

Cathy Cooper  
Authorized Signature

**Number:** SPD-AR-08-042  
**Issue Date:** 6/26/2008

**Topic:** Developmental Disabilities

**Due Date:**

**Subject:** eXPRS Case Management security authorizations

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                     | <input checked="" 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 checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): eXPRS Local Security Administrators |

**Action Required:**

Please review your business procedures related to DD Case Management (SE48) Service Authorizations and Case Management encounter reporting within the Express Payment and Reporting System (eXPRS). Then, determine which employees within your organization will require access to eXPRS, to allow them to complete Case Management Service Authorizations or Case Management encounter reporting within that system. In addition, determine what specific activity each employee will need to perform within the system. This will assist you in determining which role assignment to request for each individual.

The three roles currently available for Case Management are: CM (Case Management) CPA Manager, CM (Case Management) CPA Preparer, and CM (Case Management) Encounter Manager.

Once you have reviewed your agency's business procedures and the decisions regarding user access and role assignments have been made, perform the following:

1. Complete the attached **eXPRS User Enrollment Form (Case Management)** for each individual who will require access to eXPRS to complete case management activities within that system.

Even though some of your employees may have existing role authorizations within eXPRS, case management activities require an update to the existing

eXPRS user profile. Therefore, **a Case Management user enrollment form is required** for any individual who will be using eXPRS to complete Case Management activities within that system.

**It is strongly recommended the CDDP/Local Authority authorize eXPRS user roles in such a manner as to prevent those individuals who will be creating the Case Management Client Prior Authorizations (CPAs) from also filing the encounters for Case Management services.**

2. The eXPRS **User Enrollment Form (Local Authority)** has been updated with a new role of Local Auth Service Coordinator viewer. This role will allow users to view Client Eligibility, Client Prior Authorizations, Provider Site information, Service Rates, and Waiver information. It will also allow the user to run the designated client report. If this is a role you would like assigned to employees, please complete the Local Authority User Enrollment Form for each person requiring the role.

3. Once the eXPRS Case Management and/or the Local Authority User Enrollment Forms have been completed and signed, fax or mail a copy of the forms to the State Security Administrator at the following address:

eXPRS Security  
SPD/ISCU  
500 Summer Street NE, E-12  
Salem OR 97301-1075  
Fax: (503) 947-5357

4. Retain the original form in the CDDP/Local Authority files for audit purposes.

5. Please monitor the CDDP's need for any revision to the security roles for each employee. The CDDP/Local Authority should inform the State Security Administrator immediately of any changes which need to be made (e.g., when employees change position or leave your employ, roles typically will need to be added, removed, or the user account closed).

**Reminder:** The CDDP/Local Authority is required to have a record system in place that contains, at minimum:

- a. A completed eXPRS User Enrollment Form for each employee using eXPRS
- b. County policies and procedures on security, related to eXPRS
- c. Copies of communication with DHS concerning security issues.

### **Reason for Action:**

As of July 1, 2008, Developmental Disability Case Management Services (SE48) will

be managed within the Express Payment and Reporting System (eXPRS). By late Tuesday afternoon, July 1, 2008, SPD central office will release in eXPRS, all SE48 SEPA's and all draft Targeted Case Management and draft Admin Case Management Client Prior Authorizations (CPAs). Each CDDP/Local Authority must accept their SEPA's in order to activate SE48 in eXPRS. CDDPs must also review their draft CPAs to determine if the data conversion process has provided all the requisite authorizations, and take action to make necessary additions or corrections. In order to complete the review and correction procedures however, individuals must first be authorized with the Case Management user role(s) that will allow them the appropriate system access.

**Field/Stakeholder review:**       Yes       No

**If yes, reviewed by:**

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

<b>Contact(s):</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>E-mail:</b>			



## User Enrollment Form (Case Management)

<b>User Name: (Last, First MI)</b>	<b>Phone:</b>
<b>Job Title:</b>	<b>Name of Organization:</b>
<b>Organization Address: (Street Address)</b>	<b>City, State Zip:</b>
<b>If you have an eXPRS login name, write it here:</b>	<b>E-mail Address:</b>

**User:** 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. You must change this information the first time you logon.

<b>Temporary Question:</b>	<b>Temporary Answer:</b>
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**INSTRUCTIONS:** The authorizing manager must complete this form based on the employee's specific job duties. Check all that applies.

**Fax completed form to (503) 947-5357**

Add	Del	Role Name	Action Allowed and Information within eXPRS
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>CM CPA Manager</b></p> <p>The Service Elements listed may not be applicable to all users.  <u><b>Service Elements:</b></u>            48-Case Management</p> <p style="color: red;"><b><i>SHOULD NOT permit this role to anyone who has rights to the CM Encounter Manager role.</i></b></p>	<p><u><b>View:</b></u>            Case Management, Client Eligibility, Contract, Provider, Provider Service Area, Provider Service Element, Provider Site, Rate, Waiver</p> <p><u><b>View, Update:</b></u>            Client</p> <p><u><b>Accept/Reject, Create, Delete, View, Submit, Update, Void, Withdraw:</b></u>            Client Prior Auth</p> <p><u><b>Run:</b></u>            Reports – CM Enrollment, CM Provider Financial Statement</p>

Add	Del	Role Name	Action Allowed and Information within eXPRS
<input type="checkbox"/>	<input type="checkbox"/>	<b>CM CPA Preparer</b>  The Service Elements listed may not be applicable to all users. <u><b>Service Elements:</b></u> 48-Case Management	<u><b>View:</b></u> Case Management, Client Eligibility, Contract, Provider, Provider Service Area, Provider Service Element, Provider Site, Rate, Waiver <u><b>View, Update:</b></u> Client <u><b>Create, Delete:</b></u> Client Prior Auth <u><b>Run:</b></u> Reports –CM Enrollment
<input type="checkbox"/>	<input type="checkbox"/>	<b>CM Encounter Manager</b>  The Service Elements listed may not be applicable to all users. <u><b>Service Elements:</b></u> 48-Case Management  <i><b>SHOULD NOT permit this role to anyone who has rights to the CM CPA Manager role.</b></i>	<u><b>View:</b></u> Client, Provider, Provider Service Area, Provider Service Element, Provider Site, Rate, Waiver <u><b>Create, Delete, Submit, Update, View, Void:</b></u> Case Management <u><b>Run:</b></u> Reports – CM Enrollment, CM Provider Financial Statement

<b>Signature</b>		
<b>Manager: (Print Name)</b>	<b>Phone Number:</b> (      )	<b>Ext.:</b>
<b>Manager Title:</b>	<b>E-mail Address:</b>	
<b>Manager Signature:</b>	<b>Date:</b> / /	

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

**Maintain form in local file for audit purposes.**



## User Enrollment Form (Local Authority)

<b>User Name: (Last, First MI)</b>		<b>Phone:</b>
<b>Job Title:</b>	<b>Name of Organization:</b>	
<b>Organization Address: (Street Address)</b>	<b>City, State Zip:</b>	
<b>If you have an eXPRS login name, write it here:</b>	<b>E-mail Address:</b>	

**User:** 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. You must change this information the first time you logon.

<b>Temporary Question:</b>	<b>Temporary Answer:</b>
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**INSTRUCTIONS:** The authorizing manager must complete this form based on the employee's specific job duties. Check all that applies.

**Fax completed form to (503) 947-5357**

Add	Del	Role Name	Action Allowed and Information within eXPRS
<input type="checkbox"/>	<input type="checkbox"/>	<b>Local Auth Claims Coordinator</b>  The Service Elements listed may not be applicable to all users. <u><b>Service Elements:</b></u> 50 – Residential Facilities, 51 – Supported Living Services, 54 – Employment & Alternative Serv, 141 – SOCP, 142 – Children's Residential, 143 – Proctor Care	<u><b>View:</b></u> Claim, Client, Client Eligibility, Client Liability Account, Provider, Provider Liability Account, Rate, Waiver  <u><b>Run:</b></u> Reports – Cash Flow, Client Enrollment, Payment Detail, Provider Payment Summary, Remittance Advice
<input type="checkbox"/>	<input type="checkbox"/>	<b>Local Auth CPA Coordinator</b>  The Service Elements listed may not be applicable to all users. <u><b>Service Elements:</b></u> 50 – Residential Facilities, 51 – Supported Living Services, 54 – Employment & Alternative Serv, 141 – SOCP, 142 – Children's	<u><b>View:</b></u> Client, Client Eligibility, Client Liability Account, Client Prior Auth, Contract, Provider, Provider Service Area, Provider Service Element, Provider Site, Rate, Waiver  <u><b>Run:</b></u> Reports – Cash Flow, Client Enrollment, Payment Detail, Provider Payment

Add	Del	Role Name	Action Allowed and Information within eXPRS
		Residential, 143 – Proctor Care	Summary, Remittance Advice
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Local Auth CPA Manager</b></p> <p>The Service Elements listed may not be applicable to all users.</p> <p><b><u>Service Elements:</u></b>  50 – Residential Facilities, 51 – Supported Living Services, 54 – Employment &amp; Alternative Serv, 141 – SOCP, 142 – Children’s Residential, 143 – Proctor Care</p>	<p><b><u>View:</u></b>  Claim, Client Eligibility, Client Liability Account, Contract, Provider, Provider Service Area, Provider Service Element, Provider Site, Rate, Waiver</p> <p><b><u>View, Update:</u></b>  Client</p> <p><b><u>Create, Delete, View, Submit, Update, Void, Withdraw:</u></b>  Client Prior Auth</p> <p><b><u>Update:</u></b>  Client Prior Auth Rate</p> <p><b><u>Run:</u></b>  Reports – Cash Flow, Client Enrollment, Payment Detail, Provider Payment Summary, Remittance Advice</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Local Auth CPA Preparer</b></p> <p>The Service Elements listed may not be applicable to all users.</p> <p><b><u>Service Elements:</u></b>  50 – Residential Facilities, 51 – Supported Living Services, 54 – Employment &amp; Alternative Serv, 141 – SOCP, 142 – Children’s Residential, 143 – Proctor Care</p>	<p><b><u>View:</u></b>  Client Eligibility, Client Liability Account, Contract, Provider, Provider Service Area, Provider Service Element, Provider Site, Rate, Waiver</p> <p><b><u>Create, Delete, View, Update:</u></b>  Client Prior Auth</p> <p><b><u>View, Update:</u></b>  Client</p> <p><b><u>Run:</u></b>  Reports – Cash Flow, Client Enrollment, Payment Detail, Provider Payment Summary, Remittance Advice</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Local Auth IGA Coordinator</b></p> <p>The Service Elements listed may not be applicable to all users.</p> <p><b><u>Service Elements:</u></b>  50 – Residential Facilities, 51 – Supported Living Services, 54 – Employment &amp; Alternative Serv, 141 – SOCP, 142 – Children’s Residential, 143 – Proctor Care</p>	<p><b><u>View:</u></b>  Budget Allocation Item, Budget Allocation Worksheet, Client, Contract, Program Area Limitation, Program Code, SEPA Approval Unit, SEPA Line Item, Service Element</p> <p><b><u>Run:</u></b>  Reports – Cash Flow, Client Enrollment, Designated Clients, Payment Detail, Prior Auth Balance, Provider Payment Summary, Remittance Advice</p>

Add	Del	Role Name	Action Allowed and Information within eXPRS
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Local Auth PC20 Report Viewer</b></p> <p>The Service Elements listed may not be applicable to all users.  <u><b>Service Elements:</b></u>            50 – Residential Facilities, 51 – Supported Living Services, 54 – Employment &amp; Alternative Serv, 141 – SOCP, 142 – Children’s Residential, 143 – Proctor Care</p>	<p><u><b>Run:</b></u> Report – PC20</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Local Auth PPA Coordinator</b></p> <p>The Service Elements listed may not be applicable to all users.  <u><b>Service Elements:</b></u>            50 – Residential Facilities, 51 – Supported Living Services, 54 – Employment &amp; Alternative Serv, 141 – SOCP, 142 – Children’s Residential, 143 – Proctor Care</p>	<p><u><b>View:</b></u> Contract, Provider, Provider Liability Account, Provider Prior Auth, Provider Service Area, Provider Service Element, Provider Site, SEPA Approval Unit, SEPA Line Item  <u><b>Run:</b></u> Reports – Cash Flow, Client Enrollment, Designated Clients, Payment Detail, Prior Auth Balance, Provider Payment Summary, Remittance Advice, SEPA Detail</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Local Auth PPA First Review</b></p> <p>The Service Elements listed may not be applicable to all users.  <u><b>Service Elements:</b></u>            50 – Residential Facilities, 51 – Supported Living Services, 54 – Employment &amp; Alternative Serv, 141 – SOCP, 142 – Children’s Residential, 143 – Proctor Care</p>	<p><u><b>View:</b></u> Contract, Provider, Provider Liability Account, Provider Service Area, Provider Service Element, Provider Site, SEPA Approval Unit, SEPA Line Item  <u><b>Create, Delete, First Review, View, Update, Void, Withdraw:</b></u> Provider Prior Auth  <u><b>Run:</b></u> Reports – Cash Flow, Client Enrollment, Designated Clients, Payment Detail, Prior Auth Balance, Provider Payment Summary, Remittance Advice, SEPA Detail</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Local Auth PPA Manager</b></p> <p>The Service Elements listed may not be applicable to all users.  <u><b>Service Elements:</b></u>            50 – Residential Facilities, 51 – Supported Living Services, 54 –</p>	<p><u><b>View:</b></u> Contract, Provider, Provider Liability Account, Provider Service Area, Provider Service Element, Provider Site, SEPA Approval Unit, SEPA Line Item  <u><b>Create, Update, Delete, Submit, View, Void, Withdraw:</b></u></p>

Add	Del	Role Name	Action Allowed and Information within eXPRS
		Employment & Alternative Serv, 141 – SOCP, 142 – Children’s Residential, 143 – Proctor Care	Provider Prior Auth <u>Run:</u> Reports – Cash Flow, Client Enrollment, Designated Clients, Payment Detail, Prior Auth Balance, Provider Payment Summary, Remittance Advice, SEPA Detail
<input type="checkbox"/>	<input type="checkbox"/>	<b>Local Auth PPA Second Review</b>  The Service Elements listed may not be applicable to all users. <u>Service Elements:</u> 50 – Residential Facilities, 51 – Supported Living Services, 54 – Employment & Alternative Serv, 141 – SOCP, 142 – Children’s Residential, 143 – Proctor Care	<u>View:</u> Contract, Provider, Provider Liability Account, Provider Service Area, Provider Service Element, Provider Site, SEPA Approval Unit, SEPA Line Item <u>Second Review, View, Void, Withdraw:</u> Provider Prior Auth <u>Run:</u> Reports – Cash Flow, Client Enrollment, Designated Clients, Payment Detail, Prior Auth Balance, Provider Payment Summary, Remittance Advice, SEPA Detail
<input type="checkbox"/>	<input type="checkbox"/>	<b>Local Auth Service Coordinator Viewer</b>  The Service Elements listed may not be applicable to all users. <u>Service Elements:</u> 48-Case Management, 50-Residential Facilities, 51-Supported Living Services, 54-Employment & Alternative Serv, 141-SOCP, 142-Children’s Residential, 143-Proctor Care	<u>View:</u> Client, Client Eligibility, Client Liability Account, Client Prior Auth, Provider Site, Rate, Waiver <u>Run:</u> Report – Designated Clients

Signature		
Manager: (Print Name)	Phone Number: (    )	Ext.:
Manager Title:	E-mail Address:	
Manager Signature:	Date: /    /	

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

**Maintain form in local file for audit purposes.**