

eXPRS Full System Terms Glossary

Affordable Care Act (ACA)	The Affordable Care Act the federal legislation that expands Federal Medicaid funded services. Providers who receive payment for Medicaid qualifying services (such as providing care to individuals with I/DD), must first meet ACA standards as a valid Medicaid services provider.
Add On	A feature in the eXPRS Plan of Care that can implement service rate enhancements or service limit increases that exceed the individual's ONA assessed Service Group, if an exception has been approved by ODDS.
Adult Foster Care (AFC)	A type of residential service for individuals with I/DD aged 18 years and older where the individual lives with/receives care in a licensed family home-like setting.
Allotment	A service payment type in eXPRS where a monthly grant of funds is awarded to a contractor without a specific authorization for an I/DD individual and the provider/contractor having to submit claims for payment.
Adult Needs Assessment (ANA)	An annual assessment used to determine an adult individual with I/DD's functional service needs related to their ADL, IADL and other health related support needs. This tool determines the amount of services or number of monthly service hours an individual is eligible for. The ANA will be discontinued when the Oregon Needs Assessment (ONA) is fully implemented.
Approved to Work	A provider status indicating that a provider has completed their provider registration enrollment and has passed all the credentialing and ACA validation criteria to work as a Medicaid services provider.

Brokerage	An agency operated under contract with DHS/ODDS to provide case management services to adults living in their own or family home. A Brokerage is a Case Management Entity.
Budget Allocation Line (BA Line)	A feature in eXPRS that is the initial point to add or remove funding for services in eXPRS. BA lines are added to Budget Allocation Worksheets. The lines within the Budget Allocation Worksheet are collected and assigned to a Service Element Prior Authorization, which establishes the funding limitation for a service within a contract.
Carewell SEIU 503	A state contracted agency that provides DD PSWs with the training needed to provide safe and impactful care and support. Carewell also provides the required trainings that PSWs must take in order to be credentialed to work as a PSW. More information on Carewell SEIU 503 training can be found here: carewellseiu503.org/training/
Carina	<p>Carina is a free online care matching service that lets consumers search for HCWs, post job ads, and communicate directly with providers using a secure messaging platform. For more information about Carina or the previous OHCC Registry and Referral System, visit the ODDS Website.</p> <p>Carina has replaced the Oregon Home Care Commission (OHCC) Registry as the primary tool for individuals receiving Medicaid or Oregon Project Independence (OPI) funded in-home services to find homecare workers or personal support workers.</p>
Case Management (CM)	A more global term used to describe DD service coordination services provided by a Case Management Entity. It is often combined with other acronyms to more clearly identify the type of case management service provided to an individual.

Case Management Entity (CME)

A general term used to describe an agency (such as a CDDP, Brokerage or CIIS Program) that is responsible for coordinating and authorizing the in-home & community services the individual with I/DD receives.

This work may also include conducting service needs assessments, service plan development and authorization, problem solving, advocacy, and being a source of information regarding the rules and regulations for in-home & community services available to the individual with I/DD.

The staff that assists the individual is called a Service Coordinator (SC) from a CDDP or CIIS, or a Personal Agent (PA) from a Brokerage. The SC or PA may also assist the individual with some duties related to locating and hiring a PSW and service contract/agreement development, and may assist in completing the necessary forms needed for paying the PSW.

See entries for **CDDP, Brokerage** or **State Kids** for more information.

Centers for Medicare and Medicaid Services (CMS)

A federal agency that administers Medicare & Medicaid programs and works in partnership with state governments to administer local Medicaid services.

Children's Foster Care (CFC)

A type of residential service for individuals with I/DD aged 0 – 17 years old where the individual lives with/receives care in a certified family home-like setting.

Children's Needs Assessment (CAN)

An annual assessment used to determine a child's functional service needs related to their ADL, IADL and other health related support needs. It is a tool used to determine the amount of services or number of monthly service hours an I/DD eligible child may receive. The CNA will be discontinued when the Oregon Needs Assessment (ONA) is fully implemented.

Claim	A record created in eXPRS to generate payment to a provider for authorized services delivered to an individual. The claim certifies that the authorized service was delivered by the provider to the individual during the time period specified in the claim.
Claim Aggregation Cycle	A system process in eXPRS that collects the Plan of Care (POC) Service Delivered billing entries (SDs) that are in approved status and puts them into a claim for payment processing to the provider for services delivered.
Claim Modifier Code	A code used by a DD provider when submitting claims in eXPRS for 24-hour residential care to identify the type of claim, such as a regular claim (where the individual received the service) or an absence claim (where the individual was absent and did not receive service). Depending on the type of service, an absence claim modifier may result in payment being made to the provider.
Client Employed Provider Payment System (CEP)	An ODHS mainframe payment system used to issue payments to providers.
Client Index (CI)	An ODHS mainframe database system that contains individual demographic and identifying information and assigns an individual's unique prime number.
Client Liability Account (CLA)	A record in eXPRS that lists the amount an individual receiving I/DD residential placement services must pay in contribution towards the cost of their care for the month specified within the account record. It is also known or referred to as the individual's "service contribution" or "offset".
Client Maintenance	An ODHS mainframe database system that contains an individual's case information, including service and financial eligibility. eXPRS interfaces with this system to obtain the

System (CM System)	individual's eligibility and financial information necessary to support the correct authorization and billing/payment of services.
Client Prior Authorization (CPA)	A service authorization in eXPRS that authorizes the payment of a single service for an individual. The CPA designates the type of service to be provided, the provider of service, the service rate, and the dates of service. A CPA in Accepted status is required before a provider can submit claims for payment for services delivered.
Common Law Employer (CLE)	<p>The person who is employing a PSW to deliver services to support an individual with I/DD. Often the CLE is referred to as the "employer". In some cases, the individual w/IDD will serve as their own CLE. In some cases, the individual with I/DD themselves will serve as their own CLE.</p> <p>The CLE establishes the type of service they wish the PSW to deliver, when and where. The CLE maintain hiring and firing authority and directs the individual with I/DD's care. The CLE signs off on any services delivered reports, time sheets or invoices by verifying that the time worked as reported by the PSW was for the authorized services and was actually received by the individual.</p> <p>The CLE was formerly known as the Employer of Record (EOR).</p>
Community Developmental Disability Program	A program or agency operated by a local County Mental Health authority or is operated under sub-contract by the County with a private agency. A CDDP is a Case Management Entity and serves as the centralized hub of Developmental Disability services in the local community. The CDDP has the responsibility to coordinate local DD services for individuals with I/DD within the specific CDDP's geographic area(s) in the State of Oregon. In most cases, work completed in eXPRS uses the terms CDDP, Local Authority and "County" interchangeably.

Community First Choice	A service option that is part of Oregon’s Medicaid State Plan, also known as the “ K-Plan Option ”. It provides for the delivery of ADL, IADL, and other health related supports to eligible individuals served by DHS (both APD and ODDS).
Criminal History Check (CHC)	The process of reviewing a person’s criminal history to determine if they are fit to provide services to individuals with I/DD. Also known as a Criminal Background check. A CHC is often approved for a limited period of time (e.g. for 2 years). An individual or provider must have their CHC renewed before the specified time of approval has expired to continue to qualify as a provider
Direct Contract	A legal agreement between DHS and another entity (e.g. a provider agency, organization or individual) for the delivery of direct services to an individual with I/DD, or other types of goods or services.
Electronic Visit Verification (EVV)	Part of a federal law that was passed by Congress in 2016 requiring states to verify the delivery of Medicaid funded Attendant or Personal Care services in real-time (at the time the service is occurring) from providers.
Express Payment and Reporting System (eXPRS)	ODHS’ web-based, electronic service authorization & payment management system, designed for the authorization, payment and reporting of services provided to individuals with I/DD in Oregon.
eXPRS EVV	A feature in eXPRS that allows users to create and update service delivered billing entries on a mobile device (which document the date/time they provided an attendant care service) in real time to meet the requirements of the EVV federal law.
eXPRS Provider ID	A number assigned to a provider record by eXPRS when the record is initially created in the system. It is often used as the identifier to track service authorizations and payments for

services from Agency providers. It differs from the **SPD Provider ID Number**, which is used to track completion of the provider credential process.

Functional Behavioral Assessment (FBA)

An assessment conducted by a Behavior Professional to learn and understand the function of behaviors expressed by an individual with I/DD. The information gathered is then used in development of a PBSP alongside other ADL/IADL supports provided to the individual.

Federal Funds (FF)

Service funding that is provided by the Federal Government. Also known as "TXIX matching funds."

Fee-for-Service (FFS)

The payment structure in eXPRS used for most direct individual services where an authorized service is delivered by a provider, and then the provider submits a billing or claim for payment (i.e. The provider submits a "fee" for the "service" delivered).

Financial Management Agent Service (FMAS)

The ODDS contracted entity that processes payroll and issues payments to DD PSWs on behalf of the I/DD individual's employer for services provided/work performed. Formerly known as "FI" for "Fiscal Intermediary". The contracted FMAS vendor for all DD PSWs in Oregon is PCG Public Partnerships, LLC (PPL).

General Funds (GF)

Service funding that is provided by the State of Oregon.

Home and Community Based Services Waiver (HCBS Waiver)

A waiver which outlines specific DD services for which the State can receive federal funding reimbursement. It "waives" or moves federal funds previously available for institutional care and services to be used for individuals living in non-institutional (i.e. community) settings. Also more commonly called the "DD Waiver"

Host Homes

A type of residential service for individuals with I/DD aged 0 – 17 years old where the individual lives with/receives care in a

certified family home-like setting as well as other supportive/wrap around services provided by a DD Agency Provider.

**Intellectual
and/or
Developmental
Disability (I/DD)**

Refers to a condition or conditions impacting individuals. Detailed information is found under the [ODHS Website > I/DD Services and Eligibility > What are Intellectual and Developmental Disabilities?](#)

**Inter-
Governmental
Agreement (IGA)**

A legal agreement between DHS and a local governmental agency, primarily a CDDP, for the provision of developmental disability services.

K-Plan

A common term used to describe the **Community First Choice, Option K** of the Oregon Medicaid State Plan. It is a variety of services available to individuals who are eligible for TXIX Medicaid medical assistance under the State's Medicaid State Plan. The services under this plan option include residential care, in-home attendant care, transportation, and other supportive medical services.

**Legislatively
Approved Budget
(LAB)**

A high-level monetary limit within eXPRS that establishes the overall, statewide service budget for ALL I/DD services managed in eXPRS.

**Level of Care
(LOC)**

The individual service level need evaluation and determination against ICF/IDD (FKA ICF/MR) institutional admission criteria to determine an individual with I/DD's eligibility for DD TXIX Medicaid Waiver or K-Plan services.

Local Authority

A term used to for either a County operated CDDP, a local governmental sub-contracted CDDP, or a direct contracted CDDP. In eXPRS, the Local Authority is a CME who authorizes services against funding limitations for individual services paid via eXPRS.

Maintenance of Effort (MOE)	An agreement between Oregon and the Centers for Medicare and Medicaid Services (CMS) that no individual's in-home hours, access to services, or spending on services would be reduced as a result of transitioning to the Oregon Needs Assessment Service Group Framework until at least March 2025.
Medicaid Title XIX (TXIX)	Used to identify Medicaid funds received from the federal government for individuals or services eligible for participation in the Medicaid match funding programs. It also may refer to the portion of funding provided by the federal government for an individual's services if they are Medicaid TXIX eligible.
Monthly Attendant Care Hours (MAAC)	An hours total in the eXPRS Plan of Care that limits the cumulative number of hours for attendant care services received by an individual with I/DD that can be billed for a given date range.
Office of Developmental Disability Services	A program unit of ODHS that manages, administers, oversees and regulates all of ODHS' services to individuals with I/DD in the state.
Office of Payment Accuracy and Recovery (OPAR)	An ODHS department responsible for the identification, investigation, and recovery of improper payments for DHS programs, including Medicaid, TANF, Food Stamps, and Child Care.
Oregon Brokerage Case Management (ORBCM)	A service procedure code for Oregon Brokerage Case Management services used on CM CPAs for I/DD individuals receiving CM services from a Brokerage. When billed, it will be funded at a TXIX Medicaid match rate based on the individual's TXIX eligibility for the date of service.
Oregon CDDP Case	A service procedure code for Oregon CDDP Case Management services used on CM CPAs for I/DD individuals receiving CM services from a CDDP. When billed, it will be

Management (ORCCM)	funded at a TXIX Medicaid match rate based on the individual's TXIX eligibility for the date of service.
Oregon Department of Human Services (ODHS)	The State of Oregon's Department of Human Services
Oregon Department of Human Services Provider Database	The centralized ODHS provider database that manages all provider record information for ODHS Medicaid providers. In order to have services authorized and receive payment, a Provider's record must be in this database and listed as " approved to work ". This means they have an active for the dates they are working and have an SPD provider ID number assigned to them.
Oregon Health Authority (OHA)	A department in the state that coordinates and administers various health-related services and programs. OHA is Oregon's Medicaid Authority agency.
Oregon Home Care Commission (OHCC)	The state agency that acts as the "employer" for PSWs for the purpose of the Collective Bargaining process. OHCC provides support to PSWs through trainings along with other information to assist PSWs in acquiring and improving their skills to deliver the best quality services. The OHCC also provides support & training for employers, and manages Carina (see below).
Oregon Home Care Commission Collective Bargaining Agreement (OHCC CBA)	A multi-year agreement between the Personal Support Workers, Home Care Workers, and Personal Care Attendants with the State of Oregon. The CBA outlines a variety of agreed working conditions, rates, benefits, etc. for these workers.

Oregon Needs Assessment (ONA)	A single needs assessment tool used for individuals with I/DD to determine their level of service and support need. The ONA will replace the ANA and CNA assessments when the vetting & pilot of the assessment is complete.
Oregon State Case Management (ORSCM)	A service procedure code for Oregon State Case Management services used on CM CPAs for I/DD individuals receiving CM services from the State. When billed, it will be funded at a TXIX Medicaid match rate based on the individual's TXIX eligibility for the date of service.
Pay Period	A period of time within a calendar month used to define a date range of time worked for payment to a PSW provider for services delivered to individuals with I/DD. There are 2 established pay periods in a calendar month: the 1 st through the 15 th , and the 16 th through the last day of the month.
Personal Agent (PA)	A staff person at a Brokerage who is assigned a caseload of individuals with I/DD and works with them and their families to establish & manage the individual's in-home & community support services, plans and resources.
Personal Support Worker (PSW)	An individual (non-agency) provider that is employed to provide services to an individual with I/DD living in their own or family home. PSW providers are part of the Oregon Home Case Commission Collective Bargaining Agreement.
Plan Line	A feature in the Plan of Care that identifies a service to be provided to an individual with I/DD, the total amount of that service (e.g. number of units) authorized for the individual, and the dates the service can be provided.
Plan of Care	A module in eXPRS that contains one or more discrete service prior authorizations for an individual with I/DD as part of a single, annual plan.

Positive Behavior Support Plan (PBSP)	A plan developed by a Behavior Professional to provide ongoing or long-term support protocols and strategies to support an individual with I/DD who experiences behavioral challenges alongside other ADL/IADL supports provided to the individual.
Prime Number	A unique, alpha-numeric number assigned by the Client Index mainframe system to all individuals receiving ODHS services. This number serves as the individual's unique identifier for all ODHS service-related activity.
Program Area Limitation (PAL)	The maximum total funding limitation that may be established for a Contractor in eXPRS. The collective sum of all lower level funding limitations (such as SEPAs, PPAs, CPAs & SPAs) cannot exceed the total PAL for that contract
Provider	A person or agency who meets the appropriate license, certification, or other specific credential qualifications, and who is authorized or contracted to deliver an authorized I/DD service(s)
Provider Enrollment Application & Agreement (PEAA)	A document that a provider signs as part of the provider qualification process with ODHS/ODDS. The PEAA outlines the terms, conditions, requirements, and performance expectations required to be an ODHS/ODDS Medicaid provider. The PEAA is valid for a limited time (e.g. 2 to 5 years, depending on provider type) and must be reviewed & renewed upon expiration to continue as a qualified provider.
Provider Liability Account (PLA)	A record in eXPRS that tracks and manages provider payment liabilities, which is money owed back to the State from the provider. This can occur when an approved & paid claim is later corrected, voided, or reversed. A PLA is then created in the amount of the original claim, and future claims processed for the provider will be adjusted against the PLA, reducing the payment until the provider's PLA balance is zero.

Provider Prior Authorization

A provider specific authorization level in eXPRS that serves multiple functions:

- 1. **Allotment Services:** Establishes & generates the monthly allotment payment amount for the specific allotment service.
- 2. **Rationed Fee-for-Service Case Management:** Establishes the monthly rationed payment amount cap that RFFS claims can pay up to in the RFFS payment cycle.
- 3. **Client Prior Authorization Fee-for-Service:** Establishes the contractual link between the Local Authority and the provider for that specific service. This activates the provider to be available for service authorization in a Client Prior Authorization.

Can also be used to establish the funding limitation for a specific service with a provider. Fee-for-service PPAs are most often selected as “optional” which uses a \$0 amount. This still allows the PPA to meet the PPA function above which is required by the system but allows management of provider allocations to be handled outside eXPRS.

Public Partnerships LLC (PPL)

The agency that provides payroll services for DD Personal Support Workers for the dates/times they worked and billed using the eXPRS payment system.

Rationed Fee-for-Service (RFFS)

A type of fee-for-service payment structure that rations the amount available to be paid for a service over time and sets a maximum monthly payment cap for that service. Currently this model is used for DD Case Management Service (CDDPs, Brokerages, and State Kids).

Remittance Advice (RA)

A report available in eXPRS that details the claims processed for payment to the provider. The RA also contains information

regarding the impact of any client or provider liability on the provider payment.

**Restructuring
Budgets,
Assessments &
Rates (ReBAR)**

A former DHS/ODDS project that developed a standardized support needs assessment for individuals with I/DD receiving comprehensive services. It also established a new service rate structure based on support needs assessments.

**Service Category
Code**

Also known as a Service Eligibility Code, this is a three-character code used to identify which service benefit package an individual with I/DD is eligible to receive. These codes are required by eXPRS before a service authorization (CPA or POC service prior authorization) can be submitted successfully, and provider billings & claims can be processed for payment. It may also be called a “waiver code,” but codes are used to show non-waiver service eligibility as well.

**Service Delivered
Billing Entry (SD)**

A data component within the Plan of care that represents the date and the start & end times an authorized service was provided to an individual with I/DD by a provider. This is the preliminary “timesheet” or billing data entered in eXPRS for Plan of Care services and is used by eXPRS to create claims for payment back to the provider.

**Service Element
(SE)**

A specific type or grouping of DD services authorized via eXPRS. The acronym **SE** is followed by a number to designate the specific service category group. See the **Service Element Code List** for codes & definitions.

**Service Element
Prior
Authorization
(SEPA)**

The mechanism in eXPRS that establishes and adjusts the funding limitations for a specific type or grouping of service, for a specific contract that is then authorized and paid through eXPRS.

**Service
Employees**

The agency that represents the PSWs and HCWs in collective bargaining with the State. SEIU also represents and advocates

International Union (SEIU)	for the PSWs in cases of grievances or issues involved with implementing the CBA.
Service Group (SG)	A Service Group is a numeric value between 1 and 5 which is produced as a result of the Oregon Needs Assessment. A Service Group is a way to put individuals who need a similar amount of supports into a group, and it is done so by age.
Service Modifier Code (Mod Code)	A 2-digit alpha-numeric code used by eXPRS, in conjunction with a service procedure code to further define the service authorized or provide additional information on the service authorized. See the eXPRS Procedure Code List for more information.
Service Prior Authorization (SPA)	A system feature within the eXPRS Plan of Care which exists under a Plan Line. The SPA authorizes a provider to deliver the specific service identified by the Plan Line, the amount of service (number of units) available from that provider, and the rates/dates the service can be provided.
Service Procedure Code (Proc Code)	A 5-digit alpha-numeric code used by eXPRS to identify & define the service authorized for an individual with I/DD. See the eXPRS Procedure Code List for more information.
Stabilization and Crisis Unit (SACU)	24-hour residential group homes for individuals with I/DD that are operated directly by the State of Oregon. Formerly known as State Operated Community Programs (SOCP).
Statewide Financial Management Application (SFMA)	A data interface program that processes claim information daily from eXPRS to DAS to generate payments to providers.

Supports Intensity Scale (SIS)	A tool used to determine an adult individual's support need tier (primarily for residential group home services). An individual's tier, along with other information, previously helped to establish the individual's service rate for 24-hour residential services.
SPD Provider ID	A 6-digit number assigned to a provider record once the provider has passed all credential criteria for that provider type. This number is often used as the identifier for the provider to track their service authorizations & payments for services.
State Kids Program	<p>A state program that is a CME, and which operates like a brokerage. The State Kids Program is designed to support children with exceptional needs. It consists of three programs:</p> <ol style="list-style-type: none"> <li data-bbox="552 903 1528 1087">1. Kids Residential Group Home Program: Serves children that cannot be served in-home by referring them to Children's Group/Host Homes. Case Management goes to the local CME. <li data-bbox="552 1123 1528 1260">2. Children's Intensive In-Home Services (CIIS): Serves children with significant medical or behavioral issues in their own home. <p>Child Welfare: When Child Welfare assumes guardianship over a child with I/DD and completes a placement, it goes through this program.</p>
State Plan Personal Care (SPPC)	A Medicaid State Plan service that provides an individual who is eligible for TXIX Medicaid personal care assistance. Formerly known as Personal Care - 20 Hours (PC20)
Support Needs Assessment Profile (SNAP)	The support needs assessment used to determine an individual's support need and rate for DD Non-Relative Foster Care services.

Technical Assistance Request (TAR)

A webform feature within eXPRS that enables eXPRS users to communicate technical issues they have when using eXPRS and request assistance.

Temporary Emergency Support Plan (TESP)

A plan developed by a Behavior Professional to provide temporary support protocols and strategies for an individual with I/DD who experiences behavioral challenges alongside other ADL/IADL supports provided to the individual.

Weekly Employment Hours

3. An hours total in eXPRS Plan of Care that limits the cumulative number of hours for employment services received by an individual with I/DD that can be billed for a given date range.