State of California—Health and Human Services Agency
Department of Health Care Services

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Director

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May 4, 2016

Medi-Cal All County Welfare Directors Letter No.: 16-12

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: Senate Bill 75 Full Scope Medi-Cal for Individuals Under Age 19 Regardless of Immigration Status

The purpose of this letter is to inform counties of the changes to Welfare and Institutions (W&I) Code, Section 14007.8 for the Medi-Cal program, pursuant to Senate Bill (SB) 75 (Chapter 18, Statutes of 2015) which provides that individuals under age 19, who do not have satisfactory immigration status or are unable to verify satisfactory immigration status or citizenship, are eligible for the full scope of Medi-Cal benefits. SB 75 will be implemented no sooner than May 1, 2016, upon written communication by the Director of the Department of Health Care Services (DHCS) to the Department of Finance of systems readiness.

Upon implementation of SB 75, the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) will determine full scope Medi-Cal eligibility for new applicants that would otherwise be determined for restricted scope Medi-Cal. At the same time, the State Automated Welfare Systems (SAWS) and counties will transition eligibility for existing restricted scope Medi-Cal beneficiaries under age 19 to full scope Medi-Cal.

System Readiness and Effective Date

DHCS' goal is to complete and implement all system changes necessary to implement SB 75 no sooner than May 16, 2016. DHCS has finalized the design of system changes in CalHEERS to create new functionalities to determine full scope Medi-Cal eligibility for individuals under the age of 19, who do not have satisfactory immigration status or have failed verification of citizenship or satisfactory immigration status. Although CalHEERS

system changes are scheduled for Release 16.4, which has a May 16, 2016 implementation date, the eligibility effective date will be May 1, 2016.

- Contingency Planning: If the system implementation date is delayed, then the eligibility effective month will also change to correspond with the first of the month in which implementation will occur. For example, if system implementation is delayed into the month of June, the eligibility effective date would shift from May 1, 2016, to June 1, 2016.

DHCS is also working with SAWS to ensure SB 75 system functionality is implemented in SAWS, including the release of applicable Notices of Action (NOA). Pursuant to SB 1341 (Chapter 846, Statutes of 2014), NOA functionality for Modified Adjusted Gross Income (MAGI) Medi-Cal moved from CalHEERS to SAWS on March 7, 2016, per CalHEERS Release 16.2. As such, SAWS will be responsible for producing the appropriate NOAs for purposes of SB 75.

Aid Codes

SB 75 does not implement new aid codes. Individuals (new applicants and transition population) who qualify for SB 75 will be placed into existing full scope MAGI and Non-MAGI Medi-Cal aid codes. DHCS has developed an aid code crosswalk that identifies the restricted aid codes that individuals under age 19 are currently eligible for, and the corresponding full scope aid codes, once SB 75 is implemented (see Attachment - Aid Code Crosswalk). DHCS has provided the aid code crosswalk to CalHEERS and SAWS to ensure the proper full scope aid code is assigned to individuals who qualify for SB 75.

Pursuant to W&I Code, Section 14007.8(a)(1), full-scope eligibility is mandatory for all individuals under 19 who are otherwise Medi-Cal eligible once SB 75 is implemented. This means that when SB 75 is implemented, restricted scope eligibility is no longer available to individuals under 19 and the applicant or beneficiary cannot elect to opt-out of full-scope benefits and remain in restricted scope Medi-Cal. As such, restricted Medi-Cal aid codes with an age limit of 19 should no longer be used after SB 75 implementation. Some restricted scope aid codes that have an age limit of 21, or that do not have an age limit, would still be in use for individuals ages 19 and older.

Deficit Reduction Act (DRA) and Satisfactory Immigration Status (SIS) Verification Requirements

Pursuant to federal regulations and state law, the requirement to verify citizenship for Medi-Cal applicants and beneficiaries who are citizens of the United States set by DRA remains in effect. In addition, all federal and state requirements for individuals who claim SIS to verify their immigration status also remain. Counties are required to follow DRA and

SIS verification processes accordingly; however, counties must not request verification from children who do not claim SIS. In the event that verification cannot be obtained or is not provided, children under the age of 19 will no longer receive restricted scope benefits once SB 75 is implemented. Failure to meet DRA or SIS requirements will be tracked by DHCS using the citizenship indicator codes in the Medi-Cal Eligibility Data System (MEDS).

Age Policy

SB 75 provides full scope Medi-Cal for individuals under age 19 who do not have satisfactory immigration status. The following is the age policy that CalHEERS and SAWS will use in their eligibility systems:

- Individuals who turn age 19 on or after the second day of the month are considered 18 for the entire month and will qualify for SB 75. They will not qualify for SB 75 the following month;
- Individuals who turn age 19 on the first day of the month are considered 19 for the entire month and will not qualify for SB 75 that month or thereafter.

Assuming an implementation date of no sooner than May 16, 2016, the following age policy will determine who is eligible for SB 75:

- Individuals who turn age 19 between May 2, 2016, through May 31, 2016, are considered to be age 18 for the month of May and will be eligible for full scope Medi-Cal in May 2016;
- Individuals who turn age 19 on or before May 1, 2016, will be considered to be age 19 for the month of May and will not be eligible for full scope coverage under SB 75. These individuals will not be included as part of the transition population, and will remain eligible for restricted scope Medi-Cal in the transition month.

Application Process for New Applicants

No sooner than May 16, 2016, new applicants will be able to submit an application through all current application pathways to be determined eligible for full scope Medi-Cal benefits under the provisions of SB 75. The methods of applying include online, by mail, by telephone or in person. Please note: prior to SB 75 implementation, new applicants may submit applications via any application pathway to be determined eligible for restricted scope eligibility. Once SB 75 is implemented, these beneficiaries will be transitioned into full scope eligibility. In the case of new applicants who have other family members already on
Medi-Cal, counties are to use the current process of adding a person to a case (see Medical Eligibility Division Information Letter I 14-11).

Once SB 75 is implemented, when an application is submitted for an individual under 19, the CalHEERS Business Rules Engine will determine eligibility for full-scope MAGI Medi-Cal pursuant to SB 75 rules. Similarly, if an individual under age 19 is eligible for non-MAGI eligibility, SAWS will make the appropriate determination for full scope eligibility in a non-MAGI aid code. If the applicant under age 19 qualifies for full scope Medi-Cal pursuant to the requirements of SB 75, SAWS will automatically generate the appropriate NOA notifying them of such eligibility.

New enrollees can request retroactive Medi-Cal coverage up to three months prior to the month of application; however, under the provisions of SB 75, full scope retroactive coverage will be available no sooner than the month of implementation. Newly eligible applicants requesting retroactive coverage for any month(s) prior to the month of SB 75 implementation can be granted restricted scope Medi-Cal coverage if determined eligible for months of retroactive coverage.

Please Note: When an application is submitted for an individual under age 19 through the CalHEERS portal and income is not electronically verified by the federal hub, CalHEERS will issue full scope benefits under accelerated enrollment in aid code 8E. Counties must follow normal business practices when processing these 8E cases and must continue to determine final determination per current processes.

DHCS has evaluated the current applications for SB 75 impacts and determined revision to the questions in the Single Streamlined Application and SAWS 2 Plus forms are not needed. Also, the Covered California portal will not display messaging related to SB 75.

Transition Process

DHCS has coordinated with SAWS to identify the SB 75 population that will be transitioning from restricted scope Medi-Cal to full scope Medi-Cal. SAWS has developed transition activities and timelines to transition these individuals shortly after CalHEERS begins to enroll currently eligible individuals into full scope aid codes. This will occur no sooner than May 16, 2016. The transition process will be transparent to these individuals and no action is required on their part. The Annual Redetermination (RV) process may impact the SB 75 transition population and will be discussed further in this All County Welfare Directors Letter (ACWDL). Please refer to the *Medi-Cal Annual Redetermination Impact on Transition Population* section in this ACWDL.

Once systems (CalHEERS and SAWS) are ready, but no sooner than May 16, 2016, SAWS will:

1. Identify eligible individuals under the age of 19 enrolled in restricted scope MAGI aid codes and process the transition into full scope aid codes via CalHEERS (using Attachment - Aid Code Crosswalk).

2. Identify eligible individuals under the age of 19 enrolled in restricted scope non-MAGI aid codes and process the transition to full scope aid codes via SAWS (using Attachment – Aid Code Crosswalk).
3. Generate and automatically send the NOA notifying the beneficiary of their increased benefits from restricted to full scope coverage.

SAWS will use a batch process to transition the eligible individuals related to steps 1 and 2, described above. The batch processes will likely occur over a few days because of the various steps in the process that must be completed by SAWS (CalWIN, C-IV, and LEADER/LRS).

Medi-Cal Processes – Transition Population

When an SB 75 eligible individual transitions from restricted scope Medi-Cal to full scope Medi-Cal, the Medi-Cal annual RV date will not be reset. SB 75 is an increase in the level of benefits for the individual and is not considered a change in circumstances; therefore, a change to the redetermination date is not required (see ACWDL 14-22).

Age Out Process – New Enrollee and Transition Population

As SB 75 eligible individuals (new enrollees and transition population) turn age 19, SB 75 eligibility no longer applies and Medi-Cal eligibility must be redetermined pursuant to ACWDLs 14-18 and 14-32. SAWS will be running monthly batches for SB 75 beneficiaries who turn 19, to determine continued eligibility for non-MAGI Medi-Cal and to trigger CalHEERS to determine continued MAGI eligibility, as appropriate.

As a reminder, a timely NOA is always required for any redetermination of eligibility or change in circumstance that results in an adverse action (e.g., benefit decrease).

1. In the instance that a SB 75 individual:
   a. turns 19 and loses their full scope Medi-Cal eligibility prior to the issuance of a timely notice, or
   b. is discontinued without timely notice and the county cannot reestablish full scope eligibility in the prior aid code due to age restrictions or system limitations,

2. then counties will restore eligibility for the individual manually in SAWS using aid code 38 to continue full scope Medi-Cal, until such time as ongoing limited scope benefits can be established (if eligible), and a timely notice provided.

Medi-Cal Annual RV Impact on Transition Population

As mentioned in the above section *Transition Process*, eligible SB 75 individuals must have current restricted scope Medi-Cal on the implementation date in order to transition to full scope Medi-Cal. The transition process will be transparent to these individuals and no action is required on their part. However, the Medi-Cal RV process is not being suspended for these potentially eligible SB 75 individuals. Counties will continue to process Medi-Cal RVs for restricted scope beneficiaries under current policy (See ACWDL 14-18 and 14-32). If these individuals receive a Medi-Cal RV packet for their restricted scope Medi-Cal, they must renew their restricted scope Medi-Cal and provide the county with any requested documentation. The interaction of Medi-Cal RV and SB 75 may raise questions for counties; therefore, the following scenarios are being provided to assist in clarifying:

Scenario #1: Beneficiary failed the Medi-Cal RV prior to SB 75 implementation date

- The county mailed the RV packet to the beneficiary. The beneficiary failed to complete the RV so the county sent a timely NOA terminating Medi-Cal benefits effective April 30, 2016.
- Assuming the May 16, 2016 SB 75 implementation date, on May 16th the beneficiary does not have restricted scope Medi-Cal; therefore, he or she is not part of the transition population.
- Next, the beneficiary provides the requested information within the 90-day cure period. If the beneficiary is determined eligible, the county should restore back to the date of discontinuance with full scope benefits effective May 1, 2016 and send the appropriate NOA.

Scenario #2: Beneficiary failed the Medi-Cal RV after the SB 75 Implementation date

- The county mailed the RV packet to the beneficiary. The deadline for the RV has not passed yet.
- Assuming the May 16, 2016 implementation date, on May 16th the beneficiary has restricted scope Medi-Cal; therefore, he or she is part of the transition population and the county will grant SB 75 full scope Medi-Cal and generate the appropriate NOA. The beneficiary eventually fails to complete the RV. The county should terminate the case for the failed RV and send a NOA terminating Medi-Cal.
- Next, the beneficiary provides the requested information within the 90-day cure period. The county should review eligibility and reinstate full scope Medi-Cal, if otherwise eligible, and send the appropriate NOA.

Managed Care Plan Enrollment Process - New SB 75 Enrollee

DHCS will use the current managed care plan enrollment process for new SB 75 enrollees as follows:

1. For the new enrollees living in a County Organized Health System (COHS) county, they will be automatically enrolled in the COHS plan on the first of the month following their eligibility determination. The plan will mail a Welcome Packet within a week of enrollment.

2. For the new enrollees living in a non-COHS county, they will receive a Health Care Options choice packet, which provides information about Medi-Cal Managed Care Plans (MCPs) in the county and their providers. New enrollees can enroll in a MCP over the phone as soon as full scope eligibility has been determined. They will have 30 days to choose a plan. If no plan choice is made, DHCS will assign them to a plan in their county.

3. In the Interim - while new enrollees are receiving, reviewing and choosing a plan, they will receive Fee-For-Service (FFS) Medi-Cal until a plan choice is made or the default enrollment date arrives and the enrollee has not made an active plan choice.

Managed Care Enrollment Process - Transition Population

DHCS will implement a MCP enrollment process for the transition population. The details of the process are listed below based on an implementation date of no sooner than May 16, 2016:

<u>COHS Counties</u>

- FFS full scope Medi-Cal coverage during the transition month;
- Notices sent to beneficiaries following the SB 75 full scope determination will identify their COHS plan;
- MCP enrollment to begin the first of the month following the full scope determination, for all transition beneficiaries in COHS counties.

<u>Non-COHS Counties</u>

- FFS full scope Medi-Cal coverage during the transition month and possibly up to the following two months;
- MCP enrollment process begins the month of the SB 75 full scope determination;
- MCP enrollment can be done over the phone as soon as full scope eligibility has been determined. Notices sent to beneficiaries following the full scope

determination will inform them of the MCP enrollment and will include Health Care Options (HCO) contact information;
- Managed care HCO choice packets will be mailed to beneficiaries. MCP enrollment can be done over the phone or after HCO receives back the completed choice packets;
- MCP enrollment will be effective on the first day of the next month of enrollment, but no later than the month of enrollment that falls 60 days after full scope determination, depending on when the choice was made. All remaining beneficiaries who have not made a plan choice will be assigned to a plan in their county, effective the first of the month of enrollment that follows this 60 day time frame.

FFS Enrollment Process - Transition Population

- Individuals turning 19 within six months of the transition date and who live in non-COHS counties will be enrolled into FFS full scope Medi-Cal. These individuals are not required to enroll into a managed care health plan but will receive voluntary enrollment information for the current DHCS process, and may enroll voluntarily.

- Individuals who live in non-COHS counties and have a Share-of-Cost or other health coverage will be enrolled into FFS full scope Medi-Cal. Other health coverage is either employer sponsored insurance or an individual insurance plan.

Quality Assurance and Reporting Requirements

To ensure individuals under age 19 transition smoothly to full scope Medi-Cal, DHCS is developing tracking reports from MEDS as follows:

- The month of implementation and prior to the transition date, DHCS will compile a report identifying eligible individuals under the age of 19 in restricted aid codes in MEDS;

- After SAWS complete their batch process in the implementation month, DHCS will compile another report identifying eligible individuals under the age of 19 that transitioned into full scope aid codes in MEDS;

- DHCS will reconcile these data reports to ensure that identified individuals properly transitioned into full scope Medi-Cal. DHCS will provide counties the MEDS reports to identify individuals who did not transition into full scope Medi-Cal;

- DHCS will run monthly MEDS reports identifying eligible individuals under the age of 19 who are in restricted aid codes. DHCS will provide the MEDS reports to

counties to coordinate case review and issuance of full scope benefits if determined eligible under SB 75.

DHCS is currently participating in meetings with the counties/SAWS to define requirements, format, and transmission protocols.

Notices to New Enrollee and Transition Populations

For the implementation of SB 75, DHCS has developed the following three notices, which are available for viewing at: www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/sb-75.aspx, see Eligibility and Enrollment Plan document. These notices have been translated into the 12 Medi-Cal threshold languages:

First Notice (General Information Notice) – Transition Population
All individuals in the transition population will be sent the first notice with information about the SB 75 full scope expansion and general information on benefits, including mandatory enrollment into Medi-Cal managed care health plans and frequently asked questions. Approximately 60 days prior to the SB 75 implementation date, DHCS identified all active restricted scope individuals under the age of 19 who do not have satisfactory immigration status in MEDS. DHCS sent the first notice to this identified population approximately 30 days prior to their transition to full scope benefits. There are two versions of this first notice depending on if the individual lives in COHS or non-COHS county.

For individuals who apply for Medi-Cal within the month of implementation of SB 75, counties may include the first notice in the materials provided at application. Also, counties may use the first notice for outreach purposes.

Second Notice (Notice of Action) – New Enrollee and Transition Populations
DHCS has developed new Notice of Action (NOA) snippets for SB 75. These NOA snippets will be used for both the new enrollee and transition populations:

- When an application is submitted and the new enrollee is determined eligible for Medi-Cal under SB 75 rules, SAWS will generate the NOA. This NOA will be sent to those determined SB 75 eligible from both MAGI and non-MAGI determinations;
- For the transition population, SAWS will generate the NOA, notifying the individual of the benefit increase into full scope Medi-Cal once the transition from restricted scope to full scope coverage has occurred.

Third Notice (Managed Care Plan Enrollment Notice) – Transition Population
Soon after the transition implementation date, DHCS will mail out the third notice, also known as the enrollment notice. The plan enrollment notice provides information for

transition population individuals who are subject to required enrollment into Medi-Cal managed care health plans and will be sent to beneficiaries who have transitioned to full scope coverage. Individuals identified in this ACWDL section *Fee-For-Service Enrollment Process - Transition Population* as remaining in FFS after the transition will not receive this enrollment notice. Described below are the differences between the COHS counties' and non-COHS counties' enrollment notices:

- COHS counties: The enrollment notice will be addressed to the household and include all affected beneficiaries. It will explain what a Medi-Cal MCP is, that their county has only one MCP, will provide the name of the MCP the beneficiary will be enrolled in, and the MCP contact information.
- Non-COHS counties: The enrollment notice will be addressed to the household and include all affected beneficiaries. It will explain what a MCP is, that they will receive a HCO choice packet with their MCP options, that if they don't choose a MCP, then DHCS will assign them to one by a certain date and which MCP that will be, and that the beneficiary can chose a MCP (either the same one assigned or a different one) and enroll in the plan before the final date listed. DHCS will not split households and all beneficiaries in a family will be assigned to the same plan unless there is an affirmative choice otherwise.
- Dental Services: Information about dental services is contained in both the COHS and non-COHS enrollment notices. Dental managed care is available in Sacramento and Los Angeles counties only.

HCO Choice Packets – New Enrollee and Transition Populations

Medi-Cal HCO choice packets will be mailed to beneficiaries living in non-COHS counties and in their threshold languages. Packets will be mailed out after the enrollment notice for the transition population. New enrollees will receive the packets after applying and being determined eligible for full scope Medi-Cal.

Provider Updates

DHCS will post a provider bulletin beginning May 2016, on the Medi-Cal Provider website. This bulletin will serve as a reminder to providers of the implementation of SB 75 and contact information for any provider questions. The posted bulletin is available to FFS providers and will be shared with managed care plans.

Frequently Asked Questions (FAQs)

DHCS has developed FAQs related to SB 75. The FAQs are being translated into Spanish and will post on the SB 75 website when available.

If you have questions, please contact Debora Wong-Kochi at (916) 327-6672 or by e-mail at Debora.Wong-Kochi@dhcs.ca.gov.

Sincerely,

Original Signed By:

Sandra Williams, Chief
Medi-Cal Eligibility Division
Attachment

SB 75 Full Scope Aid Code List - with Restricted Aid Code Crosswalk (04/25/2016)

The chart below shows the full scope aid codes that will be used for the implementation of SB 75. The right side of the chart shows the corresponding restricted scope aid codes that beneficiaries under 19 are currrently eligible for when they do not have satisfactory immigration status. CalHEERS and SAWS will use this chart to ensure the proper full scope aid code is programed into their eligibility systems.

	Coverage Group	Full Scope Aid Code	Description	Restricted Scope Aid Code	Description
Pre ACA **	Parents/Caretaker Relative	3N	1931(b)	3V	1931(b) parents/caretaker relative
	Percent Programs Children	47	200% Infant Citizen	69	200% Infant OBRA
		72	Citizen/Lawful Permanent Resident/PRUCOL/Condictional Status (Age 1-6) 133%	74	Undocumented Temporary VISA (OBRA) FPL 133%
		7A	Citizen Child FPL 100% (Ages 6-19)	7C	OBRA Child FPL 100%
	Property Disregard	8P	Excess Property Child FPL 133% (Ages 1-6)	8N	Excess Property Child – ESO FPL 133%
		8R	Excess Property Child FPL 100% (Ages 6-19)	8T	Excess Property Child – Pregnancy + ESO FPL 100%
	Pregnant Women	44	Pregnant Citizen FPL 200%	48	Pregnant OBRA FPL 200%
		3N	1931(b)	5F	OBRA Alien – Pregnant Woman
	Consumer Protection Program	7J	CEC	7K	CEC -Undocumented
		39	Initial TMC	3T	Initial TMC - ESO
		59	Continuing TMC	5T	Continuing TMC - ESO
		54	Four Month Continuing	5W	Four Month Continuing – Pregnancy + ESO
	Bridge Program	7X	Medi-Cal to Healthy Families Bridge	E1	Medi-Cal to Health Families Bridge - Unverified Citizen
MAGI	ACA Child	P5	ACA Child 6-19 Yrs: Citizen FPL 0 -133%	P6	ACA Child 6-19 Yrs: Undocumented
		P7	ACA Child 1-6 Yrs: Citizen FPL 0-142%	P8	ACA Child 1-6 Yrs: Undocumented
		P9	ACA Infant 0-1 Yrs: Citizen FPL 0-208%	P0	ACA Infant 0-1 Yrs: Undocumented
	OTLIC	T1	Child 6-19 Yrs: Citizen (OTLIC Premium) FPL 160-266%	T6	Child 6 -19 Yrs: Undocumented (OTLIC Premium) FPL 160-266%
		T2	Child 6-19 Yrs:Citizen (OTLIC) FPL 133-160%	T7	Child 6 -19 Yrs: Undocumented (OTLIC) FPL 133-160%
		T3	Child 1-6 Yrs:Citizen (OTLIC Premium) FPL 160-266%	T8	Child 1-6 Yrs: Undocumented (OTLIC Premium) FPL 160-266%
		T4	Child 1-6 Yrs:Citizen (OTLIC) FPL 142-160%	T9	Child 1-6 Yrs: Undocumented (OTLIC) FPL 142-160%
		T5	Infant up to 1 Yr: Citizen (OTLIC) FPL 208-266%	T0	Infant up to 1 Yr: Undocumented (OTLIC) FPL 208-266%
	Pregnant Women	M7	Pregnant Women Citizen FPL 0-60%	M8	Pregnant Women Undocumented FPL 0-60%
		M9	Pregnant Women Citizen FPL 60-213%	M0	Pregnant Women Undocumented FPL 60-213%
	Expansion Child	M5	Expansion Child 6-19 Yrs: Citizen/Lawful Presence FPL 108-133%	M6	Expansion Child 6-19 Yrs: Undocumented FPL 108-133%
	Parent/Caretaker Relative	M3	Parent/Caretaker Relative FPL <109%	M4	Parent/Caretaker Relative FPL <109%
Non-MAGI Share of Cost	Medically Needy: AFCD/Blind/Disabled	27	Blind Medically Needy - SOC	C4	Blind Medically Needy - SOC
		37	AFDC Medically Needy - SOC	C6	AFDC Medically Needy - SOC
		67	Disabled – Medically Needy - SOC	C8	Disabled – Medically Needy - SOC
		TBD	See Chart #2 below	58	OBRA Aliens
	Medically Indigent	83	Medically Indigent Child - SOC	D1	Medically Indigent Child - SOC
	LTC	23	Blind LTC - SOC	D5	OBRA Aliens not PRUCOL: Blind LTC - SOC
		63	Disabled LTC - SOC	D7	OBRA Aliens not PRUCOL: Disabled LTC - SOC
	Inmate	G7	County Juvenile Inmate -SOC	G8	County Juvenile Inmate -SOC
		J2	Compassionate Release/County Medical Probation - SOC	J4	Compassionate Release/County Medical Probation Undocumented - SOC
		J7	County Compassionate Release - SOC	J8	County Compassionate Release Undocumented SOC
	Medically Needy: AFCD/Blind/Disabled	24	Blind Medically Needy	C3	Blind Medically Needy
		34	AFDC Medically Needy	C5	AFDC Medically Needy
		64	Disabled – Medically Needy	C7	Disabled – Medically Needy
		82	Medically Indigent Child	C9	Medically Indigent Child

SB 75 Full Scope Aid Code List - with Restricted Aid Code Crosswalk (04/25/2016)

Non-MAGI No Share of Cost	Blind/Disabled FPL	2H	Blind FPL		N/A	No Restricted Undocumented Aid Code
		6H	Disabled FPL		6U	Disabled FPL
		TBD	See Chart #2 below		58	OBRA Aliens
	LTC	23	Blind LTC		D4	OBRA Aliens not PRUCOL: Blind LTC
		63	Disabled LTC		D6	OBRA Aliens not PRUCOL: Disabled LTC
	Inmate	G1	State Juvenile Inmate		G2	State Juvenile Inmate
		G5	County Juvenile Inmate		G6	County Juvenile Inmate Undocumented
		G0	State Parolee Inmate		G9	State Medical Parolee
		J1	Compassionate Release/County Medical Probation		J3	Compassionate Release /County Medical Probation Undocumented
		J7	County Compassionate Release		J8	County Compassionate Release Undocumented

** Starting January 2016, the children in the Pre-ACA restricted aid codes should be transitioned into MAGI restricted aid codes due to completion of 2015 renewals

Chart #2: Restricted Scope Aid Code 58

	Coverage Group	Full Scope Aid Code	Description		Restricted Scope Aid Code	Description
Non-MAGI No Share of Cost/ Share of Cost	Medically Needy/ Medicallly Indigent	24	Blind Medically Needy (No-SOC)		58	OBRA Aliens (Blind Medically Needy (No-SOC))
		27	Blind Medically Needy (SOC)		58	OBRA Aliens (Blind Medically Needy (SOC))
		34	AFDC Medically Needy (No-SOC)		58	OBRA Aliens (AFDC Medically Needy (No-SOC))
		37	AFDC Medically Needy (SOC)		58	OBRA Aliens (AFDC Medically Needy (SOC))
		64	Disabled Medically Needy (No-SOC)		58	OBRA Aliens (Disabled Medically Needy (No-SOC))
		67	Disabled Medically Needy (SOC)		58	OBRA Aliens (Disabled Medically Needy (SOC))
		82	Medically Indigent Child (No-SOC)		58	OBRA Aliens (Medically Indigent Child (No-SOC))
		83	Medically Indigent Child (SOC)		58	OBRA Aliens (Medically Indigent Child (SOC))