

DEPARTMENT OF PUBLIC SOCIAL SERVICES
BUREAU OF PROGRAM & POLICY

CALL-OUT

From: Sherri Cheatham
Medi-Cal & IHSS Program Division



Signature

NUMBER: HCR 23-23

DATE: February 17, 2023

TO: All Division Chiefs

SUBJECT: QUICK GUIDE TO MEDI-CAL PROGRAM AID CODES

This is to release the updated PA 1305, Quick Guide to Medi-Cal Program Aid Codes, revised 01/23. The document was revised to include the new 2023 premium amount for Medicare Part B.

The version released in this Call-Out has been requested to be printed and will be distributed to all district offices and customer service centers in March. The copy will include the changes made in Call-Out HCR 22-97 plus the updated 2023 Medicare Part B premium amount.

District Directors must ensure that a copy of this Quick Guide is given to all eligibility staff.

Also, this release cancels Call-Out HCR 22-97, Quick Guide to Medi-Cal Program Aid Codes, dated October 19, 2022. The version released in the canceled Call-Out was not printed in hard copy as previously shared.

Questions regarding this Call-Out may be directed to the Health Care Reform Section at (562) 908-4423.

SC:HF:

CA:so

c: Jackie Contreras, Ph.D.
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MAGI PROGRAM/ AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
AFFORDABLE CARE ACT (ACA) ADULTS: <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022). As a result, restricted aid codes are currently not in use for these age groups.</i>						
L6	Full Scope (MEC) ¹	Adult with Disability (19 to 64 Years)	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50-64	At or below 128% Federal Poverty Level (FPL)	Not required for MAGI.	Parents/Caretakers 19-64 years old may be evaluated under this program when their income is above 109% and below 128% FPL.
L7	Restricted Emergency, pregnancy related, and Long-Term Care (LTC) services ONLY	Adult with Disability (26 to 49 Years)	Non- SIS ² or unverified citizenship			
M1	Full Scope (MEC) ¹	Adult (19 to 64 Years)	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50-64	At or below 138% FPL		Parents/Caretakers 19-64 years old may be evaluated under this program when their income is above 109% and below 138% FPL.
M2	Restricted Emergency, pregnancy related, and LTC services ONLY	Adult (26 to 49 Years)	Non- SIS ² or unverified citizenship			
PARENT/CARETAKERS: <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022). As a result, restricted aid codes for children are currently not in use.</i>						
M3	Full Scope (MEC) ¹	Parents/Caretaker Relative	Citizen, SIS ² (includes PRUCOL) ³ , Non- SIS ² or unverified citizenship, ages 19-25 and 50-*64	At or below 109% FPL	Not required for MAGI.	*Parents/Caretaker Relatives aged 65 and over may qualify under this MAGI category. Note: Medicare recipients may qualify for this MAGI category.
M4	Restricted Emergency, pregnancy related, and LTC services ONLY	Parents/Caretaker Relative (26 to 49 Years)	Non- SIS ² or unverified citizenship			
PREGNANT PERSON: <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022). As a result, restricted aid codes are currently not in use for these age groups.</i>						
M7	Full Scope (MEC) ¹	Pregnant Person (19 to 64 Years)	Citizen, SIS ² (includes PRUCOL) ³ , Non- SIS ² or unverified citizenship, ages 19-25 or 50-64	At or below 138% FPL	Not required for MAGI.	Beneficiaries receiving Medi-Cal benefits under any of these MAGI pregnancy aid codes must remain in their current aid code for the duration of the pregnancy and 365-day postpartum period.
M8	Limited Scope Emergency, pregnancy related or not.	Pregnant Person (26 to 49 Years)	Non- SIS ² or unverified citizenship			
M9	Full Scope (MEC) ¹	Pregnant Person (19 to 64 Years)	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50-64	139-213% FPL		
M0	Limited Scope Emergency, pregnancy related or not.	Pregnant Person (26 to 49 Years)	Non- SIS ² or unverified citizenship			
MCAP PROGRAM:						
0E	Full Scope (MEC) ¹	Pregnant Person	N/A	213-322% FPL	N/A	Medi-Cal Access Program (MCAP) was formerly the Access for Infants and Mothers (AIM) Program. MCAP is a state insurance program for pregnant persons and their newborns managed by MAXIMUS. Coverage remains during the 365-postpartum period. If eligible for MCAP, they can enroll regardless of SIS ² .
E6	Full Scope (MEC) ¹	Infant 0-1 year		No Income Limit		
		Infant 1-2 years		214-266% FPL		
E7	Full Scope (MEC) ¹	Infant 0-1 year		No Income Limit		
		Infant 1-2 years		267-322% FPL		
INFANT 0-1 YEAR: <i>Note: Children under the age of 19 are eligible to Full Scope benefits regardless of immigration status (effective 5/1/2016). As a result, restricted aid codes for children are currently not in use.</i>						
P9	Full Scope (MEC) ¹	Infant 0-1 year	N/A	At or below 208% FPL	Not required for MAGI.	P9 aid code is also assigned to children who are Deemed Eligible.
T5				209-266% FPL		Optional Targeted Low-Income Children’s Program (OTLICP).
CHILD 1-6 YEARS: <i>Note: Children under the age of 19 are eligible to Full Scope benefits regardless of immigration status (effective 5/1/2016). As a result, restricted aid codes for children are currently not in use.</i>						
P7	Full Scope (MEC) ¹	Child 1-6 years	N/A	At or below 142% FPL	Not required for MAGI.	N/A
T4				143-160% FPL		OTLICP.
T3				161-266% FPL		OTLICP. Effective 07/01/2022, premium was reduced to zero.

MAGI PROGRAM/ AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
CHILD 6-19 YEARS: <i>Note: Children under the age of 19 are eligible to Full Scope benefits regardless of immigration status (effective 5/1/2016). As a result, restricted aid codes for children are currently not in use.</i>						
P5	Full Scope (MEC) ¹	Child 6-19 years	N/A	At or below 133% FPL	Not required for MAGI.	N/A
T2				134-160% FPL		OTLICP.
T1				161-266% FPL		OTLICP. Effective 07/01/2022, premium was reduced to zero.
M5				108-133% FPL		Expansion Child.
COVERED CALIFORNIA (CoCA): Coverage is managed through the CoCA Exchange.						
X1	Subsidized Coverage	Adults and Children	Citizen, Lawfully Present	251-400% FPL	N/A	CoCA Exchange aid codes are assigned to adults and children that exceed MAGI income limits or OTLICP limits based on eligibility to Advanced Premium Tax Credits (APTC) or Cost Sharing Reduction (CSR). Citizenship or lawful presence will be verified by CoCA to determine eligibility to purchase subsidized or unsubsidized coverage. <i>Note: Under ACA, individuals who are granted Deferred Action for Childhood Arrivals (DACA) status are not eligible to purchase a plan through CoCA.</i>
X2				100-150% FPL		
X3				151-200% FPL		
X4				201-250% FPL		
X5	Cost Sharing Waiver	American Indian/Alaskan Native		100-300% FPL		
X6	No Cost Sharing Waiver			N/A		
X7	Unsubsidized Coverage			Adults and Children		
X9	Subsidized Coverage by the State	Adults and Children		401-600% FPL		
HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE):						
P3	Full Scope (MEC) ¹	Adult 19 to 64 Years	N/A	At or below 138% FPL	N/A	Effective January 1, 2014, the HPE program provides individuals with temporary, no cost Medi-Cal benefits for up to two months. Individuals must be California residents and not be currently receiving coverage through Medi-Cal. *If not pregnant, have not received PE Enrollment period benefits from any Medi-Cal program up to the maximum limitation allowed within the past 12 months of applying. If pregnant, have not had a PE enrollment period during this pregnancy. **Former Foster Youth (FFY) age 18 to 26 who were in foster care under the responsibility of any state or tribe on their 18 th birthday or at a later age.
P2	Full Scope (MEC) ¹	Parent/Caretaker Relative		At or below 109% FPL		
P4	Pregnancy related services	Pregnant Person*		At or below 213% FPL		
P1	Full Scope (MEC) ¹	Infant 0-1 year		At or below 208% FPL		
H6				209-266% FPL		
H7		Child 1-6 years		At or below 142% FPL		
H9				143-266% FPL		
H8		Child 6-19 years		At or below 133% FPL		
H0				134-266% FPL		
4E		FFY** 18 to 26 years		N/A		
ACCELERATED ENROLLMENT (AE):						
8E	Full Scope (MEC) ¹ Provides immediate, temporary, fee-for-service	Children and Adults Under the age of 65	N/A	N/A	N/A	AE eligibility is temporary and requires the County of residence to make a final Medi-Cal eligibility determination.

NON-MAGI PROGRAM/AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
FORMER FOSTER YOUTH (FFY):						
4M	Full Scope zero Share of Cost (SOC) Medi-Cal (MEC) ¹	Youth aged 18 to 26 who were in foster care under the responsibility of any state or tribe on their 18 th birthday or at a later age.	N/A	N/A	Not required.	Eligibility continues until the FFY’s 26 th birthday without regard to income, resources, or loss of contact. Eligibility is automatically renewed up to age 26. FFY are not subject to the annual Renewal (RE) process. Managed care plan enrollment is voluntary under aid code 4M.
CONTINUOUS ELIGIBILITY FOR CHILDREN (CEC): <i>Note: Children under the age of 19 are eligible to Full Scope benefits regardless of immigration status (effective 5/1/2016). As a result, restricted aid code 7K is currently not in use.</i>						
7J	Full Scope zero SOC Medi-Cal for up to 12 months (MEC) ¹	Children under the age of 19 who were previously determined eligible for MAGI, or zero SOC at application, RE, or change in circumstances.	N/A	N/A	Not required.	CEC is a Consumer Protection Program (CPP) for children under 19. The CEC period begins at the first month of MAGI eligibility or zero SOC eligibility and ends with the date of the annual RE or the child’s 19 th birthday, whichever comes first. During the CEC guarantee period, any changes in the family’s income or resources are disregarded.
PREGNANT PERSON:						
76	Full Scope zero SOC Medi-Cal (MEC) ¹ Medical services during the pregnancy and 365-day postpartum period	Pregnant Person/Postpartum Period.	N/A	N/A	N/A	This aid code is granted when beneficiaries are losing their full scope or pregnancy coverage. Aid code 76 must also run concurrently with a restricted scope MAGI or Non-MAGI aid code with SOC. MAGI pregnancy aid codes must not run concurrently with aid code 76 because they already provide medically necessary services during the pregnancy and the 365-day postpartum period.
TRANSITIONAL MEDI-CAL (TMC): <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Children under the age of 19 (effective 5/1/2016), young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022).</i>						
39	Full Scope zero SOC (MEC) ¹ First Year – 1 st 6 Mos.	CalWORKs-linked families who lost cash-based Medi-Cal due to earnings & received aid in at least 3 of the 6 mos. prior to ineligibility.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 0-25 or 50+	Initial 6 Mos. – None Child Care Deduction allowed.	Not required	1 st 6 Mos. Family must continue to have a child living in the household & the family must reside in California. Period of Eligibility Benefits for this CPP begin the month in which the family became ineligible for CalWORKs or should have been considered ineligible for a cash aid payment.
3T	Restricted zero SOC Medi-Cal Emergency and pregnancy related services ONLY First Year – 1 st 6 Mos.		Non-SIS ² or unverified citizenship, ages 26-49			
59	Full Scope zero SOC Medi-Cal (MEC) ¹ First Year – 2 nd 6 Mos.		Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 0-25 or 50+	Second 6 Mos. – Average countable earnings no greater than 185% of FPL. Child Care Deduction allowed.		2 nd 6 Mos. In addition to the above, must remain employed, receive 1 st 6-mos. of TMC & meet reporting requirements.
5T	Full Scope zero SOC Medi-Cal (MEC) ¹ Emergency and pregnancy related services ONLY First Year – 2 nd 6 Mos.		Non-SIS ² or unverified citizenship, ages 26-49			

NON-MAGI PROGRAM/AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
FOUR-MONTH CONTINUING (FMC): <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Children under the age of 19 (effective 5/1/2016), young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (5/1/2022). As a result, restricted aid codes for these age group are currently not in use.</i>						
54	Full Scope zero SOC Medi-Cal (MEC) ¹	CalWORKs-linked families who lost cash-based Medi-Cal due entirely or in part to collection or increased collection of child/spousal support.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 0-25 or 50+	Not Required	Not required	Families must have received cash aid in at least 3 of the 6 mos. prior to ineligibility to cash aid.
5W	Restricted zero SOC Medi-Cal Emergency and pregnancy related services ONLY		Non- SIS ² or unverified citizenship, ages 26-49	Not Required		Period of Eligibility Benefits for this CPP begin the month in which the family became ineligible for CalWORKs or should have been considered ineligible for a cash aid payment.
REFUGEE MEDICAL ASSISTANCE (RMA)/ENTRANT MEDICAL ASSISTANCE (EMA):						
02	Full Scope Medi-Cal for up to 8 months. May or may not have a SOC (MEC¹ if no SOC)	Refugees and entrants who need Medi-Cal and who do not qualify for or want refugee cash assistance (RCA). RMA also applies to refugees who do not qualify for MAGI Medi-Cal.	Lawfully present	Above 138%, but below 200% FPL *	Same as MN/MI Programs Property Limits – see pg. 6	Individuals with income above 200% FPL should be evaluated for Non-MAGI with a SOC and/or APTC. <i>*Note: If eligible under MAGI category, select MAGI eligibility.</i>
TRAFFICKING AND CRIME VICTIMS ASSISTANCE PROGRAM (TCVAP):						
5V/7V*	Full Scope up to 12 months . May or may not have a SOC (MEC¹ if no SOC). Note: Full Scope Medi-Cal with a SOC is <u>not</u> considered MEC ¹ .	Group A: Noncitizen victims of human trafficking, domestic violence, or other serious crimes that are otherwise MAGI/Non-MAGI eligible , except are not in a SIS.	Victim who intends to file for T Visa and/or Office of Refugee Resettlement (ORR) Certification	MAGI: At or below 138% FPL Non-MAGI: At or below 100% FPL.	Same as MN/MI Programs Property Limits – see pg. 6	T Visa Applicants: Eligible under TCVAP until T Visa and/or ORR Certification is denied or granted (if granted, re-evaluate and transfer to federal RMA/EMA/Medi-Cal aid code, if otherwise eligible). U Visa Applicants: Eligible under TCVAP aid code until the U Visa is denied, or if it is granted, until immigration status changes. <i>*Note: Full Scope SOC aid code.</i>
	Full Scope May or may not have a SOC.		Victim has filed for T or U Visa and/or ORR Certification (Full Scope/May or may not have a SOC)			
2V/4V*	Full Scope up to 8 months . May or may not have a SOC (MEC¹ if no SOC). Note: Full Scope Medi-Cal with a SOC is <u>not</u> considered MEC ¹ .	Group B: Noncitizen victims of human trafficking, domestic violence, who are treated as refugees meeting RMA eligibility for Medi-Cal , except are not in a SIS.	Victim who intends to file for T Visa and/or ORR Certification; (Full Scope up to 8 months /May or may not have a SOC)	At or below 200% FPL	Same as MN/MI Programs Property Limits – see pg. 6	T Visa Applicants: Eligible under TCVAP until T Visa and/or ORR Certification is denied or granted (if granted, re-evaluate and transfer to federal RMA/EMA/Medi-Cal aid code, if otherwise eligible). U Visa Applicants: Eligible under TCVAP aid code until the U Visa is denied, or if it is granted, until immigration status changes. <i>*Note: Full Scope SOC aid code.</i>
	Full Scope May or may not have a SOC.		Victim has filed for T or U Visa and/or ORR Certification (Full Scope/May or may not have a SOC)			
EDWARDS V. KIZER:						
38	Full Scope zero SOC Medi-Cal (MEC) ¹	Individuals discontinued from cash programs who are pending a Medi-Cal only determination.	Citizen, SIS ² (includes PRUCOL) ³	N/A	N/A	Individuals placed in aid code 38 must be evaluated for MAGI and/or Non-MAGI Medi-Cal programs and transitioned to the appropriate aid code following the determination.

NON-MAGI PROGRAM/AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
MINOR CONSENT:						
7N	Pregnancy related services	Minors up to age 21	N/A	N/A	Not required	<u>Minor Consent Services</u> (Minors up to age 21 who lives with their parents/guardian can be eligible to Sensitive Services under their own case. A pseudo-SSN is assigned for Minor Consent beneficiaries. The parent's income and resources ARE NOT COUNTED in these cases. Note: Minor consent applications are <u>only</u> accepted in person and over the telephone. Based on aid code, will cover services related to: <ul style="list-style-type: none">• Pregnancy• Family planning• Sexual Assault• Venereal disease• Drug or alcohol abuse• Sexually transmitted disease• Mental health care Outpatient Only
7R	Family Planning & Sexual Assault Only					
7M	Sexually transmitted diseases (STDs), sexual assault, family planning, drug/alcohol abuse only	Minors up to age 21				
7P	Mental Health, STDs, sexual assault, family planning, drug/alcohol abuse only					
AGED, BLIND & DISABLED FPL (ABD FPL): Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Children under the age of 19 (effective 5/1/2016), young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022). As a result, restricted aid code 6U is currently only used for adults ages 26-49.						
1H	Full Scope zero SOC Medi-Cal (MEC) ¹	Aged	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 65+	At or below 138% FPL Deductions: including \$20 Any Income, Work-Related Expenses, \$65 + ½ Earned Income, Impairment-Related Work Expenses, and Other Health Coverage (e.g., Medicare premium).	Same as MN/MI Programs Property Limits – see pg. 6	Blind applicants must be considered disabled by Social Security Administration (SSA) Title II criteria. Child(ren)'s income is NOT counted in the computation unless it is the child who is disabled and being evaluated for ABD FPL.
2H	Full Scope zero SOC Medi-Cal (MEC) ¹	Blind	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 0-25 or 50+			
6H	Full Scope zero SOC Medi-Cal (MEC) ¹	Person with Disability	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 0-25 or 50-64			
6U	Restricted zero SOC Medi-Cal Emergency and pregnancy related services ONLY	Person with Disability	Non- SIS ² or unverified citizenship, ages 26-49			

NON-MAGI PROGRAM/AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:										
MEDICALLY NEEDY/MEDICALLY INDIGENT (MN/MI): <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Children under the age of 19 (effective 5/1/2016), young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022). As a result, restricted aid code C3, C4, C5, C6, C7 & C8 are currently only used for adults ages 26-49.</i>																
14/17*	Full Scope zero SOC Medi-Cal (MEC ¹ if no SOC)	Aged	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 65+	Based on Family Size and Maintenance Need Level (Refer to FPL Income Chart). Different limits may apply to <u>Sneede</u> class persons. Income Deductions: <i>CalWORKS linked</i> & <i>Sneede</i> – Up to \$90 earned income per working person; childcare; court ordered child/spousal support paid; \$50 from child/spousal support received; health insurance premiums. ABD: \$65 plus ½ of the remainder from earned income; \$20 from any income; refer to MC 176 for other deductions	Home and 1 car are exempt Family Size: <table><tr><td>1 - \$130,000</td><td>6 - \$455,000</td></tr><tr><td>2 - \$195,000</td><td>7 - \$520,000</td></tr><tr><td>3 - \$260,000</td><td>8 - \$585,000</td></tr><tr><td>4 - \$325,000</td><td>9 - \$650,000</td></tr><tr><td>5 - \$390,000</td><td>10 - \$715,000</td></tr></table> Different limits may apply to <u>Sneede</u> class persons.	1 - \$130,000	6 - \$455,000	2 - \$195,000	7 - \$520,000	3 - \$260,000	8 - \$585,000	4 - \$325,000	9 - \$650,000	5 - \$390,000	10 - \$715,000	Effective January 2014, the deprivation requirement was eliminated. Linkage for the AFDC-MN program is established by the parent/caretaker living with the children for whom they have primary responsibility. Medi-Cal eligible persons over the Maintenance Need Level have a SOC unless they qualify for no cost Medi-Cal under MAGI, Sneede rules, or FPL Programs. When <u>Sneede</u> rules apply, the income and property of family members is allocated among family members based on spouse-for-spouse and parent-for-child responsibility. Special Maintenance Need Level and Property Limit rules are used. *Note: SOC aid code. Full Scope Medi-Cal with a SOC is <u>not</u> considered MEC ¹ . Full Scope may or may not have a SOC.
1 - \$130,000	6 - \$455,000															
2 - \$195,000	7 - \$520,000															
3 - \$260,000	8 - \$585,000															
4 - \$325,000	9 - \$650,000															
5 - \$390,000	10 - \$715,000															
24/27*	Full Scope zero SOC Medi-Cal (MEC ¹ if no SOC)	Blind	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 0-25 or 50+													
C3/C4*	Restricted		Non-SIS ² or unverified citizenship: ages 26-49													
64/67*	Full Scope zero SOC Medi-Cal (MEC ¹ if no SOC)	Person with Disability	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 0-25 or 50-64													
C7/C8*	Restricted		Non-SIS ² or unverified citizenship: ages 26-49													
34/37*	Full Scope zero SOC Medi-Cal (MEC ¹ if no SOC)	CalWORKs linked families (Sneede)	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 0-25 or 50-64													
C5/C6*	Restricted		Non- SIS ² or unverified citizenship: ages 26-49													
250% WORKING DISABLED PROGRAM (WDP):																
6G	Full Scope Medi-Cal with no premiums (MEC) ¹	Persons certified with disability by SSA/DDSD criteria and who are also working.	Citizen, SIS ² (includes PRUCOL ³ excluding category 16)	At or below 250% FPL	Same as MN/MI Programs Property Limits IRAs & other retirement accounts are exempt	Usual deductions allowed in MN/MI Programs. Disability-based income is exempt. SGA limit is not applicable. May have IHSS and 250% WDP. Medicare recipients are eligible for the Medicare buy-In program.										
LONG TERM CARE (LTC): <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Children under the age of 19 (effective 5/1/2016), young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022). As a result, restricted aid codes D4, D5, D6 & D7 are currently only used for adults ages 26-49.</i>																
13	Full Scope - Aged LTC services and nursing home care for Medically Needy Only. May or may not have a SOC.	Persons who are receiving in-patient medical care lasting more than the month of admission and expected to last for at least one full calendar month after the month of admission.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, 65+	\$35 Maintenance Need for personal needs. Remainder goes to LTC facility <u>unless</u> Allocations/Allowances apply.	Same as MN/MI Programs limits Community Spouse Resource Allowance (CSRA): \$137,400 (01/2022) (Updated Annually) of the couple's assets (community & separate) can be retained by the at-home spouse (See AD # 3167, dated 1/1/90)	<u>Spousal Allowance Maximum:</u> \$2,981 (01/2016) Used to determine the maximum income an LTC spouse may give to the at-home spouse (50563.5). <u>Dependent Care Allocation:</u> 1/3 the difference between the relative's income & the maximum dependent relative allowance. <u>Home Maintenance Allowance:</u> \$209 (01/2016) or 133% of In-kind Allowance (if LTC person has documented proof he/she is expected to return within 6 months). (50605[b]). Notes: LTC services are also covered under MAGI. Full Scope Medi-Cal with a SOC is <u>not</u> considered MEC ¹ . *Note: SOC aid code.										
23			Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 0-25 or 50+													
D4/D5*	Restricted – Blind LTC services, emergency, and pregnancy related services.		Non-SIS ² or unverified citizenship, ages 26-49													
63	Full Scope – Person with Disability LTC services and nursing home care for Medically Needy Only. May or may not have a SOC.		Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 0-25 or 50+													
D6/D7*	Restricted – Person with Disability LTC services, emergency, and pregnancy related services.		Non-SIS ² or unverified citizenship, ages 26-49													
53	Full Scope – Adult Limited to LTC Services and Nursing home care for Medically Indigent Only.		Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 25 or 50-64													
	May or may not have a SOC.															

NON-MAGI PROGRAM/AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
CRAIG V. BONTA:						
1E	Full Scope (MEC) ¹ – Aged	Beneficiaries discontinued from Supplemental Security Income (SSI)/State Supplementary Payment (SSP) on or after June 30, 2002.	Citizen, SIS ² (includes PRUCOL) ³	N/A	N/A	Continued Eligibility aid codes, individuals granted Craig v. Bonta status must be re-evaluated for MAGI/Non-MAGI eligibility following SB 87 Redetermination Process.
2E	Full Scope (MEC) ¹ – Blind					Full Scope zero SOC Medi-Cal (MEC) ¹ . Pending SB 87 evaluation for ongoing benefits.
6E	Full Scope (MEC) ¹ – Person with Disability					
PICKLE: Note: Must meet all criteria listed under “Persons Eligible” column.						
16	Full Scope (MEC) ¹ – Aged	<ul style="list-style-type: none">• Currently receives SSA Retirement, Survivors, and Disability (RSDI) benefits;• Eligible for & received both RSDI & SSI/SSP at the same time in any month after 04/1977;• Terminated from SSI/SSP; and• Income within the current year’s SSI income limit after all Pickle disregards are applied.	Citizen, SIS ² (includes PRUCOL) ³	<u>SSI Income Rules</u> Use Pickle Financial Eligibility Worksheet (DHCS 7021)	<u>SSI Property Rules</u> \$2,000 – 1 person \$3,000 – 2 persons Use Pickle Resource Worksheet (DHCS 7037)	RSDI COLA Disregard Computation (DHCS 7029). Compute Pickle Determinations for all individuals or couples who passed the screening test. If beneficiaries are not eligible as a couple, split the couple and complete the computation as individuals based on his/her income in the Pickle disregard amount. Pickle determinations must be completed at Intake, RE & at the time of the annual RSDI COLA. Individuals in LTC are not eligible under the Pickle program.
26	Full Scope (MEC) ¹ – Blind					
66	Full Scope (MEC) ¹ – Person with Disability					
DISABLED ADULT CHILDREN (DAC): Note: Must meet all criteria listed under “Persons Eligible” column. (Pickle Amended)						
6A	Full Scope (MEC) ¹ – Blind	<ul style="list-style-type: none">• At least 18 years old;• Previously received SSI/SSP benefits due to blindness or disability before age 22;• Currently receiving RSDI benefits under parent or grandparents claim; and• SSI/SSP termed due to receipt of/increase in Title II DAC.	Citizen, SIS ² (includes PRUCOL) ³	<u>SSI Income Rules</u> Same computations as Pickle Only the recipient’s income is counted. Parent/Grandparent’s SSA claim is disregarded.	<u>SSI Property Rules</u> Same computations as Pickle	DAC income received under the parent/grandparent’s claim number is disregarded. Pickle determinations must be completed at Intake, RE & at the time of the annual RSDI COLA. For anyone discontinued from SSI/SSP after January 1987, an RSDI COLA Disregard Computation (DHCS 7029) is unnecessary.
6C	Full Scope (MEC) ¹ – Person with Disability					
DISABLED WIDOWER (DW): Note: Must meet all criteria listed under “Persons Eligible” column.						
36	Full Scope (MEC) ¹	<ul style="list-style-type: none">• Between 50 and 64 years old• Receiving Title II widow/er insurance benefits;• Lost SSI/ SSP due to receipt of Title II disability payments;• Received SSI/SSP the month prior to the month Title II widow/er benefits began;• Eligible for SSI/SSP benefits if the Title II widow/er payments were disregarded; and• Not eligible to Medicare Part A.	Citizen, SIS ² (includes PRUCOL) ³	<u>SSI Income Rules</u> Same computations as Pickle	<u>SSI Property Rules</u> Same computations as Pickle	RSDI COLA Disregard Computation (DHS 7029). Coverage is available until the widow(er) becomes eligible for Medicare Part A Hospital Insurance. Title II – Old Age, Wife, Husband, Child, Widow, Widower, Mother or Father’s Insurance Benefits. Pickle determinations must be completed at Intake, RE & at the time of the annual RSDI COLA.

NON-MAGI PROGRAM/AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
MEDICARE SAVINGS PROGRAM (MSP) / QUALIFIED MEDICARE BENEFICIARY (QMB) (50258):						
80	QMB-only State pays Medicare A and/or B premiums, co-insurance & deductibles. Restricted to coverage of Medicare deductible and co-insurance. Not entitled to 3 months of retroactive coverage.	Note: Person can be on regular Medi-Cal, be an SSI recipient, or QMB only.	Citizen, SIS ² (includes PRUCOL ³ , excluding category 16)	At or below 100% FPL	Single person - \$130,000 Couple - \$195,000	Income Related Work Expenses (IRWE) which includes expenses of a working disabled QMB beneficiary that are necessary to become or remain employed. (50045.1) (NOT applicable in evaluating income for Medi-Cal benefits.) Note: Medicare Part B Premium is \$164.90 (Effective 1/1/2023) Health insurance premiums are not allowed in computation.
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) (50258.1):						
8C	SLMB State pays Medicare Part B (Buy-In) (Entitled to 3 mos. Retroactive coverage, if otherwise eligible) No BIC	Persons ineligible to QMB due to excess income & entitled to <u>Medicare</u> Part A & B.	Citizen, SIS ² (includes PRUCOL ³ , excluding category 16)	At or below 120% FPL	Same as QMB	Income Related Work Expenses (IRWE) (50045.1) (NOT applicable in evaluating income for Medi-Cal benefits.) Note: Medicare Part B Premium is \$164.90 (Effective 1/1/2023) Health insurance premiums are not allowed in computation.
“QUALIFYING INDIVIDUAL-1” (QI-1):						
8D	QI-1 Same as SLMB (Buy-In) (Entitled to 3 mos. Retroactive coverage, if otherwise eligible) No BIC	Be entitled to Medicare Part B.	Citizen, SIS ² (includes PRUCOL ³ , excluding category 16)	At or below 135% FPL	Same as QMB	Income Related Work Expenses (IRWE) (50045.1) (NOT applicable in evaluating income for Medi-Cal benefits.) Health Insurance Premiums are not allowed in the computation.
QUALIFIED DISABLED & WORKING INDIVIDUALS (QDWI) (50256):						
8A	QDWI Medicare Part A (Premium Only) 3 mos. Retro eligibility <i>if</i> entitled to enroll in Part A during the retro period, if otherwise eligible. No BIC	Entitled to enroll in Medicare Part A; disabled & working (under 65); lost SSA benefits due to earned income above the Substantial Gainful Activity limit.	Citizen, SIS ² (includes PRUCOL ³ , excluding category 16)	At or below 200% FPL Net nonexempt income shall be determined following the SSI methodology.	Same as QMB	Income Related Work Expenses (IRWE) (50045.1) (NOT applicable for evaluating income for Medi-Cal benefits) \$20 Any Income Disregard. Health Insurance Premiums are not allowed in computation.

NON-MAGI PROGRAM/AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
SPECIAL TREATMENT PROGRAM-ONLY (STP-O) (50817[B]): <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022).</i>						
71	Dialysis Service Only BIC Issued/Restricted	Receive or need Dialysis or Parenteral Hyper alimentation (aka: Total Parenteral Nutrition [TPN]) & would be eligible under MN or MI <u>except for excess property.</u>	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50+	Determine % obligation <u>if</u> ANW is \$5,000 or more @ 2% for each \$5,000. EXAMPLE: ANW = \$15,000 \$15,000÷\$5,000 = 3 3 x 2% = 6% Obligation (Beneficiary pays 6% of charges)	Determine Annual Net Worth (ANW): Combined total of annual gross income + net market value of all non-exempt real & personal property (See Procedures Manual Section 17C-5 for property exemptions).	<i>Note: The % Obligation is the amount beneficiary pays toward the net cost of <u>each</u> dialysis or TPN service.</i> IMPORTANT: If ANW is <u>less than</u> \$5,000, % Obligation is \$0. Exception: Persons aged 21 to 64 who receive dialysis or who need TPN services do not need to meet Medi-Cal disability criteria. DO NOT REFER TO DDSD.
73	TPN Services Only BIC Issued/Restricted					
SPECIAL TREATMENT PROGRAM SUPPLEMENTAL (STP-S) (50817[C]): <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022).</i>						
71	Dialysis Dual Eligibility to MN or MI <u>with</u> SOC and Dialysis or TPN services BIC Issued/Full Coverage	Receive or need dialysis or TPN services; employed or self-employed & <i>gross earned income exceeds Maintenance Need</i> for one person. <u>Approved or eligible to MN or MI w/SOC.</u>	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50+	Determine % obligation <u>if</u> ANW is \$5,000 or more @ 1% for each \$5,000. EXAMPLE: ANW = \$15,000 \$15,000÷\$5,000 = 3 3 x 1% = 3% Obligation (Beneficiary pays 3% of charges)	Determine Annual Net Worth (ANW): Combined total of annual gross income + net market value of all non-exempt real & personal property (See Procedures Manual Section 17 C-5 for property exemptions).	<i>Note: The % Obligation is the amount beneficiary pays toward the net cost of <u>each</u> dialysis or TPN service.</i> IMPORTANT: If ANW is less than \$5,000, % Obligation is \$0. Exception: Persons aged 21 to 64 who receive or need TPN services are not required to meet Medi-Cal disability criteria. DO NOT REFER TO DDSD.
73	TPN Restricted to Renal Dialysis Only BIC Issued/Restricted					
TUBERCULOSIS (TB) (50268): <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022).</i>						
7H	TB Full Scope zero SOC Medi-Cal (for TB Related Services Only)	Adult or child infected with TB & not eligible to Medi-Cal under federally mandated programs.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50+	TB Income Standard <u>\$1,767 (01/2022)</u> (Updated Annually) Standard has not changed when spouse or child of applicant is in the home.	Note: If the applicant is married, use only the applicant's separate property and one-half of the community property. When determining a child's eligibility, and there are two parents present, allow the parents a property limit of \$195,000. When there is only one parent, use the individual resource limit of \$130,000.	See MPIH #317, dated 11/16/94, Article 5 Section II B 3 for Property Eligibility Determinations Section II B 4 for Income Eligibility Determinations

NON-MAGI PROGRAM/AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP): <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Children under the age of 19 (effective 5/1/2016), young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022) *exemptions apply.</i>						
*0M (Federal)	Accelerated Enrollment (AE) Federal Full Scope (MEC) ¹ . Limited to two months	Individuals under age 65 who did not request ongoing Medi-Cal and have been diagnosed with breast and/or cervical cancer.	Citizen, SIS ² (includes PRUCOL) ³	At or Below 200% FPL	N/A	Uninsured persons under age 65 found to need treatment. Ongoing maintenance of BCCTP case is done by the State, not the Counties. State funded component of BCCTP is not a Medi-Cal program; the authorizing State Legislation provided the authority for the California Department of Health Services (CDHS) to utilize the Medi-Cal program's fiscal intermediary, in administering this program. Transitional aid codes 0W, 0X, 0Y and 0L are issued to BCCTP beneficiaries that no longer meet the federal BCCTP requirements and are scheduled to be discontinued from BCCTP Medi-Cal. SB 87 eligibility review for other Medi-Cal programs must be completed before these aid codes can be discontinued, as required by Welfare and Institutions (W&I) Code, Section 14005.37.
*0N (Federal)	AE Full Scope (MEC) ¹ while an eligibility determination is made.	Individuals under age 65 without creditable insurance coverage who have been diagnosed with breast and/or cervical cancer.				
*0P (Federal)	Full Scope (MEC) ¹	Individuals under age 65 without creditable insurance coverage who have been diagnosed with breast and/or cervical cancer.				
0R (State)	Limited – Cancer and Related Services Only	Individuals whose insurance costs are determined to exceed \$750 in the prospective 12-month period.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, up to age 26 or 50-64			
0T (State)	Limited – Other	Individuals regardless of age or Immigration status.				
0U (Federal/State)	Restricted Emergency services, State-Funded BCCTP services, pregnancy, or postpartum Services, and LTC Services.	Individuals under age 65 with non-SIS ² who have been diagnosed with breast and/or cervical cancer.	Non-SIS ² or unverified citizenship under the age of 65			
0V (State)	Restricted Emergency services, State-Funded BCCTP services, pregnancy, or postpartum Services, and LTC Services.	Individuals under age 65 with non-SIS ² who have been diagnosed with breast and/or cervical cancer and are without creditable insurance coverage.				
*0W (Federal)	Transitional Full Scope (MEC) ¹	Terminated from 0P due to reaching age 65; acquired OHC or no longer needs treatment.	Citizen, SIS ² (includes PRUCOL) ³			
0X (State)	Restricted – Transitional (State) Emergency, pregnancy related, and State only LTC services, and co-pays, deductibles and/or non-covered breast and/or cervical cancer and related services.	Terminated from 0U , non-SIS ² , under age 65, and have obtained OHC but the out-of-pocket expense will not exceed \$750 in the next 12-month period.	Non-SIS ² or unverified citizenship under the age of 65			
0Y (State)	Restricted – Transitional. Emergency services and State-only Medi-Cal, State Funded BCCTP	Terminated from 0U , non-SIS ² , reached age 65, and have not obtained OHC.	Non-SIS ² or unverified citizenship ages 65+			
0L (State)	Restricted – Transitional coverage Emergency services and State-only Medi-Cal, State Funded BCCTP.	Terminated from 0U , 0V , 0X , 0Y , no longer need treatment, or obtained OHC but the out-of-pocket expense will not exceed \$750 in the next 12-month period.	Non-SIS ² or unverified citizenship			

MEDI-CAL PROGRAM/AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
STATE/COUNTY INMATES: <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022). As a result, restricted aid codes are currently only used for adults ages 26-49.</i>						
N5	Limited State Limited to inpatient hospital services, received outside the correctional facility.	State or County Adult Inmate, 19 to 64 years old.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50-64	At or below 138% FPL	N/A	Under Title XIX/Title XXI, provides Medi-Cal with no SOC for State and County Inmates who are part of the New Adult ACA Group.
N6	Restricted State Restricted to inpatient hospital & pregnancy services outside the correctional facility.		Non- SIS ² or unverified citizenship, ages 26-49			
N7	Limited County Limited to inpatient hospital services, received outside the correctional facility.		Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50-64			
N8	Restricted County Restricted to inpatient hospital & pregnancy services outside the correctional facility.		Non- SIS ² or unverified citizenship, ages 26-49			
ADULT STATE INMATE PROGRAM: <i>Note: Aged individuals are eligible to Full Scope benefits regardless of immigration status (effective 5/1/2022). As a result, restricted aid code F2 is currently not in use.</i>						
F1	Limited to Medi-Cal covered inpatient services only, received outside the correctional facility.	Adult State Inmate over age 65 or disabled.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 65+	At or below 100% FPL	Same as MN/MI Programs Limits	Under Title XIX, Medi-Cal no SOC for State Adult Inmates receiving inpatient services off the grounds of the correctional facility.
ADULT COUNTY INMATE PROGRAM: <i>Note: Aged individuals are eligible to Full Scope benefits regardless of immigration status (effective 5/1/2022). As a result, restricted aid codes F4, G4 are currently not in use.</i>						
F3/G3*	Limited to Medi-Cal covered inpatient services only, received outside the correctional facility.	Adult County Inmate over age 65 or disabled.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 65+	At or below 100% FPL	Same as MN/MI Programs Limits	Under Title XIX, Medi-Cal no SOC/SOC for County Adult Inmates receiving inpatient services off the grounds of the correctional facility.
JUVENILE STATE INMATE PROGRAM: <i>Note: Children under the age of 19 are eligible to Full Scope benefits regardless of immigration status (effective 5/1/2016). As a result, restricted aid codes for children are currently not in use.</i>						
G1	Limited to inpatient hospital and inpatient mental health services only, received outside the correctional facility.	Juvenile State Inmate	N/A	At or below 133% FPL	N/A	Under Title XIX/Title XXI, Medi-Cal no SOC for State juvenile inmates receiving inpatient services off the grounds of the correctional facility.
JUVENILE COUNTY INMATE PROGRAM: <i>Note: Children under the age of 19 are eligible to Full Scope benefits regardless of immigration status (effective 5/1/2016). As a result, restricted aid codes for children are currently not in use.</i>						
G5/G7*	Limited to inpatient hospital and inpatient mental health services only, received outside the correctional facility.	Juvenile County Inmate	N/A	At or below 133% FPL	N/A	Under Title XIX/Title XXI, Medi-Cal no SOC/SOC for juvenile county inmates receiving inpatient services off the grounds of the correctional facility. <i>*Note: SOC aid code.</i>

QUICK GUIDE TO MEDI-CAL PROGRAM AID CODES

MEDI-CAL PROGRAM/AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
COUNTY COMPASSIONATE RELEASE/MEDICAL PROBATION: <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (effective 5/1/2022). As a result, restricted aid codes J3, J4 & J8 are currently only used for adults ages 26-49.</i>						
J1/J2*	Full Scope	Inmates released from a County correctional facility.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50+	N/A	Same as MN/MI Programs Limits	Under Title XIX, Medi-Cal no SOC/SOC for compassionately released/Medi-Cal probation County Inmates. Entitled to all Medi-Cal covered services because they are not considered incarcerated. <i>*Note: SOC aid code.</i>
J3/J4*	Restricted Emergency and pregnancy related services ONLY.		Non- SIS ² or unverified citizenship, ages 26-49			Under Title XIX/Title XXI, Medi-Cal no SOC/SOC for undocumented compassionately released/Medical Probation County Inmates. <i>*Note: SOC aid code.</i>
J5	Full Scope	Inmate over 65, released from County correctional facility, residing in LTC facility.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 65+	N/A	Same as MN/MI Programs Limits	Under Title XIX, Medi-Cal no SOC/SOC for Compassionate Release/Medi-Cal Probation County Inmates who reside in LTC facilities. Entitled to all Medi-Cal covered services because they are not considered incarcerated.
J7	Full Scope, including LTC services	Disabled inmate, released from County correctional facility, residing in LTC facility.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50+	N/A	Same as MN/MI Programs Limits	Under Title XIX, Medi-Cal no SOC/SOC for disabled Compassionate Release/Medi-Cal Probation County Inmates who reside in LTC facilities. Entitled to all Medi-Cal covered services because they are not considered incarcerated.
J8	Restricted Limited to emergency, mental health emergency, and pregnancy related services ONLY. Covers LTC services.		Non- SIS ² or unverified citizenship, ages 26-49			Under Title XIX/Title XXI, Medi-Cal no SOC/SOC for disabled undocumented Compassionate Release/Medical Probation County Inmates who reside in LTC facilities.
K6	Full Scope, including mental health services	Inmate released from a County correctional facility due to a compassionate release or medical probation.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50-64	At or below 138% FPL	N/A	Under Title XIX, provides Medi-Cal with no SOC for Compassionate Release/Medi-Cal Probation County Inmates, entitled to all Medi-Cal covered services because they are not considered incarcerated.
K7	Restricted Scope – Limited to emergency, including mental health (Title XIX) and all covered pregnancy related (Title XXI) services.		Non-SIS ² or unverified citizenship, ages 26-49			Under Title XIX/Title XXI, provides Medi-Cal with no SOC for Compassionate Release/Medi-Cal Probation County Inmates, entitled to all Medi-Cal covered services because they are not considered incarcerated.
K8	Full Scope, including mental health services	Inmate released from a County correctional facility due to a compassionate release or medical probation.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50-64	At or below 128% FPL	N/A	Under Title XIX, provides Medi-Cal with no SOC for Compassionate Release/Medi-Cal Probation County Inmates, who are “ not newly eligible ” individuals aged 19 through 64, including disabled/blind.
K9	Restricted Scope – Limited to emergency, including mental health (Title XIX) and all covered pregnancy related (Title XXI) services.		Non- SIS ² or unverified citizenship, ages 26-49			Under Title XIX/Title XXI, provides Medi-Cal with no SOC for Compassionate Release/Medi-Cal Probation County Inmates, who are “ not newly eligible ” individuals aged 19 through 64, including disabled/blind.

MEDI-CAL PROGRAM/AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
MEDI-CAL BENEFITS WAIVER PROGRAMS: <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Children under the age of 19 (effective 5/1/2016), young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (5/1/2022). As a result, restricted aid codes for these age group are currently not in use.</i>						
These waiver programs provide care at home as an alternative to institutionalized health care. No special Medi-Cal eligibility rules apply. Effective 07/01/17, Spousal Impoverishment (SI) provisions can be applied to individuals participating in HCBS waivers retroactively to 01/01/14.						
6V/6W*	Full Scope Provides care at home as an alternative to institutionalized health care.	Eligible for Full Scope MC. Need a formal diagnosis of a developmental disability that begins before the age 18 & is expected to continue indefinitely. The disability must be due to intellectual disability, cerebral palsy, and other closely related conditions. Must be a regional center consumer and meet the level of care for an intermediate care facility.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 0-25 or 50-64	Parental and/or spousal income not considered; spousal impoverishment rules apply if appropriate. Use maintenance need level for one person (\$600).	Parental and/or spousal resources are not considered; spousal impoverishment rules apply if appropriate.	DDS HCBS Waiver Department of Developmental Services (DDS) Home and Community-Based Services Waiver applicants must first be evaluated under regular Medi-Cal rules, following the Medi-Cal hierarchy and must comply with all Medi-Cal eligibility requirements. If the waiver individual is not eligible to Medi-Cal (i.e., MAGI/Non-MAGI) in the family unit's evaluation or is eligible to Non-MAGI Medi-Cal with a SOC; the waiver rules will then apply. Referral from DDS Regional Centers required. Services provided include, but are not limited to, homemaker, home health, personal care, respite, environmental modifications, transportation, skilled nursing, and communication aides. <i>*Note: Full Scope Medi-Cal with a SOC is not considered MEC¹. Full Scope may or may not have a SOC.</i>
6X/6Y*	IHO Waiver Services provided include, but are not limited to: private duty nursing, including shared nursing, home health aide services, case management, transitional case management, environmental accessibility adaptations, Personal Emergency Response Systems (PERS), and medical equipment operating expenses.	Must Have Full Scope Medi-Cal Eligibility. Physically Disabled (no age limit). Must meet the acute hospital, adult or pediatric sub-acute, nursing facility, distinct-part nursing facility, adult or pediatric Level B (skilled) nursing facility, or Level A (intermediate) nursing facility (NF) Level of Care with the option of returning to and/or remaining in his/her home or home-like setting in the community in lieu of institutionalization.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50-64			Home and Community-Based Alternative (HCBA) Waiver The Nursing Facility/Acute Hospital Waiver is combined under the Home and Community-Based Alternative (HCBA) Waiver. Referral from the Department of Health Care Services (DHCS) In-Home Operations Section (IHO) required. <i>*Note: Full Scope Medi-Cal with a SOC is not considered MEC¹. Full Scope Medi-Cal may or may not have a SOC.</i>

MEDI-CAL PROGRAM/AID CODE:	BENEFITS:	PERSONS ELIGIBLE:	IMMIGRATION STATUS:	INCOME LIMITS:	PROPERTY LIMITS:	DEDUCTIONS/ALLOCATIONS/COMMENTS:
MEDI-CAL BENEFITS WAIVER PROGRAMS: <i>Note: The following individuals are eligible to Full Scope benefits regardless of immigration status: Children under the age of 19 (effective 5/1/2016), young adults ages 19-25 (effective 1/1/2020), and aged individuals 50+ (5/1/2022). As a result, restricted aid codes for these age group are currently not in use.</i>						
These waiver programs provide care at home as an alternative to institutionalized health care. No special Medi-Cal eligibility rules apply. Effective 07/01/17 Spousal Impoverishment (SI) provisions can be applied to individuals participating in HCBS waivers retroactively to 01/01/14.						
Acquired Immune Deficiency Syndrome (AIDS) Medi-Cal Waiver Program (MCWP) No special aid codes This waiver program is managed by the State. The county only determines eligibility to Medi-Cal.	All services and expenses must be necessary to maintain or improve the client's health status or well-being. Services for clients include but are not limited to attendant care, homemaker services, psychotherapy, home delivered meals and minor physical adaptations to the home.	Must be Medi-Cal recipients whose health status qualifies them for nursing facility care or hospitalization; in an "Aid Code" with full benefits and not enrolled in the Program of All-Inclusive Care for the Elderly (PACE); have a written diagnosis of HIV disease or AIDS with current signs, symptoms, or disabilities related to HIV disease or treatment; adults who are certified by the nurse case manager to be at the nursing facility level of care and score 60 or less using the Cognitive and Functional Ability Scale assessment tool; children under 13 years of age who are certified by the nurse case manager as HIV/AIDS symptomatic; and individuals with a health status that is consistent with In-Home services and who have a home setting that is safe for both the client and service providers.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 19-25 or 50-64			The Medi-Cal Aid Code for the client must have full benefits (excludes long-term care) and federal financial participation. MCWP services are provided at no cost to the client; however, individuals with a Medi-Cal share of cost must meet that share of cost each month to be eligible for services. Individuals cannot be simultaneously enrolled in any of the following programs: AIDS Case Management Program (CMP), State Targeted Case Management Services Program, or any other Medi-Cal Waiver Program.
Assisted Living Waiver (ALW) No special aid codes This waiver program is Managed by the State. The county only determines eligibility to Medi-Cal.	Services provided include but are not limited to, providing personal care and assistance with Activities of Daily Living (ADLs) sufficient to meet both the scheduled and unscheduled needs of the residents. Needs include washing, drying, and folding all laundry and providing or coordinating transportation.	Individuals with Full Scope Medi-Cal without SOC, aged or disabled, meet the nursing facility A or B level of care, and are at least 21 years of age.	Citizen, SIS ² (includes PRUCOL) ³ , Non-SIS ² or unverified citizenship, ages 21-25 or 50+	Must be eligible for Medi-Cal and have enough disposable income to meet the costs of the AL Waiver. On January 1, 2022, this amount is \$1,261 which is the same amount as the SSI/SSP maximum total payment level for nonmedical board and care and includes a personal and incidental needs rate of \$154.		Persons residing in a nursing facility under the state-only aid code 53, persons in other limited scope aid code, and individuals who are limited scope due to alien status or due to failure to meet Deficit Reduction Act (DRA) requirements for verifying identity or citizenship cannot be in the waiver. DHCS , <u>not</u> the counties, will make the determination as to whether an individual has enough disposable income to meet the costs of the AL waiver.