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**Authorized Signature**

**Number: SPD-IM-08-034**

**Issue Date: 5/8/2008**

**Topic:** Developmental Disabilities

**Subject:** Questions and Answers on Developmental Disabilities Case Management Services moving to the Express Payment and Reporting System (eXPRS)

**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 checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): eXPRS Local Authority users, SPD DD staff |

**Message:**

**Preparation for implementation of Case Management Services in eXPRS**

The system change required to support moving case management services into eXPRS will require the overall transition be broken into several smaller components. eXPRS is currently being augmented to support both the CDDP payment function and the CDDP “encounter” reporting for DD Case Management Services (SE 48). At this point, the targeted date for SE 48 transition to eXPRS is July 1, 2008.

**Q: How will Case Management services operate in eXPRS**

**A: Case Management services in eXPRS will reflect the current rules and policies. The system will utilize much of the existing architecture of eXPRS to support the allotment payments and the encounter submissions.**

**Service Element Prior Authorizations (SEPA)** - To support SE 48 allocations and allotments, a SE 48 SEPA must be entered by SPD contract unit, and then accepted by each CDDP. The SEPA will start at the beginning date of eXPRS SE 48 implementation, and post through the end of the 07-09 biennium.

**Provider Prior Authorizations (PPA)** - To support “monthly allotment” payments to each CDDP, a Provider Prior Authorization (PPA) must be created by SPD for each

CDDP Case Management provider. In SE 48, unlike other eXPRS services, current design requirements will not allow the PPA amount to be an optional item. In order to process the monthly allotment payments, eXPRS will require the PPA amount to run the allocation calculations and issue payments.

In some areas of the state, a single contracting entity supports multiple CDDP operations. The use of a PPA for each County represented within the overall contract, will support the assignment of individual clients to the correct county CDDP roster.

**Monthly Allotment payments** - Once the SEPA has been accepted and the PPA is in place, eXPRS will process monthly allotment payments, to the limit set within each PPA. eXPRS will automatically generate monthly allotments on the same day, each month. This activity in eXPRS will replace the current Rbase SE 48 payment processing.

### **Client Prior Authorizations (CPAs)**

eXPRS will require the successful submission of a Client Prior Authorization (CPA) for case management services, before encounter submissions for case management service may be filed. In the current design, there are two types of Case Management services, Targeted Case Management (TCM) and Administrative Case Management (Admin CM) services.

Because all individuals determined eligible for DD services are then eligible to receive TCM services, each individual must have a TCM CPA in eXPRS. Not only does this activity allow for the monthly TCM encounter filing/reporting when those contacts occur, but it establishes the CDDP enrollment roster.

Individuals enrolled in CPMS SE148 (Support Services Brokerages) must also have an eXPRS CPA for Admin Case Management, which allows for Admin CM encounter reporting.

There will be additional instances where a CPA for Administrative Case Management services might be required to allow for encounters of this nature to be filed. More information will be provided on these situations at a later date.

### **Q: Will CPA totals calculate against the SEPA for Case Management services?**

### **A: No, CPA totals will not calculate against the SEPA for SE48**

Unlike other services in eXPRS, the SE 48 CPA totals are not calculated against the SEPA amounts. There is no upper limit in place for the authorization of Case Management services. Any individual eligible for DD services is eligible to receive Case Management services. Therefore, the CDDP must have the freedom to authorize TCM services for any individual with developmental disabilities, within their

geographic area. The total of the SEPA for a CDDP's case management services would not be sufficient to cover the total dollar amount of all possible TCM (and Admin) CPAs for everyone served by that CDDP.

In other eXPRS services, the CPA to SEPA roll up is what assists in monitoring the encumbering of funds. In SE 48, the SEPA sets the total amount a CDDP will be paid throughout the biennium for Case Management services. The limits established within the CDDP's Provider Prior Authorizations (PPAs) will assist in monitoring CM encounters filed/reported, against the contracted expectations, relative to the SE48 SEPA amounts.

**Q: How will all of the TCM and Admin CPAs be entered to eXPRS before the implementation date?**

**A: SPD will generate DRAFT CPAs two weeks prior to implementation**

Because the initial number of TCM and Admin CPAs will be significant, SPD will generate draft Case Management CPAs through a data conversion process. CDDPs will need to review the drafts, then make any necessary corrections or additions, and accept all TCM and Admin CPAs to the system. **An Action Request detailing this work will be sent in early June.**

**Q: Once the draft CPAs have been submitted in eXPRS, will CDDPs manage their own Case Management CPAs?**

**A: Yes, CDDPs must maintain their Case Management CPAs**

As with any service in eXPRS, timely entry and qualitative maintenance of CPAs is critical to reliable encounter processing and service delivery reporting. In Developmental Disability services, the CDDP serves as the hub for local DD programs, and the case management function serves as the gateway to other DD services. To effectively and efficiently support Oregon's DD program, the TCM CPA has been designed to set up and manage the local CDDP Enrollment Roster, and serve as the authorization "gate-keeper" for other eXPRS services. Therefore, timeliness and accuracy in CPA maintenance are paramount.

DD services, including case management, are authorized only for those individuals eligible to receive them. At the point where all DD services have transitioned to an electronic authorization and payment system, processing rules will prevent the authorization of DD services until an individual is first identified as eligible for DD services, and then has been authorized case management services. Therefore, when individuals apply for and have been determined eligible for DD services, the CDDP must create and submit a CPA for TCM services at the earliest opportunity, following eligibility determination.

To prevent inaccurate service authorizations or payments, when individuals leave CDDP services, Case Management CPAs must be ended at the appropriate date. In cases where an individual transfers from one CDDP to another, the sending CDDP must end its Case Management CPA as of the last full day of service. The receiving CDDP must start its CPA for Case Management the day of entry.

If the CDDP experiences any difficulty with entering or ending Case Management CPAs, please contact the DHS Service Desk (503) 945-5623.

**Q: How will Case Management contacts be reported in eXPRS?**

**A: The same basic architecture which supports the filing of claims in other eXPRS services, has been utilized to support the filing of Case Management Encounters**

Once the CPAs are accepted, authorized CDDP users may file/report CM encounters in eXPRS. The system will support “roster” submission selections for both TCM and Admin encounters. To file encounters, the user will select the “Enter Encounter” function from the menu. This action will bring up a screen which requires the user to enter the date the Case Management service was delivered. Once the date has been entered, the system will return the Case Management Provider’s “Roster”. The user will select the clients and the type of case management service for the encounters being reported. Once all selections for that date are completed, the user will click the submit button. The system will now have record of the specific type of encounter being reported on a specific date for a specific individual.

Once an encounter has been submitted for an individual for a given month, no further encounters for that month may be submitted under the same contract. The individual will no longer be “selectable” from the Case Management Provider Roster.

In those cases where a CDDP filed an Admin encounter for someone enrolled in a brokerage early in a month, and later in the same month provided Targeted Case Management services when the individual entered a crisis situation, the CDDP may wish to swap the Admin encounter for the TCM encounter. To complete this action, the Admin encounter must first be voided. Once the Admin encounter has voided, the TCM encounter may be filed/submitted.

In cases where an individual is transferring from one county to another, both CDDPs may wish to submit encounters for the same individual. To support this activity, the sending CDDP must end their CPA as of the date the individual is leaving the County. That CDDP may submit an encounter for a date within the initial portion of the month, covered by the CPA date range. The receiving CDDP may start their CPA as of the

date following the end date of the sending CDDP's CPA. This will allow the receiving CDDP to submit an encounter for a date within the remaining portion of the month covered by their CPA.

The current unit of Case Management service is "month", and only one CM encounter may be submitted per month, per individual, per provider number, under a contract. eXPRS will be redesigned to meet service reporting needs, as CMS requirements regarding Case Management services continue to evolve.

As is currently the requirement in CPMS, all CM encounters must be reported in eXPRS, once the service is implemented in that system. This requirement allows the Department to capture the greatest possible level of TXIX funding, and also provides data on the totality of DD case management service delivery.

**Q: eXPRS manages contracts with some agencies that provide Case Management services in multiple counties. How will the service authorizations occur at a local level, to support each individual county's CDDP Roster?**

**A: eXPRS uses the Provider Prior Authorization (PPA) to establish a Case Management Provider in each County.**

An agency may provide Case Management services across multiple counties, but the SEPA is established in eXPRS under the direct contractor with DHS, or under the Umbrella Organization. Each SEPA may have numerous Provider Prior Authorizations in place. In Case Management services, each PPA under an organization's SEPA will represent a specific county, with a specific CM provider number.

The PPA allows for the creation of Targeted Case Management CPAs for individuals specific to the County covered by the PPA. A TCM CPA under a specific PPA links the individual for whom the CPA was created, to that specific County.

All individuals with current TCM CPAs under a single Case Management provider number, constitutes that CDDP's Enrollment Roster. The statewide total of all current TCM CPAs constitutes the statewide total DD service population.

**Q: Will the various service elements in eXPRS communicate across the system?**

**A: The original system design requires various rules operate to ensure one service is not authorized in the absence of another, and to prevent certain types of concurrent service authorizations.**

Access to other DD services requires determination by the CDDP of an individual's eligibility for DD services. Once the individual has been determined eligible for DD services, and the individual's case has had the eligibility coding applied, The TCM CPA

may be created and accepted. The TCM CPA establishes “eligibility” in eXPRS for other eXPRS managed services. Therefore, system rules will prevent the authorization of other eXPRS services, in the absence of a TCM CPA for an individual.

As additional services transition to eXPRS, further service exclusion or service combination rules will be built in support of managing the authorization process per program requirements.

**Q: Will CPMS continue to process any Case Management Service activity once SE 48 moves into eXPRS?**

**A: CPMS will be utilized to generate data necessary for reporting on services prior to the eXPRS transition. In addition, CPMS will be utilized in 2007-2009 settlement support. Once SE 48 moves into eXPRS however, there will be no further Case Management enrollment or contact reporting activity in CPMS**

Once Case Management services are deployed in eXPRS, all SE 48 CPMS enrollments will cease. Instead, the CDDP will utilize TCM CPAs to “enroll” individuals to Targeted Case Management services, and Admin CPAs to authorize Admin Case Management services.

With no SE 48 CPMS enrollments, the SE 48 CPMS Provider Financial Statement (PFS) will no longer need to be mailed to CDDPs. Instead, CDDPs will submit Case Management encounters in eXPRS. Remember, filing CM encounters, unlike other eXPRS service claims, will not result in payment. Payments will continue to be posted as 1/24th allotments, at the beginning of each month.

Terminations or corrections to SE 48 enrollments or service reporting will not require the Termination Service Adjustment Report (TSAR) process. Instead, CDDPs will use eXPRS to make CPA changes for enrollments or terminations, and will void and reprocess CM encounters to make contact reporting corrections.

eXPRS will provide real time TXIX eligibility status when the Case Management encounter is reported. This provides timely and accurate reporting of encounters for Title XIX eligible individuals to CMS, which allows DHS to obtain maximum federal match funds for Oregon’s DD Case Management services.

**Q: How will DHS systems coordinate to support DD Case Management Services**

**A: A combination of systems interfaces and changes in business procedures will provide greater coordination across and between systems that currently support correct and timely DD service payments.**

## **eXPRS verification of DHS case profile**

Because TCM serves as the gateway to other DD services, eXPRS is designed to check the DHS mainframe system for specific case coding, to ensure that individuals are eligible to receive developmental disability services prior to allowing a CPA for SE 48 to be submitted to the system. This is a new process, which requires a significant change to the existing ODDS Central Office and CDDP business procedures to ensure the required coding is present in the mainframe system. The following information is provided to explain the reason for the change in procedures, and to detail the new business process.

## **CMS Case Record**

The DHS CMS case record contains information regarding service eligibility, waiver status, benefit limits, and other client demographic information. The data in the CMS case record are passed via interface, to the various DHS subsystems (MMIS, eXPRS, etc.). These data serve as gate-keepers for a multitude of system service authorization and payment functions.

Because CMS must manage all Oregon DHS clients, both separately and in family units, it must be able to identify individuals as “unique”, even within a family grouping. Establishing a CMS client case record is therefore dependent upon a “prime number”. The prime number is unique to each individual, and remains attached to the client identity throughout the DHS service history. CMS however, cannot generate client prime numbers, and therefore is unable to establish a case record for individuals until the prime number has been assigned to the individual from another source.

## **CI System Records**

The CI system operates to assign the unique client prime number to each individual receiving DHS services. When a prime number assignment request is made, CI system users perform a search to determine if the client demographic data indicate the individual has a current or a previous prime number. If the search does not return any possible matches, the CI system assigns a randomly generated prime number to the client identity, and a CI record is created. If the system returns multiple possible records, further research is required to identify the correct record and obtain the correct prime number to assign to the case. Once the CI prime is set or verified, the CMS case record may be established.

## **CPMS Case Management enrollment problems**

Case Management enrollments and encounters are currently recorded in CPMS. The prime number activity within that system has been a difficult process to manage. Because CPMS does not automatically populate client prime numbers through an interface with CI or CMS, the numbers must be entered by hand, from information written by the CDDP on a CPMS enrollment form. This process, while necessary to support business, has been the source of many data errors. In some cases the name submitted on the form has been misspelled, or the birth date has been incorrect, or the

middle name was used instead of the first name, etc. In other cases, the form was difficult to read, or critical pieces of information were missing.

The provider payment workers who enter the client enrollments to CPMS, have made every effort to obtain a correct prime from CI. There have however, been errors in this process. These errors have led to establishing duplicate and sometimes triplicate prime numbers for the same individual. Currently, work is being done to remove duplication errors through a merging of the case records. This work must be completed prior to releasing case management services in eXPRS.

### **eXPRS works with CI and CMS to better support Case Management enrollments**

When Case Management services transition to eXPRS, the system will automatically check the CI system for the individual's unique prime number during the creation of the draft SE 48 CPA. To verify the individual has been determined eligible for DD services, which is required for the actual submission of the CPA, eXPRS must check CMS for service category coding specific to DD eligibility. If the prime number or codes for DD eligibility are not found, eXPRS will not allow the CPA to submit.

If the CDDP is attempting to create a CPA for SE 48 for an individual who is not new to DD services, the creation and submission process will flow smoothly as long as there is no other existing SE 48 CPA covering any portion of the time period of the CPA being created.

If the individual is new to DD services, but not new to DHS services, eXPRS will allow the creation of the draft SE 48 CPA, but will not allow submission. This is because the individual has a prime number, but does not have DD eligibility coding.

If the individual is new to DHS, eXPRS will not allow creation of the draft SE 48 CPA. This is because the individual does not exist in the DHS CMS. A unique prime number must be generated, and the individual's DHS case must be created. These actions are completed by the ODDS eligibility worker.

**Q: If CPMS is no longer used for SE 48 enrollments, how will the client identification, DD service eligibility information, and various other demographic data be submitted to ODDS?**

**A: A new DD Eligibility/Enrollment/Update Form (# DHS0337, DRAFT copy attached), as well as new business procedures have been created to meet this need.**

eXPRS is designed to use the client prime number to identify individuals in the system. The system also uses data from CMS to determine the status of a Case Management CPA, and to figure out whether to pay claims, and how to fund them. It is critical that the prime number used for an individual in eXPRS is in fact, the correct number

assigned to the individual. It is also important that all DD cases receive the correct eligibility coding. The new **DD Eligibility/Enrollment/Update Form (# DHS0337)** allows for the submission of the demographic data necessary to establish the CI record, set up the CMS case file, and identify the services individuals are to be entering (at minimum, case management will be identified for all individuals for whom a form is submitted).

In addition to the above critical business requirements, the new form also supports CPMS enrollments. Because CPMS must continue in operation to support those services not yet transitioning to other electronic payment systems, the new form contains a section specifically designed to capture the information required to complete CPMS service enrollments successfully.

The new form has also been designed to support entry of data to the SPD Service Eligibility System. These data include all of the service category coding and service level codes which are required by eXPRS to ensure correct service authorizations and service payments.

Finally, the new form will replace the Title XIX Waiver cover letter by providing a section which documents the outcome of the Title XIX Waiver Level of Care determination process.

The new **DD Eligibility/Enrollment/Update Form (# DHS0337)** and its supplemental code set, will be put released to the DHS forms site. The forms may be downloaded, entries made, saved in CDDP files, then submitted as email attachments to the specific ODDS provider payment unit worker assigned to the CDDP. If the CDDP would rather use a paper submission process, the form may be printed out, the information written to the form, and the form then mailed or faxed to the assigned DD Provider Payment Unit worker.

Once the new **DD Eligibility/Enrollment/Update Form (# DHS0337)** and procedures are implemented, no more CPMS enrollment forms will be required for any of the services remaining within CPMS.

A mock up of the new form is attached to this document. The final version will be somewhat different, once the forms creation process has been completed.

**Q: How will the new DD Services Eligibility/Enrollment/Update Form be used; what are the business process changes?**

**A: The following information describes the business process changes for CDDPs, relative to using the new DD Services Eligibility/Enrollment/Update Form**

The business process regarding the use of the new form begins at the Community

Developmental Disability Program (CDDP). The CDDP will complete only the non-shaded areas of the form.

Following the determination of DD Service Eligibility, **Section 1, Client Information** must be completed.

This section requires entries be made for name (legal name and birth name, if different from current legal name), address, date of birth, contact telephone numbers, social security number, prime number (if known). Entries for these items must be legibly entered.

Additional entries in Section 1 include: county of residence, gender, race/ethnicity, language, and living arrangement. Entries for these items will be made with either alpha or numeric codes, found in the drop down menus on the electronic version of the form.

A CMS case record cannot be established without an address. Therefore, the new business process will require all individuals have an address entered to the DD Services Eligibility/Enrollment/ Update Form. In cases where there is absolutely no mailing address available for the individual, the default address for use will be the CDDP.

To facilitate the client's enrollment to DD Case Management and other DD services, **Section 2, DD Eligibility Information** must be completed. This section requires entry of the CDDP location (County), DD Eligibility determination date, and notation of the specific qualifying developmental disability. Entries must be legible. This information is necessary to complete the central office CMS eligibility coding.

**Section 3, Enrollment Plan** requires identification of the services which will be authorized. At minimum, case management must be identified for all individuals for whom a form is submitted. If the individual is to receive services in addition to Case Management (e.g., SE50, 24 hour Residential; SE 49, Adult In-Home Comprehensive Services; SE58, DD Foster Care, SE148; SE150, General Family Supports, etc.), Section 3 of the form must also identify these services. The CDDP must also record the projected start date of the services (or end date if the form is being used for an update). Also note in this section if the individual is to be added to a waitlist, and the date of addition to a waitlist. If choosing to print the form and write the information, all entries must be legible.

If the individual is targeted to enter a service covered under either of the DD Waivers or under one of the children's model waivers, and the person is new or moving from case management only to an additional service, the DD Services Eligibility/Enrollment/Update Form **must** be submitted with a Title XIX Waiver Form.

If the services identified in Section 3 are covered under one of the waivers, and expenditures will be reported in CPMS SE 44, Short-Term Crisis or SE 49, Adult In-Homr Comprehensive Services, there is **no longer** a need to complete and submit the Title XIX Waiver Attachment.

Section 3 must also be completed for service terminations in SE44, 49, and 150. Data regarding individuals enrolled to eXPRS services, and data regarding those individuals enrolled to the CPMS enrollment services has been readily obtainable. CPMS however, has never had an “enrollment” procedure for SE44, SE49, or SE150. CPMS treats these services as expenditure-based, and therefore it has been very difficult to obtain true numbers for those individuals with plans for these services. With the new DD service eligibility coding procedures, and the information in Section 3 of the new form regarding the service name and start/end date for these services, ODDS will be able to obtain data on the actual numbers of individuals coded as “enrolled” to these services, at any point in time.

Until such time as all DD services and the wait list enrollments are contained within an electronic authorization and payment system, CDDPs must use **Section 4, CPMS Information**, to facilitate enrollment of clients to those services not yet transitioned to an electronic system. Once CPMS is no longer utilized, this section of the form will be removed.

At the point Case Management services transition to eXPRS, Section 4 would be completed for client enrollment to the following Service Elements: Nursing Facility Specialized Services (45), Transportation (53), Support Services Brokerages (148), and wait list enrollments. Entries to the form for these services will use the existing CPMS provider enrollment codes.

Once Case Management services transition to eXPRS, CPMS enrollment forms for SE58 will no longer be necessary. Information in Sections 1-3 of the form will provide the data necessary to support most of the systems procedures for Foster Care services. The Foster Care Data form (512 system) however, must still be completed for these individuals. This is necessary to enter client and provider data to the CBC system to support payment processing.

Reporting of expenditures in the “Reimbursement” services remaining within CPMS (SE44, 49, 149 and 150) will continue per current practice, until such time as these services transition to eXPRS or some other electronic payment system.

Remember, if an individual is targeted to enter a waived service, the Service Coordinator must complete the Title XIX Waiver Form (# DHS0520 12/07). The completed TXIX Waiver form is to be attached to the completed **DD Eligibility/Enrollment/Update Form (# DHS0337)**, and sent to SPD Central Office, attention of the ODDS eligibility/waiver unit.

## **The following information describes the ODDS Central Office Business Process Changes relative to using the new DD Services Eligibility/Enrollment/Update Form**

### **Creation/Update of CI**

Upon receipt of the Eligibility/Enrollment/Update form, the ODDS eligibility/waiver data workers will use the information in **Section 1, Client Information** of the form to check the CI system for a record on the specific individual. If no CI record exists, the eligibility worker will create the CI record, using the demographic data supplied on the form.

If the CI system returns a record, but certain data items do not match the data entered to the new form, the eligibility worker will contact the CDDP for resolution, to ensure accuracy of the CI data.

If the form does not contain the necessary data to establish or update the record in CI, or if entries to the form are illegible, the form and all supporting documents will be returned to the CDDP for completion or correction. The eligibility worker will attach a dated cover letter, indicating which sections require further attention. A copy of the cover letter will be placed in the worker's pending file, awaiting return of the complete information packet from the CDDP.

### **Creation/Verification of cases in CMS**

Once the CI record has been established (for individuals new to service) or updated (for updates on existing services), the eligibility worker can create (new) or verify (existing) a case in CMS. If completed correctly, the DD Services Eligibility/Enrollment/Update Form will contain the data items required to create or update the CMS case record.

If the form does not contain the necessary data to create or verify the CMS client case record in CMS, or if entries to the form are illegible, the form and all supporting documents will be returned to the CDDP for completion or correction. The eligibility worker will attach a dated cover letter, indicating which sections require further attention. A copy of the cover letter will be placed in the eligibility worker's pending file, awaiting return of the complete information packet from the CDDP.

### **DD Service Eligibility (SES) data entry**

Once the CMS case has been successfully created or verified, the eligibility worker will use the information in **Section 2, DD Eligibility Information** and **Section 3, Enrollment Plan** of the **DD Eligibility/Enrollment/Update Form (# DHS0337)** to enter the DD service eligibility data to the SL01-05 screens.

**Section 2, DD Eligibility Information** must contain the data items required to code the

qualifying Developmental Disability in the SL0 screens. The only data item from this section the eligibility worker will enter that is not recorded by the CDDP, will be the Branch Code associated with the CDDP location (County).

**Section 3, Enrollment Plan** must contain information sufficient to enter the initial DD eligibility code segments. For example, if the individual is new to DD services and wishes nothing but DD case management services, and does not wish to be placed on a waitlist, Section 3 would list only DD case management service, with a start date. The DD service eligibility segment entered to SL0 screens would be “DDE”, ongoing. Because the individual in this case is requesting case management only, no additional service eligibility coding is required. DDE eligibility status tells MMIS (and eXPRS) that nothing but DD case management services may be authorized.

In another example, if an individual wishes to be placed on the wait list for comprehensive services, and does not wish to enter a brokerage, Section 3 of the form must list case management service, with the start date, and must also note yes to wait list enrollment, with a date for that enrollment. The eligibility code segment entered to the SL0 screens will be “DDE”, ongoing. The individual will also be enrolled to the CPMS comp wait list, with the same date listed for enrollment. (Once all services have transitioned to electronic systems, the waitlist will be managed in a different manner, separate from CPMS.)

In another example, if the individual is a child, who will be receiving General Family Support Services, Section 3 of the form must list the case management service, and also must list General Family Support Services, with start dates for each service. In this case, the eligibility code entered to SL0 screens will be FSG. The FSG code will allow the CPA to activate for Case Management Services (SE48). The date of the FSG segment will allow tracking of “enrollment” to SE150, until such time as this service moves to eXPRS.

If the individual is targeted to:

- enter a service covered under either of the DD Waivers or under one of the children’s model waivers, and
- the case is new or moving from case management only, and
- the DD Services Eligibility/Enrollment/Update Form is submitted with a Title XIX Waiver Form attached,

Section 3 of the form must list both Case Management service AND the name for the specific waived service(s), with start dates for each service.

If the services identified in Section 3 are services covered under the waiver, and are going to be reported in CPMS SE 44, Short-Term Crisis or SE 49, Adult In-Home Comprehensive Services, the Title XIX Waiver Attachment is **no longer needed**. This is because the specific service, with its start date, will already be identified in Section 3

of the form.

If all required information is complete, the eligibility worker will code the service eligibility segment as “DDG” (for individuals targeted to enter comprehensive services, or SSG (for individuals targeted to enter Support Services), using the earliest service start date as the start date of the eligibility segment. The eligibility worker will complete a narration in Oregon Access, noting the individual has a DD waiver review pending. This allows the local APD field office eligibility worker to use the 300% rule when determining financial eligibility.

Service eligibility segments initially coded “DDG” or “SSG” will be entered for a maximum of 90 days, with a status identified as “pending”. The worker will then route the TXIX Waiver paperwork to the Diagnosis and Evaluation (D&E) Coordinator for Level of Care determination.

The 90-day period of service eligibility coding of “DDG” or “SSG” indicates either a waiver Level of Care (LOC) determination or financial determination is “pending”. If a new eligibility segment has not been entered to reflect the financial or LOC determination, and the end-date for the initial “DDG” or “SSG” segment lapses, any claims for eXPRS services from the 91<sup>st</sup> day forward will be denied.

### **CPMS Services Enrollment**

If the Eligibility/Enrollment/Update form has enrollment information entered in **Section 4, CPMS Information**, the eligibility and waiver data worker will route the form to the DD Provider Payment Unit for CPMS service enrollment. This information will pertain to SE45, SE 148, SE 53 and Wait List, as they are the only remaining enrollment services in CPMS.

If the DD Services Eligibility/Enrollment/Update Form does not contain the necessary data to enter the service eligibility codes or enter the CPMS enrollments, or if entries to the form are illegible, the form and all supporting documents will be returned to the CDDP for completion or correction. The eligibility worker will attach a dated cover letter, indicating which sections require further attention. A copy of the cover letter will be placed in the worker’s pending file, awaiting return of the complete information packet from the CDDP.

Once CPMS enrollment data have been entered, the document is returned to the eligibility and waiver data worker to wait final processing.

### **Coding service categories based upon the outcome of financial or Title XIX Waiver Level of Care Determination**

As noted previously, when an individual is targeted to enter a service covered under any of the Waivers (DD Comprehensive waiver, DD Support Services Waiver, Medically Fragile Waiver, Medically Involved Waiver or Children’s Behavioral Waiver),

and the DD Services Eligibility/Enrollment/Update Form is submitted with a Title XIX Waiver Form as an attachment, the paperwork is sent to the Diagnosis and Evaluation Coordinator or the SPD Medical Director for Title XIX Waiver LOC determination.

Once the Title XIX Waiver LOC determination process has been completed, the documents are returned to the eligibility and waiver data unit for further processing.

Upon review of the LOC determination, the eligibility and waiver data worker checks the mainframe for information regarding the outcome of financial eligibility determination, and makes any required changes in the SL0 screens to the individual's service category eligibility codes. For example, if the D&E Coordinator determined the individual required ICF/MR LOC, and the mainframe indicated financial eligibility, and individual was already enrolled to (or would be within 30 days) comprehensive service, the eligibility worker would end the "DDG" status segment as of one day prior to the date all required determination dates overlap (entry to service date, financial eligibility date, and LOC date). The worker would also begin a new eligibility segment of "DDC", using the "overlap" date as the start date of the segment. The worker would then complete **Section 5, Waiver Status and Dates** of the Eligibility/Enrollment/Update Form.

If the D&E Coordinator determined the individual did not meet LOC requirements, and the individual was already enrolled to a comprehensive service, the eligibility and waiver data unit worker would extend the "DDG" segment to 365 days from the date of the D&E Coordinator's signature on the Title XIX Waiver document. The waiver specialist would then complete **Section 5, Waiver Status and Dates** of the Eligibility/Enrollment/ Update Form.

If the D&E Coordinator determined the individual required ICF/MR LOC, but the mainframe indicates the individual was denied financial eligibility, and individual was already enrolled to (or would be within 30 days) comprehensive service, the waiver specialist would change the beginning date for the DDG segment to the date financial eligibility was denied, and extend the end date of the segment to 365 days from the new start date.

The same actions would be completed if the individual was found financially eligible, but the D&E Coordinator denied LOC eligibility. The waiver specialist would then complete **Section 5, Waiver Status and Dates** of the Eligibility/Enrollment/ Update Form. Remember, once the end-date of an eligibility segment lapses, eXPRS claims will be denied.

Individual circumstances may change throughout the service year. Therefore, toward the end of the annual service period, as part of an individual's planning preparation for the coming year, it is expected the service coordinator will determine if the individual's financial circumstances or support needs may have changed to the point where a

financial redetermination might be in order. Please be certain to use the reporting capabilities in eXPRS to assist in monitoring the case review needs for individuals. When date parameters are entered to the eligibility report function, eXPRS will report upon those individuals who have a DDG or SSG eligibility segment within two months of expiration.

If the D&E Coordinator determined the individual required ICF/MR LOC, but the mainframe did not indicate financial eligibility, and the individual was already enrolled to (or would be within 30 days) comprehensive service, the waiver specialist would contact the CDDP to alert them to the situation and urge them to work with the local APD field office to process financial eligibility. The waiver specialist would not change the 90-day "DDG" status segment. The waiver specialist would not complete **Section 5, Waiver Status and Dates** of the Eligibility/Enrollment/ Update Form, pending outcome of financial eligibility determination. Remember, once the end-date of an eligibility segment lapses, eXPRS claims will be denied.

### **CPMS Waiver enrollment**

If any of the services the individual is to receive (listed in Section 3 of the form) are waived services still running through CPMS, the waiver specialist will also enroll the individual to the correct Waiver in CPMS.

If the Eligibility/Enrollment/Update form does not contain the necessary data and attachments to complete the Title XIX Waiver LOC determination process, or if the entries are illegible, the form and all supporting documents will be returned to the CDDP for completion or correction. The waiver specialist will attach a dated cover letter, indicating which sections require further attention. A copy of the cover letter will be placed in the waiver specialist's pending file, awaiting return of the packet from the CDDP.

### **Review the completed new form and all attached documents**

The eligibility and waiver specialist reviews all sections of the form and the Title XIX Waiver Document for completion, making sure the required signatures are in place. If all central office items are completed and signed, and if the mainframe indicates the individual has undergone financial eligibility determination, the eligibility worker routes the DD Services Eligibility/ Enrollment/Update Form, the completed Title XIX Waiver document, and any supporting materials for scanning.

### **Return to the CDDP of all documents**

Once the DD Services Eligibility/Enrollment/Update Form and the completed Title XIX Waiver document have been scanned, all documents are sent back to the eligibility and waiver specialist, who returns the entire packet to the submitting CDDP for entry to the client file.

The forms for individuals who have not yet been through financial determination will be

held by the eligibility and waiver specialist until financial eligibility determination has been completed, and the service eligibility segment has been taken off of 90-day pending status.

**Q: What are the reporting capabilities in eXPRS for Case Management Services**

**A: Monitoring of this service will be supported through various reporting mechanisms**

As was the case in CPMS, TCM and Admin encounters, through eXPRS reporting mechanisms, are monitored against the monthly, fiscal-year, and biennial SE 48 CDDP allocations and allotment payments. Unlike CPMS however, eXPRS reporting will be more timely, and more readily available to authorized system users. The eXPRS reporting functions will allow SPD accounting and contracting units, as well as CDDP users to assess reported CDDP service-delivery against contracted expectations and actual payments, and will easily support settlement activity.

**Reports structured to support ODDS**

The eXPRS Case Management CPA information and encounter data may be used in a variety of Central Office reporting activities, from budget development to case load forecasting.

eXPRS will provide a funding report, designed to provide data regarding the breakdown of federal funds and general funds involved in each month's total reported encounters.

The monthly Provider Financial Statement will provide a breakdown of each encounter reported, by contract, by month. The breakdown includes the encounter type (TCM or Admin), the TXIX eligibility status of each individual for whom an encounter was submitted, the rate applied to each encounter (TCM or Admin), the total amount for each encounter that qualified for TXIX match funds, the total amount for encounters reported that were filed as straight general fund, how all encounters applied to the Provider Liability amount, and any balance remaining in the PLA.

The CDDP enrollment report will provide information on each individual enrolled to SE 48 in each county. The combined data will represent the statewide total of all individuals receiving DD services throughout the state.

**Reports available for CDDP use**

Authorized CDDP users will be able to access the monthly PFS for their assigned CDDP. They will also be able to call up the enrollment report, specific to their authorized CDDP.

In addition, CDDP users will be able to call up eXPRS reports specific to their allotment payments, Case Management CPAs, and encounter submission activity. eXPRS will

provide data on CDDP encounter history, compared to allocations and contracted expectations. Payment reports will provide data on allotment payment amounts and adjustments, based upon contract amendments throughout the biennium.

If when viewing a report you suspect an error, please contact Julie Harrison (503) 945-9794 or Brande Martinez (503) 945-9412.

**Q: Will eXPRS support Local Match Projects**

**A: Yes. eXPRS design and development includes details for supporting Case Management Local Match projects. SEPAs will be entered in the amount of the Local Match amount, and funds will be tracked using a unique procedure modifier code. Additional design is required on this functionality, but the system will support Local Match projects.**

**Q: Will Training be provided prior to the release of Case Management Services?**

**A: Yes; training plans are in development**

SPD is developing a training plan to support the implementation of SE 48 in eXPRS. The plan will identify and address the training needs of both Central Office and CDDP personnel. In addition, it is anticipated there will be a need for increased SPD eXPRS support throughout the first few months of rollout, to assist CDDP personnel in determining the reason for CPA submission failures, submission errors, obtaining and analyzing reports, etc.

Training will be provided regionally during the period of June 2-5, 2008.

**Information required from CDDPs**

To assist in planning the training, ODDS will need to know the number of individuals each CDDP anticipates will require training on using eXPRS for CM services.

DD Program Managers will need to determine who will be authorizing Case Management Services, and who will be submitting Case Management encounters for the CDDP. This will help determine which individuals within the agency will require training in CM services in eXPRS. The individuals most likely to require eXPRS CM services training will be those individuals who currently:

- interact with DHS around the intergovernmental agreement or direct contracts,
- allocate funds to contract providers,
- authorize CM services for clients (CPMS SE 48 enrollment forms),
- report CM services (PFS),
- make corrections to enrollments or contact reports (TSAR), and
- monitor delivery and reporting of services.

There are many possible changes or additions to business procedures which could ultimately improve efficiencies and minimize the potential for errors in submission of Case Management encounters. DD Program Managers will need to review current practices to determine if different system users will be required in their particular CDDP.

For example, Service Coordinators, with system access, could submit their Case Management encounters following their case note entries. This will help in aligning the date of the encounter submitted in eXPRS, to the date of the encounter in the case record. If the CDDP determined this was a desired change in business procedures, the Case Managers for the CDDP would require eXPRS Case Management training.

See [SPD-AR-08-028](#) *Express Payment and Reporting System (eXPRS) Training for Case Management Service Providers for more information on dates, locations and how to register for training.*

**Q: Will the Contract be altered to address the changes to Case Management Services in eXPRS?**

**A: Yes. The contract language changes that are necessary to support the transition of Case Management services from CPMS to eXPRS, are underway.**

**Q: How will a mid-biennium transfer of Case Management Services from CPMS to eXPRS alter the 2007-2009 SE 48 Settlement process?**

**A: The settlement process will be split into fiscal year segments. The first half of the biennium will be settled from CPMS, and the second half of the biennium will be settled from eXPRS.**

**Q: How will eXPRS address user authorizations in Case Management Services?**

A: The SPD eXPRS Security Officer is currently designing the new Case Management Provider roles required to support SE 48. The roles currently under development are Provider Case Management Encounter Manager, Provider Case Management Encounter Coordinator, and Provider Case Management Encounter preparer.

An Action Request will be sent in May, directing the process for user role assignment. The necessary enrollment forms will accompany the AR.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Julie Harrison or Leatha Krehoff		
<b>Phone:</b>	Julie: (503) 945-9794	<b>Fax:</b>	

	Leatha: (503) 945-6582		
<b>E-mail:</b>	<a href="mailto:Julie.A.Harrison@state.or.us">Julie.A.Harrison@state.or.us</a> <a href="mailto:Leatha.L.Krehoff@state.or.us">Leatha.L.Krehoff@state.or.us</a>		

## DD Eligibility / Enrollment / Update Form

### (1) Client Information:

Last Name:		Birth Name:	
First Name:		Date of Birth:	
Street:			
City:		State:	Zip Code:
Contact Telephone Number:		SS#:	Prime # :
County of Residence:	Gender:	Race:	Ethnicity:
		Language:	Living Arrangement:

### (2) DD Eligibility Information:

County of Community Developmental Disability Program:		DD Eligibility Date:	
Qualifying Conditions:			
Mental Retardation: Yes / No	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
		<input type="checkbox"/> Profound	
Epilepsy (Seizure Disorder): Yes / No	Autism Spectrum: Yes / No		
Traumatic Brain Injury (TBI): Yes / No	Cerebral Palsy: Yes / No		
CDDP Branch Code:			
Client Case Verified/Created by State :		Date:	

### (3) Enrollment Plan:

Service:	Start Date:	End Date:
Service:	Start Date:	End Date:
Service:	Start Date:	End Date:
Service:	Start Date:	End Date:
Wait List: Yes / No		

### (4) CPMS Information:

1- Enrollment / 2- Re-enrollment:	CMHP Number:	Provider Number:	Opening Date:					
CPMS Case #:								
1- Enrollment / 2- Re-enrollment:	CMHP Number:	Provider Number:	Opening Date:					
CPMS Case #:								
1- Enrollment / 2- Re-enrollment:	CMHP Number:	Provider Number:	Opening Date:					
CPMS Case #:								
DISABILITY CHARACTERISTICS								
CP	EP	MR	MOT	BEH	OHI	COM	VIS	AUD
1	2	3	4	5	6	7	8	9
CPMS completed by State :				Date:				

### (5) Waiver Status and Dates

	State of Oregon use only
Individual has been placed on the:	Individual has not been placed on the Waiver due to the following:
<input type="checkbox"/> DD Comprehensive Services (DDC) Waiver	<input type="checkbox"/> Not ICF/MR - Hospital - Nursing Level of Care
<input type="checkbox"/> DD Support Services (DDS) Waiver	<input type="checkbox"/> Not Receiving Waiverable Services
<input type="checkbox"/> Children's Medically Fragile (MFW) Waiver	<input type="checkbox"/> Not Title XIX Eligible
<input type="checkbox"/> Children's Behavioral (ICF/MR) Model (DDB) Waiver	Other Reason:
<input type="checkbox"/> Children's Medically Involved (MIW) Waiver	
Level of Care Approval Date:	<b>Had the individual been eligible for a Medical Card (TITLE XIX) he/she would have been placed on the:</b>
Current Waiver Date:	<input type="checkbox"/> DD Comprehensive Services (DDC) Waiver
	<input type="checkbox"/> DD Support Services (DDS) Waiver

### (6) Eligible Service Category

Eligible Service Category Code:	Date:
<b>TITLE XIX Waiver Specialist Signature:</b>	
<b>Date:</b>	
<b>Service Coordinator Signature:</b>	
<b>Date:</b>	