



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

CHARLES SMITH
EXECUTIVE COMMISSIONER

Memorandum

To: Managed Care Program Oversight
Enrollment Resolution Services
Program Support and Utilization Review
Managed Care Organizations

From: Michelle Erwin
Director, Policy and Program Management
Medicaid/CHIP Division

Subject: Medicaid Type Program Identification for STAR+PLUS Home and
Community Based Services and Community First Choice

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HHSC: 16-06-003

The purpose of this memorandum is to provide managed care organizations (MCOs) and Medicare-Medicaid Plans (MMPs) delivering STAR+PLUS Home and Community Based Services (HCBS) program benefits and Community First Choice (CFC) services information pertaining to a member's Medicaid Type Program (TP) and how to use this information when submitting Form H1700-1, Individual Service Plan for members receiving HCBS and when evaluating a member for CFC eligibility.

The attached chart outlines Medicaid Type Program codes, established by Medicaid for the Elderly and People with Disabilities (MEPD) staff, based on an individual's eligibility type. When an MCO service coordinator submits form H1700-1, Individual Service Plan, through the Long Term Care online portal, for a member receiving STAR+PLUS HCBS (also called STAR+PLUS Waiver (SPW)) services, the service coordinator must check the box titled, "ME-Waiver" if the applicant/member's TP requires MEPD review for continued Medicaid eligibility. Medicaid TPs requiring a service coordinator to check the "ME-Waivers" box are: TP 03 (Pickle), TP 14 (Medical Assistance Only), TP 18 (Disabled Adult Child), TP 22 (Disabled Widow(er), Early Aged Widow(er), Temporary Widow(er)), and TP 87 (Medicaid Buy In).

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The attached chart also describes eligibility for CFC through an MCO or MMP. Noted in HHSC 15-05-001, members who are eligible for Medicaid only because they are eligible to receive STAR+PLUS HCBS, also referred to as Medical Assistance Only, are not eligible for CFC services. The Medicaid TP for these individual's is TP 14. Also noted in the chart, individuals receiving Medicaid while residing in an institution are not eligible for CFC services because these services may only be provided in a member's home or in another community based setting. Federal rule prohibits the delivery of CFC services in or on the grounds of an institution.

If you have any questions regarding this memorandum, you may contact Amanda Dillon, at 512-462-6396 or Amanda.dillon@hhsc.state.tx.us