

Form 2065-C/2065-CS
Attachment C

MDCP Denial Citations and Codes

Instructions

Updated: 02/2015

Rule Number or Waiver Reference	Reason for Denial in Plain Language	SAS Code	SAS Denial Reason
40 TAC §51.203(b)(1)	At age 21 or over, you are no longer eligible for the Medically Dependent Children Program (MDCP). A la edad de 21 años o más, ya no llena los requisitos del Programa de Niños Médicamente Dependientes (MDCP).	39	Other
40 TAC §51.203(b)(2) 40 TAC §51.243(d)(1)	A notice has been received from your Medicaid for the Elderly and People with Disabilities (MEPD) specialist stating you have been denied Medicaid eligibility. Se ha recibido un aviso de su especialista de Medicaid para Adultos Mayores y Personas Discapacitadas (MEPD) donde dice que su elegibilidad de Medicaid le ha sido negada.	06	Client denied Medicaid eligibility
40 TAC §51.203(b)(3) 40 TAC §51.243(d)(1)	You no longer meet the medical necessity criteria (MN) for nursing facility care. Ya no satisface los criterios de necesidad médica (MN) para la atención en un centro para convalecientes.	08	Loses level of care (medical necessity)
40 TAC §51.203(b)(5)	Your child is no longer eligible for the program because he/she is under age 18 and does not live with a family member. Su hijo ya no llena los requisitos del programa porque es menor de 18 años y no vive con un miembro de la familia.	39	Other
40 TAC §51.203(b)(5)	The foster care living arrangement does not meet program requirements. There are more than four children unrelated to the individual. El arreglo de vivienda bajocuidado temporal no satisface los requisitos del programa. Hay más de cuatro niños que no tienen ningún parentesco con el cliente.	39	Other
40 TAC §51.211(g) 40 TAC §51.243(c)(3)	You are enrolled in another 1915(c) waiver program. (The case manager must identify the name of the other waiver program without the use of acronyms.) Está inscrito en otro programa opcional 1915(c).	23	Transferred to another service
40 TAC	You or your parent or guardian did not participate in the development	39	Other

§51.219(a)(1)	of the plan of care. Usted o su padre o tutor no participó en la formulación del plan de atención.		
40 TAC §51.219(a)(3)	You or someone in your home refuses to comply with mandatory program requirements. Usted u otra persona en su casa se niega a cumplir los requisitos obligatorios del programa.	17	Failure to follow service plan
40 TAC §51.219(a)(4)	You, your parent or guardian have not selected a contracted service provider. Usted, su padre o tutor no seleccionó a uno de los proveedores contratados.	39	Other
40 TAC §51.219(a)(5)	You, your parent or guardian have not trained the contracted provider. Usted, su padre o tutor no le dio capacitación al proveedor contratado.	39	Other
40 TAC §51.219(a)(5)	You, your parent or guardian have not monitored the contracted provider. Usted, su padre o tutor no monitoreó al proveedor contratado.	39	Other
40 TAC §51.219(a)(5)	You, your parent or guardian have not supervised the contracted provider. Usted, su padre o tutor no supervisó al proveedor contratado.	39	Other
40 TAC §51.221(a)	Your request for service is denied. The parent or guardian is responsible for basic child care. Se le niega la solicitud de servicios. El padre o tutor es responsable del cuidado básico del niño.	N/A	N/A
40 TAC §51.221(b)	You, your parent or guardian did not return the plan of care within 10 days of receipt. Usted, su padre o tutor no devolvió el plan de atención dentro de los 10 días de haberlo recibido.	21	Refuses to sign service plan (treatment plan)
40 TAC §51.243(c)(1)	Death of individual. Fallecimiento de la persona.	02	Death of client
40 TAC §51.243(c)(2)	You have entered an institution for long-term care purposes. Ha entrado a una institución dedicada a la atención a largo plazo.	03	Admitted to institution
40 TAC §51.243(2)(A)	Your primary caregiver does not participate in the development of your individual plan of care. Su cuidador principal no participa en la formulación de su plan individual de atención.	39	Other
40 TAC §51.243(c)(4)	You have requested to end your services.	05	Client requests service

	Usted ha solicitado la terminación de sus servicios.		termination
TX0181.90.R3 Appendix B-6a	You, your parent or guardian do not have a need for program services. Usted, su padre o tutor no necesita los servicios del programa.	39	Other
TX0181.90.R3 Appendix B-6a	You, your parent or guardian have not used program services monthly. Usted, su padre o tutor no usó los servicios del programa cada mes.	39	Other
42 CFR §441.301 (b) (1)(ii)	Your request for program services is denied. Program services may not be delivered while you are an in-patient of a hospital, nursing facility or intermediate care facility for persons with intellectual disability. (The case manager should identify only the institution that is applicable.) Su petición de servicios del programa es negada. Los servicios del programa no se pueden prestar durante su estadía en un hospital, centro para convalecientes o centro de atención intermedia para personas con una discapacidad intelectual o padecimiento relacionado.	N/A	N/A