

DEPARTMENT OF HEALTH SERVICES

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June 10, 1991

TO: All County Welfare Directors  
All County Administrative Officers

Letter No: 91-52

SUBJECT: REVISED ELIGIBILITY MANUAL PROCEDURES SECTION 5A

This letter transmits an updated version of Procedures Section 5A Aid Codes and Definitions. Many of the aid codes are new, some have been revised, and some deleted.

We have also enclosed several charts which are a modified version of those designed by Los Angeles County which you may find useful as a reference guide.

You can expect to receive the final revisions of Section 5A as part of Procedures Manual process at a later date. For questions on Section 5A please contact Marge Buzdas at (916) 324-4972 or the analyst assigned to the specific program/article.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

# MEDI-CAL ELIGIBILITY MANUAL

## 5A -- AID CODES MASTER CHART

<u>Aid Code</u>	<u>Program</u>	<u>Aid Code</u>	<u>Program</u>
01	REFUGEE CASH ASSISTANCE	*+22	BLIND-SC
02	REFUGEE MEDICAL ASSISTANCE/ ENTRANT MEDICAL ASSISTANCE	23	BLIND-LTC
03	ADOPTION ASSISTANCE PROGRAM (FEDERAL)	24	BLIND-MN
04	ADOPTION ASSISTANCE PROGRAM/ AID FOR ADOPTION OF CHILDREN (NON-FEDERAL)	26	BLIND-PICKLE ELIG.
		27	BLIND-MN SOC
		28	BLIND-IHSS (CASH)
+05	SERIOUSLY EMOTIONALLY DISTURBED (CASH GRANT ONLY)	30	AFDC-FG (CASH)
#-07	200% PROGRAM (OBRA INFANT)-EMERGENCY SVCS.	*+31	AFDC-FG-SERVICES ONLY
		32	AFDC-FG-STATE ONLY (CASH)
08	ENTRANT CASH ASSISTANCE	33	AFDC-U-STATE ONLY (CASH)
09	FOOD STAMPS	34	AFDC-MEDICALLY NEEDY
10	AGED (SSI/SSP)	35	AFDC-U (CASH)
*+11	AGED-SERVICES ONLY	36	DISABLED-COBRA-WIDOW/ERS
*+12	AGED-SPECIAL CIRCUMSTANCES	37	AFDC-MN-SOC
13	AGED-LTC	38	<u>EDWARDS V. KIZER</u>
14	AGED-MEDICALLY NEEDY	39	TRANSITIONAL MEDI-CAL
16	AGED-PICKLE ELIG.	40	AFDC-FC/NON-FED
17	AGED-MN SOC	*+41	AFDC-FC-SERVICES ONLY
18	AGED-IHSS (CASH)	42	AFDC-FC/FEDERAL
20	BLIND (SSI/SSP)		
*+21	BLIND-SERVICES ONLY		

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<u>Aid Code</u>	<u>Program</u>	<u>Aid Code</u>	<u>Program</u>
		60	DISABLED (SSI/SSP)
# 44	185% PROGRAM (PREGNANCY RELATED/POSTPARTUM)	*+61	DISABLED-SO
45	CHILDREN SUPPORTED BY PUBLIC FUNDS	*+62	DISABLED-SC
		63	DISABLED-LTC
		64	DISABLED-MN (No SOC)
47	185% PROGRAM (INFANT-FULL SCOPE)	65	DISABLED-SGA/ABD-MN (IHSS) SOC/No SOC
# 48	185% PROGRAM (OBRA PREGNANCY/ RELATED/POSTPARTUM)	66	DISABLED-PICKLE ELIG.
		67	DISABLED-MN-SOC
# 49	185% PROGRAM (IRCA PREGNANCY RELATED/POSTPARTUM)	68	DISABLED-IHSS (CASH)
\$@50	CMSP IRCA ALIEN(OUT OF COUNTY CARE)	#-69	185% PROGRAM (OBRA INFANT- EMERGENCY SERVICES)
\$ 51	PRE-1982 AMNESTY ALIENS (ABD OR UNDER 18) FULL MEDI-CAL BENEFITS	#70	200% PROGRAM (CITIZEN & OBRA PREGNANCY RELATED/POSTPARTUM)
# 52	PRE-1982 AMNESTY ALIENS (NOT ABD, NOT UNDER 18) RESTRICTED MEDI-CAL BENEFITS		
# 53	MEDICALLY INDIGENT ADULT/ NURSING FACILITY (LIMITED SCOPE)	#71	DIALYSIS/DIALYSIS SUPPORT
54	FOUR MO. CONT.	72	133% PROGRAM
		#73	TPN/TPN-SUPP. (PARENTERAL HYPERALIMENTATION)
\$ 56	SAW/RAW AMNESTY ALIENS (ABD OR UNDER 18) FULL MEDI-CAL BENEFITS	#-74	133% PROGRAM (OBRA)
# 57	SAW/RAW AMNESTY ALIENS (NOT ABD, NOT UNDER 18) RESTRICTED MEDI-CAL BENEFITS	75	200% PROGRAM IRCA PREGNANCY RELATED/POSTPARTUM
		76	60-DAY POSTPARTUM
~ 58	NONIMMIGRANT/UNDOCUMENTED ALIENS RESTRICTED MEDI-CAL BENEFITS	79	200% PROGRAM (INFANTS) (FULL SCOPE)
59	ADDITIONAL TRANSITIONAL MEDI-CAL		

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<u>Aid Code</u>	<u>Program</u>	<u>Aid Code</u>	<u>Program</u>
# 80	QUALIFIED MEDICARE BENEFICIARY	@85	MI-A-SOC
81	MEDICALLY INDIGENT ADULTS- AID PAID PENDING	86	MI-PREGNANT NO SHARE OF COST
		87	MI-PREGNANT WITH SHARE OF COST
82	MEDICALLY INDIGENT PERSON UNDER 21	@88	MI-A-DISAB. PEND.
		@89	MI-A-DISAB. PEND. - SOC
83	MEDICALLY INDIGENT PERSON UNDER 21 WITH SHARE OF COST	*+90-99	GENERAL RELIEF/ GENERAL ASSISTANCE
@ 84	MI-A		

\* Optional  
 + No Medi-Cal card(s) issued for this aid code.  
   Restricted Medi-Cal card(s) issued for this aid code.  
 ( County Medical Services Program (CMSP) ID cards issued for this aid code.  
 ~ OBRA = emergency and pregnancy related services only.  
 \$ IRCA = ABD & under 18 = full scope.

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Article 5 -- MEDI-CAL PROGRAMS

5 A. AID CODE MASTER CHART

5 B. AID CODES, PROGRAMS, DEFINITIONS

1. Cash Grant (Public Assistance)
2. Cash Grant (No Cards Issued)
3. Other Public Assistance Programs
4. Edwards v. Kizer
5. Medically Needy, No Share of Cost
6. Poverty Level Programs, No Share of Cost
7. Medically Needy, Share of Cost
8. Medically Needy Long-Term Care
9. Medically Indigent
10. Medically Indigent, Long-Term Care
11. Refugee/Entrant Medical Assistance
12. Medi-Cal Special Treatment Programs
13. IRCA/OBRA
14. County Medical Services Program
15. Services Only -- Optional Codes
16. Food Stamp Program

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B. AID CODES, PROGRAM, DEFINITIONS

<u>Aid Code</u>	<u>Program</u>	<u>Definition</u>
1. CASH GRANT		Public Assistance Programs (PA)
* 01	RCA	Refugee Cash Assistance (FFP)-- Includes unaccompanied children. All eligible refugees may receive benefits during their first 12 months in the U. S. Unaccompanied children are not subject to the 12-month limitation provision. (See 45 CFR, Part 400, and Section 50257, Title 22, CCR.)
03	AAP-Federal	Adoption Assistance Program (FFP) -- A program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance. [See Sections 50227 & 50246 and aid code 04.
+05	SED	Seriously Emotionally Disturbed Children Cash grant only for residential placement necessary for education. (See Section 18350 - 18355 W&I Code. AB 3632)
* 08	ECA	Entrant Cash Assistance (FFP) -- Cuban/Haitian entrants, including unaccompanied children who are eligible, may receive Entrant Cash Assistance benefits during their first 12 months in the U. S. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the 12-month limitation provision. (See 45 CFR, Part 400 and Section 50257, Title 22, CCR.)

- \* FFP is available under the Title XIX program for individuals under 21 years of age. Other federal funds are available through the Refugee Resettlement Program for both children and adults. Effective October 1, 1988, the Refugee Cash Assistance (RCA) and Refugee Medical (RMA) program was reduced from 18 months to 12 months. However, full federal funding was expanded for the costs of General (GA) and General Medical Assistance (GMA) for the following 12 month period, so that full federal funding still is available for 24 months. These reductions also apply to the Cuban/Haitian entrant programs (EMA) which follow the same criteria.

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10	AGED	SSI/SSP Aid to the Aged (FFP) -- A cash assistance program administered by the Social Security Administration (SSA) which pays a cash grant to needy persons 65 years of age or older.
20	BLIND	SSI/SSP Aid to the Blind (FFP) -- A cash assistance program administered by the SSA which pays a cash grant to needy blind persons of any age.
60	DISABLED	SSI/SSP Aid to the Disabled (FFP) -- A cash assistance program administered by the SSA which pays a cash grant to needy persons who meet the federal definition of disability.
30	AFDC-FG	Aid to Families with Dependent Children-Family Group (FFP) -- Aid to families with dependent children in a family group in which the child(ren) is deprived because of the absence, incapacity, or death of either parent. (See MPP Section 40-103 and Section 50205, Title 22 CCR.)
**32	State-only AFDC-FG	Aid to Families with Dependent Children - Family Group (non-FFP cash grant FFP for Medi-Cal eligibles). Aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who do <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided. Examples of these recipients are the pregnant woman with no other eligible children prior to the last trimester of her pregnancy, and assistance units which have qualified for aid because of a State court decision but do not meet all federal requirements.
**33	State-only AFDC-U	State-only Aid to Families with Dependent Children - Unemployed Parent (non-FFP cash grant FFP for Medi-Cal eligibles) -- Aid to families in which a child is deprived because of the unemployment of a parent living in the home and the parent is not

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eligible for FFP because he/she does not meet the federal AFDC eligibility requirements. Examples of these assistance units include those in which the unemployed parent does not meet the labor force connection requirements, or a State court decision requires they be aided.

\*\* If State Only AFDC-U Cash Grant -- Only individuals under 21 years of age, pregnant women, and certain adults over 21 are eligible for Medi-Cal benefits.

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|----|---------------------|--|
| 35 | AFDC-U              | Aid to Families with Dependent Children Unemployed Parent (FFP cash grant) -- Aid to families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. (See MPP Section 40-103 and Section 50205, Title 22, CCR.)                  |
| 40 | AFDC-FC/<br>Non-Fed | Aid To Families with Dependent Children-Foster Care (non-Fed) - The purpose of the Aid to Families with Dependent Children-Foster Care Program is to provide financial assistance for those children who are in need of substitute parenting and who have been placed in foster care. (See MPP Section 45-100.) Also see aid code 42 and 45. |
| 42 | AFDC-FC/Fed         | Aid to Families with Dependent Children-Foster Care (federal) (FFP) -- Also see aid code 40 and 45.  |

2. CASH GRANT - NO CARDS ISSUED

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|----|---------------------------|---|
| 12 | AGED-SC<br><br>(Optional) | Aid to the Aged-Special Circumstances<br><br>Special circumstances payments to aged adult recipients of SSI/SSP and SSP only. |
| 22 | BLIND-SC<br>(Optional)    | Aid to the Blind-Special Circumstances<br>Special circumstances payments to blind adult recipients of SSI/SSP and SSP only.   |
| 62 | DISABLED-SC<br>(Optional) | Aid to the Disabled-Special Circumstances<br>Special circumstances payments to adult  |



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recipients of SSI/SSP and SSP only.

90-99	GR/GA (Optional)	General Relief/General Assistance for county use in the local General Relief/General Assistance Program.
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3. Other Public Assistance Programs

03	AAP	Adoption Assistance Program (FFP)-- A program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance. No cash grant award. (See Sections 50227, Title 22, CCR and aid code 03.
***16	AGED-PICKLE	Aid to the Aged-Pickle Eligibles (FFP) -- Persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the <u>Lynch v. Rank</u> lawsuit.
***26	BLIND-PICKLE	Aid to the Blind-Pickle Eligibles (FFP) -- Persons who meet the federal criteria for blindness and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. See Aid Code 16 for definition of Pickle Eligibles.
***36	DISABLED- COBRA- WIDOW/ERS-	Aid to Disabled Widow/ers (FFP) --  Persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded. These persons are

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eligible for zero share-of-cost benefits as public assistance recipients in accordance with the provisions of COBRA.

\*\*\*66      DISABLED-  
             PICKLE

Aid to the Disabled-Pickle      Eligibles (FFP) - Persons who meet the federal definition of disability and are covered by the provisions of the Lynch v. Rank lawsuit. These persons were discontinued from SSI/SSP as a result of the individual becoming entitled on or after July 1, 1987 to SSA child's benefits payable on the basis of a disability which began before age 22, or because of an increase in childhood disability benefits. No age limit for this aid code.

39           INITIAL  
             TRANSITIONAL  
             MEDI-CAL  
             (TMC)

Six Months Continuing Eligibility -(FFP) Persons discontinued from cash grant due to increased earnings, increased hours of employment, or loss of the \$30 and 1/3 disregard but eligible for Medi-Cal only. See Section 50373 and 50243.5.

59           ADDITIONAL  
             TRANSITIONAL  
             MEDI-CAL  
             (TMC)

Additional six months Continuing Eligibility (FFP)--Persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC. See Aid Code 39 and Sections 50373 and 50243.5, Title 22, CCR.

54           FOUR MO.  
             CONT.

Four Month Continuing Eligibility (FFP) -- Persons discontinued from AFDC due to the increased collection of child/spousal support payments, but eligible for Medi-Cal only. See Sections 50243 and 50373. Title 22, CCR.

\*\*\*      NOTE: This also includes persons who were discontinued from cash grant status due to the 20% Social Security increase under Public Law 32-336. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with Section 50247, Title 22, CCR.

18           AGED-IHSS

Aid to the Aged-In-Home Supportive Services (FFP) -- Persons 65 years of age

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or older receiving In-Home Supportive Services, but not a SSI/SSP cash grant, provided they are using their net income (if any) in excess of the cash grant maximum payment level to pay toward the In-Home Supportive Services. (Includes persons who are eligible for IHSS under Chapter 1362 of the Statutes of 1978.) (See Section 50245, Title 22, CCR.) Also see aid code 65.

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|----|---------------|---|
| 28 | BLIND-IHSS    | Aid to the Blind-In-Home Supportive Services (FFP) -- Persons who meet the federal definition of blindness and are eligible for In-Home Supportive Services. See Aid Code 18 for definition of eligibility for In-Home Supportive Services. Also see aid code 65.       |
| 68 | DISABLED-IHSS | Aid to the Disabled-In-Home Supportive Services (FFP) -- Persons who meet the federal definition of disability and are eligible for In-Home Supportive Services. See Aid Code 18 for definition of eligibility for In-Home Supportive Services. (Also see aid code 65). |

**4. CONTINUING MEDI-CAL - NO SHARE OF COST**

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|----|-----------------------------------|--|
| 38 | <u>EDWARDS</u> V.<br><u>KIZER</u> | Continuing Medi-Cal Eligibility (FFP) -- <u>Edwards v. Kizer</u> court order provides for uninterrupted no share-of-cost Medi-Cal benefits for families discontinued from AFDC until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate Notice of Action sent. See Medi-Cal Eligibility Procedures Manual 4-0. |
|----|-----------------------------------|--|

**5. MEDICALLY NEEDY, NO SHARE OF COST**

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|----|---------|---|
| 14 | AGED-MN | Aid to the Aged-Medically Needy (FFP) -- Persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. No share of cost required of the beneficiaries. |
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|----|--|---|
| 24 | BLIND-MN                                       | Aid to the Blind-Medically Needy (FFP) -- Persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. No share of cost required of the beneficiaries.   |
| 34 | AFDC-MN  | Aid to Families with Dependent Children-Medically Needy (FFP) -- Families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. No share of cost required of the beneficiaries.  |
| 64 | DISABLED-MN                                    | Aid to the Disabled-Medically Needy (FFP) -- Persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only. No share of cost required of the beneficiaries.  |
| 65 | DISABLED-SGA/<br>ABD-MN (IHSS) .....<br>NO SOC | Aid to the Disabled-Substantial Gainful Activity/Aged, Blind, Disabled-Medically Needy (In-Home Supportive Services) (non-FFP) -- Persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program (Section 1614, Part A, Title XVI Social Security Act) and were eligible for SSI/SSP, but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment which was the basis of the disability determination. Or (b) are aged, blind, or disabled medically needy and have the costs of in-home supportive services deducted from their monthly income. (SOC may be required of some beneficiaries - see Medically Needy SOC under same aid code). |

6. POVERTY LEVEL PROGRAMS - NO SHARE OF COST

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|----|----------------|--|
| 07 | INFANT<br>200% | Infant - Undocumented/Nonimmigrant Alien (but otherwise eligible) -- Provides emergency services only for infants up |
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to age one year, and beyond one year when inpatient status began before first birthday continues and family income is at or below 200% of the federal poverty level.

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|----|---------------------|--|
| 44 | PREGNANT -<br>185 % | Pregnant (FFP) U. S. Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy related, and postpartum services for any age female if family income at or below 185% of poverty level. Pregnancy related services only.   |
| 47 | INFANT 185%         | Infant (FFP) - U. S. Citizen, Permanent Resident Alien/PRUCOL Alien -- Provides full Medi-Cal benefits to infants up to age one and beyond one year when inpatient status began before first birthday continues and family income is at or below 185 percent of the federal poverty level.   |
| 48 | PREGNANT -<br>185%  | Pregnant- Undocumented/Nonimmigrant Alien (But otherwise eligible) -- Provides family planning, pregnancy related, and postpartum services to females of any age and family income at or below 185% of federal poverty level. Routine prenatal care is non-FFP. Labor, delivery, and emergency prenatal care are FFP. The Medi-Cal card for these beneficiaries states "Valid for Pregnancy-Related Services Only."  |
| 49 | PREGNANT -<br>185%  | Pregnant - Amnesty Alien -- Provides for family planning, pregnancy related, and postpartum services to females any age with income at or below 185% of the federal poverty level. (50% Title XIX and 50% SLIAG). IRCA provided for a State Legalization Impact Assistance Grant to reimburse state costs for providing benefits to aliens applying for or granted amnesty, Special Agricultural Worker (SAWS) status, or Replenishment Agricultural Worker (RAWS) status. The Medi-Cal card for these beneficiaries states "Valid for Pregnancy-Related Services Only." |

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|----|------------------------|--|
| 69 | INFANT - 185%          | Infant (FFP) - Undocumented/Nonimmigrant Alien (but otherwise eligible)-- Provides emergency services only for infants under one year of age and beyond one year when inpatient status began before first birthday continues and family income is at or below 185 percent of the federal poverty level.  |
| 70 | PREGNANT-<br>200%      | Pregnant - U. S. Citizen, Permanent Resident Alien/PRUCOL Alien -- or Undocumented/Nonimmigrant Alien (but otherwise eligible) -- Provides family planning, pregnancy related, and postpartum services under the state only funded expansion of the Medi-Cal program for a pregnant woman having income at or below 200% of the federal poverty level. |
| 72 | CHILD 133%             | Child (FFP) - U. S. Citizen, Permanent Resident Alien/PRUCOL Alien -- Provides full scope Medi-Cal benefits to children ages one up to age six and beyond six years when inpatient status began before sixth birthday continues and family income is at or below 133% of the federal poverty level.  |
| 74 | CHILD 133%             | Child - Undocumented/Nonimmigrant Alien (but otherwise eligible) -- Provides for emergency services only for children ages one up to age six and beyond six years when inpatient status began before sixth birthday continues and family income is at or below 133% of the federal poverty level.  |
| 75 | PREGNANT 200%          | Pregnant - Amnesty Alien -- Provides family planning, pregnancy related, and postpartum services for amnesty aliens under the state-only funded expansion of the Medi-Cal program for a pregnant woman having income at or below 200% of the federal poverty level.  |
| 76 | 60 - DAY<br>POSTPARTUM | 60-Day Postpartum Program -- Provides Medi-Cal at zero share of cost to women who, while pregnant, were eligible for, applied for, and received Medi-Cal   |

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benefits. They may continue to be eligible for all postpartum and pregnancy related medical assistance as though they were pregnant. This coverage begins on the last day of pregnancy and ends on the last day of the month in which the 60th day occurs. (FFP)

79        INFANT 200%  
STATE ONLY

Infant - U. S. Citizen/Permanent Resident Alien/PRUCOL/Alien -- Provides full Medi-Cal benefits to infants up to age one year, and beyond one year when inpatient status began before first birthday continues and family income is at or below 200% of the federal poverty level.

80        QUALIFIED  
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. See Section 50258, Title 22, CCR. (FFP)

### 7.        MEDICALLY NEEDED, SHARE OF COST

17        AGED-MN-SOC

Aid to the Aged-Medically Needed, Share of Cost (FFP) -- See Aid Code 14 for definition of AGED-MN. Share of cost is required of the beneficiaries.

27        BLIND-MN-SOC

Aid to the Blind-Medically Needed, Share of Cost (FFP) -- See Aid Code 24 for definition of BLIND-MN. Share of cost is required of the beneficiaries.

37        AFDC-MN-SOC

Aid to families with Dependent Children-Medically Needed, Share of Cost (FFP) -- See Aid Code 34 for definition of AFDC-MN. Share of cost is required of the beneficiaries.

65        DISABLED-SGA/  
ABD-MN (IHSS)-

Aid to the Disabled-Substantial Gainful Activity/Aged, Blind Disabled-Medically Needed (In-Home Supportive Services)-Share of Cost (non-FFP) -- Share of Cost is required of these beneficiaries; however this aid code may also be no share of cost (See Medically Needed No SOC).

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67           DISABLED-MN-SOC    Aid to the Disabled-Medically Needy,  
Share of Cost (FFP) -- See Aid Code 64  
for definition of Disabled-MN. Share of  
cost is required of the beneficiaries.

## 8. MEDICALLY NEEDED LONG-TERM CARE

(NOTE: These aid codes should be used for all individuals whose eligibility is determined in accordance with Sections 50203 and 50605, Title 22, CCR, regardless of whether or not there is share of cost involvement.)

13	AGED-LTC	Aid to the Aged-Long-Term Care Status (FFP) -- Persons 65 years of age or older who are medically needy and in long-term care status. Long-term care is inpatient medical care which lasts for more than the month of admission and is expected to last for at least one full calendar month after the month of admission.
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23	BLIND-LTC	Aid to the Blind-Long-Term Care Status (FFP) -- Persons who meet the federal criteria for blindness, are medically needy, and are in long-term care status. (See Aid Code 13 for definition of long-term care).
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63	DISABLED-LTC	Aid to the Disabled-Long-Term Care Status (FFP) -- Persons who meet the federal definition of disability who are medically needy and in long-term care status. (See Aid Code 13 for definition of long-term care.)
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9. MEDICALLY INDIGENT

45	CHILDREN SUPPORTED BY PUBLIC FUNDS	Children Supported in Whole or in Part by Public Funds (FFP) -- Children whose needs are met in whole or in part by public funds other than AFDC-FC. No share of cost. (See Section 50251, Title 22, CCR and Medi-Cal Procedures Manual 8C.)
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J4	AAP/AAC- non-federal	Adoption Assistance Program/Aid for Adoption of Children (non-FFP) with or without a cash grant -- See Aid Code 03
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for definition of AAP. The Aid for Adoption of Children cases are eligible for financial assistance through the Adoption Assistance Program, providing an Aid for the Adoption of Children Agreement was executed prior to October 1, 1982. (See Section 30674, Division 2, Title 22, CCR.)

\*\*\*\*82           MI-PERSON           Medically Indigent Person Under 21-No Share of Cost (FFP) -- Persons under 21 years of age (married or not married) who meet the eligibility requirements of medically indigent. No share of cost required of the beneficiaries. (See Section 50251, Title 22, CCR.)

\*\*\*\*83           MI-PERSON-SOC       Medically Indigent Person Under 21-Share of Cost (FFP) -- Persons under 21 years of age (married or not married) who meet the eligibility requirements of medically indigent. Share of cost is required of beneficiaries. (See Section 50251, Title 22, CCR.)

86               MI-PREGNANT       Medically Indigent-Confirmed Pregnancy-21 Years or Older- No Share of Cost (FFP) -- Persons, aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent. No share of cost is required of the beneficiaries. (See Section 50251, Title 22, CCR.)

\*\*\*\* Note: These aid codes can be used for a person under 21 years of age in long-term care (LTC) status. However, an LTC indicator cannot be used with Aid Code 82 on the Medi-Cal Eligibility System (MEDS). An LTC indicator can be used with Aid Code 83 but should not be used when an individual must meet a SOC using the MC 177 process.

87               MI-PREGNANT  
SOC               Medically Indigent-Confirmed Pregnancy-21 Years or Older-Share of Cost (FFP) -- Persons age 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185%/200% programs. (See Section 50251, Title 22, CCR.)

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**10. MEDICALLY INDIGENT - LONG TERM CARE**

53	MI-LTC STATE-ONLY	Medically Indigent-Long-Term Care -Age 21 or older and Under 65 Years-With or Without a Share of Cost (non-FFP) -- Persons over 21 and under 65 years of age who are residing in a skilled nursing or an intermediate care facility and meet all other eligibility requirements of medically indigent, with or without a share of cost. Limited to LTC Services only. (See Section 50251, Title 22, CCR and Medi-Cal Eligibility Procedures Manual 19C.)
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**11. REFUGEE/ENTRANT MEDICAL ASSISTANCE  
100% FEDERAL FUNDS**

02	RMA/EMA	Refugee Medical Assistance/Entrant Medical Assistance -- Refugees and entrants who are not otherwise eligible for Medi-Cal under federally funded AFDC, SSI/SSP, MN, or Medically Indigent Child Programs may be eligible for Medi-Cal through the special federal programs of Refugee Medical Assistance (RMA) or Entrant Medical Assistance (EMA) for 12 months. Also covers up to four months of transitional RMA/EMA. FFP is available under the Refugee Resettlement Program or Cuban/Haitian Entrant Program, not Title XIX. No SOC required. (See Section 50257, Title 22, CCR.)
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**12. MEDI-CAL SPECIAL TREATMENT PROGRAM**

71	DP/DSP	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (non-FFP) -- Persons of any age who are eligible only for dialysis and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs and who also meet the specific eligibility requirements contained in Section 50264, Title 22, CCR and Article 17 of the Medi-Cal Eligibility Procedures Manual.
73	TPN/TPN Supp.	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program -- Persons of any age who are eligible for parenteral

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**MEDI-CAL ELIGIBILITY MANUAL**  
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hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs and who also meet the eligibility requirements contained in Section 50264, Title 22, CCR and Article 17 of the Medi-Cal Eligibility Procedures Manual. No FFP.

13. IMMIGRATION REFORM AND CONTROL ACT OF 1986 (IRCA)/OMNIBUS BUDGET RECONCILIATION ACT OF 1986 (OBRA) WITH OR WITHOUT SHARE OF COST (Also see poverty level programs )

- |    |   |   |
|----|---|---|
| 51 | Pre-1982<br>Amnesty Aliens:<br>Full Benefits                            | IRCA Aliens - Full Medi-Cal benefits (50% Title XIX FFP, 50% SLIAG funds). IRCA of 1986 provides for a State Legalization Impact Assistance Grant (SLIAG) to reimburse the 50% state costs for providing benefits to otherwise eligible amnesty aliens (pre-1982 legalization), who are ABD or children under 18. This aid code will expire on April 30, 1993. (SLIAG funds expire September 30, 1991).   |
| 52 | Pre-1982<br>Amnesty Aliens:<br>Restricted<br>Benefits                   | IRCA Aliens - Restricted Medi-Cal benefits. (50% Title XIX FFP, 50% SLIAG funds) IRCA provides for emergency and pregnancy-related Medi-Cal benefits to eligible amnesty aliens (pre-1982 legalization status) who are not ABD or children under 18. This aid code will expire on April 30, 1993. (SLIAG funds expire September 30, 1991.)  |
| 56 | Amnesty<br>Agricultural<br>Workers (SAWs<br>and RAWs):<br>Full Benefits | IRCA Aliens - Full Medi-Cal benefits. (50% Title XIX FFP, 50% SLIAG funds.) - IRCA provides for a SLIAG to reimburse the 50% state costs for providing Medi-Cal services to eligible Special Agricultural Workers (SAWs) and Replenishment Agricultural Workers (RAWs) (if additional workers are required). This aid code applies to aliens granted amnesty under IRCA who are ABD or children under 18. It will expire on November 30, 1993. (SLIAG funds expire September 30, 1991.) |
| 57 | Amnesty<br>Agricultural   | IRCA Aliens - Restricted Medi-Cal Benefits (50% Title XIX FFP, 50% SLIAG  |

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Workers (SAWs and RAWs): Restricted benefits	funds). - IRCA provides for a SLIAG to reimburse the 50% state costs for providing emergency and pregnancy-related Medi-Cal benefits for eligible SAW or RAW amnesty aliens who are not ABD or children under 18. This aid code will expire on November 30, 1993. (SLIAG funds expire September 30, 1991.)
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58	OBRA Aliens: Restricted Benefits	Undocumented and Nonimmigrant Aliens - Restricted Medi-Cal benefits (50% Title XIX FFP for emergency services, 100% State General Fund for Pregnancy-related services). OBRA of 1986 allows emergency services including emergency labor and delivery, and dialysis services to Medi-Cal eligible undocumented and nonimmigrant aliens. These aliens are also eligible for state-only non-emergency pregnancy-related services. (Only one card issued.)
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### 14. COUNTY MEDICAL SERVICES PROGRAM (CMSP)

(NOTE: These aid codes are used by those counties that have exercised their option of contracting back with the State Department of Health Services for CMSP administrative services. In addition, non-CMSP counties may use these aid codes to report food stamp issuance for their medically indigent population. *There is no Medi-Cal card issued for these aid codes.*)

50	MI Restricted	Persons who have undetermined immigration status. -- Limited to emergency services only. Also used for out-of-county persons for emergency services only.
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84	MI-A	Medically Indigent-Adults-Age 21 and over but Under 65 Years-No Share of Cost (non-FFP) -- Persons, age 21 and under 65 years of age, who meet the eligibility requirements of medically indigent. No share of cost required of the beneficiaries. (See Section 50251, Title 22, CCR).
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85	MI-A-SOC	Medically Indigent-Adults-Age 21 and over but under 65 Years-Share of Cost (non-FFP) -- Persons, age 21 and under 65 years of age, who meet the
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## MEDI-CAL ELIGIBILITY MANUAL

eligibility requirements of medically indigent. Share of cost required of the beneficiaries. (See Section 50251, Title 22, CCR.)

- |    |                               |  |
|----|-------------------------------|--|
| 88 | MI-A-DISAB.<br>PEND.          | Medical Indigent-Adults-Age 21 and under 65 Years-Disability Pending-No Share of Cost (non-FFP) -- Persons, age 21 and over but under 65 years of age, who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. No share of cost required of the beneficiaries. (See Section 50251, Title 22, CCR.) |
| 89 | MI-A-DISAB.<br>PENDING<br>SOC | Medically Indigent-Adults-Age 21 and over but under 65 Years-Disability Pending-Share of Cost (non-FFP) -- See Aid Code 88 for definition of Medically Indigent-Adults-Disability Pending. (See Section 50251, Title 22, CCR.)   |

### 15. SERVICES ONLY -- OPTIONAL CODES -NO MEDI-CAL CARD ISSUED

- |    |                          |  |
|----|--------------------------|--|
| 11 | AGED-SO<br>(Optional)    | Aid to the Aged-Services Only -- Persons age 65 years or older who do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income.  |
| 21 | BLIND-SO<br>(Optional)   | Aid to the Blind-Services Only --Persons who meet the federal criteria for blindness and do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income.                                      |
| 31 | AFDC-FG-SO<br>(Optional) | Aid to Families with Dependent Children-Family Group-Services Only -- See Aid Code 30 for definition of AFDC-FG. Families who do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income. |
| 41 | AFDC-FG-SO               | Aid to Families with Dependent Children - (Optional) Foster Care-Services Only -- Families in the Foster Care Program  |

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who do not receive a cash grant, but are receiving social services as an income eligible with or without regard to income.

61                   DISABLED-SO Aid to the Disabled-Services Only --  
                  (Optional) Persons who meet the federal definition  
                          of disability who do not receive a cash  
                          grant, but are receiving social services  
                          as an income eligible with or without  
                          regard to income.

16.   FOOD STAMP PROGRAM - NO MEDI-CAL CARD ISSUED

+09                   F/S           Food Stamp Program -- Participants are  
   not public welfare recipients, but need a  
   case number to receive food stamps.

Dependent Children-Foster Care Program is to provide financial assistance for those children who are in need of substitute parenting and who have been placed in foster care. (See MPP Section 45-100.) Also see aid code 42 and 45.

# MEDI-CAL AID CODES

CODE	BENEFITS	SOC	DESCRIPTION
01	Full	No	Covers RCA (Refugee Cash Assistance) recipients.
02	Full	Y/N	Covers refugees and entrants who need M/C and who do not qualify for or want cash assistance.
03	Full	No	Federal AAP (Adoption Assistance program): Covers cash grant children receiving M/C by virtue of eligibility to AAP benefits.
04	Full	No	Non-Federal AAP/AAC program: Covers cash grant children receiving M/C by virtue of eligibility to AAP/AAC benefits.
07	Restricted to emergency services	No	200% program: Covers infants under one that have a temporary visa or are undocumented. Must be otherwise eligible to M/C with a SOC, and have income between 185% and 200% of the federal poverty level.
08	Full	No	Covers ECA (Entrant Cash Assistance) recipients.
10	Full	No	Covers aged SSI/SSP recipients.
13	Full	Y/N	Covers aged in long term care facilities.
14	Full	No	Covers aged medically needy.
16	Full	No	Covers aged Pickle eligible: Those who are 65 or older who are former SSI/SSP recipients subsequently discontinued, and who would be eligible to SSI/SSP if their RSDI COLA was disregarded.
17	Full	Yes	Covers the aged medically needy.
18	Full	No	Covers aged IHSS cash recipients who are not eligible for SSI/SSP cash benefits.
20	Full	No	Covers blind SSI/SSP recipients.
23	Full	Y/N	Covers the blind in long term care status.
24	Full	No	Covers the blind medically needy.
26	Full	No	Covers blind Pickle eligible: Those who are 65 or older who are former SSI/SSP recipients subsequently discontinued, and who would be eligible for SSI/SSP if their RSDI COLA was disregarded.
27	Full	Yes	Covers the blind medically needy.
28	Full	No	Covers blind IHSS cash recipients who are not eligible for SSI/SSP cash benefits.
30	Full	No	Covers those receiving AFDC-FG cash benefits.
32	Full	No	Covers those receiving state-only AFDC-FG cash benefits.
33	Full	No	Covers those receiving state-only AFDC-U cash benefits.
34	Full	No	Covers those medically needy persons with AFDC linkage, but not receiving a grant due to excess income or property.
35	Full	No	Covers those receiving AFDC-U cash benefits.
36	Full	No	Covers disabled/COBRA widow(ers) who are former SSI/SSP recipients subsequently discontinued, and would be eligible to SSI/SSP if their disabled widow(er) reduction factor and RSDI COLA were disregarded.
37	Full	Yes	Covers those medically needy persons with AFDC linkage, but not receiving a grant due to excess income or property.
38	Full	No	<b>Edwards vs. Myers:</b> Provides coverage to certain clients subsequent to AFDC termination. Given while M/C eligibility is determined.
39	Full	No	Transitional Medi-Cal (initial six months): Provides coverage to certain clients subsequent to AFDC termination due to increased earnings or employment. Coverage can continue up to six months as long as a minor is in the home.
40	Full	No	Covers those receiving Non-Federal AFDC-Foster care cash benefits.
42	Full	No	Covers those receiving Federal AFDC-Foster care cash benefits.

# MEDI-CAL AID CODES

CODE	BENEFITS	SOC	DESCRIPTION
44	Restricted to pregnancy related services	No	185% program: Covers citizens or lawful PRUCOL or conditional residents who are otherwise eligible to M/C with a SOC, and have income not exceeding 185% of the federal poverty level.
45	Full	No	Children supported in whole or in part by public funds. Children whose needs are met in whole or in part by public funds other than AFDC-FC.
47	Full	No	185% program: Covers infants under age one who are citizens or lawful residents. Must be otherwise eligible to M/C with a SOC, and have income not exceeding 185% of the federal poverty level.
48	Restricted to pregnancy related services	No	185% program: Covers pregnant women who are undocumented or who have a temporary visa. Must be otherwise eligible to M/C with a SOC, and have income not exceeding 185% of the federal poverty level.
49	Restricted to pregnancy related services	No	185% program: Covers pregnant women who are IRCA amnesty aliens. Must be otherwise eligible to M/C with a SOC, and have income not exceeding 185% of the federal poverty level.
51	Full	Y/N	Covers "Pre-1982" amnesty aliens who are aged, blind, disabled, or under 18, and otherwise eligible.
52	Restricted to pregnancy and emergency services	Y/N	Covers "Pre-1982" amnesty aliens who are 18 through 64, not blind or disabled, and otherwise eligible.
53	Restricted to LTC expenses	Y/N	Covers medically indigent adults residing in a skilled nursing or intermediate care facility (a SNF or an ICF).
54	Full	No	Continuing Medi-Cal (four months): Provides coverage to certain clients subsequent to AFDC termination due to child or spousal support.
56	Full	Y/N	Covers amnesty SAWs (Special Agricultural Workers) who are aged, blind, disabled, or under 18, and otherwise eligible.
57	Restricted to pregnancy and emergency services	Y/N	Covers amnesty SAWs (Special Agricultural Workers) who are 18 through 64, not blind or disabled, and who are otherwise eligible to M/C.
58	Restricted to pregnancy and emergency services	Y/N	Covers nonimmigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL, or amnesty alien status, but who are otherwise eligible to M/C.
59	Full	No	Transitional Medi-Cal (second six months): Applies to former AFDC clients, and follows initial six month period of coverage. Can continue up to six months as long as certain income requirements are met and a minor is in the home.
60	Full	No	Covers disabled SSI/SSP cash recipients.
63	Full	Y/N	Covers disabled persons in long term care status.
64	Full	No	Covers medically needy disabled persons.
65	Full	Y/N	Covers the aged, blind, or disabled medically needy who are ineligible to SSI/SSP due to their substantial gainful activity and those receiving IHSS services.
66	Full	No	Covers disabled Pickle eligible: Those who are disabled between the ages of 18 and 65, and who are former SSI/SSP recipients subsequently discontinued, and would be eligible for SSI/SSP if their RSDI COLA was disregarded.



# MEDI-CAL AID CODES

CODE	BENEFITS	SOC	DESCRIPTION
67	Full	Yes	Covers medically needy disabled persons.
68	Full	No	Covers disabled IHSS cash recipients who are not eligible for SSI/SSP, but who have been determined to be disabled by SSA or DED.
69	Restricted to emergency services	No	185% program: Covers infants under one who are undocumented or who have a temporary visa. Must be otherwise eligible to M/C with a SOC, and have income not exceeding 185% of the federal poverty level.
70	Restricted to pregnancy related services	No	200% program: Covers women who are lawful residents or those that are undocumented or with a temporary visa. Must be otherwise eligible to M/C with a SOC, and have income between 185% and 200% of the federal poverty level.
71	Restricted to dialysis related services	Y/N	Covers persons who would be eligible for Medi-Cal except for excess resources, and who are not eligible for Medicare. Impacts those receiving dialysis only. Different SOC determination rules apply.
71	Supplemental dialysis-related services	Y/N	Covers persons who meet regular Medi-Cal eligibility requirements, but are employed and who have a high share of cost. Impacts those receiving dialysis only. Dually certified; once the dialysis SOC is met, a full coverage M/C card is given.
72	Full	No	133% program: Covers children between the ages of one and six. Must be citizens, lawful residents or IRCA aliens, and be otherwise eligible to M/C with a SOC. Income must not exceed 133% of the federal poverty level.
73	Restricted to Parenteral Hyperalimentation-related expenses	Y/N	Covers persons who are in need of Parenteral Hyperalimentation and related services who are not linked to Medi-Cal, who have excess resources, and are not eligible for Medicare. Must meet all other Medi-Cal eligibility requirements.
73	Supplemental restricted to Parenteral Hyperalimentation-related expenses	Y/N	Covers persons who meet regular Medi-Cal eligibility requirements, but are employed and who have a high share of cost. Impacts those receiving Parenteral Hyperalimentation only. Dually certified; once the Parenteral Hyperalimentation SOC is met, a full coverage M/C card is given.
74	Restricted to emergency services	Y/N	133% program: Covers children between the ages of one and six, who are undocumented or have a temporary visa. must be otherwise eligible to M/C with a SOC, and have income not exceeding 133% of the federal poverty level.
75	Restricted to pregnancy related services	No	200% program: covers pregnant IRCA amnesty aliens. Must be otherwise eligible to M/C with a SOC, and have income between 185% and 200% of the federal poverty level.
76	Restricted to postnatal services	No	60 day postpartum program: Covers 60 days of postpartum or family planning coverage for women who received a M/C card in the month that pregnancy ended, and who would not otherwise be eligible to zero SOC in the month following delivery.
79	Full	No	200% program: Covers infants under age one who are citizens or lawful residents. Must be otherwise eligible to M/C with a SOC, and have MFBU income between 185% and 200% of the federal poverty level.
80	Restricted to Medicare expenses	No	QMB (Qualified Medicare Beneficiary) program: Covers Medicare expenses for recipients who fit certain income and property requirements.

## MEDI-CAL AID CODES

[illegible]

## MEDI-CAL AID CODES

### I. PREGNANT WOMEN/CHILDREN

AID CODE	LEVEL	DESCRIPTION
03	Full	AAP-Federal (Adoption Assistance Program): Cash and noncash grant child receiving Medi-Cal by virtue of eligibility of AAP.
04	Full	AAP/AAC-Non-Federal (Adoption Assistance/Aid for Adoption of Children): Cash grant and noncash grant child receiving Medi-Cal by virtue of eligibility to AAP/AAC.
07	Restricted	200% program: Child under one year of age, undocumented alien status or temporary visa, with regular share of cost and family income not to exceed 200% of federal poverty level.
44	Restricted	185% program: Pregnant woman, U. S. citizen, or lawful PRUCOL, or conditional resident, with regular share of cost and family income not to exceed 185% of federal poverty level.
45	Full	Children supported by Public Funds: Public agency supported in whole or in part.
47	Full	185% program: Child under one year of age, U. S. citizen or lawful resident, with regular share of cost and family income not to exceed 185% of federal poverty level.
48	Restricted	185% program: Pregnant women, OBRA alien, with regular share of cost and family income not to exceed 185% of federal poverty level.
49	Restricted	185% program: Pregnant women, IRCA amnesty alien, with regular share of cost and family income not to exceed 185% of federal poverty level.
69	Restricted	185% program: Child under one year of age, OBRA alien, with regular share of cost and family income not to exceed 185% of federal poverty level.
70	Restricted	200% program: Pregnant women, U. S. citizen or any alien status, with regular share of cost and family income not to exceed 200% of federal poverty level.
72	Full	133% program: Child one to six years of age, U. S. citizen/lawful permanent resident/PRUCOL/conditional status, with regular share of cost and family income not to exceed 133% of federal poverty level.
74	Restricted	133% program: Child one to six years of age, undocumented alien status/temporary visa/OBRA, with regular share of cost and family income not to exceed 133% of federal poverty level.
75	Restricted	200% program: Pregnant women, IRCA amnesty alien, with regular share of cost and family income not to exceed 200% of federal poverty level.
76	Restricted	60-day postpartum: Women who received a Medi-Cal Card and the Pregnancy ended and otherwise not eligible to zero SOC in the month after pregnancy ended.
79	Full	200% program: Child under one year of age, U. S. citizen/lawful permanent resident/PRUCOL/conditional status, with regular share of cost and family income not to exceed 200% of federal poverty level.
86	Full	MI (Medically Indigent) Women age 21 or older with confirmed pregnancy, no share of cost.
87	Full	MI (Medically Indigent) Women age 21 or older with confirmed pregnancy, share of cost required.

## MEDI-CAL AID CODES

### II. AGED, BLIND, DISABLED, QUALIFIED MEDICARE BENEFICIARY (QMB)

AID CODE	LEVEL	DESCRIPTION
10	Full	Aged SSI/SSP—65 or older receiving SSI/SSP. Administered by SSA.
13	Full	Aged LTC—65 or older in Long Term Care.
14	Full	Aged Medically Needy—65 or older, no share of cost.
16	Full	Aged Pickle Eligible—65 or older who are former SSI/SSP recipients subsequently discontinued who would be eligible for SSI/SSP if their Title II cost of living increases were disregarded.
17	Full	Aged Medically Needy—65 or older, share of cost.
18	Full	Aged IHSS—65 or older receiving IHSS cash benefits.
20	Full	Blind SSI/SSP—Blind (meeting SSI blindness requirement) receiving SSI/SSP. Administered by SSA.
23	Full	Blind LTC—Blind in Long Term Care.
24	Full	Blind Medically Needy—Blind, no share of cost.
26	Full	Blind Pickle Eligible—Blind who are former SSI/SSP recipients subsequently discontinued who would be eligible to SSI/SSP if their Title II cost of living increases were disregarded.
27	Full	Blind Medically Needy—Blind, share of cost.
28	Full	Blind IHSS—Blind aged 18 to 65 receiving IHSS cash benefits.
36	Full	Disabled/COBRA Widow(ers)—Received SSA prior to age 60, received SSI/SSP and subsequently discontinued, but would be eligible if Title II disabled widow(ers) reduction factor and subsequent COLAs were disregarded.
60	Full	Disabled SSI/SSP—Receiving SSI/SSP as disabled. Administered by SSA.
63	Full	Disabled LTC—Disabled person in Long Term Care.
64	Full	Disabled Medically Needy—Disabled, no share of cost.
65	Full	Disabled SGA/ABD-MN—Disabled, but ineligible for SSI/SSP due to Substantial Gainful Activity and those receiving IHSS services.
66	Full	Disabled Pickle Eligible—Disabled age 18 to 65 who were former SSI/SSP recipients subsequently discontinued but would be eligible for SSI/SSP if their Title II cost of living increases were disregarded.
67	Full	Disabled Medically Needy—Disabled, share of cost.
68	Full	Disabled IHSS—Disabled aged 18 to 65 receiving IHSS cash benefits.
80	Restricted	QMB Only—Aged, Blind or Disabled Medicare persons who do not receive Medi-Cal Note: Restricted (Red) Medi-Cal card issued with legend reading: "VALID ONLY FOR MEDICARE DEDUCTIONS AND COINSURANCE."

## MEDI-CAL AID CODES

### III. SPECIAL TREATMENT PROGRAMS

AID CODE	LEVEL	DESCRIPTION
53	Restricted	MI-LTC—Medically Indigent Adult (between 21 and 64) residing in a skilled nursing or intermediate care facility. Coverage is restricted to LTC services.
71	Restricted	DP (Medi-Cal Dialysis Only)—Persons who meet all Medi-Cal eligibility requirements, except they have excess resources and are not eligible for Medicare. They pay a percentage of all treatment used based on their annual net worth, a combination of property and annual gross income. Coverage limited to Dialysis and related care. DSP (Medi-Cal Dialysis Supplement)—Persons who meet regular Medi-Cal eligibility requirements, but are employed and who have a high share of cost. Coverage limited to Dialysis and related care. However, if the SOC is met, the regular card will cover all services. (MEDS and District number 80 only)
73	Restricted	Parenteral Hyperalimentation—Only—Persons who meet all Medi-Cal eligibility requirements except linkage. They have excess resources and are not eligible for Medicare. They must pay a percentage of all treatments used based on their annual net worth, a combination of property and annual gross income. (Aliens entitled only to restricted benefits are not eligible to Parenteral Hyperalimentation.) Coverage limited to Parenteral Hyperalimentation and related care. Parenteral Hyperalimentation Supplement—Persons who meet regular Medi-Cal eligibility requirements, but are employed and have a high share of cost. Supplemental coverage is limited to Parenteral Hyperalimentation and related care. However, if the SOC is met, the regular card will cover all services.

### IV. AFDC

AID CODE	LEVEL	DESCRIPTION
30	Full	AFDC-FG—Medi-Cal by virtue of eligibility to AFDC.
32	Full	AFDC-FG (State Only)—Medi-Cal by virtue of eligibility to AFDC.
33	Full	AFDC-U (State Only)—Medi-Cal by virtue of eligibility to AFDC.
34	Full	AFDC Medically Needy—Child(ren) and/or parent(s) meeting AFDC linkage but not receiving AFDC grant, no share of cost.
35	Full	AFDC-U—Medi-Cal by virtue of eligibility to AFDC.
37	Full	AFDC Medically Needy SOC—Child(ren) and/or parent(s) meeting AFDC linkage but not receiving AFDC grant, no share of cost.
40	Full	AFDC-FC/Non-Federal—Medi-Cal by virtue of eligibility to Foster Care.
42	Full	AFDC-FC/Federal—Medi-Cal by virtue of eligibility to Foster Care.

## MEDI-CAL AID CODES

### V. CONTINUING/TRANSITIONAL MEDI-CAL (TMC) PROGRAMS

AID CODE	LEVEL	DESCRIPTION
38	Full	<b>Edwards vs. Myers</b> —Certain AFDC clients automatically receive zero SOC Medi-Cal benefits following AFDC termination in order to provide time for the evaluation of Medi-Cal only eligibility.
39	Full	<b>Transitional Medi-Cal-Initial Six Months</b> —Certain AFDC clients who have received cash in three of the six months prior to termination and who lost AFDC eligibility due to increased or an anticipated increase in earnings or hours of employment or the loss of the \$30 or \$30 plus 1/3 Earned Income Disregard. These persons receive six months of zero SOC TMC benefits as long as a minor child is in the home.
54	Full	<b>Four-Month Continuing Medi-Cal</b> —AFDC clients who have received cash in three of the six months prior to termination and who lost AFDC eligibility because of receipt of child/spousal support. These persons receive four months of zero SOC Medi-Cal benefits.
59	Full	<b>Transitional Medi-Cal-Second Six Months</b> —Former AFDC clients who returned the quarterly status report during the initial six months of transitional coverage and who have average monthly income no greater than 185% of the federal poverty level. These persons receive an additional six months of zero SOC TMC as long as a minor child is in the home, status reports are returned timely, and the income requirement is met.

### VI. ALIEN

AID CODE	LEVEL	DESCRIPTION
51	Full	"Pre-1982" Amnesty—Aged, blind, disabled, or under age 18, and otherwise eligible.
52	Restricted	"Pre-1982" Amnesty—18 through 64 years, not blind or disabled, and otherwise eligible.
56	Full	Amnesty Special Agricultural Workers (SAWs) and Replenishment Agriculture Workers (RAWS)—Aged, blind, disabled, or under age 18, and otherwise eligible.
57	Restricted	Amnesty Special Agricultural Workers (SAWs) and Replenishment Agriculture Workers (RAWS)—18 through 64 years, not blind or disabled, and otherwise eligible.
58	Restricted	"OBRA Aliens"—Undocumented and nonimmigrant aliens who meet all other program requirements.

### VII. REFUGEE/ENTRANT

AID CODE	LEVEL	DESCRIPTION
01	Full	RCA (Refugee Cash Assistance)—Receive Medi-Cal by virtue of eligibility to RCA.
02	Full	RMA/EMA (Refugee Medical Assistance/Entrant Medical Assistance)—Medi-Cal by virtue of RMA/EMA linkage.
08	Full	ECA (Entrant Cash Assistance)—Receive Medi-Cal by virtue of eligibility to ECA.