

Policy Transmittal Developmental Disabilities Services



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Authorized signature

Number: APD-PT-20-120

Issue date: 12/28/2020

UPDATED

Topic: Developmental Disabilities

Due date: December 1, 2020

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input checked="" type="checkbox"/> ODDS Children’s Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input checked="" type="checkbox"/> ODDS Children’s Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	CHIP Medicaid eligible for K Plan Services and coding		
Policy/rule number(s):		Release number:	
Effective date:	December 1, 2020	Expiration date:	
References:			
Web address:			

Discussion/interpretation: Children on CHIP are now eligible for K Plan Services. They are not eligible for Waiver Services. The eXPRS, mainframe Service Eligibility and MMIS systems have all been updated to accept CHIP case coding.

In eXPRS children with CHIP are now coded as an In-Grant code of CH, Case Descriptor of C21 and Service Category Code of DDK. Please see the attached Eligibility Matrix and below example. Waiver coding will remain as DDC for all other Medicaid paid services cases.

Service Eligibility

Search for Other Possible Service Eligibility Dates: Begin: 12/17/2018 End: 12/17/2021 Select

Service Category Code	Benefit Plan	Start Date	End Date	End Reason Code
DDK	IHC	12/4/2020	12/31/9999	

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	8/1/2020	12/31/9999	CH	[REDACTED]	OHA	P2	U8	2211	M	12/10/2020
CMO	2/1/2020	7/31/2020	CH	[REDACTED]	OHA	P2	ME	2211	M	9/27/2016

Implementation/transition instructions: This internal systems process has been updated and is immediately ready for implementation. CDDP staff will coordinate with the APD Central Coordination Unit for problematic Medicaid case specific issues. For Technical Assistance Unit issues on Medicaid eXPRS Matrix or service coding questions, staff should submit a ticket (Technical assistance request) <https://apps.state.or.us/exprsWeb/ServiceRequest.do> if eXPRS Help Tools have not provided guidance.

Training/communication plan: This transmittal serves as the communication plan; additional communication needs should be submitted to ODDS.

Local/branch action required: Community Developmental Disabilities Programs should distribute this transmittal to all staff who may participate in service delivery processes for children, and ensure the Medicaid Eligibility Matrix coding updates are provided to staff.

Central office action required: Internal coordination, transmittal communication and ongoing guidance as needed.

This transmittal will be discussed during the next Monthly Transmittal Review. These meetings are held the second Wednesday of every month at 2 pm using the TEAMS platform. The link to participate is here: [Join Microsoft Teams Meeting](#), or you can call 971-277-2343 using conference ID: 403 980 561# to hear only the audio portion of the meeting. Please send questions in advance to ODDS.INFO@state.or.us

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): Carrie Salehiamin, ODDS Childrens Unit; Kolette Ropp, TAU	
Phone: Carrie 503-884-3860;	Fax:
Email: CARRIE.A.SALEHIAMIN@dhsosha.state.or.us or Kolette.ROPP@dhsosha.state.or.us	

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

*** Any cases with a GA Perc or CWM case descriptor are not eligible for any DD Medicaid funded Services***

Revised 12/15/2020