How to Create a Plan of Care in eXPRS
(CDDPs and Brokerages)
Revised 5/26/2015

eXPRS Plan of Care (POC) structure allows for the authorization and payment for in-home/community service plans for individuals with I/DD.

CDDP and Brokerage users will need to create a Plan of Care and set up the individual service authorizations that correspond to the services identified in the individual’s ISP. While the ISP may contain a great deal of service related information, it is the fiscal components of the ISP, such as the individual service authorization, time frames, and authorized providers who will be paid for the service, that will be included in the eXPRS Plan of Care.

There are three basic components that make up a client’s Plan of Care:

1. The Overall Plan Information (may also be called the “POC shell”) - this is the first level of the POC (outlined in RED in the example diagram) and contains the information or parameters that everything within the POC must fall within (client, overall date range, total monthly ANA/CNA assessed hours).

2. The POC Service Line (also called a “plan line”) – this is the second level of the POC (outlined in GREEN in the example diagram) and is the individual service information that is being authorized for the client, and includes information such as the service element the service falls under, the name and procedure code of the specific service, the number of units being authorized, the frequency and the date range of the service. At least one service line must be in accepted status to activate the overall Plan of Care.

3. Under each service line there are provider Service Prior Authorizations (SPA) – this is the third level of the POC (outlined in PINK in the example diagram) and are the authorizations for individual providers to deliver the service identified in the service plan line. The provider Service Prior Authorization (SPA) names the provider, the provider’s rate, the number of units authorized for the provider, and the dates for the provider. At least one provider service authorization must be in accepted status to activate/authorize the service plan line.
A service plan line can have multiple provider SPAs underneath. Each provider SPA operates independent of the others.

**POC Example Diagram:**

![POC Example Diagram]

First Level of POC Information

Second Level of POC Information - the Service Plan Line

Third Level of POC Information - the Service Prior Auth (SPA)
Before a user can create a Plan of Care in eXPRS, they will need to gather some basic data/information that eXPRS will need for the POC. It is likely that most of this information will be in the client’s ISP documents that the Plan of Care is to support.

**Information needed to Create a Plan of Care:**

- **Name of the client** for whom the POC is being created.
- **Prime Number** of the client.
- **The Date Range** of the overall Plan of Care you are creating. This could only be a few months, depending on how much of the client’s current ISP plan year is left as their initial POC created in eXPRS.
- **Total Monthly Assessed Hours** from the ANA/CNA and dates that total applies.
- **Total Weekly Employment Hours Approved per ISP**; how many hours per week is the client participating in Employment/Day services, if applicable.
- **The client’s ISP or list of services** that need to be added to the Plan of Care.
- **The names of the providers** who will be authorized for the services in the Plan of Care.

Once you have the above information, you can begin to create a Plan of Care in eXPRS.

Users will need to have either the **Local Authority POC Manager** or **Brokerage POC Manager** role to do this work.

**To Create a Plan of Care:**

1. Login to eXPRS. If users have more than one organization login option, they will need to be logged in under the Local Authority (for CDDPs shown below)
or Contractor (for Brokerages) Organization role.

2. From the yellow, left-hand navigational menu, click on **Plan of Care → POC Services → Create POC**. This will take users to the **Create Plan of Care** page.

3. Once in the **Create Plan of Care** page, users will need to enter the required information to begin creating the POC.

   For initial plan creation the date range for the POC in eXPRS may only be for the dates remaining of the client’s currently active ISP, and can be less than 1 year.

   Subsequent POCs created for the client, the POC date range should align with the start/end dates of the client’s annual ISP.
With the information entered, click **Next** to continue.

4. After clicking **Next**, the system will search to confirm that the client has valid Case Management CPA(s) in place for the date range of the POC, and from the CM agency creating/authorizing the POC. This will look for SE48 CPAs from the CDDP (including both Waiver (WCM) and non-waiver (TCM) CPAs). For clients enrolled with Brokerages, the same logic will apply and the system will also look for their SE148 CPAs from the authorizing Brokerage.

The system will display that CM CPA information that supports the POC. Users can then click **Save and Add Plan Details** to continue.
5. Users are now able edit and add additional information to a POC.

For example:

- Users can edit the Monthly Assessed Attendant Care/Skills Training Hours information (from the ANA/CNA), including adding additional date range segments with different monthly total limits.

- Add the Total Weekly Employment Hours Approved per ISP for the number of hours per week is the client participating in Employment/Day services, if applicable.

- Users can upload Attachments or documents to the POC and save them, if needed. This could be electronic copies of the client’s ISP, the client’s Needs Assessment results, Exception Approval memos, or other documents as needed. File size of a document cannot exceed 4MB. Please refer to ODDS program policies and guidelines for requirements on what documents should be attached to a POC, if any.

- Begin to enter specific Plan Details of the services and providers in the POC.
6. To add services and provider authorizations for a POC, click **Add Plan Line**. This will open the service plan line fields.

Moving left to right, select the appropriate options or enter the data needed in the corresponding fields for the service you are authorizing.

- **SE** = the service element the service is authorized under. CDDPs will have several options (shown in the example). Brokerages will have one option – SE149.

- **Procedure Code** = the specific service name and procedure code for the service being authorized for the client. This list should correspond to the POC services allowed for the service element of services. The dropdown list will be filtered and will vary depending on the specific service element selected in the first field.
• **Modifier** = the specific modifier for the service procedure code (if any). In many cases, this will be auto-populated as “NA”.

• **Units** = this will be comprised of 2 components;
  - the number of units (such as hours) which is the amount of service being authorized,
  - the frequency, or how often that amount of units can be delivered/received.

   **For example:** if the user enters “10” to indicate that a service is “10 hours”, in many cases, they will still need to select a frequency. Is the service allowed up to 10 hours “per day”, or “per week” or “per month”? Keep in mind that selecting “day” as the frequency will be more restrictive than selecting “week”. And selecting “week” is more restrictive than “month”.

   Some services will have a pre-established frequency set by the system, and cannot be changed by the user.
7. With all the service line information selected and entered, click **Save** at the far right of the service line to save the service line information. (If any errors are detected, a message will be displayed with the information on the error. Such as if the end date extends past the overall POC end date.)

8. Now the service plan line is in **Draft** status, the user can click the **Add Provider** button to add provider SPAs to authorize them to deliver that service.
If a client has multiple providers who deliver this service, users can add as many provider SPAs as needed. Each provider will have their own SPA authorization which includes their own unit allotment (up to the maximum for the service), rate and date range.

9. Again, moving left to right, enter the information for the provider SPA authorization.

- **Provider** = the DHS record for provider who will be delivering the service. Select from the dropdown menu or type the name of the provider in the window provided to move quickly to that section of the dropdown list. The dropdown will only show records for providers who:
  - are listed on the CDDP/Brokerage agency provider panel,
  - are active and “approved to work” within the date range of the service, and
  - are enrolled (have a record established) as the “type” of provider allowed for that specific service.
- Users can select the “To Be Determined” option to save a service plan line when the provider is not yet known.

- Depending on the service authorized, users may be able to select “Generic Provider” and then type in the name of the general community retail business, such as Fred Meyer or Home Depot, that are being used for the service. Most often this will be used for item or supply purchases.

- **Units** = the number of units authorized for this provider. The amount can be less than, but no more than, the maximum authorized for the service. For multiple providers who are sharing hours, both can have up to the maximum for the service authorized in the plan line to allow flexibility. However, this does not increase the total amount of service authorized.

  *For example*, if the service is authorized for 10 hours, and both providers are authorized for the 10 hours, the service is NOT now 20 hours. The service is still 10 hours shared between the providers authorized and no more than that amount for the service can be provided and claimed between them.

- **Rate** = the rate per unit for the service for that provider.

  *Please note:* that the rate amount is the straight gross hourly rate or per unit cost for the provider authorized. If the rate is for wages to a PSW/IC-PSW provider, the system will automatically calculate and add any additional amounts needed behind the scenes (such as employer taxes, Trust Benefit fund amounts, etc.).
• **Dates** = the date range that the provider is authorized to provide the service. This date range can be less than, but not exceed the date range of the service. The date range for a provider also must not exceed the provider’s “approved to work” credential date range, which could be less (shorter) than the service authorized.

![Dates](image)

10. With all the service line information selected and entered, click **Save** at the far end of the provider service authorization to save the information. (If any errors are detected, a message will be displayed with the information on the error.)

![Save Cancel](image)

11. All provider SPAs have a determination set by the system indicating whether any **Service Delivered** (SD) billing entries submitted by the provider will **PEND for CDDP/Brokerage review**, prior to being aggregated into claims for payment. The SPAs Review determination is shown after the provider SPA is saved in the column on the SPA labeled “**Review?**”.

![Review?](image)

← This means any Service Delivered billings submitted by the provider will **not** pend for CDDP/Brokerage review.

![Review?](image)

← This means any Service Delivered billings submitted by the provider **WILL** pend for CDDP/Brokerage review.
The CDDP/Brokerage staff can change this default setting for billing review if they wish, but that change must be made PRIOR to submitting the providers SPA – while the provider’s SPA is still in “draft” status. Details and instructions on how to edit this “Review?” flag are found in the assistance guide: How to Change the Review Service Delivery Entry Setting.

11. With the provider service authorization saved (and Review? setting changed, if needed) and in “draft” status, the user can submit the SPA by clicking the Submit button on the far right hand side. Each provider SPA will need to be submitted individually.

Other actions available for a “draft” provider SPA are:
- **EDIT** = to make changes to the “draft” authorization.
- **DELETE** = delete/remove the “draft” authorization
- **SUBMIT** = submit the “draft” authorization to make it active

12. Repeat steps #6 - #11 to add more services plan lines with provider SPAs.

13. With all the service plan lines and provider authorizations entered (and submitted, if needed), the user can click Done at the bottom of the POC to save the POC and return to the view page.

14. In the View Plan of Care page, the user can now see the POC they just created, and the status of the plan, the service plan lines/provider authorizations.
   - Employment services that are limited by the Weekly Employment Hours limit will be grouped together. Other services not restricted by the Weekly Employment limit will be shown separately.
   - Users can print a paper copy of this plan by clicking the Print hyperlink in the top right corner of the POC.
   - Users can open the POC again to make changes/edits by clicking the Edit button at the bottom.