SPH, Appendix III, Medicaid Type Program Codes for STAR+PLUS Home and Community Based Services and Community First Choice

Revision 18-2; Effective September 3, 2018

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| **TP**  **Code** | **MAO Waiver Chart**  **Description** | **Check ME-**  **Waiver Box?** | **CFC Eligible?** |
| 03 | ME – Pickle | Y | Y |
| 07 | MA – Earnings Transitional | N | Y |
| 08 | Foster Care – Federal Match – With Cash | N | Y |
| 08 | MA – TANF-Level Families | N | Y |
| 09 | Medicaid for the Transitioning Foster Care Youth | N | Y |
| 09 | MA – Non-AFDC Foster Care – JPC | N | Y |
| 09 | Foster Care – Federal Match – No Cash | N | Y |
| 10 | MA – State Foster Care – A | N | Y |
| 10 | MA – State Foster Care – 32 | N | Y |
| 10 | MA – State Foster Care – D | N | Y |
| 10 | MA – State Foster Care – JPC | N | Y |
| 10 | MA – State Foster Care | N | Y |
| 12 | ME – Manual SSI Waivers | N | Y |
| 12 | ME – Manual SSI State Group Home | N | N |
| 12 | ME – Manual SSI Non-State Group Home | N | N |
| 12 | ME – Manual SSI Nursing Facility | N | N |
| 12 | ME – Manual SSI State Hospital | N | N |
| 12 | ME – Manual SSI State Supported Living Center | N | N |
| 12 | ME – Manual SSI | N | Y |
| 12 | ME – Temp Manual SSI | N | Y |
| 13 | ME – Interim SSI Denied Child | N | Y |
| 13 | ME – SSI Waivers | N | Y |
| 13 | ME – SSI State Group Home | N | N |
| 13 | ME – SSI Non-State Group Home | N | N |
| 13 | ME – SSI | N | Y |
| 13 | ME – SSI Nursing Facility | N | N |
| 13 | ME – SSI State Hospital | N | N |
| 13 | ME – Skilled Nursing Care | N | N |
| 13 | ME – SSI State Supported Living Center | N | N |
| 13 | ME – Temp SSI | N | Y |
| 14 | ME – Waivers | Y | Y/N[[1]](#footnote-1) |
| 14 | ME – State Group Home | Y | N |
| 14 | ME – State Supported Living Center | Y | N |
| 14 | ME – Non-State Group Home | Y | N |
| 14 | ME – State Hospital | Y | N |
| 14 | ME – Nursing Facility | Y | N |
| 14 | ME – Temp Institutional | Y | N |
| 14 | ME – Historical Institutional-waiver | Y | N |
| 14 | ME – Temp Waivers | Y | N |
| 14 | MA – MBCC - Medicaid for Breast and Cervical Cancer | Y | Y |
| 18 | ME – Disabled Adult Child | Y | Y |
| 19 | ME – SSI Denied Children | N | Y |
| 20 | MA – Child Support Transitional | N | Y |
| 21 | Adoption Assistance – Federal Match – No Cash | N | Y |
| 21 | Adoption Assistance – Federal Match – With Cash | N | Y |
| 22 | ME – Disabled Widow(er) | Y | Y |
| 22 | ME – Early Aged Widow(er) | Y | Y |
| 22 | ME – Temp Widow(er)(s)y | Y | Y |
| 29 | MA – State Time Limit Transitional | N | Y |
| 37 | MA – EID Transitional | N | Y |
| 40 | MA – Pregnant Women | N | Y |
| 43 | MA – Children Under 1 | N | Y |
| 44 | MA – Children 6-18 | N | Y |
| 45 | MA – Newborn Children | N | Y |
| 47 | MA – Children denied TANF w/Applied Income | N | Y |
| 48 | MA – Children 1-5 | N | Y |
| 55 | MA – Refugee | N | Y |
| 55 | MA – MN w/Spend Down | N | Y |
| 87 | ME – Medicaid Buy In | Y | Y |

1. Individuals with this Medicaid eligibility through a 1915(c) waiver are eligible for Community First Choice (CFC). Individuals with this Medicaid eligibility through STAR+PLUS Home and Community Based Services (HCBS) program are not eligible for CFC due to federal rules. [↑](#footnote-ref-1)