

Creating and Updating a Plan of Care

(updated 9/18/2025)

The following information is needed to create or update a Plan of Care (POC):

1. The **Name** of the individual.
2. The **Prime Number** of the individual.
3. The **Date Range** for the Plan of Care. This will align with the individual's ISP date range in most cases.
4. The total **Monthly Assessed Attendant Care Hours** from the individual's ISP.
5. The total **Weekly Employment Hours Approved per ISP**. This is how many hours per week the client participates in Employment services, if applicable.
6. The individual's **ISP** or list of services to be authorized in the POC.
7. The **Providers** who will be authorized for services in the POC.

Further information about the POC module can be found in the guide: **Overview of the eXPRS Plan of Care**.

CME users will need one of the following roles to do this work:

- **CDDPs:** Local Authority POC Manager or POC Super User
- **Brokerages:** Brokerage POC Manager or POC Super User
- **State Kids Services:** State Kids Svcs POC Manager or POC Super User

To Create a Plan of Care:

1. Log in to eXPRS under either the **Local Authority** (for CDDPs), **Contractor** (for Brokerages), or **State Kids (State)** role.

Login

Password accepted. Choose your organization and/or program area for this session.

You are in the User Acceptance environment

Login Name:

Password:

Organization/Program Area:

[Forgot your password?](#)

Organization/Program Area:

[Forgot your password?](#)

Organization/Program Area:

2. Select **Plan of Care** → **Plan of Care**.

Client ▶ Home

Provider ▶ My Notifications

Contracts ▶

Prior Authorization ▶ Filtered By TV All Notification Types

Plan Of Care ▶ Plan Of Care

Claims ▶ Service Delivered ▶ Find

CM/PA TCM Billing ▶ Travel Time ▶

Liabilities ▶ Reports ▶

Reports ▶

Financial ▶

Maintenance ▶

Administration ▶

No matching notifications were found

3. On the **Find Plan of Care** page, enter criteria to determine if the individual has an existing POC. If no POCs return, click **Create**.

Find Plan of Care

Note: If criteria entered results in more than 20,000 rows, data returned will be truncated. You may need to narrow your search criteria to return a smaller dataset.

Plan ID:

Client Prime:

Service Element:

Plan Begin: Overlap Contain Exact

Plan End: Overlap Contain Exact

DHS Contract Num:

Status:

Max Displayed:

No plans that match the search criteria were found

- On the **Create Plan of Care** page, enter the required information and click next:
 - The individual's **PRIME** number (auto-populates from the previous page).
 - The **PLAN START** date (defaults to the current date; change as needed)
 - The **PLAN END** date (defaults to 365 days from Start Date; change as needed).
 - The number of **MONTHLY ASSESSED HOURS** (can be zero (0)).

Create Plan of Care

* Client Prime: xyz0000a

* Plan Start: 9/1/2020

* Plan End: 8/31/2021

* Monthly Assessed Hours: 67

Next

- A confirmation of the individual's CM enrollment (*CDDP, CDDP + Brokerage, CDDP + State Kids*) will display, depending on which CME type you are working under. Click on **Save and Add Plan Details** to create the POC.

Create Plan of Care

* Client Prime: xyz0000a

* Plan Start: 9/1/2020

* Plan End: 8/31/2021

* Monthly Assessed Hours: 67

Next

CDDP(s)

PA Adj #	Provider	Auth Dates	Status
32449141	CME Case Management Provider	10/1/2019 - 6/30/2021	Accepted

Save and Add Plan Details

- A message will display on the **Find Plan of Care** page, confirming that the **Draft** POC shell was created & saved. Click **Find** to search for the POC.

Find Plan of Care

Plan of Care save succeeded. 

Note: If criteria entered results in more than 20,000 rows, data returned will be truncated. You may need to narrow your search criteria to return a smaller dataset.

Plan ID:

Client Prime: xyz0000a 

Service Element: All

Plan Begin: 9/1/2020 Overlap Contain Exact

Plan End: 8/31/2021 Overlap Contain Exact

DHS Contract Num: 1****5 

Status:

Max Displayed: 25

 Find Reset

7. From the results set, select the **Plan ID** hyperlink to open the POC.

Find Plan of Care

Note: If criteria entered results in more than 20,000 rows, data returned will be truncated. You may need to narrow your search criteria to return a smaller dataset.

Plan ID:

Client Prime: xvz0000a 

Service Element: All

Plan Begin: 9/1/2020 Overlap Contain Exact

Plan End: 8/31/2021 Overlap Contain Exact

DHS Contract Num: 1****5 

Status:

Max Displayed: 25

Find Reset

Export options:  CSV |  Excel |  PDF |  RTF

Plan ID	Client Prime	Client Name	DHS Contract Num	Plan Begin	Plan End	Status
38*****4	xyz0000a	DEMO INDIVIDUAL	1****5	09/01/2020	08/31/2021	Draft

 Plan of Cares found: 1 (displaying all rows)

Create

8. On the **Plan of Care** page, select the **Edit** button to open the POC to add or update the information on that specific tab.

Plan of Care

Plan Id: 38*****4 Plan Dates: 9/1/2020 - 8/31/2021

Client Name: DEMO INDIVIDUAL Client Prime: xyz0000a

Plan Status: Draft

 Edit Copy Print Summary

Service Eligibility **Plan Overview** In Home Services Residential Supported Living Community Transportation Ancillary Legacy

Monthly Assessed Attendant Care/Skills Training Hours

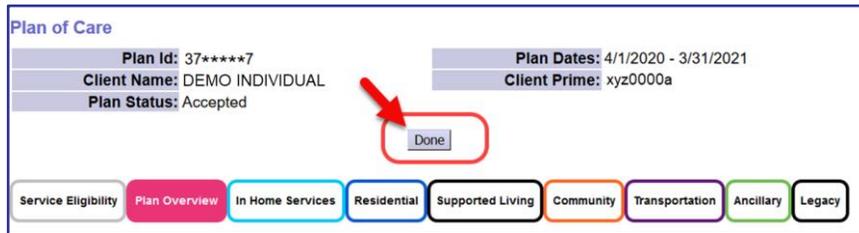
Dates	Hour Limit
9/1/2020 - 8/31/2021	67.00

Add Ons

Plan of Care Notes

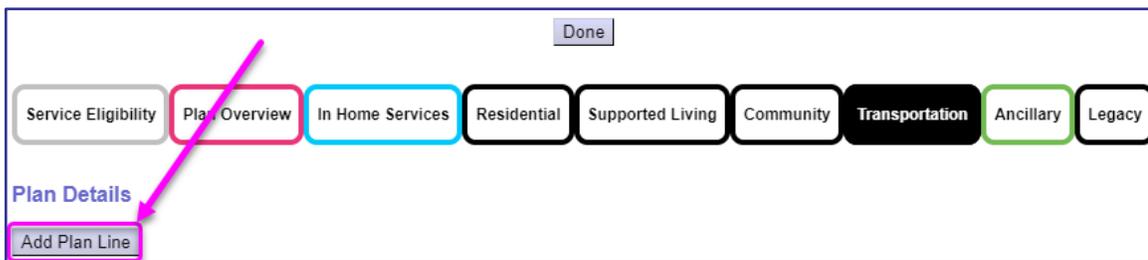
TIP: While you are visible in the POC, some information or functionality may be restricted due to your type of CME. For example, Brokerage users will see all the tabs but cannot add services under the **Residential** or **Supported Living** tabs, since Brokerages cannot authorize those services.

- When finished, select **Done** to exit Edit Mode on the POC.

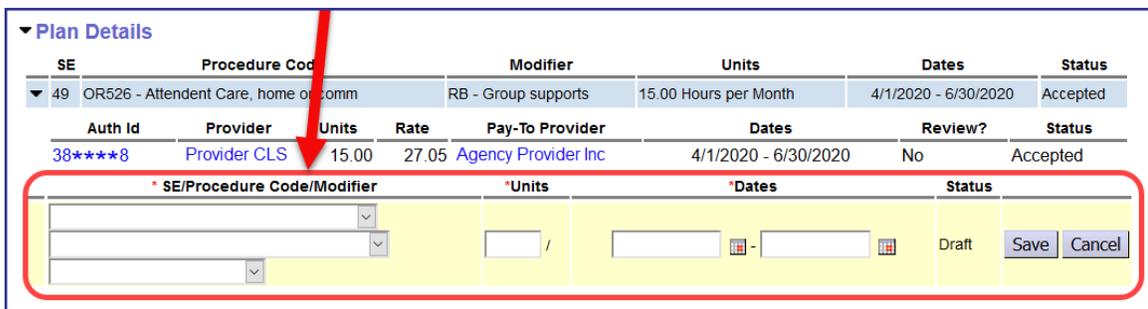


To Update the POC on the Different Tabs

- While in Edit Mode, and on the correct tab, select **Add Plan Line**.



- The **SE, Procedure Code & Modifier** dropdowns display top to bottom. They are filtered to only show services applicable to the current tab.



- Select the **Service Element**.

* SE/Procedure Code/Modifier

49 - In-Home Comprehensive Supports
 150 - Family Support
 151 - Long Term Support for Kids
 257 - Ancillary Services

4. Select the **Procedure code** (if not prefilled).

* SE/Procedure Code/Modifier

49 - In-Home Comprehensive Supports

OR502 - Personal Care Services (SPPC)
 OR507 - Relief Care, Daily
 OR508 - Relief Care, Hourly
 OR526 - Attendant Care, home or comm

5. Select the **Modifier** (if not prefilled).

* SE/Procedure Code/Modifier

49 - In-Home Comprehensive Supports

OR526 - Attendant Care, home or comm

NA - Not Applicable
 RB - Group supports
 ZE - 2:1 staff authorized

6. With the **SE/Procedure Code/Modifier** selected, enter the number of units and the frequency in the **Units** section. Then enter the Start and End Dates in the **Dates** section and select **Save**.

* SE/Procedure Code/Modifier	*Units	*Dates	Status
49 - In-Home Comprehensive Supports	150 Hours / Month	7/1/2020 - 3/31/2020	Draft
OR526 - Attendant Care, home or comm			Save Cancel
NA - Not Applicable			

7. Select **Add Provider** to add a Service Prior Authorization (SPA) for a **Provider** under the Plan Line.

SE	Procedure Code	Modifier	Units	Dates	Status	
49	OR526 - Attendant Care, home or comm	NA	169.00 Hours per Month	7/1/2020 - 3/31/2021	Draft	<input type="button" value="Edit"/>

8. Select a Provider from the **Provider** Dropdown Field.

*Provider: type to filter dropdown

Generic Provider
To Be Determined

101901

612

*Dates: [] - []

*Units: []

*Rate: Fixed

TIP: For a Provider to appear in this dropdown list, they must be on the CME's Provider Panel.

9. Complete the **Dates** and **Units** section and select **Save**.

*Provider: 612

*Dates: 3/1/2022 - 2/28/2023

*Units: 108.00

*Rate: Fixed

10. eXPRS will now read the new Service Group Rate Table to determine if the rate will auto-populate or return an open field to add the rate manually, depending on the service. If it auto-populates, the **Rate** field will display as **Fixed**. If it does not auto-populate, the **Rate** field will enable allowing the user to manually key in the rate and then select **Save**.

*Provider: 1612

*Dates: 3/1/2022 - 2/28/2023

*Units: 108.00

*Rate: \$16.67

11. Select **Submit** on the SPA to process it through eXPRS system validations.

Auth Id	Provider	Dates	Units	Rate	Pay-To Provider	Review?	Status	
	CE N	7/1/2022 - 2/28/2023	108.00	16.67		AS	Yes	Draft

Appendix A: Tab Specific Information

Each tab on the Plan of Care has unique functions to keep in mind when creating or updating Plan Lines and SPAs. This section provides an overview of each section as needed.

1 Plan Overview

The **Plan Overview** tab broken into 4 sections. While in Edit mode, select the **Add** or **Edit** button in that section to make changes.

The screenshot shows the 'Plan of Care' interface for a client named CHRIS P BAYCON. It includes fields for Plan ID, Plan Dates, Client Name, and Client Prime. A navigation bar contains tabs for Service Eligibility, Plan Overview, In Home Services, Residential, Supported Living, Community, Transportation, Ancillary, and Legacy. The interface is divided into several sections: Plan Dates, Monthly Assessed Attendant Care/Skills Training Hours, Weekly Employment Hours Approved per ISP, Add Ons, Attachments, and Plan of Care Notes. Red circles with numbers 1 through 6 highlight specific features: 1. Plan Dates update button; 2. Add/Edit buttons for Monthly Assessed Attendant Care Hours; 3. Add/Edit buttons for Weekly Employment Hours; 4. Add/View buttons for Add Ons; 5. Attachments list with Upload/Delete buttons; 6. Add Notes button for Plan of Care Notes.

Plan of Care

Plan Id: 37*****7 Plan Dates: 4/1/2020 - 3/31/2021
Client Name: CHRIS P BAYCON Client Prime: xyz0000a
Plan Status: Accepted

Done

Service Eligibility Plan Overview In Home Services Residential Supported Living Community Transportation Ancillary Legacy

Plan Dates: 4/1/2020 - 3/31/2021 Update

Monthly Assessed Attendant Care/Skills Training Hours

Dates	Hour Limit
4/1/2020 - 3/31/2021	169.00

Add Edit

Weekly Employment Hours Approved per ISP

Dates	Hour Limit	Supported Employment Only
4/1/2020 - 3/31/2021	25.00	NO

Add Edit

Add Ons

Add View

Attachments

Type: Individual Service Plan Assessment Report Other

Attach File: Browse... No file selected. File size must not exceed 4 MB Upload

Assessment-Report: SAMPLE POC ATTACHMENT.xlsx	Created: 10/5/2020 3:28:47 PM PDT	Delete
ISP: SAMPLE POC ATTACHMENT.pdf	Created: 10/5/2020 3:28:36 PM PDT	Delete
Other: SAMPLE POC ATTACHMENT.docx	Created: 10/5/2020 3:28:22 PM PDT	Delete

Plan of Care Notes

10/5/2020 - CME Staff: You can add more POC notes here, as needed.

10/9/2020 - CME Staff:

Add Notes: (0/1908) Add

Updates the POC **Plan Dates**.

Add or Edit the POC **Monthly Assessed Attendant Care Hours**.

Add or Edit the POC **Weekly Employment Hours**.

Add or view any **Add-Ons**.

Upload or view **Attachments**.

Add/view POC **Notes**.

2 In-Home Services

This tab displays the POC **Monthly Attendant Care Hours** limit for reference.

CDDPs do not have to create a new Plan of Care for individuals who are transitioning from one In-Home service element to another (e.g. When a child receiving Long Term Support for Kids (SE151) transitions to In-Home Comprehensive Supports (SE49) when they turn 18 years old). If the date ranges for the services do not overlap, they can exist in the same POC.

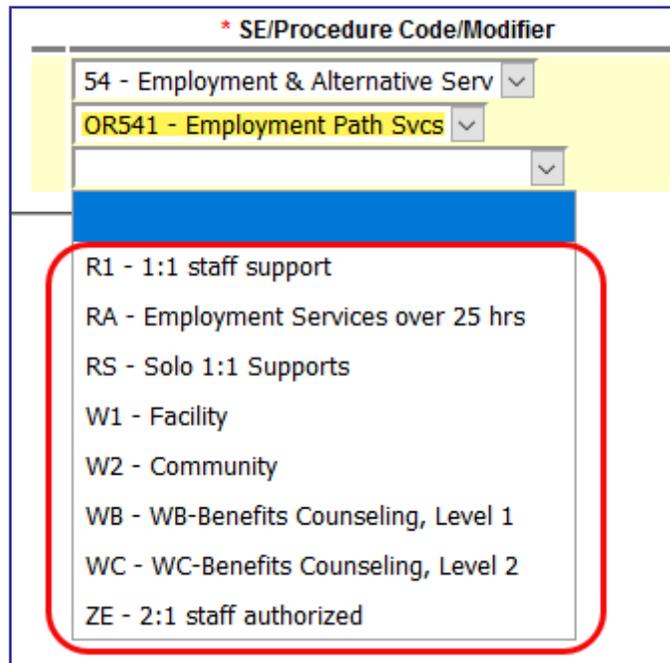
3 Residential

This section is for CDDPs only. Residential services (e.g. Group Homes, Foster Care Homes, Host Homes) can be authorized in the same Plan of Care as In-Home services as long as the date ranges for the different service elements/services do not overlap.

4 Community

This tab is for services provided in community settings (e.g. Employment and Day Support Activities). It displays the POC **Weekly Employment Hours** limit for reference.

Many new **Modifier** codes have been added for the services on this tab.



5 Transportation

This tab is for all transportation services authorized in the POC.

6 Ancillary

This tab is for all supplemental and ancillary services for an individual, such as Behavior Consultation or Special Equipment/Assistive Device purchases.

For Generic provider SPAs, be sure to include information on the vendor the payment will be routed to in the **Generic Provider Name** field. There is a 50-character limit in that text field.



The screenshot shows a form with two main sections: ***Provider** and ***Dates**. The ***Provider** section contains a search bar with the placeholder text "type to filter dropdown", a dropdown menu labeled "Generic Provider", and a text input field labeled "Generic Provider Name" which is highlighted with a red rectangular box. The ***Dates** section contains two date input fields separated by a hyphen, each with a calendar icon.

Appendix A: Process Specific Information

Some processes involving the Plan of Care have specific functionality included as part of the process. This section provides an overview of those processes.

1 Transitioning Services or Service Settings

CMEs do not need to create a new Plan of Care for an individual transitioning from one In-Home service element to another (e.g. A child receiving SE151 services transitions to SE49 services when they turn 18 years old) or an individual who transitions to/from Residential or In-home services (e.g. An individual receiving SE158 transitions to SE49). In either case, as long as the date ranges for the different services do not overlap, they can live inside the same Plan of Care.

Ongoing SE48 CM enrollment (CPA) is required for individuals receiving ODDS funded Plan of Care services. When an individual transfers to a Brokerage or to State Kids Services (CIIS or Res), the individual must continue to have ongoing SE48 CM CPA enrollment from a CDDP. Do not close the SE48 CM CPA unless the individual is transferring to a different county/CDDP.

TIP: When adding services for different service settings in a single POC (e.g. In-Home transitioning to Foster Care) some Plan Lines/SPAs under other tabs may need to be modified to align with the service setting transition. For example, if an individual has Transportation, Ancillary or Community services authorized under the Service Element for In-Home (SE49), those may need to be transitioned over to a different service element (SE54, SE257, etc.).

TIP: A one day overlap in date ranges is now allowed for individuals transferring ***from*** In-Home services ***to*** a Residential service. **This is a one-way, one-day overlap of service dates ONLY** to allow providers to bill for In-home services earlier in the same day an individual moves to a residential placement.

2 CME Transfers

The transfer of individuals to a new CME requires separate Plans of Care from each CME for the dates of service to that individual within their ISP year. This is true for:

- CDDP to CDDP transfers
- CDDP to Brokerage transfers
- Brokerage to CDDP transfers
- CDDP to State Kids Services transfers
- State Kids Services to CDDP transfers

Ongoing SE48 CM enrollment (CPA) is required for individuals receiving ODDS funded Plan of Care services. When an individual transfers to a Brokerage or to State Kids Services (CIIS or Res), the individual must continue to have ongoing SE48 CM CPA enrollment from a CDDP. Do not close the SE48 CM CPA unless the individual is transferring to a different county/CDDP.

In cases where the individual is transferring counties and CMEs, ongoing SE48 CM CPA enrollment can be from different counties/CDDPs. For example, an individual is currently receiving Brokerage POC services, but has moved from county A to county B. Both counties will need to have their own SE48 CM CPA for the dates the individual was with their respective county. The Brokerage's SE148 CM CPA & POC can remain ongoing, as long as the SE48 CM CPAs from the different counties/CDDPs are there to support the services without date gaps.