

1. Medi-Cal Hierarchy

Federal law specifies that individuals must be evaluated for medical coverage programs in a specific order. Eligibility should be determined in the following order:.

MC Program	Aid Code
Mega Mandatory	
• Supplemental Security Income/State Supplementary Payment (SSI/SSP)	10, 20, 60
• Foster Care:	
• Title IV-E Foster Care	42, 49
• State-Only (Cash) Foster Care	40, 43, 4K, 5K, 5L
• (MC only) Foster Care	45, 46
• Former Foster Care	4M
• Adoption Assistance:	
• Title IV-E Adoption Assistance	03, 07
• State-Only (Cash) Adoption Assistance	04
• (MC only) Adoption Assistance	09, 4A
• Kinship Guardianship Assistance Program (KinGap):	
• Title IV-E KinGap	4F, 4S, 4T,
• State Only (Cash) KinGap	4G, 4W
• Pickle	16, 26, 66
• Disabled Adult Child (DAC)	6A, 6C
• Disabled Widow/Widower	36
• Medicare Savings Programs (MSP)	
• QMB	80
• SLMB	8C
• QI-1	8D
• QWDI	8A
Modified Adjusted Gross Income (MAGI) MC	

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MC Program	Aid Code
<ul style="list-style-type: none"> MAGI MC Infant's and Children Groups: <p>Note: Children under the age 19 receive full-scope MC under SB75 as of May 1, 2016. Individuals aged 19-25 receive full scope MC under SB104 as of January 1, 2020.</p>	
<ul style="list-style-type: none"> Full-scope MAGI MC 	M5, P4, P7, P8 (also includes 30, 31, 32, 33, 35, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3L, 3M, 3P, 3R, 3S, 3U, 3W, 4H, 4N, 4P, 4R)
<ul style="list-style-type: none"> Full-scope Optional Targeted Low Income MAGI MC no premium 	T2, T5
<ul style="list-style-type: none"> Full-scope Optional Targeted Low Income MAGI MC with premium 	T1, T3
<ul style="list-style-type: none"> MAGI MC Parent-Caretaker Relative: 	
<ul style="list-style-type: none"> Full-scope MC 	M3, (also includes 30, 31, 32, 33, 35, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3L, 3M, 3P, 3R, 3S, 3U, 3W, 4H, 4N, 4P, 4R)
<ul style="list-style-type: none"> Restricted-scope MC 	M4
<ul style="list-style-type: none"> MAGI MC Pregnant Woman 	
<ul style="list-style-type: none"> Citizen/LPR <p>Note: Individuals who were previously receiving Full Scope, and report an increase in earnings that puts them over 138% must be evaluated for TMC prior to pregnancy aid codes.</p>	M7, M9
<ul style="list-style-type: none"> Undocumented Individual 	M8, M0
<ul style="list-style-type: none"> MAGI MC New Adult Group 	
<ul style="list-style-type: none"> Full-scope MC, disabled/blind with no Medicare and income $\leq 128\%$FPL 	L6
<ul style="list-style-type: none"> Full-scope MC 	M1
<ul style="list-style-type: none"> Restricted-scope MC, disabled/blind with no Medicare and income $\leq 128\%$FPL 	L7
<ul style="list-style-type: none"> Restricted-scope MC 	M2
Other Coverage for Children and Pregnant Women	
<ul style="list-style-type: none"> MCAP Pregnant Women 	0D, 0G
<ul style="list-style-type: none"> MCAP linked infant and Children 	E6, E7
<ul style="list-style-type: none"> CCHIP <p>NOTE: CCHIP is only available in participating counties, including Santa Clara County.</p>	2C
Non-MAGI MC (Optional Categorical)	

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MC Program	Aid Code
• Aged and Disabled (A&D) FPL Program	
• Full-scope MC	1H, 6H
• Restricted-scope MC	1U, 6U
• Blind FPL Program	2H
• 250% Working Disabled Program (250% WDP)	6G
• Tuberculosis Program limited services	7H
Non-MAGI MC (Medically Needy/Medically Indigent)	
• Aged Blind or Disabled (ABD) Medically Needy (MN)	
• Full-scope Zero SOC MC	14, 24, 64
• Full-scope Share-of-Cost MC	17, 27, 67
• Long Term Care Full-scope MC	13, 23, 63
• Restricted-scope Zero SOC	C1, C3, C7
• Restricted-scope SOC MC	C2, C4, C8
• Long Term Care Restricted-scope MC Zero SOC	D2, D4, D6
• Long Term Care Restricted-scope MC SOC	D3, D5, D7
• Aid to Families with Dependent Children	
• Full-scope Zero SOC	34
• Full-scope SOC	37
• Restricted-scope Zero SOC	C5
• Restricted-scope SOC	C6
• Medically Indigent (MI) Child	
• Full-scope MC	82
• Full-scope SOC MC	83
• Restricted-scope MC	C9
• Restricted-scope SOC MC	D1
• MI Pregnant Woman	
• Full-scope MC	86
• Full-scope SOC MC	87
• Restricted-scope MC	D8
• Restricted-scope SOC MC	D9

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MC Program	Aid Code
• Federal Breast and Cervical Cancer Treatment Program (BCCTP)	
• Full-scope MC	0P, 0W
• Restricted-scope MC	0L, 0U, 0V
Non-MAGI MC (State Only)	
• State BCCTP	0N, 0R, 0T, 0X, 0Y
• MI Long Term Care State only	53
• Dialysis Only Program	71
• Total Parenteral Nutrition	73
• Anti-Rejection Medicine	77
• 60-Day Postpartum	76

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1.1 Mega Mandatory

Mega Mandatory groups are programs:

- Required by Federal law, or
- The MC is included in some other programs aid code (i.e. Foster Care).

An individual who is eligible for a Mega Mandatory aid code will remain in the household for income and household size determination purposes, however, they must not be granted a MAGI MC aid code.



Exception:

Parent/Caretaker relatives may be eligible for MAGI MC.

Mega Mandatory groups include:

- Supplemental Security Income/State Supplemental Program (SSI/SSP) is a federal program that provides monthly case payments to aged individuals over 65 and blind and disabled individuals of any age. MC is included with the cash aid code.
- Foster Care is a program for children whose needs are met in whole or in part by public funds. Children removed from their homes and placed in Foster Care must have an immediate MC determination to ensure immediate access to healthcare services. MC is included with the cash aid code.

- Former Foster Youth (FFY) MC is available to individuals who were in the Foster Youth program on their 18th birthday, coverage extends to age 26 and income is not considered for the eligibility determination- [[Refer to Chapter 35, Section 35.5 "Extended Medi-Cal Eligibility for Former Foster Youth \(FFY\) 18 to 26 Years of Age," page-45](#)].
- Adoption assistance is a cash program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.
- Kinship Guardianship Assistance Payment (Kin-Gap) is a federal program for children in guardianship placement receiving cash assistance. MC is included with the cash aid code.
- Pickle - The 1976 Pickle Amendment to the Social Security Act, requires that zero share-of-cost MC benefits be granted to any ABD individual or couple who meet the following conditions:
 - Currently Receiving RSDI benefits
 - Was eligible for and received RSDI and SSI and/or SSP benefits at the same time after April 1977
 - Was discontinued from SSI and/or SSP After April 1977
 - Received an RSDI cost of living adjustment (COLA) after being discontinued from SSI and/or SSP, and
 - Would be entitled to receive SSI and/or SSP if the RSDI COLA received after SSI and/or SSP ineligibility was disregarded.

[[Refer to Chapter 28, Section 28.1 "Pickle Amendment - Lynch v. Rank," page-1](#)]

- Disabled Adult Child (DAC) is a program that disregards RSDI provides zero share-of-cost MC to eligible individuals. [[Refer to Chapter 28, Section 28.9 "Disabled Adult Child \(DAC\)," page-62](#)]
- Disabled Widow/Widower - Federal regulations under Section 9116 of OBRA '87 have established a new group of persons who are potentially eligible for Pickle Medi-Cal, effective July 1, 1988. These persons are widow(er)s, age 60 through 64, whose SSI payments have been discontinued due to entitlement to, or an increase in, RSDI widow(er)s benefits. Eligibility continues under these provisions until they become eligible for Part A of Medicare. [[Refer to Chapter 28, Section 28.7 "Disabled Widow\(er\)s," page-45](#)]
- Medicare Savings Programs, including:
 - The Qualified Medicare Beneficiary (QMB) program pays Medicare Part A and/or Part B premiums, copayments and deductibles. [[Refer to Chapter 30, Section 30.15 "Qualified Medicare Beneficiary \(QMB\) Program," page-25](#)]

- The Specified Low Income Medicare Beneficiary (SLMB) program pays the Medicare Part B premium. [Refer to Chapter 30, Section 30.16 "Specified Low-Income Medicare Beneficiary (SLMB) Program," page-41]
- The Qualified Individuals (QI-1) program pays the Medicare Part B premium. [Refer to Chapter 30, Section 30.17 "Qualifying Individual (QI-1) Program," page-45]
- The Qualified Disabled Working Individual (QDWI) Program pays Medicare Part A premiums. [Refer to Chapter 30, Section 30.19 "Qualified Disabled Working Individuals (QDWI) Program," page-56]

1.2 Cash Grant Programs

Individuals receiving Public Assistance (PA) are entitled to receive **zero** share-of-cost (SOC) MC during the months in which they are cash eligible.

- Aid to Families with Dependent Children - Foster Care (AFDC-FC)
- California Work Opportunity and Responsibility to Kids (CalWORKs)
- Refugee Cash Assistance Programs (RCA)
- Refugee Emergency Assistance (REA).



Reminder:

Clients must meet all eligibility requirements for their respective program (including property and income).



Note:

Persons eligible for cash payments and other assistance under the Repatriation program shall not be eligible for Medi-Cal. Medi-Cal eligibility may be established upon discontinuance from the program.

1.3 MAGI MC

If no Mega Mandatory eligibility exists an individual or case must be evaluated for MAGI MC. MAGI MC includes Children's Federal Poverty level (FPL) coverage groups including the Optional Targeted Low Income Children's (OTLIC) program, Parent/Caretaker relative, pregnant women/infant groups, the expanded adult coverage group, Medi-Cal Access Program (MCAP), and County Children's Health Insurance Program (CCHIP).

MAGI MC evaluates an individual or family's eligibility based on income, residency and household (tax filing household and relationship).

1.3.1 Children

Children under the MAGI MC rules include biological, step and/or adopted children.

1.3.2 Parent/Caretaker relative

A parent/caretaker relative is a relative of a dependent child, who is under 19 years of age, by blood, adoption, or marriage with whom the child is living. Caretaker relatives can be, among others, parents, grandparents, great-grandparents, stepparents, siblings, stepsiblings, uncles and aunts, cousins, or spouses or registered domestic partners of one of these relatives.

1.3.3 Pregnant woman/Infant Groups

Pregnant women and infants are generally evaluated with higher federal poverty limits.

1.3.4 Expanded MC (New Adult Group)

Following the implementation of the Affordable Care Act in 2014, childless adults who are not aged, blind or disabled became eligible to receive MC benefits. Adults age 19-64 are potentially eligible for MAGI MC if they meet all other eligibility requirements.

Disabled or blind individuals in the MAGI New Adult group with incomes at or below 128 and without Medicare benefit are considered “not newly eligible” and assigned under aid code L6 (full scope) or L7 (restricted scope). Disabled or blind individuals with income above 128 percent of the FPL, up to or below 138 percent of the FPL, are considered “newly eligible” and remain on aid code M1 (full scope) or M2 (restricted scope).



Reminder:

The determination of Non-MAGI Medi-Cal eligibility for a disabled individual received Medicare must be completed.

1.3.5 MAGI Optional Targeted Low Income Child

Optional Targeted Low Income Children (OTLIC) children with family income between 160% and 266% will have a \$13 monthly premium for MAGI. Although the premium is per child, the most any family will have to pay is \$39.

1.3.6 MCAP Pregnant Women and Linked Infant and Child

The Medi-Cal Access Program (MCAP) is a health coverage program for pregnant women and infants- [Refer to Chapter 41, Section 41.1 "Medi-Cal Access Program (MCAP)," page-1]

1.3.7 CCHIP

The County Children's Health Insurance Program (CCHIP) is available in San Mateo, San Francisco and Santa Clara county. CCHIP has higher income limits than MAGI MC and OTLIC and requires a premium contribution by the family. *CCHIP is available to citizens, nationals and legal permanent resident children under the age 19.*



Note:

SB75 does not apply to CCHIP. [Refer to Chapter 6, "SB75," page-44]

1.4 Non-MAGI MC

1.4.1 Non-MAGI MC Optional Categorical

Optional categorical programs are determined only after an individual has been determined ineligible for Mega Mandatory and/or MAGI MC programs.

- ABD FPL -The Non-MAGI MC Aged and Disabled FPL program, Blind FPL Program, and 250% Working Disabled Program (250% WDP) are all examples of optional categorical programs that are not required by federal law, but California has chosen to offer them to California residents.

[Refer to Chapter 28, Section 28.10 "Aged and Disabled Federal Poverty Level (A&D FPL) Program," page-64]

- The 250% WDP provides MC for working individuals with disabilities.

[Refer to Chapter 32, "250% Working Disabled Program (250% WDP)"]

- Tuberculosis Program - [Refer to Chapter 43, Section 43.14 "Tuberculosis Program," page-13]

1.4.2 Non-MAGI MC Medically Needy

The Medically Needy (MN) program is a Non-MAGI MC program that allows aged (over 65 years old), blind, or disabled individuals who are otherwise eligible for MC, except for income, spend down excess income on qualified medical expenses (known as SOC) to become eligible for MC. The MN program is

determined only after an individual has been determined ineligible for Mega Mandatory, MAGI MC, MCAP, CCHIP and Optional Categorical Non-MAGI MC.

[Refer to Chapter 31, Section 31.2 "AFCD-MN (Non-MAGI)," page-5]

Aged, Blind or Disabled

Individuals with disabilities may be eligible under Mega Mandatory or MAGI MC if they meet those criteria. However, to be eligible for disability based MC an individual must be determined disabled by the Social Security Administration definition or by Medi-Cal.

- Adult-MN (ABD-MN) - [Refer to Chapter 31, Section 31.3 "ABD-MN (Non-MAGI) Linkage," page-6]

Aid to Families with Dependent Children (AFDC) MN

Eligibility for AFDC MC is established by a parent/caretaker relative living with and caring for the child or children.

1.4.3 Non-MAGI MC Medically Indigent (MI)

- Medically Indigent Adults - [Refer to Chapter 31, Section 31.9 "MIA Exceptions," page-14]
- Medically Indigent Children - [Refer to Chapter 31, Section 31.6 "Medically Indigent Categories," page-13].

1.4.4 Long Term Care

Long Term Care (LTC) facilities provide personal care services ranging from eating and bathing to chronic disease management for an extended period of time. LTC services can be provided through MCAI MC and MAGI Optional Categorical coverage groups, however, if an individual is part of a Non-MAGI MC Optional Categorical coverage group LTC status will require the individual to be transitioned to the MN program with potential SOC.

1.4.5 BCCTP

The Breast and Cervical Cancer Treatment Program (BCCTP) provides cancer treatment to eligible individuals diagnosed with breast and/cervical cancer by a Cancer Detection Program such as Every Woman Counts (EWC) or Family Planning, Access, Care and Treatment (Family PACT). [Refer to Chapter 41, Section 41.8 "Breast and Cervical Cancer Treatment Program (BCCTP)," page-35]

1.5 Special Treatment Programs

- Medi-Cal Special Treatment Programs (MSTP) - [Refer to “Special Treatment Programs,” page 36-1]
 - Dialysis
 - Total Parenteral Nutrition
 - Anti-Rejection Medicine [Refer to Chapter 5, Section 5.36 "Organ Transplant Anti-Rejection Medication Program," page-102]
 - 60 Day Postpartum- Once a pregnant woman has been approved for Medi-Cal, increases in the share of cost due to increased income are not counted in her share of cost determination for pregnancy-related services, throughout the pregnancy, until the end of her 60-day postpartum period.[Refer to Chapter 36, Section 36.1 "60-Day Postpartum Program," page-1]

1.6 State/County Administered Programs

- Presumptive Eligibility
 - The Presumptive Eligibility for Pregnant Women program provides low income pregnant women with immediate, temporary MC coverage, limited to ambulatory prenatal care, while their regular MC (or CalWORKs) application is pending. [Refer to Chapter 41, Section 41.2 "Presumptive Eligibility for Pregnant Women (Proc 5M)," page-9]
 - Hospital Presumptive Eligibility
- Express Lane Enrollment
- Accelerated Enrollment (AE) - [Refer to Chapter 41, Section 41.6 "Accelerated Enrollment (AE) for Children," page-28]]

1.7 Consumer Protection Programs

1.7.1 Transitional Medi-Cal

- Transitional Medi-Cal -TMC is a consumer protection program. This program is for individuals who become ineligible for CalWORKs (CW), parent/caretaker relative MAGI MC, and child MAGI MC aid codes due to increased earnings. TMC may provide up to 12 months of zero share of cost (SOC) MC coverage. [Refer to Chapter 37, Section 37.2 "Initial Six Months of TMC," page-8]

- Four-Month Continuing Eligibility -The Four-Month Continuing program provides four months of zero SOC MC for individuals who are discontinued from CW, parent/caretaker relative MAGI MC, and child MAGI MC aid codes due to the collection of or increased collection of child/spousal support. [Refer to Chapter 37, Section 37.10 "Four-Month Continuing," page-21]
- Edwards vs. Kizer dictates that an individual must be placed onto a transitional aid code, when an individual is discontinued from CalWORKs, to allow time for a full MC determination [Refer to Chapter 50, Section 50.4 "Edwards v Kizer (also known as Edwards v Myers)," page-12]

1.7.2 Continuous Eligibility for Children (CEC)

- CEC ensures that all children under age 19 who are determined eligible for zero SOC MC maintain eligibility until the next annual redetermination or the child turns 19, whichever occurs first. All adverse changes in financial eligibility income, property, including a change in maintenance need levels, are disregarded until the CEC period ends. [Refer to Chapter 29 Section 29.4 "Continuous Eligibility for Children," page- 20]

1.8 Medi-Cal Benefits for Refugees

Refugees and Entrants may be eligible for MC through the Refugee Medical Assistance program or the Entrant Medical Assistance program.

- Refugee Medical Assistance (RMA)
- Entrant Medical Assistance (EMA)

[Refer to Chapter 40, "Refugees/TCVAP"]

1.9 TCVAP

Non-Citizen victims of human trafficking and/or other serious crimes may be eligible to receive State funded MC benefits while awaiting immigration adjustment and criminal justice investigation into the trafficking and crime incidents.

[Refer to Chapter 40, "Refugees/TCVAP"]

1.10 Minor Consent Services

Minor Consent Services are available to individuals under age 21 who are unmarried and living with their parents without requiring parental consent. Minor Consent includes family planning, pregnancy, drug/alcohol abuse, sexually transmitted disease, sexual assault and mental health medical services.

- [\[Refer to Chapter 38, "Minor Consent"\]](#)