



Appendix C – Aid Codes

January 1, 2026

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
01	Refugee Resettlement Program (RRP) – Refugee Cash Assistance (RCA) – First 8 months	Full Scope (No SOC)	Yes
02	Refugee Resettlement Program (RRP) – Refugee Medical Assistance (RMA)/Entrant Medical Assistance (EMA)	Full Scope (SOC/No SOC)	Yes
03	Adoption Assistance Program (AAP)	Full Scope (No SOC)	Yes
04	Adoption Assistance Program (AAP)/Aid for Adoption of Children (AAC)	Full Scope (No SOC)	Yes
06	Adoption Assistance Program (AAP) – Child	Full Scope (No SOC)	Yes
07	Adoption Assistance Program (AAP) – Title IV-E Extended	Full Scope (No SOC)	Yes
08	Entrant Cash Assistance (ECA) – Cuban Haitian Entrants 8 month	Full Scope (No SOC)	Yes
0A	Refugee Cash Assistance (RCA)	Full Scope (No SOC)	Yes
0C	AIM Infants enrolled in HF	Full Scope (No SOC)	No
0D	Pregnant – Modified Adjusted Gross Income (MAGI) 213% to 322% Federal Poverty Level (FPL) – Medi-Cal Access Program (MCAP)	Full Scope (No SOC)	Yes
0E	Pregnant – Modified Adjusted Gross Income (MAGI) 213% to 322% Federal Poverty Level (FPL) – Medi-Cal Access Program (MCAP) – Medi-Cal Managed Care	Full Scope (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
0G	Pregnant – Modified Adjusted Gross Income (MAGI) 0% to 213% Federal Poverty Level (FPL) – Medi-Cal Access Program (MCAP)	Full Scope (No SOC)	Yes
0L	Breast and Cervical Cancer Treatment Program (BCCTP) Transitional	Restricted or Limited (No SOC)	Yes
0M	Breast and Cervical Cancer Treatment Program (BCCTP) – Accelerated Enrollment (AE) – 2 months	Full Scope (No SOC)	Yes
0N	Breast and Cervical Cancer Treatment Program (BCCTP) – Accelerated Enrollment (AE)	Full Scope (No SOC)	Yes
0P	Breast and Cervical Cancer Treatment Program (BCCTP)	Full Scope (No SOC)	Yes
0R	Breast and Cervical Cancer Treatment Program (BCCTP) – High Cost Other Health Coverage	Restricted or Limited (No SOC)	Yes
0T	Breast and Cervical Cancer Treatment Program (BCCTP) – State Only	Restricted or Limited (No SOC)	Yes
0U	Breast and Cervical Cancer Treatment Program (BCCTP)	Restricted or Limited (No SOC)	Yes
0V	Post Breast and Cervical Cancer Treatment Program (BCCTP)	Restricted or Limited (No SOC)	Yes
0W	Breast and Cervical Cancer Treatment Program (BCCTP) – Transitional	Full Scope (No SOC)	Yes
0X	Breast and Cervical Cancer Treatment Program (BCCTP) – Transitional	Restricted or Limited (No SOC)	Yes
0Y	Breast and Cervical Cancer Treatment Program (BCCTP) Transitional – Age Over 65	Restricted or Limited (No SOC)	Yes
10	Aged – Supplemental Security Income/State Supplementary Payment (SSI/SSP)	Full Scope (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
13	Aged – Long Term Care (LTC) Medically Needy (MN)	Full Scope (SOC/No SOC)	Yes
14	Aged – Medically Needy (MN)	Full Scope (No SOC)	Yes
16	Aged – Pickle Eligible	Full Scope (No SOC)	Yes
17	Aged – Medically Needy (MN)	Full Scope (SOC)	Yes
1A	Aged – Cash Assistance Program for Immigrants (CAPI) – Qualified Aliens	Full Scope (No SOC)	No
1E	Aged – Pending SB 87 Redetermination	Full Scope (No SOC)	Yes
1F	Personal Care Services Program (PCSP) Aged	Full Scope (No SOC)	No
1H	Aged – Federal Poverty Level (FPL) Program	Full Scope (No SOC)	Yes
1U	Aged – Federal Poverty Level (FPL) Program	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
1X	Aged – Multipurpose Senior Services Program (MSSP) Institutional Deeming/Spousal Impoverishment	Full Scope (No SOC)	Yes
1Y	Aged – Multipurpose Senior Services Program (MSSP) Institutional Deeming/Spousal Impoverishment	Full Scope (SOC)	Yes
20	Blind – Supplemental Security Income/State Supplementary Payment (SSI/SSP)	Full Scope (No SOC)	Yes
23	Blind – Long Term Care (LTC) Medically Needy (MN)	Full Scope (SOC/No SOC)	Yes
24	Blind – Medically Needy (MN)	Full Scope (No SOC)	Yes
26	Blind – Pickle Eligible	Full Scope (No SOC)	Yes
27	Blind – Medically Needy (MN)	Full Scope (SOC)	Yes
2A	Abandoned Baby Program	Full Scope (No SOC)	Yes
2C	County Children’s Health Initiative Program (C-CHIP)	Full Scope (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
2E	Blind – Pending SB 87 Redetermination	Full Scope (No SOC)	Yes
2F	Personal Care Services Program (PCSP) Blind	Full Scope (No SOC)	No
2H	Blind – Federal Poverty Level (FPL) Program	Full Scope (No SOC)	Yes
2P	Foster Children/Youth – Approved Relative Caregiver (ARC) – Medi-Cal for Non-State CalWORKS	Full Scope (No SOC)	Yes
2R	Foster Care Non-Minor Dependents (NMD) – Approved Relative Caregiver (ARC) – Medi-Cal for Non-State CalWORKS	Full Scope (No SOC)	Yes
2S	Foster Children/Youth – Approved Relative Caregiver (ARC) – Medi-Cal for CalWORKS	Full Scope (No SOC)	Yes
2T	Foster Children/Youth – Approved Relative Caregiver (ARC) – Medi-Cal for State CalWORKS	Full Scope (No SOC)	Yes
2U	Foster Care Non-Minor Dependents (NMD) – Approved Relative Caregiver (ARC) – Medi-Cal for State CalWORKS	Full Scope (No SOC)	Yes
2V	Trafficking and Crime Victims Assistance Program (TCVAP) – Refugee Medical Assistance (RMA)	Full Scope (No SOC)	Yes
30	CalWORKS – All Families	Full Scope (No SOC)	Yes
32	Temporary Assistance to Needy Families (TANF) – Timed Out	Full Scope (No SOC)	Yes
33	CalWORKS – Zero Parent	Full Scope (No SOC)	Yes
34	Aid to Families with Dependent Children (AFDC) – Medically Needy (MN)	Full Scope (No SOC)	Yes
35	CalWORKS – Two Parent	Full Scope (No SOC)	Yes
36	Aid to Disabled Widow(ers)	Full Scope (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
37	Aid to Families with Dependent Children (AFDC) – Medically Needy (MN)	Full Scope (SOC)	Yes
38	Edwards v. Kizer Discontinued Aid to Families with Dependent Children (AFDC) – Pending Eligibility Determination	Full Scope (No SOC)	Yes
39	Initial 6 Months – Transitional Medi-Cal (TMC)	Full Scope (No SOC)	Yes
3A	CalWORKS – Timed-Out, Safety Net – All Other Families	Full Scope (No SOC)	Yes
3C	CalWORKS – Timed-Out, Safety Net -Two-Parent Families	Full Scope (No SOC)	Yes
3D	CalWORKS – Pending	Full Scope (No SOC)	Yes
3E	CalWORKS – Legal Immigrant Family Group	Full Scope (No SOC)	Yes
3F	CalWORKS – Children of Two-Parent Safety Net and Drug/Fleeing Felon Family	Full Scope (No SOC)	Yes
3G	CalWORKS – (State) – Zero Parent Exempt	Full Scope (No SOC)	Yes
3H	CalWORKS – Zero Parent Mixed	Full Scope (No SOC)	Yes
3L	CalWORKS – Legal Immigrant – Aid to Families	Full Scope (No SOC)	Yes
3M	CalWORKS – Legal Immigrant – Two Parent	Full Scope (No SOC)	Yes
3N	Aid to Families with Dependent Children (AFDC) – 1931(b) Non-CalWORKS	Full Scope (No SOC)	Yes
3P	CalWORKS – All Families – Exempt	Full Scope (No SOC)	Yes
3R	CalWORKS – Zero Parent – Exempt	Full Scope (No SOC)	Yes
3T	Transitional Medi-Cal (TMC) – Initial 6 months	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
3U	CalWORKS – Legal Immigrant – Two Parent Mixed	Full Scope (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
3V	Aid to Families with Dependent Children (AFDC) – Non-CalWORKS	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
3W	Temporary Assistance to Needy Families (TANF) – Timed Out – Mixed Case	Full Scope (No SOC)	Yes
40	Aid to Families with Dependent Children (AFDC) – State Foster Care – Non-Federal	Full Scope (No SOC)	Yes
42	Aid to Families with Dependent Children (AFDC) – Federal Foster Care	Full Scope (No SOC)	Yes
43	Aid to Families with Dependent Children (AFDC) – State Extended Foster Care	Full Scope (No SOC)	Yes
44	Pregnant – 0% to 200% Federal Poverty Level (FPL) Property Disregard	Restricted or Limited (No SOC)	Yes
45	Non-Aid to Families with Dependent Children (AFDC) Foster Care	Full Scope (No SOC)	Yes
46	Foster Care California Placement – Interstate Compact on the Placement of Children (ICPC)	Full Scope (No SOC)	Yes
47	Infants – Ages 0 to 1 – 0% to 200% Federal Poverty Level (FPL)	Full Scope (No SOC)	Yes
48	Pregnant – 0% to 200% Federal Poverty Level (FPL) Property Disregard	Restricted or Limited (No SOC)	Yes
49	Title IV-E Extended Foster Care – Aid to Families with Dependent Children (AFDC) Non-Minor Dependent (NMD)	Full Scope (No SOC)	Yes
4A	Adoption Assistance Program (AAP) – Adoption Out-of-State	Full Scope (No SOC)	Yes
4C	Foster Care Supportive Transitional Emancipation Program (STEP)	Full Scope (No SOC)	Yes
4E	Hospital Presumptive Eligibility (HPE) – Former Foster Youth	Full Scope (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
4F	Foster Children/Youth – Kinship Guardianship Assistance Payment (Kin-GAP)	Full Scope (No SOC)	Yes
4G	Foster Children/Youth – Kinship Guardianship Assistance Payment (Kin-GAP) State Program	Full Scope (No SOC)	Yes
4H	Foster Children/Youth – in CalWORKS	Full Scope (No SOC)	Yes
4K	Foster Children/Youth – Emergency Assistance (EA)	Full Scope (No SOC)	Yes
4L	Foster Children/Youth – in 1931(b)	Full Scope (No SOC)	Yes
4M	Former Foster Youth (FFY)	Full Scope (No SOC)	Yes
4N	Foster Care Non-Minor Dependent (NMD) – CalWORKS	Full Scope (No SOC)	Yes
4S	Foster Care Non-Minor Dependent (NMD) – Title IV-E Extended – Kinship Guardianship Assistance Payment (Kin-GAP)	Full Scope (No SOC)	Yes
4T	Foster Children/Youth – Title IV-E Kinship Guardianship Assistance Program (Kin-GAP)	Full Scope (No SOC)	Yes
4U	Former Foster Care – Optional Coverage Group	Full Scope (No SOC)	Yes
4V	Trafficking and Crime Victims Assistance Program (TCVAP) – Refugee Medical Assistance (RMA)	Full Scope (SOC)	Yes
4W	Foster Care Non-Minor Dependent (NMD) – Kinship Guardianship Assistance Program (Kin-GAP) – State Cash	Full Scope (No SOC)	Yes
50	County Medical Services Program (CMSP) – Omnibus Budget Reconciliation Act (OBRA)/Out-of-County Care	Restricted or Limited (County-determined eligibility & benefits)	No

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
52	IRCA Amnesty Alien IRCA Aliens – Restricted Medi-Cal Benefits. Pre-1982 Amnesty Alien (Not ABD, not under 18)	Restricted to pregnancy and emergency services only	No
53	Medically Indigent (MI) – Long Term Care (LTC)	Restricted or Limited (SOC/No SOC)	Yes
54	Four-Month Continuing Medi-Cal	Full Scope (No SOC)	Yes
55	Long Term Care (LTC)	Restricted or Limited (No SOC)	Yes
57	IRCA SAWs Aliens Not ABD, not under 18. Covers amnesty SAWS/RAWS who are 18 – 54 years old, not blind or disabled, and who are otherwise eligible for Medi-Cal.	Restricted to pregnancy and emergency services only	No
58	Omnibus Budget Reconciliation Act (OBRA) Individuals	Restricted or Limited; Emergency or Pregnancy-Related Services (SOC/No SOC)	Yes
59	Transitional Medi-Cal (TMC) – Additional 6 Months	Full Scope (No SOC)	Yes
5C	Medi-Cal Presumptive Eligibility Transitional Children – Healthy Families Program (HFP) (Obsolete)	Full Scope (No SOC)	Yes
5D	Medi-Cal Presumptive Eligibility Transitional Children – Healthy Families Program (HFP) (Obsolete) Premium	Full Scope (No SOC)	Yes
5E	Medi-Cal Presumptive Eligibility Transitional Children – Healthy Families Program (HFP) (Obsolete)	Full Scope (No SOC)	Yes
5F	Pregnant – Omnibus Budget Reconciliation Act (OBRA) Alien (Deactivated Aid Code)	Restricted or Limited (SOC/No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
5G	Personal Responsibility and Work Reconciliation Act (PRWORA) of 1996 – Applicants who are not state-only eligible aliens, as well as undocumented men and children.	Restricted or Limited (SOC)	No
5H	Personal Responsibility and Work Reconciliation Act (PRWORA) of 1996 – Pregnant undocumented	Restricted or Limited (No SOC)	No
5J	Pending SB 87 Disability Determination	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
5K	Emergency Assistance (EA) Foster Care	Full Scope (No SOC)	Yes
5L	Emergency Assistance (EA) Foster Care	Full Scope (No SOC)	Yes
5M	Personal Responsibility and Work Reconciliation Act (PRWORA) of 1996 – Does not include state-only funded nonemergency pregnancy-related services	Restricted or Limited (No SOC)	No
5N	Personal Responsibility and Work Reconciliation Act (PRWORA) of 1996 – Applicants who are not state-only eligible aliens. Does not include state-only funded nonemergency pregnancy-related services.	Restricted – ESO including labor and delivery	No
5R	Pending SB 87 Disability Determination	Restricted or Limited; Emergency or Pregnancy-Related Services (SOC)	Yes
5T	Transitional Medi-Cal (TMC) – Additional 6 Month	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
5V	Trafficking and Crime Victims Assistance Program (TCVAP)	Full Scope (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
5W	Four-Month Continuing	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
5X	Second Year State Only TMS (zero SOC)	Full Scope (No SOC)	No
5Y	Second Year TMC (state only). Provides a second year of continuing emergency and pregnancy related TMC benefits (no SOC) to qualifying aid code 5T recipients 19 years of age or older.	Restricted to pregnancy and emergency services only (No SOC)	No
60	Disabled – Supplemental Security Income/State Supplementary Payment (SSI/SSP)	Full Scope (No SOC)	Yes
63	Disabled – Long Term Care (LTC)	Full Scope (SOC/No SOC)	Yes
64	Disabled – Medically Needy (MN)	Full Scope (No SOC)	Yes
65	Evacuees of Hurricane Katrina (previously used for Disabled SGA)	Full Scope (No Soc)	No
66	Disabled – Pickle Eligible	Full Scope (No SOC)	Yes
67	Disabled – Medically Needy (MN)	Full Scope (SOC)	Yes
69	Infants – Ages 0 to 1 – 0% to 200% Federal Poverty Level (FPL)	Restricted or Limited (No SOC)	Yes
6A	Disabled Adult Child(ren) (DAC) – Blind	Full Scope (No SOC)	Yes
6C	Disabled Adult Child(ren) (DAC) – Disabled	Full Scope (No SOC)	Yes
6E	Disabled – Pending SB 87 Redetermination	Full Scope (No SOC)	Yes
6F	Personal Care Services Program (PCSP) Disabled	Full Scope (No SOC)	No
6G	Working Disabled Program – 250% Federal Poverty Level (FPL) – Premium	Full Scope (No SOC)	Yes
6H	Disabled – Federal Poverty Level (FPL) Program	Full Scope (No SOC)	Yes
6J	SB 87 Pending Disability	Full Scope (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
6N	Former Supplemental Security Income (SSI) Recipients – No Longer Disabled In Appeals Status	Full Scope (No SOC)	Yes
6P	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) – No Longer Disabled Children	Full Scope (No SOC)	Yes
6R	SB 87 Pending Disability	Full Scope (SOC)	Yes
6S	Disabled – Substantial Gainful Activity (SGA)	Full Scope (SOC/No SOC)	Yes
6U	Disabled – Federal Poverty Level (FPL) Program	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
6V	Disabled – Department of Developmental Services (DDS) Waiver	Full Scope (No SOC)	Yes
6W	Disabled – Department of Developmental Services (DDS) Waivers	Full Scope (SOC)	Yes
6X	Medi-Cal In-Home Operations (IHO) Waiver	Full Scope (No SOC)	Yes
6Y	Medi-Cal In-Home Operations (IHO) Waiver	Full Scope (SOC)	Yes
71	Dialysis Special Treatment Program	Restricted or Limited (SOC/No SOC)	Yes
72	Children – Ages 1 to 6 – 0% to 133% Federal Poverty Level (FPL)	Full Scope (No SOC)	Yes
73	Total Parenteral Nutrition (TPN) Special Treatment Program	Restricted or Limited (SOC/No SOC)	Yes
74	Children – Ages 1 to 6 – 0% to 133% Federal Poverty Level (FPL)	Restricted or Limited (No SOC)	Yes
76	365-Day Post-Partum Program	Full Scope (No SOC)	Yes
77	Organ Transplants – Anti-Rejection Medication	Restricted or Limited (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
7A	Children – Ages 6 to 19 – 0% to 100% Federal Poverty Level (FPL)	Full Scope (No SOC)	Yes
7C	Children – Ages 6 to 19 – 0% to 100% Federal Poverty Level (FPL)	Restricted or Limited (No SOC)	Yes
7D	Hospital PE for Aged 65 and Over and = < 138 percent Federal Poverty Level	Full Scope (No SOC)	Yes
7F	Pregnancy Verification Presumptive Eligibility (PE)	Restricted or Limited (No SOC)	Yes
7G	Ambulatory Prenatal Care Presumptive Eligibility (PE)	Restricted or Limited (No SOC)	Yes
7H	Tuberculosis Program	Restricted or Limited (No SOC)	Yes
7J	Children – Up To Age 19 – Continuous Eligibility for Children (CEC)	Full Scope (No SOC)	Yes
7K	Children – Up To Age 19 – Continuous Eligibility for Children (CEC)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
7M	Minor Consent Program – Ages 12 to 21	Restricted or Limited (SOC/No SOC)	Yes
7N	Minor Consent Program – Pregnant Under Age 21	Restricted or Limited (No SOC)	Yes
7P	Minor Consent Program – Ages 12 to 21 – Including Outpatient Mental Health	Restricted or Limited (SOC/No SOC)	Yes
7R	Minor Consent Program – Age Under 12 – Family Planning/Sexual Assault	Restricted or Limited (SOC/No SOC)	Yes
7S	Parent and Caretaker Relative Express Lane Enrollment (ELE)	Full Scope (No SOC)	Yes
7T	Express Enrollment – National School Lunch Program	Full Scope (No SOC)	Yes
7U	Adults – Ages 19 to 64 – Express Lane Enrollment (ELE) (Obsolete)	Full Scope (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
7V	Trafficking and Crime Victims Assistance Program (TCVAP)	Full Scope (SOC)	Yes
7W	Children – Age Under 19 – Express Lane Enrollment (ELE)	Full Scope (No SOC)	Yes
7X	One Month Medi-Cal to Healthy Families Bridge (Obsolete)	Full Scope (No SOC)	No
7Y	HF to Medi-Cal Bridge	Full Scope (No SOC)	No
80	Qualified Medicare Beneficiary (QMB)	Restricted or Limited (No SOC)	Yes
81	Adults – Medically Indigent (MI)	Full Scope (SOC/No SOC)	Yes
82	Age Under 21 – Medically Indigent (MI)	Full Scope (SOC)	Yes
83	Age Under 21 – Medically Indigent (MI)	Full Scope (SOC)	Yes
84	Adults – Ages 21 to 65 – Medically Indigent (MI)	Full Scope (No SOC)	No
85	Adults – Ages 21 to 65 – Medically Indigent (MI)	Full Scope (SOC)	No
86	Pregnancy Confirmed – Age Over 21 – Medically Indigent (MI)	Full Scope (No SOC)	Yes
87	Pregnancy Confirmed – Age Over 21 – Medically Indigent (MI)	Full Scope (SOC)	Yes
88	Adults – Disability Pending Medically Indigent (MI)	Full Scope (No SOC)	No
89	Adults – Disability Pending Medically Indigent (MI)	Full Scope (SOC)	No
8E	Children – Accelerated Enrollment (AE)	Full Scope (No SOC)	Yes
8F	County Medical Services Program (CMSP) – Companion To Aid Code 53	Full Scope (SOC/No SOC)	No
8G	Qualified Working Disabled Under 1619(b)	Full Scope (No SOC)	Yes
8H	Family Planning Access, Care, and Treatment (FPACT)	Restricted or Limited (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
8L	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL)	Full Scope (No SOC)	Yes
8N	Children – Ages 1 to 6 – 0% to 133% Federal Poverty Level (FPL) – Excess Property	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
8P	Children – Ages 1 to 6 – 0% to 133% Federal Poverty Level (FPL) – Excess Property	Full Scope (No SOC)	Yes
8R	Children – Ages 6 to 19 – 100% Federal Poverty Level (FPL) – Excess Property	Full Scope (No SOC)	Yes
8T	Children – Ages 6 to 19 – 100% Federal Poverty Level (FPL) – Excess Property	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
8U	Children’s Presumptive Eligibility (CPE) Deemed Infant	Full Scope (No SOC)	Yes
	Deemed Infant – Child Health Disability and Prevention (CHDP) – Gateway		
	Note: Description sunset as of June 30, 2024.		
8V	Deemed Infant – Child Health Disability and Prevention (CHDP) – Gateway	Full Scope (SOC)	No
8W	Children’s Presumptive Eligibility (CPE) 0 up to age 19	Full Scope (No SOC)	Yes
	Child Health Disability and Prevention (CHDP) – Gateway Pre Enrollment		
	Note: Description sunset as of June 30, 2024.		

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
8X	Children’s Presumptive Eligibility (CPE) Title XXI	Full Scope (No SOC)	Yes
	Child Health Disability and Prevention (CHDP) – Presumptive Eligibility Targeted Low-Income Note: Description sunset as of June 30, 2024.		
8Y	CHDP	Full Scope (No SOC)	No
90	General Relief/General Assistance (for county use)	No Medi-Cal Benefits	No
91	General Relief/General Assistance (for county use)	No Medi-Cal Benefits	No
92	General Relief/General Assistance (for county use)	No Medi-Cal Benefits	No
93	General Relief/General Assistance (for county use)	No Medi-Cal Benefits	No
94	General Relief/General Assistance (for county use)	No Medi-Cal Benefits	No
95	General Relief/General Assistance (for county use)	No Medi-Cal Benefits	No
96	General Relief/General Assistance (for county use)	No Medi-Cal Benefits	No
97	General Relief/General Assistance (for county use)	No Medi-Cal Benefits	No
98	General Relief/General Assistance (for county use)	No Medi-Cal Benefits	No
99	General Relief/General Assistance (for county use)	No Medi-Cal Benefits	No
9A	Every Woman Counts (EWC) Recipient – Non-Medi-Cal	EWC only (no Medi-Cal)	No
9C	Expanded Access to Primary Care	Expanded Access to Primary Care	No

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
9D	California Children's Services (CCS) Only Child Enrolled in a Health Care Plan	CCS only (no Medi-Cal)	No
9H	Children – 200% Federal Poverty Level (FPL) Healthy Families (HF) (Obsolete)	Full Scope (No SOC)	No
9J	Genetically Handicapped Persons Program (GHPP) Eligible	GHPP	Yes
9K	California Children's Services (CCS)	CCS	Yes
9L	Pediatric Palliative Care Waiver (PPCW)	Full Scope	No
9M	California Children's Services (CCS) Medical Therapy Program	CCS MTP only	Yes
9N	California Children's Services (CCS) Case Management	CCS Case Management	No
9R	California Children's Services (CCS) Healthy Families (Obsolete)	CCS/Healthy Family	No
9U	CCS-Eligible Healthy Families Child	CCS/Healthy Family	No
9V	California Children's Services (CCS) Partners for Children/Pediatric Palliative Care Waiver (PFC/PPCW)	PFC/PPCW	No
9W	HAP Pediatric Palliative Care Waiver (PPCW) Participant eligible for CCS	PFC/PPCW	No
A1	Hearing Aid Benefit	Restricted or Limited (No SOC)	No
C1	Aged – Medically Needy (MN)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
C2	Aged – Medically Needy (MN)	Restricted or Limited; Emergency or Pregnancy-Related Services (SOC)	Yes
C3	Blind – Medically Needy (MN)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
C4	Blind – Medically Needy (MN)	Restricted or Limited; Emergency or Pregnancy-Related Services (SOC)	Yes
C5	Aid to Families with Dependent Children (AFDC) – Medically Needy (MN)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
C6	Aid to Families with Dependent Children (AFDC) – Medically Needy (MN)	Restricted or Limited; Emergency or Pregnancy-Related Services (SOC)	Yes
C7	Disabled – Medically Needy (MN)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
C8	Disabled – Medically Needy (MN)	Restricted or Limited; Emergency or Pregnancy-Related Services (SOC)	Yes
C9	Child Under Age 21 – Medically Indigent (MI)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
D1	Child Under Age 21 – Medically Indigent (MI)	Restricted or Limited; Emergency or Pregnancy-Related Services (SOC)	Yes
D2	Aged – Long Term Care (LTC)	Restricted or Limited (No SOC)	Yes
D3	Aged – Long Term Care (LTC)	Restricted or Limited (SOC)	Yes
D4	Blind – Long Term Care (LTC)	Restricted or Limited (No SOC)	Yes
D5	Blind – Long Term Care (LTC)	Restricted or Limited (SOC)	Yes
D6	Disabled – Long Term Care (LTC)	Restricted or Limited (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
D7	Disabled – Long Term Care (LTC)	Restricted or Limited (SOC)	Yes
D8	Pregnant Age Over 21 – Medically Indigent (MI)	Restricted or Limited (No SOC)	Yes
D9	Pregnant Age Over 21 – Medically Indigent (MI)	Restricted or Limited (SOC)	Yes
E1	MC-HF Bridge-Limited Scope – No SOC	Restricted to pregnancy-related, postpartum, and emergency services (No SOC)	No
E2	ACA 2101(f) Citizen/Lawful Age 0-19 No premium	Full Scope (No SOC)	No
E4	ACA 2101(f) Undocumented Age 0-19 No premium	Restricted or Limited (No SOC)	No
E5	ACA 2101(f) Citizen/Lawful Age 1-19 With premium	Full Scope (No SOC)	No
E6	Infants – Ages 0 to 1 – 213% to 266% Federal Poverty Level (FPL) – Medi-Cal Access Program (MCAP) Optional Targeted Low Income Children’s Program (OTLIC)	Full Scope (No SOC)	Yes
E7	Infants – Age Under 2 – 266% to 322% Federal Poverty Level (FPL) – Medi-Cal Access Program (MCAP) Targeted Low Income Children’s Program (TLIC)	Full Scope (No SOC)	Yes
E8	Accelerated Enrollment (AE) Medi-Cal Access Infant Program (MCAIP) – Newborn Gateway Linked Infant	Full Scope (No SOC)	Yes
F0	LIHP Health Care Coverage Initiative (HCCI)	Full Scope (No SOC)	No
F1	Medi-Cal Adult State Inmates Hospital Inpatient Services	Restricted or Limited (No SOC)	No
F2	Medi-Cal Adult State Inmates Hospital Inpatient Services	Restricted or Limited (No SOC)	No

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
F3	Medi-Cal Adult County Inmates Hospital Inpatient Services	Restricted or Limited (No SOC)	No
F4	Medi-Cal Adult County Inmates Hospital Inpatient Services	Restricted or Limited (No SOC)	No
F5	LIHP Transition County Inmate	Restricted or Limited (No SOC)	No
F6	LIHP Transition State Inmate	Restricted or Limited (No SOC)	No
F7	LIHP Transition	Restricted or Limited (No SOC)	No
F8	LIHP Transition	Restricted or Limited (No SOC)	No
F9	LIHP Transition	Restricted or Limited (No SOC)	No
G0	Medi-Cal Adult State Medical Parole Program	Full Scope (No SOC)	No
G1	Medi-Cal State Juvenile Inmates Hospital Inpatient Services	Restricted or Limited (No SOC)	No
G2	Medi-Cal Juvenile State Inmates Hospital Inpatient Services	Restricted or Limited (No SOC)	No
G3	Medi-Cal Adult County Inmates Hospital Inpatient Services	Restricted or Limited (SOC)	No
G4	Medi-Cal Adult County Inmates Hospital Inpatient Services	Restricted or Limited (SOC)	No
G5	Medi-Cal Juvenile County Inmates Hospital Inpatient Services	Restricted or Limited (No SOC)	No
G6	Medi-Cal Juvenile County Inmates Hospital Inpatient Services	Restricted or Limited (No SOC)	No
G7	Medi-Cal Juvenile County Inmates Hospital Inpatient Services	Restricted or Limited (SOC)	No
G8	Medi-Cal Juvenile County Inmates Hospital Inpatient Services	Restricted or Limited (SOC)	No

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
G9	Medi-Cal Adult State Medical Parole Program	Restricted or Limited (No SOC)	No
H0	Children – Ages 6 to 19 – 133% to 266% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)	Full Scope (No SOC)	Yes
H1	Infants – Ages 0 to 1 – 200% to 250% Federal Poverty Level (FPL) Optional Targeted Low-Income Children’s Program (OTLIC)	Full Scope (No SOC)	Yes
H2	Children – Ages 1 to 6 – 133% to 150% Federal Poverty Level (FPL) Optional Targeted Low-Income Children’s Program (OTLIC)	Full Scope (No SOC)	Yes
H3	Children – Ages 1 to 6 – 150% to 250% Federal Poverty Level (FPL) Optional Targeted Low-Income Children’s Program (OTLIC)	Full Scope (No SOC)	Yes
H4	Children – Ages 6 to 19 – 150% to 250% Federal Poverty Level (FPL) Optional Targeted Low-Income Children’s Program (OTLIC)	Full Scope (No SOC)	Yes
H5	Children – Ages 6 to 19 – 100% to 150% Federal Poverty Level (FPL) Optional Targeted Low-Income Children’s (OTLIC)	Full Scope (No SOC)	Yes
H6	Infants – Ages 0 to 1 – 209% to 266% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)	Full Scope (No SOC)	Yes
H7	Children – Ages 1 to 6 – 0% to 142% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)	Full Scope (No SOC)	Yes
H8	Children – Ages 6 to 19 – 0% to 133% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)	Full Scope (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
H9	Children – Ages 1 to 6 – 143% to 266 Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)	Full Scope (No SOC)	Yes
I2	California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved (JI) In Reach – ACA 90/10	Full Scope – Restricted to Pre-Release Services only (No SOC)	Yes
I3	California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved (JI) In Reach – Title XIX	Full Scope – Restricted to Pre-Release Services only (No SOC)	Yes
I4	California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved (JI) In Reach – Title XXI	Full Scope – Restricted to Pre-Release Services only (No SOC)	Yes
I5	California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved (JI) In Reach – State Only	Full Scope – Restricted to Pre-Release Services only (No SOC)	Yes
I6	California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved (JI) In Reach – Unsatisfactory Immigration Status (UIS)	Full Scope – Restricted to Pre-Release Services only (No SOC)	Yes
J1	County Compassionate Release	Full Scope (No SOC)	Yes
J2	County Compassionate Release	Full Scope (SOC)	Yes
J3	County Compassionate Release	Restricted or Limited (No SOC)	No
J4	County Compassionate Release	Restricted or Limited (SOC)	No
J5	County Compassionate Release – Long Term Care (LTC) – Aged	Full Scope (No SOC)	Yes
J6	County Compassionate Release – Long Term Care (LTC) – Aged	Restricted or Limited (No SOC)	No
J7	County Compassionate Release – Long Term Care (LTC) – Disabled	Full Scope (No SOC)	Yes
J8	County Compassionate Release – Long Term Care (LTC) – Disabled	Restricted or Limited (No SOC)	No

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
K1	CalWORKS – Single-Parent Safety Net and Drug/Fleeing Felon Family	Full Scope (No SOC)	Yes
K2	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) – State Medical Parole	Full Scope (No SOC)	No
K3	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) – State Medical Parole	Restricted or Limited (No SOC)	No
K4	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 128% Federal Poverty Level (FPL) – Blind/Disabled – State Medical Parole	Full Scope (No SOC)	No
K5	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 128% Federal Poverty Level (FPL) – Blind/Disabled – State Medical Parole	Restricted or Limited (No SOC)	No
K6	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) – County Compassionate Release	Full Scope (No SOC)	Yes
K7	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) – County Compassionate Release	Restricted or Limited (No SOC)	No
K8	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 128% Federal Poverty Level (FPL) – Blind/Disabled – County Compassionate Release	Full Scope (No SOC)	Yes
K9	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 128% Federal Poverty Level (FPL) – Blind/Disabled – County Compassionate Release	Restricted or Limited (No SOC)	No

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
L1	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) – Low Income Health Program (LIHP)	Full Scope (No SOC)	Yes
L6	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 128% Federal Poverty Level (FPL) – Blind/Disabled (Not Newly Eligible)	Full Scope (No SOC)	Yes
L7	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 128% Federal Poverty Level (FPL) – Blind/Disabled (Not Newly Eligible)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
M0	Pregnant – Modified Adjusted Gross Income (MAGI) 138% to 213% Federal Poverty Level (FPL)	Restricted or Limited (No SOC)	Yes
M1	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL)	Full Scope (No SOC)	Yes
M2	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
M3	Parent and Caretaker Relative – Modified Adjusted Gross Income (MAGI) 0% to 109% Federal Poverty Level (FPL)	Full Scope (No SOC)	Yes
M4	Parent and Caretaker Relative – Modified Adjusted Gross Income (MAGI) 0% to 109% Federal Poverty Level (FPL)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
M5	Children – Ages 6 to 19 – Modified Adjusted Gross Income (MAGI) 108% to 133% Federal Poverty Level (FPL)	Full Scope (No SOC)	Yes
M6	Children – Ages 6 to 19 – Modified Adjusted Gross Income (MAGI) 108% to 133% Federal Poverty Level (FPL)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
M7	Pregnant – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL)	Full Scope (No SOC)	Yes
M8	Pregnant – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL)	Restricted or Limited (No SOC)	Yes
M9	Pregnant – Modified Adjusted Gross Income (MAGI) 138% to 213% Federal Poverty Level (FPL)	Full Scope (No SOC)	Yes
N0	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) – Low Income Health Program (LIHP) – County Inmate	Restricted or Limited (No SOC)	No
N5	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) – State Inmate	Restricted or Limited (No SOC)	No
N6	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) – State Inmate	Restricted or Limited (No SOC)	No
N7	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) – County Inmate	Restricted or Limited (No SOC)	No
N8	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) – County Inmate	Restricted or Limited (No SOC)	No
N9	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) – Low Income Health Program (LIHP) – State Inmate	Restricted or Limited (No SOC)	No

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
P0	Infants – Ages 0 to 1 – Modified Adjusted Gross Income (MAGI) 0% to 208% Federal Poverty Level (FPL)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
P1	Infants – Ages 0 to 1 – Modified Adjusted Gross Income (MAGI) 0% to 208% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)	Full Scope (No SOC)	Yes
P2	Parent and Caretaker Relatives – Modified Adjusted Gross Income (MAGI) 0% to 109% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)	Full Scope (No SOC)	Yes
P3	Adults – Ages 19 to 64 – Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)	Full Scope (No SOC)	Yes
P4	Pregnant – Modified Adjusted Gross Income (MAGI) 0% to 213% Federal Poverty Level (FPL) Hospital Presumptive Eligibility (HPE)	Restricted or Limited (No SOC)	Yes
P5	Children Ages – 6 to 19 – Modified Adjusted Gross Income (MAGI) 0% to 133% Federal Poverty Level (FPL)	Full Scope (No SOC)	Yes
P6	Children – Ages 6 to 19 – Modified Adjusted Gross Income (MAGI) 0% to 133% Federal Poverty Level (FPL)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
P7	Children – Ages 1 to 6 – Modified Adjusted Gross Income (MAGI) 0% to 142% Federal Poverty Level (FPL)	Full Scope (No SOC)	Yes
P8	Children – Ages 1 to 6 – Modified Adjusted Gross Income (MAGI) 0% to 142% Federal Poverty Level (FPL)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
P9	Infants – Ages 0 to 1 – Modified Adjusted Gross Income (MAGI) 0% to 208% Federal Poverty Level (FPL)	Full Scope (No SOC)	Yes
R1	CalWORKS – Trafficking and Crime Victims Assistance Program (TCVAP)	Full Scope (No SOC)	Yes
T0	Infants – Ages 0 to 1 – Modified Adjusted Gross Income (MAGI) 208% to 266% Federal Poverty Level (FPL) – Optional Targeted Low Income Children (OTLIC)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
T1	Children – Ages 6 to 19 – Modified Adjusted Gross Income (MAGI) 160% to 266% Federal Poverty Level (FPL) – Optional Targeted Low Income Children (OTLIC) – Premium	Full Scope (No SOC)	Yes
T2	Children – Ages 6 to 19 – Modified Adjusted Gross Income (MAGI) 133% to 160% Federal Poverty Level (FPL) – Optional Targeted Low Income Children (OTLIC)	Full Scope (No SOC)	Yes
T3	Children – Ages 1 to 6 – Modified Adjusted Gross Income (MAGI) 160% to 266% Federal Poverty Level (FPL) – Optional Targeted Low Income Children (OTLIC) – Premium	Full Scope (No SOC)	Yes
T4	Children – Ages 1 to 6 – Modified Adjusted Gross Income (MAGI) 142% to 160% Federal Poverty Level (FPL) – Optional Targeted Low Income Children (OTLIC)	Full Scope (No SOC)	Yes
T5	Infants – Ages 0 to 1 – Modified Adjusted Gross Income (MAGI) 208% to 266% Federal Poverty Level (FPL) – Optional Targeted Low Income Children (OTLIC) Program	Full Scope (No SOC)	Yes

Aid Codes			
Code Value	Code Name	Recipient Aid Code Level Benefits	Pharmacy Benefit (Yes or No)
T6	Children – Ages 6 to 19 – Modified Adjusted Gross Income (MAGI) 160% to 266% Federal Poverty Level (FPL) – Optional Targeted Low Income Children (OTLIC) – Premium	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
T7	Children – Ages 6 to 19 – Modified Adjusted Gross Income (MAGI) 133% to 160% Federal Poverty Level (FPL) – Optional Targeted Low Income Children (OTLIC)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
T8	Children – Ages 1 to 6 – Modified Adjusted Gross Income (MAGI) 160% to 266% Federal Poverty Level (FPL) – Optional Targeted Low Income Children (OTLIC) – Premium	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
T9	Children – Ages 1 to 6 – Modified Adjusted Gross Income (MAGI) 142% to 160% Federal Poverty Level (FPL) – Optional Targeted Low Income Children (OTLIC)	Restricted or Limited; Emergency or Pregnancy-Related Services (No SOC)	Yes
V1	Presumptive Eligibility for Coronavirus (COVID-19) Diagnostic Testing Only – Limited Scope	Restricted or Limited (No SOC)	Yes
V2	Presumptive Eligibility for Coronavirus (COVID-19) Diagnostic Testing, Testing-Related, and Treatment Services Only – Limited Scope	Restricted or Limited (No SOC)	Yes