

DBHR Crosswalk for Provider One (ACES) Coverage Group Codes and the TARGET Entry

- The appropriate Modality, Contract Type and Fund Source should be chosen based on previous guidance provided by DBHR. The only change is that ADATSA Contract Type is no longer active.
- New Alternative Benefit Plan (ABP) clients (formerly ADATSA and Disability Lifeline eligibles) will use the “Adult Residential” Contract Type for Residential Treatment; or “Adult Outpatient” for Outpatient Treatment
- The column “ACES” in this document refers to the group code found in Provider One (populated by ACES) which is attached to each person eligible for State Medical Services. Use this group code to cross reference eligibility with Public Funding Type

SSI and SSI Related	ACES	DESCRIPTION	TARGET Public Funding Type – CD Services Coverage	SCOPE	FMAP
SSI and SSI related also called Aged/Blind/Disabled category Disability is determined by SSA or by NGMA referral to DDDS	S01	SSI Recipients	Supplemental Security Income (SSI)	CN	50%
	S02	ABD Categorically Needy	Supplemental Security Income (SSI)	CN	50%
	S03	QMB Medicare Savings Program (MSP) Medicare premium and Medicare co payments	N/A – not covered for CD	MSP	N/A
	S04	QDWI Medicare Savings Program	N/A – not covered for CD	MSP	N/A
	S05	SLMB Medicare Savings Program. Medicare Premium only	N/A – not covered for CD	MSP	N/A
	S06	QI-1 (ESLMB) Medicare Savings Program	N/A – not covered for CD	MSP	N/A
	S07	Undocumented Alien. Emergency Related Service Only	N/A – not covered for CD	ERSO	N/A
	S95	Medically Needy no spend down	Supplemental Security Income (SSI)	MN	N/A
	S99	Medically Needy with spend down	Supplemental Security Income (SSI)	MN	N/A
	SSI Related Living in an alternate living facility (non-medical institution) adult family home, boarding home or	G03	Non Institutional Medical in ALF CN-P Income under the SIL plus under state rate x 31 days + 38.84	Medical Assistance Only	CN
G95		Medically Needy Non Institutional in ALF no spend down	N/A – not covered for CD	MN	N/A
G99		Medically Needy Non Institutional in ALF with spend down	N/A – not covered for CD	MN	N/A

DDD group home.					
SSI Related Healthcare for Workers w/disability	S08	Healthcare for Workers with Disability CN-P Premium based program. Substantial Gainful Activity (SGA) not a factor in Disability determination.	Supplemental Security Income (SSI)	CN	50%
INSTITUTIONAL HCBS Waivers (HCS/DDD) and Hospice SSI related	L21	Categorically Needy DDD/HCS Waiver or Hospice on SSI	Medical Assistance Only	CN	50%
	L22	Categorically Needy DDD/HCS Waiver or Hospice – gross income under the SIL			
	L24	Undocumented Alien/Non-Citizen LTC - residential placement. Must be preapproved by ADSA program manager. Emergency Related Service Only (45 slots)	Medical Assistance Only	ERSO – CN scope	50%
	L95	Medically Needy Hospice in Medical Institution. Income over the SIL-no spend down	N/A – not covered for CD	MN	N/A
	L99	Medically Needy Hospice in Medical Institution. With spend down	N/A – not covered for CD	MN	N/A
INSTITUTIONAL SSI	L01	SSI recipient in a Medical Institution - Residing in a medical institution 30 days or more	Medical Assistance Only	CN	50%
INSTITUTIONAL SSI Related Residing in a medical institution 30 days or more	L02	SSI related CN-P in a Medical Institution Income under the SIL	Medical Assistance Only	CN	50%
	L04	Undocumented Alien/Non-Citizen LTC must be pre-approved by ADSA program manager. Emergency Related Service Only (45 slots)	Refugee Assistance	ERSO – CN scope	50%
	L95	SSI related Medically Needy no Spend down Income over the SIL. Income under the state rate.	Supplemental Security Income (SSI)	MN	50%
	L99	SSI related Medically Needy with Spend down Income over the SIL. Income over the state rate but under the private rate. Locks into state NF rate	Supplemental Security Income (SSI)	MN	50%
INSTITUTIONAL Family/Children TANF related income/resource rules PREGNANCY	K01	Categorically Needy Family in Medical Institution	Temporary Assistance for Needy Families (TANF)	CN	50%
	K03	Undocumented Alien Family in Medical institution Emergency Related Service Only	N/A – not covered for CD	ERSO	N/A
	K95	Family LTC Medically Needy no Spend down in Medical institution	N/A – not covered for CD	MN	N/A
	K99	Family LTC Medically Needy with Spend down In Medical institution	N/A – not covered for CD	MN	N/A
	P02	Pregnant 185 FPL & Postpartum Extension	Temporary Assistance for Needy Families (TANF)	CN	50%
	P04	Undocumented Alien Pregnant Woman	Temporary Assistance for	CN scope	50%

			Needy Families (TANF)		
	P05	Family Planning Service Only	N/A – not covered for CD	FAMILY PLANNING	N/A
	P06	Take Charge family Planning only			
	P99	Medically Needy Pregnant Women & Postpartum Extension	N/A – not covered for CD	MN	N/A
Refugee MA	R01	Refugee cash and Medical (ENDS 09/30/13)	N/A – program ended	CN	N/A - ended
	R02	Transitional 4 Month Extension	Refugee Assistance	CN	50%
	R03	Refugee Categorically Needy	Medical Assistance Only	CN	50%
DCFS/JRA Medical Foster Care	D01	SSI Recipient FC/AS/JRA Categorically Needy	Medical Assistance Only	CN	50%
	D02	FC/AS/JRA Categorically Needy	Medical Assistance Only	CN	50%
	D26	Title IV-E federal foster care – und34 26	Medical Assistance Only	CN	50%
Family Related MA	F01	TANF cash and Medicaid (ENDS 09/30/13)	N/A – not covered for CD	CN	N/A - ended
	F02	Transitional Medicaid	Temporary Assistance for Needy Families (TANF)	CN	50%
	F03	Post TANF Child/Spousal Support (4 months max only) (ENDS 12/31/13)	N/A – not covered for CD	CN	N/A
	F04	TANF Related	Temporary Assistance for Needy Families (TANF)	CN	50%
	F05	Newborn	Medical Assistance Only	CN	50%
	F06	Categorically Needy Medical Children (Effective 1/1/09, this may be CN Medicaid children or CN State funded children)	Temporary Assistance for Needy Families (TANF)	CN	50%
	F07	Children's Health Insurance Program	Medical Assistance Only	CN S-CHIP NOT MEDICAID	N/A – Not Medicaid
	F08	Undocumented Alien Children (this coverage group ends 12/31/08 and is merged with the F06 group)	Medical Assistance Only	State Funded CN scope of care	N/A – state funded
	F09	Undocumented Alien- Emergency Related Service Only	N/A – not covered for CD	ERSO	N/A
	F10	Interim Categorically Needy (2 months max only)	Medical Assistance Only	CN	50%
	F99	Medically Needy no Spend down	N/A – not covered for CD	MN	N/A
MAGI Family Related MA	N01	MAGI Parent/Caretaker Medicaid; adult	Temporary Assistance for Needy Families (TANF)	CN	50%
	N02	12 month Transitional MAGI Parent/Caretaker Medicaid; adult	Temporary Assistance for	CN	50%

			Needy Families (TANF)	
	N03	MAGI Pregnancy	Temporary Assistance for Needy Families (TANF)	CN 50%
	N05	MAGI adult Medicaid; income =<133% (Medicaid Expansion)	Alternative Benefit Plan (<i>new category</i>)	ABP 100% Federal
	N10	MAGI Newborn Medical birth to one year	Temporary Assistance for Needy Families (TANF)	CN 50%
	N11	MAGI Children's Medicaid/age under 19,	Medical Assistance Only	CN 50%
	N13	MAGI Children's Health Insurance Program (CHIP) Children under 19; premium payment program	Medical Assistance Only	CN 65% Federal, 35% State
	N21	MAGI Parents/Caretaker; Emergency only; AEM	N/A – not covered for CD	ERSO N/A
	N23	MAGI Pregnancy; not lawfully present	Refugee Assistance	CN 65% Federal pre-natal, 50% labor and delivery, 100% state only post-partum
	N25	MAGI adult Medicaid; non-citizen- income =<133% (Medicaid Expansion) AEM	N/A – not covered for CD	ERSO N/A
	N31	MAGI Children's medical; under 19; non-citizen	Refugee Assistance	State Funded CN scope of care 100% State Funded Only
	N33	MAGI Children's Health Insurance Program (CHIP): under 19; premium payment program, non-citizen	Refugee Assistance	State Funded CN scope of care 100% State Funded Only
ADATSA –State Program Drug & Alcohol TX program	W01	ADATSA Medical-State Funded (ENDS 12/31/13)	N/A – program ended	STATE FUNDED N/A - ended
ADATSA	W02	ADATSA Medical Care-State Funded (ENDS 12/31/13)	N/A – program ended	STATE FUNDED N/A - ended
ADATSA	W03	Detox Medical-State Funded (ENDS 12/31/13)	N/A – program ended	STATE FUNDED N/A - ended
Medical Care Services	G01	MCS Medical Care Services	Medical Assistance Only	STATE FUNDED 100% State Funded

and ABD Cash with CN Medicaid	G02	ABD cash plus either: (ENDS 12/31/13) ABD-X Presumptive SSI Federally Funded CN-P Medicaid (ENDS 12/31/13) ABD-A Federally Funded CN-P -AGED ABD-D Federally Funded CN-P- NGMA disability determination	Aging, Blind or Disabled <i>(new category)</i>	CN	50%
Mental Health Institutional	I01	In Patient Psychiatric (Mental Health) (ENDS 12/31/13)	N/A – program ended	CN	N/A - ended
Breast and Cervical Cancer program	S30	Breast and Cervical Cancer (Health Department approval)	Medical Assistance Only	CN	50%
Take Charge	P06	Family Planning (Take Charge)	N/A – not covered for CD	FAMILY PLANNING	N/A
Psychiatric inpatient	M99	Psychiatric Indigent Inpatient spend down(MI prior to 7/03) Mental Health ONLY. (ENDS 12/31/13)	N/A – program ended	STATE	N/A - ended