

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

(updated 12/23/2020)

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

- State Plan Personal Care (SPPC) services ONLY

➔ Child Welfare (CW) Medicaid

- SPPC Services
- K-Plan services
- DD Waiver Services (for the specific waiver enrolled to, as of 7/1/2019)

➔ OHA (OHP+)/MAGI TXIX Medicaid

- SPPC services
- K-Plan services
- DD Waiver Services (for the specific waiver enrolled to, as of 7/1/2016)

➔ APD (OSIPM) TXIX Medicaid

- SPPC services
- K-Plan services
- 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

You are in the User Acceptance environment

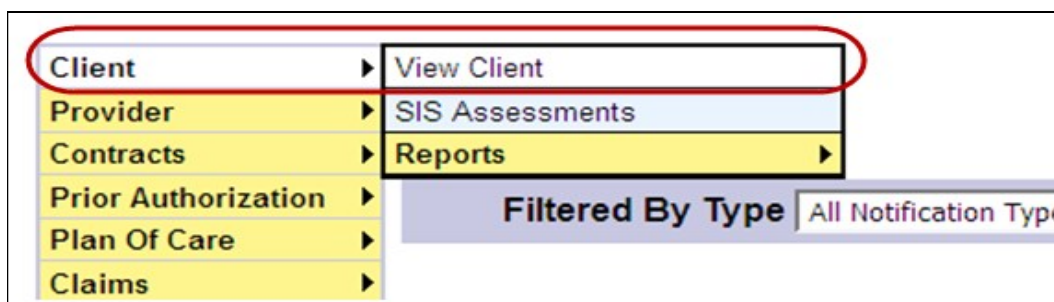
Login Name:

Password:

[Forgot your password?](#)

[Need a login?](#)

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



Client	View Client
Provider	SIS Assessments
Contracts	Reports
Prior Authorization	
Plan Of Care	
Claims	

Filtered By Type

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

At least one search criterion must be entered. When searching by name only, either the first name or last name (or both) must be present, and contain only alphabetic characters. If a name search would return too many results, additional criteria are required. Format Birth Date as m/d/ccyy.

Last Name:
 First Name:
 Birth Date:
 Gender: Unspecified
 Client Prime:
 Max Displayed: 25

Click **FIND** to search.

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

At least one search criterion must be entered. When searching by name only, either the first name or last name (or both) must be present, and contain only alphabetic characters. If a name search would return too many results, additional criteria are required. Format Birth Date as m/d/ccyy.

Last Name:
 First Name:
 Birth Date:
 Gender: Unspecified
 Client Prime:
 Max Displayed: 25

Click on the blue last name to open & view this client's record information.

Export options: CSV | Excel | PDF | RTF

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

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.

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

6. With the **Medicaid Eligibility** section expanded, you can now view the information showing the individual's current TXIX Medicaid benefits.

▼ Medicaid Eligibility											
B Case Descriptors	Eligibility Start Date	Eligibility End Date	A In Grant Code	Case Number	Agency Code	Program Code	C 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.

- ➔ 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)	
In Grant Code MUST be:	AND <u>Perc Code</u> MUST be one of the following:
AD or CH	1, A1, 3, B3, 4, D4

OR (effective 7/1/16)

OHA/MAGI Eligible Adults/Kids (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
	CEM, MAA, OP6, OPC, OPP: Being phased out

OR (effective 7/1/19)

Child Welfare/Sub-Adoptive Medicaid (Waiver, K-Plan, and/or SPPC Eligible)	
In Grant Code MUST be:	
FC	With a <u>Program/Perc Code</u> of 19 (Child Welfare)
CH	With a <u>Program/Perc Code</u> of 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 Descriptor</u> Must be one of the following:
AD or CH	C21 or CHP
<p>* Any cases with a GA Perc or CWM case descriptor are not eligible for any DD Medicaid funded Services*</p> <p>Revised 12/15/2020</p>	

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):

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

APPENDIX B: eXPRS View Client Medicaid Eligibility Examples

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

APPENDIX B: eXPRS View Client Medicaid Eligibility Examples

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, but **NOT** DD Waiver/K-Plan/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
ADM	7/20/2015	12/31/9999	CH		SSD	P2	EX	5514	M	7/22/2015

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 DDG* FSG* FSL*	DDC/DDG*	DDC DDG* FSG* FSL*	DDB MIW MFW
Type of TXIX Medicaid	State Plan/OHA basic	APD (OSIPM) OHA (OHP+) / MAGI CW Medicaid	APD (OSIPM) OHA (OHP+) / MAGI	APD (OSIPM) OHA (OHP+) / MAGI	APD (OSIPM) OHA (OHP+) / MAGI
Service Procedure Codes Covered	<u>State Plan Pers Care</u> <ul style="list-style-type: none"> OR502 	<u>Needs Assmt Svcs</u> <u>Attendant Care Svcs</u> <ul style="list-style-type: none"> OR526-Attendant Care OR542-DSA OR545-On the Job Attendant Care <u>Relief Care</u> <ul style="list-style-type: none"> OR507-Daily OR508-Hourly (PSW) <u>Transportation</u> <ul style="list-style-type: none"> OR003-Commercial OR004-Mileage OR553-DD Prov Org OR554-Transit Pass <u>Prof Beh Support Svcs</u> <ul style="list-style-type: none"> OR310-Hourly OR570-Event/Assmts <u>Other K-Plan Supports</u> <ul style="list-style-type: none"> Home Mods Assistive devices/tech Spec Med Equip 	All available K-Plan Services ~ PLUS ~ <u>Waiver Case Mgmt Svcs</u> <ul style="list-style-type: none"> ORCCM-CDDP CMgmt ORBCM-Brok CMgmt <u>Employment Svcs</u> <ul style="list-style-type: none"> OR401-Ind Supp Emplmt OR539-Discovery OR541-Emplmt Path OR543-Sm Grp Supp Emplmt <u>Family Training</u> <ul style="list-style-type: none"> OR360 <u>Enviro Safety Mods</u> <ul style="list-style-type: none"> OR561 <u>Spec Med Supply</u> <ul style="list-style-type: none"> OR562 <u>Vehicle Mods</u> <ul style="list-style-type: none"> T2039 <u>Direct RN Supports</u> Managed via MMIS	All available K-Plan Services ~ PLUS ~ <u>Waiver Case Mgmt Svcs</u> <ul style="list-style-type: none"> ORCCM-CDDP CMgmt ORSCM-State CMgmt <u>Employment Svcs</u> <ul style="list-style-type: none"> OR401-Ind Supp Emplmt OR539-Discovery OR541-Emplmt Path OR543-Sm Grp Supp Emplmt <u>Family Training</u> <ul style="list-style-type: none"> OR360 <u>Enviro Safety Mods</u> <ul style="list-style-type: none"> OR561 <u>Spec Med Supply</u> <ul style="list-style-type: none"> OR562 <u>Vehicle Mods</u> <ul style="list-style-type: none"> T2039 	All available K-Plan Services ~ PLUS ~ <u>Waiver Case Mgmt Svcs</u> <ul style="list-style-type: none"> ORCCM-CDDP CMgmt ORSCM-State CMgmt <u>Family Training</u> <ul style="list-style-type: none"> OR360 <u>Food for Spec Diets</u> <ul style="list-style-type: none"> OR512 <u>Family Training Materials & Supplies</u> <ul style="list-style-type: none"> OR517 <u>Individual Directed Goods & Svcs</u> <ul style="list-style-type: none"> OR518 <u>Enviro Safety Mods</u> <ul style="list-style-type: none"> OR561 <u>Spec Med Supply</u> <ul style="list-style-type: none"> OR562 <u>Vehicle Mods</u> <ul style="list-style-type: none"> 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; includes July 2018 Waiver Changes



	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	<p><u>Needs Assmt Svcs</u></p> <p><u>Residential Care</u></p> <ul style="list-style-type: none"> • ORAGH-Adult GH • ORCGH-Child GH • ORAFC-Adult FC • ORCFC-Child FC • ORCHH-Child Host Homes • ORSLV-Supported Living • ORSCU-Stabilization & Crisis <p><u>Emplmt Related Attendant Care</u></p> <ul style="list-style-type: none"> • OR542-DSA • OR545-On the Job Attendant Care <p><u>Transportation</u></p> <ul style="list-style-type: none"> • TRFFS-To/From work SE53 CPA • OR003-Commercial • OR004-Mileage • OR553-DD Prov Org • OR554-Transit Pass <p><u>Prof Beh Support Svcs</u></p> <ul style="list-style-type: none"> • OR310-Hourly • OR570-Event/Assmts <p><u>Other K-Plan Supports</u></p> <ul style="list-style-type: none"> • Assistive devices/tech • Spec Med Equip 	<p>All available K-Plan Services</p> <p>~ PLUS ~</p> <p><u>Waiver Case Mgmt Svcs</u></p> <ul style="list-style-type: none"> • ORCCM-CDDP CMgmt • ORBCM-Brok CMgmt <p><u>Employment Svcs</u></p> <ul style="list-style-type: none"> • OR401-Ind Supp Emplmt • OR539-Discovery • OR541-Emplmt Path • OR543-Sm Grp Supp Emplmt <p><u>Family Training</u></p> <ul style="list-style-type: none"> • OR360 <p><u>Enviro Safety Mods</u></p> <ul style="list-style-type: none"> • OR561 <p><u>Spec Med Supply</u></p> <ul style="list-style-type: none"> • OR562 <p><u>Vehicle Mods</u></p> <ul style="list-style-type: none"> • T2039 <p><u>Direct RN Supports</u></p> <p>Managed via MMIS</p>	<p>All available K-Plan Services</p> <p>~ PLUS ~</p> <p><u>Waiver Case Mgmt Svcs</u></p> <ul style="list-style-type: none"> • ORCCM-CDDP CMgmt • ORSCM-State CMgmt <p><u>Employment Svcs</u></p> <ul style="list-style-type: none"> • OR401-Ind Supp Emplmt • OR539-Discovery • OR541-Emplmt Path • OR543-Sm Grp Supp Emplmt <p><u>Family Training</u></p> <ul style="list-style-type: none"> • OR360 <p><u>Enviro Safety Mods</u></p> <ul style="list-style-type: none"> • OR561 <p><u>Spec Med Supply</u></p> <ul style="list-style-type: none"> • OR562 <p><u>Vehicle Mods</u></p> <ul style="list-style-type: none"> • T2039



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