

### **DD Eligibility eXPRS Instructions**

The ODDS DD Eligibility page in eXPRS upon release (June 14, 2018) is required for submitting eligibility information. At this time, for new intakes, re-determinations and lapsed Level of Care (LOCs), all eligibility information must be submitted to ODDS within 10 days of the signed application (for new intakes), re-determination notice or county transfer memo.

For those who are already eligible and have had a completed/approved Eligibility and Enrollment (DDEE or 0337 form) the system will auto-populate all current enrollment information. However, for all individuals with new intakes or newly eligible as of the release, all data for eligibility determination must be entered into the new Eligibility page in eXPRS. This is to ensure all information required for Level of Care (LOC) is in eXPRS so that the LOC may be completed using the new needs assessment.

### **DD Eligibility eXPRS Summary Instructions**

For those who are already eligible and who have had a completed/approved Eligibility and Enrollment (0337) the system will auto-populate all current enrollment information.

This includes:

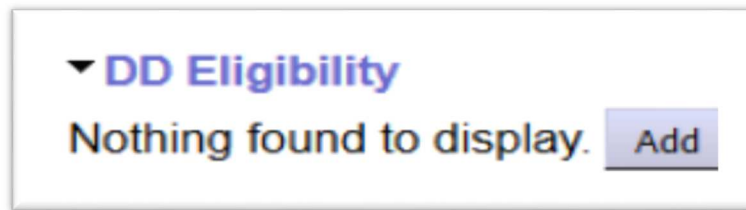
- Determination CDDP
- Intake Date
- Type of Eligibility
- Initial Eligibility Date;
- Primary Diagnosis; and
- Termination Date.

For individuals who are currently enrolled under both ID and DD, the system will automatically default ID as the primary diagnosis, and will include a termination date the day prior to their 18<sup>th</sup> birthday. For individuals who are currently enrolled under DD diagnoses only, the primary diagnosis will default as the first diagnosis listed on the 0337. For those who have both ID and DD, whose primary diagnosis should be DD and re-determination should not be due until their 22<sup>nd</sup> birthday, an 0337 will need to be submitted to the CDDPs TAU representative to edit the primary diagnosis.

**For initial intakes, re-determinations, lapsed LOCs and optionally, county-to-county transfers the summary information needs to be entered.**

To begin entry, the following steps must be taken:

- A. **Initial Entry** - Select “View Client”, search for an individual by entering a name or Prime. If a matching person is not found in your CDDP, select “Add.”

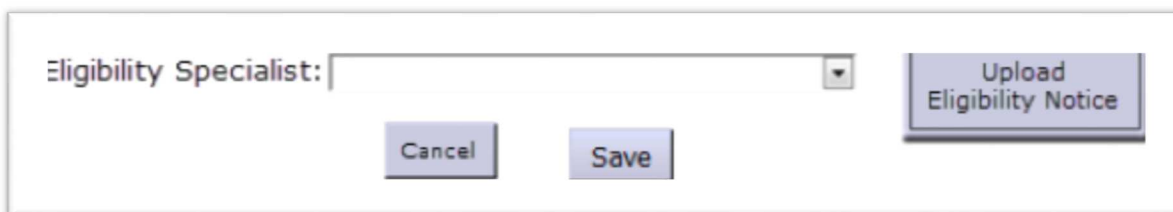


▼ **DD Eligibility**  
Nothing found to display. [Add](#)

- B. **Eligibility Specialist (ES)** – Enter the name of the ES determining eligibility or Eligibility Admin – administrative entry by another staff person, at the bottom of the DD Eligibility eXPRS Summary page. Eligibility Admin staff must take eXPRS training for eligibility entry. Changes in staff user roles will require submission of DD user enrollment form.

- C. **Upload Eligibility Notice** – Upon completion of an eligibility notice, scan and upload the following (as applicable):

- Notice of Eligibility Determination (SDS 5103);
- Notice of Planned Action (SDS 0947);
- County Transfer Memo (APD 5102);
- Redetermination Notice (APD 5101)



Eligibility Specialist:

- D. **Save**

## Section 2. DD Intake & Determination Status

- A. In order to enter intake and determination information, the following are required for new intakes: **Determination CDDP** – This will be auto-populated to reflect the CDDP branch based on the user signed into to enter data.
- B. **Intake Date(New Intake)** – the date the CDDP completed the intake interview with the individual, either face-to-face or over the phone, **and** obtained a signed intake application form with accompanying records, or release forms necessary to collect eligibility records.
- Intake Date (Re-determination or transfer)** - For re-determinations, county-to-county transfers or any other time DD Intake and Determination Status is being entered, the intake date will be auto-populated to include the original intake date.
- \*In the event that a CDDP needs to change an intake date a 0337 will have to be submitted to the CDDP's TAU contact to edit the line.
- C. **Intake Status: Within 10 days of receiving a new intake, the intake date and status must be entered.** This will be set to “draft” until the determination is made. Once intake status is set to reflect “draft,” nothing else will be required to save the data. However, when the status is changed to “completed,” additional information (such as the determination status) will be required.
- D. **Determination Status** – the following options are available under Determination Status:
- Approved - If an individual is found eligible upon a new intake, “approved,” would be entered. Denied – If an individual is found not eligible upon a new intake, after a re-determination or after a county-to-county transfer review, “denied,” would be entered.
  - Transfer – Upon county-to- county transfer “transfer” should be noted to indicate the individual transferred.
  - Redetermined – Approved - Upon re-determination “redetermined - approved” should be entered to indicate the individual was re-determined and eligible.
  - Redetermined – Denied – Upon re-determination “redetermined – denied” should be entered to indicate the individual was re-determined and no longer eligible.
  - CIIS Only – This would be used if the individual is in the CIIS program, as CIIS does not always require DD eligibility and has different LOC requirements.
- E. **Denial reason** – If the individual is denied, select reason aligning with eligibility records and Oregon Administrative Rules from dropdown options:
- No ID/DD
  - No significant impairment

- Condition or impairment not expected to last indefinitely
- Impairment is not primarily due to ID/DD condition
- Condition is provisional, rule out,
- DD condition but no domain or any composite score  $\leq 70$  (training & supports similar)
- Invalid testing
- No current records/refusals to test
- Unable to determine ID/DD history and/or onset prior to age 18/22
- Other/Withdrawn

This information should only be provided by an Eligibility Specialist (ES). All denial information must be based on OAR 411-320 and reflected on the notice. If an Eligibility Specialist is not entering the information, this information must be provided on the ES section of the LOC, APD 0520.

F. **Notice date** - the date of the notice mailed to the individual and/or their representative. For eligible individuals, the notice date is the same as the effective date.

G. **Termination date** – If the individual is early childhood, school aged or is being denied after re-determination (aka terminated), a termination date will be required. This is the date when an individual's eligibility is being terminated due to no longer meeting the criteria for eligibility; this may be for all eligibility, or an age related termination when a new eligibility determination is being made in another age category (e.g.: early-childhood termination and school-age determination; school-age termination and adult determination; any age termination due to no longer meeting 411-320-0080(3) or (4)).

- For terminated services, the date will be the effective date of the notice, consistent with OAR 411-318
- If a 443 Hearing Request is submitted, it must be sent to ODDS within 3 business days per rule, and if a Continuing Benefit request is made on the form within 10 business days after the effective date – ODDS will extend the termination date
- Select termination code

H. **Termination code** - specify type of eligibility termination (ie: "AGE" for ending early childhood or school-age eligibility)

| Code | Reason  |
|------|---|
| ADE  | Adult Eligibility Determination (Adult Eligibility has been determined and you are going to create a new eligibility segment)   |
| AGE  | Re-determine Eligibility (Will need new eligibility determination by the day after this date; 7 <sup>th</sup> , 9 <sup>th</sup> , 18 <sup>th</sup> , 22 <sup>nd</sup> birthday) |
| DEC  | Deceased (Last day of eligibility up through date of death)   |
| INE  | Ineligible for DD Services (No longer meets DD eligibility criteria)  |
| IWU  | Involuntary Withdrawal- No Contact/Unavailable  |
| MOS  | Moved Out of State  |
| PNM  | Prime Number Updated (Used for prime number changes due to adoptions only based on Medicaid end/start dates)  |
| RED  | Re-determined Eligibility (eligibility has been re-determined not because of age (Turning-7,9,18,22), for age use AGE see above)  |
| REF  | Client Refuses Services   |
| TAP  | Transferred to APD (Aged & Physically Disabled Services)  |
| TMH  | Transferred to MH (Mental Health Services)  |
| VWD  | Voluntary Withdrawal-Dissatisfied w/ Services   |
| VWP  | Voluntary Withdrawal by Parent / Guardian   |

I. **Redetermination** – For individuals who are being re-determined, the following information must be entered:

- Intake Status- this will not be required when “re-determination” is selected.
- Determination Status- enter Redetermination
- Notice date- enter denial or approval date of redetermination decision

I. DENIAL:

1. Intake status – Completed
2. Determination Status – Redetermined - Denied
3. Notice date – date on notice
4. Termination date – Effective Date on notice
5. Termination code – INE (No longer meets DD eligibility criteria)
6. Denial reason – enter reason on notice, as listed in Section 2.C.

## 7. Select Eligibility Specialist, upload Notice, and **SAVE**



The screenshot shows a web form with a label 'Eligibility Specialist:' followed by a dropdown menu. Below the dropdown are two buttons: 'Cancel' and 'Save'. To the right of these buttons is a larger button labeled 'Upload Eligibility Notice'.

### II. ELIGIBLE:

1. Initial status – Completed
2. Determination status – Redetermined - Approved
3. Notice date – date on notice
4. Termination date – auto fill
5. Termination code – age; For Example:
  - a. Type of Eligibility – school-age
  - b. Initial eligibility date – date of first eligibility
  - c. Primary diagnoses – ID or DD, will auto-populate the next termination date for adult redetermination
  - d. ID – enter IQ score
  - e. DD – if applicable, enter Primary Diagnoses, and other diagnoses if appropriate, termination date will auto populate to redetermination age 22
    - i. Type of Eligibility – adult
    - ii. Termination date – auto populate with 12/31/9999
    - iii. Termination code – auto populate blank

Note: Enter the new eligibility with a new entry:

2. View Client
3. DD Eligibility
4. Add
5. Edit fields not auto-populated
6. Select Eligibility Specialist, upload Notice, and **SAVE**



This is an identical screenshot to the one above, showing the 'Eligibility Specialist:' dropdown, 'Cancel' and 'Save' buttons, and the 'Upload Eligibility Notice' button.

## Section 3. DD Eligibility Data

This section of the eXPRS page and DD Eligibility Summary form outline the eligibility information needed to verify that an individual meets LOC. For all newly

eligible individuals on or after the eXPRS release June 14, 2018 this must be completed within 10 days of the notice being sent. All of these requirements come from OAR 411-320 and are documented in the individual's eligibility information. However, in order to easily access the needed information for those currently eligible, the instructions include information regarding where this information can be found now.

A. **Type of Eligibility** – in the event that an individual is eligible, this information must be entered requirements and can be found on the notice, Level of Care (LOC)/APD 0520 and the eXPRS DD enrollment/APD337, and will be either:

- Early Childhood
- School-age
- Adult

J. **Initial Eligibility date** - this is the date from the 0337, and is the same date listed on the eligibility notice sent to the individual.

K. **Primary diagnoses** - this comes from the Level of Care/APD 0520 and the eXPRS DD enrollment/APD0337. ODDS defaults to ID as primary, when dually eligible, unless the CDDP has information indicating otherwise. Select the diagnoses as follows:

| Code | Diagnoses  | Code | Diagnoses  |
|------|--|------|--|
| ABI  | Acquired Brain Injury                            | ID3  | Intellectual Disability Severe (IQ 20-40)                  |
| ANG  | <u>Angelman</u> Syndrome                         | ID4  | Intellectual Disability Profound (IQ <20)                  |
| AUT  | Autism Spectrum Disorder                         | KFS  | <u>Klinefelter's</u> Syndrome - <b>22</b>                  |
| CII  | Children's Intensive In-Home Supports for Non-DD | NFB  | Neurofibromatosis origin / direct brain impact - <b>22</b> |
| CPY  | Cerebral Palsy                                   | OGC  | Other Genetic Condition - <b>22</b>                        |
| DNS  | Down Syndrome                                    | OHI  | Other Health Impairment - <b>22</b>                        |
| ECA  | Early Childhood Assessment                       | PKU  | Phenylketonuria - <b>22</b>                                |
| EPI  | Epilepsy   | PWS  | <u>Prader-Willi</u> Syndrome - <b>22</b>                   |
| FXS  | Fragile X Syndrome                               | SZD  | Seizure Disorder - <b>22</b>                               |
| GDD  | Global Developmental Delay                       | TBI  | Traumatic Brain Injury - <b>22</b>                         |
| ID1  | Intellectual Disability Mild (IQ 55-75)          | TRS  | Tourette's Syndrome - <b>22</b>                            |
| ID2  | Intellectual Disability Moderate (IQ 40-55)      | WLS  | Williams Syndrome - <b>22</b>                              |

- L. **Full Scale IQ** - this is a change from the Level of Care/APD 0520 that captures a range of IQ scores. The *actual Full Scale IQ score will be listed here*, as noted in the IQ testing completed by a licensed clinical or school psychologist, used to determine eligibility.
- M. **Other Diagnoses** – this is used when “Other” is selected as Primary, or Additional Diagnoses. Detailed diagnoses should be listed here, that meets 411-320-0080(4). TAU will verify all entries in this field with the Diagnoses & Evaluation Coordinator.
- N. **Additional Qualifying Diagnosis** – list other dually eligible conditions (ie: Cerebral Palsy, Autism, Down Syndrome, etc., that may occur co-morbidly with ID or another qualifying condition)

#### Section 4. DD Eligibility Data – Early Childhood Eligibility Determination

- O. **Early Childhood Determination** – *Only* entered if child is eligible under the Children less than age 7 rule, using the information from the LOC

The screenshot shows a form titled "Part I: Eligibility status and diagnosis (required, except for enrollment on the medically-involved or hospital waiver)". Under the heading "Early childhood eligibility", there are two options, each with a checkbox and associated text fields:

- ☐ Early childhood assessment with two areas of significant delay  
Date:  Test(s):
- ☐ Medical statement (D.O., M.D., N.D., N.P., P.A., licensed Ph.D. or Psy.D.)  
Date:  Diagnosis:

- Use either Early Childhood Assessment (ECA), or
- Medical Statement, and
- Enter areas of delay listed in the ECA or medical statement

**Notes** – Enter specific details to relay unique eligibility scenarios for your case

- P. **Eligibility Specialist (ES)** – Enter the name of the ES determining eligibility or
- Eligibility Admin – administrative entry by another staff person, who must take eXPRS training for eligibility entry
  - Staff changes will require submission of DD user enrollment form

- Q. **Upload Eligibility Notice** – Scan and upload the following:



- Notice of Eligibility Determination (SDS 5103);
- Notice of Planned Action (SDS 0947);
- County Transfer Memo (APD 5102)
- Redetermination Notice (APD 5101)

R. **Select Eligibility Specialist**, upload **Notice**, and **SAVE!**

The screenshot shows a web form with the following elements:

- A label "Eligibility Specialist:" followed by a dropdown menu.
- A button labeled "Cancel" below the dropdown.
- A button labeled "Save" below the dropdown.
- A button labeled "Upload Eligibility Notice" to the right of the dropdown.

## Section 6. DD Eligibility Data – Intellectual/Developmental School-age & Adult Eligibility Determinations

S. **Significant impairment in adaptive behavior** – Complete using information from the eligibility documents for all school-age and adult eligibility determinations.

The screenshot shows a form titled "Verification of significant impairment in adaptive behavior" with a vertical label "Eligibility spe" on the left. The form contains the following sections:

- ☐ Assessment not required by OAR 411-320-0080; or
- ☐ Assessment completed: [Choose] [dropdown] Date: [text box]
- ☐ Composite score of 70 or below
- ☐ 2 or more domains of 70 or below
  - ☐ [Choose] [dropdown] ☐ [Choose] [dropdown]
  - ☐ [Choose] [dropdown] ☐ [Choose] [dropdown]
- ☐ 2 or more skill areas of 4 or below on the ABAS
 

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Socialization     | <input type="checkbox"/> Community use      | <input type="checkbox"/> Communication        |
| <input type="checkbox"/> Self-care         | <input type="checkbox"/> Self-direction     | <input type="checkbox"/> Functional academics |
| <input type="checkbox"/> Health and safety | <input type="checkbox"/> Mobility           | <input type="checkbox"/> Leisure              |
| <input type="checkbox"/> Work              | <input type="checkbox"/> Home/school living |   |
- ☐ Other: [text box]

When the individual's IQ is 66 or higher or the primary diagnosis is a DD diagnosis:

- Select "assessment completed"
- Enter Test Name
- Enter date adaptive test used for current eligibility was administered
- Select option for significant impairment in adaptive behavior:
  - Composite score of 70 or below
  - Two or more domains of 70 or below

- iii. 2 or more areas of 4 or below on the ABAS
- Select Skill areas and Domain areas that meet significant impairment criteria in 411-320-0020

When the individual's IQ is 65 or less:

- Select "assessment not required- IQ 65 or less;"
- Enter "NA" for test name

## Section 5. DD Eligibility Data – County to County Eligibility

### T. County Transfer (Optional until the ONA release):

- Sending county must complete all CPA transfer requirements
- Edit
- Receiving county must start CPA, then:
  - i. View Client;
  - ii. DD Eligibility;
  - iii. Terminate the current line, then:
  - iv. Add;
  - v. New CDDP will have a separate line in eXPRS with their branch code;
  - vi. Intake date is not required when "transfer" is selected for determination status;
  - vii. Determination status – transfer should be selected, unless receiving ES identifies a redetermination is necessary then Redetermination would be used;
  - viii. Notice date – county transfer memo notice date, sent within 10 days of transfer;
  - ix. Termination date – reflective of the type of eligibility (see section 3.A.)
  - x. Update any eligibility determination edits after completing the above actions
    - 1. Redetermination with Transfer:
      - a. See Redetermination Section
      - b. If Redetermination results in termination, see Termination Section

Sending & Receiving Counties must identify which county the individual is moving to/from, using the branch county code list, and communicate timely to ensure service delivery is uninterrupted

| Branch | COUNTY    | Branch | COUNTY        | Branch | COUNTY       |
|--------|-----------|--------|---------------|--------|--------------|
| 0129   | Baker     | 1829   | Klamath       | 3326   | Sherman***   |
| 0229   | Benton    | 1929   | Lake          | 2929   | Tillamook    |
| 0329   | Clackamas | 3327   | Hood River*** | 3029   | Umatilla     |
| 0429   | Clatsop   | 1529   | Jackson       | 3129   | Union        |
| 0529   | Columbia  | 1629   | Jefferson     | 3229   | Wallowa      |
| 0629   | Coos      | 2029   | Lane          | 1627   | Warm Springs |
| 0729   | Crook     | 2129   | Lincoln       | 3325   | Wasco***     |

U. **Existing cases** – Determined CDDP will auto-populate to existing branch code, intake status Completed, Determination Status Approved, Notice date will auto-populate, Termination date will auto-populate based on school-age or adult, Termination code will auto-populate, Primary Diagnoses will auto-populate to ID if ID and DD (or just ID) are in eligibility details in eXPRS; if it's DD then it will auto-populate based on first diagnoses sent to TAU.

- If there is a reason to change the auto-populated primary diagnoses submit the DDEE form to TAU for changes.

**V. SAVE!**