



COMMISSIONER
Jon Weizenbaum

July 20, 2015

To: Home and Community-based Services Program Providers
Texas Home Living Program Providers
Local Intellectual and Developmental Disabilities Authorities
Community Living Assistance and Support Services Program Provider
Deaf Blind with Multiple Disabilities Program Providers
Financial Management Services Agencies

Subject: Information Letter No. 15-41
Interpretation of Medical Assistance Only Codes

The purpose of this information letter (IL) is to provide assistance to service coordinators, case managers, and program providers on how to identify an individual's Medicaid type program (TP) and to identify if a certified Medicaid TP is categorized as Medical Assistance Only (MAO).

Individuals certified for MAO Medicaid by the Health and Human Services Commission (HHSC) receiving Community First Choice (CFC) services through a 1915(c) Waiver Program must meet eligibility requirements stated in 42 Code of Federal Regulations (CFR) §441.510(d) and explained in [IL 2015-28](#), [IL 2015-29](#), [IL 2015-30](#), and [IL 2015-31](#). The 42 CFR §441.510(d) states an individual certified for MAO must **receive at least one waiver service per month**. Please note the eligibility requirement of **receiving at least one waiver service monthly** is in addition to CFC services received.

Home and Community-based Services (HCS) and Texas Home Living (TxHmL) service coordinators and program providers can access Client Assignment and Registration (CARE) system to identify an individual's Medicaid TP. Search for the individual's Medicaid eligibility information by CARE ID or Medicaid Number in the "C63: MEDICAID ELIGIBILITY SEARCH" screen. Once the selected individual's Medicaid eligibility information is displayed, refer to the column labeled "TYPE PROG" to identify the individual's Medicaid TP.

Community Living Assistance and Support Services (CLASS) and Deaf Blind with Multiple Disabilities (DBMD) program providers can locate individual's Medicaid TP information in the "Eligibility" section in Medicaid Eligibility Service Authorization Verification (MESAV) system. The column labeled "Program Type" within this section identifies the individual's Medicaid TP.

After identifying an individual's Medicaid TP, a service coordinator, case manager, or program provider is encouraged to use the attached MAO Waiver Chart to identify if the Medicaid TP is categorized as MAO. An individual's whose Medicaid TP is categorized as MAO must meet the CFC requirement stated in 42 CFR §441.510(d).

MAO Waiver Chart Description:

- The first column contains the Medicaid TP code.
- The second column is a brief description of the TP.
- The last column indicates whether the TP is categorized as MAO or not.

Disclaimers:

- Not all Medicaid TPs listed in the table are applicable for all of the 1915(c) Waiver programs.
- The content of this IL is for identifying whether the CFC requirement applies to a particular individual enrolled in Waiver Program.

Service coordinators, case managers, and program providers should not attempt to interpret and explain Medicaid policy to an individual or legally authorized representative. Questions about an individual's Medicaid eligibility should be referred to HHSC by dialing 2-1-1; or "My Texas Benefits" at <https://www.yourtexasbenefits.com/ssp/SSPHome/ssphome.jsp>.

If you have questions about this letter, please contact the DADS CFC Policy mailbox at CfcPolicy@dads.state.tx.us.

Sincerely,

[signature on file]

Donna Jessee
Director
Center for Policy and Innovation

[signature on file]

Elisa J. Garza
Assistant Commissioner
Access and Intake

Attachment: MAO Waiver Chart

TP Code	MAO Waiver Chart Description	MAO Yes / No
03	ME – Pickle	Y
07	MA – Earnings Transitional	Y
08	Foster Care – Federal Match – With Cash	Y
08	MA – TANF-Level Families	Y
09	Medicaid for the Transitioning Foster Care Youth	Y
09	MA – Non-AFDC Foster Care – JPC	Y
09	Foster Care – Federal Match – No Cash	Y
10	MA – State Foster Care – A	Y
10	MA – State Foster Care – 32	Y
10	MA – State Foster Care – D	Y
10	MA – State Foster Care – JPC	Y
10	MA – State Foster Care	Y
12	ME – Manual SSI Waivers	N
12	ME – Manual SSI State Group Home	N
12	ME – Manual SSI Non-State Group Home	N
12	ME – Manual SSI Nursing Facility	N
12	ME – Manual SSI State Hospital	N
12	ME – Manual SSI State Supported Living Center	N
12	ME – Manual SSI	N
12	ME – Temp Manual SSI	N
13	ME – Interim SSI Denied Child	N
13	ME – SSI Waivers	N
13	ME – SSI State Group Home	N
13	ME – SSI Non-State Group Home	N
13	ME – SSI	N
13	ME – SSI Nursing Facility	N
13	ME – SSI State Hospital	N
13	ME – Skilled Nursing Care	N
13	ME – SSI State Supported Living Center	N
13	ME – Temp SSI	N
14	ME – Waivers	Y

TP Code	MAO Waiver Chart Description	MAO Yes / No
14	ME – State Group Home	Y
14	ME – State Supported Living Center	Y
14	ME – Non-State Group Home	Y
14	ME – State Hospital	Y
14	ME – Nursing Facility	Y
14	ME – Temp Institutional	Y
14	ME – Historical Institutional-waiver	Y
14	ME – Temp Waivers	Y
18	ME – Disabled Adult Child	Y
19	ME – SSI Denied Children	Y
20	MA – Child Support Transitional	Y
21	Adoption Assistance – Federal Match – No Cash	Y
21	Adoption Assistance – Federal Match – With Cash	Y
22	ME – Disabled Widow(er)	Y
22	ME – Early Aged Widow(er)	Y
22	ME – Temp Widow(er)(s)y	Y
29	MA – State Time Limit Transitional	Y
37	MA – EID Transitional	Y
40	MA – Pregnant Women	Y
43	MA – Children Under 1	Y
44	MA – Children 6-18	Y
45	MA – Newborn Children	Y
47	MA – Children denied TANF w/Applied Income	Y
48	MA – Children 1-5	Y
55	MA – Refugee	Y
55	MA – MN w/Spend Down	Y
87	ME – Medicaid Buy In	Y
88	ME – Medicaid Buy In for Children	Y