How to Determine an Individual’s TXIX Medicaid Eligibility
by using eXPRS VIEW CLIENT Information

(updated 10/3/2019)

In order 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 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 ITBS 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 ITBS 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 TXIX Medicaid eligibility/benefit information can 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.

**To view an individual’s TXIX Medicaid benefits information in eXPRS:**

1. Login to eXPRS.

   ![Login to eXPRS](image)

   *You are in the User Acceptance environment*

   **Login Name:** [enter your login name]
   **Password:** [enter your password]

   - **Forgot your password?**
   - **Need a login?**

2. From the yellow left-hand menu, click on **CLIENT ➔ VIEW CLIENT**.

   ![Menu of eXPRS](image)
3. In the **VIEW CLIENT** search page enter the individual’s prime number in the **Client Prime** field and click **FIND** to search for the individual’s record.

![View Client search page](image)

4. When the individual’s record is returned in the results list, click on their **last name** which will be a blue hyper-link. This will open the individual’s record information.

![View Client record](image)

5. With the individual’s record now open, scroll down and click on the **Medicaid Eligibility** section header towards the bottom. This will expand the section to show their Medicaid information.
6. With the **Medicaid Eligibility** section expanded, you can now view the information showing the individual’s current 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 type.

- **Column A:** In Grant Code
- **Column B:** Case Descriptor Code
- **Column C:** Perc Code

* See **Appendix A: TXIX Medicaid Code Reference Tables** 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 selected examples on what the Medicaid Eligibility section coding might look like for different types of TXIX Medicaid service benefits. *Please note these are just selected examples used to demonstrate how to read the section.*

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 sections and code definitions can be found in the “How to View Client Information in eXPRS,” the “View Client Reference Sheet” and the “DHS Client Case Codes & Definitions” documents from the HELP menu in eXPRS.

*** See **Appendix C: State Plan vs CFC K Option vs DD Waiver POC Services Breakdown Summary** for information as to what POC services are available with the different service category codes and types of TXIX Medicaid.
# APPENDIX A: TXIX Medicaid Code Reference Tables

## APD (OSIPM) Eligible Adults/Kids: Waiver, K-plan and/or SPPC Eligible

<table>
<thead>
<tr>
<th>In Grant Code MUST be:</th>
<th>AND</th>
<th>Perc Code MUST have 1 of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD</td>
<td>AND</td>
<td>1 or A1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 or B3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 or D4</td>
</tr>
</tbody>
</table>

**OR (effective 7/1/16)**

## OHA/MAGI Eligible Adults/Kids: Waiver, K-Plan and/or SPPC Eligible

<table>
<thead>
<tr>
<th>In Grant Code MUST be either:</th>
<th>AND</th>
<th>Case Descriptor MUST be one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD or CH</td>
<td>AND</td>
<td>CMO, CM1 or AMO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BCP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EXT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PCR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PWO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CEM, MAA, OP6, OPC, OPP: Being phased out</td>
</tr>
</tbody>
</table>

**OR (effective 7/1/19)**

## Child Welfare/Sub-Adoptive Medicaid: Waiver, K-Plan and/or SPPC Eligible

<table>
<thead>
<tr>
<th>In Grant Code MUST be:</th>
<th>With a Program/PERC Code 19 (Child Welfare)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC</td>
<td>With a Program/PERC Code C5 (Submit an eXPRS Technical Assistance Request for eligibility at <a href="https://apps.state.or.us/exprsWeb/ServiceRequest.do">https://apps.state.or.us/exprsWeb/ServiceRequest.do</a>)</td>
</tr>
<tr>
<td>CH</td>
<td></td>
</tr>
</tbody>
</table>

## OHA Eligible Adults/Kids: SPPC Eligible only

<table>
<thead>
<tr>
<th>In Grant Code MUST be:</th>
<th>Case Descriptors Will be one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD or CH</td>
<td>CHP</td>
</tr>
<tr>
<td></td>
<td>CEC</td>
</tr>
<tr>
<td></td>
<td>C21 or T21</td>
</tr>
</tbody>
</table>

*************** Any case with an ADM or CWM case descriptor are not eligible for any DD Medicaid funded Services. ***************
APPENDIX B: eXPRS View Client Medicaid Eligibility Examples

Below are some examples of some 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 that what you see here, as theirs would reflect 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):

Adult CDDP In-Home Services

<table>
<thead>
<tr>
<th>Case Descriptors</th>
<th>Eligibility Start Date</th>
<th>Eligibility End Date</th>
<th>Grant Code</th>
<th>Case Number</th>
<th>Agency Code</th>
<th>Program Code</th>
<th>Perc Code</th>
<th>Branch Code</th>
<th>Match Code</th>
<th>Change Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI DDC</td>
<td>1/1/2015</td>
<td>12/31/9999</td>
<td>AD</td>
<td>SSD</td>
<td>4</td>
<td>4</td>
<td>2211</td>
<td>M</td>
<td>4/7/2015</td>
<td></td>
</tr>
<tr>
<td>NCP SSI EDC</td>
<td>6/12/2014</td>
<td>12/31/2014</td>
<td>AD</td>
<td>SSD</td>
<td>D4</td>
<td>D4</td>
<td>2211</td>
<td>M</td>
<td>6/12/2014</td>
<td></td>
</tr>
</tbody>
</table>

Adult Support Services

<table>
<thead>
<tr>
<th>Case Descriptors</th>
<th>Eligibility Start Date</th>
<th>Eligibility End Date</th>
<th>Grant Code</th>
<th>Case Number</th>
<th>Agency Code</th>
<th>Program Code</th>
<th>Perc Code</th>
<th>Branch Code</th>
<th>Match Code</th>
<th>Change Date</th>
</tr>
</thead>
</table>

DD Foster Care

<table>
<thead>
<tr>
<th>Case Descriptors</th>
<th>Eligibility Start Date</th>
<th>Eligibility End Date</th>
<th>Grant Code</th>
<th>Case Number</th>
<th>Agency Code</th>
<th>Program Code</th>
<th>Perc Code</th>
<th>Branch Code</th>
<th>Match Code</th>
<th>Change Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAN NCP SSI CBF DDC</td>
<td>7/1/2015</td>
<td>12/31/9999</td>
<td>AD</td>
<td>SSD</td>
<td>D4</td>
<td>D4</td>
<td>2411</td>
<td>M</td>
<td>6/10/2015</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B: eXPRS View Client Medicaid Eligibility Examples

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

### MAGI Child

**Medicaid Eligibility**

<table>
<thead>
<tr>
<th>Case Descriptors</th>
<th>Eligibility Start Date</th>
<th>Eligibility End Date</th>
<th>In Grant Code</th>
<th>Case Number</th>
<th>Agency Code</th>
<th>Program Code</th>
<th>Perc Code</th>
<th>Branch Code</th>
<th>Match Code</th>
<th>Change Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMO</td>
<td>12/1/2014</td>
<td>12/31/9999</td>
<td>CH</td>
<td>AFS</td>
<td>P2</td>
<td>ME</td>
<td>5503</td>
<td>M</td>
<td>11/10/2014</td>
<td></td>
</tr>
<tr>
<td>MAA</td>
<td>11/18/2013</td>
<td>11/30/2014</td>
<td>CH</td>
<td>AFS</td>
<td>P2</td>
<td>2</td>
<td>5503</td>
<td>M</td>
<td>11/18/2013</td>
<td></td>
</tr>
</tbody>
</table>

### MAGI Adult

**Medicaid Eligibility**

<table>
<thead>
<tr>
<th>Case Descriptors</th>
<th>Eligibility Start Date</th>
<th>Eligibility End Date</th>
<th>In Grant Code</th>
<th>Case Number</th>
<th>Agency Code</th>
<th>Program Code</th>
<th>Perc Code</th>
<th>Branch Code</th>
<th>Match Code</th>
<th>Change Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMO</td>
<td>7/7/2015</td>
<td>12/31/9999</td>
<td>AD</td>
<td>HIX</td>
<td>P2</td>
<td>M3</td>
<td>5503</td>
<td>M</td>
<td>7/16/2015</td>
<td></td>
</tr>
<tr>
<td>SSI DDK</td>
<td>7/1/2015</td>
<td>7/8/2015</td>
<td>AD</td>
<td>SSD</td>
<td>4</td>
<td>4</td>
<td>3011</td>
<td>M</td>
<td>7/16/2015</td>
<td></td>
</tr>
</tbody>
</table>

### Child Welfare Foster Care

(DD Waiver, K-Plan and SPPC eligible):

**Medicaid Eligibility**

<table>
<thead>
<tr>
<th>Case Descriptors</th>
<th>Eligibility Start Date</th>
<th>Eligibility End Date</th>
<th>In Grant Code</th>
<th>Case Number</th>
<th>Agency Code</th>
<th>Program Code</th>
<th>Perc Code</th>
<th>Branch Code</th>
<th>Match Code</th>
<th>Change Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11/27/2012</td>
<td>12/31/9999</td>
<td>FC</td>
<td>CSD</td>
<td>19</td>
<td>19</td>
<td>6050</td>
<td>M</td>
<td>11/24/2013</td>
<td></td>
</tr>
</tbody>
</table>

### Example of SPPC Eligible only:

**Medicaid Eligibility**

<table>
<thead>
<tr>
<th>Case Descriptors</th>
<th>Eligibility Start Date</th>
<th>Eligibility End Date</th>
<th>In Grant Code</th>
<th>Case Number</th>
<th>Agency Code</th>
<th>Program Code</th>
<th>Perc Code</th>
<th>Branch Code</th>
<th>Match Code</th>
<th>Change Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>C21</td>
<td>1/1/2014</td>
<td>12/31/9999</td>
<td>CH</td>
<td>HIX</td>
<td>P2</td>
<td>U3</td>
<td>5503</td>
<td>M</td>
<td>5/6/2015</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B: eXPRS View Client Medicaid Eligibility Examples

Example of NO Medicaid:

<table>
<thead>
<tr>
<th>Case Descriptors</th>
<th>Eligibility Start Date</th>
<th>Eligibility End Date</th>
<th>In Grant Code</th>
<th>Case Number</th>
<th>Agency Code</th>
<th>Program Code</th>
<th>Perc Code</th>
<th>Branch Code</th>
<th>Match Code</th>
<th>Change Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCP SSI DDS QMM FS1</td>
<td>12/1/2011</td>
<td>11/30/2013</td>
<td>SSD</td>
<td>D4</td>
<td>D4</td>
<td>3411</td>
<td>M</td>
<td>12/1/2011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example of Open Medicaid, but NOT DD Waiver/K-Plan/SPPC Eligible:

<table>
<thead>
<tr>
<th>Case Descriptors</th>
<th>Eligibility Start Date</th>
<th>Eligibility End Date</th>
<th>In Grant Code</th>
<th>Case Number</th>
<th>Agency Code</th>
<th>Program Code</th>
<th>Perc Code</th>
<th>Branch Code</th>
<th>Match Code</th>
<th>Change Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADM</td>
<td>7/20/2015</td>
<td>12/31/9999</td>
<td>SSD</td>
<td>P2</td>
<td>EX</td>
<td>5514</td>
<td>M</td>
<td>7/22/2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix C: State Plan vs CFC K Option vs DD Waiver In-Home Services Breakdown Summary

*updated Sept 2019; includes July 2018 Waiver changes*

<table>
<thead>
<tr>
<th>Service Category Codes</th>
<th>CFC – K Option Services (aka K-Plan)</th>
<th>DD Adult Waiver Services (age 18+ yrs)</th>
<th>DD Children Waiver Services (age 0-17 yrs)</th>
<th>CLIS Model Waiver Services (age 0-17 yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPD</td>
<td>DDK</td>
<td>DDC</td>
<td>DDC</td>
<td>DDB, MIW, MFW</td>
</tr>
<tr>
<td>DDG*</td>
<td>FSG*</td>
<td>DDG*</td>
<td>DDG*</td>
<td></td>
</tr>
<tr>
<td>FSL*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APD (OSIPM)</td>
<td>OHA (OHP+) / MAGI</td>
<td>APD (OSIPM)</td>
<td>APD (OSIPM)</td>
<td></td>
</tr>
<tr>
<td>OHA (OHP+) / MAGI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CW Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Plan/OHA basic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Needs Assmt Svs:**

- Attendant Care Svs
  - OR526-Attendant Care
  - OR542-DSA
  - OR545-On the Job Attendant Care
- Relief Care
  - OR507-Daily
  - OR508-Hourly (PSW)
- Transportation
  - OR003-Commercial
  - OR004-Mileage
  - OR553-DD Prov Org
  - OR554-Transit Pass
- Prof Beh Support Svs
  - OR310-Hourly
  - OR570-Event/Assmts
- Other K-Plan Supports
  - Home Mods
  - Assistive devices/tech
  - Spec Med Equip

**All available K-Plan Services**

### ~ PLUS ~

**Waiver Case Mgmt Svs**

- ORCCM-CDDP CMgmt
- ORBCM-Brok CMgmt

**Employment Svs**

- OR401-Ind Supp Emplmt
- OR539-Discovery
- OR541-Emplmt Path
- OR543-Sm Grp Supp Emplmt

**Family Training**

- OR360
- Enviro Safety Mods

**Spec Med Supply**

- OR561
- OR562

**Vehicle Mods**

- T2039

**Direct RN Supports**

- Managed via MMS

* 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 Sept 2019; includes July 2018 Waiver changes

<table>
<thead>
<tr>
<th>Service Category Codes</th>
<th>CFC – K Option Services (aka K-Plan)</th>
<th>DD Adult Waiver Services (age 18+ yrs)</th>
<th>DD Children Waiver Services (age 0-17 yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DDK</td>
<td>DDC</td>
<td>DDC</td>
</tr>
<tr>
<td></td>
<td>DDG*</td>
<td>DDG*</td>
<td>DDG*</td>
</tr>
<tr>
<td>Type of TXIX Medicaid</td>
<td>APD (OSIPM)</td>
<td>APD (OSIPM)</td>
<td>APD (OSIPM)</td>
</tr>
<tr>
<td></td>
<td>OHA (OHP+) / MAGI</td>
<td>OHA (OHP+) / MAGI</td>
<td>OHA (OHP+) / MAGI</td>
</tr>
<tr>
<td></td>
<td>CW Medicaid</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Service Procedure Codes Covered

#### Needs Assmt SvsCs

**Residential Care**
- ORAGH-Adult GH
- ORCGH-Child GH
- ORAF-Adult FC
- ORRFC-Child FC
- ORSLV-Supported Living
- ORSCU-Stabilization & Crisis

**Emplmt Related Attendant Care**
- OR542-DSA
- OR545-On the Job Attendant Care

**Transportation**
- TRFFS-To/From work SES3 CPA
- OR003-Commercial
- OR004-Mileage
- OR553-DD Prov Org
- OR554-Transit Pass

**Prof Beh Support SvsCs**
- OR310-Hourly
- OR570-Event/Assmts

**Other K-Plan Supports**
- Assistive devices/tech
- Spec Med Equip

### All available K-Plan Services

#### PLUS

**Waiver Case Mgmt SvsCs**
- ORCCM-CDDP CMgmt
- ORBCM-Brok CMgmt

**Employment SvsCs**
- OR401-Ind Supp Emplmt
- OR539-Discovery
- OR541-Emplmt Path
- OR543-Sm Grp Supp Emplmt

**Family Training**
- OR360
- Enviro Safety Mods
- OR561

**Spec Med Supply**
- OR562
- Vehicle Mods
- OR563

**Direct RN Supports**
- Managed via MMIS

### All available K-Plan Services

#### PLUS

**Waiver Case Mgmt SvsCs**
- ORCCM-CDDP CMgmt
- ORSCM-State CMgmt

**Employment SvsCs**
- OR401--Ind Supp Emplmt
- OR539-Discovery
- OR541-Emplmt Path
- OR543-Sm Grp Supp Emplmt

**Family Training**
- OR360
- Enviro Safety Mods
- OR561

**Spec Med Supply**
- OR562
- Vehicle Mods
- OR563

**Direct RN Supports**
- Managed via MMIS

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