# How to Determine an Individual's TXIX Medicaid Eligibility by using the View Client Page

For an individual with I/DD to be authorized for DD TXIX Medicaid services from the K-Plan and/or from a DD waiver, there are three eligibility components that must be first verified and met:

1. The individual is receiving, or about to receive, a DD TXIX Medicaid eligible service.

2. The individual has support needs that meet the TXIX Level of Care (LOC) criteria.

3. The individual is eligible for, or receiving, the appropriate level of TXIX Medicaid benefits.

There are different types/levels of TXIX Medicaid benefits. Depending on the type of TXIX the individual is eligible for, or is receiving, that type may limit the Medicaid services the individual is able to have authorized for them from ODDS.

➔ **State Plan TXIX Medicaid**
  o State Plan Personal Care (SPPC) services ONLY

➔ **Child Welfare** (CW) **Medicaid**
  o SPPC Services
  o K-Plan services
  o DD Waiver Services (for the specific waiver enrolled to, as of 7/1/2019)

➔ **OHA** (OHP+)/**MAGI TXIX Medicaid**
  o SPPC services
  o K-Plan services
  o DD Waiver Services (for the specific waiver enrolled to, as of 7/1/2016)

➔ **APD** (OSIPM) **TXIX Medicaid**
  o SPPC services
  o K-Plan services
  o DD Waiver services (for the specific waiver enrolled to)

Final TXIX service and waiver eligibility/enrollment is verified and updated by DHS Central Office in the Technical Assistance Unit (TAU) based upon information submitted via the DD Eligibility Enrollment form, the TXIX LOC form for the individual and the type/level of TXIX Medicaid the individual is receiving.
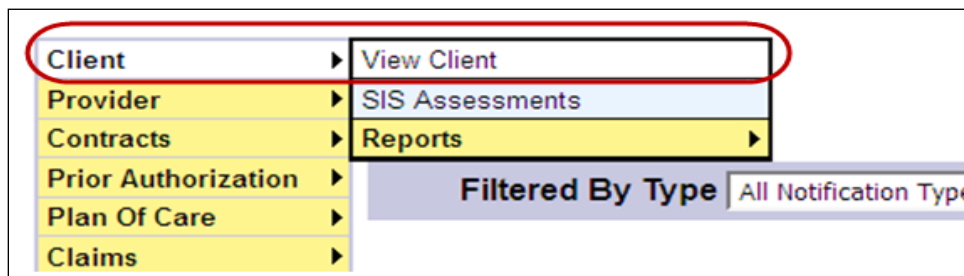
*As of 5/1/2016* the TAU staff will code client service eligibility based on the individual's actual service and TXIX eligibility, rather than what services they anticipate requesting at the time of submission of information to the TAU.

To help facilitate this service enrollment and authorization process, CDDPs and Brokerages may need to first determine the type/level of TXIX Medicaid the individual is already receiving. Knowing this information will expedite the service enrollment and POC authorization process and assist the individual to apply for the type of TXIX Medicaid benefits from the local APD/SPD Medicaid field office that they may need to support their desired services.
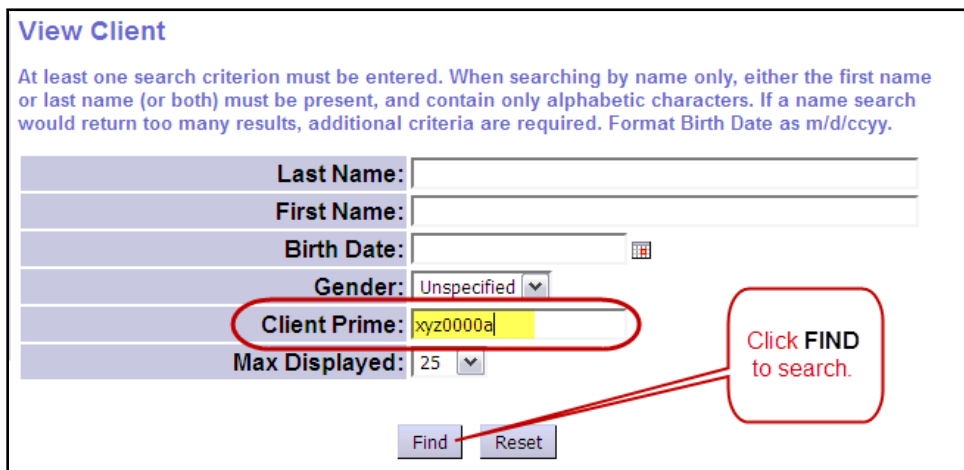
Information on an individual's TXIX Medicaid Eligibility can be accessed from the individual's **VIEW CLIENT** page in eXPRS.

## How to view an Individual's TXIX Medicaid Benefits Information:

1) Login to eXPRS and select **Client > View Client.**



2) Enter search criteria to return the individual's record and select **Find.**

3) From the results list, select the Last Name hyperlink.



4) On the individual's record, scroll down and click the **Medicaid Eligibility** section header to view their Medicaid information.

5) Review the information showing the individual's TXIX Medicaid benefits.



| Case Descriptors | Eligibility Start Date | Eligibility End Date | In Grant Code | Case Number | Agency Code | Program Code | Perc Code | Branch Code | Match Code | Change Date |
|---|---|---|---|---|---|---|---|---|---|---|
| SSI DDC | 12/2/2014 | 12/31/9999 | AD | | SSD | 4 | 4 | 2211 | M | 3/3/2015 |
| NCP SSI DDS | 3/1/2013 | 12/1/2014 | AD | | SSD | D4 | D4 | 2211 | M | 3/1/2013 |

When looking at the **Medicaid Eligibility** section, the most current eligibility information will usually be listed first.  Be sure to check the **Eligibility Start Date** and **Eligibility End Date** to make sure you are looking at the most current information.  Look for an end date of **12/31/9999**, which means that service line is ongoing.

View the information in the three columns identified to determine if the individual is receiving TXIX Medicaid benefits, and the type[1].

➔ Column **A**:     **In Grant Code**

➔ Column **B**:     **Case Descriptor Code**

➔ Column **C**:     **Perc Code**

If the codes found in the columns are for a different type of TXIX Medicaid than needed for the services the individual is wishing to receive, the CDDP or Brokerage can assist the individual in contacting the APD/SPD field office to apply for a higher level of TXIX Medicaid benefits.

Additional information on how to use the **View Client** page can be found in the following guides on the eXPRS Help Menu:
- **How to View Client Information in eXPRS**
- **View Client Reference Sheet**
- **DHS Client Case Codes & Definitions**.

See **Appendix C: State Plan vs CFC K Option vs DD Waiver POC Services Breakdown Summary** for information on what POC services are available with the different service category codes and types of TXIX Medicaid.

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[1] See **Appendix A: TXIX Medicaid Code Reference Tables** in this document for the different codes that will appear in these fields to determine types of TXIX Medicaid the individual is receiving. See **Appendix B: eXPRS View Client Medicaid Eligibility Examples** for examples of what the **Medicaid Eligibility** section coding might look like.

# APPENDIX A: TXIX Medicaid Code Reference Tables

| APD (OSIPM) Eligible Adults/Kids: Waiver, K-plan and/or SPPC Eligible | | |
|---|---|---|
| In Grant Code MUST be: | **AND** | **Perc Code** MUST have 1 of the following: |
| AD or CH | | 1, A1, 3, B3, 4, D4 |

| OHA/MAGI Eligible Adults/Kid (Waiver,  K-Plan and/or SPPC Eligible) | | |
|---|---|---|
| In Grant Code MUST be: | **AND** | **Case Descriptor** MUST be one of the following: |
| AD or CH | | CMO, CM1, AMO, BCP, EXT, PCR, PWO |

| Child Welfare/Sub-Adoptive Medicaid (Waiver, K-Plan and/or SPPC Eligible) | |
|---|---|
| In Grant Code MUST be: | |
| FC | With a Program/PERC Code 19 (Child Welfare) |
| CH | With a Program/PERC Code C5 (Please submit an eXPRS Technical Assistance Request for eligibility at https://apps.state.or.us/exprsWeb/ServiceRequest.do) |

| OHA/CHIP Eligible Adults/Kids: (K-Plan or SPPC Eligible) | |
|---|---|
| In Grant Code MUST be: | **Case Descriptors** Will be one of the following: |
| AD or CH | C21, CHP, CH2 |

**OR** (effective 7/1/22)

| Healthy Oregon Program (Waiver, K Plan and/or SPPC Eligible Type Services | |
|---|---|
| In Grant Code MUST be: | **Case Descriptors** Will be the following: |
| AD or CH | HOP (May be combined with other CDs including CWM) |

**\*\*\*\* <u>Any case with a GA or CWM case descriptor is not eligible for any DD Medicaid funded Services.</u>**

# APPENDIX B: eXPRS View Client Medicaid Eligibility Examples

Below are examples of different coding combinations you may see for an individual. *Please note, these are just few selected examples used to demonstrate how to read the section*. A specific individual's coding combinations may look different, reflecting their specific Medicaid eligibility situation. Please use the grids in **Appendix A** to assist in reading the coding information for an individual. If you still have questions, contact your TAU representative.

## Example of eligible APD (OSIPM) (DD Waiver, K-Plan and SPPC eligible):

### DD Waiver and/or KPlan Services

▼ Medicaid Eligibility

| Case Descriptors | Eligibility Start Date | Eligibility End Date | In Grant Code | Case Number | Agency Code | Program Code | Perc Code | Branch Code | Match Code | Change Date |
|---|---|---|---|---|---|---|---|---|---|---|
| SSI DDC | 1/1/2015 | 12/31/9999 | AD | | SSD | 4 | 4 | 2211 | M | 4/7/2015 |
| NCP SSI DDC | 6/12/2014 | 12/31/2014 | AD | | SSD | D4 | D4 | 2211 | M | 6/12/2014 |
| NCP SSI FSG | 6/10/2014 | 6/11/2014 | AD | | SSD | D4 | D4 | 2211 | M | 6/10/2014 |

▼ Medicaid Eligibility

| Case Descriptors | Eligibility Start Date | Eligibility End Date | In Grant Code | Case Number | Agency Code | Program Code | Perc Code | Branch Code | Match Code |
|---|---|---|---|---|---|---|---|---|---|
| NCP SSI QMM DDC FS1 | 8/1/2020 | 12/31/9999 | AD | | SSD | D4 | D4 | 3515 | M |
| NCP SSI QMM DDC FS1 | 3/1/2019 | 7/31/2020 | AD | | SSD | D4 | D4 | 3515 | M |
| NCP SSI DDS QMM FS1 | 8/1/2018 | 2/28/2019 | AD | | SSD | D4 | D4 | 3515 | M |

### DD Foster Care

▼ Medicaid Eligibility

| Case Descriptors | Eligibility Start Date | Eligibility End Date | In Grant Code | Case Number | Agency Code | Program Code | Perc Code | Branch Code | Match Code | Change Date |
|---|---|---|---|---|---|---|---|---|---|---|
| DAN NCP SSI CBF DDC | 7/1/2015 | 12/31/9999 | AD | | SSD | D4 | D4 | 2411 | M | 6/10/2015 |
| DAN NCP SSI CBF DDC | 10/1/2014 | 6/30/2015 | AD | | SSD | D4 | D4 | 2411 | M | 3/27/2001 |

## Examples of OHA/MAGI (DD Waiver, K-Plan and SPPC eligible):

### MAGI Child

▼ Medicaid Eligibility

| Case Descriptors | Eligibility Start Date | Eligibility End Date | In Grant Code | Case Number | Agency Code | Program Code | Perc Code | Branch Code | Match Code | Change Date |
|---|---|---|---|---|---|---|---|---|---|---|
| CMO | 12/1/2014 | 12/31/9999 | CH | | AFS | P2 | ME | 5503 | M | 11/10/2014 |
| MAA | 11/18/2013 | 11/30/2014 | CH | | AFS | P2 | 2 | 5503 | M | 11/18/2013 |
| MAA | 11/1/2013 | 11/17/2013 | CH | | AFS | P2 | 2 | 2001 | M | 11/1/2013 |

## MAGI Adult

| Case Descriptors | Eligibility Start Date | Eligibility End Date | In Grant Code | Case Number | Agency Code | Program Code | Perc Code | Branch Code | Match Code | Change Date |
|---|---|---|---|---|---|---|---|---|---|---|
| AMO | 7/7/2015 | 12/31/9999 | AD | | HIX | P2 | M3 | 5503 | M | 7/16/2015 |
| SSI DDK | 7/1/2015 | 7/6/2015 | AD | | SSD | 4 | 4 | 3011 | M | 7/16/2015 |

## Child Welfare Foster Care (DD Waiver, K-Plan and SPPC eligible):

| Case Descriptors | Eligibility Start Date | Eligibility End Date | In Grant Code | Case Number | Agency Code | Program Code | Perc Code | Branch Code | Match Code | Change Date |
|---|---|---|---|---|---|---|---|---|---|---|
| | 11/27/2012 | 12/31/9999 | FC | | CSD | 19 | 19 | 6050 | M | 11/24/2013 |

# Example of SPPC Eligible only:

| Case Descriptors | Eligibility Start Date | Eligibility End Date | In Grant Code | Case Number | Agency Code | Program Code | Perc Code | Branch Code | Match Code | Change Date |
|---|---|---|---|---|---|---|---|---|---|---|
| C21 | 1/1/2014 | 12/31/9999 | CH | | HIX | P2 | U3 | 5503 | M | 5/6/2015 |

# Example of no Medicaid:

| Case Descriptors | Eligibility Start Date | Eligibility End Date | In Grant Code | Case Number | Agency Code | Program Code | Perc Code | Branch Code | Match Code | Change Date |
|---|---|---|---|---|---|---|---|---|---|---|
| NCP SSI DDS QMM FS1 | 12/1/2011 | 11/30/2013 | AD | | SSD | D4 | D4 | 3411 | M | 12/1/2011 |

# Example of Open Medicaid (for Admin Exam Billing/Payment only):

| Case Descriptors | Eligibility Start Date | Eligibility End Date | In Grant Code | Case Number | Agency Code | Program Code | Perc Code | Branch Code | Match Code | Change Date |
|---|---|---|---|---|---|---|---|---|---|---|
| ADM | 7/20/2023 | 8/31/2023 | CH | | SSD | P2 | EX | 5514 | M | 7/22/2023 |

# Appendix C: State Plan vs CFC K Option vs DD Waiver In-Home Services Breakdown Summary *(not an all-inclusive list)*

*Updated Jan 2020; includes July 2018 Waiver Changes*

| | State Plan Personal Care (SPPC) | CFC – K Option Services (aka K-Plan) | DD Adult Waiver Services (age 18+ yrs) | DD Children Waiver Services (age 0-17 yrs) | CIIS Model Waiver Services (age 0-17 yrs) |
|---|---|---|---|---|---|
| **Service Category Codes** | BPD | DDK<br>DDG* FSG* FSL* | DDC/DDG* | DDC<br>DDG* FSG* FSL* | DDB MIW MFW |
| **Type of TXIX Medicaid** | State Plan/OHA basic | APD (OSIPM)<br>OHA (OHP+) / MAGI<br>CW Medicaid | APD (OSIPM)<br>OHA (OHP+) / MAGI | APD (OSIPM)<br>OHA (OHP+) / MAGI | APD (OSIPM)<br>OHA (OHP+) / MAGI |
| **Service Procedure Codes Covered** | **State Plan Pers Care**<br>• OR502 | **Needs Assmt Svcs**<br><br>**Attendant Care Svcs**<br>• OR526-Attendant Care<br>• OR542-DSA<br>• OR545-On the Job Attendant Care<br>**Relief Care**<br>• OR507-Daily<br>• OR508-Hourly (PSW)<br>**Transportation**<br>• OR003-Commercial<br>• OR004-Mileage<br>• OR553-DD Prov Org<br>• OR554-Transit Pass<br>**Prof Beh Support Svcs**<br>• OR310-Hourly<br>• OR570-Event/Assmts<br>**Other K-Plan Supports**<br>• Home Mods<br>• Assistive devices/tech<br>• Spec Med Equip | **All available K-Plan Services**<br><br>**~ PLUS ~**<br><br>**Waiver Case Mgmt Svcs**<br>• ORCCM-CDDP CMgmt<br>• ORBCM-Brok CMgmt<br>**Employment Svcs**<br>• OR401-Ind Supp Emplmt<br>• OR539-Discovery<br>• OR541-Emplmt Path<br>• OR543-Sm Grp Supp Emplmt<br>**Family Training**<br>• OR360<br>**Enviro Safety Mods**<br>• OR561<br>**Spec Med Supply**<br>• OR562<br>**Vehicle Mods**<br>• T2039<br>**Direct RN Supports**<br>↳ Managed via MMIS | **All available K-Plan Services**<br><br>**~ PLUS ~**<br><br>**Waiver Case Mgmt Svcs**<br>• ORCCM-CDDP CMgmt<br>• ORSCM-State CMgmt<br>**Employment Svcs**<br>• OR401--Ind Supp Emplmt<br>• OR539-Discovery<br>• OR541-Emplmt Path<br>• OR543-Sm Grp Supp Emplmt<br>**Family Training**<br>• OR360<br>**Enviro Safety Mods**<br>• OR561<br>**Spec Med Supply**<br>• OR562<br>**Vehicle Mods**<br>• T2039 | **All available K-Plan Services**<br><br>**~ PLUS ~**<br><br>**Waiver Case Mgmt Svcs**<br>• ORCCM-CDDP CMgmt<br>• ORSCM-State CMgmt<br>**Family Training**<br>• OR360<br>**Food for Spec Diets**<br>• OR512<br>**Family Training Materials & Supplies**<br>• OR517<br>**Individual Directed Goods & Svcs**<br>• OR518<br>**Enviro Safety Mods**<br>• OR561<br>**Spec Med Supply**<br>• OR562<br>**Vehicle Mods**<br>• T2039 |

**\* Service allowed, but paid with 100% State GF; all services in list may not be available as GF; total plan funding limits may apply.**

# Appendix C:  State Plan vs CFC K Option vs DD Waiver Residential Services Breakdown Summary *(not an all-inclusive list)*

*Updated Jan 2020;* <mark>*includes July 2018 Waiver Changes*</mark>

| | CFC – K Option Services (aka **K-Plan**) | DD Adult Waiver Services (age 18+ yrs) | DD Children Waiver Services (age 0-17 yrs) |
|---|---|---|---|
| **Service Category Codes** | DDK DDG* | DDC DDG* | DDC DDG* |
| **Type of TXIX Medicaid** | APD (OSIPM) OHA (OHP+) / MAGI CW Medicaid | APD (OSIPM) OHA (OHP+) / MAGI | APD (OSIPM) OHA (OHP+) / MAGI |
| **Service Procedure Codes Covered** | <mark>**Needs Assmt Svcs**</mark><br><br>**Residential Care**<br>• **ORAGH**-Adult GH<br>• **ORCGH**-Child GH<br>• **ORAFC**-Adult FC<br>• **ORCFC**-Child FC<br>• **ORCHH**-Child Host Homes<br>• **ORSLV**-Supported Living<br>• **ORSCU**-Stabilization & Crisis<br>**Emplmt Related Attendant Care**<br>• **OR542**-DSA<br>• **OR545**-On the Job Attendant Care<br>**Transportation**<br>• **TRFFS**-To/From work SE53 CPA<br>• **OR003**-Commercial<br>• **OR004**-Mileage<br>• **OR553**-DD Prov Org<br>• **OR554**-Transit Pass<br>**Prof Beh Support Svcs**<br>• **OR310**-Hourly<br>• **OR570**-Event/Assmts<br>**Other K-Plan Supports**<br>• Assistive devices/tech<br>• Spec Med Equip | **All available K-Plan Services**<br><br>**~ PLUS ~**<br><br>**Waiver Case Mgmt Svcs**<br>• **ORCCM**-CDDP CMgmt<br>• **ORBCM**-Brok CMgmt<br>**Employment Svcs**<br>• **OR401**-Ind Supp Emplmt<br>• **OR539**-Discovery<br>• **OR541**-Emplmt Path<br>• **OR543**-Sm Grp Supp Emplmt<br>**Family Training**<br>• **OR360**<br>**Enviro Safety Mods**<br>• **OR561**<br>**Spec Med Supply**<br>• **OR562**<br>**Vehicle Mods**<br>• **T2039**<br><mark>**Direct RN Supports**</mark><br>↳ <mark>Managed via MMIS</mark> | **All available K-Plan Services**<br><br>**~ PLUS ~**<br><br>**Waiver Case Mgmt Svcs**<br>• **ORCCM**-CDDP CMgmt<br>• **ORSCM**-State CMgmt<br>**Employment Svcs**<br>• <mark>**OR401**--Ind Supp Emplmt</mark><br>• <mark>**OR539**-Discovery</mark><br>• <mark>**OR541**-Emplmt Path</mark><br>• <mark>**OR543**-Sm Grp Supp Emplmt</mark><br>**Family Training**<br>• **OR360**<br>**Enviro Safety Mods**<br>• **OR561**<br>**Spec Med Supply**<br>• **OR562**<br>**Vehicle Mods**<br>• **T2039** |

**\* Service allowed, but paid with 100% State GF; all services in list may not be available as GF; funding limits may apply.**