indigent (MI)	Full	No	LTC State Only: 100%	M	M	M	Adult COA	Adult COA
81 (see note)	N/A	Adults - Medically Indigent (MI)  Note: Excluded from Managed Care 1/1/22, as per CalAIM.	Full	Yes	LTC State Only: 100%	N/A	N/A	N/A	Adult COA	Adult COA
82	Adult/Family/OT LIC	Age Under 21 - Medically Indigent (MI)  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.  Children under 18 who would qualify as categorically needy, except for income.  Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
83 (see note)	N/A	<p>Age Under 21 - Medically Indigent (MI)</p> <p>Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.</p> <p>Children under 18 who would qualify as categorically needy, except for income.</p> <p>Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
84	N/A	<p>Adults - Ages 21 to 65 - Medically Indigent (MI)</p> <p>Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent.</p> <p>Benefits: CMSP services only – no Medi-Cal.</p>	Restricted	No	100% County	N/A	N/A	N/A	N/A	N/A
85	N/A	<p>Adults - Ages 21 to 65 - Medically Indigent (MI)</p> <p>Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent.</p> <p>Benefits: CMSP services only – no Medi-Cal.</p>	Restricted	Yes	100% County	N/A	N/A	N/A	N/A	N/A
86	Adult/Family/OT LIC	<p>Pregnancy Confirmed - Age Over 21 - Medically Indigent (MI)</p> <p>Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.</p> <p>Women who are pregnant, who would qualify as categorically needy, except for income.</p>	Full	No	Title XIX: FFP 50%	M	V	V	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
87 (see note)	N/A	<p>Pregnancy Confirmed - Age Over 21 - Medically Indigent (MI)</p> <p>Covers persons 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.</p> <p>Women who are pregnant, who would qualify as categorically needy, except for income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
88	N/A	<p>Adults - Disability Pending Medically Indigent (MI)</p> <p>Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.</p> <p>Benefits: CMSP services only – no Medi-Cal.</p>	Restricted	No	100% County	N/A	N/A	N/A	N/A	N/A
89	N/A	<p>Adults - Disability Pending Medically Indigent (MI)</p> <p>Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.</p> <p>Benefits: CMSP services only – no Medi-Cal.</p>	Restricted	Yes	100% County	N/A	N/A	N/A	N/A	N/A
0A	Adult/Family/OT LIC	<p>Refugee Cash Assistance (RCA)</p> <p>Covers all eligible refugees during their first eight months in the United States, including unaccompanied children who are not subject to the eight-month limitation. 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.</p>	Full	No	100% FFP	M	M	M	N/A	Family COA

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0C	N/A	Access for Infants and Mothers (AIM) Infants enrolled in Healthy Families (HF) whose family's income is 200 to 300 percent of the FPL, born to a mother enrolled in AIM. The infant's enrollment in HF is based on the mother's participation in AIM.  <b>Deactivated Aid Code 6/1/14</b>	Restricted	No	Title XXI: FFP 65%	N/A	N/A	N/A	N/A	N/A
0D	N/A	Pregnant - Modified Adjusted Gross Income (MAGI) 213% to 322% Federal Poverty Level (FPL) - Medi-Cal Access Program (MCAP) - AIM Subscribers  Uninsured children from conception to birth who do not have access to public employee coverage and whose household income is within the standards established by the state.	Full	No	Title XXI: FFP 69.34%/State 30.66%	N/A	N/A	N/A	N/A	N/A
0E (see note)	Adult/Family/OT LIC	Pregnant - Modified Adjusted Gross Income (MAGI) 213% to 322% Federal Poverty Level (FPL) - Medi-Cal Access Program (MCAP) - Medi-Cal Managed Care Title XXI.  Uninsured children from conception to birth who do not have access to public employee coverage and whose household income is within the standards established by the state.  Note: Expanded to cover the length of potential pregnancy plus the 365-day postpartum period. Effective 4/1/22	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A
0G	N/A	Pregnant - Modified Adjusted Gross Income (MAGI) 0% to 213% Federal Poverty Level (FPL) - Medi-Cal Access Program (MCAP)  Uninsured children from conception to birth who do not have access to public employee coverage and whose household income is within the standards established by the state.	Full	No	Title XXI: FFP 69.34%/State 30.66%	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
0L (see note)	N/A	<p>Breast and Cervical Cancer Treatment Program (BCCTP) Transitional - Coverage until the County makes a determination of Medi-Cal eligibility.</p> <p>Breast and Cervical Cancer Treatment Program (BCCTP) Transitional coverage until the County makes a determination of Medi-Cal eligibility. Covers:</p> <ul style="list-style-type: none"> <li>• BCCTP recipients formerly in aid code 0U, without satisfactory immigration status, who are no longer in need of treatment, and/or have creditable health coverage and are not eligible for state-funded BCCTP.</li> <li>• BCCTP recipients formerly in aid code 0V, without satisfactory immigration status, who have turned 65 years of age, have other health coverage, and/or are no longer in need of treatment.</li> <li>• BCCTP recipients formerly in aid code 0X with creditable health coverage.</li> <li>• BCCTP recipients formerly in aid code 0Y, age 65 or older.</li> </ul> <p>Recipients eligible only for transitional federal emergency, pregnancy-related and state-only Long Term Care (LTC) services. Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.</p> <p>NOTE: Transitional aid code includes OBRA. Excluded from Managed Care 1/1/22.</p>	Restricted	No	<p>Title XXI Pregnancy : FFP 65% Fed/35% State</p> <p>Emergency Title XIX: FFP 50% Fed/State 50%, LTC: 100% State</p>	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
0M (see note)	BCCTP	<p>Breast and Cervical Cancer Treatment Program (BCCTP) -Accelerated Enrollment (AE) - 2 months</p> <p>Provides temporary AE for full-scope, no Share of Cost Medi-Cal for eligible females under age 65 who have been diagnosed with breast and/or cervical cancer. Limited to 2 months.</p> <p>Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.</p> <p>Note: Added to Managed Care 1/1/22, as per CalAIM.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
0N	BCCTP	<p>Breast and Cervical Cancer Treatment Program (BCCTP) - Accelerated Enrollment (AE).</p> <p>Provides temporary AE for full-scope, no Share of Cost Medi-Cal while an eligibility determination is made for eligible females under age 65 without creditable health coverage who have been diagnosed with breast and/or cervical cancer. Limited to two months. *Can be extended if county Medi-Cal application has been submitted and is still pending.</p> <p>Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
0P	BCCTP	<p>Breast and Cervical Cancer Treatment Program (BCCTP)</p> <p>Provides full-scope, no Share of Cost Medi-Cal for eligible females under age 65 who are diagnosed with breast and/or cervical cancer and are without creditable insurance coverage. They remain eligible while still in need of treatment and meet all other eligibility requirements.</p> <p>Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A

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0R (see note)	BCCTP	<p>Breast and Cervical Cancer Treatment Program (BCCTP) - High Cost Other Health Coverage</p> <p>Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for eligible all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer, if premiums, co-payments and deductibles are greater than \$750. They remain eligible while still in need of treatment and meet all other eligibility requirements.</p> <p>State - Breast and Cervical Cancer Treatment Program (BCCTP) - High Cost Other Health Coverage</p> <p>Note: Added to Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	100% State	M	M	M	N/A	N/A
0T (see note)	BCCTP	<p>Breast and Cervical Cancer Treatment Program (BCCTP) - State Only</p> <p>Over 65. State-Funded. Provides breast or cervical cancer treatment and related services, for eligible individuals 65 years of age or older, regardless of citizenship, who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with expensive, creditable insurance. They remain eligible while still in need of treatment and meet all other eligibility requirements.</p> <p>Note: Added to Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	100% State	M	M	M	N/A	N/A

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OU (see note)	BCCTP	<p>Post Breast and Cervical Cancer Treatment Program (BCCTP)</p> <p>Undocumented Immigrants. Mixed Funding. Provides breast or cervical cancer treatment and related services, emergency, pregnancy-related and Long Term Care (LTC) services to individuals younger than 65 years of age with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. They remain eligible while still in need of treatment and meet all other eligibility requirements.</p> <p>Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.</p> <p>Note: Added to Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	100% State	M	M	M	N/A	N/A
OV	N/A	<p>Post Breast and Cervical Cancer Treatment Program (BCCTP)</p> <p>Post-BCCTP. Provides limited-scope no SOC Medi-Cal emergency, pregnancy-related and Long Term Care (LTC) services for individuals younger than 65 years of age with unsatisfactory immigration status and without creditable health insurance coverage. No cancer treatment. Continues as long as the individual is in need of treatment and, other than immigration, meets all other eligibility requirements.</p> <p>Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</p> <p>Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.</p>	Restricted	No	<p>Title XXI Pregnancy: FFP 65% Fed/35% State</p> <p>Emergency Title XIX: FFP 50% Fed/State 50%, Postpartum: 100% State</p>	N/A	N/A	N/A	N/A	N/A

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0W	BCCTP	<p>Breast and Cervical Cancer Treatment Program (BCCTP) - Transitional</p> <p>Covers recipients formerly in aid code 0P who no longer meet federal BCCTP requirements due to reaching age 65, are no longer in need of treatment for breast and/or cervical cancer, or have obtained creditable health coverage. Recipients in aid code 0W will continue to receive transitional full-scope Medi-Cal services until the county completes an eligibility determination for other Medi-Cal programs.</p> <p>Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
0X	N/A	<p>Breast and Cervical Cancer Treatment Program (BCCTP) - Transitional</p> <p>BCCTP Transitional Coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have obtained creditable health coverage, and still require breast or cervical cancer treatment and related services.</p> <p>*Also, recipients no longer in need of treatment are covered for transitional emergency, pregnancy-related and state-only LTC services, and co-pays, deductibles and/or non-covered breast and/or cervical cancer treatment and related services.</p> <p>Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.</p>	Restricted	No	<p>Title XXI Pregnancy: FFP 65% Fed/35% State</p> <p>Emergency Title XIX: FFP 50% Fed/State 50%, LTC: 100% State</p>	N/A	N/A	N/A	N/A	N/A

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0Y	N/A	<p>Breast and Cervical Cancer Treatment Program (BCCTP) Transitional - Age Over 65</p> <p>BCCTP Transitional Coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have reached 65 years of age, and still require treatment for breast and/or cervical cancer. Recipients eligible only for transitional emergency, pregnancy-related and state-only LTC services, and state-funded cancer treatment and related services.</p> <p>Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.</p>	Restricted	No	<p>Title XXI Pregnancy: FFP 65% Fed/35% State</p> <p>Emergency Title XIX: FFP 50% Fed/State 50%, LTC: 100% State</p>	N/A	N/A	N/A	N/A	N/A
1E	SPD	<p>Aged - Pending SB 87 Redetermination</p> <p>Covers former Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipients who are aged, until the county redetermines their Medi-Cal eligibility. Craig v. Bonta.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
1H	SPD	<p>Aged - Federal Poverty Level (FPL) Program</p> <p>Covers the Aged in the Aged and Disabled FPL program.</p> <p>Individuals who are aged or disabled with income equal to or less than a percentage of the FPL, established by the state (no higher than 100%)</p>	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA

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1U	N/A	<p>Aged - Federal Poverty Level (FPL) Program</p> <p>Covers the Aged in the Aged and Disabled FPL program that do not have satisfactory immigration statuses. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are aged or disabled with income equal to or less than a percentage of the FPL, established by the state (no higher than 100%)</p>	Restricted	No	<p>Title XXI: FFP 69.34%/30 .66% State, Emergency Title XIX: FFP 50%/State 50%</p>	N/A	N/A	N/A	N/A	N/A
1X	SPD	<p>Aged - Multipurpose Senior Services Program (MSSP) Institutional Deeming/Spousal Impoverishment</p> <p>Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older.</p> <p>Individuals with income equal to or below 300% of the SSI federal benefit rate, who meet the eligibility requirements for a waiver approved for the State under 1915(c.), (d.), or (e.), or 1115.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
1Y (see note)	N/A	<p>Aid to the Aged – MSSP. Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older.</p> <p>Individuals with income equal to or below 300% of the SSI federal benefit rate, who meet the eligibility requirements for a waiver approved for the State under 1915(c.), (d.), or (e.), or 1115.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
2A	N/A	<p>Abandoned Baby Program.</p> <p>Provides full-scope benefits to children up to 3 months old who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act.</p> <p>Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.</p>	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
2C	Adult/Family/OT LIC	County Children's Health Initiative Program (C-CHIP)  Uninsured children under age 19 who do not have access to public employee coverage and whose household income is within standards established by the state.  HCP 307, 309 343, 345, 372, 374, 503, and 654 only.	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
2E	SPD	Blind - Pending SB 87 Redetermination  Covers former SSI/SSP recipients who are blind, until the county redetermines their Medi-Cal eligibility. Craig v. Bonta  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
2H	SPD	Blind - Federal Poverty Level (FPL) Program  Covers blind individuals pursuant to Title XVI who have not yet or cannot meet the Title II criteria for disability based upon blindness. This program replicates the eligibility criteria for the Aged and Disabled FPL program, except linkage is based on blindness.  Individuals who are aged or disabled with income equal to or less than a percentage of the FPL, established by the state (no higher than 100%)	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
2P	Adult/Family/OT LIC	Foster Children/Youth - Approved Relative Caregiver (ARC) - Media-Cal for Non State CalWORKS  Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
2R	Adult/Family/OT LIC	Foster Care Non Minor Dependents (NMD) - Approved Relative Caregiver (ARC) - Media-Cal for Non State CalWORKS  Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
2S	Adult/Family/OT LIC	Foster Children/Youth - Approved Relative Caregiver (ARC) - Media-Cal for CalWORKS Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
2T	Adult/Family/OT LIC	Foster Children/Youth - Approved Relative Caregiver (ARC) - Media-Cal for State CalWORKS Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
2U	Adult/Family/OT LIC	Foster Care Non Minor Dependents (NMD) - Approved Relative Caregiver (ARC) - Media-Cal for State CalWORKS Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
2V (see note)	Adult/Family/OT LIC	Trafficking and Crime Victims Assistance Program (TCVAP) - Refugee Medical Assistance (RMA) Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. Note: Added to Managed Care 1/1/22, as per CalAIM.	Full	No	100 % State	M	M	M	N/A	N/A
3A	Adult/Family/OT LIC	CalWORKS - Timed-Out, Safety Net - All Other Families Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
3C	Adult/Family/OT LIC	CalWORKS – Timed-Out, Safety Net – Two-Parent Families. Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
3D	N/A	CalWORKS – Pending. Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
3E	Adult/Family/OT LIC	CalWORKS – Legal Immigrant Family Group. Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	Family COA
3F	Adult/Family/OT LIC	CalWORKS - Children of Two-Parent Safety Net and Drug/Fleeing Felon Family Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
3G	Adult/Family/OT LIC	CalWORKS - (State) - Zero Parent Exempt Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
3H	Adult/Family/OT LIC	CalWORKS – Zero Parent Mixed. Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
3L	Adult/Family/OT LIC	CalWORKS – Legal Immigrant – Aid to Families. Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	Family COA
3M	Adult/Family/OT LIC	CalWORKS – Legal Immigrant – Two Parent. Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	Family COA
3N	Adult/Family/OT LIC	Aid to Families with Dependent Children (AFDC) – 1931(b) Non CalWORKS. Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state. <b>Deactivated Aid Code 05/01/2020. Aid code deactivated to prevent new enrollment.</b> <b>Plans may still see beneficiaries remaining in this aid code and will receive payment for them.</b>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	Family COA

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
3P	Adult/Family/OT LIC	CalWORKS – All Families – Exempt. Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
3R	Adult/Family/OT LIC	CalWORKS – Zero Parent – Exempt. Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
3T	N/A	Transitional Media-Cal (TMC) - Initial 6 months Provides 6 months of coverage for eligible aliens without satisfactory immigration status who have been discontinued from Section 1931(b) due to increased earnings from employment.	Restricted	No	Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
3U	Adult/Family/OT LIC	CalWORKS – Legal Immigrant – Two Parent Mixed.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	Family COA
3V	N/A	Aid to Families with Dependent Children (AFDC) - Non CalWORKS AFDC – 1931(b) Non CalWORKS. Covers those eligible for the Section 1931(b) program who do not have satisfactory immigration status. Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state. <b>Deactivated Aid Code 05/01/2020</b>	Restricted	No	Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
3W	Adult/Family/OT LIC	Temporary Assistance to Needy Families (TANF) - Timed Out - Mixed Case Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	Family COA
4A	Adult/Family/OT LIC	Adoption Assistance Program (AAP) - Adoption Out-of-State Out-of-State AAP. Covers children for whom there is a State-only AAP agreement between any state other than California and adoptive parents. Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance Maintenance payments are made under Title IV-E of the Act.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A

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4C	N/A	Foster Care Supportive Transitional Emancipation Program (STEP) Individuals under an age specified by the State, less than age 21, who were in State-sponsored foster care on their 18th birthday and who meet the income standard established by the State.	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
4E	N/A	Hospital Presumptive Eligibility (HPE) - Former Foster Youth Title XIX. Covers former foster care children up to 26 years of age with no income screening. Individuals under the age of 26, not otherwise mandatorily eligible, who were in foster care and on Medicaid either when they turned age 18 or aged out of foster care.	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
4F	Adult/Family/OT LIC	Foster Children/Youth - Kinship Guardianship Assistance Payment (Kin-GAP) Cash Assistance. Covers children in the federal program for children in relative placement receiving cash assistance. Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
4G	Adult/Family/OT LIC	Foster Children/Youth - Kinship Guardianship Assistance Payment (Kin-GAP) State Program Covers children in the state program for children in relative placement receiving cash assistance. Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
4H	Adult/Family/OT LIC	Foster Children/Youth - in CalWORKS Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A

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4K	Adult/Family/OT LIC	Foster Children/Youth - Emergency Assistance (EA)  Emergency Assistance Foster Care. Covers juvenile probation cases placed in foster care.  Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance Maintenance payments are made under Title IV-E of the Act.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
4L	Adult/Family/OT LIC	Foster Children/Youth - in 1931(b)  Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance Maintenance payments are made under Title IV-E of the Act.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
4M	Adult/Family/OT LIC	Former Foster Youth (FFY)  Individuals under the age of 26, not otherwise mandatorily eligible, who were in foster care and on Medicaid either when they turned age 18 or aged out of foster care.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
4N	Adult/Family/OT LIC	Foster Care Non Minor Dependent (NMD) - CalWORKS  Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
4S	Adult/Family/OT LIC	Foster Care Non Minor Dependent (NMD) - Title IV-E Extended - Kinship Guardianship Assistance Payment (Kin-GAP)  Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance Maintenance payments are made under Title IV-E of the Act.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A

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4T	Adult/Family/OT LIC	Foster Children/Youth - Title IV-E Kinship Guardianship Assistance Program (Kin-GAP)  Serves former and current foster youth by moving them from foster care placements to more permanent placement options through the establishment of a relative guardianship.  Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance Maintenance payments are made under Title IV-E of the Act.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
4U	Adult/Family/OT LIC	Former Foster Care - Optional Coverage Group  Medi-Cal coverage for former foster care children aged 18-21 enrolled in state-sponsored fostr care program on their 18th birthday in any state or tribe. Income is exempt. Medi-Cal benefits continue until age 21.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
4V	N/A	Trafficking and Crime Victims Assistance Program (TCVAP) - Refugee Medical Assistance (RMA)  Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.	Full	Yes	100% State	N/A	N/A	N/A	N/A	N/A
4W	Adult/Family/OT LIC	Foster Care Non Minor Dependent (NMD) - Kinship Guardianship Assistance Program (Kin-GAP) - State Cash  State Extended for NMC Kin-GAP/FFP Medi-Cal.  Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A

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5C	Adult/Family/OT LIC	<p>Media-Cal Presumptive Eligibility Transitional Children - Healthy Families Program (HFP) (<b>Obsolete</b>)</p> <p>Medi-Cal Presumptive Eligibility (Title XXI), Healthy Families Program (HFP) Transitional Children. Provides Medi-Cal coverage with no premium payment for children whose family's income is at or below 150 percent of the FPL during the transition period by the state until the annual eligibility review by the county.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p> <p><b>Plans may still see beneficiaries remaining in this aid code and will receive payment for them.</b></p>	Full	No	eFMAP Title XXI: FFP 65%/State 35%	M	M	M	N/A	N/A
5D	Adult/Family/OT LIC	<p>Media-Cal Presumptive Eligibility Transitional Children - Healthy Families Program (HFP) (<b>Obsolete</b>) Premium</p> <p>Medi-Cal Presumptive Eligibility (Title XXI), HFP Transitional Children. Provides Medi-Cal coverage with a premium payment for children whose family's income is above 150 percent up to and including 250 percent of the FPL during the transition period by the state until the annual eligibility review by the county.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p> <p><b>Plans may still see beneficiaries remaining in this aid code and will receive payment for them.</b></p>	Full	No	eFMAP Title XXI: FFP 65%/State 35%	M	M	M	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
5E	N/A	<p>Media-Cal Presumptive Eligibility Transitional Children - Healthy Families Program (HFP) (<b>Obsolete</b>)</p> <p>Healthy Families to the Medi-Cal Presumptive Eligibility (PE) program. Provides immediate, temporary, Medi-Cal benefits to certain children under the age of 19.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Full	No	eFMAP Title XIX: FFP 65%/State 35%	N/A	N/A	N/A	N/A	N/A
5F	N/A	<p>Pregnant - Omnibus Budget Reconciliation Act (OBRA) Alien</p> <p><b>Deactivated Aid Code 05/01/2020</b></p> <p>OBRA Alien – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status. Benefits restricted to pregnancy and emergency services.</p> <p>Note: See Alpha Numeric Chart Below: 5F has been changed to alpha numeric aid codes D8 and D9 per DRA.</p>	Restricted	Yes	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
5J	N/A	<p>Pending SB 87 Disability Determination</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
5K	Adult/Family/OT LIC	<p>Emergency Assistance (EA) Foster Care</p> <p>Covers child welfare cases placed in EA foster care.</p>	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A

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5L	Adult/Family/OT LIC	Emergency Assistance (EA) Foster Care  Emergency Assistance Foster Care - Non Federal; Reasonable Classifications of Individuals Under Age 21  Children with special needs for whom there is a non-IV-E adoption assistance agreement in effect with a state, who either were eligible for Medicaid or had income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A
5R	N/A	Pending SB 87 Disability Determination  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Restricted	Yes	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
5T	N/A	Transitional Media-Cal (TMC) - Additional 6 Month  Continuing TMC. Provides an additional 6 months of emergency services coverage for those beneficiaries who received 6 months of initial TMC coverage under aid code 3T.  Families with Medicaid eligibility extended for up to 12 months because of earnings.	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A

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5V (see note)	Adult/Family/OT LIC	Trafficking and Crime Victims Assistance Program (TCVAP)  Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.  Note: Added to Managed Care 1/1/22, as per CalAIM.	Full	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, State Only: all other services 100%	M	M	M	N/A	N/A
5W	N/A	Four-Month Continuing  Four-Month Continuing Pregnancy and Emergency Services Only. Provides 4 months of emergency services for aliens without satisfactory immigration status who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.  Families with Medicaid eligibility extended for 4 months as the result of the collection of spousal support.	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
6A	SPD	Disabled Adult Child(ren) (DAC) - Blind  Individuals who lose eligibility for SSI at age 18 or older due to receipt of or increase in Title II OASDI child benefits.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	SPD COA
6C	SPD	Disabled Adult Child(ren) (DAC) - Disabled  Individuals who lose eligibility for SSI at age 18 or older due to receipt of or increase in Title II OASDI child benefits.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	SPD COA

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6E	SPD	<p>Disabled - Pending SB 87 Redetermination</p> <p>Craig v. Bonta Disabled – Pending SB 87 Redetermination. Covers former SSI/SSP recipients who are disabled, until the county redetermines their Medi-Cal eligibility.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
6G	SPD	<p>Working Disabled Program - 250% Federal Poverty Level (FPL) - Premium</p> <p>Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.</p>	Full	No	Title XIX: FFP 50%	M	M	M	SPD COA	SPD COA
6H	SPD	<p>Disabled - Federal Poverty Level (FPL) Program</p> <p>Individuals who are aged or disabled with income equal to or less than a percentage of the FPL, established by the state (no higher than 100%)</p>	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
6J	SPD	<p>SB 87 Pending Disability</p> <p>Covers with no SOC beneficiaries ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability.</p> <p>Blind or disabled individuals who participated in Medicaid as SSI cash recipients or who were considered to be receiving SSI, who would still qualify for SSI except for earnings.</p>	Full	No	Title XIX: FFP 50%, eFMAP Title XIX: FFP 65%/State 35%	M	M	M	V	SPD COA
6N	SPD	<p>Former Supplemental Security Income (SSI) Recipients - No Longer Disabled In Appeals Status</p> <p>Blind or disabled individuals who participated in Medicaid as SSI cash recipients or who were considered to be receiving SSI, who would still qualify for SSI except for earnings.</p>	Full	No	Title XIX: FFP 50%, eFMAP Title XIX: FFP 65%/State 35%	M	M	M	V	SPD COA

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6P	SPD	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Children.  Blind or disabled individuals who participated in Medicaid as SSI cash recipients or who were considered to be receiving SSI, who would still qualify for SSI except for earnings.	Full	No	Title XIX: FFP 50%, eFMAP Title XIX: FFP 65%/State 35%	M	M	M	N/A	SPD COA
6R (see note)	N/A	SB 87 Pending Disability.  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.  Note: Excluded from Managed Care 1/1/22, as per CalAIM.	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	SPD COA
6S	N/A	Disabled - Substantial Gainful Activity (SGA)  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
6U	N/A	Disabled - Federal Poverty Level (FPL) Program  Covers the disabled in the Aged and Disabled FPL program who do not have satisfactory immigration status.  Individuals who are aged or disabled with income equal to or less than a percentage of the FPL, established by the state (no higher than 100%).	Restricted	No	Title XXI: FFP 69.34%/St ate 30.66%, Emergenc y Title XIX :FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A

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V Voluntary

N/A not in Managed Care

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Mandatory or Voluntary Enrollment  
by Medi-Cal Aid Codes  
2025 Forward**

AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
6V	SPD	<p>Disabled - Department of Developmental Services (DDS) Waiver</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
6W (see note)	N/A	<p>Disabled - Department of Developmental Services (DDS) Waivers</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
6X	SPD	<p>Medi-Cal In-Home Operations (IHO) Waiver.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
6Y (see note)	N/A	<p>Medi-Cal In-Home Operations (IHO) Waiver.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
7A	N/A	<p>Children - Ages 6 to 19 - 0% to 100% Federal Poverty Level (FPL)</p> <p>Provides full benefits to otherwise eligible children, ages 6 to 19 years or over 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the FPL.</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p> <p><b>Deactivated Aid Code 05/01/2020. Aid code deactivated to prevent new enrollment.</b></p>	Full	No	FFP 50%	N/A	N/A	N/A	N/A	N/A
7C	N/A	<p>Children - Ages 6 to 19 - 0% to 100% Federal Poverty Level (FPL)</p> <p>100 Percent OBRA Child. Covers emergency and pregnancy-related services to otherwise eligible children, without satisfactory immigration status who are ages 6 to 19 years or over 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the FPL.</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p> <p><b>Deactivated Aid Code 05/01/2020</b></p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX :FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
7D	N/A	<p>Aged - Hospital Presumptive Eligibility (HPE) - 65 Years or Older and Income At or Below 138% FPL</p> <p>Individuals who are aged or disabled with income equal to or less than a percentage of the FPL, established by the state (no higher than 100%)</p>	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
7F	N/A	<p>Pregnancy Verification Presumptive Eligibility (PE)</p> <p>This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have a negative pregnancy test result.</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Restricted	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
7G	N/A	<p>Ambulatory Prenatal Care Presumptive Eligibility (PE)</p> <p>This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have a positive pregnancy test result. Qualified Provider issues paper PE ID Card.</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Restricted	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
7H	N/A	<p>Tuberculosis (TB) Program.</p> <p>Individuals infected with tuberculosis who income does not exceed established standards, limited to tuberculosis-related services.</p>	Restricted	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
7J	Adult/Family/OT LIC	<p>Children - Up To Age 19 - Continuous Eligibility for Children (CEC)</p> <p>Provides full-scope benefits to children up to 19 years old who would otherwise lose their no Share of Cost Medi-Cal.</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
7K	N/A	<p>Children - Up To Age 19 - Continuous Eligibility for Children (CEC)</p> <p>Provides emergency and pregnancy-related benefits to children without satisfactory immigration status who are up to 19 years old who would otherwise lose their no Share of Cost Medi-Cal.</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
7M	N/A	Minor Consent Program - Ages 12 to 21 Covers eligible minors between the ages of 12 and 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, and family planning. Paper Medi-Cal ID card issued.	Restricted	No	100% State	N/A	N/A	N/A	N/A	N/A
7M	N/A	Minor Consent Program - Ages 12 to 21 Covers eligible minors between the ages of 12 and 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, and family planning. Paper Medi-Cal ID card issued.	Restricted	Yes	100% State	N/A	N/A	N/A	N/A	N/A
7N	N/A	Minor Consent Program - Pregnant Under Age 21 Covers eligible pregnant minors under the age of 21. Limited to services related to pregnancy and family planning. Paper Medi-Cal ID Card issued.	Restricted	No	100% State	N/A	N/A	N/A	N/A	N/A
7P	N/A	Minor Consent Program - Ages 12 to 21 - Including Outpatient Mental Health Covers eligible minors between the ages of 12 and 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Paper Medi-Cal ID Card issued.	Restricted	No	100% State	N/A	N/A	N/A	N/A	N/A
7P	N/A	Minor Consent Program - Ages 12 to 21 - Including Outpatient Mental Health Covers eligible minors between the ages of 12 and 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Paper Medi-Cal ID Card issued.	Restricted	Yes	100% State	N/A	N/A	N/A	N/A	N/A
7R	N/A	Minor Consent Program - Age Under 12 - Family Planning/Sexual Assault Covers eligible minors under age 12. Limited to services related to family planning and sexual assault. Paper Medi-Cal ID Card issued.	Restricted	No	100% State	N/A	N/A	N/A	N/A	N/A

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7R	N/A	Minor Consent Program - Age Under 12 - Family Planning/Sexual Assault Covers eligible minors under age 12. Limited to services related to family planning and sexual assault. Paper Medi-Cal ID Card issued.	Restricted	Yes	100% State	N/A	N/A	N/A	N/A	N/A
7S	Adult/Family/OT LIC	Parent and Caretaker Relative Express Lane Enrollment (ELE) Express Lane Enrollment (Title XIX). CalFresh parents from 19 through 64 years of age who are neither blind nor disabled. Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state. <b>Deactivated Aid Code 05/01/2020. Aid code deactivated to prevent new enrollment.</b> <b>Plans may still see beneficiaries remaining in this aid code and will receive payment for them.</b>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
7T	N/A	Express Enrollment - National School Lunch Program Infants and children under age 19 with household income at or below standards established by the state based on age group.	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
7U	Adult Expansion	Adults - Ages 19 to 64 - Express Lane Enrollment (ELE) ( <b>Obsolete</b> ) CalFresh adults from 19 through 64 years of age who are citizens or lawfully present, and neither blind nor disabled. Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL. <b>Deactivated Aid Code 05/01/2020. Aid code deactivated to prevent new enrollment.</b> <b>Plans may still see beneficiaries remaining in this aid code and will receive payment for them.</b>	Full	No	Title XIX: FFP 90%/State 10%	M	M	M	N/A	V

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7V	N/A	Trafficking and Crime Victims Assistance Program (TCVAP)  Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.	Full	Yes	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%; State Only: all other services 100%	N/A	N/A	N/A	N/A	N/A
7W	Adult/Family/OT LIC	Children - Age Under 19 - Express Lane Enrollment (ELE)  CalFresh children under 19 years of age who are neither blind nor disabled.  Infants and children under age 19 with household income at or below standards established by the state based on age group.  <b>Deactivated Aid Code 05/01/2020. Aid code deactivated to prevent new enrollment.</b>  <b>Plans may still see beneficiaries remaining in this aid code and will receive payment for them.</b>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
7X	N/A	One Month Media-Cal to Healthy Families Bridge ( <b>Obsolete</b> )  Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.	Full	No	eFMAP Title XXI: FFP 69.34%/State 30.66%	N/A	N/A	N/A	N/A	N/A

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8E (see note)	Adult/Family/OT LIC	Accelerated Enrollment. Provides immediate, temporary Medi-Cal benefits. Title XIX Note: aid code 8E changed to 5E on July 1, 2008 Note: Added to Managed Care 1/1/22, as per CalAIM. Note: Expanded to include 19 and over.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
8F	N/A	County Medical Services Program (CMSP) - Companion To Aid Code 53  Used in conjunction with Medi-Cal aid code 53. Aid Code 8F will appear as a special aid code and will entitle the eligible client to acute inpatient services only while residing in a Nursing Facility Level A or B. For more information about Long Term Care (LTC) services, refer to the County Medical Services Program (CMSP) section in this manual.	Restricted	No	100% County	N/A	N/A	N/A	N/A	N/A
8F	N/A	County Medical Services Program (CMSP) - Companion To Aid Code 53  Used in conjunction with Medi-Cal aid code 53. Aid Code 8F will appear as a special aid code and will entitle the eligible client to acute inpatient services only while residing in a Nursing Facility Level A or B. For more information about Long Term Care (LTC) services, refer to the County Medical Services Program (CMSP) section in this manual.	Restricted	Yes	100% County	N/A	N/A	N/A	N/A	N/A
8G	N/A	Qualified Working Disabled Under 1619(b)  Severely Impaired Working Individual. Blind or disabled individuals who participated in Medicaid as SSI cash recipients or who were considered to be receiving SSI, who would still qualify for SSI except for earnings.	Full	No	Title XIX: FFP 50%, eFMAP Title XIX: FFP 65%/State 35%	N/A	N/A	N/A	N/A	N/A
8H	N/A	Family Planning Access, Care, and Treatment (FPACT)  Comprehensive family planning services for low income residents of California with no other source of health care coverage. HAP card issued. Individuals who are not pregnant, with income equal to or below the highest standard for pregnant women, as specified by the State, limited to family planning and related services.	Restricted	No	Title XIX: FFP 50%, Title XXI: FFP 90%/State 10% Family Planning	N/A	N/A	N/A	N/A	N/A

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8L	N/A	Adults - Accelerated Enrollment <b>(Aid Code Not in Use)</b> Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
8M	N/A	CMSP mCase No SOC is a County Medical Services Program (CMSP) aid code. There are no Medi-Cal benefits and this aid code is not a companion aid code to Medi-Cal. The members eligible for this aid code reside in a CMSP-participating county, are ages 21-64, 138% FPL or below, documented or undocumented with no share of cost and have full scope CMSP benefits.	Restricted	No	100% County	N/A	N/A	N/A	N/A	N/A
8N	N/A	Children - Ages 1 to 6 - 0% to 133% Federal Poverty Level (FPL) - Excess Property Emergency Services Only. Provides emergency services only for eligible children without satisfactory immigration status who are ages 1 up to 6 or 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. Infants and children under age 19 with household income at or below standards established by the state based on age group.	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
8P	Adult/Family/OT LIC	Children - Ages 1 to 6 - 0% to 133% Federal Poverty Level (FPL) - Excess Property Provides Medi-Cal benefits to eligible children ages 1 up to 6 or 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. Infants and children under age 19 with household income at or below standards established by the state based on age group.	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A

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8R	Adult/Family/OT LIC	<p>Children - Ages 6 to 19 - 100% Federal Poverty Level (FPL) - Excess Property</p> <p>100 Percent Excess Property Child. Provides benefits to otherwise eligible children, ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p>	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A
8S	N/A	<p>CMSP mCase SOC is a County Medical Services Program (CMSP) aid code. There are no Medi-Cal benefits and this aid code is not a companion aid code to Medi-Cal. The members eligible for this aid code reside in a CMSP-participating county, are ages 21-64, above 138% and not more than 300% FPL, documented or undocumented with share of cost and have full scope CMSP benefits.</p>	Restricted	Yes	100% County	N/A	N/A	N/A	N/A	N/A
8T	N/A	<p>Children - Ages 6 to 19 - 100% Federal Poverty Level (FPL) - Excess Property</p> <p>Pregnancy and Emergency Services Only. Covers emergency and pregnancy-related services only to otherwise eligible children without satisfactory immigration status who are ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
8U	Adult/Family/OT LIC	<p>Deemed Infant - Child Health Disability and Prevention (CHDP) - Gateway</p> <p>Provides 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.</p> <p>Children born to women covered under Medicaid or a separate CHIP for the date of the child's birth, who are deemed eligible for Medicaid until the child turns age 1.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A

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8V	N/A	Deemed Infant - Child Health Disability and Prevention (CHDP) - Gateway  CHDP Gateway Deemed Infant SOC. Provides Medi-Cal benefits with a 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.  Children born to women covered under Medicaid or a separate CHIP for the date of the child's birth, who are deemed eligible for Medicaid until the child turns age 1.  <b>Deactivated Aid Code 07/2019</b>	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
8W	N/A	Child Health Disability and Prevention (CHDP) - Gateway Pre Enrollment  Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Medi-Cal eligibility. Provides temporary Medi-Cal benefits.	Full	No	Title XIX: Enhanced FFP 50%	N/A	N/A	N/A	N/A	N/A
8X	N/A	Child Health Disability and Prevention (CHDP) - Presumptive Eligibility Targeted Low-Income  Targeted Low-Income FPL for Children (M-CHIP TITLE XXI). Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Medi-Cal eligibility.	Full	No	Title XXI: Enhanced FFP 65%/State 35%	N/A	N/A	N/A	N/A	N/A
9H	N/A	Children - 200% Federal Poverty Level (FPL) Healthy Families (HF) <b>(Obsolete)</b>  <b>Deactivated Aid Code 6/2014</b>  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. Benefits: Healthy Families services only: no Medi-Cal.  Uninsured children under age 19 who do not have access to public employee coverage and whose household income is within standards established by the state.	Restricted	No	Title XXI: FFP 69.34%/State 30.66%	N/A	N/A	N/A	N/A	N/A

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A1	N/A	<p>Non-Medi-Cal Hearing Aid Coverage for Children</p> <p>Children 0 to 21 who are at or below 600% of the FPL and do not have OHC (or have OHC with a coverage limit of \$1,500 or less for hearing aids) for these services. Aid code is being expanded to include children aged 18 to 21. Eligibility ends at then end of the month in which the 21st birthday occurs.</p> <p>Note: Age expansion implemented 1/1/2023</p>	Restricted	No	100% State	N/A	N/A	N/A	N/A	N/A
C1 (see note)	N/A	<p>Aged - Medically Needy (MN)</p> <p>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A
C2 (see note)	N/A	<p>Aged - Medically Needy (MN)</p> <p>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	Yes	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A

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C3 (see note)	N/A	<p>Blind - Medically Needy (MN)</p> <p>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status an unverified citizens. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A
C4 (see note)	N/A	<p>Blind - Medically Needy (MN)</p> <p>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	Yes	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
C5 (see note)	N/A	<p>Aid to Families with Dependent Children (AFDC) - Medically Needy (MN)</p> <p>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Benefits restricted to pregnancy and emergency services.</p> <p>Children under 18 who would qualify as categorically needy, except for income.</p> <p>Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.</p> <p>Parents and other caretaker relatives of dependent children, eligible as categorically needy except for income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	<p>Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A
C6 (see note)	N/A	<p>Aid to Families with Dependent Children (AFDC) - Medically Needy (MN)</p> <p>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Benefits restricted to pregnancy and emergency services.</p> <p>Children under 18 who would qualify as categorically needy, except for income.</p> <p>Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.</p> <p>Parents and other caretaker relatives of dependent children, eligible as categorically needy except for income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	Yes	<p>Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans  
Mandatory or Voluntary Enrollment  
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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
C7 (see note)	N/A	<p>Disabled - Medically Needy (MN)</p> <p>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A
C8 (see note)	N/A	<p>Disabled - Medically Needy (MN)</p> <p>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	Yes	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans  
Mandatory or Voluntary Enrollment  
by Medi-Cal Aid Codes  
2025 Forward**

AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
C9 (see note)	N/A	<p>Child Under Age 21 - Medically Indigent (MI)</p> <p>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until age 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing. Benefits restricted to pregnancy and emergency services.</p> <p>Children under 18 who would qualify as categorically needy, except for income.</p> <p>Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	<p>Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A
D1 (see note)	N/A	<p>Child Under Age 21 - Medically Indigent (MI)</p> <p>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. Benefits restricted to pregnancy and emergency services.</p> <p>Children under 18 who would qualify as categorically needy, except for income.</p> <p>Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	Yes	<p>Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%, LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans  
Mandatory or Voluntary Enrollment  
by Medi-Cal Aid Codes  
2025 Forward**

AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
D2 (see note)	N/A	<p>Aged - Long Term Care (LTC)</p> <p>OBRA Aliens not Protected Under the Color of Law (PRUCOL) and unverified citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. Covers persons 65 years of age or older who are medically needy and in LTC status. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A
D3 (see note)	N/A	<p>Aged - Long Term Care (LTC)</p> <p>OBRA Aliens Not PRUCOL and unverified citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. Covers persons 65 years of age or older who are medically needy and in LTC status. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	Yes	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A

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2025 Forward**

AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
D4 (see note)	N/A	<p>Blind - Long Term Care (LTC)</p> <p>OBRA Aliens Not PRUCOL and Unverified Citizens– LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A
D5 (see note)	N/A	<p>Blind - Long Term Care (LTC)</p> <p>OBRA Aliens Not PRUCOL and unverified citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	Yes	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
D6 (see note)	N/A	<p>Disabled - Long Term Care (LTC)</p> <p>OBRA Aliens Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A
D7 (see note)	N/A	<p>Disabled - Long Term Care (LTC)</p> <p>OBRA Aliens Not PRUCOL and Undocumented Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and undocumented citizens. Recipients will remain in this aid code even if they leave LTC. Benefits restricted to pregnancy and emergency services.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	Yes	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans  
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2025 Forward**

AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
D8 (see note)	N/A	<p>Pregnant Age Over 21 - Medically Indigent (MI)</p> <p>OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens. Covers persons aged 21 years or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent. Benefits restricted to pregnancy and emergency services.</p> <p>Women who are pregnant, who would qualify as categorically needy, except for income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
D9 (see note)	N/A	<p>Pregnant Age Over 21 - Medically Indigent (MI)</p> <p>OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens. Covers persons aged 21 or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the Medically Needy programs. Benefits restricted to pregnancy and emergency services.</p> <p>Women who are pregnant, who would qualify as categorically needy, except for income.</p> <p>Note: Excluded from Managed Care 1/1/22, as per CalAIM.</p>	Restricted	Yes	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
E2 (see note)	N/A	<p>Unverified Citizens. Covers eligible unverified citizen children. One month Medi-Cal to Healthy Families Bridge. Pregnancy and Emergency Services only for eligible children ages 0 to 19, who are unverified citizens.</p> <p><b>NOTE: Obsolete Aid Code.</b></p>	Restricted	No	Enhanced FFP 65% (Title XXI)	N/A	N/A	N/A	N/A	N/A
E4	N/A	<p>Unverified Citizens. Covers eligible unverified citizen children. One month Medi-Cal to Healthy Families Bridge. Pregnancy and Emergency Services only for eligible children ages 0 to 19, who are unverified citizens.</p> <p><b>Deactivated Aid Code 07/2014</b></p>	Restricted	No	Enhanced FFP 65% (Title XXI)	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

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**Medi-Cal Managed Care Plans  
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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
E5 (see note)	N/A	Unverified Citizens. Covers eligible unverified citizen children. One month Medi-Cal to Healthy Families Bridge. Pregnancy and Emergency Services only for eligible children ages 0 to 19, who are unverified citizens. <b>NOTE: Obsolete Aid Code.</b>	Restricted	No	Enhanced FFP 65% (Title XXI)	N/A	N/A	N/A	N/A	N/A
E6	Adult/Family/OT LIC	Infants - Ages 0 to 1 - 213% to 266% Federal Poverty Level (FPL) - Media-Cal Access Program (MCAP) Optional Targeted Low Income Children's Program (OTLIC)  Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A
E7	Adult/Family/OT LIC	Infants - Age Under 2 - 266% to 322% Federal Poverty Level (FPL) - Media-Cal Access Program (MCAP) Targeted Low Income Children's Program (TLIC)  Provides health care services (medical, dental and vision) through Medi-Cal Managed Care Plans with a premium to children whose family income is above 266 percent up to and including 322 percent of the FPL.  Uninsured children under age 19 who do not have access to public employee coverage and whose household income is within standards established by the state.	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A
E8	Adult/Family/OT LIC	Newborn Gateway Deemed Infant-MCAIP (Title XXI)  Provides full benefits with no SOC to newborns aged 0 up to 1, born to mothers enrolled in MCAP under 0E in the month of newborn's birth. Eligibility will continue until newborn is evaluated for MCAIP by Maximus.  7/1/2024 Implementation.	Full	No	Title XXI: Enhanced FFP 65%/State 35%	M	M	M	N/A	N/A
F1	N/A	Media-Cal Adult State Inmates Hospital Inpatient Services  Limited to hospital inpatient services only.  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Restricted	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans  
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by Medi-Cal Aid Codes  
2025 Forward**

AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
F2	N/A	<p>Media-Cal Adult State Inmates Hospital Inpatient Services</p> <p>Limited to hospital inpatient emergency and pregnancy related services only.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Restricted	No	Title XIX: FFP 50%, Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: State 50%	N/A	N/A	N/A	N/A	N/A
F3	N/A	<p>Medi-Cal Adult County Inmates Hospital Inpatient Services</p> <p>Limited to hospital inpatient services only.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Restricted	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
F4	N/A	<p>Medi-Cal Adult County Inmates Hospital Inpatient Services</p> <p>Limited to hospital inpatient emergency and pregnancy related services only.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Restricted	No	Title XIX: FFP 50%, Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: County 50%	N/A	N/A	N/A	N/A	N/A
G0	N/A	<p>Medi-Cal Adult State Medical Parole Program</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
G1	N/A	<p>Medi-Cal State Juvenile Inmates Hospital Inpatient Services</p> <p>Women who are pregnant, who would qualify as categorically needy, except for income.</p> <p>Children under 18 who would qualify as categorically needy, except for income.</p> <p>Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.</p> <p>Limited to hospital inpatient services only.</p>	Restricted	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
G2	N/A	<p>Medi-Cal Juvenile State Inmates Hospital Inpatient Services</p> <p>Limited to inpatient emergency and pregnancy related services only.</p> <p>Women who are pregnant, who would qualify as categorically needy, except for income.</p> <p>Children under 18 who would qualify as categorically needy, except for income.</p> <p>Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.</p>	Restricted	No	Title XIX: FFP 50%, Title XXI: FFP 69.34%/St ate 30.66%, Emergenc y Title XIX: State 50%	N/A	N/A	N/A	N/A	N/A
G3	N/A	<p>Medi-Cal Adult County Inmates Hospital Inpatient Services</p> <p>Limited to hospital inpatient services only.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Restricted	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
G4	N/A	<p>Medi-Cal Adult County Inmates Hospital Inpatient Services</p> <p>Limited to hospital inpatient emergency and pregnancy related services only.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Restricted	Yes	Title XIX: FFP 50%, Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: County 50%	N/A	N/A	N/A	N/A	N/A
G5	N/A	<p>Medi-Cal Juvenile County Inmates Hospital Inpatient Services</p> <p>Women who are pregnant, who would qualify as categorically needy, except for income.</p> <p>Children under 18 who would qualify as categorically needy, except for income.</p> <p>Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.</p>	Restricted	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
G6	N/A	<p>Medi-Cal Juvenile County Inmates Hospital Inpatient Services</p> <p>Women who are pregnant, who would qualify as categorically needy, except for income.</p> <p>Children under 18 who would qualify as categorically needy, except for income.</p> <p>Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.</p>	Restricted	No	Title XIX: FFP 50%, Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: County 50%	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
G7	N/A	<p>Medi-Cal Juvenile County Inmates Hospital Inpatient Services</p> <p>Women who are pregnant, who would qualify as categorically needy, except for income.</p> <p>Children under 18 who would qualify as categorically needy, except for income.</p> <p>Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.</p>	Restricted	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
G8	N/A	<p>Medi-Cal Juvenile County Inmates Hospital Inpatient Services</p> <p>Women who are pregnant, who would qualify as categorically needy, except for income.</p> <p>Children under 18 who would qualify as categorically needy, except for income.</p> <p>Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.</p>	Restricted	Yes	Title XIX: FFP 50%, Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: County 50%	N/A	N/A	N/A	N/A	N/A
G9	N/A	<p>Medi-Cal Adult State Medical Parole Program</p> <p>Compassionate Release.</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
H0	N/A	Children - Ages 6 to 19 - 133% to 266% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)  Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.	Full	No	Title XXI: FFP 69.34%/State 30.66%	N/A	N/A	N/A	N/A	N/A
H1	Adult/Family/OT LIC	Infants - Ages 0 to 1 - 200% to 250% Federal Poverty Level (FPL) Optional Targeted Low-Income Children's Program (OTLIC)  Provides Medi-Cal coverage for infants, ages 0 to 1, whose family's household income is above 200 percent up to and including 250 percent of the FPL.  Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A
H2	Adult/Family/OT LIC	Children - Ages 1 to 6 - 133% to 150% Federal Poverty Level (FPL) Optional Targeted Low-Income Children's Program (OTLIC)  Provides coverage to children whose family's household income is above 133 percent up to and including 150 percent of FPL.  Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A
H3	Adult/Family/OT LIC	Children - Ages 1 to 6 - 150% to 250% Federal Poverty Level (FPL) Optional Targeted Low-Income Children's Program (OTLIC)  Provides Medi-Cal coverage with a premium payment to children whose family's household income is above 150 percent up to and including 250 percent of the FPL.  Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans  
Mandatory or Voluntary Enrollment  
by Medi-Cal Aid Codes  
2025 Forward**

AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
H4	Adult/Family/OT LIC	<p>Children - Ages 6 to 19 - 150% to 250% Federal Poverty Level (FPL) Optional Targeted Low-Income Children's Program (OTLIC)</p> <p>Provides Medi-Cal coverage to children whose family's household income is above 100 percent up to and including 150 percent of the FPL.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A
H5	Adult/Family/OT LIC	<p>Medi-Cal Optional Targeted Low-Income Children's Program (Title XXI). Children ages 6 to 19. Provides Medi-Cal coverage with a premium payment to children whose family's household income is above 150 percent up to and including 250 percent of the FPL.</p>	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A
H6	N/A	<p>Infants - Ages 0 to 1 - 209% to 266% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)</p> <p>Provides Medi-Cal coverage for infants ages 0 up to 1 year whose family income is 209 to 266 percent of the FPL.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Full	No	Title XXI: FFP 69.34%/State 30.66%	N/A	N/A	N/A	N/A	N/A
H7	N/A	<p>Children - Ages 1 to 6 - 0% to 142% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)</p> <p>Provides Medi-Cal coverage for children ages 1 through 6 years whose family income is 0 to 142 percent of the FPL.</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p>	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans  
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by Medi-Cal Aid Codes  
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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
H8	N/A	<p>Children - Ages 6 to 19 - 0% to 133% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)</p> <p>Provides Medi-Cal coverage for children ages 6 through 19 years whose family income is 0 to 133 percent of the FPL.</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p>	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
H9	N/A	<p>Children - Ages 1 to 6 - 143% to 266 Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)</p> <p>Provides Medi-Cal coverage for children ages 1 through 6 years whose family income is 143 to 266 percent of the FPL.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Full	No	Title XXI: FFP 69.34%/State 30.66%	N/A	N/A	N/A	N/A	N/A
I2	N/A	<p>CalAIM Justice Involved Pre-Release Program</p> <p>Grants limited Justice-Involved Pre-Release Services services to incarcerated individuals currently eligible in a 90/10 ACA primary Medi-Cal aid code. FFP is 90% Federal/10% State General Fund for this aid code. The Pre-Release eligibility period is up to 90 days prior to the release date. The services must be provided on site of the facility in which the individual is incarcerated.</p> <p>Implementing 10/1/2024.</p>	Restricted	No	Enhanced FFP 90%/State 10%	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans  
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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
13	N/A	<p>CalAIM Justice Involved Pre-Release Program</p> <p>Grants limited Justice-Invovled Pre-Release Services to incarcerated individuals currently eligible in a 50/50 Title XIX primary Medi-Cal aid code. FFP is 50% Federal/50% State General Fund for this aid code. The Pre-Release eligibility period is up to 90 days prior to the release date. The services must be provided on site of the facility in which the individual is incarcerated.</p> <p>Implementing 10/1/2024.</p>	Restricted	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
14	N/A	<p>CalAIM Justice Involved Pre-Release Program</p> <p>Grants limited Justice-Invovled Pre-Release Services to incarcerated individuals currently eligible in a 65/35 Title XXI Medi-Cal primary aid code. FFP is 65% Federal/35% State General Fund for this aid code. The Pre-Release eligibility period is up to 90 days prior to the release date. The services must be provided on site of the facility in which the individual is incarcerated.</p> <p>Implementing 10/1/2024.</p>	Restricted	No	Title XXI: Enhanced FFP 65%/State 35%	N/A	N/A	N/A	N/A	N/A
15	N/A	<p>CalAIM Justice Involved Pre-Release Program</p> <p>Grants limited Justice-Invovled Pre-Release Services to incarcerated individuals currently in a 0/100 State General Fund Medi-Cal primary aid code. FFP is 100% State General Fund for this aid code. The Pre-Release eligibility period is up to 90 days prior to the release date. The services must be provided on site of the facility in which the individual is incarcerated.</p> <p>Implementing 10/1/2024.</p>	Restricted	No	100% State	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
I6	N/A	<p>CalAIM Justice Involved Pre-Release Program</p> <p>Grants limited Justice-Involved Pre-Release Services to incarcerated UIS individuals currently in a Title XIX Medi-Cal primary aid code. FFP is Title XIX for Emergency Services, Title XXI for Pregnancy services, and 100% State General Fund for In Reach services not covered under Emergency or Pregnancy. The Pre-Release eligibility period is up to 90 days prior to the release date. The services must be provided on site of the facility in which the individual is incarcerated.</p> <p>Implementing 10/1/2024.</p>	Restricted	No	<p>Emergency Title XIX: FFP 50%/State 50%, Pregnancy Title XXI: FFP 65%/State 35%, All other services: 100%</p>	N/A	N/A	N/A	N/A	N/A
J1	N/A	<p>County Compassionate Release</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
J2	N/A	<p>County Compassionate Release</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
J3	N/A	<p>County Compassionate Release</p> <p>Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.</p>	Restricted	No	<p>Title XXI: FFP 69.34%/County 30.66%, Emergency Title XIX: FFP 50%/County 50%</p>	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
J4	N/A	County Compassionate Release  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Restricted	Yes	Title XXI: FFP 69.34%/County 30.66%, Emergency Title XIX: FFP 50%/County 50%	N/A	N/A	N/A	N/A	N/A
J5	N/A	County Compassionate Release - Long Term Care (LTC) - Aged  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Limited	No	Title XIX: FFP 50%/County 50%	N/A	N/A	N/A	N/A	N/A
J6	N/A	County Compassionate Release - Long Term Care (LTC) - Aged  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Restricted	No	Title XXI: FFP 69.34%/County 30.66%, Emergency Title XIX: FFP 50%/County 50%	N/A	N/A	N/A	N/A	N/A
J7	N/A	County Compassionate Release - Long Term Care (LTC) - Disabled  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Limited	No	Title XIX: FFP 50%/County 50%	N/A	N/A	N/A	N/A	N/A

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**Medi-Cal Managed Care Plans  
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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
J8	N/A	County Compassionate Release - Long Term Care (LTC) - Disabled  Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	Restricted	No	Title XXI: FFP 69.34%/County 30.66%, Emergency Title XIX: FFP 50%/County 50%	N/A	N/A	N/A	N/A	N/A
K1	Adult/Family/OT LIC	CalWORKS - Single-Parent Safety Net and Drug/Fleeing Felon Family  Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
K2	N/A	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) - State Medical Parole  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Full	No	Title XIX: FFP 90%/State 10%	N/A	N/A	N/A	N/A	N/A
K3	N/A	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) - State Medical Parole  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 100%, LTC State Only: 100%, Postpartum State Only 100%	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
K4	N/A	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 128% Federal Poverty Level (FPL) - Blind/Disabled - State Medical Parole  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Full	No	Title XIX: FFP 50%, Family Planning Title XIX: FFP 90%/State 10%, eFMAP Title XIX: FFP 65%/State 35%	N/A	N/A	N/A	N/A	N/A
K5	N/A	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 128% Federal Poverty Level (FPL) - Blind/Disabled - State Medical Parole  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Restricted	No	Title XXI: FFP 69.34%/St ate 30.66%, Emergenc y Title XIX: FFP 50%/State 50%, LTC/Postp artum/L&D State Only: 100%	N/A	N/A	N/A	N/A	N/A
K6	N/A	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) - County Compassionate Release  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Full	No	Title XIX: FFP 90%/State 10%, Family Planning Title XIX: County 10%	N/A	N/A	N/A	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
K7	N/A	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) - County Compassionate Release  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Restricted	No	Title XXI: FFP 69.34%/County 30.66%, Emergency Title XIX: FFP 100%, LTC/Postpartum State Only: 100%	N/A	N/A	N/A	N/A	N/A
K8	N/A	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 128% Federal Poverty Level (FPL) - Blind/Disabled - County Compassionate Release  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Full	No	Title XIX: FFP 50%, Family Planning Title XIX: FFP 90%/County 10%, eFMAP Title XIX: FFP 65%/State 35%	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
K9	N/A	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 128% Federal Poverty Level (FPL) - Blind/Disabled - County Compassionate Release  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Restricted	No	Title XXI: FFP 69.34%/County 30.66%, Emergency Title XIX: FFP 100%, LTC/Postpartum State Only: 100%	N/A	N/A	N/A	N/A	N/A
L1	Adult Expansion	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL)- Low Income Health Program (LIHP)  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Full	No	Title XIX: FFP 90%/State 10%	M	M	M	N/A	Adult Expansion COA
L6 (see note)	SPD	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 128% Federal Poverty Level (FPL) - Blind/Disabled (Not Newly Eligible)  Disabled/Blind 19 to 65 at or below 128% FPL citizen.  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 128% FPL.  Note: L6 was implemented as Adult Expansion but changed to SPD in March 2019.	Full	No	Title XIX: FFP 50%, Family Planning Title XIX: FFP 90%/State 10%, eFMAP Title XIX: FFP 65%/State 35%	M	M	M	N/A	SPD COA

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
L7	N/A	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 128% Federal Poverty Level (FPL) - Blind/Disabled (Not Newly Eligible)  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Restricted	No	eFMAP Title XIX FFP 65%/State 35%, Title XXI: FFP 69.34%/St ate 30.66%, Emergenc y Title XIX/L&D: FFP 50%/State 50%, Postpartu m State Only 100%	N/A	N/A	N/A	N/A	N/A
M0 (see note)	N/A	Title XIX. Pregnant women. Provides emergency, family planning, pregnancy-related and postpartum services to undocumented pregnant women with income 138% to 213% of the Modified Adjusted Gross Income (MAGI) Federal Poverty Level (FPL).  Women who are pregnant or post-partum, with household income at or below a standard established by the state.  Note: Expanded to cover the length of potential pregnancy plus the 365-day postpartum period. Effective 4/1/22 as per ARPA PCE.	Full	Yes	Title XXI: FFP 69.34%/St ate 30.66%, Emergenc y Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
M1	Adult Expansion	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL)  Provides Medi-Cal coverage to adults with income up to 138 percent of the FPL.  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Full	No	Title XIX: FFP 90%/State 10%	M	M	M	N/A	Adult Expansio n COA

M Mandatory  
V Voluntary

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
M2	N/A	<p>Adults - Ages 19 to 65 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL)</p> <p>Provides Medi-Cal coverage to adults with income up to 138 percent of the FPL.</p> <p>Provides emergency, pregnancy-related and Long Term Care (LTC) services to undocumented adults with income up to 138 percent of the FPL.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 90%/State 10%, LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A
M3	Adult/Family/OT LIC	<p>Parent and Caretaker Relative - Modified Adjusted Gross Income (MAGI) 0% to 109% Federal Poverty Level (FPL)</p> <p>Provides Medi-Cal coverage to citizens/lawfully present parent/caretaker relatives with income up to 109 percent of the FPL.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p>	Full	No	Title XIX: FFP 50%	M	M	M	Adult COA	Family COA
M4	N/A	<p>Parent and Caretaker Relative - Modified Adjusted Gross Income (MAGI) 0% to 109% Federal Poverty Level (FPL)</p> <p>Provides emergency, pregnancy-related and LTC services to undocumented parents/caretaker relatives with income up to 109 percent of the FPL.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p>	Restricted	No	Title XXI: FFP 69.34%, State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
M5	Adult/Family/OT LIC	<p>Children - Ages 6 to 19 - Modified Adjusted Gross Income (MAGI) 108% to 133% Federal Poverty Level (FPL)</p> <p>Provides Medi-Cal coverage to citizens/lawfully present children with family income 108 to 133 percent of the FPL.</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p>	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A
M6	N/A	<p>Children - Ages 6 to 19 - Modified Adjusted Gross Income (MAGI) 108% to 133% Federal Poverty Level (FPL)</p> <p>Provides emergency, pregnancy-related and LTC services to undocumented children with family income 108 to 133% of the FPL.</p> <p>Infants and children under age 19 with household income at or below standards established by the state based on age group.</p>	Restricted	No	Title XXI: FFP 69.34%, State 30.66%, Emergency Title XIX: FFP 69.34%/State 30.66%, LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A
M7 (see note)	Adult/Family/OT LIC	<p>Pregnant - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL)</p> <p>Provides Medi-Cal coverage to citizens/lawfully present pregnant women with income up to 138% of the FPL.</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p> <p>Note: Expanded to cover the length of potential pregnancy plus the 365-day postpartum period. Effective 4/1/22 as per ARPA PCE.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
M8 (see note)	N/A	<p>Pregnant - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL)</p> <p>Provides emergency, pregnancy-related and LTC services to undocumented pregnant women with income up to 125% of the FPL.</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p> <p>Note: Expanded to cover the length of potential pregnancy plus the 365-day postpartum period. Effective 4/1/22 as per ARPA PCE.</p>	Full	Yes	Title XXI: FFP 69.34%, State 30.66%, Emergency Title XIX: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
M9 (see note)	Adult/Family/OT LIC	<p>Title XIX. Pregnant women. Provides Medi-Cal coverage to citizens/lawfully present pregnant women with income between 138% to 213% Modified Adjusted Gross Income (MAGI) Federal Poverty Level (FPL).</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p> <p>Note: Added to Managed Care 1/1/22, as per CalAIM.</p> <p>Note: Expanded to cover the length of potential pregnancy plus the 365-day postpartum period. Effective 4/1/22 as per ARPA PCE.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
N0	N/A	<p>Adults - Ages 19 to 65 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) - Low Income Health Program (LIHP) - County Inmate</p> <p>Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.</p>	Restricted	No	Title XIX: FFP 90%/State 10%	N/A	N/A	N/A	N/A	N/A
N5	N/A	<p>Adults - Ages 19 to 65 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) - State Inmate</p> <p>Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.</p>	Restricted	No	Title XIX: FFP 90%/State 10%	N/A	N/A	N/A	N/A	N/A

M Mandatory  
V Voluntary

N/A not in Managed Care

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
N6	N/A	Adults - Ages 19 to 65 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) - State Inmate Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Restricted	No	Title XIX: FFP 90%/State 10%	N/A	N/A	N/A	N/A	N/A
N7	N/A	Adults - Ages 19 to 65 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) - County Inmate Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Restricted	No	Title XIX: FFP 90%/State 10%	N/A	N/A	N/A	N/A	N/A
N8	N/A	Adults - Ages 19 to 65 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) - County Inmate Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Restricted	No	Title XIX: FFP 90%/State 10%	N/A	N/A	N/A	N/A	N/A
N9	N/A	Adults - Ages 19 to 65 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) - Low Income Health Program (LIHP) - State Inmate Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Restricted	No	Title XIX: FFP 90%/State 10%	N/A	N/A	N/A	N/A	N/A
P0	N/A	Infants - Ages 0 to 1 - Modified Adjusted Gross Income (MAGI) 0% to 208% Federal Poverty Level (FPL) Infants and children under age 19 with household income at or below standards established by the state based on age group.	Restricted	No	Emergency Title XIX: State 50%/County 50%, LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A
P1	N/A	Infants - Ages 0 to 1 - Modified Adjusted Gross Income (MAGI) 0% to 208% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE) Infants and children under age 19 with household income at or below standards established by the state based on age group.	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

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P2	N/A	Parent and Caretaker Relatives - Modified Adjusted Gross Income (MAGI) 0% to 109% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)  Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
P3	N/A	Adults - Ages 19 to 65 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)  Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
P4	N/A	Pregnant - Modified Adjusted Gross Income (MAGI) 0% to 213% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)  Women who are pregnant or post-partum, with household income at or below a standard established by the state.	Restricted	No	Title XIX Ambulatory Prenatal: FFP 50%/State 50%	N/A	N/A	N/A	N/A	N/A
P5	Adult/Family/OT LIC	Children Ages - 6 to 19 - Modified Adjusted Gross Income (MAGI) 0% to 133% Federal Poverty Level (FPL)  Infants and children under age 19 with household income at or below standards established by the state based on age group.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
P6	N/A	Children - Ages 6 to 19 - Modified Adjusted Gross Income (MAGI) 0% to 133% Federal Poverty Level (FPL)  Infants and children under age 19 with household income at or below standards established by the state based on age group.	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	N/A	N/A	N/A	N/A	N/A

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2025 Forward**

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P7	Adult/Family/OT LIC	Children - Ages 1 to 6 - Modified Adjusted Gross Income (MAGI) 0% to 142% Federal Poverty Level (FPL) Infants and children under age 19 with household income at or below standards established by the state based on age group.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
P8	N/A	Children - Ages 1 to 6 - Modified Adjusted Gross Income (MAGI) 0% to 142% Federal Poverty Level (FPL) Infants and children under age 19 with household income at or below standards established by the state based on age group.	Restricted	No	Emergency Title XIX: FFP 50%/State 50%, LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A
P9	Adult/Family/OT LIC	Infants - Ages 0 to 1 - Modified Adjusted Gross Income (MAGI) 0% to 208% Federal Poverty Level (FPL) Infants and children under age 19 with household income at or below standards established by the state based on age group.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
R1	Adult/Family/OT LIC	CalWORKS - Trafficking and Crime Victims Assistance Program (TCVAP) Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	Full	No	Title XXI: FFP 69.34%/State 30.66%, Emergency Title XIX: FFP 50%/State 50%, LTC State Only 100%	M	M	M	N/A	N/A

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T0	N/A	<p>Infants - Ages 0 to 1 - Modified Adjusted Gross Income (MAGI) 208% to 266% Federal Poverty Level (FPL) - Optional Targeted Low Income Children (OTLIC)</p> <p>Infant up to 1 year without satisfactory immigration status. Provides no cost benefits restricted to emergency and State-funded LTC services to children whose family income is above 208 to 266 percent of the FPL.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A
T1	Adult/Family/OTLIC	<p>Children - Ages 6 to 19 - Modified Adjusted Gross Income (MAGI) 160% to 266% Federal Poverty Level (FPL) - Optional Targeted Low Income Children (OTLIC) - Premium</p> <p>Provides Medi-Cal benefits to children whose family income is 160 to 266 percent of the FPL. OTLIC premiums apply.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A
T2	Adult/Family/OTLIC	<p>Children - Ages 6 to 19 - Modified Adjusted Gross Income (MAGI) 133% to 160% Federal Poverty Level (FPL) - Optional Targeted Low Income Children (OTLIC)</p> <p>Children ages 6 to 19 years. Provides Medi-Cal benefits to children whose family income is above 133 to 160 percent of the FPL.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A

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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
T3	Adult/Family/OT LIC	<p>Children - Ages 1 to 6 - Modified Adjusted Gross Income (MAGI) 160% to 266% Federal Poverty Level (FPL) - Optional Targeted Low Income Children (OTLIC) - Premium</p> <p>Children ages 1 to 6 years. Provides Medi-Cal benefits to children whose family income is 160 to 266 percent of the FPL. OTLIC premiums apply.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A
T4	Adult/Family/OT LIC	<p>Children - Ages 1 to 6 - Modified Adjusted Gross Income (MAGI) 142% to 160% Federal Poverty Level (FPL) - Optional Targeted Low Income Children (OTLIC)</p> <p>Children ages 1 to 6 years. Provides Medi-Cal benefits to children whose family income is above 142 to 160 percent of the FPL.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A
T5	Adult/Family/OT LIC	<p>Infants - Ages 0 to 1 - Modified Adjusted Gross Income (MAGI) 208% to 266% Federal Poverty Level (FPL) - Optional Targeted Low Income Children (OTLIC) Program</p> <p>Infant up to 1 year. Provides Medi-Cal benefits to children whose family income is above 208 to 266 percent of the FPL.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Full	No	Title XXI: FFP 69.34%/State 30.66%	M	M	M	N/A	N/A

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T6	N/A	<p>Children - Ages 6 to 19 - Modified Adjusted Gross Income (MAGI) 160% to 266% Federal Poverty Level (FPL) - Optional Targeted Low Income Children (OTLIC) - Premium</p> <p>Children ages 6 to 19 years, without satisfactory immigration status. Provides no cost benefits restricted to emergency, pregnancy-related and State-funded Long Term Care (LTC) services to children whose family income is 160 to 266 percent of the FPL. OTLIC premiums apply.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A
T7	N/A	<p>Children - Ages 6 to 19 - Modified Adjusted Gross Income (MAGI) 133% to 160% Federal Poverty Level (FPL) - Optional Targeted Low Income Children (OTLIC)</p> <p>Children ages 6 to 19 years, without satisfactory immigration status. Provides no cost benefits restricted to emergency, pregnancy-related and State-funded LTC services to children whose family income is above 133 to 160 percent of the FPL.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A
T8	N/A	<p>Children - Ages 1 to 6 - Modified Adjusted Gross Income (MAGI) 160% to 266% Federal Poverty Level (FPL) - Optional Targeted Low Income Children (OTLIC) - Premium</p> <p>Children ages 1 to 6 years, without satisfactory immigration status. Provides no cost benefits restricted to emergency and State-funded LTC services to children whose family income is 160 to 266 percent of the FPL. OTLIC premiums apply.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A

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T9	N/A	<p>Children - Ages 1 to 6 - Modified Adjusted Gross Income (MAGI) 142% to 160% Federal Poverty Level (FPL) - Optional Targeted Low Income Children (OTLIC)</p> <p>Children ages 1 to 6 years, without satisfactory immigration status. Provides no cost benefits restricted to emergency and State-funded LTC services to children whose family income is above 142 to 160 percent of the FPL.</p> <p>Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.</p>	Restricted	No	Title XXI: FFP 69.34%/State 30.66%, LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A
V2	N/A	<p>Presumptive Eligibility (PE) for coronavirus (COVID-19) Diagnostic Testing Only - Limited Scope</p> <p>Uninsured individuals who are eligible for medical assistance for COVID-19 diagnostic products and any visit described as a COVID-19 testing-related service for which payment may be made under the State plan during any portion of the public health emergency period, beginning March 18, 2020.</p>	Restricted	No	Title XIX: FFP 100%	N/A	N/A	N/A	N/A	N/A