

# MAGI BY AID CODE

## INTRODUCTION

The attached chart has been developed to provide information about which current Medi-Cal programs are and are not likely to be subject to the new Modified Adjusted Gross Income (MAGI) methodology in 2014 when the Affordable Care Act (ACA) is implemented. We relied on both ACA and on the federal regulations that were issued in March, 2012. This chart is a work in progress and will likely change as CMS issues additional rules and guidelines. **It is for discussion purposes at this point in time.**

The final federal regulations consolidate many current coverage groups into three groups (parents and other caretaker relatives; pregnant women; and infants and children under age 19). The chart below also identifies where beneficiaries are likely to be placed after implementation of these new coverage groups. Because current Medi-Cal programs for families often have caretaker relatives or parents as well as children in them, beneficiaries in these programs may be placed into the caretaker relative/parent group or the infant/children group.

Please note that this chart is a high level overview and does not address all the “what-ifs” such as where a caretaker relative would be placed if not eligible under the caretaker/parent group. In reality, he/she might be eligible under the new mandatory group that is often referred to as the group of childless adults. Then, if not eligible for that group, he/she likely will go to the Exchange. Similarly, for those currently in a share of cost aid code, a person may or may not be eligible for a particular coverage group depending where the income standard is set for that group. To address that dilemma, the chart will generally say “if income eligible” to account for such variations.

## BACKGROUND

There are many pathways through which individuals and families qualify for Medi-Cal, California’s Medicaid program. These pathways are called Medi-Cal programs and these programs differ among themselves according to two main components: (1) The groups they cover (“covered groups”) and (2) their income and/or property requirements, if any. Some coverage groups are mandatory under federal law and are often referred to as the mandatory categorically needy. Other groups are covered at the option of the state. Examples of these optional groups include the optional categorically needy and the Medically Needy who may or may not have a share of cost.

Currently, federally funded covered groups include pregnant women, infants, children, seniors, persons with disabilities, those who are blind, parents and caretaker relatives of children deprived by the absence, death, incapacity or

unemployment of a principal wage earner parent, certain persons with specific medical conditions such as tuberculosis or women under age 65 with breast or cervical cancer needing treatment.

Final rules addressing eligibility changes under ACA were published by the Centers for Medicare and Medicaid Services in March, 2012. One major change in these rules consolidates a number of the current Medicaid Mandatory and optional groups into three new coverage groups. These new coverage groups are: parents and other caretaker relatives; pregnant women; and infants and children under age 19.

## **CHANGES UNDER THE AFFORDABLE CARE ACT**

Recent federal law also expands Medicaid/Medi-Cal (hereafter Medi-Cal) in 2014 to include as a mandatory covered group, individuals over age 19 and under age 65 who are not otherwise eligible for Medi-Cal in any other mandatory coverage group with income at or below 133 percent of the federal poverty level (FPL). There is also a new optional categorically needy group in 2014 that covers individuals who are not covered in any mandatory group or any other optional categorically needy group who have income that exceeds 133 percent of the FPL, the upper income limit for this new optional group is set by the states.

### **INCOME CHANGES**

As part of the Medi-Cal expansion, ACA changes the income requirements for many existing Medi-Cal programs and for the new expanded population.

Currently, the methodology for determining what income is counted is based on the provision of federal law which requires that Medi-Cal use methodology no more restrictive than the most closely related cash assistance program (Supplemental Security Income for the aged, blind and disabled and the former Aid to Families with Dependent Children (AFDC) program for families and children). Essentially, this means, at a minimum, that cash-based exemptions, deductions, and disregards are applied to gross income before such income is counted. States also were given the option to use other such reductions.

Beginning in 2014, ACA requires that many Medi-Cal programs base the income determination for financial eligibility on the Modified Adjusted Gross Income (MAGI). MAGI is based on adjusted gross income as used on the federal Internal Revenue Service tax forms with additional modifications. Deductions, exemptions, and disregards (except for a mandated 5% FPL disregard) are no longer to be applied when the use of MAGI is mandated in determining income eligibility under many Medi-Cal programs. The use of MAGI applies in determining the financial eligibility of all individuals for Medicaid except as otherwise specified (see below). Therefore, MAGI applies when determining financial eligibility for the three

new coverage groups (parents and other caretaker relatives; pregnant women; and infants and children under age 19) and the new mandatory coverage group (individuals over age 19 and under age 65 that are not otherwise eligible for Medi-Cal under any other mandatory coverage group with income at or below 133 percent of FPL).

ACA also specified those Medi-Cal programs to which the current methodology was to continue, i.e., MAGI is not to be applied. These exceptions include: the aged, (65 or older), blind, or disabled; those in long term care (LTC); those in Medicare cost sharing programs such as Qualified Medicare Beneficiaries (QMBs); determinations for Medicare prescription drug subsidies; individuals whose eligibility does not require an income determination by the State agency, including but not limited to, those receiving SSI; children receiving aid or assistance under Title IV-E of the Social Security Act (SSA); and individuals for whom the State relies on a finding of income by an Express Lane agency; and individuals (including pregnant women) in the Medically Needy program (which includes the Medically Indigent programs for pregnant women and children). The final rule provides states with the option to submit a State Plan Amendment or 1115 Waiver to apply MAGI income methodologies to the above mentioned MAGI excepted groups. The State has not yet made a policy decision to implement MAGI income methodologies to the MAGI excepted groups.

### **COVERAGE GROUP CHANGES**

The final regulations appear to maintain the current hierarchy requiring inclusion in mandatory coverage groups before optional coverage groups including the following: while a pregnant woman whose eligibility is being determined under the Medically Needy program is exempt from the MAGI provision, if her Medicaid eligibility is being determined under the mandatory caretaker relative/parent group, MAGI would then apply to her. Likewise, an individual who qualifies for medical assistance on the basis of being blind or disabled is exempt from MAGI, but if his/her eligibility is being determined under the mandatory caretaker relative/parent group, MAGI would apply. That is, the MAGI exemption will apply (1) to pregnant women who are income ineligible for the mandatory coverage and whose only coverage would be Medically Needy on the basis of being pregnant, or (2) to blind, and disabled individuals who are eligible for optional eligibility groups or the Medically Needy program because they are ineligible for mandatory coverage under which MAGI applies or whose eligibility must be based on being blind or disabled. This means that even if a person is pregnant, aged, blind, or disabled and is eligible on the basis of being a parent or caretaker relative in that new coverage group, MAGI will apply. The final regulations, however, provide for an individual who is eligible for a mandatory coverage group to request an eligibility determination under a non-MAGI optional category if the benefits available under the optional category better meets their health care needs.

## OUTSTANDING ISSUE – MEDI-CAL BASED ON OTHER PROGRAM ELIGIBILITY

There are still other issues that the Centers for Medicare and Medicaid Services (CMS) must address before the 2014 implementation. ACA provides an exception to the use of MAGI for individuals who are eligible for medical assistance according to the state plan or a waiver on a basis that does not require an income determination, including eligibility for, or receipt of, other Federal or State aid or assistance. CMS has not specifically addressed to whom this exception applies and future guidance is forthcoming concerning:

1. Children for whom there is a Title IV-E adoption assistance agreement, Title IV-E foster care, or Title IV-E KinGAP receive Medicaid automatically without an income determination because under federal law, those in receipt of Title IV-E benefits under Section 473(b) of the SSA are mandatory categorically needy. These children are exempt from MAGI. However, clarification is needed to address whether MAGI would apply to non-Title IV-E adoption assistance, foster care, or KinGAP children. For purposes of the attached chart, we have assumed such children to be eligible under the proposed federal regulation that would establish a new coverage group of Infants and Children under Age 19 under which MAGI applies.
2. Currently, those receiving CalWORKs generally receive automatic 1931(b) cash-based Medi-Cal because California modified its 1931(b) program so that almost everyone on CalWORKs would concurrently meet the 1931(b) requirements. CalWORKs, however, is expected to continue applying its income standard and deductions, exemptions, and disregards, after 2014. Furthermore, the 1931(b) program would no longer be a separate Medicaid program under the proposed federal regulations. These differences likely will mean that CalWORKs recipients will not be automatically eligible for Medi-Cal. CMS is aware of this concern in California and in other states which have similar provisions. For purposes of the attached chart, we assume that MAGI will apply to those on CalWORKs and the 1931(b)-only program.

## ADDITIONAL ASSUMPTIONS

This chart also reflects the following assumptions:

1. MAGI is not applicable to those in “holding” aid codes, that is, those who are former SSI recipients but in appeal status or those in need of an SB 87 determination. The determination of whether MAGI applies depends on the Medi-Cal program for which an individual is being evaluated.
2. Those currently in the Medically Needy or Medically Indigent programs without a share of cost are assumed to be income eligible for the most closely associated new coverage group.

## AGED

PROGRAM NAME	AID CODE/COUNT (1000's) <b>YELLOW = Mandatory</b>	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP?		
			YES	NO	PARENT/CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/CHILDREN ≤ 19
Aged – SSI/SSP cash	<b>10</b>			X			
Aged- LTC	13			X			
Aged – MN; No SOC	14			X			
Aged – Pickle	<b>16</b>			X			
Aged – MN; SOC	17			X			
Aged – Pending SB 87 Redetermination	<b>1E</b>	Temporary aid code	NA	NA			
Aged – FPL Program	1H			X			
Aged – FPL program Undoc	1U			X			
Aged – MN; Undoc/unverified citizen; No SOC	C1			X			
Aged – MN; Undoc/unverified citizen; SOC	C2			X			
Aged- LTC Undocumented/unverified citizen; No SOC	D2			X			
Aged – LTC Undocumented/unverified citizen; SOC	D3			X			

**BLIND**

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP?		
			YES	NO	PARENT/CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/CHILDREN ≤ 19
	<b>YELLOW = Mandatory</b>						
Blind – SSI/SSP cash	<b>20</b>			X			
Blind – LTC	23			X			
Blind– MN; no SOC	24			X			
Blind – Pickle	<b>26</b>			X			
Blind - MN; SOC	27			X			
Blind – Pending SB 87 Redetermination	<b>2E</b>	Temporary aid code	NA	NA			
Blind – FPL Program	2H			X			
Blind- Disabled Adult Child	<b>6A</b>			X			
Blind – MN; Undoc/unverified citizen; No SOC	C3			X			
Blind – MN; undoc/unverified citizen; SOC	C4			X			
Blind- LTC Undocumented/unverified citizen; No SOC	D4			X			
Blind – LTC Undocumented/unverified citizen; SOC	D5			X			

## DISABLED

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/CHILDREN ≤ 19
Disabled – SSI/SSP cash	<b>60</b>			X			
Disabled – LTC	63			X			
Disabled – MN; No SOC	64			X			
Disabled – Pickle	<b>66</b>			X			
Disabled – MN; SOC	67			X			
Disabled – Disabled Adult Child (DAC)	<b>6C</b>			X			
Disabled – Pending SB 87 Redetermination	<b>6E</b>	Temporary aid code	NA	NA			
Disabled – Working Disabled Program	6G			X			
Disabled – FPL Program	6H			X			
Disabled – Substantial Gainful Activity/ABD-MN (IHSS) share of cost-no share of cost	6S			X			
Disabled – FPL; Undoc	6U			X			
Severely Impaired Working Individuals (SIWI)	<b>8G</b>			X			
Disabled COBRA widow(er)s	<b>36</b>			X			
Disabled – MN; Undoc/unverified citizen; No SOC	C7			X			
Disabled – MN; Undoc/unverified citizen; SOC	C8			X			
Disabled- LTC Undocumented/unverified citizen; No SOC	D6			X			
Disabled - LTC ; Undocumented/unverified citizen; SOC	D7			X			

**MEDICARE SAVINGS PROGRAMS (Limited to the Aged, Blind, and Disabled)**

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/CHILDREN ≤ 19
	<b>YELLOW = Mandatory</b>						
Qualified Medicare Beneficiary (QMB)	<b>80</b>			X			
Qualified Disabled Working Individual (QWDI)	<b>8A</b>			X			
Specified Low-Income Beneficiary (SLM)	<b>8C</b>			X			
Qualified Individual -135% federal poverty level	<b>8D</b>			X			

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## FOSTER CARE

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/CHILDREN ≤ 19
AFDC – Foster Care Non-federal foster care payment	40/46		X				X
AFDC - Foster Care –Federal Title IV-E foster care payment	<b>42</b>			X			
Foster Care Children Public Funds	45/26		X				X
Foster Care –Out Of State (OOS) – Title IV-E for foster care payment; CA provides Medi-Cal	<b>46</b>			X			
Foster Care - Supportive Transitional Emancipation Program (STEP) Not a Medi-Cal aid code	4C		NA	NA			
Foster Care child in CalWorks	<b>4H</b>	Not in Pivot Table	X				X
Foster Care child in 1931(b)	<b>4L</b>	Not in Pivot Table	X				X
Emergency Assistance Foster Care – Probation	4K/0		X				X
Emergency Assistance Foster Care - Child Welfare services (CWS)- State Only	<b>5K/8</b>		X				X

## HOME AND COMMUNITY-BASED WAIVERS

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/CHILDREN ≤ 19
	<b>YELLOW = Mandatory</b>						
DDS waiver; No SOC	6V			X			
DDS waiver; SOC	6W			X			
Medi-Cal In-Home Operations waiver; No SOC	6X			X			
Medi-Cal In-Home Operations waiver; SOC	6Y			X			
Family PACT 1115 Waiver	8H						
Multipurpose Senior Citizens Program waiver; No SOC	1X			X			
Multipurpose Senior Citizens Program waiver; SOC	1Y			X			

## BREAST AND CERVICAL CANCER TREATMENT PROGRAMS (Federal)

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/CHILDREN ≤ 19
BCCTP Transitional (Post 0U/0V) Undoc/unverified citizen	0L	BCCTP no M/C income requirements	NA	NA			
BCCTP Accelerated Enrollment 2 months	0M	BCCTP no M/C income requirements.	NA	NA			
BCCTP Accelerated Enrollment	0N	BCCTP no M/C income requirements.	NA	NA			
BCCTP	0P	BCCTP no M/C income requirements.	NA	NA			
BCCTP; Undoc/unverified citizen	0U	BCCTP no M/C income requirements.	NA	NA			
BCCTP Transitional (Post 0U); undoc/unverified citizen	0V	BCCTP no M/C income requirements.	NA	NA			
BCCTP Transitional (Post 0P)	0W	BCCTP no M/C income requirements.	NA	NA			
BCCTP Transitional Undoc/unverified citizen due to OHC	0X	BCCTP no M/C income requirements.	NA	NA			
BCCTP Transitional (Undoc/unverified citizen due to age)	0Y	BCCTP no M/C income requirements.	NA	NA			

## PREGNANCY-BASED

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/ CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/ CHILDREN ≤ 19
185% FPL pregnant citizen; effective income limit: 200% FPL	<b>44/26</b>		X			X	
185% FPL pregnant undocumented ; effective income limit: 200% FPL	<b>48/67</b>		X			X	
Pregnant Undocumented	<b>5F/23</b>		X			X	
4 month continuing; pregnancy undocumented	5W/0.1		X			X	
60-Day postpartum	<b>76/1.1</b>		X			X	
Presumptive Eligibility – Pregnancy test negative	7F	Pregnancy PE is not reported to MEDS	??	??			
Presumptive Eligibility – Pregnancy test positive	7G	Pregnancy PE is not reported to MEDS		X			
Medically Indigent pregnancy no SOC (below income limit for new pregnant women coverage group)	86/5.5	Federal Medically Needy	X			X	
Medically Indigent confirmed pregnancy; SOC	87/0.2	Is Federal Medically Needy program. 2014: Placement depends on income level	X if in new coverage group	X if income ineligible for new group & MN still exists		X if income eligible	
Medically Indigent pregnant; Undocumented/unverified citizen; no SOC (below income limit for new	D8/1	Federal Medically Needy	X			X	

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/ CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/ CHILDREN ≤ 19
	<b>YELLOW = Mandatory</b>						
pregnant women coverage group)							
Medically Indigent pregnant; Undocumented/unverified citizen; SOC	D9/0.01	Is Federal Medically Needy program.	X if in new coverage group	X if income ineligible for new coverage group and MN exists		X if income eligible	

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**FEDERAL POVERTY LEVEL PROGRAMS AND OTHER PROGRAMS FOR INFANTS AND CHILDREN**

PROGRAM NAME	AID CODE/CO UNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/ CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/ CHILDREN ≤ 19
185% FPL for citizen infants up to age 1; effective income limit: 200% FPL	<b>47/220</b>		X				X
185% FPL for undoc/unverified citizen infants up to age 1; effective income limit: 200% FPL	<b>69/1.5</b>		X				X
133% FPL children ages 1 up to age 6; citizen/lawful permanent resident/ PRUCOL/Conditional status	<b>72/189</b>		X				X
133% FPL children ages 1 up to age 6; undoc/ OBRA/ unverified citizen	<b>74/2.5</b>		X				X
100% FPL Citizen children ages 6 up to 19	<b>7A/92</b>		X				X
100% FPL – OBRA/ undoc/unverified citizen children ages 6 up to 19	<b>7C/8</b>		X				X
133% FPL Excess Property; children ages 1 up to age 6; Undoc/OBRA/unverified citizen	<b>8N/4.5</b>		X				X
133% FPL Excess Property; children ages 1 up to age 6	<b>8P/250</b>		X				X
100% FPL Excess Property; children ages 6 up to 19	<b>8R/300</b>		X				X
100% FPL Excess Property; children ages 1 up to age 6; Undoc/OBRA/unverified citizen	<b>8T/33</b>		X				X

CHDP Deemed Infant	8U/33		X				X
CHDP Deemed Infant SOC	8V/0	Medically Needy now; in 2014 likely only applicable if mother eligible under Pregnant Woman coverage group (unless MN SOC exists).	X				X
CHDP Gateway Medi-Cal	8W/18 0	PE	??	??			

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## MEDI-CAL CONCURRENT WITH CASH ASSISTANCE FOR FAMILIES AND/OR CHILDREN

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/ CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/ CHILDREN $\leq$ 19
Adoption Assistance Program (AAP); Federal IV-E for grant	<b>03</b>	Automatic Medi-Cal		X			X but likely will require new aid code
Adoption Assistance/Aid to Adoption of Children (AAP/AAC) Nonfederal for AAP/AAC payments but FFP for Medi-Cal	04/34		X				X
Adoption Assistance Program; Out of State ; Child lives in CA., other state pays Title IV-E grant; Medi-Cal provides for medical coverage	<b>06</b>	Automatic Medi-Cal		X			X but likely will require new aid code
CalWORKs – All families	<b>30</b> /1600		X		X	X	X
TANF – Timed out Federal (State only for grant; FFP for Medi-Cal)	<b>32</b> /265		X		X	X	X
CalWORKs Zero Parent (State-only for cash)	<b>33</b> /900		X		X	X	X
CalWORKs 2 parents; State-only for cash	<b>35</b> /500		X		X	X	X
CalWORK Timed Out Safety Net All other families	<b>3A</b> /300		X		X	X	X
CalWORKs Timed-Out Safety Net- 2 parent families	<b>3C</b> /30		X		X	X	X
CalWORKs Pending; Medi-Cal eligible	<b>3D</b> /10		X		X	X	X
CalWORKs Legal Immigrant; Family Group Mixed	<b>3E</b> /55		X		X	X	X
CalWORKs Zero Parent – Exempt from grant cuts;	<b>3G</b> /0.8		X		X	X	X



PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/ CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/ CHILDREN ≤ 19
State-only for grant							
CalWORKs; zero parent; mixed	<b>3H</b> /1.1		X		X	X	X
CalWORKs Legal Immigrant ; All families State-only for grant	<b>3L</b> /5.5		X		X	X	X
CalWORKs Legal Immigrant ; 2 parent; State-only for grant	<b>3M</b> /11		X		X	X	X
CalWORKs All families; Exempt from grant cuts;	<b>3P</b> /16		X		X	X	X
CalWORKs Zero Parent; Exempt from grant cuts	<b>3R</b> /194		X		X	X	X
CalWORKs Legal Immigrant ; 2 parent; Mixed	<b>3U</b> /40		X		X	X	X
TANF Timed-Out, Mixed Case Federal (State-only for grant; FFP for Medi-Cal)	<b>3W</b> /1		X		X	X	X
Adoption Assistance Program – Other state pays grant ; Medi-Cal provides medical coverage	4A/1		X ???				
KinGAP cash assistance; Federal Title IV-E for grant	<b>4F</b>	Automatic Medi-Cal		X			X but likely will require new aid code
KinGAP cash assistance; State-only for grant	4G/0.1		X MN???				X
CalWORKs Family Reunification; all families	4P	Not in Pivot Table	X		X	X	X
CalWORKs Family Reunification; 2 parents	4R	Not in Pivot Table	X		X	X	X
KinGAP Federal IV-E for grant	<b>4T</b>	Automatic Medi-Cal		X			X but likely will require new aid

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/ CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/ CHILDREN $\leq$ 19
	<b>YELLOW</b> = Mandatory						
							code

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## FAMILIES AND CHILDREN MEDI-CAL ONLY - NO CASH GRANTS

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/ CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/ CHILDREN ≤ 19
Abandoned Baby	2A/0.005		X				X
AFDC- MN; no SOC	34/700	Likely will meet income level for infant/children group	X		X	X	X
AFDC-MN; SOC	37/27		X if inc. eligible for new group	X	X if income eligible	X if income eligible	X if income eligible
Initial Transitional Medi-Cal (first 6-month period)	<b>39</b>	No income test Will program still exist???	NA	NA			
1931(b)-only	<b>3N</b> /6300		X		X	X	X
Initial Transitional Medi-Cal (first 6-month period); undocumented/unverified citizen	<b>3T</b>	No income test Will program still exist???	NA	NA			
1931(b)-only; undocumented/unverified citizen	<b>3V</b> /2000		X		X	X	X
Four Month Continuing (due to child support)	<b>54</b>	No income test Will program still exist???	NA	NA			
Continuing Transitional Medi-Cal (second 6-month period)	<b>59</b>	185% earned income test Will program still exist???	??	??			
Continuing Transitional Medi-Cal (second 6-month period); undoc/unverified citizen	<b>5T</b>	185% earned income test Will program still exist???	??	??			

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/ CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/ CHILDREN ≤ 19
Four Month Continuing Undocumented	<b>5W</b>	No income test Will program still exist???	NA	NA			
Express Enrollment	7T		??				
MI Child; no SOC	82/45.4	MI-C is actually a federal MN child	X				X
MI child; SOC	83/1	MI-C is actually a federal MN child	X if income eligible for new group	X			X if income eligible
AFDC-MN: Undocumented/unverified citizen; No SOC	C5/15		X		X	X	X
AFDC MN Undocumented/unverified citizen; SOC	C6/350		X if income eligible for new group		X if income eligible	X if income eligible	X if income eligible
MI Child; Undocumented/unverified citizen; No SOC	C9/2.3	MI-C is actually a federal MN child	X				X
MI Child; Undocumented/unverified citizen; SOC	D1/0.07	MI-C is actually a federal MN child	X			X if income eligible	X if income eligible

### OTHER (FEDERAL) MEDI-CAL PROGRAMS

PROGRAM NAME	AID CODE/COU NT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/ CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/ CHILDREN ≤ 19
Edwards v. Kizer	<b>38</b>	Temporary aid code	NA	NA			
Former Foster Care	4M	Enrollees can be children or adults	X if inc. limits applied		X	X	X
Undocumented alien not PRUCOL- LTC	<b>55</b>			X			
Undocumented alien	58/150	Underlying program varies	X	X	X	X	X
Healthy Families (AER) to Medi-Cal Presumptive Eligibility	5E						
SB 87 – Pending disability No share of cost; Undoc/unverified citizen	<b>5J</b>	Temporary aid code	NA	NA			
SB 87 - Pending disability Share of cost; Undoc/unverified citizen	5R	Temporary aid code	NA	NA			
Hurricane Katrina Evacuees	65	Originally state only until 100% CMS reimbursement	NA	NA			
SB 87 – Pending disability No SOC	<b>6J</b>	Temporary aid code	NA	NA			
Former SSI No longer disabled; in SSI appeals status	6N	Temporary aid code	NA	NA			
PRWORA No longer disabled child	6P/0		X				X
SB 87 - Pending disability Share of cost	6R	Temporary aid code	NA	NA			
Dialysis Program/Supplemental	71/0.25	Title XIX effective 4/1/09	X	X for those with end			

PROGRAM NAME	AID CODE/COU NT (1000's)	COMMENTS	MAGI?		NEW FEDERAL COVERAGE GROUP		
			YES	NO	PARENT/ CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/ CHILDREN ≤ 19
Dialysis Program	<b>YELLOW = Mandatory</b>			stage renal disease who are presump- tively disabled			
Tuberculosis	7H/2.2		X				
Continuous Eligibility for Children (CEC)	7J	Treat as "holding aid code		X			
Continuous Eligibility for Children (CEC); Undocumented	7K	Treat as "holding" aid code		X			
Inmate Project	F1, F2, F3, F4, G1, G2, G3, G4/Count not in Pivot Table	To be Medi-Cal eligible, inmate must be eligible for one of the existing Medi-Cal programs. Eligible inmates will not be part of a family group, but will be aged, blind, disabled, pregnant, children, or in 2014, childless adults.	X	X	Some	Some	Some

### STATE-ONLY MEDI-CAL PROGRAMS

PROGRAM NAME	AID CODE/COUNT (1000's)	COMMENTS	MAGI?	NEW FEDERAL COVERAGE GROUP		
				PARENT/ CARETAKER RELATIVE	PREGNANT WOMAN	INFANT/ CHILDREN ≤ 19
BCCTP High cost OHC State Only	0R		NA	NA	NA	NA
BCCTP State only	0T		NA	NA	NA	NA
Tracking and Crime Victims Assistance Programs (TCVAP)	1V		NA	NA	NA	NA
Tracking and Crime Victims Assistance Program (TCVAP)	2V		NA	NA	NA	NA
Tracking and Crime Victims Assistance Program (TCVAP) RMA SOC	4V		NA	NA	NA	NA
Tracking and Crime Victims Assistance Program (TCVAP)	5V		NA	NA	NA	NA
Medically Indigent LTC	53		NA	NA	NA	NA
TPN	73		NA	NA	NA	NA
Anti-Rejection Medicine	77		NA	NA	NA	NA
Minor Consent (age 12-21) Sexually transmitted disease/drug/alcohol abuse	7M		NA	NA	NA	NA
Minor Consent (under age 21) All pregnancy related services; no SOC	7N		NA	NA	NA	NA
Minor Consent (age 12-21) Outpatient mental health care	7P		NA	NA	NA	NA

Minor Consent (under age 12) Family planning, sexual assault	7R		NA	NA	NA	NA
Tracking and Crime Victims Assistance Program (TCVAP); SOC	7V		NA	NA	NA	NA
MI adult; aid paid pending	81		NA	NA	NA	NA

DRAFT - FOR DISCUSSION ONLY



## MEDI-CAL NOT PROVIDED OR MEDI-CAL CLAIMS NOT PAID UNDER SUCH PROGRAM

PROGRAM NAME	AID CODE	COMMENTS	MAGI/NEW FEDERAL COVERAGE GROUPS
Refugee Cash Assistance	01	Not a Medi-Cal program	NA
Refugee/Entrant Medical Assistance	02	Not a Medi-Cal program	NA
Severely Emotionally Disturbed Children (SED)	05	No Medi-Cal	NA
Entrant Cash Assistance	08	Not a Medi-Cal program	NA
Refugee Cash Assistance - exempt	0A	Not a Medi-Cal program	NA
Aged - Services Only	11	No Medi-Cal	NA
Aged – Special Circumstances	12	No Medi-Cal	NA
Aged – In Home Supportive Services	18	Phased out	NA
Aged –Cash Assistance Program for Immigrants (CAPI) Qualified Aliens	1A	No Medi-Cal; for cash assistance only	NA
Aged – Personal Care Services Program	1F	No Medi-Cal claims paid under this aid code	NA
Blind - Services Only	21	No Medi-Cal	NA
Blind – Special Circumstances	22	No Medi-Cal	NA
Blind – In Home Supportive Services	28	Phased out	NA
Blind – Personal Care Services Program	2F	No Medi-Cal claims paid under this aid code	NA
IHSS Plus Waiver	2L	No Medi-Cal claims paid under this aid code	NA
IHSS PCSP	2M	No Medi-Cal claims paid under this aid code	NA
IHSS Residual	2N	No Medi-Cal claims paid under this aid code	NA
AFDC-family group services only	31	No Medi-Cal	NA
CalWORKs –Registered domestic partners – cash only	3S	No Medi-Cal	NA
AFDC – Foster Care Services Only	41	No Medi-Cal	NA
Supportive transitional Emancipation program	4C	No Medi-Cal	NA
Automated District Attorney Match (ADAM)	4D	No Medi-Cal	NA
Disabled - Services Only	61	No Medi-Cal	NA
Disabled – Special Circumstances	62	No Medi-Cal	NA
Disabled – In Home Supportive Services	68	Phased out	NA
Disabled – Personal Care Services Program	6F	No Medi-Cal claims paid under this aid	NA

PROGRAM NAME	AID CODE	COMMENTS	MAGI/NEW FEDERAL COVERAGE GROUPS
		code.	
Cash Assistance Program for Immigrants (CAPI) Non-Qualified Aliens	6K	No Medi-Cal; for cash assistance only	NA
Cash Assistance Program for Immigrants (CAPI) Sponsored Aliens	6M	No Medi-Cal; for cash assistance only	NA
Cash Assistance Program for Immigrants (CAPI); Limited Term Qualified Aliens	6T	No Medi-Cal; for cash assistance only	NA
Medi-Cal to Healthy Families Bridge	7X	Not Medi-Cal	NA
Medi-Cal to Healthy Families Bridge; unverified citizen; no SOC	E1	Not Medi-Cal	NA
MI adult; no SOC	84	Not Medi-Cal (CMSP)	NA
MI adult; SOC	85	Not Medi-Cal (CMSP)	NA
MI adult – disability pending; no SOC	88	Not Medi-Cal (CMSP)	NA
MI adult ; disability pending SOC	89	Not Medi-Cal (CMSP)	NA
CHDP state-only; undoc	8Y	Not Medi-Cal	NA

Note: In general, undocumented aliens and unverified citizens are eligible for emergency services funded through Title XIX, for prenatal care funded through Title XXI, and for long term care (LTC) funded through non-federal funds.