

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. See **Appendix A & Appendix C** for details on the different Medicaid benefits and services available.

Additional Details about TXIX Medicaid Eligibility Coding

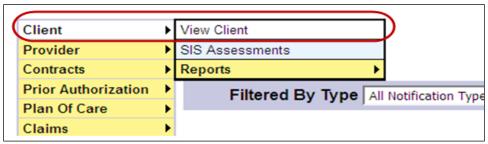
Final TXIX service and waiver eligibility/enrollment is verified and updated by ODDS' Technical Assistance Unit (TAU) based upon information submitted via the DD Eligibility Enrollment form, the individual's Level of Care and the type and level of TXIX Medicaid the individual is receiving.

As of 5/1/2016 the TAU staff code an individual's service eligibility based on their 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.

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

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



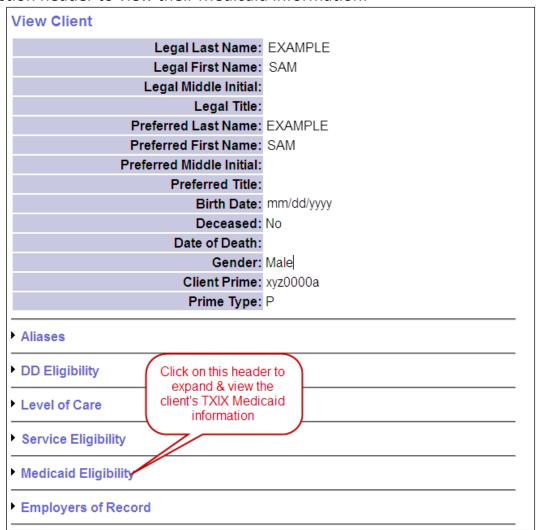
2) Enter search criteria to return the individual's record and select Find.

View Client	
or last name (or both) must be present, and	red. When searching by name only, either the first name d contain only alphabetic characters. If a name search criteria are required. Format Birth Date as m/d/ccyy.
Last Name:	
First Name:	
Birth Date:	∎
Gender:	Unspecified 🕶
Client Prime:	xyz0000a Click FIND
Max Displayed:	
	Find Reset

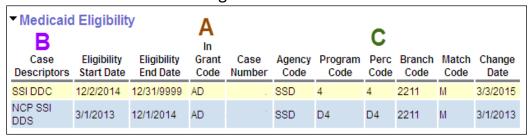
3) From the results list, select the Last Name hyperlink.

View Client					
At least one search criterion must be entered. W (or both) must be present, and contain only alph results, additional criteria are required. Format l	abetic characters. If a n				
Last Name:					
First Name:					
Birth Date:					
Gender:	Unspecified 💌				
Client Prime:	xyz0000a				
Max Displayed:	25 💌				
Click on the blue last name to open & view this client's record information.	Find Reset Export	options: 🕢 C	CSV 🔏 E:	xcel 🔁 PDF	: I ∰ RTF
Last Name Name Initial Title Type	Birth Date Deceased \$	Date of \$ Death (Gender \$	Client Prime	Prime \$
EXAMPLE Sam P	mm/dd/yyyy No	I I	M	xyz0000a	Р

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.



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 type¹.

→ 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 Ad	ults/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	AD or CH 1, A1, 3, B3, 4, D4, 23, 24, 33, 34					
OHA/MAGI Eligible Adul	ts/Kid (Waiver, K-Plan and/or SPPC Eligible)					
In Grant Code MUST be:	AND <u>Case Descriptor</u> MUST be one of the following:					
AD or CH	CMO, CM1, AMO, BCP, EXT, PCR, PWO					
YSHCN (Waiver, K-Plan a	and/or SPPC Eligible)					
In Grant Code MUST be:	AND <u>Case Descriptor</u> MUST be one of the following:					
AD or CH	YS2 (In Combo w/ OSIPM, MAGI)					
Child Welfare/Sub-Adop	tive Medicaid (Waiver, K-Plan and/or SPPC					
Eligible)						
In Grant Code MUST be:						
FC	With a Program/PERC Code 19 (Child Welfare)					
AD or 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 Adult	s/Kids: (K-Plan or SPPC Eligible)					
In Grant Code MUST be:	<u>Case Descriptors</u> Will be one of the following:					
AD or CH	C21, CHP, CH2					
YSHCN Stand Alone (K-P	lan or SPPC Eligible)					
Perc Code MUST be:	<u>Case Descriptors</u> Will be one of the following:					
5A or 5B	YS1					
Healthy Oregon Program (Waiver, K Plan and/or SPPC Eligible Type						
Services – Effective 7/1/2022						
In Grant Code MUST be:	<u>Case Descriptors</u> Will be the following:					
AD or CH	HOP (May be combined with other CDs including CWM)					
**** Any case with a GA or CWM case descriptor is not eligible for any DD Medicaid funded						
<u>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.

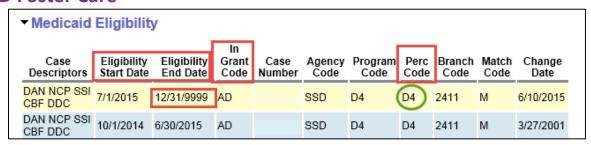
Example of eligible APD (OSIPM) (DD Waiver, K-Plan and SPPC eligible):

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
SSIDDC	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	М	6/12/2014
NCP SSI FSG	6/10/2014	6/11/2014	AD		SSD	D4	D4	2211	М	6/10/2014

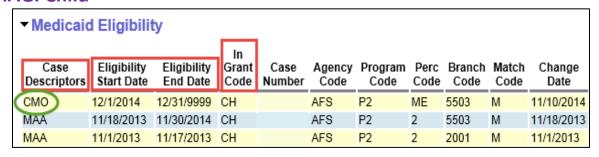
▼ Medicaid Eli	▼ Medicaid Eligibility								
Case Descriptors	Eligibility Start Date	Eligibility End Date	In Grant Code	Case Number	Agency Code	Program Code	Perc Code	Branch Code	Match Code
NCP SSI QMM DDC FS1	8/1/2020	12/31/9999	AD		SSD	D4	D4	3515	М
NCP SSI QMM DDC FS1	3/1/2019	7/31/2020	AD		SSD	D4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

DD Foster Care

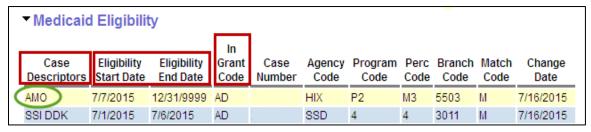


Examples of OHA/MAGI (DD Waiver, K-Plan and SPPC eligible):

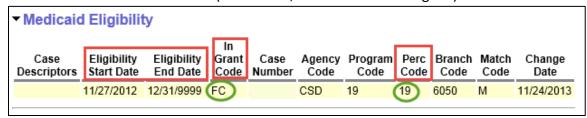
MAGI Child



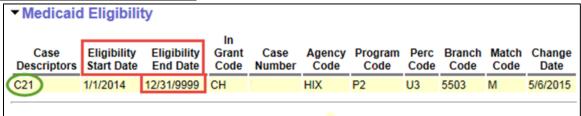
MAGI Adult



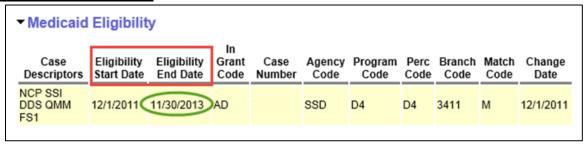
Child Welfare Foster Care (DD Waiver, K-Plan and SPPC eligible):



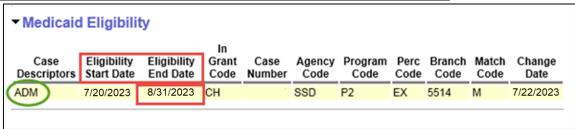
Example of SPPC Eligible only:



Example of no Medicaid:



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



Appendix C: State Plans and Waiver Comparison - In-Home Services²

	State Plan Personal Care (SPPC)	CFC - K Option Services (a.k.a. The K-Plan)	DD Adult Waiver Services (age 18+)	DD Children Waiver Services (age 0-17)	Children's Extraordinary Needs Waiver (age 0-17)	CIIS Model Waiver Services (age 0-17)
Service Category Codes	BPD	DDK, DDG*, FSG*, FSL*	DDC/DDG*	DDC, DDG+, FSG+, FSL+	ENW with one of the following codes: DDC, DDG*(HOP), DDK, DDB, MFW or MIW	DDB, MIW, MFW
Type of TXIX Medicaid	State Plan/OHA Basic	APD (OSIPM) OHA (OHP+) / MAGI CW Medicaid M-CHIP Healthier Oregon Program (HOP)	APD (OSIPM) OHA (OHP+) / MAGI Healthier Oregon Program (HOP)	APD (OSIPM) OHA (OHP+) / MAGI Healthier Oregon Program (HOP)	APD (OSIPM) OHA (OHP+) / MAGI Healthier Oregon Program (HOP)	APD (OSIPM) OHA (OHP+) / MAGI Healthier Oregon Program (HOP)
Procedure Codes Allowed	• OR502 - SPPC	Attendant Care OR526 - Attendant Care OR542 - Day Support Activities OR545 - On the Job Attendant Care Relief Care OR507 - Daily OR508 - Hourly (PSWs) Transportation OR003 - Community Transportation - Commercial OR004 - Community Transportation - Mileage OR005 - Community Transportation - Agency Mileage OR554 - Transit Pass Professional Behavioral Support OR310 - Behavior Support (ongoing) OR570 - Behavior Consultation (Assessments) Other K-Plan Supports S5165 - Home Modifications OR321, OR325 and OR528 - Assistive Tech OR380 - Assistive Devices OR501 - Chore Services	Waiver Case Management ORCCM - CDDP Case Management ORBCM - Brokerage Case Management Employment OR401 - Independent Supported Employment OR539 - Discovery OR541 - Employment Path OR543 - Small Group Supported Employment Other Waiver Supports OR360 - Family Training OR561 - Environmental Safety Modifications OR562 - Special Medical Supplies T2039 - Vehicle Modifications Direct Nursing Supports Payments Managed via MMIS	Waiver Case Management ORCCM - CDDP Case Management ORSCM - State Case Management Employment OR401 - Independent Supported Employment OR539 - Discovery OR541 - Employment Path OR543 - Small Group Supported Employment Other Waiver Supports OR360 - Family Training OR561 - Environmental Safety Modifications OR562 - Special Medical Supplies T2039 - Vehicle Modifications	Waiver Case Management ORCCM - CDDP Case Management ORSCM - State Case Management Attendant Care OR525 Paid Parent Attendant Care Employment OR401 - Independent Supported Employment OR539 - Discovery OR541 - Employment Path OR543 - Small Group Supported Employment Other Waiver Supports OR560 - Family Training OR561 - Environmental Safety Modifications OR562 - Special Medical Supplies T2039 - Vehicle Modifications	Waiver Case Management ORCCM - CDDP Case Management ORSCM - State Case Management OR401 - Independent Supported Employment OR539 - Discovery OR541 - Employment Path OR543 - Small Group Supported Employment Other Waiver Supports OR360 - Family Training OR518 - Individual Directed Goods and Services OR561 - Environmental Safety Modifications OR562 - Special Medical Supplies T2039 - Vehicle Modifications

² Not an all inclusive list. Items marked with an asterisk (*) means services may be allowed, but paid with 100% state general funds. However, all services in list may not be available as general funds, and funding limits may apply.

Appendix D: State Plans and Waiver Comparison - Residential Services³

	CFC - K Option Services (a.k.a. K-Plan)	DD Adult Waiver Services	DD Children Waiver Services
	Crc - K Option Services (a.k.a. K-rian)	(age 18+)	(age 0-17)
Service Category Codes	DDK, DDG*, FSG*, FSL*	DDC/DDG*	DDC, DDG+, FSG+, FSL+
Type of TXIX Medicaid	APD (OSIPM) OHA (OHP+) / MAGI CW Medicaid M-CHIP Healthier Oregon Program (HOP) Residential Care	APD (OSIPM) OHA (OHP+) / MAGI Healthier Oregon Program (HOP) All available K-Plan Services	APD (OSIPM) OHA (OHP+) / MAGI Healthier Oregon Program (HOP) All available K-Plan Services
	ORAGH - Adult Group Home ORCGH - Children's Group Home ORAFC - Adult Foster Care ORCFC - Children's Foster Care ORCHH - Child Host Homes	Waiver Case Management ORCCM - CDDP Case Management ORBCM - Brokerage Case Management	Waiver Case Management ORCCM - CDDP Case Management ORSCM - State Case Management
	ORSLV - Supported Living ORSCU - Stabilization and Crisis Unit Employment Related Attendant Care OR542 - Day Support Activities OR545 - On the Job Attendant Care	Employment OR401 - Independent Supported Employment OR539 - Discovery OR541 - Employment Path OR543 - Small Group Supported Employment	Employment OR401 - Independent Supported Employment OR539 - Discovery OR541 - Employment Path OR543 - Small Group Supported Employment
Procedure Codes Allowed	Transportation OR003 - Community Transportation - Commercial OR004 - Community Transportation - Mileage OR005 - Community Transportation - Agency Mileage OR554 - Transit Pass	Other Waiver Supports OR360 - Family Training OR561 - Environmental Safety Modifications OR562 - Special Medical Supplies T2039 - Vehicle Modifications	Other Waiver Supports OR360 - Family Training OR561 - Environmental Safety Modifications OR562 - Special Medical Supplies T2039 - Vehicle Modifications
	Professional Behavioral Support OR310 - Behavior Support (ongoing) OR570 - Behavior Consultation (Assessments) Other K-Plan Supports OR380 Assistive Devices & OR321, OR325, OR528 Assistive Tech OR501 - Chore Services OR406 - Community Transition	Direct Nursing Supports • Payments Managed via MMIS	

³ Not an all inclusive list. Items marked with an asterisk (*) means services may be allowed, but paid with 100% state general funds. However, all services in list may not be available as general funds, and funding limits may apply.