



## Short-Doyle Medi-Cal (SDMC) Aid Code Master Chart May 14, 2014

The following chart organizes Medi-Cal aid codes into six groups based on the percent of federal financial participation (FFP) that will be paid for Medi-Cal eligibles within that group, provided FFP is available:

- Refugee (100% FFP)
- Managed Risk Medical Insurance Board (MRMIB) at Title XXI 65%
- Aid codes (Regular FFP) at Title XIX 50%
- Title XXI of the Social Security Act (Enhanced FFP) at 65%
- Breast and Cervical Cancer Treatment Program (BCCTP) Aid Codes (Enhanced FFP) at 65%
- Mixed Funding based on diagnostic and/or procedure codes. Emergency (Regular FFP) at Title XIX 50%, and/or Pregnancy (Enhanced FFP) at Title XXI 65%

**Please note all Affordable Care Act (ACA) Aid Codes will not be effective until January 1, 2014 (see listing of Aid Codes on Change Log page 4).**

**ACA Aid Codes:**

The new aid codes identify those individuals eligible for benefits in the ACA new adult group, expansion children, pregnant women and parents/caretaker relatives.

**Aid Codes L1, N0 and N9 will be at 100% FFP until 2016.**

**For Aid Codes M1, M2, N5, N6, N7 and N8 please refer to the following table:**

| FFP  | Dates               |
|------|---------------------|
| 100% | 2014-2016           |
| 95%  | 2017                |
| 94%  | 2018                |
| 93%  | 2019                |
| 90%  | 2020 and thereafter |

| Benefit              | Definition                                                                                               |
|----------------------|----------------------------------------------------------------------------------------------------------|
| • Full               | • No restrictions                                                                                        |
| • Restricted         | • Special Condition: e.g. Undocumented or non-satisfactory immigration status; Pregnancy; Emergency, etc |
| • Restricted Limited | • A restriction based upon time (e.g. IP off the grounds of the prison for <24H)                         |

The chart columns identify Mental Health Services (MHS), Medicaid Eligibility Group (MEG)<sup>1</sup>, Drug Medi-Cal Program (DMC), Effective Dates and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). The MHS and DMC column indicate a “yes” if the aid code is appropriate for use by MHS and/or DMC; and “no” if it is not. The SD/MC column indicates the effective date of the aid code for Medi-Cal eligibility. The Inactive in MEDS

<sup>1</sup> The Centers for Medicare and Medicaid Services (CMS) requires that the State (DHCS) submit quarterly actual member month enrollment statistics by MEG in conjunction with the State’s submitted CMS-64 forms for the Specialty Mental Health Waiver. The method used to develop the trends historical data is compiled by quarter by MEG which are: Disabled, Foster Care, MCHIP and Other. PLEASE NOTE: MEGs DO NOT APPLY TO DMC.

column indicates the date for which FFP is no longer available for an aid code. The EPSDT column identifies aid codes that may include beneficiaries under age 21 who are eligible for expanded Medi-Cal benefits under the EPSDT program.

**Historical FFP Rates (As of Date Payment)**

| <b>Federal Fiscal Year<br/>(October 1 through September 30)</b> | <b>Regular FFP</b> | <b>Enhanced FFP<sup>2</sup></b> |
|-----------------------------------------------------------------|--------------------|---------------------------------|
| 2005 - 2012                                                     | 50.00%             | 65.00%                          |
| July 1, 2004 - September 30, 2005                               | 50.00%             | 65.00%                          |
| October 1, 2003 - June 30, 2004                                 | 52.95%             | 65.00%                          |
| April 1, 2003 - September 30, 2003                              | 54.35%             | 65.00%                          |
| October 1, 2002 - March 31, 2003                                | 50.00%             | 65.00%                          |
| 2001 – 2002                                                     | 51.40%             | 65.98%                          |
| 2000 – 2001                                                     | 51.25%             | 65.88%                          |
| 1999 – 2000                                                     | 51.67%             | 66.17%                          |

Effective October 1, 2008, Beneficiary Services received a stimulus of 11.59% FMAP rate for FY 08/09 with a date of service from October 1, 2008 through December 31, 2010. On August 10, 2010 the American Recovery and Reinvestment Act (ARRA) of 2009 was extended to continue the additional Federal assistance for six months, ending June 30, 2011, but would phase down the level of assistance. Therefore, the ARRA FMAPs for QTR 2 of FY 2011 are 3 percent less than the QTR 1 levels (6.2 percent minus 3.2 percent) and the ARRA FMAPs for QTR 3 of FY 2011 are 2 percent less than those for QTR 2 (3.2 percent minus 1.2 percent). Please see chart below:

**Historical Stimulus Rates for Beneficiary Services Only**

| <b>Federal Fiscal Year</b>           | <b>Regular FFP</b> |
|--------------------------------------|--------------------|
| April 1, 2011 - June 30, 2011        | 56.88%             |
| January 1, 2011 - March 31, 2011     | 58.77%             |
| October 1, 2010 - December 31, 2010  | 61.59%             |
| October 1, 2009 - September 30, 2010 | 61.59%             |
| October 1, 2008 - September 30, 2009 | 61.59%             |

**SD/MC Aid Codes Change Log**

| <b>New Revision</b> | <b>Previous Revision</b> | <b>Added Codes</b>                                                                         | <b>Removed Codes</b>                  | <b>Comments</b>                                                          |
|---------------------|--------------------------|--------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------|
| 9/10/2008           | 10/17/2003               | 3D, 3W, 65, 06, 46, 0W                                                                     | 5X, 5Y (discontinued in MEDS 10/1/03) |                                                                          |
| 2/11/2010           | 9/10/2008                | C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, 2H, 5E, 8U, 8V, E1 |                                       | 8X, 0M, 0N, 0P, 1X, 1Y, 47, 8W, Changed from restricted to Full Benefits |
| 8/9/2010            | 2/11/2010                | None                                                                                       |                                       | All BCCTP aid codes updated Enhanced FFP – page 6                        |
| 8/25/2010           | 8/9/2010                 | None                                                                                       |                                       | Updated '0U' benefits to be 'FFP Funds for Emergency & Pregnancy only'   |

<sup>2</sup> FFP of more than 50% is not applicable for DMC.

| New Revision | Previous Revision | Added Codes                                 | Removed Codes                                                   | Comments                                                                                                                                                                   |
|--------------|-------------------|---------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9/13/2010    | 8/25/2010         |                                             |                                                                 | Aid Codes E1, C3, C4, C5, C6, C7, C8, C9, D1, D4, D5, D6 and D7 changed to indicate "N" in the EPSDT column                                                                |
| 10/7/2010    | 9/13/2010         | 4H, 4L – active in MEDS on 12/13/2010       |                                                                 | Changed table deleted EDS and SD/MC- added effective dates and inactive dates                                                                                              |
| 1/13/11      | 1/7/11            | 4T                                          | 4G, 53, 0R, 0T, 8Y, 81 = not eligible for FFP effective 1/10/11 | Removed from Chart                                                                                                                                                         |
| 1/21/11      | 1/13/11           |                                             |                                                                 | 7M, 7N, 7P, changed to "No" for MHS. These aid codes are not eligible for FFP.                                                                                             |
| 1/27/11      | 1/21/11           | 4G on 1/25/11 (previously removed in error) |                                                                 |                                                                                                                                                                            |
| 2/11/11      | 1/27/11           | 74 for ADP (pending ITSD deployment)        |                                                                 | Listed 8U and 8V under Title 19.                                                                                                                                           |
| 2/28/11      | 2/11/11           | 74 activated for ADP on 2/25/11             |                                                                 | Added footnotes for aid codes 5E, 8E & 8W.                                                                                                                                 |
| 5/6/11       | 2/28/11           |                                             |                                                                 | Changed ARRA language and added 7/1/11 -9/30/11 at 50% to chart.<br><br>Organized aid codes according to funding.<br><br>7X, 8X now listed under Title 21 and "Yes" EPSDT. |
| 9/13/11      | 2/28/11           |                                             | 7R = not eligible for FFP                                       | Removed from Chart                                                                                                                                                         |
| 12/02/11     | 9/13/11           | 07, 4N, 4S, 4W, 43, 49                      |                                                                 | Updated description for aid codes 3G, 3H, 3N, 3P, 3R, 30, 32, 33, 35, 39 and 59                                                                                            |
| 6/5/12       | 12/2/11           |                                             |                                                                 | 0U, 0V are now listed under BCCTP.<br><br>0W is transitional aid code only.<br><br>48 is pregnancy only                                                                    |
| 8/29/12      | 6/5/12            |                                             |                                                                 | Generally, enhanced aid codes are categorized as either SCHIP and MCHIP                                                                                                    |

| New Revision | Previous Revision | Added Codes                                                                                                                                                                                                                                                                                         | Removed Codes | Comments                                                                       |
|--------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|
| 1/28/13      | 8/29/12           | 53, 65, 0R, 0T, 8Y,<br>81, R1<br><br>5C, 5D, H1, H2, H3,<br>H4, H5<br><br>G0, G1, G2, G5, G6,<br>G7, G8                                                                                                                                                                                             |               | State Only Aid Codes<br><br>Effective Date 1/1/13<br><br>Effective Date 1/1/12 |
|              | 1/28/13           | 3F, K1                                                                                                                                                                                                                                                                                              |               | Effective Date 4/1/13                                                          |
| 10/28/13     | 1/28/13           | E2, E4, E5,<br>E7<br><br>H6, H7, H8, H9, H0,<br>4E, P1, P2, P3, P4,<br><br>J1, J2, J3, J4, J5, J6,<br>J7, J8, G9<br><br>L1, N9, N0,<br><br>M1, M2, M3, M4,<br>M7, M5, M6<br>M8, M9, M0<br><br>N5, N6, N7, N8,<br><br>P5, P6, P7, P8, P9,<br>P0<br><br>T1, T2, T3,<br>T4, T5, T6, T7, T8, T9,<br>T0, |               | Effective 1/1/14                                                               |

**New Format for SD/MC Aid Codes Change Log**

| New Revision | Previous Revision | Aid Codes                            | Effective Dates | Comments of Changes                                                                               |
|--------------|-------------------|--------------------------------------|-----------------|---------------------------------------------------------------------------------------------------|
| 3/18/14      | 10/28/13          | 13, 23, 63                           | 3/11/14         | <u>DMC Only</u> Restrict NTP (dosing and individual group counseling) services for LTC Aid Codes. |
|              |                   | 8E                                   | 1/1/14          | Expanded the age up to 65 years of age.                                                           |
| 4/10/14      | 3/18/14           | 3F & K1                              | 4/3/14          | Changed to "Yes" for EPDST                                                                        |
|              |                   | D2, D3, D4, D5, D6,<br>D7, 69 and 74 | 3/11/14         | Changed DMC column to indicate "Yes"                                                              |
| 5/14/14      | 4/10/14           | E6                                   | 1/1/14          | New Aid Code                                                                                      |
|              |                   | 7U, 7W                               | 2/1/14          | New Aid Code                                                                                      |

| New Revision | Previous Revision | Aid Codes                               | Effective Dates | Comments of Changes                 |
|--------------|-------------------|-----------------------------------------|-----------------|-------------------------------------|
| 5/14/14      | 4/10/14           | 7S                                      | 4/1/14          | New Aid Code                        |
|              |                   | G0, J1, J2, J7, M3, M7, P2, P3, L1 & M1 | N/A             | Changed to "yes" for EPSDT services |
|              |                   | 03, 04, 06, 07                          | N/A             | Changed MEG to "Other"              |

**Aid Codes Master Chart Contact Information**

<http://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx#MasterAidCodeChart> [MedCCC Home Page](#)

MHS email: [MedCCC@dhcs.ca.gov](mailto:MedCCC@dhcs.ca.gov)

DMC email: [Anthony.Ortiz@dhcs.ca.gov](mailto:Anthony.Ortiz@dhcs.ca.gov); [Jim.Jacobson@dhcs.ca.gov](mailto:Jim.Jacobson@dhcs.ca.gov)

| Refugee Aid Codes (100% FFP through-Refugee Resettlement Program)<br>These aid codes are funded by the Refugee Resettlement Program<br>(not Title XIX or XXI) |          |     |                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     | Effective Dates |                  |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----------------|------------------|-------|
| Code                                                                                                                                                          | Benefits | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                                                                                                      | MHS | MEG | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 0A                                                                                                                                                            | Full     | No  | Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision. 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. | Yes | N/A | Yes |                 |                  | Yes   |
| 01                                                                                                                                                            | Full     | No  | Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision.                                                                                                                                                                                                      | Yes | N/A | Yes |                 |                  | Yes   |
| 02                                                                                                                                                            | Full     | Y/N | Refugee Medical Assistance/Entrant Medical Assistance (FFP). Covers refugees and entrants who need Medi-Cal and who do not qualify for or want cash assistance.                                                                                                                                                                                                                                                                          | Yes | N/A | Yes |                 |                  | Yes   |
| 08                                                                                                                                                            | Full     | No  | Entrant Cash Assistance (ECA) (FFP). Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the eighth-month limitation provision.                                                                                              | Yes | N/A | Yes |                 |                  | Yes   |

| Regular FFP Aid Codes - Title XIX |          |     |                                                                                                                                                                                                                                                                                                                                                                                                                           |     |       |     | Effective Dates |                  |       |
|-----------------------------------|----------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                              | Benefits | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                                                                                       | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| G0                                | Full     | No  | Title XIX, Medi-Cal no SOC for State Medical Parolees. Full Scope Medical parolees who are Medi-Cal eligible in aid code G0 will be entitled to all Medi-Cal covered services because they are not considered to be incarcerated. To the extent possible, former state inmates on Medical Parole with an OHC code of "G" will be moved into aid code G0 once it is implemented. Aid code G0 will be a secondary aid code. | Yes | Other | No  | 1/1/12          |                  | Yes   |

| Regular FFP Aid Codes - Title XIX |                     |     |                                                                                                                                                                                                                                                                                                                           |     |       |     | Effective Dates |                  |       |
|-----------------------------------|---------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                              | Benefits            | SOC | Program/Description                                                                                                                                                                                                                                                                                                       | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| G1                                | Restricted; Limited | No  | Title XIX, Medi-Cal no share-of-cost (SOC) for state juvenile inmates. Medi-Cal benefits limited to covered inpatient hospital and inpatient mental health services only, for juvenile inmates in state correctional facilities who receive those services off the grounds of the correctional facility.                  | Yes | Other | No  | 1/1/12          |                  | No    |
| G5                                | Restricted; Limited | No  | Title XIX, Medi-Cal no SOC for county juvenile inmates. Medi-Cal benefits limited to covered inpatient hospital or inpatient mental health services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility                                  | Yes | Other | No  | 1/1/12          |                  | No    |
| G7                                | Restricted; Limited | No  | Title XIX, Medi-Cal SOC for county juvenile inmates. Medi-Cal benefits limited to covered inpatient hospital or inpatient mental health services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.                                    | Yes | Other | No  | 1/1/12          |                  | No    |
| H7                                | Full                | No  | Hospital Presumptive Eligibility for Children age 1-6 (FPL at or below 142 percent FPL)                                                                                                                                                                                                                                   | Yes | Other | Yes | 1/1/14          |                  | Yes   |
| H8                                | Full                | No  | Hospital Presumptive Eligibility for Children age 6-19 (FPL at or below 108 percent FPL)                                                                                                                                                                                                                                  | Yes | Other | Yes | 1/1/14          |                  | Yes   |
| J1                                | Full                | No  | Title XIX, Medi-Cal no share-of-cost (SOC) for Compassionately released/Medical Probation County Inmates. Individuals who are Medi-Cal eligible in aid code J1 will be entitled to all Medi-Cal covered services because they are not considered to be incarcerated. The county is responsible for the non-federal share. | Yes | Other | Yes | 1/1/14          |                  | Yes   |

| Regular FFP Aid Codes - Title XIX |                                   |     |                                                                                                                                                                                                                                                                                                                                                                                      |     |       |     | Effective Dates |                  |       |
|-----------------------------------|-----------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                              | Benefits                          | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                                                  | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| J2                                | Full                              | Yes | Title XIX, Medi-Cal SOC for Compassionately released/Medical Probation County Inmates. Individuals who are Medi-Cal eligible in aid code J2 will be entitled to all Medi-Cal covered services because they are not considered to be incarcerated. The county is responsible for the non-federal share.                                                                               | Yes | Other | Yes | 1/1/14          |                  | Yes   |
| J5                                | Full                              | No  | Title XIX, Medi-Cal no SOC/SOC for aged (>65 years old) Compassionately released/Medical Probation County Inmates who reside in long-term care (LTC) facilities. Individuals who are Medi-Cal eligible in aid code J5 will be entitled to all Medi-Cal covered LTC services because they are not considered to be incarcerated. The county is responsible for the non-federal share. | Yes | Other | No  | 1/1/14          |                  | No    |
| J7                                | Full                              | No  | Title XIX, Medi-Cal no SOC/SOC for disabled Compassionately released/Medical Probation County Inmates who reside in LTC facilities. Individuals who are Medi-Cal eligible in aid code J7 will be entitled to all Medi-Cal covered LTC services because they are not considered to be incarcerated. The county is responsible for the non-federal share.                              | Yes | Other | No  | 1/1/14          |                  | Yes   |
| K1                                | Full                              | No  | Two Parent Safety Net & Drug/Fleeing Felon Family                                                                                                                                                                                                                                                                                                                                    | Yes | Other | Yes | 4/1/13          |                  | Yes   |
| M3                                | Full                              | No  | Parent/Caretaker Relative at or below 125% FPL: Citizen/Lawfully Present                                                                                                                                                                                                                                                                                                             | Yes | Other | Yes | 1/1/14          |                  | Yes   |
| M7                                | Full                              | No  | Pregnant Women 0% through 125% FPL: Citizen/Lawfully Present                                                                                                                                                                                                                                                                                                                         | Yes | Other | Yes | 1/1/14          |                  | Yes   |
| M9                                | Limited Scope: Pregnancy Services | No  | Pregnant Women 125% - 200% FPL: Citizen/Lawfully Present                                                                                                                                                                                                                                                                                                                             | Yes | Other | Yes | 1/1/14          |                  | No    |
| P0                                | Restricted                        | No  | Infant up to 1 year of age with 0 percent - 208 percent Federal Poverty Level, Undocumented, restricted to emergency services and long term care services.                                                                                                                                                                                                                           | Yes | Other | No  | 1/1/14          |                  | No    |



Department of Health Care Services - Short Doyle Aid Code Master Chart for MHS and DMC

| Regular FFP Aid Codes - Title XIX |            |     |                                                                                                                                                                                                                                                                                 |     |       |     | Effective Dates |                  |       |
|-----------------------------------|------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                              | Benefits   | SOC | Program/Description                                                                                                                                                                                                                                                             | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| P1                                | Full       | No  | Hospital PE Children 0-1 (at or below 208 percent FPL)                                                                                                                                                                                                                          | Yes | Other | Yes | 1/1/14          |                  | Yes   |
| P2                                | Full       | No  | Hospital PE Parent/Caretaker Relative (at or below 125 percent FPL)                                                                                                                                                                                                             | Yes | Other | Yes | 1/1/14          |                  | Yes   |
| P3                                | Full       | No  | Hospital PE Adults (19-64) (at or below 138 percent FPL)                                                                                                                                                                                                                        | Yes | Other | Yes | 1/1/14          |                  | Yes   |
| P4                                | Limited    | No  | Hospital PE Pregnant Women (at or below 213 percent FPL). Limited to Ambulatory prenatal services.                                                                                                                                                                              | Yes | Other | Yes | 1/1/14          |                  | No    |
| P5                                | Full       | No  | Children 6 to 19 years of age with 0 percent – 108 percent Federal Poverty Level, Citizen/Lawfully present, full scope no cost Medi-Cal.                                                                                                                                        | Yes | Other | Yes | 1/1/14          |                  | Yes   |
| P7                                | Full       | No  | Children 1 to 6 years of age with 0 percent – 142 percent Federal Poverty Level, Citizen/Lawfully present, full scope, no cost Medi-Cal.                                                                                                                                        | Yes | Other | Yes | 1/1/14          |                  | Yes   |
| P8                                | Restricted | No  | Children 1 to 6 years of age with 0 percent - 142 percent Federal Poverty Level, Undocumented, restricted to emergency services and long term care services.                                                                                                                    | Yes | Other | No  | 1/1/14          |                  | No    |
| P9                                | Full       | No  | Infant up to 1 year of age with 0 percent - 208 percent Federal Poverty Level, Citizen/Lawfully present, full scope, no cost Medi-Cal.                                                                                                                                          | Yes | Other | Yes | 1/1/14          |                  | Yes   |
| 03                                | Full       | No  | Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.                                                                                   | Yes | Other | Yes |                 |                  | Yes   |
| 04                                | Full       | No  | Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.                                                                                                                 | Yes | Other | Yes |                 |                  | Yes   |
| 06                                | Full       | No  | 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. | Yes | Other | No  |                 |                  | Yes   |

| Regular FFP Aid Codes - Title XIX |          |     |                                                                                                                                                                                                                                                                                                                                                                                                      |     |       |     | Effective Dates |                  |       |
|-----------------------------------|----------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                              | Benefits | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                                                                  | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 07                                | Full     | No  | AAP Title IV-E Federal Cash and Medi-Cal.                                                                                                                                                                                                                                                                                                                                                            | Yes | Other | Yes | 1/1/12          |                  | Yes   |
| 0W                                | Full     | No  | BCCTP transitional Medi-Cal coverage: Provides transitional no cost-full scope Medi-Cal coverage while county makes determination of eligibility under any other Medi-Cal program to beneficiaries formerly in aid code OP who no longer meet federal BCCTP requirements due to turning 65, obtaining creditable health insurance or who no longer need treatment for breast and/or cervical cancer. | Yes | Other | Yes |                 |                  | Yes   |
| 1E                                | Full     | No  | Continued eligibility for the Aged (FFP), Covers former SSI beneficiaries who are Aged (with exception of persons who are deceased or incarcerated in a correctional facility) until the county predetermines their eligibility.                                                                                                                                                                     | Yes | Other | Yes |                 |                  | No    |
| 1H                                | Full     | No  | Federal poverty level – Aged (FPL-Aged) Provides full scope (no share of cost) Medi-Cal to qualified aged individuals/couples.                                                                                                                                                                                                                                                                       | Yes | Other | Yes |                 |                  | No    |
| 1X                                | Full     | No  | Multipurpose Senior Services Program Medi-Cal Qualified, Eligible due to application of spousal impoverishment rules. Covers persons 65 years and older who meet the Medi-Cal criteria for inpatient care in a nursing facility.                                                                                                                                                                     | Yes | Other | Yes |                 |                  | No    |
| 1Y                                | Full     | Yes | Multipurpose Senior Services Program Medi-Cal Qualified, Eligible due to application of spousal impoverishment rules. Covers persons 65 yrs and older who meet the Medi-Cal criteria for inpatient care in a nursing facility.                                                                                                                                                                       | Yes | Other | Yes |                 |                  | No    |
| 10                                | Full     | No  | SSI/SSP Aid to the Aged (FFP). A cash assistance program administered by the SSA which pays a cash grant to needy persons 65 years of age or older.                                                                                                                                                                                                                                                  | Yes | Other | Yes |                 |                  | No    |

| Regular FFP Aid Codes - Title XIX |          |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |       |     | Effective Dates |                              |       |
|-----------------------------------|----------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------------------|-------|
| Code                              | Benefits | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS             | EPSDT |
| 13                                | Full     | Y/N | Aid to the Aged – LTC (FFP)<br>Covers persons 65 years of age or older who are medically needy and in LTC status<br><b>For DMC only: Restricted to Narcotic Treatment Program Individual/Group Counseling and NTP dosing.</b>                                                                                                                                                                                                                                                                                | Yes | Other | Yes |                 |                              | No    |
| 14                                | Full     | No  | Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.                                                                                                                                                                                                                                                                                                                                   | Yes | Other | Yes |                 |                              | No    |
| 16                                | Full     | No  | Aid to the Aged – Pickle Eligibles (FFP). Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the <u>Lynch v. Rank</u> lawsuit. | Yes | Other | Yes |                 |                              | No    |
| 17                                | Full     | Yes | Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required.                                                                                                                                                                                                                                                                                                                | Yes | Other | Yes |                 |                              | No    |
| 18                                | Full     | No  | Aid to the Aged – IHSS (FFP). Covers aged IHSS cash recipients, 65 years of age or older, who are not eligible for SSI/SSP cash benefits.                                                                                                                                                                                                                                                                                                                                                                    | No  | Other | Yes |                 | Phased out from 9/05 to 1/06 | No    |
| 2A                                | Full     | No  | Abandoned baby program. Provides full scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act                                                                                                                                                                                                                                                                                                                  | Yes | Other | No  |                 |                              | Yes   |

| Regular FFP Aid Codes - Title XIX |          |     |                                                                                                                                                                                                                                                           |     |          |     | Effective Dates |                              |       |
|-----------------------------------|----------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|-----|-----------------|------------------------------|-------|
| Code                              | Benefits | SOC | Program/Description                                                                                                                                                                                                                                       | MHS | MEG      | DMC | SD/MC           | Inactive in MEDS             | EPSDT |
| 2E                                | Full     | No  | Continued eligibility for the Blind (FFP), Covers former SSI beneficiaries who are Blind (with exception of persons who are deceased or incarcerated in a correctional facility) until the county determines their eligibility.                           | Yes | Other    | Yes |                 |                              | Yes   |
| 2H                                | Full     | No  | Blind – Federal Poverty Level – covers blind individuals in the FPL for the Blind Program.                                                                                                                                                                | Yes | Disabled | Yes |                 |                              | Yes   |
| 20                                | Full     | No  | SSI/SSP Aid to the Blind (FFP). A cash assistance program administered by the SSA, which pays a cash grant to needy blind persons of any age.                                                                                                             | Yes | Other    | Yes |                 |                              | Yes   |
| 23                                | Full     | Y/N | Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.<br><b>For DMC only: Restricted to Narcotic Treatment Program Individual/Group Counseling and NTP dosing.</b> | Yes | Other    | Yes |                 |                              | Yes   |
| 24                                | Full     | No  | Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.                                                            | Yes | Other    | Yes |                 |                              | Yes   |
| 26                                | Full     | No  | Aid to the Blind – Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. (See aid code 16 for definition of Pickle eligibles.)                        | Yes | Other    | Yes |                 |                              | Yes   |
| 27                                | Full     | Yes | Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.                 | Yes | Other    | Yes |                 |                              | Yes   |
| 28                                | Full     | No  | Aid to Blind – IHSS (FFP). Covers persons who meet the federal definition of blindness and are eligible for IHSS. (See aid code 18 for definition of eligibility for IHSS.)                                                                               | No  | Other    | Yes |                 | Phased out from 9/05 to 1/06 | Yes   |

| Regular FFP Aid Codes - Title XIX |          |     |                                                                                                                                                                                                                                                                                                                                |     |       |     | Effective Dates |                  |       |
|-----------------------------------|----------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                              | Benefits | SOC | Program/Description                                                                                                                                                                                                                                                                                                            | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 3A                                | Full     | No  | Safety Net – All other Families, CalWORKs Timed-Out, Child-Only Case. (FFP) Provides for continued cash and Medi-Cal coverage of children whose parents have been discontinued from cash aid and removed from assistance unit (AU) due to reaching the CalWORKs 60 month time limit without meeting a time extender exception. | Yes | Other | Yes |                 |                  | Yes   |
| 3C                                | Full     | No  | Safety Net – Two Parent, CalWORKs Timed-Out, Child-Only Case. (FFP) Provides for continued cash and Medi-Cal coverage of children whose parents have been discontinued from cash aid and removed from AU due to reaching the CalWORKs 60 month time limit without meeting a time extender exception.                           | Yes | Other | Yes |                 |                  | Yes   |
| 3D                                | Full     | No  | Not on cash aid, but cash-linked Medi-Cal eligible because the individual has been determined to be eligible for CalWORKs.                                                                                                                                                                                                     | Yes | Other | Yes |                 |                  | Yes   |
| 3E                                | Full     | No  | CalWORKs Legal Immigrant-Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.                                                                                                                                                               | Yes | Other | Yes |                 |                  | Yes   |
| 3G                                | Full     | No  | CalWORKs – Zero Parent Exempt.                                                                                                                                                                                                                                                                                                 | Yes | Other | Yes |                 |                  | Yes   |
| 3F                                | Full     | No  | Two Parent Safety Net & Drug/Fleeing Felon Family                                                                                                                                                                                                                                                                              | Yes | Other | Yes | 4/1/13          |                  | Yes   |
| 3H                                | Full     | No  | CalWORKs – Zero Parent Mixed.                                                                                                                                                                                                                                                                                                  | Yes | Other | Yes |                 |                  | Yes   |
| 3L                                | Full     | No  | CalWORKs Legal Immigrant-Family Group – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.                                                                                                                                                | Yes | Other | Yes |                 |                  | Yes   |
| 3M                                | Full     | No  | CalWORKs Legal Immigrant-Family Group – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.                                                                                                                                                    | Yes | Other | Yes |                 |                  | Yes   |

| Regular FFP Aid Codes - Title XIX |          |     |                                                                                                                                                                                                                                                                                                                                                                     |     |          |     | Effective Dates |                  |       |
|-----------------------------------|----------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|-----|-----------------|------------------|-------|
| Code                              | Benefits | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                                 | MHS | MEG      | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 3N                                | Full     | No  | Aid to Families with Dependent Children (AFDC) – 1931(b) Non-CalWORKs                                                                                                                                                                                                                                                                                               | Yes | Other    | Yes |                 |                  | Yes   |
| 3P                                | Full     | No  | CalWORKs – All Families – Exempt.                                                                                                                                                                                                                                                                                                                                   | Yes | Other    | Yes |                 |                  | Yes   |
| 3R                                | Full     | No  | CalWORKs – Zero Parent – Exempt.                                                                                                                                                                                                                                                                                                                                    | Yes | Other    | Yes |                 |                  | Yes   |
| 3U                                | Full     | No  | CalWORKs Legal Immigrant-Family Group – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.                                                                                                                                                                                         | Yes | Other    | Yes |                 |                  | Yes   |
| 3W                                | Full     | No  | Temporary Assistance to needy Families (TANF) Timed-Out Mixed Case                                                                                                                                                                                                                                                                                                  | Yes | Other    | No  |                 |                  | Yes   |
| 30                                | Full     | No  | CalWORKs – All Families                                                                                                                                                                                                                                                                                                                                             | Yes | Other    | Yes |                 |                  | Yes   |
| 32                                | Full     | No  | TANF Timed out.                                                                                                                                                                                                                                                                                                                                                     | Yes | Other    | Yes |                 |                  | Yes   |
| 33                                | Full     | No  | CalWORKs – Zero Parent                                                                                                                                                                                                                                                                                                                                              | Yes | Other    | Yes |                 |                  | Yes   |
| 34                                | Full     | No  | AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.                                                                                                                                                                                                | Yes | Other    | Yes |                 |                  | Yes   |
| 35                                | Full     | No  | CalWORKs – Two Parent                                                                                                                                                                                                                                                                                                                                               | Yes | Other    | Yes |                 |                  | Yes   |
| 36                                | Full     | No  | Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded. | Yes | Disabled | Yes |                 |                  | Yes   |
| 37                                | Full     | Yes | AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.                                                                                                                                                            | Yes | Other    | Yes |                 |                  | Yes   |

| Regular FFP Aid Codes - Title XIX |          |     |                                                                                                                                                                                                                                                                                                            |     |             |     | Effective Dates |                  |       |
|-----------------------------------|----------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|-----|-----------------|------------------|-------|
| Code                              | Benefits | SOC | Program/Description                                                                                                                                                                                                                                                                                        | MHS | MEG         | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 38                                | Full     | No  | Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate <i>Notice of Action</i> sent. | Yes | Other       | Yes |                 |                  | Yes   |
| 39                                | Full     | No  | Initial Transitional Medi-Cal (TMC) (6 months). Provides six months of coverage for those discontinued from CalWORKs or the Section 1931(b) program due to increased earnings or increased hours of employment.                                                                                            | Yes | Other       | Yes |                 |                  | Yes   |
| 4A                                | Full     | No  | Adoption Assistance Program (AAP). Program for AAP children for whom there is a state-only AAP agreement between any state other than California and adoptive parent(s).                                                                                                                                   | Yes | Other       | Yes |                 |                  | Yes   |
| 4E                                | Full     | No  | Hospital Presumptive Eligibility for Former Foster Care Children up to age 26<br>No income screening                                                                                                                                                                                                       | Yes | Other       | Yes | 1/1/14          |                  | Yes   |
| 4F                                | Full     | No  | Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.                                                                                                                                                                           | Yes | Foster Care | Yes |                 |                  | Yes   |
| 4G                                | Full     | No  | Kin-GAP. State-only program for children in relative placement receiving cash assistance.                                                                                                                                                                                                                  | Yes | Foster Care | Yes |                 |                  | Yes   |
| 4H                                | Full     | No  | Foster Care children in CalWORKs                                                                                                                                                                                                                                                                           | Yes | Foster Care | Yes | 12/13/10        |                  | Yes   |
| 4K                                | Full     | No  | Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.                                                                                                                                                                                                            | Yes | Foster Care | Yes |                 | Termed on 6/96   | Yes   |
| 4L                                | Full     | No  | Foster care children in Social Security Act Title XIX, Section 1931 (b) program                                                                                                                                                                                                                            | Yes | Foster Care | Yes | 12/13/10        |                  | Yes   |
| 4M                                | Full     | No  | This program covers former foster care youth who were in foster care on their eighteenth birthday. Coverage extends until the 21st birthday and provides full-scope, no-cost benefits.                                                                                                                     | Yes | Other       | Yes |                 |                  | Yes   |

| Regular FFP Aid Codes - Title XIX |                                          |     |                                                                                                                                                                                                                                                                                  |     |             |     | Effective Dates |                  |       |
|-----------------------------------|------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|-----|-----------------|------------------|-------|
| Code                              | Benefits                                 | SOC | Program/Description                                                                                                                                                                                                                                                              | MHS | MEG         | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 4N                                | Full                                     | No  | CalWORKs FC State Cash Aid/ FFP Medi-Cal.                                                                                                                                                                                                                                        | Yes | Foster Care | Yes | 1/1/12          |                  | Yes   |
| 4P                                | Full                                     | No  | CalWORKs Family reunification – All Families (FFP) Provides for the continuance of CalWORKs services (includes Medi-Cal) to all families except two parent families, under certain circumstances, when a child has been removed from the home and is receiving out-of-home care. | No  | Other       | No  | 10/1/01         |                  | Yes   |
| 4R                                | Full                                     | No  | CalWORKs Family reunification – Two Parent (FFP) Provides for the continuance of CalWORKs services (includes Medi-Cal) to two parent families, under certain circumstances, when a child has been removed from the home and is receiving out-of-home care.                       | No  | Other       | No  | 10/1/01         |                  | Yes   |
| 4S                                | Full                                     | No  | Kin-GAP Title IV-E Federal Cash and Medi-Cal.                                                                                                                                                                                                                                    | Yes | Foster Care | Yes | 1/1/12          |                  | Yes   |
| 4T                                | Full                                     | No  | Children in IV-E Kin-GAP Program.                                                                                                                                                                                                                                                | Yes | Foster Care | Yes | 1/1/11          |                  | Yes   |
| 4W                                | Full                                     | No  | Kin-GAP State Cash Aid/FFP Medi-Cal after full Medi-Cal determination.                                                                                                                                                                                                           | Yes | Foster Care | Yes | 1/1/12          |                  | Yes   |
| 40                                | Full                                     | No  | AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.                                                                                                                    | Yes | Foster Care | Yes |                 |                  | Yes   |
| 42                                | Full                                     | No  | AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.                                                                                                                             | Yes | Foster Care | Yes |                 |                  | Yes   |
| 43                                | Full                                     | No  | AFDC-FC State Cash Aid/FFP Medi-Cal.                                                                                                                                                                                                                                             | Yes | Foster Care | Yes | 1/1/12          |                  | Yes   |
| 44                                | Restricted to pregnancy-related services | No  | Income Disregard Program. Pregnant (FFP) United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.           | Yes | Other       | Yes |                 |                  | No    |



| Regular FFP Aid Codes - Title XIX |          |     |                                                                                                                                                                                                                                                                                                                                                   |     |             |     | Effective Dates |                  |       |
|-----------------------------------|----------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|-----|-----------------|------------------|-------|
| Code                              | Benefits | SOC | Program/Description                                                                                                                                                                                                                                                                                                                               | MHS | MEG         | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 45                                | Full     | No  | Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.                                                                                                                                                                                                                    | Yes | Other       | Yes |                 |                  | Yes   |
| 46                                | Full     | No  | Out of State Interstate Compact Foster Care children from out of state placed in CA                                                                                                                                                                                                                                                               | Yes | Foster Care | No  |                 |                  | Yes   |
| 47                                | Full     | No  | Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to one year old and continues beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level. | Yes | Other       | Yes |                 |                  | Yes   |
| 49                                | Full     | No  | AFDC-FC Title IV-E/Federal Cash and Medi-Cal                                                                                                                                                                                                                                                                                                      | Yes | Foster Care | Yes | 1/1/12          |                  | Yes   |
| 5E                                | Full     | No  | Healthy Families to the Medi-Cal Presumptive Eligibility (PE) program. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to certain children under the age of 19.<br>T21 effective through 3/31/09;<br>T19 effective 4/1/09.                                                                                           | Yes | Other       | Yes | 10/25/10        |                  | Yes   |
| 5K                                | Full     | No  | Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.                                                                                                                                                                                                                                                     | Yes | Foster Care | Yes |                 |                  | Yes   |
| 54                                | Full     | No  | Four-Month Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments but eligible for Medi-Cal only.                                                                                                                                                                  | Yes | Other       | Yes |                 |                  | Yes   |
| 59                                | Full     | No  | Continuing TMC (6 months). Provides an additional six months of TMC for beneficiaries who had six months of initial TMC coverage under aid code 39                                                                                                                                                                                                | Yes | Other       | Yes |                 |                  | Yes   |
| 6A                                | Full     | No  | Disabled Adult Children (DAC)/Blindness (FFP).                                                                                                                                                                                                                                                                                                    | Yes | Other       | Yes |                 |                  | Yes   |
| 6C                                | Full     | No  | Disabled Adult Children (DAC)/Disabled (FFP).                                                                                                                                                                                                                                                                                                     | Yes | Disabled    | Yes |                 |                  | Yes   |

| Regular FFP Aid Codes - Title XIX |          |     |                                                                                                                                                                                                                                                                                      |     |          |     | Effective Dates |                  |       |
|-----------------------------------|----------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|-----|-----------------|------------------|-------|
| Code                              | Benefits | SOC | Program/Description                                                                                                                                                                                                                                                                  | MHS | MEG      | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 6E                                | Full     | No  | Continued eligibility for the Disabled (FFP), Covers former SSI beneficiaries who are Disabled (with exception of persons who are deceased or incarcerated in a correctional facility) until the county determines their eligibility.                                                | Yes | Disabled | Yes |                 |                  | Yes   |
| 6G                                | Full     | No  | 250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.                                                                                                                     | Yes | Disabled | Yes | 3/16/09         |                  | Yes   |
| 6H                                | Full     | No  | Federal Poverty Level – Disabled (FPL Disabled). Provides full-scope Medi-Cal (No share of cost) to qualified disabled individuals/couples                                                                                                                                           | Yes | Disabled | Yes |                 |                  | Yes   |
| 6J                                | Full     | No  | SB87 Pending Disability Program. Provides full scope (no share of cost) benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period. | Yes | Other    | Yes |                 |                  | No    |
| 6N                                | Full     | No  | Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (FFP). Former SSI disabled recipients (adults and children not in aid code 6P) who are appealing their cessation of SSI disability.                                           | Yes | Disabled | Yes |                 |                  | Yes   |
| 6P                                | Full     | No  | PRWORA/No Longer Disabled Children (FFP). Covers children under age 18 who lost SSI cash benefits on or after July 1, 1997, due to PRWORA of 1996, which provides a stricter definition of disability for children.                                                                  | Yes | Disabled | Yes |                 |                  | Yes   |

| Regular FFP Aid Codes - Title XIX |          |     |                                                                                                                                                                                                                                                                                      |     |          |     | Effective Dates |                  |       |
|-----------------------------------|----------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|-----|-----------------|------------------|-------|
| Code                              | Benefits | SOC | Program/Description                                                                                                                                                                                                                                                                  | MHS | MEG      | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 6R                                | Full     | Yes | SB87 Pending Disability Program. Provides full scope (no share of cost) benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period. | Yes | Disabled | Yes |                 |                  | No    |
| 6V                                | Full     | No  | Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.                                                                                                                                               | Yes | Disabled | Yes |                 |                  | Yes   |
| 6W                                | Full     | Yes | Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.                                                                                                                                               | Yes | Disabled | Yes |                 |                  | Yes   |
| 6X                                | Full     | No  | Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.                                                                                                                                                                                           | Yes | Disabled | Yes |                 |                  | Yes   |
| 6Y                                | Full     | Yes | Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.                                                                                                                                                                                           | Yes | Disabled | Yes |                 |                  | Yes   |
| 60                                | Full     | No  | SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.                                                                                                          | Yes | Disabled | Yes |                 |                  | Yes   |
| 63                                | Full     | Y/N | Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status. For DMC only: Restricted to Narcotic Treatment Program Individual/Group Counseling and NTP dosing.                                   | Yes | Disabled | Yes |                 |                  | Yes   |
| 64                                | Full     | No  | Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.                                                                                    | Yes | Disabled | Yes |                 |                  | Yes   |
| 66                                | Full     | No  | Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the Lynch v. Rank lawsuit. No age limit for this aid code.                                                                             | Yes | Disabled | Yes |                 |                  | Yes   |

| Regular FFP Aid Codes - Title XIX |                                             |     |                                                                                                                                                                                                                                                                                                                                                      |     |          |     | Effective Dates |                              |       |
|-----------------------------------|---------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|-----|-----------------|------------------------------|-------|
| Code                              | Benefits                                    | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                  | MHS | MEG      | DMC | SD/MC           | Inactive in MEDS             | EPSDT |
| 67                                | Full                                        | Yes | Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.                                                                                                                                                                                                           | Yes | Disabled | Yes |                 |                              | Yes   |
| 68                                | Full                                        | No  | Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS).                                                                                                                                                            | Yes | Disabled | Yes |                 | Phased out from 9/05 to 1/06 | Yes   |
| 69                                | Restricted to emergency services only       | No  | Income Disregard Program. Infant (FFP) – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides Emergency services only for infants under 1 year of age and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.                   | Yes | Other    | Yes |                 |                              | No    |
| 7A                                | Full                                        | No  | 100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level. | Yes | Other    | Yes |                 |                              | Yes   |
| 7J                                | Full                                        | No  | Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to the 19 years of age who would otherwise lose their share of cost                                                                                                                                                                                   | Yes | Other    | Yes |                 |                              | Yes   |
| 7M                                | Restricted Valid for Minor Consent Services | Y/N | Minor consent Program. Covers minors age 12 and under 21. Limited services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, and family planning. Funded 100% through county realigned funds                                                                                                                         | No  | N/A      | Yes |                 |                              | No    |

| Regular FFP Aid Codes - Title XIX |                                             |     |                                                                                                                                                                                                                                                                                                                                  |     |       |     | Effective Dates |                  |       |
|-----------------------------------|---------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                              | Benefits                                    | SOC | Program/Description                                                                                                                                                                                                                                                                                                              | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 7N                                | Restricted Valid for Minor Consent Services | No  | Minor consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning. Funded 100% through county realigned funds                                                                                                                                                | No  | N/A   | Yes |                 |                  | No    |
| 7P                                | Restricted Valid for Minor Consent Services | Y/N | Minor consent Program. Covers minors age 12 and under 21. Limited services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Funded 100% through county realigned funds                                                                 | No  | N/A   | Yes |                 |                  | No    |
| 7S                                | Full                                        | No  | Express Lane Enrollment. CalFRESH parents from 19 through 64 years of age who are neither blind nor disabled.                                                                                                                                                                                                                    | Yes | Other | Yes | 4/1/14          |                  | Yes   |
| 7W                                | Full                                        | No  | Express Lane Enrollment For Children.                                                                                                                                                                                                                                                                                            | Yes | Other | Yes | 2/1/14          |                  | Yes   |
| 72                                | Full                                        | No  | 133 Percent Program. Child-United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and 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.       | Yes | Other | Yes |                 |                  | Yes   |
| 74                                | Restricted to emergency services only       | No  | 133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible) (FFP). Provides Emergency services only for children ages 1 up to 6 and 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. | Yes | Other | Yes |                 |                  | No    |

| Regular FFP Aid Codes - Title XIX |                                          |     |                                                                                                                                                                                                                                                                                                                                                                 |     |       |     | Effective Dates |                  |       |
|-----------------------------------|------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                              | Benefits                                 | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                             | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 76                                | Restricted to 60-day postpartum services | No  | 60-Day Postpartum Program (FFP). Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all-postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs. | Yes | Other | Yes |                 |                  | No    |
| 8E                                | Full                                     | No  | Accelerated Enrollment. Provides immediate, temporary, fee-for-service, full scope Medi-Cal benefits up to the age of 65. T21 effective through 3/31/09; T19 effective 4/1/09.                                                                                                                                                                                  | Yes | Other | Yes |                 |                  | Yes   |
| 8G                                | Full                                     | No  | Qualified Severely Impaired Working Individual Program Aid Code. Allows recipients of the Qualified Severely Impaired Working Individual Program to continue their Medi-Cal eligibility.                                                                                                                                                                        | Yes | Other | Yes |                 |                  | Yes   |
| 8U                                | Full                                     | No  | CHDP Gateway Deemed Infant. Provides full-scope, no Share of Cost (SOC) 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.                                                                                                                                                             | Yes | Other | Yes | 10/11/10        |                  | Yes   |
| 8V                                | Full                                     | Yes | CHDP Gateway Deemed Infant SOC. Provides full-scope Medi-Cal benefits with a Share of Cost (SOC) for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met.                                                                                                                                       | Yes | Other | Yes | 10/11/10        |                  | Yes   |
| 8W                                | Full                                     | No  | Medically Indigent (MI)-Accelerated Enrollment (AE)-CHDP Gateway for Medi-Cal. Provides for the pre-enrollment of CHILDREN into the Medi-Cal program that are Screened as No Cost Medi-Cal Eligibles. Provides Temporary, full scope Medi-Cal benefits with no SOC. Please note: T21 through 3/31/09; however T19 effective 4/1/09.                             | Yes | Other | Yes |                 |                  | Yes   |

| Regular FFP Aid Codes - Title XIX |                                 |     |                                                                                                                                                                                                                                                                                                                                    |     |       |     | Effective Dates |                  |       |
|-----------------------------------|---------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                              | Benefits                        | SOC | Program/Description                                                                                                                                                                                                                                                                                                                | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 80                                | Restricted to Medicare expenses | No  | 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.                                                                                                                                       | Yes | Other | Yes |                 |                  | No    |
| 82                                | Full                            | No  | MI-Person (FFP). 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. | Yes | Other | Yes |                 |                  | Yes   |
| 83                                | Full                            | Yes | MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.                                                                                                                                                                                                       | Yes | Other | Yes |                 |                  | Yes   |
| 86                                | Full                            | No  | MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meets the eligibility requirements of medically indigent.                                                                                                                                                                       | Yes | Other | Yes |                 |                  | No    |
| 87                                | Full                            | Yes | MI-Confirmed Pregnancy (FFP). Covers person's 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.                                                                                                         | Yes | Other | Yes |                 |                  | No    |

Department of Health Care Services - Short Doyle Aid Code Master Chart for MHS and DMC

| Title XIX 100% FFP- Please note: The FFP will be at 100 % from 2014 through 2016. All of the individuals in these aid codes should be placed into the appropriate ACA aid code for ongoing eligibility by March 2015. |          |     |                                                                                                                                                                                                                                                                                   |     |                    |     | Effective Dates |                  |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------|-----|-----------------|------------------|-------|
| Code                                                                                                                                                                                                                  | Benefits | SOC | Program / Description                                                                                                                                                                                                                                                             | MHS | MEG                | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 7U                                                                                                                                                                                                                    | Full     | No  | Express Lane Enrollment For Adults.                                                                                                                                                                                                                                               | Yes | Medicaid Expansion | Yes | 2/1/14          |                  | Yes   |
| L1                                                                                                                                                                                                                    | Full     | No  | Adults aged 19 through 64 years of age, enrolled in LIHP MCE program on December 31, 2013 with 0 percent – 138 percent Federal Poverty Level                                                                                                                                      | Yes | Medicaid Expansion | Yes | 1/1/14          |                  | Yes   |
| N0                                                                                                                                                                                                                    | Limited  | No  | Adults aged 19 through 64 years of age, inmates in county jail enrolled in LIHP MCE program on December 31, 2013, with 0 percent – 138 percent Federal Poverty Level (FPL), limited to covered inpatient hospital services provided off the grounds of the correctional facility. | Yes | Medicaid Expansion | No  | 1/1/14          |                  | No    |
| N9                                                                                                                                                                                                                    | Limited  | No  | Adults aged 19 through 64 years of age, inmates in State prison enrolled in LIHP MCE program on December 31, 2013 with 0 percent – 138 percent FPL, limited to covered inpatient hospital services provided off the grounds of the correctional facility, no SOC.                 | Yes | Medicaid Expansion | No  | 1/1/14          |                  | No    |



Department of Health Care Services - Short Doyle Aid Code Master Chart for MHS and DMC

| Title XIX 100% FFP - Enhanced Title XIX federal funding is available for those who are "newly eligible" in the adults group. Please note the FFP category will decrease to the following: 100 % for 2014-2016; 95% for 2017; 94% for 2018; 93% 2019; 90% for 2020 and thereafter. |            |     |                                                                                                                                                                                                                                                                                                                              |     |                    |     | Effective Dates |                  |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------|-----|-----------------|------------------|-------|
| Code                                                                                                                                                                                                                                                                              | Benefits   | SOC | Program / Description                                                                                                                                                                                                                                                                                                        | MHS | MEG                | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| M1                                                                                                                                                                                                                                                                                | Full       | No  | Adult 19 to 65 Yrs at or below 138% FPL:<br>Citizen/Lawfully Present                                                                                                                                                                                                                                                         | Yes | Medicaid Expansion | Yes | 1/1/14          |                  | Yes   |
| M2                                                                                                                                                                                                                                                                                | Restricted | No  | Adult 19 to 65 Yrs at or below 138% FPL:<br>Undocumented-Restricted to emergency and pregnancy related services.                                                                                                                                                                                                             | Yes | Medicaid Expansion | Yes | 1/1/14          |                  | No    |
| N5                                                                                                                                                                                                                                                                                | Limited    | No  | Medi-Cal benefits limited to covered inpatient hospital only, for adult inmates aged 19 through 64 years of age in state correctional facilities who receive those services off the grounds of the correctional facility.                                                                                                    | Yes | Medicaid Expansion | No  | 1/1/14          |                  | No    |
| N6                                                                                                                                                                                                                                                                                | Restricted | No  | This aid code will reflect the new ACA adult group aged 19-64. Aid code provides restricted Medi-Cal benefits, without a share of cost, limited to inpatient hospital emergency related services only, to eligible undocumented adult state inmates who receive those services off the grounds of the correctional facility. | Yes | Medicaid Expansion | No  | 1/1/14          |                  | No    |
| N7                                                                                                                                                                                                                                                                                | Limited    | No  | Medi-Cal no SOC for County Adult Inmates. Medi-Cal benefits limited to covered inpatient hospital services only, for adult inmates aged 19 through 64 years of age in county correctional facilities who receive those services off the grounds of the correctional facility.                                                | Yes | Medicaid Expansion | No  | 1/1/14          |                  | No    |
| N8                                                                                                                                                                                                                                                                                | Restricted | No  | This Aid code will reflect the new ACA adult group aged 19-64. Aid code provides restricted Medi-Cal benefits, without a share of cost, limited to inpatient hospital emergency related services only, who receive those services off the grounds of the correctional facility.                                              | Yes | Medicaid Expansion | No  | 1/1/14          |                  | No    |

| Breast and Cervical Cancer Treatment Program (BCCTP) Aid Codes<br>(Enhanced FFP 65%) Title XIX |                                                   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |       |     | Effective Dates |                  |       |
|------------------------------------------------------------------------------------------------|---------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                                                                                           | Benefits                                          | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                                                                                                                    | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 0M                                                                                             | Full                                              | No  | BCCTP-Accelerated Enrollment (AE). Provides AE for temporary full-scope, no SOC Medi-Cal for females under 65 years of age who are diagnosed with breast and/or cervical cancer. Eligibility limited to 2 months                                                                                                                                                                                                                                       | Yes | Other | Yes |                 |                  | Yes   |
| 0N                                                                                             | Full                                              | No  | BCCTP-AE, Provides AE for temporary full-scope, no SOC Medi-Cal for females under 65 years of age who have diagnosed with breast and/or cervical cancer and are without creditable insurance coverage. No time limit                                                                                                                                                                                                                                   | Yes | Other | Yes |                 |                  | Yes   |
| 0P                                                                                             | Full                                              | No  | BCCTP-Federal, Provides full-scope, no SOC Medi-Cal for females under 65 years of age who have diagnosed with breast and/or cervical cancer and are without creditable insurance coverage                                                                                                                                                                                                                                                              | Yes | Other | Yes |                 |                  | Yes   |
| 0U                                                                                             | Restricted to pregnancy and/or emergency services | No  | BCCTP Provides services for females with unsatisfactory immigration status, who are under 65 years of age, who have been diagnosed with breast and/or cervical cancer and are found in need of treatment. They are eligible for Federal BCCTP for Emergency services for the duration of treatment. Does not cover individuals with creditable health insurance. State-only cancer treatment payments are 18 months (breast) and 24 months (cervical). | Yes | Other | No  |                 |                  | No    |
| 0V                                                                                             | Restricted to pregnancy and/or emergency services | No  | Post 0U eligibility for federal Medi-Cal Emergency services only and who continue to meet Federal BCCTP criteria. State-only pregnancy-related and LTC; for individuals whose 0U eligibility has expired and who are determined to be still in need of breast or cervical cancer treatment.                                                                                                                                                            | Yes | Other | No  |                 |                  | No    |

**Department of Health Care Services - Short Doyle Aid Code Master Chart for MHS and DMC**

**SCHIP**

The State Children's Health Insurance Program (SCHIP) was established by the federal government in the late 1990's to provide health insurance to children in families at or below 200 percent of the federal poverty level. SCHIP allowed states to create new programs to serve these children and families and/or expand their existing Medicaid programs. California elected to create the Healthy Families Program, serving children with family incomes below 250% of the federal poverty level and expand Medi-Cal programs to serve lower income children that would not previously qualify for Medi-Cal.

The HFP was established to provide a basic health, vision, and dental benefit package (provided by HFP health plans) that includes a mental health benefit for children assessed with serious emotional disturbances (SED). Mental health services for children meeting the SED criteria are provided by the county mental health departments. The enhanced Federal Medicaid Assistance Percentage (FMAP) of 65% under Title XXI is provided for HFP health and mental health service expenditures

| <b>Healthy Families - MRMIB Title XXI (Enhanced FFP 65%) - SCHIP</b> |                                 |            |                                                                                                                                                                                                                                                                                      |            |            |            | <b>Effective Dates</b> |                         |              |
|----------------------------------------------------------------------|---------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------------------|-------------------------|--------------|
| <b>Code</b>                                                          | <b>Benefits</b>                 | <b>SOC</b> | <b>Program / Description</b>                                                                                                                                                                                                                                                         | <b>MHS</b> | <b>MEG</b> | <b>DMC</b> | <b>SD/MC</b>           | <b>Inactive in MEDS</b> | <b>EPSDT</b> |
| 9H                                                                   | HF services only (no Medi-Cal)  | No         | The Healthy Families (HF) Program provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the federal poverty level. HF covers medical, dental and vision services to enrolled children. | Yes        | N/A        | No         |                        |                         | No           |
| 9R                                                                   | CCS Services only (no Medi-Cal) | No         | CCS-eligible Healthy Families Child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management)                                                                                   | Yes        | N/A        | No         |                        |                         | No           |

**Department of Health Care Services - Short Doyle Aid Code Master Chart for MHS and DMC**

**MCHIP**

California expanded Medicaid (Medi-Cal) eligibility for certain populations of children for the provision of health and mental health services. Known in California as MCHIP, services are reimbursed for “optional targeted low-income children” using the enhanced FMAP of 65% under Title XXI. These children are defined in federal law as targeted low-income children who would not otherwise qualify for Medicaid.

| <b>Title XXI Aid Codes (Enhanced FFP 65%) –MCHIP</b> |                                                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |            |            | <b>Effective Dates</b> |                         |              |
|------------------------------------------------------|---------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------------------|-------------------------|--------------|
| <b>Code</b>                                          | <b>Benefits</b>                                   | <b>SOC</b> | <b>Program/Description</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>MHS</b> | <b>MEG</b> | <b>DMC</b> | <b>SD/MC</b>           | <b>Inactive in MEDS</b> | <b>EPSDT</b> |
| E1                                                   | Restricted to pregnancy and/or emergency services | No         | Unverified citizens. Covers eligible unverified citizen children. One Month Medi-Cal to Healthy Families Bridge. Prenatal and Emergency Services Only. Covers services only to eligible children ages 0-19, who are unverified citizens                                                                                                                                                                                                | Yes        | MCHIP      | Yes        | 8/1/08                 |                         | No           |
| E2                                                   | Full                                              | No         | CHIP 2101(f) Citizen/Lawfully Present (Age 0-19, No premiums)                                                                                                                                                                                                                                                                                                                                                                          | Yes        | MCHIP      | Yes        | 1/1/14                 |                         | Yes          |
| E4                                                   | Restricted                                        | No         | CHIP 2101(f) Undocumented (Age 0-19, No premiums) Restricted to emergency and pregnancy related services, and state-funded long term care services.                                                                                                                                                                                                                                                                                    | Yes        | MCHIP      | Yes        | 1/1/14                 |                         | No           |
| E5                                                   | Full                                              | No         | CHIP 2101(f) Citizen/Lawfully Present (Age 1-19, With premiums)                                                                                                                                                                                                                                                                                                                                                                        | Yes        | MCHIP      | Yes        | 1/1/14                 |                         | Yes          |
| E6                                                   | Full                                              | No         | AIM infant above 213% to 266%                                                                                                                                                                                                                                                                                                                                                                                                          | Yes        | MCHIP      | No         | 1/1/14                 |                         | Yes          |
| E7                                                   | Full                                              | No         | AIM infant above 250% to 300%                                                                                                                                                                                                                                                                                                                                                                                                          | Yes        | MCHIP      | No         | 1/1/14                 |                         | Yes          |
| H0                                                   | Full                                              | No         | Hospital Presumptive Eligibility for Children age 6-19 (FPL above 108 percent up to and including 266 percent FPL).                                                                                                                                                                                                                                                                                                                    | Yes        | MCHIP      | Yes        | 1/1/14                 |                         | Yes          |
| H1                                                   | Full                                              | No         | Targeted Low Income FPL for infants. Provides full scope, no-cost Medi-Cal for infants who are U.S. citizens, have satisfactory immigration status, or unverified citizenship**. Coverage is up to the month of their first birthday or continues beyond one year, when in an inpatient status that began before the first birthday. Family income is above 200 percent up to 250 percent of the FPL.                                  | Yes        | MCHIP      | Yes        | 1/1/13                 |                         | Yes          |
| H2                                                   | Full                                              | No         | Medi-Cal Targeted Low-Income FPL for Children Program. Provides full scope, no-cost Medi-Cal coverage to children with U.S. citizenship, satisfactory immigration status, or unverified citizenship; ages one through the month of the 6 <sup>th</sup> birthday or continues when in an inpatient status which began before the 6 <sup>th</sup> birthday for family income at or below 133 up to 150 percent of federal poverty level. | Yes        | MCHIP      | Yes        | 1/1/13                 |                         | Yes          |

| Title XXI Aid Codes (Enhanced FFP 65%) – MCHIP |            |     |                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |       |     | Effective Dates |                  |       |
|------------------------------------------------|------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                                           | Benefits   | SOC | Program / Description                                                                                                                                                                                                                                                                                                                                                                                                                         | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| H3                                             | Full       | No  | Medi-Cal Targeted Low-Income FPL for Children Program. Provides full scope, Medi-Cal coverage with a premium payment to children with U.S. citizenship, satisfactory immigration status, or unverified citizenship; ages one through the month of their 6 <sup>th</sup> birthday or continues when in an inpatient status which began before the 6 <sup>th</sup> birthday, with family income above 150 percent up to 250 percent of the FPL. | Yes | MCHIP | Yes | 1/1/13          |                  | Yes   |
| H4                                             | Full       | No  | Medi-Cal Targeted Low-Income FPL for Children Program. Provides full scope, no-cost Medi-Cal coverage to children with U.S. citizenship, satisfactory immigration status, or unverified citizenship; ages six through the month of the 19th birthday or continues when in an inpatient status which began before the 19th birthday for family income above 100 up to 150 percent of federal poverty level.                                    | Yes | MCHIP | Yes | 1/1/13          |                  | Yes   |
| H5                                             | Full       | No  | Medi-Cal Targeted Low-Income FPL for Children Program. Provides full scope, Medi-Cal coverage with premium payment to children with U.S. citizenship, satisfactory immigration status, or unverified citizenship; ages six through the month of the 19th birthday or continues when in an inpatient status which began before the 19th birthday, with family income above 150 percent up to 250 percent of FPL.                               | Yes | MCHIP | Yes | 1/1/13          |                  | Yes   |
| H6                                             | Full       | No  | Hospital Presumptive Eligibility for infants (FPL above 208 percent up to and including 266 percent FPL).                                                                                                                                                                                                                                                                                                                                     | Yes | MCHIP | Yes | 1/1/14          |                  | Yes   |
| H9                                             | Full       | No  | Hospital Presumptive Eligibility for Children age 1-6 (FPL above 142 percent up to and including 266 percent FPL).                                                                                                                                                                                                                                                                                                                            | Yes | MCHIP | Yes | 1/1/14          |                  | Yes   |
| M5                                             | Full       | No  | Expansion Child from 6 to 19 Yrs 101% through 133% FPL: Citizen/Lawfully Present.                                                                                                                                                                                                                                                                                                                                                             | Yes | MCHIP | Yes | 1/1/14          |                  | Yes   |
| M6                                             | Restricted | No  | Expansion Child from 6 to 19 Yrs 101% through 133% FPL: Undocumented Restricted to pregnancy related, emergency, and long term care.                                                                                                                                                                                                                                                                                                          | Yes | MCHIP | Yes | 1/1/14          |                  | No    |

| Title XXI Aid Codes (Enhanced FFP 65%) – MCHIP |            |     |                                                                                                                                                                                                                                                                                                       |     |       |     | Effective Dates |                  |       |
|------------------------------------------------|------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                                           | Benefits   | SOC | Program/Description                                                                                                                                                                                                                                                                                   | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| T0                                             | Restricted | No  | Infant up to 1 Yr. Undoc 201%-250% FPL (TLIC). Restricted to emergency and state funded long term care services.                                                                                                                                                                                      | Yes | MCHIP | No  | 1/1/14          |                  | No    |
| T1                                             | Full       | No  | Child from 6 to 19 Yrs: Citizen 151%-250% FPL (TLIC Premiums).                                                                                                                                                                                                                                        | Yes | MCHIP | Yes | 1/1/14          |                  | Yes   |
| T2                                             | Full       | No  | Child from 6 to 19 Yrs: Citizen 134%-150% FPL (TLIC).                                                                                                                                                                                                                                                 | Yes | MCHIP | Yes | 1/1/14          |                  | Yes   |
| T3                                             | Full       | No  | Child from 1 to 6 Yrs: Citizen 151%-250% FPL (TLIC Premiums).                                                                                                                                                                                                                                         | Yes | MCHIP | Yes | 1/1/14          |                  | Yes   |
| T4                                             | Full       | No  | Child from 1 to 6 Yrs: Citizen 134%-150% FPL (TLIC).                                                                                                                                                                                                                                                  | Yes | MCHIP | Yes | 1/1/14          |                  | Yes   |
| T5                                             | Full       | No  | Infant up to 1 Yr. Citizen 201%-250% FPL (TLIC).                                                                                                                                                                                                                                                      | Yes | MCHIP | Yes | 1/1/14          |                  | Yes   |
| T6                                             | Restricted | No  | Child from 6 to 19 Yrs: Undoc 151%-250% FPL (TLIC Premiums). Restricted to emergency and pregnancy related services, and state funded long term care services.                                                                                                                                        | Yes | MCHIP | Yes | 1/1/14          |                  | No    |
| T7                                             | Restricted | No  | Child from 6 to 19 Yrs: Undoc 134%-150% FPL (TLIC). Restricted to emergency and pregnancy related services, and state funded long term care services.                                                                                                                                                 | Yes | MCHIP | Yes | 1/1/14          |                  | No    |
| T8                                             | Restricted | No  | Child from 1 to 6 Yrs: Undoc 151%-250% FPL (TLIC Premiums). Restricted to emergency and state funded long term care services.                                                                                                                                                                         | Yes | MCHIP | No  | 1/1/14          |                  | No    |
| T9                                             | Restricted | No  | Child from 6 to 19 Yrs: Undoc 134%-150% FPL (TLIC). ). Restricted to emergency services and state funded long term care services.                                                                                                                                                                     | Yes | MCHIP | No  | 1/1/14          |                  | No    |
| 5C                                             | Full       | No  | Medi-Cal Presumptive Eligibility, Title XXI, HFP Transitional Children Provides no-cost, full scope, Medi-Cal coverage with no premium payment, to children with family income at or below 150 percent of the federal poverty level during the transition period until the annual eligibility review. | Yes | MCHIP | Yes | 1/1/13          |                  | Yes   |

| Title XXI Aid Codes (Enhanced FFP 65%) – MCHIP |                                       |     |                                                                                                                                                                                                                                                                                                                                                              |     |       |     | Effective Dates |                  |       |
|------------------------------------------------|---------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                                           | Benefits                              | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                          | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 5D                                             | Full                                  | No  | Medi-Cal Presumptive Eligibility, Title XXI, HFP Transitional Children Provides full scope Medi-Cal coverage with a premium payment, to children with family income above 150 percent and up to 250 percent of the federal poverty level during the transition period.                                                                                       | Yes | MCHIP | Yes | 1/1/13          |                  | Yes   |
| 7X                                             | Full                                  | No  | One-Month Healthy Families (HF) Bridge (FFP). Provides one additional calendar month of health care benefits with no Share of Cost, through the same health care delivery system, to Medi-Cal-eligible children meeting the criteria of the HF Bridging Program.                                                                                             | Yes | MCHIP | Yes |                 |                  | Yes   |
| 8X                                             | Full                                  | No  | Medically Indigent (MI)-Accelerated Enrollment (AE)-CHDP Gateway for Healthy Families. Provides for the pre-enrollment of CHILDREN into the Medi-Cal program that are Screened as Probable Healthy Families Eligibles. Provides Temporary, full scope Medi-Cal benefits with no SOC.                                                                         | Yes | MCHIP | Yes |                 |                  | Yes   |
| 8N                                             | Restricted to emergency services only | No  | 133 Percent Program (OBRA). Child Undocumented / Nonimmigrant Alien (but otherwise eligible except for excess property) (FFP). Provides emergency services only for children ages 1 up to 6 and 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. | Yes | MCHIP | No  |                 |                  | No    |
| 8P                                             | Full                                  | No  | 133 Percent Program. Child – United States Citizen (with excess property), Permanent Resident Alien/PRUCOL Alien (FFP). Provides full-scope Medi-Cal benefits to children ages 1 up to 6 and 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.    | Yes | MCHIP | Yes |                 |                  | Yes   |

| Title XXI Aid Codes (Enhanced FFP 65%) – MCHIP |                                                   |     |                                                                                                                                                                                                                                                                                                                                                                                                    |     |       |     | Effective Dates |                  |       |
|------------------------------------------------|---------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                                           | Benefits                                          | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                                                                | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 8R                                             | Full                                              | No  | 100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident / PRUCOL / (IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19 <sup>th</sup> birthday and family income is at or below 100 percent of the federal poverty level. | Yes | MCHIP | Yes | 1/1/12          |                  | Yes   |
| 8T                                             | Restricted to pregnancy and/or emergency services | No  | 100 Percent Program. Child-Undocumented / Nonimmigrant Status / (IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when in patient status begins before the 19 <sup>th</sup> birthday and family income is at or below 100 percent of the federal poverty level.                          | Yes | MCHIP | Yes |                 |                  | No    |

| Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65% |                                                   |     |                                                                                                                                                                                                                                                                                             |     |       |     | Effective Dates |                  |       |
|--------------------------------------------------------------------|---------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                                                               | Benefits                                          | SOC | Program/Description                                                                                                                                                                                                                                                                         | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 1U                                                                 | Restricted to pregnancy and/or emergency services | No  | Restricted Federal poverty level – Aged (Restricted FPL – Aged) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified aged individuals/couples who do not have satisfactory immigration status                                                                  | Yes | Other | Yes |                 |                  | No    |
| 3T                                                                 | Restricted to pregnancy and/or emergency services | No  | Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment. | Yes | Other | Yes |                 |                  | No    |
| 3V                                                                 | Restricted to pregnancy and/or emergency services | No  | Section 1931(b) (FFP). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996.                                                                        | Yes | Other | Yes |                 |                  | No    |



| Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65% |                                                   |     |                                                                                                                                                                                                                                                                                                                                                        |     |       |     | Effective Dates |                  |       |
|--------------------------------------------------------------------|---------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                                                               | Benefits                                          | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                    | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 48                                                                 | Restricted to pregnancy services only             | No  | Income Disregard Program. Pregnant – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP. | Yes | Other | Yes |                 |                  | No    |
| 5F                                                                 | Restricted to pregnancy and/or emergency services | Y/N | OBRA Aliens. Covers non-immigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal.                                                                                                                                                              | Yes | Other | Yes |                 |                  | No    |
| 5J                                                                 | Restricted to pregnancy and/or emergency services | No  | Pending disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with no SOC.                                                                                         | Yes | Other | No  |                 |                  | No    |
| 5R                                                                 | Restricted to pregnancy and/or emergency services | Yes | Pending disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with a SOC.                                                                                          | Yes | Other | No  |                 |                  | No    |
| 5T                                                                 | Restricted to pregnancy and/or emergency services | No  | Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.                                                                                                                                                                                      | Yes | Other | Yes |                 |                  | No    |
| 5W                                                                 | Restricted to pregnancy and/or emergency services | No  | Four Month Continuing (FFP). Provides four months of emergency and pregnancy-related benefits (no SOC) for aliens without SIS who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.                                                                                                   | Yes | Other | Yes |                 |                  | No    |

| Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65% |                                                   |     |                                                                                                                                                                                                                                                                                                                                                                       |     |          |     | Effective Dates |                  |       |
|--------------------------------------------------------------------|---------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|-----|-----------------|------------------|-------|
| Code                                                               | Benefits                                          | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                                   | MHS | MEG      | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 55                                                                 | Restricted to pregnancy and/or emergency services | No  | Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not Permanently Residing Under Color Of Law (PRUCOL). LTC services: State-only funds; Emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.                                                              | Yes | Other    | Yes |                 |                  | No    |
| 58                                                                 | Restricted to pregnancy and/or emergency services | Y/N | OBRA Aliens. Covers nonimmigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal.                                                                                                                                                                              | Yes | Other    | Yes |                 |                  | No    |
| 6U                                                                 | Restricted to pregnancy and/or emergency services | No  | Restricted Federal Poverty Level – Disabled (Restricted FPL-Disabled) Provides emergency and pregnancy-related benefits (no share of cost) to qualified disabled individuals/couples who do not have satisfactory immigration status.                                                                                                                                 | Yes | Disabled | Yes |                 |                  | No    |
| 7C                                                                 | Restricted to pregnancy and/or emergency services | No  | 100 Percent Program. Child – Undocumented / Nonimmigrant Status / [IRCA Amnesty Alien (Not ABD or Under 18)]. Covers emergency and pregnancy related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19 <sup>th</sup> birthday and family income is at or below 100 percent of the federal poverty level. | Yes | Other    | Yes |                 |                  | No    |
| 7K                                                                 | Restricted to pregnancy and/or emergency services | No  | Continuous Eligibility for Children (CEC) program. Provides emergency and pregnancy-related benefits (no share of cost) to children up to 19 years of age who would otherwise lose their no share of cost Medi-Cal                                                                                                                                                    | Yes | Other    | Yes |                 |                  | No    |
| C1                                                                 | Restricted to pregnancy and/or emergency services | No  | Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.                                                                                                                                                                                            | Yes | Other    | Yes |                 |                  | No    |
| C2                                                                 | Restricted to pregnancy and/or emergency services | Yes | Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required                                                                                                                                                                          | Yes | Other    | Yes |                 |                  | No    |

| Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65% |                                                   |     |                                                                                                                                                                                                                                                                                                                                    |     |          |     | Effective Dates |                  |       |
|--------------------------------------------------------------------|---------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|-----|-----------------|------------------|-------|
| Code                                                               | Benefits                                          | SOC | Program/Description                                                                                                                                                                                                                                                                                                                | MHS | MEG      | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| C3                                                                 | Restricted to pregnancy and/or emergency services | No  | Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.                                                                                                                                     | Yes | Disabled | Yes |                 |                  | No    |
| C4                                                                 | Restricted to pregnancy and/or emergency services | Yes | Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.                                                                                          | Yes | Disabled | Yes |                 |                  | No    |
| C5                                                                 | Restricted to pregnancy and/or emergency services | No  | AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.                                                                                                                                                               | Yes | Other    | Yes |                 |                  | No    |
| C6                                                                 | Restricted to pregnancy and/or emergency services | Yes | AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.                                                                                                                           | Yes | Other    | Yes |                 |                  | No    |
| C7                                                                 | Restricted to pregnancy and/or emergency services | No  | Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.                                                                                                                                  | Yes | Disabled | Yes |                 |                  | No    |
| C8                                                                 | Restricted to pregnancy and/or emergency services | Yes | Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.                                                                                                                                                                                         | Yes | Disabled | Yes |                 |                  | No    |
| C9                                                                 | Restricted to pregnancy and/or emergency services | No  | MI-Person (FFP). 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. | Yes | Other    | Yes |                 |                  | No    |
| D1                                                                 | Restricted to pregnancy and/or emergency services | Yes | MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.                                                                                                                                                                                                       | Yes | Other    | Yes |                 |                  | No    |

| Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65% |                                                   |     |                                                                                                                                                                                                                            |     |          |     | Effective Dates |                  |       |
|--------------------------------------------------------------------|---------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|-----|-----------------|------------------|-------|
| Code                                                               | Benefits                                          | SOC | Program/Description                                                                                                                                                                                                        | MHS | MEG      | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| D2                                                                 | Restricted to pregnancy and/or emergency services | No  | Aid to the Aged – LTC (FFP)<br>Covers persons 65 years of age or older who are medically needy and in LTC status                                                                                                           | Yes | Other    | Yes |                 |                  | No    |
| D3                                                                 | Restricted to pregnancy and/or emergency services | Yes | Aid to the Aged – LTC (FFP)<br>Covers persons 65 years of age or older who are medically needy and in LTC status                                                                                                           | Yes | Other    | Yes |                 |                  | No    |
| D4                                                                 | Restricted to pregnancy and/or emergency services | No  | Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.                                                                               | Yes | Disabled | Yes |                 |                  | No    |
| D5                                                                 | Restricted to pregnancy and/or emergency services | Yes | Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.                                                                               | Yes | Disabled | Yes |                 |                  | No    |
| D6                                                                 | Restricted to pregnancy and/or emergency services | No  | Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.                                                                            | Yes | Disabled | Yes |                 |                  | No    |
| D7                                                                 | Restricted to pregnancy and/or emergency services | Yes | Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.                                                                            | Yes | Disabled | Yes |                 |                  | No    |
| D8                                                                 | Restricted to pregnancy and/or emergency services | No  | MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meets the eligibility requirements of medically indigent.                                                               | Yes | Other    | Yes |                 |                  | No    |
| D9                                                                 | Restricted to pregnancy and/or emergency services | Yes | MI-Confirmed Pregnancy (FFP). Covers person's 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. | Yes | Other    | Yes |                 |                  | No    |

| Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65% |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                    |     |       |     | Effective Dates |                  |       |
|--------------------------------------------------------------------|---------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                                                               | Benefits            | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                                                                | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| G2                                                                 | Restricted; Limited | No  | Title XIX/Title XXI, Medi-Cal no SOC for undocumented state juvenile inmates. Medi-Cal benefits limited to covered inpatient hospital emergency and inpatient mental health emergency (Title XIX) and inpatient pregnancy-related (Title XXI) services only, for juvenile inmates in state correctional facilities who receive those services off the grounds of the correctional facility         | Yes | Other | No  | 1/1/12          |                  | No    |
| G6                                                                 | Restricted; Limited | No  | Title XIX/Title XXI, Medi-Cal no SOC for undocumented county juvenile inmates. Medi-Cal benefits limited to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX) and inpatient pregnancy-related (Title XXI) services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.         | Yes | Other | No  | 1/1/12          |                  | No    |
| G8                                                                 | Restricted; Limited | Yes | Title XIX/Title XXI, Medi-Cal SOC for undocumented county juvenile inmates. Restricted/Limited- Medi-Cal limited to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX) and inpatient pregnancy-related (Title XXI) services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility. | Yes | Other | No  | 1/1/12          |                  | No    |
| G9                                                                 | Restricted          | No  | Undocumented State Medical Parolees. Restricted – Medi-Cal benefits limited to covered emergency and pregnancy-related services only. Aid code G9 will be in the secondary segment in MEDS                                                                                                                                                                                                         | Yes | Other | No  | 1/1/14          |                  | No    |
| J3                                                                 | Restricted          | No  | Compassionately released/Medical Probation County Inmates. Restricted – Medi-Cal benefits limited to covered emergency and pregnancy-related services only. The county is responsible for the non-federal share.                                                                                                                                                                                   | Yes | Other | Yes | 1/1/14          |                  | No    |
| J4                                                                 | Restricted          | Yes | Compassionately released/Medical Probation County Inmates. Restricted – Medi-Cal benefits limited to covered emergency and pregnancy-related services only. The county is responsible for the non-federal share.                                                                                                                                                                                   | Yes | Other | Yes | 1/1/14          |                  | No    |

| Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65% |                                                         |     |                                                                                                                                                                                                                                               |     |       |     | Effective Dates |                  |       |
|--------------------------------------------------------------------|---------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                                                               | Benefits                                                | SOC | Program/Description                                                                                                                                                                                                                           | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| J6                                                                 | Restricted                                              | No  | Compassionately released/Medical Probation County Inmates who reside in LTC facilities. Restricted – Medi-Cal benefits limited to covered emergency and pregnancy-related services only. The county is responsible for the non-federal share. | Yes | Other | No  | 1/1/14          |                  | No    |
| J8                                                                 | Restricted                                              | No  | Compassionately released/Medical Probation County Inmates who reside in LTC facilities. Restricted – Medi-Cal benefits limited to covered emergency and pregnancy-related services only. The county is responsible for the non-federal share. | Yes | Other | No  | 1/1/14          |                  | No    |
| M0                                                                 | Limited Scope -- Pregnancy Services/ Emergency Services | No  | Pregnant Women 126% - 200%: FPL - Undocumented<br>CHDP Funding: Baby using Mom's ID only 50/50<br>Final FPL 60% - 213% FPL                                                                                                                    | Yes | Other | Yes | 1/1/14          |                  | No    |
| M4                                                                 | Restricted                                              | No  | Parent/Caretaker Relative at or below 125% FPL: Undocumented- Restricted to emergency, pregnancy related and long term care services.                                                                                                         | Yes | Other | Yes | 1/1/14          |                  | No    |
| M8                                                                 | Limited Scope: Pregnancy Services/ Emergency Services   | No  | Pregnant Women 0% through 125% FPL: Undocumented                                                                                                                                                                                              | Yes | Other | Yes | 1/1/14          |                  | No    |
| P6                                                                 | Restricted                                              | No  | Children 6 to 19 years of age with 0 percent - 108 percent Federal Poverty Level, Undocumented, restricted to emergency services, pregnancy and long term care services.                                                                      | Yes | Other | Yes | 1/1/14          |                  | No    |

| STATE ONLY AID CODES – NO FFP AVAILABLE |                                        |     |                                                                                                                                                                                                                                                                                                                                                                                                     |     |       |     | Effective Dates |                  |       |
|-----------------------------------------|----------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-----|-----------------|------------------|-------|
| Code                                    | Benefits                               | SOC | Program/Description                                                                                                                                                                                                                                                                                                                                                                                 | MHS | MEG   | DMC | SD/MC           | Inactive in MEDS | EPSDT |
| 53                                      | Restricted to LTC and related services | Y/N | Medically Indigent-LTC (Non-FFP). Covers persons age 21 or older and under 65 years of age who are residing in a Skilled Nursing or Intermediate Care Facility (SNF or ICF) and meet all other eligibility requirements of medically indigent, with or without SOC.                                                                                                                                 | No  | Other | No  |                 |                  | No    |
| 65                                      | Full                                   | Y/N | 1115 Waiver five months of eligibility for Evacuees of Hurricane Katrina. Applications 8/24/05 to 1/31/06. Final date of any waiver eligibility 5/31/06.                                                                                                                                                                                                                                            | No  | Other | No  |                 |                  | Yes   |
| 0R                                      | Restricted                             | No  | BCCTP-State. Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for all-age males and females (regardless of age or immigration status). These individuals must have a high cost-sharing insurance (over \$750/year); have a diagnosis of breast (payment limited to 18 months) and/or cervical (payment limited to for 24 months) cancer. | No  | Other | No  |                 |                  | No    |
| 0T                                      | Restricted                             | No  | BCCTP-State. Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for all-age males and females who are not eligible under aid codes 0P, 0R, or 0U regardless of citizenship, that are diagnosed with breast and/or cervical cancer. Does not cover individuals with other creditable insurance.                                                              | No  | Other | No  |                 |                  | No    |
| 8Y                                      | Restricted CHDP services only          | No  | Covers CHDP eligible children who are also eligible for Medi-Cal emergency, pregnancy-related and Long Term Care (LTC) services.                                                                                                                                                                                                                                                                    | No  | Other | No  |                 |                  | No    |
| 81                                      | Full                                   | Y/N | Medically Indigent Adult (MIA)– Adults Aid Paid Pending.                                                                                                                                                                                                                                                                                                                                            | No  | Other | No  |                 |                  | No    |
| R1                                      | Full                                   | Yes | CalWORKs TCVAP Trafficking Victims<br><br>Funded 100% through county realigned funds.                                                                                                                                                                                                                                                                                                               | No  | N/A   | Yes |                 |                  | Yes   |