

Home and Community-Based Services

Adult Mental Health

Medicaid Plan – Types of Assistance

Accepted Medicaid Types

Type of Assistance	Medicaid Eligibility Group	Other Names
TP 03	Pickle Group	ME – Pickle
TP 13	Supplemental Security Income Recipient	ME – SSI
TP 18	Disabled Adult Children	ME – Disabled Adult
TP 21	Disabled Widow(er)	
TP 22	Early Aged Widow(er)	
TP 54	Medicaid SSI, Qualified Medicare Beneficiary	ME – SSI,QMB; MQMB

Questions about the HCBS–AMH program?

Email us at hcbs-amh.services@hhsc.state.tx.us.

Visit the HCBS–AMH webpage at hhs.texas.gov/hcbs-amh.



TEXAS
Health and Human
Services

Medicaid Plan – Types of Assistance

Medicaid Types Accepted – Pending Additional Review

These types of assistance will require additional review by HHSC to determine if the person meets Medicaid eligibility.

Type of Assistance	Medicaid Eligibility Group	Additional review required
TA08	ME – SSI State Group Home	Confirm person will be eligible for accepted Medicaid plan once in the community
TA12	ME – State Group Home	Confirm person will be eligible for accepted Medicaid plan once in the community
TA15	State Paid Adoption Subsidy	Confirm that Income <150% Federal Poverty Income Limit
TA26	ME – SSI Non-State Group Home	Confirm person will be eligible for accepted Medicaid plan once in the community
TA77	FFCHE – Former Foster Care in Higher Education	Confirm that Income <150% FPIL
TA 82	Former Foster Care Children	Confirm that Income <150% FPIL
TP 08	Parents and Caretaker Relatives (Also known as MA-TANF Level Families)	Confirm that Income <150% Federal Poverty Income Limits
TP10	ME – State School	Confirm person will be eligible for accepted Medicaid plan once in the community
TP15	ME – Non-State Group Home	Confirm person will be eligible for accepted Medicaid plan once in the community

Medicaid Plan – Types of Assistance

Medicaid Types Accepted – Pending Additional Review *continued*

Type of Assistance	Medicaid Eligibility Group	Additional review required
TP16	ME – State Hospital	Confirm person will be eligible for accepted Medicaid plan once in the community
TP17	ME – Nursing Facility	Confirm person will be eligible for accepted Medicaid plan once in the community
TP38	ME– SSI Nursing Facility	Confirm person will be eligible for accepted Medicaid plan once in the community
TP39	ME – SSI State Hospital	Confirm person will be eligible for accepted Medicaid plan once in the community
TP 40	Pregnant Women	Confirm that Income <150% FPIL
TP 87	Medicaid Buy-In	Confirm that Income <150% FPIL
TP93	Foster Care – Federal Match - No Cash	Confirm that Income <150% FPIL
TP94	Foster Care – Federal Match - With Cash	Confirm that Income <150% FPIL
TP97	Foster Care – No Federal Match - No Cash	Confirm that Income <150% FPIL

Medicaid Plan – Types of Assistance

Common Assistance Types Not Accepted by HCBS-AMH

Type of Assistance	Medicaid Eligibility Group	Other Names
TA41	MA – Women’s Health Program	MA – Women’s
TP 01	TANF Basic	
TP23	Specified Low-Income Medicare Beneficiary	MC – SLMB
TP24	Medicare-Qualified Medicare Beneficiary, QOMB	MC – QMB
TP25	MC – Qualified Disabled and Working Individuals	QDWI
TP26	Medicare-Qualified Individual 1	MC – QI 1
TP27	Medicare-Qualified Individual 2	MC – QI 2
TP55	Medically Needy, No spenddown	MA – Medically Needy