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Number: APD-AR-15-016
Issue date: 4/2/2015

CORRECTED

Topic: Developmental Disabilities

Due date: May 15, 2015

Subject: Updates to service plans in Plan of Care

Applies to (check all that apply):

- All DHS employees
Area Agencies on Aging
Aging and People with Disabilities
Self Sufficiency Programs
County DD Program Managers
ODDS Children's Residential Services
Child Welfare Programs
County Mental Health Directors
Health Services
Office of Developmental Disabilities Services(ODDS)
ODDS Children's Intensive In Home Services
Stabilization and Crisis Unit (SACU)
Other (please specify): Support Service Brokerages; Service Coordinators; Personal Agents

Action required:

Updated 04/03/15 to clarify that the use of the generic provider authorization is not allowed to be used for any PSWs. See highlighted section below for correction/edit to the version that was posted on 03/27/15.

No later than the May 15, 2015, all Plans of Care in eXPRS must be updated to accurately identify the ISP end date of each individual's ISP. This is only an update of the Plan date at the top of the plan; this does not include the service lines or provider lines. See the attachment for instructions on entering ISP end dates.

No later than June 30, 2015, all Plans of Care in eXPRS must be updated to reflect the following:

- 1. Actual ANA and CNA hours
2. Generic providers as applicable

1. ANA hours

The Monthly Assessed Attendant Care/Skills Training Hours field in POC must reflect accurate ANA and CNA hours for each individual. When editing/adjusting the ANA/CNA hours total in eXPRS, the new total entered cannot be less than what is authorized in any single service line in the POC that reconciles to the ANA/CNA monthly total, and/or cannot be less than the total available to be claimed for all attendant care services combined in a calendar month. In combination, ANA/CNA hours authorized for services may appear to exceed those that are available, however any Service Delivered billing entries submitted that exceed that monthly limit will suspend. A review of any Service Delivered entries that have suspended for this reason can be requested to ODDS.

2. Generic providers

Review any service prior authorizations in POCs that have the provider identified as Generic Providers and update appropriately if the provider has an SPD Medicaid provider number. This applies to providers who are providing attendant care services, skills training, behavioral consultants, all employment services, and relief care providers.

For **Non-PSW** providers who are waiting for an SPD enrollment number or specialty type from the Department, CDDPs and Brokerages can utilize the “generic” provider option to authorize services, using the below guidelines:

- The “generic” provider authorization is for 90 days of service.
 - After the first 90 days, CDDPs/Brokerages must update the service prior authorization in the POC to authorize the provider directly if the provider is now enrolled and has an allowed provider type/specialty for the service
 - If there is still no SPD enrollment number or assignment of needed provider type/specialty for the service, CDDPs/Brokerages may authorize an additional 90 days using the “generic” provider option.
- (- examples of who these providers may be = agency providers of behavioral consultation, foster care providers as relief care providers- retail businesses or vendors for purchases)

Additional information and guidance will be coming from ODDS, regarding providers who may be appropriate to remain a “generic” provider until further notice. (Examples of these providers would be providers of; transportation, home modifications, chore services, vehicle modifications and one-time purchases may continue to be authorized as generic providers until further notice)

Field/stakeholder review: Yes No

If yes, reviewed by: CDDP and Brokerage policy reviewers

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

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Plan of Care ISP end date instruction 03/27/2015

Step #1

Oregon Department of Human Services
Express Payment & Reporting System (eXPRS)

Home My Account Change Password Help Log Out

Logged in as test - All my Organizations and Program Areas

eXPRS
Express Payment & Reporting System

Client ▶ Home
Provider ▶ My Notifications
Contracts ▶
Prior Authorization ▶
Plan Of Care ▶ POC
Claims ▶ Service Delivered
CM/PA TCM Billing ▶ Reports
Liabilities ▶

1. From the Plan of Care Menu
a. select POC
b. select Update POC

Filtered By Type All Notification Types

View POC
Create POC
Update POC

Step #2

Find Plan of Care

Plan ID:	<input type="text"/>
Client Prime:	<input type="text"/>
Service Element:	All
Plan Begin:	<input type="text"/>
Plan End:	<input type="text"/>
DHS Contract Num:	<input type="text"/>
Status:	<input type="text"/>
Max Displayed:	All

Find Reset

2. Search by entering "Plan ID" or other criteria such as prime and selecting **Find**

Step #3

Report options: CSV | Excel | PDF | RTF

Plan ID	Client Prime	Contract Num	Plan Begin	Plan End	Status
[blurred]	[blurred]	[blurred]	04/01/2015	06/30/2015	Accepted

3. Select the Plan ID (the blue hyperlink blurred in this example for privacy purposes)

Step #4

Update Plan of Care

Plan Id: [blurred]
Client Name: [blurred]
Plan Total: \$7,033.75

4. Select the edit button

Plan Dates: 4/1/2015 - 6/30/2015
Client Prime: [blurred]
Plan Status: Accepted

Step #5

Update Plan of Care

Plan Id: [blurred]
Client Name: [blurred]
Plan Total: [blurred]

5. You can now edit the plan date to match it up with the ISP date.
6. Select Save

Plan Dates: 4/1/2015 -
Client Prime: [blurred]
Plan Status: Accepted