

FAMILY MEDICAID SUBTYPES

Medicaid Subtype	Description
<i>4M</i>	Post-Medicaid due to excess child support
AF	Family Medicaid
AL	Emergency coverage for illegal alien
<i>BA</i>	Newborn Baby -- through month of 1st birthday (child born to a woman who was eligible for Medicaid in the month of delivery)
CP	<i>CHIP</i> (151% to 175% FPL). Title 21 funding
EO	Eligible for <i>FM</i> if not Institutionalized
FC	Title IV-E Foster Care child in State custody
H1	>133%-150%, all ages, with Insurance. Title 19 funding
H2	<i>CHIP</i> (>133% to 150%, all ages), no insurance. Title 21 funding
HC	Healthy Child (133% or less, age 0 - 5) Title 19 funding
IP	Under 21 child in State custody & In-Patient Psychiatric
IV	Title IV-E Subsidized Adoption
JC	Juvenile Court Ordered Child in State custody
PB	Postpartum Coverage for women whose income is less than <133% FPL
PC	Postpartum coverage for women whose income is >133% - <=175% FPL regardless of insurance. Title 19 funding.
PR	Pregnant Woman Coverage whose income is less than <133% FPL
PX	Pregnant Woman >133% - <=175% FPL. Title 19 funding
S1	>100%-133% ages 6-18 with Insurance. Title 19 funding
S2	<i>CHIP</i> (>100% to 133%, ages 6-18). Title 21 funding
SO	State-only (not IV-E) subsidized adoption (State custody)
SU	Six Up. Title 19 funding
T1	Transitional Medicaid
TO	Under 21
VO	Child in voluntary state custody

Yellow-Restricted Categories

APA Related Medicaid Subtypes

Medicaid Subtype	Description
AS	Waivered Assisted Living
BB	Individual lost <i>SSI/APA</i> eligibility from 1977 <i>SSA COLA</i> "Pickle Person"
BC	Breast and Cervical Cancer
BE	Disability exams (blindness), with or without need for <i>HCB</i> Waiver Determination. Non-standard coupon.
DC	Under 18, Receiving <i>SSI</i>
DE	Applicant who requires an <i>AD-2</i> , and, if needed, an <i>HCB</i> Waiver Determination.
DK	Disabled Kid (<i>TEFRA</i>)
DW	Working Disabled Medicaid Buy-In
GF	Individuals eligible for State <i>APA</i> cash program(s) in December 1973
IL	Illegal alien, <i>SSI/APA</i> related
IN	Long Term Care (Nursing Home or <i>HCB</i> Waiver)
IP	Residential Psychiatric Treatment Center Waiver
<i>NH</i>	Nursing Home (eligible for <i>SSI</i> or <i>APA</i> if not institutionalized)
NS	Ineligible for <i>SSI /APA</i> because of requirements which do not apply to Medicaid (use for <i>SSI</i> eligible individuals who have not applied for <i>SSI</i>)
PM	Section 1619(b) eligible individuals. or Disabled Adult Children; or Disabled Widowers who have lost <i>SSI</i> or <i>APA</i> due solely to receipt of title II benefits
QM	Qualified Medicare Beneficiaries (<i>QMB</i>)
RC	<i>SSI</i> individual refusing <i>APA</i> cash payments
SA	Ineligible for <i>SSI /APA</i> because of alien sponsor deeming
SI	Receiving <i>SSI</i> and institutionalized, or <i>SSI</i> and waiver, would otherwise receive <i>APA</i> Cash
SL	Specified Low Income Medicare Beneficiary. (<i>SLMB</i>)
SS	Individuals eligible for <i>SSI</i> or state supplemental payments except for the 20% Social Security Benefit increase (<i>OASDI</i>) in 1972.
ST	Receiving <i>APA</i> , no <i>SSI</i>
WD	Waiver applicant who does not require a disability determination, but does need a waiver determination. Eligibility is for the cost of a Waiver Agency's assessment for Waiver eligibility. Non-standard coupon.

Yellow-Restricted Categories