



## Short-Doyle Medi-Cal (SDMC)

# Aid Code Master Chart

May 1, 2019

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**PURPOSE:** The following chart organizes Medi-Cal aid codes into six groups based on the percent of federal financial participation (FFP) paid for Medi-Cal beneficiaries eligible 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%

**PROGRAM DESCRIPTION:** Identifies service eligibility information that applies to beneficiaries in the aid category.

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### NEW UPDATES:

Please note the following aid codes had a limited scope of benefit and due to SB75 and are now full scope: G5, G7, J7, M9, 44.

Senate Bill (SB) 75 (Chapter 18, Statutes of 2015) added Welfare and Institutions (W&I) Code, Section 14007.8 to provide individuals under age 19 who do not have satisfactory immigration status or are unable to verify satisfactory immigration status or citizenship, full scope Medi-Cal benefits effective May 1, 2016, and reimbursed with 100% State General Funds (SGF).

- Aid Code 4M was changed to receive full scope coverage until the 26<sup>th</sup> birthday.
- Compassionate release aid codes K6 and K8. Aid code K6 see page 42. Aid code K8 see page 28.

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# **Refugee Aid Codes (100% FFP through- Refugee Resettlement Program)**

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

Refugee Aid Codes (100% FFP through-Refugee Resettlement Program) These aid codes are funded by the Refugee Resettlement Program (not Title XIX or XXI)							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
0A	Full	No	Refugee Cash Assistance. Covers all eligible refugees during their first eight months in the United States, including unaccompanied children who are not subject to the eight-month limitation. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.	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). Covers Cuban/Haitian entrants during their first eight months in the United States who are receiving ECA benefits, including unaccompanied children who are not subject to the eight-month provision.	Yes	N/A	Yes			Yes

# **Title XIX and XXI 100% State General Funds Due to Senate Bill 75**

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

Title XIX and XXI 100% State General Funds (SB75)							Effective Dates			EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SB75	SD/MC	Inactive in MEDS	
G5	Full  Prior SB75 Limited	No	<u>Juvenile County Ward Program (JCWP) (Title XIX). Limited to all covered inpatient hospital and inpatient mental health services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</u>	Yes	Other	No	5/1/16			Yes
G7	Full  Prior SB75 Limited	Yes	<u>JCWP (Title XIX). Limited to all covered inpatient hospital and inpatient mental health services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</u>	Yes	Other	No	5/1/16			Yes
J1	Full	No	<u>County Compassionate Release/Medical Probation (CCRP/CMPP) (Title XIX). Recipients eligible for all covered Medi-Cal services.</u>	Yes	Other	Yes	5/1/16			Yes
J2	Full	Yes	<u>CCRP/CMPP (Title XIX). Recipients eligible for all covered Medi-Cal services.</u>	Yes	Other	Yes	5/1/16			Yes
J7	Full  Prior SB75 Limited		<u>CCRP/CMPP (Title XIX), SOC for disabled not on supplemental security income (SSI) recipients who reside in LTC facilities. Recipients eligible for all Medi-Cal covered LTC services only.</u>	Yes	Other	No	5/1/16			Yes

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

Title XIX and XXI 100% State General Funds (SB75)								Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SB75	SD/MC	Inactive in MEDS	
M3	Full	No	Title XIX. Parents/caretaker relatives. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present parent/caretaker relatives with income at or below 109 percent of the FPL.	Yes	Other	Yes	5/1/16			Yes
M5	Full	No	Title XXI. Children ages 6 to 19. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present children with family income of 108 up to and including 133 percent of the FPL.							Yes
M7	Full	No	Title XIX. Pregnant women. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present pregnant women with income at or below 60 percent of the FPL.	Yes	Other	Yes	5/1/16			Yes
M9	Full  Prior SB75 Limited to family planning, pregnancy-related, postpartum and emergency services	No	Title XIX. Pregnant women. Provides family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to citizens/lawfully present pregnant women with income at 60 to 213 percent of the FPL with no age limitation.	Yes	Other	Yes	5/1/16			Yes

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

Title XIX and XXI 100% State General Funds (SB75)							Effective Dates			EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SB75	SD/MC	Inactive in MEDS	
P5	Full	No	Title XIX. Children ages 6 to 19. Provides full-scope, no-cost Medi-Cal coverage with income at or below 133 percent of the FPL.	Yes	Other	Yes	5/1/16			Yes
P7	Full	No	Title XIX. Children ages 1 to 6. Provides full-scope, no-cost Medi-Cal coverage with income at or below 142 percent of the FPL.	Yes	Other	Yes	5/1/16			Yes
P9	Full	No	Title XIX. Infants up to 1 year of age. Provides full-scope, no-cost Medi-Cal coverage with income at or below 208 percent of the FPL.	Yes	Other	Yes	5/1/16			Yes
2H	Full	No	Blind – Federal Poverty Level – covers blind individuals in the FPL for the Blind Program.	Yes	Disabled	Yes	5/1/16			Yes
23	Full	Y/N	Blind – LTC.	Yes	Other	Yes	5/1/16			Yes
24	Full	No	Blind – MN.	Yes	Other	Yes	5/1/16			Yes
27	Full	Yes	Blind – MN, SOC.	Yes	Other	Yes	5/1/16			Yes
3N	Full	No	AFDC – Section 1931(b). Non-CalWORKs.	Yes	Other	Yes	5/1/16			Yes
34	Full	No	AFDC – MN.	Yes	Other	Yes	5/1/16			Yes
37	Full	Yes	AFDC – MN, SOC.	Yes	Other	Yes	5/1/16			Yes



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

Title XIX and XXI 100% State General Funds (SB75)							Effective Dates			EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SB75	SD/MC	Inactive in MEDS	
39	Full	No	Initial 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	5/1/16			Yes
44	Full  Prior SB75 Restricted to pregnancy-related and postpartum services	No	213 Percent FPL Pregnant (Income Disregard Program – Pregnant). Provides eligible pregnant women of any age with family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, and postpartum services if family income is at or below 213 percent of the FPL.	Yes	Other	Yes	5/1/16			Yes
47	Full	No	200 Percent FPL Infant (Income Disregard Program – Infant). Provides full Medi-Cal benefits to eligible infants up to 1 year old or continues beyond 1 year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the FPL.	Yes	Other	Yes	5/1/16			Yes

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

Title XIX and XXI 100% State General Funds (SB75)							Effective Dates			EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SB75	SD/MC	Inactive in MEDS	
54	Full	No	FMC Eligibility. Covers persons discontinued from CalWORKs or Section 1931(b) due to the increased collection of child/spousal support.	Yes	Other	Yes	5/1/16			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	5/1/16			Yes
6H	Full	No	Disabled – FPL. Covers the disabled in the A&D FPL program.	Yes	Disabled	Yes	5/1/16			Yes
63	Full	Y/N	Disabled – LTC.	Yes	Disabled	Yes	5/1/16			Yes
64	Full	No	Disabled – MN.	Yes	Disabled	Yes	5/1/16			Yes
67	Full	Yes	Disabled – MN, SOC.	Yes	Disabled	Yes	5/1/16			Yes
7A	Full	No	100 Percent Child. Provides full benefits to otherwise eligible children, ages 6 to 19 or beyond 19 when inpatient status began before the 19 <sup>th</sup> birthday and family income is at or below 100 percent of the FPL.	Yes	Other	Yes	5/1/16			Yes

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

Title XIX and XXI 100% State General Funds (SB75)							Effective Dates			EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SB75	SD/MC	Inactive in MEDS	
7J	Full	No	CEC. Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no SOC Medi-Cal.	Yes	Other	Yes	5/1/16			Yes
72	Full	No	133 Percent Program. Provides full Medi-Cal benefits to eligible children ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the FPL.	Yes	Other	Yes	5/1/16			Yes
7X	Full	No	One-Month Medi-Cal to HF Bridge.	Yes	MCHIP	Yes	5/1/16			Yes
8P	Full	No	133 Percent Excess Property Child. Provides full-scope Medi-Cal benefits to eligible children ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the FPL.	Yes	MCHIP	Yes	5/1/16			Yes
8R	Full	No	100 Percent Excess Property Child. Provides full-scope benefits to otherwise eligible children, ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the FPL.	Yes	MCHIP	Yes	5/1/16			Yes

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Title XIX and XXI 100% State General Funds (SB75)							Effective Dates			EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SB75	SD/MC	Inactive in MEDS	
82	Full	No	MI – Child. Covers MI 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	5/1/16			Yes
83	Full	Yes	MI – Child SOC. Covers MI persons under 21 who meet the eligibility requirements of MI.	Yes	Other	Yes	5/1/16			Yes

# Restricted Scope Aid Codes

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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%									EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
3T	Restricted to pregnancy-related, postpartum and emergency services	No	Initial Transitional Medi-Cal (TMC). Provides six months of coverage for eligible aliens without satisfactory immigration status who have been discontinued from Section 1931(b) due to increased earnings from employment.  Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.	Yes	Other	Yes			No
3V	Restricted to pregnancy-related, postpartum and emergency services	No	AFDC – Section 1931(b) Non-CalWORKs. Covers those eligible for the Section 1931(b) program who do not have satisfactory immigration status.  Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.	Yes	Other	Yes			No
48	Restricted to family planning, pregnancy-related, and postpartum services	No	213 Percent FPL Pregnant OBRA (Income Disregard Program – Pregnant OBRA). Provides eligible pregnant aliens of any age without satisfactory immigration status with family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, and postpartum services if family income is at or below 213 percent of the FPL.	Yes	Other	Yes			No

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Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
58	Restricted to pregnancy-related, postpartum and emergency services	Y/N	OBRA Aliens. Covers eligible aliens who do not have satisfactory immigration status.  Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.	Yes	Other	Yes			No
5F	Restricted to pregnancy-related, postpartum and emergency services	Y/N	OBRA Alien – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status.  Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.	Yes	Other	Yes			No
5T	Restricted to pregnancy-related, postpartum and emergency services	No	Continuing TMC. Provides an additional six months of emergency services coverage for those beneficiaries who received six months of initial TMC coverage under aid code 3T.  Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.	Yes	Other	Yes			No

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Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
5W	Restricted to pregnancy-related, postpartum and emergency services	No	Four-Month Continuing (FMC) Pregnancy and Emergency Services Only. Provides four months of pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, and emergency services for aliens without satisfactory immigration status who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.	Yes	Other	Yes			No
6U	Restricted to pregnancy-related, postpartum and emergency services	No	<p>Restricted FPL – Disabled. Covers the disabled in the A&amp;D FPL program who do not have satisfactory immigration status.</p> <p>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</p>	Yes	Disabled	Yes			No
7C	Restricted to pregnancy-related, postpartum and emergency services	No	100 Percent OBRA Child. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to otherwise eligible children, without satisfactory immigration status who are ages 6 to 19 or beyond 19 when inpatient status begins before the 19 <sup>th</sup> birthday and family income is at or below 100 percent of the FPL.	Yes	Other	Yes			No



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Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
C3	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Blind – MN. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>	Yes	Disabled	Yes			No
C4	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Blind – MN, SOC. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>	Yes	Disabled	Yes			No
C5	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. <b><u>Aid to Families with Dependent Children (AFDC) – MN.</u></b> <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>	Yes	Other	Yes			No

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Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
C6	Restricted to pregnancy- <u>related, postpartum</u> and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. AFDC – MN, SOC. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>	Yes	Other	Yes			No
C7	Restricted to pregnancy- <u>related, postpartum</u> and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Disabled – MN. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>	Yes	Disabled	Yes			No
C8	Restricted to pregnancy- <u>related, postpartum</u> and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Disabled – MN, SOC. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>	Yes	Disabled	Yes			No

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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
C9	Restricted to pregnancy-related, <u>postpartum</u> and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. <b><u>Medically Indigent (MI) – Child.</u></b> Covers <b><u>MI</u></b> 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. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>	Yes	Other	Yes			No
D1	Restricted to pregnancy-related, <u>postpartum</u> and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. MI – Child, SOC. Covers MI persons under 21 who meet the eligibility requirements of MI. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>	Yes	Other	Yes			No

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Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
D4	Restricted to pregnancy- <b><u>related.</u></b> <b><u>postpartum</u></b> and emergency services	No	<p>OBRA Aliens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the OBRA and IRCA section in this manual.</p> <p>Blind – LTC.</p> <p><i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient’s day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> <p><b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy. postpartum services and emergency services.</u></b></p>	Yes	Disabled	Yes			No

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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
D6	Restricted to pregnancy- <b><u>related, postpartum</u></b> and emergency services	No	<p>OBRA Aliens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i>. Disabled – LTC.</p> <p><i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient’s day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> <p><b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b></p>	Yes	Disabled	Yes			No

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Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
D7	Restricted to pregnancy- <b><u>related, postpartum</u></b> and emergency services	Yes	<p>OBRA Aliens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the OBRA and IRCA section in this manual.</p> <p>Disabled – LTC, SOC.</p> <p><i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient’s day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> <p><b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b></p>	Yes	Disabled	Yes			No

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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
G6	<u>Restricted</u>	No	<u>JCWP (Title XIX/Title XXI). Restricted to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only, for undocumented juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</u>	Yes	Other	No	1/1/12		No
G8	<u>Restricted</u>	Yes	<u>JCWP (Title XIX/Title XXI). Restricted to all covered inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only, for undocumented juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</u>	Yes	Other	No	1/1/12		No
J3	<u>Restricted</u>	No	<u>CCRP/CMPP (Title XIX/Title XXI). Restricted to all undocumented recipients covered for emergency, mental health emergency and pregnancy-related (Title XXI) services only.</u>	Yes	Other	Yes	1/1/14		No
J4	<u>Restricted</u>	Yes	<u>CCRP/CMPP (Title XIX/Title XXI). Restricted to all covered for emergency, mental health emergency (Title XIX) and pregnancy-related (Title XXI) services only. For undocumented recipients who do not have satisfactory immigration status.</u>	Yes	Other	Yes	1/1/14		No

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Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
J8	<u>Restricted</u>	No	<u>CCRP/CMPP (Title XIX/Title XXI), SOC for disabled, not on SSI, undocumented recipients who reside in LTC facilities. Restricted to all Medi-Cal covered emergency, mental health emergency (Title XIX), and pregnancy-related (Title XXI) services only. Covers all Medi-Cal covered LTC services.</u>	Yes	Other	No	1/1/14		No
M0	Limited to family planning, pregnancy-related, postpartum and emergency services	No	Title XIX. Pregnant women. Provides family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to undocumented pregnant women with income at 60 to 213 percent of the FPL.	Yes	Other	Yes	1/1/14		No
M4	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	Title XIX. Parents/caretaker relatives. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented parents/caretaker relatives with income at or below 109 percent of the FPL.  <i><b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i>	Yes	Other	Yes	1/1/14		No



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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
M8	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>Title XIX. Pregnant women. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented pregnant women with income under 60 percent of the FPL.</p> <p><b>Note:</b> <i>LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p>	Yes	Other	Yes	1/1/14		No

# Title XIX 50% Regular FFP

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
F3	<u>Limited</u>	No	<u>Adult County Inmate Program (ACIP) (Title XIX). Limited to full scope inpatient hospital and inpatient mental health services only, for inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</u>	Yes	Other	No	1/1/14		No
G3	<u>Limited</u>	Yes	<u>ACIP (Title XIX). Limited to full scope inpatient hospital and inpatient mental health services only, for inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</u>	Yes	Other	No	1/1/14		No
H7	Full	No	Hospital Presumptive Eligibility (HPE) (Title XIX). Provides full-scope, no cost Medi-Cal coverage for children ages 1 up to 6 years whose family income is 0 up to and including 142 percent of the FPL.	Yes	Other	Yes	1/1/14		Yes
H8	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for children ages 6 to 19 years whose family income is 0 up to and including 133 percent of the FPL.	Yes	Other	Yes	1/1/14		Yes
J5	<u>Limited</u>	No	<u>CCRP/CMPP (Title XIX), SOC for the recipients 65 years of age or older who reside in LTC facilities. Recipients are eligible for all Medi-Cal covered LTC services only.</u>	Yes	Other	No	1/1/14		No

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
K1	Full	No	California Work Opportunity and Responsibility to Kids (CalWORKs) – Single-Parent Safety Net and Drug/Fleeing Felon Family.	Yes	Other	Yes	4/1/13		Yes
K8	Full	No	CCRP and CMPP (Title XIX). Not newly-eligible, citizen/satisfactory immigration status recipients 19 through 64 years of age, including disabled/blind recipients without Medicare, with income less than or equal to 128 percent of the FPL. Recipients eligible for all covered Medi-Cal services, including mental health services.	Yes	Other	Yes	4/1/17		Yes
P1	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for infants ages 0 up to 1 year whose family income is at or below 208 percent of the FPL.	Yes	Other	Yes	1/1/14		Yes
P2	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for parent-caretakers with income at or below 109 percent of the FPL.	Yes	Other	Yes	1/1/14		Yes
P3	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for adults ages 19 up to 65 years with income at or below 138 percent of the FPL.	Yes	Other	Yes	1/1/14		Yes
P4	Limited to specific prenatal ambulatory services	No	HPE (Title XIX). Provides no cost Medi-Cal coverage limited to specific prenatal ambulatory services for pregnant women with income at or below 213 percent of the FPL.	Yes	Other	Yes	1/1/14		No

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
03	Full	No	Adoption Assistance Program (AAP). Covers children receiving federal cash grants under Title IV-E to facilitate the adoption of hard-to-place children who would require permanent foster care (FC) placement without such assistance.	Yes	Other	Yes			Yes
04	Full	No	AAP/Aid for Adoption of Children (AAC). Covers children receiving cash grants under the state-only AAP/AAC program.	Yes	Other	Yes			Yes
06	Full	No	AAP Child. Covers children receiving federal AAP cash subsidies from out of state. Provides eligibility for Continuous Eligibility for Children (CEC) if for some reason the child is no longer eligible under AAP prior to his/her 18 <sup>th</sup> birthday.	Yes	Other	No			Yes
07	Full	No	Title IV-E Extended AAP/FFP Medi-Cal. AAP Federal: A cash grant program to facilitate the ongoing adoptive placement of hard-to-place non-minors, whose initial AAP payment occurred on or after age 16 and are over age 18 but under age 21, and participating in one of five conditions who would require permanent FC placement without such assistance.	Yes	Other	Yes	1/1/12		Yes

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
0W	Full	No	BCCTP Transitional Coverage. Covers recipients formerly in aid code 0P who no longer meet federal BCCTP requirements due to reaching age 65, are no longer in need of treatment for breast and/or cervical cancer, or have obtained creditable health coverage. Recipients in aid code 0W will continue to receive transitional full-scope Medi-Cal services until the county completes an eligibility determination for other Medi-Cal programs.	Yes	Other	Yes			Yes
1E	Full	No	<u>Craig v. Bonta</u> Aged Pending SB 87 Redetermination. Covers former Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipients who are aged, until the county redetermines their Medi-Cal eligibility.	Yes	Other	Yes			No
1H	Full	No	FPL – Aged. Covers the aged in the Aged and Disabled (A&D) FPL program.	Yes	Other	Yes			No
1X	Full	No	Aid to the Aged – Multipurpose Senior Services Program (MSSP). Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older.	Yes	Other	Yes			No

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
1Y	Full	Yes	Aid to the Aged – MSSP. Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older.	Yes	Other	Yes			No
10	Full	No	Aid to the Aged – SSI/SSP.	Yes	Other	Yes			No
13	Full	Y/N	Aid to the Aged – LTC. Covers persons 65 years of age or older who are MN and in LTC status.	Yes	Other	Yes			No
14	Full	No	Aid to the Aged – MN.	Yes	Other	Yes			No
16	Full	No	Aid to the Aged – Pickle Eligibles.	Yes	Other	Yes			No
17	Full	Yes	Aid to the Aged – MN, SOC.	Yes	Other	Yes			No
2A	Full	No	Abandoned Baby Program. Provides full-scope benefits to children up to three months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act.	Yes	Other	No			Yes
2E	Full	No	<u>Craig v. Bonta</u> Blind – Pending SB 87 Redetermination. Covers former SSI/SSP recipients who are blind, until the county redetermines their Medi-Cal eligibility.	Yes	Other	Yes			Yes

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
2P	Full	No	Approved Relative Caregiver (ARC) Program. Medi-Cal coverage for foster children and youth up to 18 years of age (eligibility ends on the last day of the month of their 18 <sup>th</sup> birthday) participating in the ARC Program who do not qualify for state CalWORKs.	Yes	Foster Care	Yes	1/1/15		Yes
2R	Full	No	ARC Program – Non-Minor Dependent (NMD). Medi-Cal coverage for foster youth 18 to 21 years of age (eligibility ends on the last day of the month of their 21 <sup>st</sup> birthday) participating in the ARC Program as a NMD who does not qualify for state CalWORKs.	Yes	Foster Care	Yes	1/1/15		Yes
2S	Full	No	ARC Program – Federal CalWORKs. Medi-Cal coverage for foster children and youth up to 18 years of age (eligibility ends on the last day of the month of their 18 <sup>th</sup> birthday) participating in the ARC Program who qualify for federal CalWORKs.	Yes	Foster Care	Yes	1/1/15		Yes
2T	Full	No	ARC Program – State CalWORKs. Medi-Cal coverage for foster children and youth up to 18 years of age (eligibility ends on the last day of the month of their 18 <sup>th</sup> birthday) participating in the ARC Program who qualify for state CalWORKs.	Yes	Foster Care	Yes	1/1/15		Yes
2U	Full	No	ARC Program – State CalWORKs NMD. Medi-Cal coverage for foster youth 18 to 21 years of age (eligibility ends on the last day of the month of their 21 <sup>st</sup> birthday) participating in the ARC Program as a NMD who qualifies for state CalWORKs.	Yes	Foster Care	Yes	1/1/15		Yes



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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
20	Full	No	Blind – SSI/SSP – Cash	Yes	Other	Yes			Yes
26	Full	No	Blind – Pickle Eligibles.	Yes	Other	Yes			Yes
3A	Full	No	CalWORKs Timed-Out, Safety Net – All Other Families.	Yes	Other	Yes			Yes
3C	Full	No	CalWORKs Timed-Out, Safety Net – Two-Parent Families.	Yes	Other	Yes			Yes
3D	Full	No	CalWORKs – Pending, Medi-Cal Eligible.	Yes	Other	Yes			Yes
3E	Full	No	CalWORKs – Legal Immigrant – Family Group.	Yes	Other	Yes			Yes
3F	Full	No	CalWORKs – Two-Parent Safety Net and Drug/Fleeing Felon Family.	Yes	Other	Yes	4/1/13		Yes
3G	Full	No	CalWORKs – Zero Parent Exempt.	Yes	Other	Yes			Yes
3H	Full	No	CalWORKs – Zero Parent Mixed.	Yes	Other	Yes			Yes
3L	Full	No	CalWORKs – Legal Immigrant – Aid to Families.	Yes	Other	Yes			Yes
3M	Full	No	CalWORKs – Legal Immigrant – Two Parent.	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 – Two Parent Mixed.	Yes	Other	Yes			Yes

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
3W	Full	No	Temporary Assistance for 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
35	Full	No	CalWORKs – Two Parent	Yes	Other	Yes			Yes
36	Full	No	Aid to Disabled Widow(er)s.	Yes	Disabled	Yes			Yes
38	Full	No	<u>Edwards v. Kizer</u> .	Yes	Other	Yes			Yes
4A	Full	No	Out-of-State AAP. Covers children for whom there is a state-only AAP agreement between any state other than California and adoptive parents.	Yes	Other	Yes			Yes
4E	Full	No	HPE (Title XIX). Covers former foster care children up to 26 years of age with no income screening.	Yes	Other	Yes	1/1/14		Yes
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP) Cash Assistance. Covers children in the federal program for children in relative placement receiving cash assistance.	Yes	Foster Care	Yes			Yes

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
4G	Full	No	Kin-GAP Cash Assistance. Covers children in the state program for children in relative placement receiving cash assistance.	Yes	Foster Care	Yes			Yes
4H	Full	No	FC children in CalWORKs.	Yes	Foster Care	Yes	12/13/10		Yes
4L	Full	No	FC children in Section 1931(b).	Yes	Foster Care	Yes	12/13/10		Yes
4M	Full	No	Former Foster Youth (FFY). Coverage extends until the 26 <sup>th</sup> birthday and provides full-scope, no cost benefits.	Yes	Other	Yes			Yes
4N	Full	No	CalWORKs for NMD/FFP Medi-Cal.	Yes	Foster Care	Yes	1/1/12		Yes
4S	Full	No	Title IV-E Extended for NMD Kin-GAP/FFP Medi-Cal.	Yes	Foster Care	Yes	1/1/12		Yes
4T	Full	No	A federal Title IV-E Kin-GAP that serves former and current foster youth by moving them from FC placements to more permanent placement options through the establishment of a relative guardianship.	Yes	Foster Care	Yes	1/1/11		Yes
4W	Full	No	Covers NMDs, age 18, but under age 21, eligible for extended KinGAP assistance based on a disability or based on the establishment of the guardianship that occurred on or after age 16. <b>NOTE:</b> Must have full Medi-Cal eligibility determination completed.	Yes	Foster Care	Yes	1/1/12		Yes

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
40	Full	No	AFDC-FC. Covers children on whose behalf financial assistance is provided for state only FC placement.	Yes	Foster Care	Yes			Yes
42	Full	No	AFDC-FC. Covers children on whose behalf financial assistance is provided for federal FC placement.	Yes	Foster Care	Yes			Yes
43	Full	No	State Extended FC/FFP Medi-Cal. AFDC-FC State: Covers non-minor dependents (NMDs), age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for state-only FC placement.	Yes	Foster Care	Yes	1/1/12		Yes
45	Full	No	FC. Covers children supported by public funds other than AFDC-FC.	Yes	Other	Yes			Yes
46	Full	No	Interstate Compact on the Placement of Children – Child. Covers foster children placed in California from another state. Provides eligibility for CEC if for some reason the child is no longer eligible under FC prior to his/her 18 <sup>th</sup> birthday. Also provides eligibility for the FFY program (aid code 4M) at age 18.	Yes	Foster Care	No			Yes
49	Full	No	Title IV-E Extended FC/FFP Medi-Cal. AFDC-FC Federal: Covers NMDs age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for federal FC placement.	Yes	Foster Care	Yes	1/1/12		Yes

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
5E	Full	No	HFP to the Medi-Cal PE program. Provides immediate, temporary, fee-for-service (FFS), full-scope Medi-Cal benefits to certain children under the age of 19.	Yes	Other	Yes	10/25/10		Yes
5K	Full	No	EA FC. Covers child welfare cases placed in EA foster care.	Yes	Foster Care	Yes			Yes
6A	Full	No	Disabled Adult Child(ren) (DAC) Blind.	Yes	Other	Yes			Yes
6C	Full	No	DAC Disabled.	Yes	Disabled	Yes			Yes
6E	Full	No	<u>Craig v. Bonta</u> Disabled – Pending SB 87 redetermination. Covers former SSI/SSP recipients who are disabled, until the county redetermines their Medi-Cal eligibility.	Yes	Disabled	Yes			Yes
6G	Full	No	250 Percent Working Disabled Program.	Yes	Disabled	Yes	3/16/09		Yes
6J	Full	No	SB 87 Pending Disability. Covers with no SOC beneficiaries ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability.	Yes	Other	Yes			No
6N	Full	No	Former SSI No Longer Disabled in SSI Appeals Status.	Yes	Disabled	Yes			Yes
6P	Full	No	Personal Responsibility and Work Opportunity Reconciliation Act/ No Longer Disabled Children.	Yes	Disabled	Yes			Yes

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
6R	Full	Yes	SB 87 Pending Disability (SOC). Covers with and SOC those ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability.	Yes	Disabled	Yes			No
6V	Full	No	Department of Developmental Services (DDS) Waivers (No SOC).	Yes	Disabled	Yes			Yes
6W	Full	Yes	DDS Waivers (SOC).	Yes	Disabled	Yes			Yes
6X	Full	No	Medi-Cal In-Home Operations (IHO) Waiver (No SOC).	Yes	Disabled	Yes			Yes
6Y	Full	Yes	Medi-Cal IHO Waiver (SOC).	Yes	Disabled	Yes			Yes
60	Full	No	Disabled – SSI/SSP – Cash.	Yes	Disabled	Yes			Yes
66	Full	No	Disabled – Pickle Eligibles.	Yes	Disabled	Yes			Yes
68	Full	No	Disabled – IHSS.	Yes	Disabled	Yes		Phased out from 9/05 to 1/06	Yes
7S	Full	No	Express Lane Enrollment (ELE) (Title XIX). CalFresh (CF) parents from 19 up to 65 years of age who are neither blind nor disabled. Full-scope, no cost Medi-Cal coverage.	Yes	Other	Yes	4/1/14		Yes

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
7W	Full	No	ELE (Title XIX). CF children under 19 years of age who are neither blind nor disabled. Full-scope, no cost Medi-Cal coverage.	Yes	Other	Yes	2/1/14		Yes
76	Restricted to 60-day postpartum services	No	60-Day Postpartum Program. 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 60 <sup>th</sup> day occurs.	Yes	Other	Yes			No
8E	Full	No	Accelerated Enrollment. Provides immediate, temporary, FFS, full-scope Medi-Cal benefits for children under 19 years of age.	Yes	Other	Yes			Yes
8G	Full	No	Severely Impaired Working Individual.	Yes	Other	Yes			Yes
8L	Full	No	Accelerated Enrollment. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits for adults ages 19 or older.	Yes	Other	Yes	7/1/17		Yes
8U	Full	No	Child Health and Disability Prevention (CHDP) Gateway Deemed Infant. Provides full-scope, no 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

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

Title XIX 50% Regular FFP							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
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 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	CHDP Gateway Medi-Cal. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Medi-Cal eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC.	Yes	Other	Yes			Yes
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	No			No
86	Full	No	MI – Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of MI.	Yes	Other	Yes			No
87	Full	Yes	MI – Confirmed Pregnancy SOC. Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of MI but are not eligible for 185 percent/200 percent or the MN programs.	Yes	Other	Yes			No



## **Title XIX 100% FFP**

**The enhanced FFP funding decreases each year (January 1 through December 31) as follows:**

- **2014 through 2016 - 100 %**
- **2017 - 95%**
- **2018 - 94%**
- **2019 - 93%**
- **2020 - 90% and thereafter**

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		EPSDT
Code	Benefits	SOC	Program / Description	MHS	MEG	DMC	SD/MC	Inactive	
7U	Full	No	ELE (Title XIX). CF adults from 19 up to 65 years of age who are citizens or lawfully present, and neither blind nor disabled. Full-scope, no cost Medi-Cal coverage.	Yes	Medicaid Expansion	Yes	2/1/14		Yes
K6	Full	No	County Compassionate Release Program (CCRP) and County Medical Probation Program (CMPP) (Title XIX). Newly-eligible, citizen/satisfactory immigration status recipients 19 through 64 years of age with income less than or equal to 138 percent of the FPL, including disabled/blind recipients, with income above 128 up to and including 138 percent of the FPL. Recipients eligible for all covered Medi-Cal services, including mental health services.	Yes	Other	Yes	4/1/17		Yes
L1	Full	No	Low Income Health Program (LIHP) Medicaid Covered Expansion (MCE) transition to Medi-Cal (Title XIX). Eligible recipients ages 19 up to 65 enrolled in the LIHP MCE program on December 31, 2013, whose family’s income is at or below 138 percent of the FPL.	Yes	Medicaid Expansion	Yes	1/1/14		Yes

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		EPSDT
Code	Benefits	SOC	Program / Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
N0	Limited	No	ACIP (Title XIX). Adult inmates 19 through 64 years of age enrolled in the Low Income Health Program on December 31, 2013, with income 0 percent to 138 percent FPL. Limited to inpatient hospital services and inpatient mental health services off the grounds of the correctional facility.	Yes	Medicaid Expansion	No	1/1/14		No
M1	Full	No	Title XIX. Adults ages 19 up to 65. Provides full-scope, no-cost Medi-Cal coverage to adults with income at or below 138 percent of the FPL.	Yes	Medicaid Expansion	Yes	1/1/14		Yes
M2	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	Title XIX. Adults ages 19 up to 65. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented adults with income at or below 138 percent of the FPL. <b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient’s day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).	Yes	Medicaid Expansion	Yes	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		EPSDT
Code	Benefits	SOC	Program / Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
N7	Limited	No	ACIP (Title XIX). Adult inmates 19 through 64 years of age in county correctional facilities who receive those services off the grounds of the correctional facility, with income 0 percent to 138 percent FPL. Limited to all covered inpatient hospital and inpatient mental health services only.	Yes	Medicaid Expansion	No	1/1/14		No
N8	Restricted	No	ACIP (Title XIX/Title XXI). Adult inmates 19 through 64 years of age in county correctional facilities who receive those services off the grounds of the correctional facility, with income 0 percent to 138 percent FPL. Restricted to covered undocumented inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only.	Yes	Medicaid Expansion	No	1/1/14		No

# **Title XIX (Enhanced FFP 65%) Breast and Cervical Cancer Treatment Program**

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

Title XIX (Enhanced FFP 65%) Breast and Cervical Cancer Treatment Program (BCCTP) Aid Codes							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
0M	Full	No	BCCTP – Accelerated Enrollment (AE). Provides temporary AE for full-scope, no SOC Medi-Cal for eligible individuals younger than 65 years of age who have been diagnosed with breast and/or cervical cancer. Limited to two months.	Yes	Other	Yes			Yes
0N	Full	No	BCCTP – AE. Provides temporary AE for full-scope, no SOC Medi-Cal while an eligibility determination is made for eligible individuals younger than 65 years of age without creditable health coverage who have been diagnosed with breast and/or cervical cancer.	Yes	Other	Yes			Yes
0P	Full	No	BCCTP. Provides full-scope, no SOC Medi-Cal for eligible individuals younger than 65 years of age who are diagnosed with breast and/or cervical cancer and are without creditable insurance coverage. They remain eligible while still in need of treatment and meet all other eligibility requirements.	Yes	Other	Yes			Yes

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

Title XIX (Enhanced FFP 65%) Breast and Cervical Cancer Treatment Program (BCCTP) Aid Codes							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
0U	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>BCCTP – Undocumented Aliens. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to individuals younger than 65 years of age with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. State-funded cancer treatment services are covered for 18 months (breast) and 24 months (cervical).</p> <p><i><b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the recipient’s day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p>	Yes	Other	No			No

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

Title XIX (Enhanced FFP 65%) Breast and Cervical Cancer Treatment Program (BCCTP) Aid							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
0V	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>Post-BCCTP. Provides limited-scope no SOC Medi-Cal pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services for individuals younger than 65 years of age with unsatisfactory immigration status and without creditable health insurance coverage who have exhausted their 18-month (breast) or 24-month (cervical) period of cancer treatment coverage under aid code 0U. No cancer treatment. Continues as long as the individual is in need of treatment and, other than immigration, meets all other eligibility requirements.</p> <p><b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the recipient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</p>	Yes	Other	No			No



# State Children's Health Insurance Program (SCHIP) and Healthy Family Program (HFP) Title XXI 65% FFP

## **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 (HFP), 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.

## **HFP**

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

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

Title XXI (Enhanced FFP 65%) Healthy Families - MRMIB - SCHIP							Effective Dates		EPSDT
Code	Benefits	SOC	Program / Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
9H	HF services only (no Medi-Cal)	No	HF Child. 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 FPL. HF covers medical, dental and vision services to enrolled children.	Yes	N/A	No		1/1/14	No
9R	CCS	No	CCS-eligible HF child. A child in this program is enrolled in a HF plan and is eligible for all CCS benefits (such as diagnosis, treatment, therapy and case management). The child's county of residence has no cost sharing for the child's CCS services.	Yes	N/A	No		1/1/14	No

**Title XXI FFP Increase of 23% to Total 88% for  
Medicaid Children's Health Insurance Program  
(MCHIP)**

**Effective October 1, 2015 through September 30, 2019,  
(except for E2, E4, and E5)**

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

**MCHIP**

Pursuant to section 1905(y) of the Patient Protection and Affordable Care Act of 2010, the enhancement in the Federal Medical Assistance Percentage for MCHIP resulted in an increase of 23% to total 88% for MCHIP under Title XXI. The increase is effective from October 1, 2015 to September 30, 2019.

Title XXI Aid Codes - FFP increase of 23% to total 88% for MCHIP Aid Codes. The increase is effective October 1, 2015 to September 30, 2019 except for E2, E4, and E5 which are inactive in MEDS.							Effective Dates			EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	SB75 Effective Date	Inactive in MEDS	
E1	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	Unverified Citizens. Covers eligible unverified citizen children. One-Month Medi-Cal to Healthy Families ( <b><u>HF</u></b> ) Bridge.  <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b> Covers services only to eligible children ages 0 to 19, who are unverified citizens.	Yes	MCHIP	Yes				No
E2	Full	No	CHIP 2101(f) Citizen/Lawfully Present (Age 0-19, No premiums)	Yes	MCHIP	Yes	1/1/14		6/30/14	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		6/30/14	No
E5	Full	No	CHIP 2101(f) Citizen/Lawfully Present (Age 1-19, With premiums)	Yes	MCHIP	Yes	1/1/14		6/30/14	Yes

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

Title XXI Aid Codes - FFP increase of 23% to total 88% for MCHIP Aid Codes. The increase is effective October 1, 2015 to September 30, 2019 except for E2, E4, and E5 which are inactive in MEDS.								Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	SB75 Effective Date	Inactive in MEDS	
E6	Full	No	<b>Medi-Cal Access Program (MCAP)</b> -linked (Title XXI). Infants and children ages 0 up to 2 years in the Medi-Cal Optional Targeted Low-Income Children's Program ( <b>OTLICP</b> ). Provides full-scope, no-cost Medi-Cal coverage to <b>MCAP</b> -linked infants and children 0 up to 2 years of age whose family income is above 213 percent up to and including 266 percent of the <b>Federal Poverty Level</b> (FPL).	Yes	MCHIP	No	1/1/14			Yes
E7	Full	No	<b>MCAP</b> (Title XXI). Infants and children ages 0 up to 2 years. Provides health care services (medical, dental and vision) through Medi-Cal Managed Care Plans with a premium to children whose family income is above 266 percent up to and including 322 percent of the FPL.	Yes	MCHIP	No	1/1/14			Yes
H0	Full	No	HPE (Title XXI). Provides full-scope, no cost Medi-Cal coverage for children ages 6 to 19 years whose family income is above 133 up to and including 266 percent of the FPL.	Yes	MCHIP	Yes	1/1/14			Yes

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

Title XXI Aid Codes - FFP increase of 23% to total 88% for MCHIP Aid Codes. The increase is effective October 1, 2015 to September 30, 2019 except for E2, E4, and E5 which are inactive in MEDS.							Effective Dates			EPSDT
Code	Benefits	SOC	Program / Description	MHS	MEG	DMC	SD/MC	SB75 Effective Date	Inactive in MEDS	
H1	Full	No	Medi-Cal OTLICP (Title XXI). Infants. Provides full-scope, no-cost Medi-Cal coverage for infants, ages 0 to 1, whose family's household income is above 200 percent up to and including 250 percent of the FPL.	Yes	MCHIP	Yes	1/1/13			Yes
H2	Full	No	Medi-Cal OTLICP (Title XXI). Children ages 1 to 6. Provides full-scope, no-cost Medi-Cal coverage to children whose family's household income is above 133 percent up to and including 150 percent of FPL.	Yes	MCHIP	Yes	1/1/13			Yes
H3	Full	No	Medi-Cal OTLICP (Title XXI). Children ages 1 to 6. Provides full-scope Medi-Cal coverage with a premium payment to children whose family's household income is above 150 percent up to and including 250 percent of the FPL.	Yes	MCHIP	Yes	1/1/13			Yes
H4	Full	No	Medi-Cal OTLICP (Title XXI). Children ages 6 to 19. Provides full-scope, no-cost Medi-Cal coverage to children whose family's household income is above 100 percent up to and including 150 percent of the FPL.	Yes	MCHIP	Yes	1/1/13			Yes

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

Title XXI Aid Codes - FFP increase of 23% to total 88% for MCHIP Aid Codes. The increase is effective October 1, 2015 to September 30, 2019 except for E2, E4, and E5 which are inactive in MEDS.							Effective Dates			EPSDT
Code	Benefits	SOC	Program / Description	MHS	MEG	DMC	SD/MC	SB75 Effective Date	Inactive in MEDS	
H5	Full	No	Medi-Cal OTLICP (Title XXI). Children ages 6 to 19. Provides full-scope Medi-Cal coverage with a premium payment to children whose family's household income is above 150 percent up to and including 250 percent of the FPL.	Yes	MCHIP	Yes	1/1/13			Yes
H6	Full	No	Hospital Presumptive Eligibility (HPE) (Title XXI). Provides full-scope, no cost Medi-Cal coverage for infants ages 0 up to 1 year whose family income is 209 up to and including 266 percent of the FPL.	Yes	MCHIP	Yes	1/1/14			Yes
H9	Full	No	HPE (Title XXI). Provides full-scope, no cost Medi-Cal coverage for children ages 1 to 6 years whose family income is 143 up to and including 266 percent of the FPL.	Yes	MCHIP	Yes	1/1/14			Yes
M5	Full	No	Title XXI. Children ages 6 to 19. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present children with family income of 108 up to and including 133 percent of the FPL.	Yes	MCHIP	Yes	5/1/16			Yes

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

Title XXI Aid Codes - FFP increase of 23% to total 88% for MCHIP Aid Codes. The increase is effective October 1, 2015 to September 30, 2019 except for E2, E4, and E5 which are inactive in MEDS.								Effective Dates		EPSDT
Code	Benefits	SOC	Program / Description	MHS	MEG	DMC	SD/MC	SB75 Effective Date	Inactive in MEDS	
M6	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>Title XXI. Children ages 6 to 19. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented children with family income at 108 up to and including 133 percent of the FPL.</p> <p><i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p>	Yes	MCHIP	Yes				No
T0	Restricted	No	OTLICIP (Title XXI). Infant up to 1 year without satisfactory immigration status. Provides no cost benefits restricted to emergency and state-funded LTC services to children whose family income is above 208 up to and including 266 percent of the FPL.	Yes	MCHIP	No				No



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

Title XXI Aid Codes - FFP increase of 23% to total 88% for MCHIP Aid Codes. The increase is effective October 1, 2015 to September 30, 2019 except for E2, E4, and E5 which are inactive in MEDS.								Effective Dates		EPSDT
Code	Benefits	SOC	Program / Description	MHS	MEG	DMC	SD/MC	SB75 Effective Date	Inactive in MEDS	
T1	Full	No	OTLICIP (Title XXI). Children ages 6 to 19 years. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 160 up to and including 266 percent of the FPL. OTLICIP premiums apply.	Yes	MCHIP	Yes		5/1/16		Yes
T2	Full	No	OTLICIP (Title XXI). Children ages 6 to 19 years. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 133 up to and including 160 percent of the FPL.	Yes	MCHIP	Yes		5/1/16		Yes
T3	Full	No	OTLICIP (Title XXI). Children ages 1 to 6 years. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 160 up to and including 266 percent of the FPL. OTLICIP premiums apply.	Yes	MCHIP	Yes		5/1/16		Yes
T4	Full	No	OTLICIP (Title XXI). Children ages 1 to 6 years. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 142 up to and including 160 percent of the FPL.	Yes	MCHIP	Yes		5/1/16		Yes

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

Title XXI Aid Codes - FFP increase of 23% to total 88% for MCHIP Aid Codes. The increase is effective October 1, 2015 to September 30, 2019 except for E2, E4, and E5 which are inactive in MEDS.								Effective Dates		EPSDT
Code	Benefits	SOC	Program / Description	MHS	MEG	DMC	SD/MC	SB75 Effective Date	Inactive in MEDS	
T5	Full	No	OTLICIP (Title XXI). Infant up to 1 year. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 208 up to and including 266 percent of the FPL.	Yes	MCHIP	Yes		5/1/16		Yes
T6	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	OTLICIP (Title XXI). Children ages 6 to 19 years, without satisfactory immigration status. Provides no cost benefits restricted to pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and state-funded LTC services to children whose family income is above 160 up to and including 266 percent of the FPL. OTLICIP premiums apply. <i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i>	Yes	MCHIP	Yes				No

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

Title XXI Aid Codes - FFP increase of 23% to total 88% for MCHIP Aid Codes. The increase is effective October 1, 2015 to September 30, 2019 except for E2, E4, and E5 which are inactive in MEDS.								Effective Dates		EPSDT Benefits
Code	Benefits	SOC	Code	MHS	MEG	DMC	SD/MC	SB 75 Effective Date	Inactive In MEDS	
T7	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	OTLICP (Title XXI). Children ages 6 to 19 years, without satisfactory immigration status. Provides no cost benefits restricted to pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and state-funded LTC services to children whose family income is above 133 up to and including 160 percent of the FPL.  <i>Note: LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i>	Yes	MCHIP	Yes				No

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

Title XXI Aid Codes - FFP increase of 23% to total 88% for MCHIP Aid Codes. The increase is effective October 1, 2015 to September 30, 2019 except for E2, E4, and E5 which are inactive in MEDS.							Effective Dates			EPSDT
Code	Benefits	SOC	Program / Description	MHS	MEG	DMC	SD/MC	SB75 Effective Date	Inactive in MEDS	
T8	Restricted to emergency and LTC services	No	OTLICP (Title XXI). Children ages 1 to 6 years, without satisfactory immigration status. Provides no cost benefits restricted to emergency and state-funded LTC services to children whose family income is above 160 up to and including 266 percent of the FPL. OTLICP premiums apply.	Yes	MCHIP	No				No
T9	Restricted	No	OTLICP (Title XXI). Children ages 1 to 6 years, without satisfactory immigration status. Provides no cost benefits restricted to emergency and state-funded LTC services to children whose family income is above 142 up to and including 160 percent of the FPL.	Yes	MCHIP	No				No
5C	Full	No	Medi-Cal Presumptive Eligibility (PE) (Title XXI), Healthy Families Program (HFP) Transitional Children. Provides no cost, full-scope Medi-Cal coverage with no premium payment for children whose family's income is at or below 150 percent of the FPL during the transition period by the state until the annual eligibility review by the county.	Yes	MCHIP	Yes		1/1/13		Yes

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

Title XXI Aid Codes - FFP increase of 23% to total 88% for MCHIP Aid Codes. The increase is effective October 1, 2015 to September 30, 2019 except for E2, E4, and E5 which are inactive in MEDS.							Effective Dates			EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	SB75 Effective Date	Inactive in MEDS	
5D	Full	No	Medi-Cal PE (Title XXI), HFP Transitional Children. Provides full-scope Medi-Cal coverage with a premium payment for children whose family's income is above 150 percent up to and including 250 percent of the FPL during the transition period by the state until the annual eligibility review by the county.	Yes	MCHIP	Yes		1/1/13		Yes
7X	Full	No	One-Month Medi-Cal to HF Bridge.	Yes	MCHIP	Yes			5/1/16	Yes
8X	Full	No	CHDP Gateway Title XXI Medi-Cal PE, Targeted Low-Income FPL for Children (Medicaid-Children's Health Insurance Program Title XXI). Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Medi-Cal eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC.	Yes	MCHIP	Yes				Yes

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

Title XXI Aid Codes - FFP increase of 23% to total 88% for MCHIP Aid Codes. The increase is effective October 1, 2015 to September 30, 2019 except for E2, E4, and E5 which are inactive in MEDS.								Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	SB75 Effective Date	Inactive in MEDS	
8N	Restricted to emergency services	No	133 Percent Excess Property Child – Emergency Services Only. Provides emergency services only for eligible children without satisfactory immigration status who are ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the FPL.	Yes	MCHIP	No				No
8P	Full	No	133 Percent Excess Property Child. Provides full-scope Medi-Cal benefits to eligible children ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the FPL.	Yes	MCHIP	Yes		5/1/16		Yes
8T	Restricted to pregnancy-related, postpartum and emergency services	No	100 Percent Excess Property Child – Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to otherwise eligible children without satisfactory immigration status who are ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the FPL.	Yes	MCHIP	Yes				No

# **Title XIX Emergency 50 % FFP and Title XXI Pregnancy 65 % FFP**

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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
1U	Restricted to pregnancy-related, postpartum and emergency services	No	Restricted FPL – Aged. Covers the aged in the A&D FPL program that do not have satisfactory immigration status. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.	Yes	Other	Yes			No
5J	Restricted to pregnancy-related, postpartum and emergency services	No	SB 87 Pending Disability Program.  Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.	Yes	Other	No			No
5R	Restricted to pregnancy-related, postpartum and 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



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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
55	Restricted to pregnancy-related, postpartum and emergency services	No	<p>OBRA Not PRUCOL – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</p> <p><i><b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient’s day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p>	Yes	Other	Yes			No
C1	Restricted to pregnancy-related, <u>postpartum</u> and emergency services	No	<p><b><u>Omnibus Budget Reconciliation Act</u></b> (OBRA) Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Aid to the Aged – Medically Needy (<b>MN</b>).</p> <p><b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b></p>	Yes	Other	Yes			No

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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
C2	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Aid to the Aged – MN, SOC. <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>	Yes	Other	Yes			No
D2	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual. Aid to the Aged – LTC. Covers persons 65 years of age or older who are MN and in LTC status. <b>Note:</b> <i>LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i> <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>	Yes	Other	Yes			No

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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
D3	Restricted to pregnancy-related, <b><u>postpartum</u></b> and emergency services	Yes	<p>OBRA Aliens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual. Aid to the Aged – LTC, SOC. Covers persons 65 years of age or older who are MN and in LTC status.</p> <p><b>Note:</b> <i>LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient’s day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> <p><b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b></p>	Yes	Other	Yes			No

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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
D5	Restricted to pregnancy- <b><u>related.</u></b> <b><u>postpartum</u></b> and emergency services	Yes	<p>OBRA Aliens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual. Blind – LTC, SOC.</p> <p><i><b>Note:</b> LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient’s day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> <p><b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b></p>	Yes	Disabled	Yes			No

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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
D8	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	No	OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens.  MI – Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of MI.  <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy. postpartum services and emergency services.</u></b>	Yes	Other	Yes			No

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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
D9	Restricted to pregnancy- <b><u>related,</u></b> <b><u>postpartum</u></b> and emergency services	Yes	OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens.  MI – Confirmed Pregnancy, SOC. Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of MI but are not eligible for 185 percent/200 percent or the MN programs.  <b><u>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</u></b>	Yes	Other	Yes			No

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

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
F4	<u>Restricted</u>	No	<u>ACIP Title (XIX/Title XXI). Restricted to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX) and inpatient pregnancy-related (Title XXI) services only, for undocumented inmates in correctional facilities who receive those services off the grounds of the correctional facility.</u>	Yes	Other	No	1/1/14		No
G4	<u>Restricted</u>	Yes	<u>ACIP (Title XIX/Title XXI). Restricted to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only, for undocumented inmates in correctional facilities who receive those services off the grounds of the correctional facility.</u>	Yes	Other	No	1/1/14		No
J6	<u>Restricted</u>	No	<u>CCRP/CMPP (Title XIX/Title XXI). SOC for undocumented recipients ages 65 and older who reside in LTC facilities. Restricted to covered emergency, mental health emergency (Title XIX), and pregnancy-related (Title XXI) services only. Covers all Medi-Cal covered LTC services.</u>	Yes	Other	No	1/1/14		No

# **Medi-Cal Access Program-(MCAP) Title XXI - FFP 88%**



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

Title XXI Aid Code – FFP 88%							Effective Dates		EPSDT
Code	Benefits	SOC	Program / Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
0E	Full	No	MCAP (Title XXI). Provides full-scope, no SOC health care services (medical, dental and vision), through the Medi-Cal managed care delivery system, to pregnant women who are California residents with a modified adjusted gross income (MAGI) above 213 percent and up to and including 322 percent of the FPL. This code is not valid for an infant using the mother's ID.	Yes	Other	Yes	7/1/17		Yes
0G	Full	No	MCAP (Title XXI). Provides full-scope, no SOC health care services (medical, dental, and vision), through fee-for-service Medi-Cal, to pregnant women who are California residents with a MAGI above 213 percent and up to and including 322 percent of the FPL. This code is not valid for an infant using the mother's ID.	Yes	Other	Yes	10/1/16	6/30/17	Yes

# **Unallowable Federal Financial Participation (FFP) Reimbursement**

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

NO FFP AVAILABLE							Effective Dates		EPSDT
Code	Benefits		Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
7M	Valid for Minor Consent services	Y/N	Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to Sexually Transmitted Diseases (STDs), sexual assault, drug and alcohol abuse, and family planning. Paper Immediate Needs Card issued.	No	N/A	Yes			No
7N	Valid for Minor Consent services, limited to pregnancy-related and postpartum services	No	Minor Consent Program. Covers eligible pregnant minors under the age of 21. Limited to pregnancy-related services, including services for conditions that may complicate the pregnancy and postpartum services. Paper Immediate Needs Card issued.	No	N/A	Yes			No
7P	Valid for Minor Consent services	Y/N	Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to STDs, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Paper Immediate Needs Card issued.	No	N/A	Yes			No

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

NO FFP AVAILABLE							Effective Dates		EPSDT
Code	Benefits	SOC	Program/Description	MHS	MEG	DMC	SD/MC	Inactive in MEDS	
R1	Full	No	<p>State-only cash assistance and full-scope Medi-Cal benefits with no SOC for non-citizen trafficking and crime victims. Federal Financial Participation (FFP) for emergency (Title XIX) and pregnancy-related and postpartum (Title XXI) services only. Covers non-citizen individuals who have been the victim of human trafficking, domestic violence or other serious crimes and are not eligible for federally funded programs.</p> <p>The Trafficking and Crime Victims Assistance Program (TCVAP) services and benefits include English language training, employment-related services and cash assistance. Services and benefits under TCVAP are equivalent to federal benefits available to persons who enter this country with the immigration status of refugee.</p>	No	N/A	Yes			Yes

# APPENDIX

**SD/MC Aid Codes Change Log**

All Affordable Care Act (ACA) aid codes are effective January 1, 2014. The new aid codes identify those individuals eligible for benefits in the ACA new adult group, expansion children, pregnant women and parent/caretaker relatives.

Aid Codes 7U, L1, N0 and N9 will be at 100% FFP January 2014 through December 2016 and aid codes M1, M2, N7 and N8 please refer to the following table:

Calendar Year (CY)	Federal Financial Participation (FFP)
January 2014 through December 2016	100%
January 2017 through December 2017	95%
January 2018 through December 2018	94%
January 2019 through December 2019	93%
January 2020 and all subsequent calendar years	90%

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 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.

<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.**

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

<b>Federal Fiscal Year (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%

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

**SD/MC CHANGE CONTROL LOG**

New Revision	Previous Revision	Added Codes	Removed Codes	Comments
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'
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)		



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

New Revision	Previous Revision	Added Codes	Removed Codes	Comments
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.  Organized aid codes according to funding.  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.  0W is transitional aid code only.  48 is pregnancy only

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

New Revision	Previous Revision	Added Codes	Removed Codes	Comments
8/29/12	6/5/12			Generally, enhanced aid codes are categorized as either SCHIP and MCHIP
1/28/13	8/29/12	53, 65, 0R, 0T, 8Y, 81, R1  5C, 5D, H1, H2, H3, H4, H5  G0, G1, G2, G5, G6, G7, G8		State Only Aid Codes  Effective Date 1/1/13  Effective Date 1/1/12
	1/28/13	3F, K1		Effective Date 4/1/13
10/28/13	1/28/13	E2, E4, E5, E7 H6, H7, H8, H9, H0, 4E, P1, P2, P3, P4, J1, J2, J3, J4, J5, J6, J7, J8, G9 L1, N9, N0, M1, M2, M3, M4, M7, M5, M6 M8, M9, M0 N5, N6, N7, N8, P5, P6, P7, P8, P9, P0 T1, T2, T3, T4, T5, T6, T7, T8, T9, T0,		<b>ACA AID CODES</b>  Effective 1/1/14

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

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.

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

New Revision	Previous Revision	Aid Codes	Effective Dates	Comments of Changes
4/10/14	3/18/14	3F & K1	4/3/14	Changed to "Yes" for EPDST
		D2, D3, D4, D5, D6, 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
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"

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

New Revision	Previous Revision	Aid Codes	Effective Dates	Comments of Changes
8/14/14	5/14/14	L2, L3, L4, L5	8/1/14	New Aid Codes
		E2, E4, E5	6/30/14	Added end dates of 6/30/14
		4K	N/A	Inactive in MEDS for DMC & MHS effective 6/96
		69, 74, 80	N/A	No for "DMC" <u>only</u>
9/29/14	8/14/14	L3, L5	8/1/14	Changed to "Restricted to only pregnancy related, long-term care and emergency services" (Title XIX and XXI )
7/29/15	9/29/14	L2, L3, L4, L5	6/8/15	Deleted from Short Doyle due to implementation stopped through Medi-Cal system
11/24/15	9/29/15	G0, G1, G2	1/1/2012	Services rendered to state inmates through the Medi-Cal State Inmate Program are adjudicated through the Department of Health Care Services' Fiscal Intermediary system.
		G9, N5, N6, N9	1/1/2014	

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

New Revision	Previous Revision	Aid Codes	Effective Dates	Comments of Changes
11/17/16	11/24/15	G5, G7, J1, J2, J7, M3, M5, M7, M9, P5, P7, P9, 2H, 23, 24, 27, 3N, 34, 37, 39, 44, 47, 54, 59, 6H, 63, 64, 67, 7A, 7J, 72, 82, 83, T1, T2, T3, T4, T5, 7X, 8P, 8R	Effective May 1, 2016	These aid codes are now all Full Scope and 100% SGF per SB 75.
		E6, E7, H0, H1, H2, H3, H4, H5, H6, H9, M5, M6, T0, T1, T2, T3, T4, T5, T6, T7, T8, T9, 5C, 5D, 7X, 8X, 8N, 8P, 8R, 8T	October 1, 2015 to September 30, 2019	Pursuant to section 1905(y) of the Act, the Patient Protection and Affordable Care Act of 2010, provides for the enhancement in the Federal Medical Assistance Percentage for MCHIP.

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

New Revision	Previous Revision	Aid Codes	Effective Dates	Comments of Changes
11/14/16	11/24/15	F3, G3, F4, G4	Effective January 1, 2014	Per Information Notice No: 15-029 reimbursement of Federal Financial Participation (FFP) is available for either; 1) acute psychiatric inpatient hospital services, or 2) psychiatric hospital professional services provided in a Fee for Service/Medi-Cal hospital for Medi-Cal eligible county inmates who have been transferred off the grounds of a county correctional facility.
		2P, 2R, 2S, 2T and 2U.		Per Welfare and Institutions Code section 11461.3 effective January 1, 2015 Foster Care aid codes are as follow: 2P, 2R, 2S, 2T and 2U.
3/9/17	11/14/16	0E	7/1/17	These new aid codes are for the Medi-Cal Access Program (MCAP) beneficiaries. The new aid code will be used for the California Healthcare Eligibility, Enrollment, Retention System (CalHEERS) to identify pregnant women with Modified Adjusted Gross Income (MAGI) at 213 percent up to and including 322 percent of the Federal Poverty Level (FPL).
		0G	10/1/16 <b>End Date</b> 6/30/17	
		3T, 3V, 7C, 48, 5F, 5T, 5W, M8, M0, M4, C4, C6, C8, 58, D1, D7, G8, J4, J8, C3, C5, C7, C9, 6U, D4, D6, G6, J3, J8.		<p><b>Restricted scope aid codes for individuals ages 19 and older.</b></p> <p><b>Note: These aid codes were inadvertently removed from the last Aid Code Master Chart update dated November 17, 2016.</b></p>

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

New Revision	Previous Revision	Aid Codes	Effective Dates	Comments of Changes
10/18/17	3/9/17	0E	7/1/17	Funding is 88% FFP only
		8L	7/1/17	New aid code
	10/18/17		N/A	Changed chart title for SB75
4/*/19	10/18/17	K6, K8	4/1/17	

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

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

Drug Medi-Cal Email: [Elsa.Murphy@dhcs.ca.gov](mailto:Elsa.Murphy@dhcs.ca.gov)

LIST OF DHCS ACRONYMS

[MedCCC Acronyms and Abbreviations](#)