

Denti-Cal Bulletin



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Additional Aid Codes

Aid Code	Benefits	SOC	Program/Description
0F	Full Scope	No	Five Month transitional food stamp program. This aid code is for households who are terminating their participation in the CalWORKs program without the need to re-establish food stamp eligibility.
1A	None	No	Aged Cash Assistance Program for Immigrants (CAPI) - Qualified Aliens
1D	Full	No	Aged - In-Home Support Services (IHSS). Covers aged individuals discontinued from the IHSS residual program for reasons other than the loss of Supplemental Security Income/State Supplemental Payment (SSI/SSP) until the county determines their Medi-Cal eligibility.
2D	Full	No	Blind - In-Home Supportive Services (IHSS). Covers blind individuals discontinued from the IHSS residual program for reasons other than the loss of Supplemental Security Income/State Supplemental Payment (SSI/SSP) until the county determines their Medi-Cal eligibility.
2X	Full	No	Limited Term Reinstatement
2Y	Restricted to Pregnancy and Emergency Services	No	Limited Term Reinstatement
3D	Full	No	CalWORKs Pending, Medi-Cal Eligible. Provides Medi-Cal coverage for a maximum period of four months to new CalWORKs recipients.
3J	None		CalWORKs - Diversion AF
3K	None		CalWORKs - Diversion 2P
3S	None		CA Registered Domestic Partner
3X	None		CalWORKs - Diversion 2P - State only
3Y	None		CalWORKs - Diversion 2P - State only
4H	None		Foster Care - Undocs
5A	None		EA Seriously Emotionally Disturbed
5P	Limited Scope	No	Not Qualified - Non-Immigrant

Aid Code	Benefits	SOC	Program/Description
6D	Full	Y/N	Disabled – In-Home Support Services (IHSS). Covers disabled individuals discontinued from the IHSS residual program for reasons other than the loss of Supplemental Security Income/State Supplemental Payment (SSI/SSP) until the county determines their Medi-Cal eligibility.
6K	None		CAPI – Non-Qualified Aliens
6M	None		CAPI – Sponsored Aliens
6S	Full	No	State Only – This aid code supplants those that were in Aid Code 65 prior to 8/24/05 - Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled – Medically Needy IHSS (non-FFP). Covers persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program and were eligible for SSI/ SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment that was the basis of the disability determination or (b) are aged, blind, or disabled medically needy, and have the costs of IHSS deducted from their monthly income.
6T	None		CAPI – Limited Term Qualified Aliens
65	Full	Y/N	Katrina – covers eligible evacuees of Hurricane Katrina
7E	Full	No	100% New Entrant Non-Immigrant
8U	Full	No	Deemed Eligibility (DE) CHDP Gateway/Medi-Cal. Provides full-scope no Share of Cost (SOC) Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth.
8V	Full	Yes	Deemed Eligibility (DE) CHDP Gateway/Medi-Cal. Provides full-scope Medi-Cal benefits with a Share of Cost (SOC) for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met.
9G	None		General Assistance/General Relief (County Only tracking)