

Last Update: 10/16/17

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Legacy Aid Category Description	Legacy Aid Category	Indicator	Disaster	Federal Poverty Level	Federal Match %	Waiver Inst. Indicator		iC Benefit Plan Code	iC Benefit Plan Description	iC Aid Category Code
ARKids First Program (M-CHIP)	01							AR1	ArKids First CHIP Program	0100
ARKids (M-CHIP2)	01	A						AR1	ArKids First CHIP Program	0101
ARKids (M-CHIP) Katrina AL	01	A	B					AR1	ArKids First CHIP Program	0102
ARKids (M-CHIP) Katrina LA.	01	A	L					AR1	ArKids First CHIP Program	0103
ARKids (M-CHIP) Katrina MS	01	A	M					AR1	ArKids First CHIP Program	0104
ARKids (M-CHIP) Rita TX	01	A	T					AR1	ArKids First CHIP Program	0105
Medicaid Eligible (M-CHIP)	01	I						AR1	ArKids First CHIP Program	0106
Children of public employees (M-CHIP)	01	P						AR1	ArKids First CHIP Program	0107
Children of public employees (M-CHIP) Katrina LA	01	P	L					AR1	ArKids First CHIP Program	0108
DCFS non-Medicaid (non-IVE)	02							DCFYS	DCFYS Div of Child Fmly	0200
CMS non-Medicaid	03							TITLV	Children's Med Svcs Respite Care & DDS	0300
DDS non-Medicaid	04							DDS	Developmental Disability	0400
DCFS non-Medicaid IVE	05							DCFYS	DCFYS Div of Child Fmly	0500
Adult Expansion no FPL no FMAP	06							HCIP	Health Care Independence (Private Option)	0600
Adult Expansion no FPL no FMAP	06							IABP	Interim Alternative Benefit Plan	0600
Adult Expansion no FPL no FMAP	06							ABP	Alternative Benefit Plan	0600
Adult Expansion no FPL no FMAP	06							FRAIL	Full Medicaid for Medically Frail	0600
Adult Expansion no FPL A FMAP	06				A			HCIP	Health Care Independence (Private Option)	0601
Adult Expansion no FPL A FMAP	06				A			IABP	Interim Alternative Benefit Plan	0601
Adult Expansion no FPL A FMAP	06				A			ABP	Alternative Benefit Plan	0601
Adult Expansion no FPL A FMAP	06				A			FRAIL	Full Medicaid for Medically Frail	0601
Adult Expansion no FPL B FMAP	06				B			HCIP	Health Care Independence (Private Option)	0602
Adult Expansion no FPL B FMAP	06				B			IABP	Interim Alternative Benefit Plan	0602
Adult Expansion no FPL B FMAP	06				B			ABP	Alternative Benefit Plan	0602
Adult Expansion no FPL B FMAP	06				B			FRAIL	Full Medicaid for Medically Frail	0602
Adult Expansion no FPL N FMAP	06				N			HCIP	Health Care Independence (Private Option)	0603
Adult Expansion no FPL N FMAP	06				N			IABP	Interim Alternative Benefit Plan	0603
Adult Expansion no FPL N FMAP	06				N			ABP	Alternative Benefit Plan	0603

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Adult Expansion no FPL N FMAP	06				N			FRAIL	Full Medicaid for Medically Frail	0603
Adult Expansion no FPL Y FMAP	06				Y			HCIP	Health Care Independence (Private Option)	0604
Adult Expansion no FPL Y FMAP	06				Y			IABP	Interim Alternative Benefit Plan	0604
Adult Expansion no FPL Y FMAP	06				Y			ABP	Alternative Benefit Plan	0604
Adult Expansion no FPL Y FMAP	06				Y			FRAIL	Full Medicaid for Medically Frail	0604
Adult Expansion A FPL N FMAP	06			A	N			HCIP	Health Care Independence (Private Option)	0608
Adult Expansion A FPL N FMAP	06			A	N			IABP	Interim Alternative Benefit Plan	0608
Adult Expansion A FPL N FMAP	06			A	N			ABP	Alternative Benefit Plan	0608
Adult Expansion A FPL N FMAP	06			A	N			FRAIL	Full Medicaid for Medically Frail	0608
Adult Expansion B FPL N FMAP	06			B	N			HCIP	Health Care Independence (Private Option)	0613
Adult Expansion B FPL N FMAP	06			B	N			IABP	Interim Alternative Benefit Plan	0613
Adult Expansion B FPL N FMAP	06			B	N			ABP	Alternative Benefit Plan	0613
Adult Expansion B FPL N FMAP	06			B	N			FRAIL	Full Medicaid for Medically Frail	0613
Adult Expansion C FPL no FMAP	06			C				HCIP	Health Care Independence (Private Option)	0615
Adult Expansion C FPL no FMAP	06			C				IABP	Interim Alternative Benefit Plan	0615
Adult Expansion C FPL no FMAP	06			C				ABP	Alternative Benefit Plan	0615
Adult Expansion C FPL no FMAP	06			C				FRAIL	Full Medicaid for Medically Frail	0615
Adult Expansion C FPL N FMAP	06			C	N			HCIP	Health Care Independence (Private Option)	0616
Adult Expansion C FPL N FMAP	06			C	N			IABP	Interim Alternative Benefit Plan	0616
Adult Expansion C FPL N FMAP	06			C	N			ABP	Alternative Benefit Plan	0616
Adult Expansion C FPL N FMAP	06			C	N			FRAIL	Full Medicaid for Medically Frail	0616
Adult Expansion C FPL Y FMAP	06			C	Y			HCIP	Health Care Independence (Private Option)	0617
Adult Expansion C FPL Y FMAP	06			C	Y			IABP	Interim Alternative Benefit Plan	0617
Adult Expansion C FPL Y FMAP	06			C	Y			ABP	Alternative Benefit Plan	0617
Adult Expansion C FPL Y FMAP	06			C	Y			FRAIL	Full Medicaid for Medically Frail	0617
Adult Expansion D FPL no FMAP	06			D				HCIP	Health Care Independence (Private Option)	0618
Adult Expansion D FPL no FMAP	06			D				IABP	Interim Alternative Benefit Plan	0618
Adult Expansion D FPL no FMAP	06			D				ABP	Alternative Benefit Plan	0618

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Adult Expansion D FPL no FMAP	06			D				FRAIL	Full Medicaid for Medically Frail	0618
Adult Expansion D FPL N FMAP	06			D	N			HCIP	Health Care Independence (Private Option)	0619
Adult Expansion D FPL N FMAP	06			D	N			IABP	Interim Alternative Benefit Plan	0619
Adult Expansion D FPL N FMAP	06			D	N			ABP	Alternative Benefit Plan	0619
Adult Expansion D FPL N FMAP	06			D	N			FRAIL	Full Medicaid for Medically Frail	0619
Adult Expansion D FPL Y FMAP	06			D	Y			HCIP	Health Care Independence (Private Option)	0620
Adult Expansion D FPL Y FMAP	06			D	Y			IABP	Interim Alternative Benefit Plan	0620
Adult Expansion D FPL Y FMAP	06			D	Y			ABP	Alternative Benefit Plan	0620
Adult Expansion D FPL Y FMAP	06			D	Y			FRAIL	Full Medicaid for Medically Frail	0620
Adult Expansion E FPL no FMAP	06			E				HCIP	Health Care Independence (Private Option)	0621
Adult Expansion E FPL no FMAP	06			E				IABP	Interim Alternative Benefit Plan	0621
Adult Expansion E FPL no FMAP	06			E				ABP	Alternative Benefit Plan	0621
Adult Expansion E FPL no FMAP	06			E				FRAIL	Full Medicaid for Medically Frail	0621
Adult Expansion E FPL N FMAP	06			E	N			HCIP	Health Care Independence (Private Option)	0622
Adult Expansion E FPL N FMAP	06			E	N			IABP	Interim Alternative Benefit Plan	0622
Adult Expansion E FPL N FMAP	06			E	N			ABP	Alternative Benefit Plan	0622
Adult Expansion E FPL N FMAP	06			E	N			FRAIL	Full Medicaid for Medically Frail	0622
Adult Expansion E FPL Y FMAP	06			E	Y			HCIP	Health Care Independence (Private Option)	0623
Adult Expansion E FPL Y FMAP	06			E	Y			IABP	Interim Alternative Benefit Plan	0623
Adult Expansion E FPL Y FMAP	06			E	Y			ABP	Alternative Benefit Plan	0623
Adult Expansion E FPL Y FMAP	06			E	Y			FRAIL	Full Medicaid for Medically Frail	0623
Adult Expansion F FPL no FMAP	06			F				HCIP	Health Care Independence (Private Option)	0624
Adult Expansion F FPL no FMAP	06			F				IABP	Interim Alternative Benefit Plan	0624
Adult Expansion F FPL no FMAP	06			F				ABP	Alternative Benefit Plan	0624
Adult Expansion F FPL no FMAP	06			F				FRAIL	Full Medicaid for Medically Frail	0624
Adult Expansion F FPL N FMAP	06			F	N			HCIP	Health Care Independence (Private Option)	0625
Adult Expansion F FPL N FMAP	06			F	N			IABP	Interim Alternative Benefit Plan	0625
Adult Expansion F FPL N FMAP	06			F	N			ABP	Alternative Benefit Plan	0625

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Adult Expansion F FPL N FMAP	06			F	N			FRAIL	Full Medicaid for Medically Frail	0625
Adult Expansion F FPL Y FMAP	06			F	Y			HCIP	Health Care Independence (Private Option)	0626
Adult Expansion F FPL Y FMAP	06			F	Y			IABP	Interim Alternative Benefit Plan	0626
Adult Expansion F FPL Y FMAP	06			F	Y			ABP	Alternative Benefit Plan	0626
Adult Expansion F FPL Y FMAP	06			F	Y			FRAIL	Full Medicaid for Medically Frail	0626
Adult Expansion G FPL no FMAP	06			G				HCIP	Health Care Independence (Private Option)	0627
Adult Expansion G FPL no FMAP	06			G				IABP	Interim Alternative Benefit Plan	0627
Adult Expansion G FPL no FMAP	06			G				ABP	Alternative Benefit Plan	0627
Adult Expansion G FPL no FMAP	06			G				FRAIL	Full Medicaid for Medically Frail	0627
Adult Expansion G FPL N FMAP	06			G	N			HCIP	Health Care Independence (Private Option)	0628
Adult Expansion G FPL N FMAP	06			G	N			IABP	Interim Alternative Benefit Plan	0628
Adult Expansion G FPL N FMAP	06			G	N			ABP	Alternative Benefit Plan	0628
Adult Expansion G FPL N FMAP	06			G	N			FRAIL	Full Medicaid for Medically Frail	0628
Adult Expansion G FPL Y FMAP	06			G	Y			HCIP	Health Care Independence (Private Option)	0629
Adult Expansion G FPL Y FMAP	06			G	Y			IABP	Interim Alternative Benefit Plan	0629
Adult Expansion G FPL Y FMAP	06			G	Y			ABP	Alternative Benefit Plan	0629
Adult Expansion G FPL Y FMAP	06			G	Y			FRAIL	Full Medicaid for Medically Frail	0629
Breast and cervical cancer	07							MCAID	Full Medicaid	0700
TB services only	08							TB	Tuberculosis Services Only	0800
TB services only Katrina LA	08		L					TB	Tuberculosis Services Only	0801
TB services only Rita TX	08		T					TB	Tuberculosis Services Only	0802
PACE	09							PACE	Program for All Inclusive Care of the Elderly	0900
Working disabled with new co-pay	10	N						WD	Working Disabled	1001
Working disabled with regular co-pay	10	R						WD	Working Disabled	1002
Aid to aged-no grant	11							MLTA	Long Term Care Aged	1100
Aid to aged-no grant Katrina LA	11		L					MLTA	Long Term Care Aged	1101
Aged individual-grant (SSI)	13							SSI	SSI Adult	1300
Aged individual-grant (SSI) Katrina LA	13		L					SSI	SSI Adult	1301

Last Update: 10/16/17

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Aged spouse-grant (SSI)	14							SSI	SSI Adult	1400
PACE	15							PACE	Program for All Inclusive Care of the Elderly	1500
Aged-exceptional case	16							MNLB	Medically Needy Limited Benefit	1600
Aged-exceptional case Katrina LA	16		L					MNLB	Medically Needy Limited Benefit	1601
Aged-spend down case	17							SPDN	Spend Down	1700
Aged-spend down case Katrina LA	17		L					SPDN	Spend Down	1701
Aged-qualified Medicare beneficiary	18							QMB	Qualified Medicare Beneficiary	1800
Aged-qualified Medicare beneficiary Katrina LA	18		L					QMB	Qualified Medicare Beneficiary	1801
Aged-qualified Medicare beneficiary Katrina MS	18		M					QMB	Qualified Medicare Beneficiary	1802
AR Senior Program	18	S						MCAID	Full Medicaid	1803
AR Senior Program Katrina LA	18	S	L					MCAID	Full Medicaid	1804
AR Senior Program Rita TX	18	S	T					MCAID	Full Medicaid	1805
AFDC grant	20							PCR	Parent Caretaker Relative	2000
AFDC grant Katrina AL	20		B					MCAID	Full Medicaid	2001
AFDC grant Katrina LA	20		L					MCAID	Full Medicaid	2002
AFDC grant Katrina MS	20		M					MCAID	Full Medicaid	2003
AFDC grant Rita LA	20		R					MCAID	Full Medicaid	2004
AFDC grant Rita TX	20		T					MCAID	Full Medicaid	2005
AFDC no grant - less than \$10	21							MCAID	Full Medicaid	2100
AFDC stepparent deemed income	22							MCAID	Full Medicaid	2200
Transitional Medicaid adult	25							MCAID	Full Medicaid	2500
Transitional Medicaid adult Katrina LA	25		L					MCAID	Full Medicaid	2501
AFDC exceptional case	26							MNLB	Medically Needy Limited Benefit	2600
AFDC exceptional case Katrina LA	26		L					MNLB	Medically Needy Limited Benefit	2601
AFDC exceptional case Katrina MS	26		M					MNLB	Medically Needy Limited Benefit	2602
AFDC spend down case	27							SPDN	Spend Down	2700
AFDC spend down case Katrina LA	27		L					SPDN	Spend Down	2701
Aid to the blind-no grant	31							MLTB	Long Term Care Blind	3100

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Aid to the blind-no grant Katrina LA	31		L					MLTB	Long Term Care Blind	3101
Blind individual (SSI)-no grant	33							SSIAD	SSI Adult	3300
Blind spouse-grant	34							SSIAD	SSI Adult	3400
Blind child-grant	35							SSICH	SSI Child	3500
Blind exceptional case	36							MNLB	Medically Needy Limited Benefit	3600
Blind spenddown case	37							SPDN	Spend Down	3700
Blind-qualified Medicare beneficiary	38							QMB	Qualified Medicare Beneficiary	3800
Aid to the disabled-no grant	41							MLTD	Long Term Care Disabled	4100
Aid to the disabled-no grant Katrina LA	41		L					MLTD	Long Term Care Disabled	4101
Aid to the disabled-no grant Katrina MS	41		M					MLTD	Long Term Care Disabled	4102
Disabled individual (SSI)-no grant	43							SSIAD	SSI Adult	4300
Disabled individual (SSI)-no grant Katrina LA	43		L					SSIAD	SSI Adult	4301
Disabled spouse (SSI)-no grant	44							SSIAD	SSI Adult	4400
Disabled spouse (SSI)-no grant Katrina MS	44		M					SSIAD	SSI Adult	4401
Disabled child (SSI)-no grant	45							SSICH	SSI Child	4500
Disabled child (SSI)-no grant Katrina LA	45		L					SSICH	SSI Child	4501
Disabled child (SSI)-no grant Rita TX	45		T					SSICH	SSI Child	4502
Disabled-exceptional case	46							MNLB	Medically Needy Limited Benefit	4600
Disabled-exceptional case Katrina LA	46		L					MNLB	Medically Needy Limited Benefit	4601
Disabled-exceptional case Katrina MS	46		M					MNLB	Medically Needy Limited Benefit	4602
Disabled-spenddown case	47							SPDN	Spend Down	4700
Disabled-spenddown case Katrina LA	47		L					SPDN	Spend Down	4701
Disabled-spenddown case Katrina MS	47		M					SPDN	Spend Down	4702
Disabled-qualified Medicare beneficiary	48							QMB	Qualified Medicare Beneficiary	4800
Disabled-qualified Medicare beneficiary Katrina LA	48		L					QMB	Qualified Medicare Beneficiary	4801
Disabled-qualified Medicare beneficiary Rita TX	48		T					QMB	Qualified Medicare Beneficiary	4802
Disabled child-TEFRA	49							TEFRA	TEFRA	4900
Under age 18-no grant	51							MCAID	Full Medicaid	5100

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Newborn	52							MCAID	Full Medicaid	5200
Newborn Katrina LA	52		L					MCAID	Full Medicaid	5201
Under age 18-exceptional case	56							MNLB	Medically Needy Limited Benefit	5600
Under age 18-spend down	57							SPDN	Spend Down	5700
Qualified Individual 1-disabled	58							QDWI	Qualified Disabled Working Individuals	5800
Qualified Individual 1-disabled Rita TX	58		T					QDWI	Qualified Disabled Working Individuals	5801
Pregnant women-poverty level	61							LPW	Limited Pregnant Women	6100
Pregnant women-poverty level Katrina AL	61		B					LPW	Limited Pregnant Women	6101
Pregnant women-poverty level Katrina LA	61		L					LPW	Limited Pregnant Women	6102
Pregnant women-poverty level Katrina MS	61		M					LPW	Limited Pregnant Women	6103
Pregnant women-poverty level Rita LA	61		R					LPW	Limited Pregnant Women	6104
Pregnant women-poverty level Rita TX	61		T					LPW	Limited Pregnant Women	6105
Pregnant women adult-poverty level (M-CHIP)	61	C						SOCH	SOCH	6106
SOBRA Child	61	N						SSICH	SOBRA Child	6107
Pregnant women, poverty level	61	T						PW	Pregnant Women	6108
Pregnant women unborn child (S-CHIP)	61	U						PWUCH	Pregnant Women - Unborn Child	6109
Pregnant women unborn child (S-CHIP) Katrina LA	61	U	L					PWUCH	Pregnant Women - Unborn Child	6110
Pregnant women, poverty level	61	X						PW	Pregnant Women	6111
Pregnant women adult-presumptive eligibility	62							PWPE	Presumptive Eligibility for Pregnant Women	6200
Pregnant women adult-presumptive elig Katrina LA	62		L					PWPE	Presumptive Eligibility for Pregnant Women	6201
Pregnant women adult-presumptive elig Rita TX	62		T					PWPE	Presumptive Eligibility for Pregnant Women	6202
SOBRA newborn	63							MCAID	Full Medicaid	6300
SOBRA newborn Katrina LA	63		L					MCAID	Full Medicaid	6301
SOBRA newborn Katrina MS	63		M					MCAID	Full Medicaid	6302
Pregnant women-no grant	65							MCAID	Full Medicaid	6500
Pregnant women-no grant Katrina LA	65		L					MCAID	Full Medicaid	6501
Pregnant women-no grant Katrina MS	65		M					MCAID	Full Medicaid	6502
Pregnant women-exceptional case	66							MNLB	Medically Needy Limited Benefit	6600

Last Update: 10/16/17

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Pregnant women-spenddown case	67							SPDN	Spend Down	6701
Family planning waiver	69							FAMPL	Family Planning	6900
Family planning waiver Katrina AL	69		B					FAMPL	Family Planning	6901
Family planning waiver Katrina LA	69		L					FAMPL	Family Planning	6902
Family planning waiver Katrina MS	69		M					FAMPL	Family Planning	6903
Family planning waiver Rita TX	69		T					FAMPL	Family Planning	6905
Unemployed parent-exceptional case	76							MNLB	Medically Needy Limited Benefit	7600
Unemployed parent-exceptional case Katrina LA	76		L					MNLB	Medically Needy Limited Benefit	7601
Unemployed parent-exceptional case Katrina MS	76		M					MNLB	Medically Needy Limited Benefit	7602
Unemployed parent-spenddown case	77							SPDN	Spend Down	7700
Qualified Individual 2 - ended Dec. 31, 2002	78							QDWI	Qualified Disabled Working Individuals	7800
Refugee resettlement-grant	80							REF	Refugess	8000
Refugee resettlement-no grant	81							MCAID	Full Medicaid	8100
Refugee resettlement-exceptional case	86							MNLB	Medically Needy Limited Benefit	8600
Refugee resettlement-spenddown case	87							SPDN	Spend Down	8700
Special low income-qualified Medicare beneficiary	88							SLMB	Specified Low-income Medicare Beneficiaries	8800
Foster care	91							MCAID	Full Medicaid	9100
Foster care Katrina LA	91		L					MCAID	Full Medicaid	9101
Adopted Child	91	A						MCAID	Full Medicaid	9102
Adopted Child	91	F						MCAID	Full Medicaid	9103
Foster care IVE	92							MCAID	Full Medicaid	9200
Former Foster Care	93							MCAID	Full Medicaid	9300
Foster care-exceptional case	96							MNLB	Medically Needy Limited Benefit	9600
Foster care-spenddown case	97							SPDN	Spend Down	9700
Medically needy prescription drugs-state only	99							MNLB	Medically Needy Limited Benefit	9900
DDS Waiver - Inst Ind N	W1					N		DDWVR	Alt Community Svcs Waiver program W1	W1N
ElderChoices Waiver - Inst Ind N	W2					N		ELDCW	Elder Choices	W2N
Adults with Phys. Disabilities Waiver - Inst Ind N	W4					N		APDW	Alternatives for Adults with Physical Disabilities	W4N



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Assisted Living/Living Choices - Inst Ind N	W5					N		ALFW	Living Choices Assisted Living	W5N
Autism Waiver - Inst Ind N	W6					N		AUTSM	Autism Waiver	W6N
DDS Waiver - Inst Ind Y	W1					Y		DDWVR	Alt Community Svcs Waiver program W1	W1Y
ElderChoices Waiver - Inst Ind Y	W2					Y		ELDCW	Elder Choices	W2Y
Adults with Phys. Disabilities Waiver - Inst Ind Y	W4					Y		APDW	Alternatives for Adults with Physical Disabilities	W4Y
Assisted Living/Living Choices - Inst Ind Y	W5					Y		ALFW	Living Choices Assisted Living	W5Y
Autism Waiver - Inst Ind Y	W6					Y		AUTSM	Autism Waiver	W6Y
ElderChoices Waiver - Inst Ind N	W2					Y		ARCHC	AR Choices in Home Care	W2Y
ElderChoices Waiver - Inst Ind N	W2					N		ARCHC	AR Choices in Home Care	W2N
Child Health Management	C							CHMS	Child Health Management Serv	CHM
N/A	N/A							ALL	All Plans	N/A