

**Seniors and People with Disabilities  
and  
Office of Mental Health and Addiction  
Services**

**Action Request  
Transmittal**

Cathy A. Cooper, Deputy Asst. Director, SPD and

Madeline M. Olson, Asst. Administrator, OMHAS

**Authorized Signature**

**Number:** SPD-AR-05-033

**Issue Date:** 05/24/05

**Topic:** Systems Issues

**Due Date:** June 1, 2005

**Subject:** eXPRS - Security Authorizations

**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        | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): All providers of<br>Developmental Disability Services,<br>Mental Health and Addiction Services<br>that will use eXPRS in July 2005. |

**Action Required:**

1. Please appoint the person who will act as Local Security Administrator for your agency by completing the "eXPRS Local Security Administration Enrollment Form". The form should be completed and retained by your Agency. A copy of the form should be sent **by June 1, 2005:**

Fax to: Darcel Pecyna, eXPRS State Security Administrator at  
503-378-2102.

Or mail to: Attn: Darcel Pecyna, eXPRS State Security Administrator  
Department of Human Services,  
Office of Information Services  
2850 Broadway St NE, 2<sup>ND</sup> Floor  
Salem, OR 97303-6500

2. Please identify other Agency employees that will use eXPRS beginning in July 2005. Select the security roles that you authorize for each employee, using the attached eXPRS User Enrollment Forms that applies to your organization. A copy of the eXPRS User Enrollment Forms should be sent to the State Security Administrator, at the address noted above, as soon as your decisions have been made. The original form should be retained in your Agency's files for audit purposes.
3. Once you have received confirmation from DHS that your employees have been enrolled in eXPRS, please direct your Local Security Administrator to log into eXPRS and confirm that the security roles have been entered correctly for each employee. Your Local Security Administrator may make any changes that are needed. The State Security Administrator should be notified that changes have been made.
4. Please assure that a record system is developed for your Agency that contains, at a minimum:
  - a. A completed Local Security Administrator Appointment Form.
  - b. A completed eXPRS User Enrollment Form for each employee that will use eXPRS.
  - c. Agency policies and procedures on security related to eXPRS.
  - d. Copies of communication with DHS concerning security issues.

**Reason for Action:**

In July 2005, DHS will begin making payment for the following services through eXPRS: Community Treatment and Supervision Services for Persons under the Jurisdiction of the Psychiatric Review Board – MHS 30; Residential Facilities – DD 50; Supported Living Services – DD 51; Employment and Community Inclusion Services – DD 54; Adult Alcohol and Drug Residential Treatment – A&D 61; Housing for Dependent Children Whose Parents are in Alcohol and Drug Residential Treatment – A&D 62; and Youth Alcohol and Drug Residential Treatment – A&D 71.

Use of eXPRS raises new issues around security because it brings far greater access to client and financial information, and allows more direct action by counties and providers in managing the authorization of expenditures and the requests for payment. The current payment system does not have many of the same issues because direct access to the system is limited to a small number of DHS staff.

eXPRS will use a system of roles to provide security. It begins at a very high level. All system users will belong to one of three "user groups": state, local authority (CMHP) or provider. The restrictions begin at that level. Members of each group only have access to information required by that group and they can only perform functions assigned to the group. The restrictions continue to narrow as users are defined further

by the organization they belong to, the program area they operate in, the contract they operate under and their individual security roles authorized by their employer.

The remainder of this communication will focus on the assignment of the individual security roles.

## **Appointment of a Local Security Administrator**

The first, and one of the most important roles, is the Local Security Administrator. A Local Security Administrator will be required for each county and provider organization that uses eXPRS. The requirement will be found in 2005-07 Intergovernmental Agreement for the Financing of Community Mental Health, Developmental Disability and Addiction Services and passed on to subcontract providers.

The Local Security Administrator is someone appointed by the Agency to be responsible for implementing Agency policies and procedures as they relate to security in the eXPRS system. The Local Security Administrator also implements management decisions about the level of access and authority granted each employee that will use eXPRS. This is accomplished by working with the State Security Administrator to enroll Agency employees in eXPRS.

Appointment of individuals that play a role in local security administration is accomplished by completing a Local Security Administration Enrollment Form. See attached.

## **User Enrollment**

Other employees should be enrolled as needed to perform critical functions. These functions include: accepting financial assistance from the county (or DHS if there is a direct contract), enrolling clients in eXPRS (for Alcohol and Drug Services), and authorizing requests for payment after services have been delivered.

The “eXPRS User Enrollment Form” is used to enroll individual employees in eXPRS. It contains the usual identifying information about the employee and a list of security roles that can be authorized for the individual. The security roles define the limits of access to information and the authority to operate in eXPRS that the Agency is granting. The security roles approved by the Agency should be based on the individual’s job duties. Multiple enrollment forms are used to avoid confusion over which security roles apply to the different organizations. Please use the forms that apply to your organization. See forms attached.

## User Enrollment Forms:

- eXPRS User Enrollment Form  
(Local Security Administration)
- eXPRS User Enrollment Form  
(DD Community and SOCP)
- eXPRS User Enrollment Form  
(A&D Provider)

## Enrollment Process

All employees must successfully complete a learning assessment based on the training provided by DHS. After receiving the User Enrollment Form from your Agency, the State Security Administrator will determine if the learning assessment has been successfully completed. If so, the individual will be enrolled in eXPRS.

The State Security Administrator will notify the Agency when Agency employees have been enrolled. The Local Security Administrator should immediately log into eXPRS and verify that all the information, especially the security roles, match the information on the eXPRS User Enrollment Form submitted by the Agency. The Local Security Administrator should change any information that is incorrect.

The notice from the State Security Administrator will also include a temporary user name and password for the employee. This will allow the new user to enter the system and establish his/her own user name and password, as well as changing his/her temporary verification question and answer. The Local Security Administrator should give the temporary user name and password to the employee after confirming that the approved security roles have been entered into eXPRS correctly.

Agency staff should be enrolled in eXPRS before July 1<sup>st</sup>.

Since the functions performed by people enrolled in eXPRS are critical to the Agency, it is recommended that arrangements are made to provide immediate back up. This should include cross training and may include enrollment of more than one person to perform the same function.

**Field/Stakeholder review:**       Yes       No

**If yes, reviewed by:**

*If you have any questions about this action request, contact:*

<b>Contact(s):</b>	Darcel Pecyna, State Security Administrator Jack Morgan or Jan Morgan for Developmental Disability Services Bob Miller for Mental Health and Addiction Services		
<b>Phone:</b>	Darcel – 503-378-2101 ext 276 Jack - 503-945-9801 Jan - 503-945-6409 Bob - 503-945-6185	<b>Fax:</b>	Darcel – 503-378-2102 Jack or Jan - 503-373-7274 Bob - 503-378-8467
<b>E-mail:</b>	Darcel – <a href="mailto:darcel.r.pecyna@state.or.us">darcel.r.pecyna@state.or.us</a> Jack – <a href="mailto:jack.a.morgan@state.or.us">jack.a.morgan@state.or.us</a> Jan – <a href="mailto:janet.m.morgan@state.or.us">janet.m.morgan@state.or.us</a> Bob – <a href="mailto:bob.miller@state.or.us">bob.miller@state.or.us</a>		



Express Payment and Reporting System (eXPRS)  
Information Systems Access and Authorization

**eXPRS User Enrollment Form  
(A&D Provider)**

<b>User (Employee) Name: (Print)</b>	<b>User's Work Phone:</b> ( )
<b>Name of Organization:</b>	

**Employee:** eXPRS stores a short question and answer in each user account to use as a method of identifying an individual user if needed. Please provide a short **temporary** question and answer. For example: Question - What is your dog's name? Answer - Fido. The State or Local Security Administrator will notify you to change this information the first time that you log into eXPRS.

<b>Temporary Question:</b>	<b>Temporary Answer:</b>
----------------------------	--------------------------

**INSTRUCTIONS:** The authorizing manager must complete this form based on the employee's specific job duties. Check all that apply.

Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Prior Authorizations Coordinator</b>	Provider Prior Authorizations; DHS contract information; Provider information and liability accounts; Provider service area and service element	View
Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Prior Authorizations Manager</b>	Provider Prior Authorizations; DHS contract information; Provider information and liability accounts; Provider service area and service element	1. View 2. PPA: Accept/Reject
Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Client Prior Authorizations Coordinator</b>	Client Prior Authorizations; Client information and liability accounts; Rate information; Waiver information	View
Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Client Prior Authorizations Preparer</b>	Client Prior Authorizations (CPA); Client information and liability accounts; Rate information; Waiver information	1. View 2. For CPA & Client: Create, Update, Delete

**User Name: (Print)**

Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Client Prior Authorizations Manager</b>	Client Prior Authorizations (CPA); Client information and liability accounts; Rate information; Waiver information	1. View 2. For CPA & Client: Update, Delete, Submit
Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Claims Coordinator</b>	Claims; Client information; Provider liability accounts; Waiver information; Rate information	View
Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Claims Preparer</b>	Claims; Client information; Provider liability accounts; Waiver information; Rate information	1. View 2. For Claims: Create, Update, Delete
Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Claims Manager</b>	Claims; Client information; Provider liability accounts; Waiver information; Rate information	1. View 2. For Claims: Update, Delete, Submit, Void

<b>Signature</b> All requests to be approved by user's manager.		
<b>Manager (Print Name)</b>	<b>Phone Number</b> (    )	<b>Ext.</b>
<b>Manager Title</b>		
<b>Manager Signature</b>	<b>Date</b> / /	

<b>STATE SECURITY ADMINISTRATOR USE ONLY</b>	
<b>Name:</b>	<b>Date Completed:</b> /    /

**Distribution:**

Maintain originals locally.

On an interim basis, send copies of the forms to the following.

**Fax:**            **Attn: Darcel Pecyna, eXPRS State Security Administrator at 503-378-2102**

**Or mail:**        **Attn: Darcel Pecyna, eXPRS State Security Administrator  
Department of Human Services,  
Office of Information Services  
2850 Broadway St NE, 2<sup>ND</sup> Floor  
Salem, OR 97303-6500**



Express Payment and Reporting System (eXPRS)  
Information Systems Access and Authorization

**eXPRS Local Security Administration  
Enrollment Form**

<b>User (Employee) Name: (Print)</b>	<b>User's Work Phone:</b> ( )
<b>Name of Organization:</b>	<b>Program Area(s): (MH, DD, A&amp;D)</b>

**Employee:** eXPRS stores a short question and answer in each user account to use as a method of identifying an individual user if needed. Please provide a short **temporary** question and answer. For example: Question - What is your dog's name? Answer - Fido. The State or Local Security Administrator will notify you to change this information the first time that you log into eXPRS.

<b>Temporary Question:</b>	<b>Temporary Answer:</b>
----------------------------	--------------------------

**INSTRUCTIONS:** The appointing manager must be the director of the organization and have authority from the organization to enroll an employee as a Local Security Administrator or Local Security Coordinator.

**LOCAL SECURITY COORDINATOR ROLE:**

The Local Security Coordinator role allows the employee to find and view user account information, including security roles, check on the user's account status, collect information or perform security reviews for the employer. The Local Security Coordinator role does not permit the employee to change any information.

Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Local Security Coordinator</b>	User Account Information and System Security	View Only

**LOCAL SECURITY ADMINISTRATOR ROLE:**

This is a high level role with responsibility for ongoing administration of security in eXPRS. The Local Security Administrator will create new users, grant the users access to the system, reset passwords, update and remove access as directed by management, monitor users' access to the system, evaluate security risks, provide status reports for management, implement policies and procedures for the organization related to eXPRS. This person is responsible for reporting any security risks immediately to the State Security Administrator.

Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Local Security Administrator</b>	User Account Information and System Security	View, Create, Update, Delete

User (Employee) Name: (Print)

<b>Signature (Agency Director.)</b>		
<b>Manager (Print Name)</b>	<b>Phone Number</b> (     )	<b>Ext.</b>
<b>Manager Title</b>		
<b>Manager Signature</b>	<b>Date</b> / /	

<b>STATE SECURITY ADMINISTRATOR USE ONLY</b>	
<b>Name:</b>	<b>Date Completed:</b> /     /

**Distribution:**

Maintain originals locally.

On an interim basis, send copies of the forms to the following.

**Fax:            Attn: Darcel Pecyna, eXPRS State Security Administrator  
                         at 503-378-2102**

**Or mail:        Attn: Darcel Pecyna, eXPRS State Security Administrator  
                         Department of Human Services,  
                         Office of Information Services  
                         2850 Broadway St NE, 2<sup>ND</sup> Floor  
                         Salem, OR 97303-6500**



Express Payment and Reporting System (eXPRS)  
Information Systems Access and Authorization

**eXPRS User Enrollment Form  
(DD Community & SOCP Provider)**

<b>User (Employee)Name: (Print)</b>	<b>User's Work Phone:</b> ( )
<b>Name of Organization:</b>	

**Employee:** eXPRS stores a short question and answer in each user account to use as a method of identifying an individual user if needed. Please provide a short **temporary** question and answer. For example: Question - What is your dog's name? Answer - Fido. The State or Local Security Administrator will notify you to change this information the first time that you log into eXPRS.

<b>Temporary Question:</b>	<b>Temporary Answer:</b>
----------------------------	--------------------------

**INSTRUCTIONS:** The authorizing manager must complete this form based on the employee's specific job duties. Check all that apply.

Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Prior Authorizations Coordinator</b>	Provider Prior Authorizations; DHS contract information; Provider information and liability accounts; Provider service area and service element	View
Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Provider Prior Authorizations Manager</b>	Provider Prior Authorizations; DHS contract information; Provider information and liability accounts; Provider service area and service element	1. View 2. PPA: Accept/Reject
Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	<b>Client Prior Authorizations Coordinator</b>	Client Prior Authorizations; Client information and liability accounts; Rate information; Waiver information	View

User Name: (Print)

Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	Provider Claims Coordinator	Claims; Client information; Provider liability accounts; Waiver information; Rate information	View
Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	Provider Claims Preparer	Claims; Client information; Provider liability accounts; Waiver information; Rate information	1. View 2. For Claims: Create, Update, Delete,
Add	Del	Role Name	Information within eXPRS	Actions Allowed
<input type="checkbox"/>	<input type="checkbox"/>	Provider Claims Manager	Claims; Client information; Provider liability accounts; Waiver information; Rate information	1. View 2. For Claims: Update, Delete, Submit, Void

<b>Signature</b> All requests to be approved by user's manager.		
Manager (Print Name)	Phone Number (    )	Ext.
Manager Title		
Manager Signature	Date / /	

STATE SECURITY ADMINISTRATOR USE ONLY	
Name:	Date Completed:    /    /

**Distribution:**

Maintain originals locally.

On an interim basis, send copies of the forms to the following.

Fax:            Attn: Darcel Pecyna, eXPRS State Security Administrator  
                  at 503-378-2102

Or mail:        Attn: Darcel Pecyna, eXPRS State Security Administrator  
                  Department of Human Services,  
                  Office of Information Services  
                  2850 Broadway St NE, 2<sup>ND</sup> Floor  
                  Salem, OR 97303-6500