



California Department of Health Care Services
Managed Care Quality and Monitoring Division
Whole Person Care Program
Ineligible Aid Codes List



Aid Code	Name
11	Aged - Social Serv. Only
12	Aged - Spec. Circumstance
15	Inactive - Not assigned
18	Inactive - Discontinued
19	Inactive - Not assigned
21	Blind - Social Serv. Only
22	Blind - Spec. Circumstance
25	Inactive - Not assigned
28	Inactive - Discontinued
29	Inactive - Not assigned
31	CalWORKs-FG-Social Srvcs. Only
41	AFDC - FC Social Serv. Only
44	200% Pregnant
48	200% Pregnant OBRA
50	CMSP Undoc. Alien
51	Inactive - Not assigned
52	Inactive - Not assigned
53	MIA - Long Term Care
55	Undoc. Aliens - LTC
56	Inactive - Not assigned
57	Inactive - Not assigned
58	OBRA Alien
61	Disabled - Social Serv. Only
62	Disabled - Spec. Circum.
65	Hurricane Katrina Evacuees
68	Inactive - Discontinued
69	200% Infant OBRA
70	Inactive - Not assigned
71	Dialysis & Supplemental
73	TPN & Supplemental
74	133% Undoc. Child 1through 5 Yrs.
75	Inactive - Not assigned
76	60-Day Postpartum
77	Organ Transplant-Anti-rejection meds
78	Inactive-Discontinued
79	Inactive - Not assigned
80	QMB
81	MIA - Aid Paid Pending
84	MI - Adult No SOC
85	MI - Adult SOC
88	MI - A - Disabl. Pend. No SOC
89	MI - A - Disabl. Pend. SOC
90	County Use Only
91	County Use Only
92	County Use Only
93	County Use Only
94	County Use Only
95	County Use Only



**California Department of Health Care Services
Managed Care Quality and Monitoring Division
Whole Person Care Program
Ineligible Aid Codes List**



Aid Code	Name
96	County Use Only
97	County Use Only
98	County Use Only
99	County Use Only
05	SED Children
09	Food Stamps
0D	Medi-Cal Access Program (MCAP) Pregnant Woman
0F	Transitional FS (Food Stamps)
0H	Inactive - Not assigned
0J	Inactive - Not assigned
0K	Inactive - Not assigned
0L	BCCTP Trans. Medi-Cal Undocs (Post 0U/0V)
0R	BCCTP OHC/St Only 18 mo./24 mo.
0S	Inactive - Discontinued
0T	BCCTP State Only 18 mo./24 mo.
0U	BCCTP Undocs 18 mo./24 mo.
0V	Post BCCTP 0U Undocs
0X	BCCTP Trans. Medi-Cal Undocs due to OHC
0Y	BCCTP Trans. Medi-Cal Undocs due to age
1A	Aged - CAPI - Qualified Aliens
1C	Inactive - Not assigned
1D	Inactive - Discontinued
1F	Inactive - Discontinued
1G	Inactive - Not assigned
1J	Inactive - Not assigned
1K	Inactive - Not assigned
1L	Inactive - Not assigned
1M	Inactive - Not assigned
1N	Inactive - Not assigned
1P	Inactive - Not assigned
1R	Inactive - Not assigned
1S	Inactive - Not assigned
1T	Inactive - Not assigned
1U	Aged FPL - Restricted (Undoc.)
1V	TCVAP
1W	HCB Waivers
2C	County Children's Health Insurance Program (C-CHIP) 1266 thru 322% 0-19 years old
2D	Inactive - Discontinued
2F	Blind-PCSP--Other Public Assist
2K	CFCO
2L	IHSS Plus Waiver
2M	IHSS Personal Care Services Program
2N	IHSS Residual
2V	TCVAP
2W	Inactive - Not assigned
2X	Inactive - Discontinued
2Y	Inactive - Discontinued
3J	Inactive - Not assigned



California Department of Health Care Services
Managed Care Quality and Monitoring Division
Whole Person Care Program
Ineligible Aid Codes List



Aid Code	Name
3K	Inactive - Not assigned
3S	CalWORKs RegDP
3T	Transitional Medi-Cal Undoc
3V	Section 1931(b) Medi-Cal Undocs
3X	Inactive - Not assigned
3Y	Inactive - Not assigned
4D	Automated District Attorney Match
4E	Hospital Presumptive Eligibility for Former Foster Care Children up to age 26
4J	Inactive - Not assigned
4P	CalWORKs Family Reunif.-All Families
4R	CalWORKs Family Reunif. 2 Parents
4V	TCVAP-RMA
4X	Inactive - Not assigned
5A	Inactive - Not assigned
5C	HFP to Medi-Cal Transitional PE-No Premium Age 1 to 19 100%-150%
5D	HFP to Medi-Cal Transitional PE-Premium Age 1 to 19 150%-250%
5F	Undoc. Alien Preg. Women
5G	Inactive - Discontinued
5H	Inactive - Discontinued
5J	SB 87 Pending Disab. No SOC Undoc
5L	Inactive - Not assigned
5M	Inactive - Discontinued
5N	Inactive - Discontinued
5P	Inactive - Not assigned
5R	SB 87 Pending Disability SOC Undoc
5S	Inactive - Not assigned
5T	Addl. Trans. Medi-Cal Undoc
5U	Inactive - Not assigned
5V	TCVAP
5W	Four Month Continuing Undoc
5X	Inactive - Discontinued
5Y	Inactive - Discontinued
6D	Inactive - Discontinued
6F	Inactive - Discontinued
6K	CAPI - Non-Qualified Aliens
6L	RMA 133% - 200% FPL- Not Implemented
6M	CAPI - Sponsored Aliens
6S	Disabled - SGA/ABD-MN (IHSS) - SOC/NO SOC
6T	CAPI - Limited Term Qualified Aliens
6U	Disabled FPL - Restricted (Undoc.)
7C	100% Undoc. Child 6-18 Yrs.
7D	RCA to MAGI Bridge
7E	Inactive - Not assigned
7F	Presumptive Elig. Preg. Neg.
7G	Presumptive Elig. Preg. Pos.
7H	Tuberculosis Program
7K	CEC - Restricted (Undocs)
7L	ELE Disabled Adults at or below 128% FPL, No Medicare



**California Department of Health Care Services
Managed Care Quality and Monitoring Division
Whole Person Care Program
Ineligible Aid Codes List**



Aid Code	Name
7M	Minor Consent Restricted Svcs.
7N	Minor Consent (MC) (under age 21)
7P	Minor Consent (MC) (age 12-21)
7R	Minor Consent (MC) (under age 12)
7V	Express Lane Enrollment - Do Not Use Until Further Research
7Y	Inactive - Deactivated
8A	QDWI
8C	SLMB
8D	Qualifying Individual-1
8E	Accelerated Enrollment of Children/Temporary Placement of Pending MAGI Medi-Cal (01/2014)
8F	CMSP Companion A/C for A/C 53
8H	Family PACT 1115 Federal Waiver
8J	Inactive - Not assigned
8K	Inactive - Not assigned
8L	Accelerated Enrollment of Adults Assigned 3/23/16
8M	Inactive - Not assigned
8N	PropDis 133% Undoc. Age 1 through 5
8S	Inactive - Not assigned
8T	PropDis 100% Undoc. Age 6 through18
8Y	CHDP State Only - Undoc.
9A	Breast Cancer Early Detection
9C	Expanded Access to Primary Care
9D	CCS Only Child Targeted for HCP Enrollment
9E	Limits IEVS match to EDD
9F	Limits IEVS match to FTB
9G	GR/GA (for county use)
9J	GHPP Eligible
9K	CCS Health Access Program (HAP)
9L	Inactive - Discontinued
9M	CCS Medical Therapy Program
9N	CCS Case Management
9P	Inactive - Discontinued
9R	CCS Eligible HF Child
9S	Limits IEVS match to SSA
9U	CCS Eligible HF Child - NPSA
9V	HAP PPCW Participant not eligible for CCS
9W	HAP PPCW Participant eligible for CCS
9X	FC Ineligible
9Y	Inactive - Discontinued
A0	Inactive - Not assigned
A1	Inactive - Not assigned
A2	Inactive - Not assigned
A3	Inactive - Not assigned
A4	Inactive - Not assigned
A5	Inactive - Not assigned
A6	Inactive - Not assigned
A7	Inactive - Not assigned
A8	Inactive - Not assigned



California Department of Health Care Services
Managed Care Quality and Monitoring Division
Whole Person Care Program
Ineligible Aid Codes List



Aid Code	Name
A9	Inactive - Not assigned
C1	Aged Limited
C2	Aged Limited SOC
C3	Blind Limited
C4	Blind Limited SOC
C5	AFDC Limited
C6	AFDC Limited SOC
C7	Disabled Limited
C8	Disabled Limited SOC
C9	MI Child Limited
CI	County Inmate Reported Incarcerated
D0	Inactive - Not assigned
D1	MI Limited Child SOC
D2	Aged LTC Limited
D3	Aged LTC Limited SOC
D4	Blind LTC Limited
D5	Blind LTC Limited SOC
D6	Disabled LTC Limited
D7	Disabled LTC Limited SOC
D8	MI Pregnant Limited
D9	MI Pregnant Limited SOC
E1	Medi-Cal t/HF Bridge- Unverified Citizen To Be Deactivated
E2	Inactive - Deactivated
E3	Inactive - not implemented
E4	Inactive - Deactivated
E5	Inactive - Deactivated
F0	HCCI New
F1	Medi-Cal State Inmate Inpatient Hospital Only
F2	Medi-Cal State Inmate Undoc Inpatient Hospital Pregnancy + ESO
F3	Medi-Cal County Inmate Inpatient Hospital Only
F4	Medi-Cal County Inmate Undoc Inpatient Hospital Pregnancy + ESO
F5	MCE State Inmates Inpatient Hospital Only
F6	MCE County Inmates Inpatient Hospital Only
F7	MCE Existing
F8	MCE New
F9	HCCI Existing
G1	State Juvenile Inmate Inpatient Hospital & Inpatient MH
G2	State Juvenile Inmate ESO Inpatient Hospital MH & Pregnancy
G3	Medi-Cal County Inmate SOC Inpatient Hospital Only
G4	Medi-Cal County Inmate Undoc SOC Inpatient Hospital Only Pregnancy + ESO
G5	County Juvenile Inmate Inpatient Hospital & Inpatient MH
G6	County Juvenile Inmate Undoc ESO Inpatient Hospital MH & Pregnancy
G7	County Juvenile Inmate SOC Inpatient Hospital & Inpatient MH
G8	County Juvenile Inmate Undoc SOC ESO Inpatient Hospital, MH & Pregnancy
G9	State Medical Parolee Undoc Pregnancy & ESO
H0	Children's Hospital (6-19) Presumptive Eligibility (60 days) FPL above 133-266%
H6	Children's Hospital (0-1) Presumptive Eligibility (60 days) FPL above 208% up to 266%
H7	Children's Hospital (1-6) Presumptive Eligibility (60 days) FPL at or below 142%



**California Department of Health Care Services
Managed Care Quality and Monitoring Division
Whole Person Care Program
Ineligible Aid Codes List**



Aid Code	Name
H8	Children’s Hospital (6-19) Presumptive Eligibility (60 days) FPL at or below 133%
H9	Children’s Hospital (1-6) Presumptive Eligibility (60 days) FPL above 142-266%
I2	Inactive - Confirm with ITSD before using
I3	Inactive - Confirm with ITSD before using
I4	Inactive - Confirm with ITSD before using
I5	Inactive - Confirm with ITSD before using
I6	Inactive - Confirm with ITSD before using
I7	Inactive - Confirm with ITSD before using
I8	Inactive - Confirm with ITSD before using
I9	Inactive - Confirm with ITSD before using
IE	Ineligible Designation for County ID Only
J0	Inactive - Not assigned
J1	Compassionate Release County Full scope no SOC
J2	Compassionate Release Full scope SOC
J3	County Medical Probation Restricted no SOC
J4	County Medical Probation Restricted SOC
J5	Compassionate Release County LTC Aged
J6	Compassionate Release County Restricted LTC Aged
J7	Compassionate Release County LTC Disabled
J8	Compassionate Release County Restricted LTC Disabled
J9	Inactive - Not assigned
K0	Inactive - Not assigned
K3	State Medical Parole MAGI Adult 19-64, 0-138% FPL Undoc
K5	State Medical Parole MAGI Adult 19-64, 0-128% FPL, Disabled/Blind Undoc
K6	County Compassionate Release MAGI Adult 19-64, 0-138% FPL,
K7	County Compassionate Release MAGI Adult 19-64, 0-138% FPL, Undoc
K8	County Compassionate Release MAGI Adult 19-64, 0-128% FPL, Disabled/Blind, Citizen
K9	County Compassionate Release MAGI Adult 19-64, 0-128% FPL, Disabled/Blind Undoc
L0	TBD: Hold for Pregnant NQI
L2	Inactive - Not assigned
L3	Deduction when IHSS SOC exceeds IHSS need
L4	Inactive - Not assigned
L5	Inactive - Not assigned
L7	ACA Adult 19 to 65 at or below 128% FPL: Undocumented
L8	Pregnant Women in Affordability Benefits Wrap - Cancelled
L9	Newly Qualified Immigrants in Affordability Benefits Wrap - Cancelled
M0	Pregnant Women >138 through 213% FPL Undocumented
M2	Adult 19 to 65 Yrs at or below 138% FPL: Undocumented
M4	Parent/Caretaker Relative at or below 109% FPL: Undocumented
M6	Expansion Child from 6 to 19 Yrs 108% through 133% FPL: Undocumented
M8	Pregnant Women 0% through 138%: FPL - Undocumented
M9	Pregnant Women >138 through 213% FPL Citizen/Lawfully Present
N0	LIHP Transition - County Inmate
N1	Inactive - Not assigned
N2	Inactive - Not assigned
N3	Inactive - Not assigned
N4	Inactive - Not assigned
N5	Limited Scope Medi-Cal No SOC State Adult Inmate (19 to 64 yrs old)



**California Department of Health Care Services
Managed Care Quality and Monitoring Division
Whole Person Care Program
Ineligible Aid Codes List**



Aid Code	Name
N6	Restricted Scope Medi-Cal No SOC State Adult Inmate (19 to 64 yrs old)
N7	Limited Scope Medi-Cal No SOC Cty Adult Inmate (19 to 64 yrs old)
N8	Restricted Scope Medi-Cal No SOC Cty Adult Inmate (19 to 64 yrs old)
N9	LIHP Transition - State Inmate
O0	Inactive - Confirm with ITSD before using
O1	Inactive - Confirm with ITSD before using
O2	Inactive - Confirm with ITSD before using
O3	Inactive - Confirm with ITSD before using
O4	Inactive - Confirm with ITSD before using
O5	Inactive - Confirm with ITSD before using
O6	Inactive - Confirm with ITSD before using
O7	Inactive - Confirm with ITSD before using
O8	Inactive - Confirm with ITSD before using
O9	Inactive - Confirm with ITSD before using
P0	ACA Infants 0-1 Yrs 0-208% FPL Undocumented
P1	Hospital PE for Infant age 0-1 through 208% FPL
P2	Hospital Presumptive Eligibility Parent-Caretaker
P3	Hospital PE Adults (19 to 65 Yrs) at or below 138%
P4	Hospital PE Pregnant Women at or below 215%
P6	ACA Child 6-19 0-108% FPL Undocumented
P8	ACA Child 1 to 6 Yrs 0%-142% FPL Undocumented
Q0	Inactive - Confirm with ITSD before using
Q1	Inactive - Confirm with ITSD before using
Q2	Inactive - Confirm with ITSD before using
Q3	Inactive - Confirm with ITSD before using
Q4	Inactive - Confirm with ITSD before using
Q5	Inactive - Confirm with ITSD before using
Q6	Inactive - Confirm with ITSD before using
Q7	Inactive - Confirm with ITSD before using
Q8	Inactive - Confirm with ITSD before using
Q9	Inactive - Confirm with ITSD before using
R0	Inactive - Not assigned
R1	CalWORKS TCVAP Trafficking Victims
R2	F/S TCVAP
R3	F/S S/O CFAP Food Stamps
R4	WINS-1P CalFresh Plus PA \$10 Supplement Benefit
R5	WINS-2P CalFresh Plus PA \$10 Supplement Benefit
R6	WINS-CFAP CalFresh Plus PA \$10 Supplement Benefit
R7	WINS TCF non-2 parent/caretaker family
R8	WINS TCF 2 parent/caretaker family
R9	WINS TCF CFAP
RR	Responsible Relative Designation for County ID Only
S0	Inactive - Not assigned
S1	Inactive - Not assigned
S2	Inactive - Not assigned
S3	Inactive - Not assigned
S4	Inactive - Not assigned
S5	Inactive - Not assigned



California Department of Health Care Services
Managed Care Quality and Monitoring Division
Whole Person Care Program
Ineligible Aid Codes List



Aid Code	Name
S6	Inactive - Not assigned
S7	Inactive - Not assigned
S7	Inactive - Not assigned
S9	Inactive - Not assigned
SI	State Inmate Reported Incarcerated
T0	Medi-Cal OTLIC Infant Undoc >208-266% FPL
T6	Medi-Cal OTLIC Ages 6-19 Undoc 160-266% FPL Prem
T7	Medi-Cal OTLIC Ages 6-19 Undoc >133-160% FPL
T8	Medi-Cal OTLIC Ages 1-6 Undoc 160-266% FPL Prem
T9	Medi-Cal OTLIC Ages 1-6 Undoc >142-160% FPL Prem
U0	Inactive - Not assigned
U1	Inactive - Not assigned
U2	Inactive - Not assigned
U3	Inactive - Not assigned
U4	Inactive - Not assigned
U5	Inactive - Not assigned
U6	Inactive - Not assigned
U7	Inactive - Not assigned
U8	Inactive - Not assigned
U9	Inactive - Not assigned
V0	Inactive - Not assigned
V1	Inactive - Not assigned
V2	Inactive - Not assigned
V3	Inactive - Not assigned
V4	Inactive - Not assigned
V5	Inactive - Not assigned
V6	Inactive - Not assigned
V7	Inactive - Not assigned
V8	Inactive - Not assigned
V9	Inactive - Not assigned
W0	Inactive - Not assigned
W1	Inactive - Not assigned
W2	Inactive - Not assigned
W3	Inactive - Not assigned
W4	Inactive - Not assigned
W5	Inactive - Not assigned
W6	Inactive - Not assigned
W7	Inactive - Not assigned
W8	Inactive - Not assigned
W9	Inactive - Not assigned
X0	Inactive - Not assigned
X1	Covered CA - Subsidized Coverage (250-400 FPL)
X2	Covered CA - Subsidized Coverage (100 to 150 FPL)
X3	Covered California Subsidized Cov. (151-200 FPL)
X4	Covered California Subsidized Cov. (201-250 FPL)
X5	Covered CA - Cost Sharing Waiver (100-300 FPL)
X6	Covered CA - AI/AN CSR Only No Income Test
X7	Covered CA – Unsubsidized Coverage (above 400 FPL)



California Department of Health Care Services
Managed Care Quality and Monitoring Division
Whole Person Care Program
Ineligible Aid Codes List



Aid Code	Name
X8	Covered CA - Lawful Present/MC ineligible <100% FPL
X9	Inactive - Discontinued
Y0	Inactive - Not assigned
Y1	Inactive - Not assigned
Y2	Inactive - Not assigned
Y3	Inactive - Not assigned
Y4	Inactive - Not assigned
Y5	Inactive - Not assigned
Y6	Inactive - Not assigned
Y7	Inactive - Not assigned
Y8	Inactive - Not assigned
Y9	Inactive - Not assigned
Z0	Inactive - Confirm with ITSD before using
Z1	Inactive - Confirm with ITSD before using
Z2	Inactive - Confirm with ITSD before using
Z3	Inactive - Confirm with ITSD before using
Z4	Inactive - Confirm with ITSD before using
Z5	Inactive - Confirm with ITSD before using
Z6	Inactive - Confirm with ITSD before using
Z7	Inactive - Confirm with ITSD before using
Z8	Inactive - Confirm with ITSD before using
Z9	Inactive - Confirm with ITSD before using