

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**.

The screenshot shows a vertical navigation menu on the left with the following items: Client, Provider, Contracts, Prior Authorization, Plan Of Care, and Claims. The 'Client' item is highlighted with a red oval, and a sub-menu is open showing 'View Client', 'SIS Assessments', and 'Reports'. The 'View Client' option is also highlighted with a red oval. To the right, there is a 'Filtered By Type' dropdown menu currently set to 'All Notification Type'.

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

The screenshot shows the 'View Client' search form. It includes input fields for Last Name, First Name, Birth Date, Gender (set to 'Unspecified'), Client Prime (set to 'xyz0000a'), and Max Displayed (set to '25'). The 'Client Prime' field is highlighted with a red oval. A red callout bubble points to the 'Find' button with the text 'Click FIND to search.' Below the form are 'Find' and 'Reset' buttons.

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

This screenshot shows the 'View Client' search form and the results table. The search form is identical to the previous one, with the 'Client Prime' field set to 'xyz0000a'. Below the form are 'Find' and 'Reset' buttons. A red callout bubble points to the 'Find' button with the text 'Click on the blue last name to open & view this client's record information.' To the right of the form are 'Export options' for CSV, Excel, PDF, and RTF. Below the form is a table with the following columns: Last Name, First Name, Middle Initial, Title, Name Type, Birth Date, Deceased, Date of Death, Gender, Client Prime, and Prime Type. The table contains one row with the following data: EXAMPLE, Sam, , , P, mm/dd/yyyy, No, , M, xyz0000a, P. The 'EXAMPLE' link in the 'Last Name' column is highlighted with a red oval.

Last Name	First Name	Middle Initial	Title	Name Type	Birth Date	Deceased	Date of Death	Gender	Client Prime	Prime Type
EXAMPLE	Sam			P	mm/dd/yyyy	No		M	xyz0000a	P

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

View Client

Legal Last Name:	EXAMPLE
Legal First Name:	SAM
Legal Middle Initial:	
Legal Title:	
Preferred Last Name:	EXAMPLE
Preferred First Name:	SAM
Preferred Middle Initial:	
Preferred Title:	
Birth Date:	mm/dd/yyyy
Deceased:	No
Date of Death:	
Gender:	Male
Client Prime:	xyz0000a
Prime Type:	P

▶ **Aliases**

▶ **DD Eligibility**

▶ **Level of Care**

▶ **Service Eligibility**

▶ **Medicaid Eligibility**

▶ **Employers of Record**

Click on this header to expand & view the client's TXIX Medicaid information

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

Medicaid Eligibility											
B			A		C						
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 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.

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 <u>Perc Code</u> MUST have 1 of the following:
AD or CH	1, A1, 3, B3, 4, D4, 23, 24, 33, 34
OHA/MAGI Eligible Adults/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 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-Adoptive 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 Adults/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-Plan 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 – <i>Effective 7/1/2022</i>)	
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
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

▼ 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
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):

▼ 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
	11/27/2012	12/31/9999	FC		CSD	19	19	6050	M	11/24/2013

Example of SPPC Eligible only:

▼ 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
C21	1/1/2014	12/31/9999	CH		HIX	P2	U3	5503	M	5/6/2015

Example of no Medicaid:

▼ 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
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):

▼ 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
ADM	7/20/2023	8/31/2023	CH		SSD	P2	EX	5514	M	7/22/2023

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	State Plan Personal Care • 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 • OR406 - Community Transition	All available K-Plan 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	All available K-Plan Services 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	All available K-Plan Services 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 • OR360 - Family Training • OR561 - Environmental Safety Modifications • OR562 - Special Medical Supplies • T2039 - Vehicle Modifications	All available K-Plan Services 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 • 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 (age 18+)	DD Children Waiver Services (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)	APD (OSIPM) OHA (OHP+) / MAGI Healthier Oregon Program (HOP)	APD (OSIPM) OHA (OHP+) / MAGI Healthier Oregon Program (HOP)
Procedure Codes Allowed	Residential Care <ul style="list-style-type: none"> • ORAGH - Adult Group Home • ORCGH - Children's Group Home • ORAFC - Adult Foster Care • ORCFC - Children's Foster Care • ORCHH - Child Host Homes • ORSLV - Supported Living • ORSCU - Stabilization and Crisis Unit Employment Related Attendant Care <ul style="list-style-type: none"> • OR542 - Day Support Activities • OR545 - On the Job Attendant Care Transportation <ul style="list-style-type: none"> • OR003 - Community Transportation - Commercial • OR004 - Community Transportation - Mileage • OR005 - Community Transportation - Agency Mileage • OR554 - Transit Pass Professional Behavioral Support <ul style="list-style-type: none"> • OR310 - Behavior Support (ongoing) • OR570 - Behavior Consultation (Assessments) Other K-Plan Supports <ul style="list-style-type: none"> • OR380 Assistive Devices & OR321, OR325, OR528 Assistive Tech • OR501 - Chore Services • OR406 - Community Transition 	All available K-Plan Services Waiver Case Management <ul style="list-style-type: none"> • ORCCM - CDDP Case Management • ORBCM - Brokerage Case Management Employment <ul style="list-style-type: none"> • OR401 - Independent Supported Employment • OR539 - Discovery • OR541 - Employment Path • OR543 - Small Group Supported Employment Other Waiver Supports <ul style="list-style-type: none"> • OR360 - Family Training • OR561 - Environmental Safety Modifications • OR562 - Special Medical Supplies • T2039 - Vehicle Modifications Direct Nursing Supports <ul style="list-style-type: none"> • Payments Managed via MMIS 	All available K-Plan Services Waiver Case Management <ul style="list-style-type: none"> • ORCCM - CDDP Case Management • ORSCM - State Case Management Employment <ul style="list-style-type: none"> • OR401 - Independent Supported Employment • OR539 - Discovery • OR541 - Employment Path • OR543 - Small Group Supported Employment Other Waiver Supports <ul style="list-style-type: none"> • OR360 - Family Training • OR561 - Environmental Safety Modifications • OR562 - Special Medical Supplies • T2039 - Vehicle Modifications

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.