

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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 (see note)	Adult/Family/OTL IC	<p>Refugee Resettlement Program (RRP) - Refugee Cash Assistance (RCA) -</p> <p>Covers all eligible refugees during their first 4 months in the US, including unaccompanied children who are not subject to the 4 month limitation.</p> <p>Note: Adjusted from 12 months to 4 months for members whose coverage began 5/5/25 or later</p>	Full	No	100% State	M	M	M	N/A	Family COA
02 (see note)	Adult/Family/OTL IC	<p>Refugee Resettlement Program (RRP) - Refugee Medical Assistance (RMA)/Entrant Medical Assistance (EMA)</p> <p>Covers eligible refugees and entrants who are not eligible for Medi-Cal or Healthy Families and do not qualify for or want cash assistance.</p> <p>Note: Adjusted from 12 months to 4 months for members whose coverage began 5/5/25 or later</p>	Full	No	100% State	M	M	M	N/A	Family COA

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02 (see note)	Adult/Family/OTL IC	<p>Refugee Resettlement Program (RRP) - Refugee Medical Assistance (RMA)/Entrant Medical Assistance (EMA)</p> <p>Covers eligible refugees and entrants who are not eligible for Medi-Cal or Healthy Families and do not qualify for or want cash assistance.</p> <p>Note: Adjusted from 12 months to 4 months for members whose coverage began 5/5/25 or later</p>	Full	Yes	100% State	N/A	N/A	N/A	N/A	N/A
03	Adult/Family/OTL IC	<p>Adoption Assistance Program (AAP).</p> <p>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.</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

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04	Adult/Family/OTLIC	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
06	Adult/Family/OTLIC	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

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07	Adult/Family/OTL IC	<p>Adoption Assistance Program (AAP) - Title IV-E Extended</p> <p>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.</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
08	Adult/Family/OTL IC	<p>Entrant Cash Assistance (ECA) - Cuban Haitian Entrants 8 month</p> <p>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.</p>	Full	No	100% State	M	M	M	N/A	N/A

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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 (see note)	Long Term Care	<p>Aged - Long Term Care (LTC) Medically Needy (MN)</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: Managed Care coverage does not start until Share of Cost is met.</p>	Full	Yes	Title XIX: FFP 50%	M	M	M	SPD COA	SPD COA
14	SPD	<p>Aged - Medically Needy (MN)</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

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16	SPD	<p>Aged - Pickle Eligible</p> <p>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.</p>	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA
17 (see note)	N/A	<p>Aged - Medically Needy (MN)</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

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18 (see note)	N/A	<p>Aged - In Home Supportive Services (IHSS)</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: Deactivated Aid Code 4/1/2006</p>	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
20	SPD	<p>Blind - Supplemental Security Income/State Supplementary Payment (SSI/SSP)</p> <p>Individuals who are aged, blind or disabled who receive SSI.</p>	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA

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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 (see note)	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. Note: Managed Care coverage does not start until Share of Cost is met.	Full	Yes	Title XIX: FFP 50%	M	M	M	SPD COA	SPD COA

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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 (see note)	N/A	Blind - In Home Support Services (IHSS) 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: Deactivated Aid Code 4/1/2006	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

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30	Adult/Family/OTLIC	<p>CalWORKS – All Families.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</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>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
32	Adult/Family/OTLIC	<p>Temporary Assistance to Needy Families (TANF) - Timed Out</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</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>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A

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33	Adult/Family/OTLIC	<p>CalWORKS – Zero Parent.</p> <p>Infants and children under age 19 with household income at or below standards established by the state.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
34	Adult/Family/OTLIC	<p>Aid to Families with Dependent Children (AFDC) - Medically Needy (MN)</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>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>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A

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35	Adult/Family/OTLIC	<p>CalWORKS – Two Parent.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</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>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
36	SPD	<p>Aid to Disabled Widow(er)s.</p> <p>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.</p>	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA

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37 (see note)	N/A	<p>Aid to Families with Dependent Children (AFDC) - Medically Needy (MN)</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>	Full	Yes	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
38	Adult/Family/OTL IC	<p>Edwards v. Kizer Discontinued Aid to Families with Dependent Children (AFDC) - Pending Eligibility Determination</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</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>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	Family COA

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39	Adult/Family/OTL IC	<p>Initial 6 Months - Transitional Medi-Cal (TMC)</p> <p>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.</p> <p>Families with Medicaid eligibility extended for up to 12 months because of earnings.</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	N/A	N/A
40	Adult/Family/OTL IC	<p>Aid to Families with Dependent Children (AFDC) - State Foster Care</p> <p>AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for State only foster care placement.</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%	M	V	M	N/A	N/A

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42	Adult/Family/OTL IC	<p>Aid to Families with Dependent Children (AFDC) - Federal Foster Care</p> <p>AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for federal foster care placement.</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
43	Adult/Family/OTL IC	<p>Aid to Families with Dependent Children (AFDC) - State Extended Foster Care</p> <p>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.</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%	M	V	M	N/A	N/A

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44 (see note)	N/A	<p>Pregnant - 0% to 213% Federal Poverty Level (FPL) Property Disregard</p> <p>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</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p> <p>Note: Deactivated Aid Code 5/1/2020</p>	Restrict ed	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
45	Adult/Family/OTL IC	<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

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46	Adult/Family/OTL IC	<p>Foster Care California Placement - Interstate Compact on the Placement of Children (ICPC)</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/OTL IC	<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

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48	N/A	<p>Pregnant - 0% to 213% Federal Poverty Level (FPL) Property Disregard</p> <p>213 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 213 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
49	Adult/Family/OTLIC	<p>Title IV-E Extended Foster Care - Aid to Families with Dependent Children (AFDC) Non Minor Dependent (NMD)</p> <p>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.</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

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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

M Mandatory
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans
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2026 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
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.	Restrict ed	No	100% State	M	M	M	N/A	Adult COA
53 (see note)	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. Note: Managed Care coverage does not start until Share of Cost is met.	Restrict ed	Yes	100% State	M	M	M	N/A	Adult COA

M Mandatory
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
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
54	Adult/Family/OTLIC	<p>Four-Month Continuing Eligibility.</p> <p>Covers persons discontinued from CalWORKS or Section 1931(b) due to the increased collection of child/spousal support.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</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>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
55 (see note)	N/A	<p>OBRA Not Protected Under the Color of Law (PRUCOL) – LTC services.</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>	Restricted	No	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</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
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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
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>	Restrict ed	Yes	Emergency Title XIX: FFP 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>	Restrict ed	No	Emergency 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
59	Adult/Family/OTLIC	<p>Transitional Medi-Cal (TMC) - Additional 6 Months</p> <p>Provides an additional 6 months of TMC for members 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> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</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>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A
60	SPD	<p>Disabled - Supplemental Security Income/State Supplementary Payment (SSI/SSP)</p> <p>Individuals who are aged, blind or disabled who receive SSI.</p>	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA

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
63	Long Term Care	<p>Disabled – Long Term Care (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>	Full	No	Title XIX: FFP 50%	M	M	M	SPD COA	SPD COA
63 (see note)	Long Term Care	<p>Disabled – Long Term Care (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: Managed Care coverage does not start until Share of Cost is met.</p>	Full	Yes	Title XIX: FFP 50%	M	M	M	SPD COA	SPD COA

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
64	SPD	<p>Disabled - Medically Needy (MN)</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
66	SPD	<p>Disabled – Pickle Eligibles.</p> <p>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.</p>	Full	No	Title XIX: FFP 50%	M	M	M	V	SPD COA

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
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 (see note)	N/A	<p>Disabled - In Home Support Services (IHSS)</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: Deactivated Aid Code</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
69 (see note)	N/A	<p>Infants - Ages 0 to 1 - 0% to 200% Federal Poverty Level (FPL)</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>	Restrict ed	No	Emergency Title XIX: FFP 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>	Restrict ed	No	LTC State Only: 100%	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
71	N/A	Dialysis Special Treatment Program. Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP) Covers eligible persons of any age who are eligible only for dialysis and related services.	Restricted	Yes	LTC State Only: 100%	N/A	N/A	N/A	N/A	N/A
72 (see note)	Adult/Family/OTLIC	Children - Ages 1 to 6 - 0% to 133% Federal Poverty Level (FPL) 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. Note: Deactivated Aid Code 5/2020. Plans may still see members remaining in this aid code and will receive payment for them.	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A

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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
73	N/A	Total Parenteral Nutrition (TPN) Special Treatment Program 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.	Restricted	No	100% State	N/A	N/A	N/A	N/A	N/A
73	N/A	Total Parenteral Nutrition (TPN) Special Treatment Program 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.	Restricted	Yes	100% State	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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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
74 (see note)	N/A	<p>Children - Ages 1 to 6 - 0% to 133% Federal Poverty Level (FPL)</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>Note: Deactivated Aid Code 5/2020</p>	Restricted	No	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p>	N/A	N/A	N/A	N/A	N/A
76 (see note)	Adult/Family/OTLIC	<p>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.</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	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
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	<p>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.</p> <p>Individuals with income equal to or less than 100% of the FPL who are entitled to Medicare Part A, who qualify for Medicare cost sharing.</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
81	Adult/Family/OTL IC	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

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
82	Adult/Family/OTL IC	<p>Age Under 21 - Medically Indigent (MI)</p> <p>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.</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>	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
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>	Restrict ed	No	100% County	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
85	N/A	Adults - Ages 21 to 65 - Medically Indigent (MI) Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent. Benefits: CMSP services only – no Medi-Cal.	Restricted	Yes	100% County	N/A	N/A	N/A	N/A	N/A
86	Adult/Family/OTL/IC	Pregnancy Confirmed - Age Over 21 - Medically Indigent (MI) Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent. Women who are pregnant, who would qualify as categorically needy, except for income.	Full	No	Title XIX: FFP 50%	M	V	V	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
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>	Restrict ed	No	100% County	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
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/OTLIC	<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

M Mandatory
V Voluntary

N/A not in Managed Care

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0D	N/A	<p>Pregnant - Modified Adjusted Gross Income (MAGI) 213% to 322% Federal Poverty Level (FPL) - Medi-Cal Access Program (MCAP) - AIM Subscribers</p> <p>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.</p>	Full	No	Title XXI: FFP 65% / State 35%	N/A	N/A	N/A	N/A	N/A
0E (see note)	Adult/Family/OTL IC	<p>Pregnant - Modified Adjusted Gross Income (MAGI) 213% to 322% Federal Poverty Level (FPL) - Medi-Cal Access Program (MCAP) - Medi-Cal Managed Care Title XXI.</p> <p>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.</p> <p>Note: Expanded to cover the length of potential pregnancy plus the 365-day postpartum period. Effective 4/1/22</p>	Full	No	Title XXI: FFP 65% / State 35%	M	M	M	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
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"> • 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. • 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. • BCCTP recipients formerly in aid code 0X with creditable health coverage. • BCCTP recipients formerly in aid code 0Y, age 65 or older. <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>	Restrict ed	No	<p>Title XXI: FFP 65% Fed / 35% State</p> <p>Emergency Title XIX: FFP 50%</p> <p>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>	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

M Mandatory
V Voluntary

N/A not in Managed Care

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OP	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

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
OR (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>Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months.</p> <p>Note: Added to Managed Care 1/1/22, as per CalAIM.</p>	Restrict ed	No	100% State	M	M	M	N/A	N/A

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
OT (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>Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months.</p> <p>Note: Added to Managed Care 1/1/22, as per CalAIM.</p>	Restrict ed	No	100% State	M	M	M	N/A	N/A

M Mandatory
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans
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2026 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
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>Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 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>	Restrict ed	No	<p>Title XXI Pregnancy: 65% Fed / 35% State</p> <p>Emergency Title XIX: FFP 50%</p> <p>Postpartem 100% State</p>	M	M	M	N/A	N/A

M Mandatory
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans
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2026 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
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> <p>Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months.</p>	Restricted	No	<p>Title XXI Pregnancy: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>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
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

M Mandatory
V Voluntary

N/A not in Managed Care

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2026 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
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>Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months.</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: FFP 65% / 35% State</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC: 100% State</p>	N/A	N/A	N/A	N/A	N/A

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2026 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
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: FFP 65% / 35% State</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC: 100% State</p>	N/A	N/A	N/A	N/A	N/A
1A	N/A	Aged - Cash Assistance Program for Immigrants (CAPI) - Qualified Aliens	Full	No	100% State	N/A	N/A	N/A	N/A	N/A

M Mandatory
V Voluntary

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2026 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
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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**Medi-Cal Managed Care Plans
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2026 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
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>	Restrict ed	No	<p>Title XXI: FFP 65% / 35% State</p> <p>Emergency Title XIX: FFP 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 60 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

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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 60 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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2C	Adult/Family/OTLIC	<p>County Children's Health Initiative Program (C-CHIP)</p> <p>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.</p> <p>266% to 322% Federal Poverty Level</p> <p>HCP 307, 309 343, 345, 372, 374, 503, and 654 only.</p>	Full	No	Title XXI: FFP 65% / State 35%	N/A	N/A	N/A	N/A	N/A
2E	SPD	<p>Blind - Pending SB 87 Redetermination</p> <p>Covers former SSI/SSP recipients who are blind, 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

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2H	SPD	<p>Blind - Federal Poverty Level (FPL) Program</p> <p>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.</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
2P	Adult/Family/OTL IC	<p>Foster Children/Youth - Approved Relative Caregiver (ARC) - Media-Cal for Non State CalWORKS</p> <p>Individuals under age 18 or younger 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%	M	V	M	N/A	N/A

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V Voluntary

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2R	Adult/Family/OTLIC	Foster Care Non Minor Dependents (NMD) - Approved Relative Caregiver (ARC) - Media-Cal for Non State CalWORKS Individuals under age 18-21 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
2S	Adult/Family/OTLIC	Foster Children/Youth - Approved Relative Caregiver (ARC) - Media-Cal for CalWORKS Individuals under age 18 or younger 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

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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
2T	Adult/Family/OTLIC	Foster Children/Youth - Approved Relative Caregiver (ARC) - Media-Cal for State CalWORKS Individuals under age 18 or younger 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/OTLIC	Foster Care Non Minor Dependents (NMD) - Approved Relative Caregiver (ARC) - Media-Cal for State CalWORKS Individuals under age 18 or younger 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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V Voluntary

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2026 Forward**

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2V (see note)	Adult/Family/OTL IC	<p>Trafficking and Crime Victims Assistance Program (TCVAP) - Refugee Medical Assistance (RMA)</p> <p>Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.</p> <p>Note: Added to Managed Care 1/1/22, as per CalAIM.</p>	Full	No	100% State	M	M	M	N/A	N/A
3A	Adult/Family/OTL IC	<p>CalWORKS - Timed-Out, Safety Net - All Other Families</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	N/A	N/A

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3C	Adult/Family/OTLIC	<p>CalWORKS – Timed-Out, Safety Net – Two-Parent Families.</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	N/A	N/A
3D	N/A	<p>CalWORKS – Pending.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</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>Women who are pregnant or post-partum, with household 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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3E	Adult/Family/OTLIC	<p>CalWORKS – Legal Immigrant Family Group.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</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>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	Family COA
3F	Adult/Family/OTLIC	<p>CalWORKS - Children of Two-Parent Safety Net and Drug/Fleeing Felon Family</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

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V Voluntary

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3G	Adult/Family/OTL IC	CalWORKS - (State) - Zero Parent Exempt 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
3H	Adult/Family/OTL IC	CalWORKS – Zero Parent Mixed. 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

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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
3L	Adult/Family/OTL IC	<p>CalWORKS – Legal Immigrant – Aid to Families.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</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	Family COA
3M	Adult/Family/OTL IC	<p>CalWORKS – Legal Immigrant – Two Parent.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</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	Family COA

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V Voluntary

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3N (see note)	Adult/Family/OTL IC	<p>Aid to Families with Dependent Children (AFDC) – 1931(b) Non CalWORKS.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p> <p>Note: Deactivated Aid Code 05/01/2020. Aid code deactivated to prevent new enrollment. Plans may still see members remaining in this aid code and will receive payment for them.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	Family COA
3P	Adult/Family/OTL IC	<p>CalWORKS – All Families – Exempt.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</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

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3R	Adult/Family/OTLIC	<p>CalWORKS – Zero Parent – Exempt.</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
3T	N/A	<p>Transitional Media-Cal (TMC) - Initial 6 months</p> <p>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.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</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%	N/A	N/A	N/A	N/A	N/A

M Mandatory
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3U	Adult/Family/OTLIC	<p>CalWORKS – Legal Immigrant – Two Parent Mixed.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</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	Family COA
3V (see note)	N/A	<p>Aid to Families with Dependent Children (AFDC) - Non CalWORKS</p> <p>AFDC – 1931(b) Non CalWORKS. Covers those eligible for the Section 1931(b) program who do not have satisfactory immigration status.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p> <p>Note: Deactivated Aid Code 05/01/2020</p>	Restricted	No	Emergency 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
3W	Adult/Family/OTL IC	<p>Temporary Assistance to Needy Families (TANF) - Timed Out - Mixed Case</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</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	Family COA
4A	Adult/Family/OTL IC	<p>Adoption Assistance Program (AAP) - Adoption Out-of-State</p> <p>Out-of-State AAP. Covers children for whom there is a State-only AAP agreement between any state other than California and adoptive parents.</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

M Mandatory
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
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

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
4F	Adult/Family/OTL IC	<p>Foster Children/Youth - Kinship Guardianship Assistance Payment (Kin-GAP)</p> <p>Cash Assistance. Covers children in the federal program for children in relative placement receiving cash assistance.</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%	M	V	M	N/A	N/A
4G	Adult/Family/OTL IC	<p>Foster Children/Youth - Kinship Guardianship Assistance Payment (Kin-GAP) State Program</p> <p>Covers children in the state program for children in relative placement receiving cash assistance.</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%	M	V	M	N/A	N/A

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V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
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2026 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
4H	Adult/Family/OTL IC	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
4K	Adult/Family/OTL IC	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

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**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
4L	Adult/Family/OTL IC	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/OTL IC	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

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V Voluntary

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**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
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2026 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
4N	Adult/Family/OTL IC	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/OTL IC	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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V Voluntary

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**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
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2026 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
4T	Adult/Family/OTLIC	<p>Foster Children/Youth - Title IV-E Kinship Guardianship Assistance Program (Kin-GAP)</p> <p>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.</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
4U	Adult/Family/OTLIC	<p>Former Foster Care - Optional Coverage Group</p> <p>Medi-Cal coverage for former foster care children aged 18-21 enrolled in state-sponsored foster care program on their 18th birthday in any state or tribe. Income is exempt. Medi-Cal benefits continue until age 21.</p> <p>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.</p>	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A

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**Medi-Cal Managed Care Plans
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2026 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
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/OTL/IC	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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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
5C (see note)	Adult/Family/OTL IC	<p>Media-Cal Presumptive Eligibility Transitional Children - Healthy Families Program (HFP)</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>Note: Obsolete Aid Code. Plans may still see members remaining in this aid code and will receive payment for them.</p>	Full	No	Title XXI: FFP 65% / State 35%	M	M	M	N/A	N/A

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**Medi-Cal Managed Care Plans
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2026 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
5D (see note)	Adult/Family/OTL IC	<p>Media-Cal Presumptive Eligibility Transitional Children - Healthy Families Program (HFP) 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>Note: Obsolete Aid Code. Plans may still see members remaining in this aid code and will receive payment for them.</p>	Full	No	Title XXI: FFP 65% / State 35%	M	M	M	N/A	N/A

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**Medi-Cal Managed Care Plans
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5E (see note)	N/A	<p>Media-Cal Presumptive Eligibility Transitional Children - Healthy Families Program (HFP)</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> <p>Note: Obsolete Aide Code.</p>	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
5F (see note)	N/A	<p>Pregnant - Omnibus Budget Reconciliation Act (OBRA) Alien</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>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p> <p>Note: Deactivated Aid Code 05/01/2020. See Alpha Numeric Chart Below: 5F has been changed to alpha numeric aid codes D8 and D9 per DRA.</p>	Restrict ed	Yes	Title XXI: FFP 65% / State 35% Emergency Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

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2026 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
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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p>	N/A	N/A	N/A	N/A	N/A
5K	Adult/Family/OTLIC	<p>Emergency Assistance (EA) Foster Care</p> <p>Covers child welfare cases placed in EA foster care.</p> <p>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.</p>	Full	No	Title XIX: FFP 50%	M	V	M	N/A	N/A

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5L	Adult/Family/OTLIC	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 65% / State 35% Emergency Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

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5T	N/A	<p>Transitional Media-Cal (TMC) - Additional 6 Month</p> <p>Continuing TMC. Provides an additional 6 months of emergency services coverage for those members who received 6 months of initial TMC coverage under aid code 3T.</p> <p>Families with Medicaid eligibility extended for up to 12 months because of earnings.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</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>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Restricted	No	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p>	N/A	N/A	N/A	N/A	N/A
5V (see note)	Adult/Family/OTLIC	<p>Trafficking and Crime Victims Assistance Program (TCVAP)</p> <p>Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.</p> <p>Note: Added to Managed Care 1/1/22, as per CalAIM.</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	<p>Title XXI: FFP 65% / State 35%</p> <p>Prenatal Emergency Title XIX: FFP 50%</p> <p>State Only: all other services</p>	M	M	M	N/A	N/A

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2026 Forward**

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5W	N/A	<p>Four-Month Continuing</p> <p>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.</p> <p>Families with Medicaid eligibility extended for 4 months as the result of the collection of spousal support.</p>	Restricted	No	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p>	N/A	N/A	N/A	N/A	N/A
6A	SPD	<p>Disabled Adult Child(ren) (DAC) - Blind</p> <p>Individuals who lose eligibility for SSI at age 18 or older due to receipt of or increase in Title II OASDI child benefits.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	SPD COA

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6C	SPD	<p>Disabled Adult Child(ren) (DAC) - Disabled</p> <p>Individuals who lose eligibility for SSI at age 18 or older due to receipt of or increase in Title II OASDI child benefits.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	SPD COA
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

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6G	SPD	Working Disabled Program - 250% Federal Poverty Level (FPL) - Premium Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.	Full	No	Title XIX: FFP 50%	M	M	M	SPD COA	SPD COA
6H	SPD	Disabled - Federal Poverty Level (FPL) Program 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

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6J	SPD	<p>SB 87 Pending Disability</p> <p>Covers with no SOC members 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%	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%	M	M	M	V	SPD COA

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6P	SPD	<p>Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Children.</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%	M	M	M	N/A	SPD COA
6R (see note)	N/A	<p>SB 87 Pending Disability.</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>Covers with an SOC those age 21 through 65 years old who have lost their non-disability linkage to Medi-Cal and are claiming disability 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

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6S	N/A	<p>Disabled - Substantial Gainful Activity (SGA)</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	100% State	N/A	N/A	N/A	N/A	N/A
6U	N/A	<p>Disabled - Federal Poverty Level (FPL) Program</p> <p>Covers the disabled in the Aged and Disabled FPL program who do not have satisfactory immigration status.</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 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p>	N/A	N/A	N/A	N/A	N/A

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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

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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

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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 (see note)	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>Note: Deactivated Aid Code 05/01/2020. Aid code deactivated to prevent new enrollment.</p>	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
7C (see note)	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>Note: Deactivated Aid Code 05/01/2020.</p>	Restrict ed	No	<p>Title XXI: FFP FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 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
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>	Restrict ed	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
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>	Restrict ed	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>	Restrict ed	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
7J	Adult/Family/OTLIC	<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 65% / State 35% Emergency Title XIX: FFP 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

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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.	Restrict ed	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.	Restrict ed	Yes	100% State	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
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.	Restrict ed	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.	Restrict ed	No	100% State	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
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.	Restrict ed	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.	Restrict ed	No	100% State	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
7R	N/A	<p>Minor Consent Program - Age Under 12 - Family Planning/Sexual Assault</p> <p>Covers eligible minors under age 12. Limited to services related to family planning and sexual assault. Paper Medi-Cal ID Card issued.</p>	Restrict ed	Yes	100% State	N/A	N/A	N/A	N/A	N/A
7S (see note)	Adult/Family/OTL IC	<p>Parent and Caretaker Relative Express Lane Enrollment (ELE)</p> <p>Express Lane Enrollment (Title XIX). CalFresh parents from 19 through 65 years of age who are neither blind nor disabled.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p> <p>Note: Deactivated Aid Code 05/01/2020. Aid code deactivated to prevent new enrollment. Plans may still see members remaining in this aid code and will receive payment for them.</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
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 (see note)	Adult Expansion	Adults - Ages 19 to 64 - Express Lane Enrollment (ELE) 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. Note: Obsolete Aid Code. Deactivated Aid Code 05/01/2020. Aid code deactivated to prevent new enrollment. Plans may still see members remaining in this aid code and will receive payment for them.	Full	No	Title XIX: FFP 90% / State 10%	M	M	M	N/A	V

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
7V	N/A	<p>Trafficking and Crime Victims Assistance Program (TCVAP)</p> <p>Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</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>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Full	Yes	<p>Prenatal Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>State Only: All other services 100%</p>	N/A	N/A	N/A	N/A	N/A
7W (see note)	Adult/Family/OTLIC	<p>Children - Age Under 19 - Express Lane Enrollment (ELE)</p> <p>CalFresh children under 19 years of age who are neither blind nor disabled.</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>Note: Deactivated Aid Code 05/01/2020. Aid code deactivated to prevent new enrollment. Plans may still see members remaining in this aid code and will receive payment for them.</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
7X (see note)	N/A	<p>One Month Media-Cal to Healthy Families Bridge</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>Note: Obsolete Aid Code.</p>	Full	No	Title XXI: FFP 65% / State 35%	N/A	N/A	N/A	N/A	N/A
8E (see note)	Adult/Family/OTL IC	<p>Accelerated Enrollment. Provides immediate, temporary Medi-Cal benefits. Title XIX</p> <p>Note: aid code 8E changed to 5E on July 1, 2008. Added to Managed Care 1/1/22, as per CalAIM. Expanded to include 19 and over.</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p> <p>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	Full	No	Title XIX: FFP 50%	M	M	M	N/A	N/A

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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
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.	Restrict ed	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.	Full	Yes	100% County	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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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
8G	N/A	<p>Qualified Working Disabled Under 1619(b)</p> <p>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.</p>	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
8H	N/A	<p>Family Planning Access, Care, and Treatment (FPACT)</p> <p>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.</p>	Restrict ed	No	Title XIX: FFP 50% Family Planning Title XXI: FFP 90% / State 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
8L (see note)	N/A	<p>Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL)</p> <p>Adults - Accelerated Enrollment</p> <p>Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.</p> <p>Note: Aid Code Not in Use.</p>	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
8M	N/A	<p>County Medical Services Program (CMSP) mCase No SOC</p> <p>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.</p> <p>7/1/24 Implementation</p>	Restrict ed	No	100% County	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
8N	N/A	<p>Children - Ages 1 to 6 - 0% to 133% Federal Poverty Level (FPL) - Excess Property</p> <p>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.</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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p>	N/A	N/A	N/A	N/A	N/A
8P	Adult/Family/OTLIC	<p>Children - Ages 1 to 6 - 0% to 133% Federal Poverty Level (FPL) - Excess Property</p> <p>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.</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	<p>Title XXI: FFP 65% / State 35%</p>	M	M	M	N/A	N/A
8R	Adult/Family/OTLIC	<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	<p>Title XXI: FFP 65% / State 35%</p>	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
8S	N/A	<p>County Medical Services Program (CMSP) mCase SOC</p> <p>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> <p>7/1/24 Implementation</p>	Restrict ed	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>	Restrict ed	No	<p>Title XXI: FFP 65% / State 35%Emergency</p> <p>Title XIX: FFP 50%</p>	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
8U	Adult/Family/OTLIC	<p>Child Presumptive Eligibility Deemed Infant</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
8W	N/A	<p>Children's Presumptive Eligibility 0 up to age 19</p> <p>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.</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
8X	N/A	<p>Children's Presumptive Eligibility Title XXI</p> <p>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.</p>	Full	No	Title XXI: FFP 65% / State 35%	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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</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
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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A
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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</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
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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A

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2026 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
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>	Restrict ed	No	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
C6 (see note)	N/A	<p>Aid to Families with Dependent Children (AFDC) - Medically Needy (MN)</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 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A
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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>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
2026 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
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>	Restrict ed	Yes	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A
C9 (see note)	N/A	<p>Child Under Age 21 - Medically Indigent (MI)</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>	Restrict ed	No	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
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>	Restrict ed	Yes	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A
D2 (see note)	N/A	<p>Aged - Long Term Care (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>	Restrict ed	No	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only</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
2026 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
D3 (see note)	N/A	<p>Aged - Long Term Care (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	Yes	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A
D4 (see note)	N/A	<p>Blind - Long Term Care (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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only</p>	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
D5 (see note)	N/A	<p>Blind - Long Term Care (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	Yes	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only</p>	N/A	N/A	N/A	N/A	N/A
D6 (see note)	N/A	<p>Disabled - Long Term Care (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	<p>100% Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
D7 (see note)	N/A	<p>Disabled - Long Term Care (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	Yes	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</p>	N/A	N/A	N/A	N/A	N/A
D8 (see note)	N/A	<p>Pregnant Age Over 21 - Medically Indigent (MI)</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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p>	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
D9 (see note)	N/A	<p>Pregnant Age Over 21 - Medically Indigent (MI)</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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p>	N/A	N/A	N/A	N/A	N/A
E6	Adult/Family/OTLIC	<p>Infants - Ages 0 to 1 - 213% to 266% Federal Poverty Level (FPL) - Medi-Cal Access Program (MCAP) Optional Targeted Low Income Children's Program (OTLIC)</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 65% / State 35%	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
2026 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
E7	Adult/Family/OTL IC	<p>Infants - Age Under 2 - 266% to 322% Federal Poverty Level (FPL) - Medi-Cal Access Program (MCAP) Targeted Low Income Children's Program (TLIC)</p> <p>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.</p> <p>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.</p>	Full	No	Title XXI: FFP 65% / State 35%	M	M	M	N/A	N/A
E8	Adult/Family/OTL IC	<p>Newborn Gateway Deemed Infant-MCAIP (Title XXI)</p> <p>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.</p> <p>7/1/2024 Implementation.</p>	Full	No	Title XXI: FFP 65% / State 35%	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
2026 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
F1	N/A	<p>Media-Cal Adult State 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>	Restrict ed	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
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>	Restrict ed	No	<p>Title XXI: FFP 65% / County 35%</p> <p>Emergency Title XIX: FFP 50%</p>	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
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>	Restrict ed	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>	Restrict ed	No	<p>Title XXI: FFP 65% / County 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only: 100% State</p>	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
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
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>	Restrict ed	No	Title XIX: FFP 50% / State 50%	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p>	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	<p>Title XIX: FFP 50% / County 50%</p>	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
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>	Restrict ed	Yes	<p>Title XXI: FFP 65% / County 35%</p> <p>Emergency Title XIX: FFP 50% / County 50%</p>	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>	Restrict ed	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
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>	Restrict ed	No	<p>Title XXI: FFP 65% / County 35%</p> <p>Emergency Title XIX: FFP 50% / County 50%</p>	N/A	N/A	N/A	N/A	N/A
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>	Restrict ed	Yes	<p>Title XIX: FFP 50% / County 50%</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
2026 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
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>	Restrict ed	Yes	<p>Title XXI: FFP 65% / County 35%</p> <p>Emergency Title XIX: FFP 50% / County 50%</p>	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>	Restrict ed	No	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p>	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans
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by Medi-Cal Aid Codes
2026 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
H0	N/A	<p>Children - Ages 6 to 19 - 133% to 266% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)</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 65% / State 35%	N/A	N/A	N/A	N/A	N/A
H1	Adult/Family/OTLIC	<p>Infants - Ages 0 to 1 - 200% to 250% Federal Poverty Level (FPL) Optional Targeted Low-Income Children's Program (OTLIC)</p> <p>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.</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 65% / State 35%	M	M	M	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
2026 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
H2	Adult/Family/OTLIC	<p>Children - Ages 1 to 6 - 133% to 150% Federal Poverty Level (FPL) Optional Targeted Low-Income Children's Program (OTLIC)</p> <p>Provides coverage to children whose family's household income is above 133 percent up to and including 150 percent of 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 65% / State 35%	M	M	M	N/A	N/A
H3	Adult/Family/OTLIC	<p>Children - Ages 1 to 6 - 150% to 250% Federal Poverty Level (FPL) Optional Targeted Low-Income Children's Program (OTLIC)</p> <p>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> <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 65% / State 35%	M	M	M	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
H4	Adult/Family/OTLIC	<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 65% / State 35%	M	M	M	N/A	N/A
H5	Adult/Family/OTLIC	<p>Children - Ages 6 to 19 - 150% to 250% Federal Poverty Level (FPL) Optional Targeted Low-Income Children's Program (OTLIC)</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>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 65% / State 35%	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
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 65% / State 35%	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

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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 65% / State 35%	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
12	N/A	<p>CalAIM Justice Involved Pre-Release Program</p> <p>Grants limited Justice-Invovled 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>	Restrict ed	No	Title XIX: FFP 90% / State 10%	N/A	N/A	N/A	N/A	N/A
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>	Restrict ed	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
14	N/A	<p>CalAIM Justice Involved Pre-Release Program</p> <p>Grants limited Justice-Involved 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: 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-Involved 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

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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
16	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%</p> <p>Pregnancy Title XXI: FFP 65% / State 35%</p> <p>All other services:</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	<p>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
J2	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.	Full	Yes	Title XIX: FFP 50% / County 50%	N/A	N/A	N/A	N/A	N/A
J3	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.	Restrict ed	No	Title XXI: FFP 65% / County 35% Emergency Title XIX: FFP 50% / 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
J4	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	Yes	<p>Title XXI: FFP 65% / County 35%</p> <p>Emergency Title XIX: FFP 50% / County 50%</p>	N/A	N/A	N/A	N/A	N/A
J5	N/A	<p>County Compassionate Release - Long Term Care (LTC) - Aged</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	<p>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
J6	N/A	<p>County Compassionate Release - Long Term Care (LTC) - Aged</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 65% / 35% County</p> <p>Emergency Title XIX: FFP 50% / County 50%</p>	N/A	N/A	N/A	N/A	N/A
J7	N/A	<p>County Compassionate Release - Long Term Care (LTC) - Disabled</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	<p>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
J8	N/A	<p>County Compassionate Release - Long Term Care (LTC) - Disabled</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>	Restrict ed	No	<p>Title XXI: FFP 65% / 35% County</p> <p>Emergency Title XIX: FFP 50% / County 50%</p>	N/A	N/A	N/A	N/A	N/A
K1	Adult/Family/OTL IC	<p>CalWORKS - Single-Parent Safety Net and Drug/Fleeing Felon Family</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</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>Women who are pregnant or post-partum, with household income at or below a standard established by the state.</p>	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
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 65% / State 35% Emergency L&D Title XIX: FFP 90% / State 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
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%	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.	Restrict ed	No	Title XXI: FFP 65% / State 35% Emergency L&D Title XIX: FFP 50% LTC State Only: 100%	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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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
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% / County 10%	N/A	N/A	N/A	N/A	N/A
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 138% FPL.	Restrict ed	No	Pre Natal Title XXI: FFP 65% / County 35% Emergency Title XIX: FFP 90% / State 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
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 128% FPL.	Full	No	Title XIX: FFP 50%	N/A	N/A	N/A	N/A	N/A
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 128% FPL.	Restrict ed	No	Pregnancy Title XXI: FFP 65% / 35% County Emergency Title XIX: FFP 90% / State 10%	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
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 138% 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%	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 128 FPL.	Restrict ed	No	Pre Natal Title XXI: FFP 65% / State 35% Emergency and L&D Title XIX: FFP 50%	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	No	Pregnancy and Pre Natal Title XXI: FFP 65% / State 35% Emergency 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
M1	Adult Expansion	<p>Adults - Ages 19 to 64 - 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>Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.</p>	Full	No	Title XIX: FFP 90% / State 10%	M	M	M	N/A	Adult Expansion COA
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 133% 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> <p>Non-pregnant individuals aged 19 through 64, not otherwise mandatorily</p>	Restricted	No	<p>Pregnancy Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 90% / State 10%</p>	N/A	N/A	N/A	N/A	N/A

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M3	Adult/Family/OTLIC	<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 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
M5	Adult/Family/OTLIC	<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% 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 36% / State 35%	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 65% / State 35% Emergency and Pregnancy Title XIX: FFP 65% / State 35%	N/A	N/A	N/A	N/A	N/A

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M7 (see note)	Adult/Family/OTL IC	<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
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 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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p>	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
M9 (see note)	Adult/Family/OTLIC	<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. 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% / County 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
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
N5	N/A	Adults - Ages 19 to 65 - Modified Adjusted Gross Income (MAGI) 0% to 133% Federal Poverty Level (FPL) - State Inmate Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Restrict ed	No	Title XIX: FFP 90% / State 10%	N/A	N/A	N/A	N/A	N/A
N6	N/A	Adults - Ages 19 to 65 - Modified Adjusted Gross Income (MAGI) 0% to 133% Federal Poverty Level (FPL) - State Inmate Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	Restrict ed	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

**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
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.	Restrict ed	No	Title XIX: FFP 90% / County 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.	Restrict ed	No	Title XIX: FFP 90% / County 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
Mandatory or Voluntary Enrollment
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2026 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
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.	Restrict ed	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.	Restrict ed	No	Emergency Title XIX: State 50% / County 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
2026 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
P1	N/A	<p>Infants - Ages 0 to 1 - Modified Adjusted Gross Income (MAGI) 0% to 208% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)</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
P2	N/A	<p>Parent and Caretaker Relatives - Modified Adjusted Gross Income (MAGI) 0% to 109% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)</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%	N/A	N/A	N/A	N/A	N/A

**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
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.	Restrict ed	No	Title XIX Ambulatory Pre Natal: 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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2026 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
P5	Adult/Family/OTLIC	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	Pregnancy Title XXI: FFP 65% / State 35% Emergency Title XIX: FFP 50% LTC State Only	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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2026 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
P7	Adult/Family/OTLIC	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% 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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AID CODE	CATEGORY OF AID (COA)	PROGRAM / DESCRIPTION	Benefit Level	Share of Cost (SOC)	Funding	COHS	GMC / REGIONAL / TWO PLAN	SINGLE PLAN	SCAN	PACE
p9	Adult/Family/OTLIC	<p>Infants - Ages 0 to 1 - Modified Adjusted Gross Income (MAGI) 0% to 208% 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

M Mandatory
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
R1	Adult/Family/OTL IC	<p>CalWORKS - Trafficking and Crime Victims Assistance Program (TCVAP)</p> <p>Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p> <p>Covers eligible non-citizen individuals who have been the victim of human trafficking, domestic violence or other serious crimes.</p> <p>TCVAP services and benefits also include English language training, employment-related services and cash assistance. Services and benefits under TCVAP are equivalent to federal benefits available to persons who enter this country with the immigration status of refugee.</p>	Full	No	<p>Pregnancy Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only 100%</p>	M	M	M	N/A	N/A

M Mandatory
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans
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2026 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
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>	Restrict ed	No	<p>Title XXI: FFP 65% / State 35%</p> <p>LTC State Only: 100%</p>	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	<p>Title XXI: FFP 65% / State 35%</p>	M	M	M	N/A	N/A

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V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
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
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% 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 65% / State 35%	M	M	M	N/A	N/A
T3	Adult/Family/OTLIC	<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% 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 65% / State 35%	M	M	M	N/A	N/A

M Mandatory
V Voluntary

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**Medi-Cal Managed Care Plans
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2026 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
T4	Adult/Family/OTLIC	<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% 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 65% / State 35%	M	M	M	N/A	N/A
T5	Adult/Family/OTLIC	<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% 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 65% / State 35%	M	M	M	N/A	N/A

M Mandatory
V Voluntary

N/A not in Managed Care

**Medi-Cal Managed Care Plans
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2026 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
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% 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>	Restrict ed	No	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only: 100%</p>	N/A	N/A	N/A	N/A	N/A

**Medi-Cal Managed Care Plans
Mandatory or Voluntary Enrollment
by Medi-Cal Aid Codes
2026 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
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% 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>	Restrict ed	No	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only: 100%</p>	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% 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>	Restrict ed	No	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>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
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2026 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
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% 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	<p>Title XXI: FFP 65% / State 35%</p> <p>Emergency Title XIX: FFP 50%</p> <p>LTC State Only: 100%</p>	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

M Mandatory
V Voluntary

N/A not in Managed Care