Developmental Disabilities Worker's Guide

Office of Developmental Disabilities Services

Торіс:	eXPRS intake and eligibility procedures
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Overview

Description: The Eligibility Section on the View Client Screen of the Express Payment & Reporting System (eXPRS) includes a new function to collect intake and eligibility details. The information that is currently submitted to DHS on the eligibility page of the level of care (LOC) form will now be submitted to DHS via the eXPRS Eligibility Summary Page. The Eligibility Summary Page will also collect other intake and eligibility information.

Purpose/Rationale: The purpose of this policy is to describe the process CDDPs use to add intake and eligibility details to eXPRS. It also updates the way in which individuals are terminated from the eXPRS system. The View Client Screen will include a link to an Eligibility Summary Page where the CDDP will enter intake and eligibility data.

The new eXPRS functionality improves accuracy and it streamlines eligibility and enrollment by eliminating the LOC paper form (APD 0520), LOC submission process, and the need for DHS to request CDDP intake and eligibility data. It also allows CDDPs to view intake and eligibility details entered by other CDDPs, which will increase accuracy and facilitate coordination amongst CDDPs when individuals cross service areas. **Applicability:** This policy applies to CDDP employees with the eXPRS Eligibility Specialist user role or the Eligibility Specialist Processor. Individuals with those new user roles will input intake and eligibility after each intake and each eligibility determination (new applicants, redeterminations, and transfers).

Introduction

DHS added functions to eXPRS to streamline the intake, eligibility and enrollment process. The changes eliminate the need for a CDDP to submit a Developmental Disability Eligibility and Enrollment (DDEE or 0337) form to add an individual's eligibility start date or assign an initial qualifying diagnosis code.

eXPRS users with the appropriate user role will be able to access and add this information by completing and submitting the eXPRS Eligibility Summary Page). CDDPs are required to report the following information in eXPRS:

- Intake date, intake status, and eligibility determination date;
- Denial/termination date (if applicable) and reason for action;
- Type of eligibility determination (early childhood; school-age; or adult);
- Primary diagnosis as well as additional qualifying diagnoses, including IQ score if intellectual disability is the basis for eligibility;
- Data used for the eligibility determination, including dates of early childhood assessments or adaptive behavior assessments;
- Eligibility determination notices (APD 5103 or APD 0947), redetermination memos (APD 5101) and transfer memos (APD 5102) (to be uploaded as attachments).
- Termination for individuals enrolled with the CDDP as applicable.

eXPRS user roles

eXPRS users with the appropriate user role will be able to view eligibility data entered by other CDDPs, but will not be capable of editing eligibility data entered by another CDDP.

Each CDDP must designate a process to add intake and eligibility information to eXPRS for new applicants and for individuals who are due for an annual level of care evaluation. To add and enter intake and eligibility information to eXPRS, the user will need at least one user with one of the following eXPRS roles: CDDP Eligibility Specialist or CDDP Eligibility Specialist Processor. If the CDDP chooses to have a processor enter the information in eXPRS, rather than the eligibility specialist, the eligibility specialist will need provide the processor a form with intake and eligibility data. The form is available on the DD staff tools page as part of the APD 0520 form.

To obtain the appropriate eXPRS user role, the eligibility specialist and/or the eligibility specialist processor must fill out the User Enrollment form to request the appropriate

role and submit it to <u>info.exprs@state.or.us</u>. The form is available by logging into eXPRS and navigating to the HELP menu at the top of the screen, and then selecting "CDDPs/Brokerages" and "Enroll Local Auth User".

Timelines for entering intake and eligibility data

Each CDDP will need to enter the relevant data within 10 business days of completing intake and within 10 business days of each eligibility determination (initial, redetermination and transfer).

OAR 411-320-0020 defines intake as the "activity of completing the DD intake form (APD 0552) and necessary releases of information prior to the submission of a complete application to the CDDP."

OAR 411-320-0020 defines eligibility determination as "a decision by the CDDP or by the Department regarding the eligibility of a person for developmental disabilities services pursuant to OAR 411-320-0080 and is either a decision that a person is eligible or ineligible for developmental disabilities services."

Accessing the eXPRS Eligibility Summary page to enter eligibility data after an eligibility determination

The user can access the view Client Screen by using the view client menu to search for the individual.

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Find Reset

New applicants, redeterminations, transfers. Once the applicant's date of birth

and prime number displays, the CDDP can access the Eligibility Summary Page by clicking add under the DD Eligibility Section. If the applicant does not have a prime number, the CDDP should request a prime number from the DD Technical Assistance Unit (DDTAU) before accessing the Eligibility Summary Page.

The CDDP will add an eligibility line using this button whenever the CDDP makes an eligibility decision (new applicant, redetermination, or transfer).



Accessing the eXPRS Eligibility Summary page to enter eligibility data for annual level of care evaluations

New applicants. The eligibility data entered on the eXPRS Eligibility Summary Page for new applicants will feed the new eXPRS Level of Care Summary Page. The LOC Summary Page will be fed by completion of the Eligibility Summary Page and the face-to-face ONA evaluation, and no further action will be required by the case management entity.

Entering intake date and status for new applicants

Within 10 days of completing intake, the CDDP must access the Eligibility Summary Page to enter the intake date, select "draft" under determination status, and save:

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Provider		CDDP	Date	Status	Status	Date	Date	Code
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Plan Of Care		C	enial Reas	on: Selec	t			
Claims	•	OH	her Denial P	Peacon:				
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If the applicant does not have a prime number, the CDDP should request a prime number from the DD Technical Assistance Unit (DDTAU) and enter the intake date and select "draft" within 10 days of receiving the prime number.

Completing the eXPRS Eligibility Summary Page

Once the CDDP makes an eligibility determination, the CDDP must access and complete the eXPRS Eligibility Summary Page within 10 days of sending an eligibility notice.

If it's a new applicant, the CDDP should return to the View Client screen and click the "edit" button to access the Eligibility Summary Page. If it's a transfer or redetermination, the CDDP should "add" a new



eligibility line to access the Eligibility Summary Page. The CDDP must complete the following fields at the top of the eXPRS Eligibility Summary Page:

Intake Status. The user must change intake status from "draft" to "completed". "Draft" is only used during the intake process. A "completed" status requires the CDDP to enter a determination status.



Determination Status. The use must select one of the following options:

- Approved (applicant is eligible for DD services)
- Denied (applicant is not eligible for services)
- Transfer (CDDP reviewed the individual's eligibility data and documents to confirm the individual entering the CDDP's service area is eligible)
- Redetermined (individual is approved for school-age or adult eligibility)
- CIIS Only (Children's Intensive In-home Services program)

Denial reason. The user must select one of the following denial reasons:

- 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 <70 (training & supports similar
- Invalid testing
- No current records/refusal to test
- Unable to determine ID/DD history and/or onset prior to age 18/22

• Other/Withdrawn

If other is selected, the user should write-in details about the reason for denial, such as "individual did not respond to phone calls and mail requesting application documents."

Notice date. The user must enter the date the CDDP mailed the eligibility notice (APD 5103 or APD 0947).

The "date of notice," and "effective date," should be the same for any initially eligible individual, those re-determined as continuing to be eligible and initial denials. This is the date that should be entered in eXPRS as the "notice date."

Termination date. The user should enter the effective date of planned action on the termination notice (APD 0947). For terminated services, the date will be the effective date of the notice, consistent with OAR 411-318-0020.

Termination code. If the CDDP sent a termination notice, the user must select one of the following codes to specify the reason for termination:

Code	Reason
	Adult Eligibility Determination (Adult Eligibility has been determined and
ADE	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 th , 9 th , 18 th , 22 nd 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)
RFD	Re-determined Eligibility (eligibility has been re-determined not because
RED	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)
ТМН	Transferred to MH (Mental Health Services)
VWD	Voluntary Withdrawal-Dissatisfied w/ Services
VWP	Voluntary Withdrawal by Parent / Guardian

A DDEE (APD 0337) is not required to terminate a CPA for someone primarily enrolled to the CDDP.

Selecting a type of eligibility and a primary diagnosis

Everyone who is eligible for DD services must have one of three types of eligibility (early childhood eligibility, school-age, or adult) as well as a primary diagnosis. A termination date will automatically populate depending on type of eligibility and primary diagnosis selected.

Type of Eligibility:	Select Initial Eligibility Date:
Primary Diagnosis:	Select Full Scale IQ:
Other Diagnosis:	If "Other" is selected as Primary or Additional Diagnosis, type in other DD that meets criteria as addressed in 411-320-0080(4)
Additional Qualifying Diagnosis:	

If ID1, ID2, ID3, or ID4 is selected, the CDDP must enter a FSIQ. For new applicants, the exact FSIQ should be entered. If the user is filling out a Summary Page for a level of care determination and the FSIQ is unknown, the CDDP should enter the highest number associated with ID1, ID2, ID3 or ID4 (e.g., the CDDP would enter 75 if the primary diagnosis is ID1 and FSIQ is unknown).

If the primary diagnosis is not available in the menu, the CDDP must consult the diagnosis and evaluation coordinator and then select other and write-in the approved diagnosis.

For individuals already eligible and entered in eXPRS under intellectual disability (ID1, ID2, ID3, or ID4) a primary diagnosis of ID1, ID2, ID3, or ID4 will be automatically assigned with the update. If an individual is already dually-eligible under other developmental disability, and the CDDP needs to change the primary diagnoses code from ID to DD, the CDDP must submit a DDEE form to change the primary diagnosis that was automatically assigned, if the individual's primary diagnosis is a code associated with other developmental disability.

For Individuals already eligible only under the category of other developmental disability, the first code listed in eXPRS as a primary diagnosis will be automatically assigned with the update. The CDDP must submit a DDEE form to change the primary diagnosis if the individual's primary diagnosis is a code associated with an other developmental disability.

Example: A school-age child is already in eXPRS, eligible under ID and ASD; the eXPRS update will automatically assign primary diagnoses to ID. If the CDDP identifies ASD as the primary qualifying condition, they must submit a change request on the DDEE form to have the primary diagnoses manually re-assigned to ASD.

Entering data for the eligibility determination

The CDDP must complete the data for eligibility determination section for all new applicants and for all individuals who are due for an annual level of care review.

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Date:		Test:	Select		
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Certain fields will be required based on the type of eligibility and a primary diagnosis:

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For new applicants, the CDDP must complete the required fields.

Uploading the eligibility notice and saving the data

Each time the CDDP completes an eligibility determination, the notice should be added to the Eligibility Summary Page:

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

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• Redetermination Notice (APD 5101)

The CDDP Eligibility Specialist or the CDDP eligibility Specialist Processor should enter the name of the eligibility specialist who made the eligibility determination.

Eligibility Specialist:			Upload Eligibility Notice
	Cancel	Save	

Making eligibility data changes

eXPRS users with the appropriate user role will be able to view eligibility data entered by other CDDPs, but will not be capable of editing eligibility data entered by another CDDP. If a CDDP needs to make a change to the eligibility information entered before 2018, or to data entered by another CDDP, the CDDP must submit an eXPRS DDEE form (former DHS 0337).

DDEE (DHS 0337)

DDEE (DHS 0337s) will no longer be needed to enroll someone into a CDDP with a Case Management Only CPA. They also will not be needed to terminate an individual who is enrolled primarily with a CDDP. However, 0337s are still needed for:

-Brokerage Enrollment;

-Entering personal information such as address and phone number (ifit is an address change for an individual in funded services);

-Enrolling to or terminating from the waiver or k-plan or Family Support or SPPC; and -County Transfers for individuals in funded services, including Family Support and SPPC In-home or Brokerage Waiver Stops/Starts

Frequently asked questions

What if the receiving eligibility specialist does not agree with the eligibility determination made at the previous CDDP?

OAR 411-320-0080(13) requires the CDDP to honor the eligibility determination made by the previous CDDP. The receiving CDDP must send the individual a transfer memo (SDS 5102) and enroll the individual by sending an update (DHS 337) to ODDS within 10 days of the transfer date.

OAR 411-320-0080(13) also requires the receiving CDDP to verify eligibility by reviewing the eligibility notice, eligibility progress notes, redetermination date, and evaluations and supporting eligibility documentation.

If the CDDP reviews the records and finds information that suggests the individual is not eligible, the CDDP may complete a redetermination. The CDDP must begin the process by sending the individual a notice of redetermination and confirming with the sending CDDP that it has all the documents used for the previous eligibility determination.

Once the redetermination is complete, the receiving CDDP adds the determination to the eXPRS Eligibility Summary Page.