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)