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		Ald Codes Quid	K KEI	erence	Guide
01		RCA	20		Blind - SSI/SSP - Cash
02		RMA/EMA	21	*	Blind - SO
03	\$C	AAP - Federal	22	*	Blind - SC
04	\$C	AAP/AAC	23		Blind - LTC
05		SED (cash grant only)	24		Blind - MN
06		AAP/OOS - CA Medi-Cal	26		Blind - Pickle Eligible
07	\$C	AAP NMD Title IV-E/FFP-Medi-Cal	27		Blind - MN SOC
80		ECA	2A		Abandoned Baby
09		FS (CalFRESH)	2C		CCHIP 266% - 322%, 0 -< 19 -
0A		RCA - Exempt			Title XXI
OC.	\$60	AIM Infants enrolled in HF	2E		Blind - Pending SB87 Redetermine
0D	\$F	MCAP - MAGI>213%≤322%	2H		Blind - FPL Program
0E	\$F	MCAP - MAGI>213%≤322% MMC	2K	\$7	IHSS - Community First Choice Option
0G	\$F	MCAP >213% FFS	2L	\$7	IHSS - Plus Waiver
ОН		Transitional Nutritional Benefit	2M	\$7	IHSS - PCSP
		(TNB)	2N	\$7	IHSS – Residual
0F		Transitional FSO %	2P	\$C	ARC Only
OL	#\$1	BCCTP - Transitional ESO & Restricted LTC, Pregnant	2R	\$C	ARC Only for Non-minor
ОМ	\$A	BCCTP AE - 2 months	210	Ψ	Dependents
ON	\$A	BCCTP AE	2S	\$C	ARC Funding Option and Federal CalWORKS
0P	\$1	ВССТР	2T	\$C	ARC Funding Option and State
0R	#\$1	BCCTP - High Cost OHC	21	ΨC	CalWORKS ARC and State CalWORKS for
ОТ	#\$1	BCCTP - State Only 65+	2U	\$C	Non-minor Dependents
0 U	#\$1	BCCTP - Unsatisfactory	2V		TCVAP - Eligible under RMA Rules
•	<i>"</i> ΨΞ	Immigration Status			(without a SOC)
ov	#\$1	Post BCCTP - A/C 0U-ESO, LTC, Pregnant	30		CalWORKs - AF
ow	\$1	BCCTP - A/C 0P Transitional	31	*	AFDC - FG - SO
ΟX	#	BCCTP - OHC Transitional	32		TANF Timed-Out (State)
0Y	#	BCCTP - Over 65 Transitional	33		CalWORKs - ZP - State Only (cash)
10		Aged - SSI/SSP - Cash	34		AFDC - MN
11	*	Aged - SO	35		CalWORKs - 2P - State Only
12	*	Aged - SC			(cash)
13		Aged - LTC	36		Disabled - COBRA - Widow/ers
14		Aged - MN	37		AFDC - MN SOC
16		Aged - Pickle Eligible	38		Edwards v. Kizer
17		Aged - MN SOC	39		Initial TMC (6 months)
1A	\$ 5	Aged - CAPI-Qualified Aliens	3A		CalWORKs Timed-Out Safety Net – All Other Families
1E		Aged - Pending SB87 Redetermine	3C		CalWORKs Timed-Out Safety Net -
1H		Aged - FPL Program	30		Two Parent Families
1 U	#	Aged - FPL Program - Undoc	3D		CalWORKs Pending - Medi-Cal Eligible
1V		Refugee Cash Assistance	3E		CalWORKs - LI - AF – Mixed
1X		MSSP	3F		CalWORKs - 2P - Safety Net Child-
1Y		MSSP SOC			Only Or Drug Fleeing Felon Family
			3G		CalWORKs - ZP - Exempt - State

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		Ald Codes Quid	K Rei	erence	
		Only	4V		TCVAP - Eligible under RMA Rules
3H		CalWORKs - ZP - Mixed			with SOC KinGAP NMD State Cash/FFP
3L		CalWORKs - LI - AF - State Only	4W	\$C	Medi-Cal
3M		CalWORKs - LI - 2P - State Only	50	#@	CMSP OBRA/Out of County Care
3N	Z	AFDC-1931(b) Non CalWORKs	53	#	MI - LTC
3P		CalWORKs - AF - Exempt	54		Four Month Continuing
3R		CalWORKs - ZP - Exempt	55	#Z	OBRA not PRUCOL LTC
35	\$5	CalWORKs - Regular DP - Cash	58	#Z	OBRA Alien
3Т	#	Only Initial TMC - ESO	59		Continuing TMC (6 months)
3U	#	CalWORKs – LI – 2P - Mixed	5C	\$A	HFP to Medi-Cal Transitional PE
		AFDC-1931(b) Non CalWORKs	5D	\$A	HFP to Medi-Cal Transitional PE
3 V	#Z	ESO			With Premium
3W		TANF Timed-Out, Mixed Case	5F	#Z #	OBRA Alien - Pregnant Woman
	40	(State)	53	#	SB87 Pending Disability EA Foster Care - CWS - State
40	\$C *	AFDC - FC - Non Federal	5K		Only
41		AFDC - FC - SO	5L	\$C	EA Foster Care-Non Fed
42	\$C	AFDC - FC - Federal AFDC - FC NMD State Cash/FFP	5R	#	SB87 Pending Disability SOC
43	\$C	Medi-Cal	5T	#	Continuing TMC - ESO
44	#\$2Z	Pregnant Citizen (FPL Under 200%)	5V		TCVAP - Eligible under Medi-Cal Rules without SOC
45	\$C	Foster Care	5W	#	Four Month Continuing -
46	\$C	Foster Care - OOS - CA Medi-Cal	60		Pregnancy + ESO
47	D	Infant Citizen (FPL Under 200%)	61	*	Disabled - SSI/SSP - Cash Disabled - SO
48	#\$2Z	Pregnant OBRA (FPL Under 200%)		*	Disabled - SC
49	\$C	AFDC-FC NMD Title IV-E Federal/FFP Medi-Cal	62 63	4	Disabled - SC Disabled - LTC
4A	\$C	Out of State AAP Children	64		Disabled - MN
4C	\$C	Foster Care - STEP	65	0	Hurricane Katrina Evacuees
4D		ADAM	66		Disabled - Pickle Eligible
4E		Foster Care Hospital PE (Age 18	67		Disabled - MN SOC
		to 26 Years) KinGAP Cash Assistance - FFP for	69	#Z	200% - Infant OBRA
4F	\$C	cash	6A		DAC - Blind
		payment	6C		DAC - Disabled
4G	\$C	KinGAP Cash Assistance - State- only for cash payment	6E		Disabled - Pending SB87
4H	\$C	Foster Care Child in CalWORKs			Redetermine 250% Income Level for the
4K	\$C	EA Foster Care - Probation	6G		Working Disabled
4L	\$C	Foster Care Child in 1931(b)	6H		Disabled - FPL Program
4M	\$C	Former Foster Care Ch	6 J		SB87 Pending Disability
4N	\$C	CalWORKs NMD State Cash/FFP Medi-Cal	6K 6M	\$5 \$5	CAPI - Non-Qualified Aliens CAPI - Sponsored Aliens
4P	\$2	CalWORKs FR - AF		φĐ	Former SSI NLD in SSI Appeals
4R	\$2	CalWORKs FR - 2P	6N		Status
45	\$C	KinGAP NMD Title IV-E	6P		PRWORA NLD Children
		Federal/FFP Medi-Cal	6R		SB87 Pending Disability SOC
4 T	\$C	KinGAP - Federal IV-E	6S		Disabled -SGA/ABD-MN (IHSS) -

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		Alu Codes Quid	IN INCI	CICIICC	Oulde
		SOC/No SOC	82		MI - C
6 T	\$ 5	CAPI - Limited Term Qualified Aliens	83		MI - C SOC
6U	#	Disabled - FPL Program - Undoc	84		MI - A - 100% FPL- Path2Health
6V	"	DDS Waivers - No SOC	85	@	MI - A - 200% FPL SOC C
6W		DDS Waivers - SOC	86		MI - CP
6X		Medi-Cal IHO Waiver - No SOC	87		MI - CP SOC
6Y		Medi-Cal IHO Waiver - NO SOC	88	@	MI - A
71	#\$4	Dialysis Only Program/DSP	89	@	MI - A - SOC
/1	# 7 +	Citizen/Lawful Perm	8A	\$8	QDWI
72	Z	Resident/PRUCOL/Cond Status	8C	\$8	SLMB
		(FPL 133%, and below) (Age 1-6)	8D	\$8	QI 135%
73	#\$4	TPN	8E	\$A	AE Children and Adults (19yrs and
74	#Z	Undoc Temporary VISA (OBRA) (FPL 133%, and below)			above)
76	#\$2	365 - Day Postpartum	8F	@\$3	CMSP Companion
	•	Anti-Rejection Medicine - State	8G		SIWI
77	#\$4	Only	8H	+0=	FPACT
7A	Z	Citizen Child (FPL 100%, and	8K	\$8Z	QI2 175% (exp. 12/31/2002)
		below) (Age 6-19) OBRA Child (FPL 100%, and	8L	\$A	Adult Age Over 19 PE Batch
7C	#Z	below)	8N	#Z	Excess Property Child (FPL 133%, and below) - ESO
7D	\$A+	Hospital PE Aged -MAGI =>138%	8P	Z	Excess Property Child (FPL 133%,
		FPL Programmy Voyification only	OF .	_	and below) over assets (Age 1-6)
7F	\$+ #\$+	PE – Pregnancy Verification only	8R	Z	Excess Property Child (FPL 100% & below) over assets (Age 6-19)
7G	-	PE – Ambulatory Prenatal Care	ОТ	47	Excess Property Child (FPL 100%,
7H	#\$9	Tuberculosis	8T	#Z	& below) Preg + ESO
7J	ш	CEC	8U	\$A	CHDP Gateway Deemed Infant
7K	#	CEC - Undoc MC (age 12-21) - 7R+Sexually	8W	\$A+	CHDP Gateway Medi-Cal
7M	#	Trans Disease, Drug/Alcohol	8X	\$A+	Title XXI Medi-Cal PE, Targeted Low Income FPL for Children
		Abuse	90-	*	
7N	#\$2	MC (under 21) - all Pregnancy related services - No SOC	99	•	GR/GA (for county use)
		MC (age 12-21) - 7M+ Outpatient	9A		BCEDP
7P	#	Mental Health care	9C		EAPC
7R	#	MC (under 12) - Family Planning, Sexual Assault	9D	\$G	CCS Only Child Targeted for HCP Enrollment
70	447	Express Lane Enrollment Parent	9E	*	Limits IEVS match to EDD
7S	\$AZ	12 Months Continuing Eligibility	9F	*	Limits IEVS match to FTB
7 T	\$A	Express Enrollment	9G	*\$5	GR/GA
7U	¢	Express Lane Enrollment 12 Months Continuing Eligibility Age	9H	\$6Z	Healthy Families Child (Obsolete)
70	\$AZ	19 through 64	93	4	GHPP Eligible
7V		TCVAP - Eligible under Medi-Cal	9K		CCS Eligible Child
, v		Rules with SOC	9M		CCS Medical Therapy Program
7W	\$AZ	Express Lane Enrollment 12 Months Continuing Eligibility	9N		CCS Medi-Cal Benefits Only
	T=	Under 19 Years	9R		CCS Eligible HF Child
7X	\$2	Medi-Cal to HF Bridge	95	*	Limits IEVS match to SSA
80	#\$8	QMB	9T	\$6	Healthy Families Adult
81		MI - APP	"	Ψ0	realtry rainines Addit
		00/0000			

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		Ald Codes Quid	K Kei	erence	
9U		CCS Eligible HF Child - NPSA			State Juvenile Inmate, ESO
9X		FC Ineligible (county funds)	G2	#\$H+	Inpatient Hospital, MH &
		SUBSTANCE ABUSE TREATMENT			Pregnancy
9Y		FACILITY FC PLACEMENT	G3	#\$H+	Medi-Cal County Inmate, SOC,
	447	Non-Medi-Cal Hearing Aid			Inpatient Hospital Only Medi-Cal County Inmate, Undoc
A1	#\$J	Coverage for Children	G4	#\$H+	SOC Inpatient Hospital
C1	#	Aged Limited	•	<i>"</i> 4	Pregnancy+ ESO
C2	#	Aged Limited SOC	G5	#\$H+	County Juvenile Inmate, Inpatient
С3	#	Blind Limited		<i>"</i> 4	Hospital+ Inpatient MH County Juvenile Inmate Undoc,
C4	#	Blind Limited SOC	G6	#\$H+	ESO Inpatient Hospital, MH &
C5	#	AFDC Limited		•	Pregnancy
C6	#	AFDC Limited SOC	G7	#\$H+	County Juvenile Inmate, SOC
C7	#	Disabled Limited			Inpatient Hospital & Inpatient, MH County Juvenile Inmate Undoc,
C8	#	Disabled Limited SOC	G8	#\$H+	SOC, ESO Inpatient Hospital, MH
C9	#	MI Child Limited		•	& Pregnancy
			G9	\$D	State Medical Parolee Undoc,
D1	#	MI Child Limited SOC		Ψυ	Pregnancy & ESO
D2	#	Aged LTC Limited	Н1	Z	Medi-Cal Targeted Low Income
D3	#	Aged LTC Limited SOC			FPL 200% up to 250% (Infants) Medi-Cal Targeted Low Income
D4	#	Blind LTC Limited	Н2	Z	FPL above 133% up to 150%
D5	#	Blind LTC Limited SOC		_	(1-6)
D6	#	Disabled LTC Limited			Medi-Cal Targeted Low Income
D7	#	Disabled LTC Limited SOC	Н3	\$IZ	FPL above 150% up to 250%
D8					(1-6) Medi-Cal Targeted Low Income
_	#	MI Pregnant Limited	Н4	Z	FPL above 100% up to 150%
D9	#	MI Pregnant Limited SOC		_	(6-19)
E1	#	Medi-Cal/HF Bridge - Unverified			Medi-Cal Targeted Low Income
		Citizen Medi-Cal Access Infant Program	H5	\$IZ	FPL above 150% up to 250%
E6		(0-1 years) Over 213% FPL up to			(6-19)
		& including 266% FPL	Н6	\$A+	Children's Hospital (0-1) Presumptive Eligibility (60 days)
		Medi-Cal Access Infant Program			Children's Hospital (1-6)
E7	\$I	(0-2 years) Over 266% FPL up to	H7	\$A+	Presumptive Eligibility (60 days)
	•	& including 322% FPL – With Premium		'	FPL at or below 142%
		Medi-Cal State Inmate Inpatient			Children's Hospital (6-19)
F1	#\$H+	Hospital Only	Н8	\$ A +	Presumptive Eligibility (60 days)
		Medi-Cal State Inmate, Undoc,			FPL at or below 133% Children's Hospital (1-6)
F2	#\$H+	Inpatient Hospital	Н9	\$ A +	Presumptive Eligibility (60 days)
		Pregnancy+ESO		ΨΑ.	FPL above 142%-266%
F3	#\$H+	Medi-Cal County Inmate,			Children's Hospital (6-19)
		Inpatient Hospital Only	но	\$A+	Presumptive Eligibility (60 days)
					FPL above 133%-266%
		Medi-Cal County Inmate, Undoc,	IE	%	Ineligible
F4	#\$H+	Inpatient Hospital	J1	\$D	Compassionate Release/County
		Pregnancy+ESO			Medical Probation Compassionate Release/County
F9	@&30	HCCI Existing	J2	\$D	Medical Probation, SOC
F0	@\$30	HCCI New			Compassionate Release/County
G0	\$D	State Medical Parolee	J3	\$D	Medical Probation, Undoc, Limited
G1	#\$H+	State Juvenile Inmate, Inpatient Hospital & Inpatient MH			ESO & Pregnancy
			•		

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		Aid Codes Quic	k Ref	erence	Guide
J4	\$D	Compassionate Release/County			MAGI Parent and Caretaker
	•	Medical Probation, Undoc, SOC,	М4	#	Relatives, <109% FPL, Undoc
		Limited ESO & Pregnancy			Pregnancy, LTC, & ESO
		Compassionate Release/County			MAGI Expansion Child (6-19
J 5	\$D	Medical Probation, >65 years,	М5		years) 108%-133% FPL,
55	Υ-	LTC, No SOC/SOC			Citizen/Lawful
		Compassionate Release/County			MAGI Expansion Child (6-19
		Medical Probation, Undoc, >65	М6	#	years) 108-133% FPL, Undoc
J6	\$D	years, No SOC/SOC, ESO, LTC,	1-10	#	Pregnancy & ESO
		Pregnancy Only			MAGI Pregnant 0%-138% FPL,
		Compassionate Release/County	M7		Full Scope
J7	\$D	Medical Probation, LTC, No			MAGI Pregnant Women 0%-125%
37	ąD	SOC/SOC	М8	#	
					FPL, Undocumented
		Compassionate Release/County	М9	#\$2	MAGI Pregnant Women, 126%-
J8	\$D	Medical Probation, Undoc, No			213% FPL, Limited Citiz/Lawful
		SOC/SOC, ESO, LTC, Pregnancy		442	MAGI Pregnant Women, 126%-
		Only	MO	#\$2	200% FPL, Limited Scope,
K1		CalWORKs - 1P-Safety Net Child-			Undocumented
		Only Or Drug Fleeing Felon Family		4411.	MAGI State Adult Inmate, Limited
1/2	+ D	MAGI ACA NE Adult (19 - 64)	N5	#\$H+	to Inpatient Hospital, Services Off
K2	\$D	State Medical Parole/ <138% FPL,			The Correctional Site
		Citizen			MAGI State Adult Inmate, Undoc,
		MAGI ACA NE Adult (26 - 49)	N6	#\$H+	Limited to Inpatient Hospital &
К3	\$D	State Comp Release/ <138% FPL,		•	Pregnancy Services Off The
		Undoc			Correctional Site
		MAGI ACA NNE Adult (19 - 64)		<i>"</i> + • • ·	MAGI County Adult Inmate,
K4	\$D	State Comp Release/ <128% FPL,	N7	#\$H+	Limited to Inpatient Hospital,
		Citizen			Services Off The Correctional Site
		MAGI ACA NNE Adult (19 - 64)			MAGI County Adult Inmate,
K5	\$D	State Comp Release/ <128% FPL,	N8	#\$H+	Undoc, Limited to Inpatient
		Citizen		•	Hospital & Pregnancy Services Off
		MAGI ACA N/E Adult (19 - 64)			The Correctional Site
К6	\$D	County Comp Release/ <138%			LIHP/MCE State Inmate Transition
		FPL, Citizen	N9	#\$H+	to Medi-Cal Limited to Inpatient
1/7	+ D	MAGI ACA N/E Adult (26 - 49)		·	Hospital Services Off The
K7	\$D	County Comp Release/ <138%			Correctional Site
		FPL, Undoc			LIHP/MCE County Inmate
1/0	* D	MAGI ACA NNE Adult (19 - 64)	NO	#\$H+	Transition to Medi-Cal Limited to
K8	\$D	County Comp Release/ <128%			Inpatient Hospital Services Off
		FPL, Citizen			The Correctional Site
1/0	+ D	MAGI ACA NNE Adult (26 - 49)	P1	+	Children's Hospital (Infants),
К9	\$D	County Comp Release/ <128%			Presumptive Eligibility (60-days)
		FPL, Undoc	P2	+	Parent-Caretaker Hospital,
L1	\$A	LIHP/MCE Transition to Medi-Cal			Presumptive Eligibility (60-days)
L6		MAGI 19 to 65 at or below 128%	Р3	+	Adult Hospital (19 to 64),
LO		FPL, Disabled, Blind Citizen			Presumptive Eligibility (60-days)
		MAGI 26 to 49 at or below 128%	Р4	+	Pregnancy Hospital, Presumptive
L7		FPL, Disabled, Blind Undoc,			Eligibility (60-days)
		Limited Pregnancy, LTC & ESO	P5		MAGI ACA Child (6-19 years) 0%-
M1		MAGI Adult 19 thru 64, 138%			133% FPL, Citizen
		FPL, Citizen-Lawful	De	ш.	MAGI ACA Child (6-19 years)
		MAGI Adult 26 thru 49, 138%	P6	#	0%-133% FPL, Undocumented,
M2	#	FPL, Undoc Pregnancy, LTC, &			Limited LTC, Pregnancy, & ESO
		ESO .	P7		MAGI ACA Child (1-6 years) 0-
		MAGI Parent and Caretaker			142% FPL, Citizen
М3		Relatives, <109% FPL,	P8	#	MAGI ACA Child (1-6 years) 0%- 142% FPL, Undocumented,
		Citizen/Lawful			172 /0 17 L, Olluocullieliteu,

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		Ald Codes Qui
		Limited LTC and Emergency
Р9		MAGI ACA Infant (0-1 year) 0%- 208% FPL, Citizen
R1		TCVAP - CalWORKs
R2		FS - TCVAP State Only
R3		FS - State Only
R4		WINS Non-2 Parent/Caretaker Relative, Households Receiving Non- Assistant CalFresh WINS 2-Parent/Caretaker Relative,
R5		Households Receiving Non-Assistant CalFresh
R6		WINS Non 2-Parent/Caretaker Relative, Households Receiving CFAP Benefits
R7		WINS-Non-2P - TCF, \$10.00 Supplemental Benefit
R8		WINS-2P - TCF, \$10.00 Supplemental Benefit
R9		WINS-TCFAP, \$10.00 Supplemental Benefit
RR	%	Responsible Relative
T1	\$ I	MAGI OTLIC Child, (6-19 years) Citizen, 160%-266% FPL-Premium
T2		MAGI OTLIC Child, (6-19 years) Citizen, >133%-160% FPL
Т3	\$ I	MAGI OTLIC Child, (1-6 years) Citizen, 160%-266% FPL-Premium
Т4		MAGI 0TLIC Child (1-6 years) Citizen, >142%-160% FPL
T5		MAGI OTLIC Child (Infant) Citizen, >208%-266% FPL
Т6	#\$I	MAGI OTLIC Child (6-19 years) Undoc, 160%-266% FPL-Premium MAGI OTLIC Child, (6-19 years)
Т7	#	Undoc, >133%-160% FPL
Т8	#\$I	MAGI OTLIC Child, (1-6 years) Undoc, 160%-266% FPL-Premium MAGI OTLIC Child (1-6 years)
Т9	#	Undoc, >142%-160% FPL
T0	#	MAGI OTLIC Child (Infant) Undoc, >208%-266% FPL
V2	\$A	PE for COVID-19 Diagnostic Testing and Testing-Related Only - Limited
X1		Covered California-(>250-<=400 FPL) Subsidized Coverage
X2		Covered California (100%-150% FPL) Subsidized Coverage
Х3		Covered California (151%-200% FPL) Subsidized Coverage
X4		Covered California-(201%-250% FPL) Subsidized Coverage

X5	Covered California-(100%-300% FPL) Cost Sharing Waiver
X6	Covered California No Cost Sharing Waiver
X7	Covered California-(>600% FPL) Unsubsidized Coverage
X8	Covered California-(<100% FPL) Lawful Present <5-yr bar-MC Ineligible
Х9	Covered California-(>400%-600% FPL) Subsidized Coverage

Key t	to symbols used:
*	Optional
#	Uses aid code message to limit scope of coverage
@	CMSP aid code
\$n	On MEDS in Special Program Segment - see list below
%	IE and RR can be in SOC or Non-SOC case
Z O	Deativated – No new enrollment
0	Obsolete – completely deactivated
+	Date-specific aid code
MEDS	des in this color are NOT valid for reporting to If or when activated on MEDS the appropriate Is will be added.

Note: The characters \underline{I} , \underline{O} , \underline{Q} , \underline{Z} , and \underline{B} are not valid aid code suffixes.

Sp	Special Program Segment Types:							
1	BCCTP	8	MEDICR	F	T-XXI			
2	CHILD	9	TB	G	CCSONL			
3	CMSP	Α	ACCEL	Н	INMATE			
4	DI/TPN	В	CHDP	ı	PREMIM			
5	GR/CAP	С	FOSTER	J	NONMC			
6	MAP(Obsolete)	D	PAROLE					
7	IH/PCS	Ε	COV/CA					

PENDII	NG / RESERVED aid codes:
1D	Aged-SSI/SSP Reduction
2D	Blind-SSI/SSP Reduction
2X	Section 1931(b) Reinstatements
2Y#	Section 1931(b) Reinstatements
3 <i>J</i>	CalWORKs - Diversion - AF
3K	CalWORKs - Diversion - 2P
3X	CalWORKs - Diversion - AF - State Only
3Y	CalWORKs - Diversion - 2P - State Only
5A	EA Seriously Emotionally Disturbed
5P	Not Qualified-NI (No SOC)-ESO
6D	Disabled-SSI/SSP Reduction
7E	100% - NE/NI

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Kev 1	o abl	breviati	ions i	ised:

Adult (age 21 to 65) AAC Aid for Adoption of Children AAP Adoption Assistance Program ABD Aged, Blind, or Disabled ADAM Automated District Attorney Match Accelerated Eligibility ΑE

AER Annual Eligibility Review

ΑF All Families

Aid to Families with Dependent Children AFDC AIM Access for Infants and Mothers (Obsolete) ANEC Abused, Neglected, or Exploited Children

APP Aid Paid Pending ARC

Approved Relative Caregiver **BCCTP** Breast and Cervical Cancer Treatment Program

BCEDP Breast Cancer Early Detection Program

Children under 21

California Alternative Assistance Program CAAP CalWORKs California Work Opportunity and Responsibility for Kids

CAPI Cash Assistance Program for Immigrants CCHIP County Children's Health Initiative Program

ccs California Children Services

CCSONL California Children Services ONLY - no Medi-Cal

CEC Continuous Eligibility for Children CFAP California Food Assistance Program CHDP Child Health Disability and Prevention **CMSP** County Medical Services Program

Confirmed Pregnancy

CTMPCR County Medical Probation Compassionate Release cws

County Welfare System DAC Disabled Adult Children DI Dialysis Only Program DΡ Domestic Partner DSP Dialysis Supplement Program Emergency Assistance EΑ EAPC Expanded Access to Primary Care

FC_A Entrant Cash Assistance

EDD Employment Development Department

EMA Entrant Medical Assistance **ESO Emergency Services Only**

FC Foster Care FG Family Group

FPACT Family Planning, Access, Care, and Treatment

FPL Federal Poverty Level

FPSA Formerly PRUCOL SSI/SSP Alien

Family Reunification FR FS Food Stamp Program FTB Franchise Tax Board General Assistance GΑ

GHPP Genetically Handicapped Persons Program

GR General Relief

HCCI Health Care Coverage Initiative Home and Community Based Services **HCBS** ΗF

Healthy Families (Obsolete)

IEVS Income & Eligibility Verification System

IHO In Home Operations IHSS In Home Supportive Services

IRCA Immigration Reform and Control Act Kinship Guardian Assistance Payment **KinGAP** Legal İmmigrant ш

LTC Long Term Care

MAGI Modified Adjusted Gross Income

MC Minor Consent

MCAP Medi-Cal Access Program, full Medi-Cal equivalent benefits package excluding dental, through Title XXI

MCE Medicaid Coverage Expansion

МН Mental Health МІ Medically Indigent Medically Needy MN

MSSP Multipurpose Senior Services Program

New Entrant NE N/E Newly Eligible Non-Immigrant NI NLD No Longer Disabled Non-Minor Dependents NMD NNE Not Newly Eligible

NONMC Non-Medi-Cal

NPSA No Program Services Agreement OBRA Omnibus Budget Reconciliation Act

oos Out of State

PCSP Personal Care Services Program PΕ Presumptive Eligibility **PPCW** Pediatric Palliative Care Waiver

Permanently Resident Under Color Of Law PRUCOL Personal Responsibility and Work Opportunity PRWORA

Reconciliation Act

QDWI Qualified Disabled Working Individual

Qualifying Individual

QMB Qualified Medicare Beneficiary RAW Replacement Agricultural Worker RCA Refugee Cash Assistance RDP Refugee Demonstration Project RgDP Registered Domestic Partners RMA Refugee Medical Assistance SAW Special Agricultural Worker Special Circumstances SC SED Seriously Emotionally Disturbed Substantial Gainful Activity SGA

SIWI Severely Impaired Working Individuals SLMB Specified Low-Income Medicare Beneficiary

so Services Only SOC Share of Cost Social Security SS

SSA Social Security Administration

Supplemental Security Income/State Supplementary SSI/SSP

Payment

STEP Supportive Transitional Emancipation Program TANF Temporary Assistance for Needy Families TCVAP Trafficking and Crime Victims Assistance Program

TMC Transitional Medi-Cal TNB Transitional Nutrition Benefit TPN **Total Parenteral Nutrition** Title XXI of the Social Security Act

T-XXI UP **Unemployed Parent**

WINS Work Incentive Nutritional Supplement Program

Zero Parent 1P 1 Parent 2P 2 Parent

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Appendices / Appendix D Quick Reference Guides / Aid Codes Quick Reference Guide

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