DD Eligibility eXPRS Instructions

The ODDS DD Eligibility page in eXPRS 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 through eXPRS within 10 days of receiving the signed application (for new intakes) or within 10 days of the CDDP becoming aware of a lapse in LOC, re-determination notice or county transfer memo.

Section 1. User Roles

- **CDDP Eligibility Specialist:** Adds the DD Eligibility Specialist’s name to the dropdown for the specific CDDP; allows a user to Create/Submit/Update DD eligibility information on the Client page in eXPRS. This role is for DD Eligibility Specialists ONLY.

- **CDDP Eligibility Specialist Processor:** Allows a user to Create/Submit/Update DD eligibility information on the Client page in eXPRS on behalf of a DD eligibility specialist.

- **CDDP DD Eligibility Termination Processor:** Allows a user to Update and Terminate DD eligibility information on the Client page in eXPRS, but not Create/Submit new DD eligibility information.

Refer to [https://apps.state.or.us/exprsDocs/EnrollLocalAuthUser.pdf](https://apps.state.or.us/exprsDocs/EnrollLocalAuthUser.pdf)

Section 2. DD Eligibility eXPRS Summary Instructions

For those who were determined eligible prior to June 2018 and TAU entered their DD eligibility information via Eligibility and Enrollment DDEE (0337) form, the system auto-populated eligibility information; for this population the CDDP will need to add additional eligibility details by selecting the “Edit Legacy” button in eXPRS when an individual is entering a waivered service for the first time. eXPRS defaulted to ID as primary when a person had both ID and DD listed, for those with more than one DD
diagnosis or when the first diagnosis defaulted to the first diagnosis listed on the DD eligibility record.

For all new determinations, all data for eligibility determination must be entered into the Eligibility page in eXPRS by the CDDP. This is to ensure all information required for Level of Care (LOC) is in eXPRS so that the LOC may be completed using the Oregon Needs Assessment.

**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 found, select the hyperlink then “Add.”

![DD Eligibility Nothing found to display. Add](image)

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 a DD user enrollment form.

C. **Attach Eligibility Notice:** Upon completion of an eligibility notice, scan and Attach the following (as applicable):
   a. Notice of Eligibility Determination (SDS 5103);
   b. Notice of Planned Action (SDS 0947);
   c. County Transfer Memo (APD 5102);
   d. Re-determination Notice (APD 5101)
Section 2. DD Intake & Determination Status

In order to enter intake and determination information, the following are required for new intakes:

A. **Determination CDDP.** This will be auto-populated to reflect the CDDP branch based on the user signed into to enter data. If you are a CME with multiple counties, you will may need to select the appropriate Determination CDDP from the drop down.

B. **Intakes Dates:**
   - **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.
   - **Re-determination:** For re-determinations, the CDDP must enter the date the Notice of Redetermination was sent.
   - **Transfers:** For transfers, the CDDP must enter the date of the transfer notice.

*In the event that a CDDP needs to change an intake date a DDEE (0337) will have to be submitted to the CDDP’s TAU contact to delete the line in order for the CDDP to re-enter the correct information.*

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.
- **Re-determined – Approved:** Upon re-determination, “re-determined - approved” should be entered to indicate the individual was re-determined and eligible.
- **Re-determined – Denied:** Upon re-determination, “re-determined – denied” should be entered to indicate the individual was re-determined and no longer eligible.
- **CIIS Only:** This would be used by TAU if the individual is in the CIIS program, as CIIS does not always require DD eligibility and has different LOC requirements.
- **Eligibility Extension Approval:** Contact the D&E if an extension is needed and include justification for the reason the extension is needed.

E. **Denial Reason:** If the individual is denied, select reason aligning with eligibility records and Oregon Administrative Rules from dropdown options:

- Does not require supports similar
- No DD/ID
- No impairment due to DD/ID
- No significant impairment
- Other
• Condition or impairment not expected to last indefinitely
• Condition is provisional, rule out, or NOS
• No current records/refusals to test
• Unable to determine ID/DD history and/or onset prior to age 18/22
• Withdrawal

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 the ES is not entering the information, this information must be provided by the ES on the 0520 form to the ES Processor for eXPRS entry; this will populate the ES section of the ONA/LOC.

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, 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 the type of eligibility termination (ie. “Age” for ending early childhood or school-age eligibility). This is not needed for a Denial.

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

I. Re-determination: 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.
I. **DENIAL:**
   1. Intake status – Completed
   2. Determination Status: Re-determined – Denied
   3. Notice date: Date on notice
   4. Denial reason: Enter reason on notice, as listed in Section 2 above.
   5. Select Eligibility Specialist, Attach the Notice, and **SAVE**

II. **ELIGIBLE:**
   1. Intake status: Completed
   2. Determination status: Re-determined – 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 re-determination 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:

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

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 can be found on the notice, Level of Care (LOC)/APD 0520 and the eXPRS DD enrollment/APD337, and will be either:
   • Early Childhood
B. **Initial Eligibility date:** This is the 1st date an individual was determined DD eligible in the State of Oregon. This date will auto-populate with the 1st Notice Date listed for the individual.

C. **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.
D. **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.

E. **Additional Qualifying Diagnosis:** List other dually eligible conditions (ie: Cerebral Palsy, Autism, Down Syndrome, etc., that may occur comorbidly with ID or another qualifying condition)

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

A. **Early Childhood Determination:** Only entered if child is eligible under the Children less than age 7 rule, using the information from the the assessment.

- 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

B. Eligibility Specialist (ES): Enter the name of the ES determining eligibility or eligibility specialist processor.
   - 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

C. Attach Eligibility Notice: Scan and upload the following:
   - Notice of Eligibility Determination (SDS 5103);
   - Notice of Planned Action (SDS 0947);
   - County Transfer Memo (APD 5102)
   - Re-determination Notice (APD 5101)

D. Select Eligibility Specialist: Upload Notice and SAVE!

Section 5. DD Eligibility Data – Intellectual / Developmental School-Age & Adult Eligibility Determinations
E. Significant impairment in adaptive behavior: Complete using information from the eligibility documents for all school-age and adult eligibility determinations.

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:
  
  I. Composite score of 70 or below
  II. 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 6. DD Eligibility Data – County to County Eligibility

A. 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 re-determination is necessary then Redetermination Re-determination 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. Re-determination with Transfer:
        a. See Re-determination Section
        b. If Re-determination results in termination, see Termination Section

IV. 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.
B. **Existing cases:** Determination 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.