

Medical Assistance Hierarchy, Benefit Category, Coverage and Execution Order

Program Execution Order	Program Description	Aid Code	Benefit Category	Coverage
1	NF/Hospital 300% Institutionalized	MJ	01	Med. + Add'l LTC Services
2	HCBS CCT	M7	01	Med. + Add'l LTC Services
3	HCBS EBD	M8	01	Med. + Add'l LTC Services
4	HCBS DD	M6	01	Med. + Add'l LTC Services
5	HCBS SLS	MC	01	Med. + Add'l LTC Services
6	HCBS CMHS	M0	01	Med. + Add'l LTC Services
7	HCBS BI	M1	01	Med. + Add'l LTC Services
8	PACE	MA	01	Med. + Add'l LTC Services
9	HCBS CHCBS	M3	01	Med. + Add'l LTC Services
10	HCBS CLLI	MD	01	Med. + Add'l LTC Services
11	HCBS CHRP	M4	01	Med. + Add'l LTC Services
12	HCBS CES	M2	01	Med. + Add'l LTC Services
13	HCBS CWA	M9	01	Med. + Add'l LTC Services
14	HCBS SCI (currently HCBS CMW)	M5	01	Med. + Add'l LTC Services
15	SSI Mandatory	BJ	02	Med. No Premium Required
16	Former Foster Care	FF	02	Med. No Premium Required
17	Pickle	B1	02	Med. No Premium Required
18	DAC	BF	02	Med. No Premium Required
19	QDW	BM	02	Med. No Premium Required
20	OAP-A Med > 65 Psych	BK	02	Med. No Premium Required
21	OAP Med-A	BL	02	Med. No Premium Required
22	OAP Med-B	B8	02	Med. No Premium Required
23	MAGI Children	HP	02	Med. No Premium Required
24	MAGI Pregnant	N2	08	CHP+
25	Psych <21	HB	02	Med. No Premium Required
26	Legal Immigrant Prenatal	H1	02	Med. No Premium Required
27	Eligible Needy	H2	02	Med. No Premium Required
28	CHP+ Prenatal	N4	08	CHP+
29	CHP+ Newborn	HH	02	Med. No Premium Required
30	MAGI Parents/ Caretakers	N1	08	CHP+
31	Trans Med	HR	02	Med. No Premium Required
32	MAGI Adult	HD	02	Med. No Premium Required

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33	4 month extended	H3	02	Med. No Premium Required
34	Buy-In WAwD	H6	02	Med. No Premium Required
35	Buy-In CBwD	B3	03	Med. Premium May Be Req.
36	CHP+ Children	H5	03	Med. Premium May Be Req.
37	Refugee	HA	02	Med. No Premium Required
38	BCCP	P9	02	Med. No Premium Required
39	QMB	F4	04	Pay Medicare Part A &/or B Prem + Co-Pays/Deductibles
40	SLMB	F3	05	Medicare Part A &/or B Prem
41	QI-1	F2	05	Medicare Part A &/or B Prem
42	QDWI	P3	05	Medicare Part A &/or B Prem
43	OAP HCP-A	B0	06	Limited State Only
44	OAP HCP-B	BA	06	Limited State Only
45	LIS	L1	07	Medicare Part D Prem + Co-Pays/Deductibles