

## How to Authorize 2:1 Attendant Care Services

Some individuals are eligible to receive 2:1 Attendant Care Services, and this service may be delivered to the individual by one or more of the following combinations of providers:

- 1) Two different PSW Providers
- 2) A PSW Provider and an Agency Provider's DSP
- 3) One Agency Provider's DSP and a different Agency Provider's DSP
- 4) Two DSPs from a single Agency Provider.<sup>1</sup>

To support these complex situations, eXPRS has implemented two Modifier Codes for OR526 Attendant Care in eXPRS.

- **Modifier Code ZE:** Allows a provider that is sending one staff as part of a 2:1 Attendant Care staff ratio to bill under OR526/ZE. ZE allows the other provider to bill during the same or overlapping times under OR526/NA.
  - NEW! Billings created for an OR526/ZE SPA no longer draw down against an individual's Monthly Assessed Attendant Care Hours.
- Modifier Code ZC (NEW!): Allows authorization and billing for one Agency Provider that is sending two DSPs to provide 2:1 Attendant Care. Although two staff are sent, only one hour of service is used of the individual's Monthly Assessed Attendant Care Hours.
  - Service Prior Authorizations for this OR526/ZC can only be created with an Effective Date that is on or after 10/01/2023.

Service Codes	Service Name	Brief Service Description
OR526/NA	In-Home Attendant	Attendant Care provided to individuals living in their own or
ONSZUJNA	Care / 1:1	family home.
	In-Home Attendant	In-Home Attendant Care with 2:1 supports provided by two
OR526/ZE*	Care / 2:1 Single	different providers, each sending a single staff. One provider bills
	Provider	under this code, and the other bills under code OR526/NA.
	In-Home Attendant	Attendant Care with 2:1 supports provided by one Agency who
OR526/ZC*	Care/2:1 Both 1	sends both staff. Will not be available in eXPRS EVV initially. SD
	Agency	Billings must be entered manually or using the SD Import Process.

<sup>&</sup>lt;sup>1</sup> A single agency provider that sends two of their own DSP staff is not considered "different providers". eXPRS views this scenario as a single provider.

<sup>\*</sup> All SPAs for 2:1 services will pend for ODDS review and approval. SPAs will remain in Pending status until the exception approval documentation is uploaded to the individual's POC.

An individual's Attendant Care Hours should be authorized under OR526/NA. Any authorizations under OR526/ZE should represent the number of hours approved for a 2:1 staffing ratio when two different providers are each sending one staff. Any authorizations under OR526/ZC should represent the number of hours approved for a 2:1 staffing ratio when one agency provider is sending two staff.

This guide will outline how to authorize 2:1 services in the Plan of Care. To take the steps in this guide, users will need one of the following roles for their Case Management Entity:

- POC Manager
- POC Super User

### How to Access the Plan of Care

1) Login to eXPRS. If you have more than one **Organization/Program Area**, select the option that will allow you to work in the Plan of Care.

Login Name:	userID								
Password:	•••••								
Organization/Program Area:	County (	Local Authority)							
Forgot your password?	Submit								
Password:	Password:								
Organization/Program Area:	Brok	erage (Contractor)							
Forgot your password?	Submit								
Pa	assword:	•••••							
Organization/Progra	am Area:	State Kids (State) 🗸							
		State CM CIIS (Provider)							

2) Select Plan of Care > Plan of Care.

Client	•	Home
Provider	►	My Notifications
Contracts	∢	
Prior Authorization	►	Filered By Type All Notification
Plan Of Care	►	Plan Of Care
Claims	►	Service Delivered
CM/PA TCM Billing	►	Travel Time
Liabilities	•	Reports

3) On the Find Plan of Care page, enter search criteria and select Find.

Find Plan of Care	
Plan ID:	
Client Prime:	器
Service Element:	All
Plan Begin:	
Plan End:	📃 🖲 Overlap 🔾 Contain 🔾 Exact
DHS Contract Num:	<i>8</i> *8
Status:	~
Max Displayed:	25 🗸
-	Find Reset

4) From the results list returned, click the **Plan ID Hyperlink** to open the POC.

			1011		_Auto	
DHS Contract N	lum:	-	赿			
Sta	atus:	~				
Max Displa	yed: 25 v					
		Find	Reset			
			Export options:	🖉 CSV   🗶 Ex	cel   🔁 PDF	💼 RTF
Plan ID 💠 Clier . Prime ≑	Client Name	🔶 DH	S Contract Num	💠 Plan Begin 🔅	Plan End 🖨	Status 🌲
3 4		1	5	04/01/2020	03/31/2021	Accepted
4 9		1	5	04/01/2021	03/31/2022	Accepted
		1	5	04/01/2022	03/31/2023	Accontod
4 8			J	04/01/2022	03/31/2023	Accepted

5) Review the **Monthly Assessed Attendant Care Hours,** then select the **In-home Services** tab > **Edit** Button.

Plan of Care	
Plan Id:	Plan Dates: 2/1/2023 - 1/31/2024
Client Name:	Client Prime:
Plan Status: Accepted	Print Summary
Service Eligibility Plan Overview In Home Services Residenti	al Supported Living Community Transportation Ancillary Legacy
Monthly Assessed Attendant Care/Skills Training Hou	rs
Dates	Hour Limit
2/1/2023 - 1/31/2024	356.00

Now that you are on the Plan of Care Page, determine which type of 2:1 Attendant Care authorization you need to enter. Then select the corresponding section of this guide:

- How to Authorize 2:1 Attendant Care from Different Providers
- How to Authorize 2:1 Attendant Care from the Same Agency Provider

### How to Authorize 2:1 Attendant Care from Different Providers:

When CMEs enter OR526/ZE authorizations for 2:1 services, users <u>should not</u> increase the individual's Hour Limit. The ZE modifier has been adjusted so that it does not draw against an individual's Hours Limit. For example: If an individual has 356 hours a month of Attendant Care and also is approved for 50 hours of a 2:1 staff ratio, their Hour Limit on the Plan of Care (POC) would be 356 hours per month (*NOT* 406)

Providers who send staff to complete the 2:1 Attendant Care staffing ratio at the same time as another provider should have an authorization under OR526/ZE.

### 1) Select the Add Plan Line Button.

Mo	Nonthly Assessed Attendant Care/Skills Training Hours												
	Dates Hour Limit												
				1/1/2023 - 12/31/202	23					35	0.00		
▼ Plan Details								vn 🗆 Void	Select				
•	49 O	R526 -	Attendant Care - 1:1	Supports	NA		350.00	Hours per Month	1/1/20	23 - 12/31/20	23	Accepted	Edit
	Auth	n Id	Provider	Dates	ι	Units	Rate	Pay-To Prov	ider	Review?	Statu	us	
	59886	674		1/1/2023 - 6/30/202	23 2	200.00	17.77			Yes	Accept	ted Edit	Void
	Auth	n Id	Provider	Dates		Units	Rate	Pay-To Provi	ider	Review?	State	us	
	68564317 7/1/2023 - 12/31/2023		3	200.00	17.77			Yes	Accept	ed Edit	Void		
	Add Provider												
Ac	ld Plan	Line											

2) Complete the required data needed for the Plan Line and select **Save**. In this example, **SE49/OR526/ZE** has been selected, with 50 hours per month from 10/1/2023 to 12/31/2023.

* SE/Procedure Code/Modifier	*Units	*Dates	Status
49 - In-Home Comprehensive Supports 🗸			
OR526 - Attendant Care, home or comm 🗸	50 Hours / Month 🗸	10/01/2023 🔟 - 12/31/2023	Draft Save Cancel
ZE - 2:1 Single Provider 🗸			

**TIP:** The amount of hours entered on the OR526/ZE Plan Line should not exceed the 2:1 hours approved.

#### 3) Once the Plan Line has been created, select the Add Provider button

SE	Procedure Code	Modifier	Units	Dates	Status		
49	OR526 - Attendant Care, home or comm	ZE - 2:1 Single Provider	50.00 Hours per Month	10/1/2023 - 12/31/2023	Draft	Edit	Delete
	d Provider lan Line						

## 4) Enter a Provider, Dates, and Unit. Then select **Save**. This will open the **Rate** field (*until OR526/ZE moved to a Fixed Rate Service in Fall 2023*).

SE	Procedure Code	Modifie	er	Units		Status	
49	OR526 - Attendant Care, home or comm	ZE - 2:1 Single Provider 5		50.00 Hours per Month	10/1/2023 - 12/31/20		Draft
	*Provider		_	*Dates	*Units	Rate	
typ	e to filter dropdown	354 🗸	10/01/20	23 🖩 - 12/31/2023	50	Fixed Save	Cancel

#### 5) Enter in the applicable rate and select **Save.**

	SE	Procedure Code	Modifier	Units	Dates	Status
•	49	OR526 - Attendant Care, home or comm	ZE - 2:1 Single Provider	50.00 Hours per Month	10/1/2023 - 12/31/2023	Draft
	_	*Provider	*	Dates *Unit	s *Rate	
	typ	e to filter dropdown	354 -	- <u>12/31/2023</u> 50.00	\$41.13 Save	Cancel

## 6) Select the **Submit** button. The authorization will now move to **Pending** status for ODDS Approval.

SE	Procedure Code		Procedure Code Modifier Units		Dates		Status				
▼ 49 OR526 -	OR526 - Attendant Care, home or comm		ZE - 2:1 Single	- 2:1 Single Provider		50.00 Hours per Month	10/1/2023 - 12/31/2023		Draft	Edit	Delete
Auth Id Provider Date		ites	Units	Rate	Pay-To Provider	Review	? 514. 15				
68564319		10/1/2023 -	12/31/2023	50.00	41.13	3	No	Draft	Edit S	ubmit	Delete

# 7) Once ODDS approves the SPA, it will move to **Accepted** status, and the provider can deliver and bill for services.

•	Plan	Detai	ls					🛛 Draft 🗹 Pending 🗹	Accepte	d 🗆 Withdrawn	Void Se	elect
	SE		Procedure	Modif	Modifier		Units		Dates	Statu	Status	
•	49	9 OR526 - Attendant Care - 1:1 Supports		NA		350.00 Hours per Month 1/1/2023 - 12/31		- 12/31/2023	Accepte	d		
	A	uth Id	Provider		Dates	Units	Rate	Pay To Pro	vider	Review	? Statu	IS
	598	86674		1/1/2023 -	6/30/2023	200.00	17.77			Yes	Accepte	d
	685	64317		7/1/2023 -	12/31/2023	200.00	17.77			Yes	Accepte	d
•	49	OR526	- Attendant Care, home o	or comm	ZE - 2:1 Single F	rovider	50.00	Hours per Month	10/1/202	3 - 12/31/2023	Accepte	d
	Auth Id		Provider		Dates	Dates Units Ra		ate Pay To Pr		rovider Rev		tus
	685	64319			10/1/2023 - 12/31/2023	50.00	41.13			No	Acce	epted

### How to Authorize 2:1 Attendant Care from the Same Agency Provider:

Any agency provider sending two DSP staff to deliver 2:1 services to an individual should have an authorization under OR526/ZC. This authorization should represent the number of hours approved for a 2:1 staffing ratio when one Agency Provider is sending two staff.

Create a Plan Line and enter the required data, then select Save. In this example, SE49/OR526/ZC has been selected, with 50 hours per month from 10/1/2023 to 12/31/2023.

* SE/Procedure Code/Modifier	*Units	*Dates	Status		
49 - In-Home Comprehensive Supports ✓					
OR526 - Attendant Care, home or comm V	50 Hours / Month ~	10/01/2023 🔳 - 12/31/2023 🔳	Draft Save Cancel		
ZC - 2:1 Both 1 Agency - Community ~					

#### 2) Select the **Add Provider** Button under the ZC Plan Line.

SE	Procedure Code	Modifier	Units	Dates	Status	
49	OR526 - 2:1 - Both 1 Agency	ZC - 2:1 Both 1 Agency - Community	50.00 Hours per Month	10/1/2023 - 12/31/2023	Draft	Edit Delete
Ac	ld Provider					

### 3) Enter a Provider, Dates, and Units. Then select **Save**.

SE	Procedure Code	Modifier	Units	Dates	Status
49	OR526 - 2:1 - Both 1 Agency	ZC - 2:1 Both 1 Agency - Community	y 50.00 Hours per Month	10/1/2023 - 12/31/2023	Draft
	*Provid	ler	*Dates	*Units *Rate	
typ	e to filter dropdown		10/01/2023 III - 12/31/2023	50 Fixed Save	Cancel
	CLSS - 90	6 🗸	12/31/2023		Carloer

4) Once the SPA is in **Draft** status, select the **Submit** button. The authorization will now move to Pending status for ODDS Approval.

	SE Procedure Code		Modifier			Units			Dates			IS			
•	49 OR526 - 2:1 - Both 1 Agency		ZC - 2:1 Both 1 Agency - Community		ity	50.00 Hours per Month 1		10/1	10/1/2023 - 12/31/2023		B Draft	Edit	Delete		
	_	Auth I	ld	Provider		Dates	Units	Rate	Pay-To Provid	er	Review?	Status			
	6	85643	324		CLSS	10/1/2023 - 12/31/2023	50.00	Fixed			No	Draft	Edit	Submit	Delete
		Add Pi	rovide	er											

5) Once ODDS approves the SPA, it will move to Accepted status, and the provider can deliver and bill for services. An SD for OR526/ZC represents the entire billed service for 2:1 Attendant Care where both staff are provided by one agency.

- F	la	n Detai	ls				<ul> <li>✓</li> </ul>	Draft 🗹 Pe	nding 🗹 Acce	epted 🗆 V	Vithdrawn 🗆	Void Select
	SE		Procedure			Nodifier		ι	Inits		Dates	Status
•	49	OR526	Attendant Care - 1:1 Su	pports	NA			350.00 Hou	rs per Month	1/1/2023 -	12/31/2023	Accepted
	_	Auth Id	Provider		Dates	Units	Rate	P	ay To Provide	r	Review?	Status
	59	886674		1/1/2023 -	6/30/2023	200.00	17.77				Yes	Accepted
	68	564317		7/1/2023 -	12/31/2023	200.00	17.77				Yes	Accepted
•	49	OR526	- 2:1 - Both 1 Agency		ZC - 2:1 Both 1 A	gency - Cor	nmunity	50.00 Hours	s per Month	10/1/2023	- 12/31/2023	Accepted
	_	Auth Id	Provide	r		ates	Ur	nits Rate	Pay To P	rovider	Review?	Status
	68	564324	(	CLSS	10/1/2023 - 12	2/31/2023	50.	00 Fixed			No	Accepted
•	49	OR526	Attendant Care, home o	r comm	ZE - 2:1 Single P	rovider		50.00 Hours	s per Month	10/1/2023	- 12/31/2023	Accepted
	Auth Id		Provider		Dates Units Rate		Rate	Pay To Provider			Revie	w? Status
	68	564319			10/1/2023 - 12/31/2023	50.00 4	11.13				No	Accepted

## Appendix A: Multiple Authorizations for 2:1 Attendant Care

There are many possible ways that 2:1 Attendant Care services could be authorized. The specific situation will depend upon the need of the individual, and the providers available to deliver service to the individual.

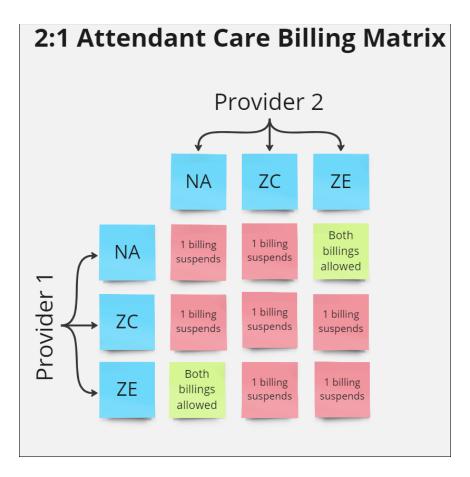
In the example below, the individual has 356 hours of Attendant Care per month. They also are approved for up to 50 hours of 2:1 Attendant Care, which may be delivered in multiple ways:

- 1) Provider One could send two DSPs
- 2) Provider Two could send two DSPs
- 3) Provider One could send one DSP, and either PSW One, Two or Three could also deliver services at the same time.

	Monthly Asses	sed Attendant Care/S	kills Training Hours								
		Da	Hour Limit								
		7/1/2023 -		356.00							
	No monthly hours found to display.										
	▼Plan Details			aft 🗹 F	Pending 🗹 Accepted	d 🗆 Withdrawn 🗌	Void Select				
	SE	Procedure	Modifier			Units	Dates	Status			
Provider One delivers the	▼ 49 OR526 - Atte	endant Care - 1:1 Supports	NA		356.00	Hours per Month	7/1/2023 - 12/31/202	3 Accepted			
majority of Attendant Care under	Auth Id	Provider	Dates	Units	Rate	Pay To Provide	er Review?	Status			
OR526/NA	61820070	Provider One CLSS	7/1/2023 - 12/31/2023	356.00	Fixed	Provider One	No	Accepted			
Provider One or Provider Two	▼ 49 OR526 - 2:1 - Both 1 Agency		ZC - 2:1 Both 1 Agency - Community		50.00 Hours per Month		10/01/2023 - 12/31/20	23 Accepted			
can both deliver 2:1 Attendant	Auth Id	Provider	Dates	Units	Rate	Pay To Provide	r Review?	Status			
Care under OR526/ZC	67304471	Provider One CLSS	10/01/2023 - 12/31/2023	50.00	Fixed	Provider One	No No	Accepted			
	67304471	Provider Two CLSS	10/01/2023 - 12/31/2023	50.00	Fixed	Provider Two	No	Accepted			
PSW ONE. TWO & THREE can	▼ 49 OR526 - Atte	endant Care, home or comm	ZE - 2:1 Single Provider		50.00 H	lours per Month	10/01/2023 - 12/31/20	23 Accepted			
serve as the second staff	Auth Id	Provider	Dates	Units	Rate	Pay To Provide	r Review?	Status			
delivering 2:1 Attendant Care	67304482	PSW, ONE	10/01/2023 - 12/31/2023	50.00	17.77	Public Partnership	s, LLC No	Accepted			
under OR526/ZE	67304482	PSW, TWO	10/01/2023 - 12/31/2023	50.00		Public Partnership		Accepted			
	67304482	PSW, THREE	10/01/2023 - 12/31/2023	50.00	17.77	Public Partnership	s, LLC No	Accepted			

## Appendix B: Provider Billings for 2:1 Attendant Care

The graphic below shows how eXPRS handles provider billings for 2:1 Attendant Care services. These are the various combinations that <u>could</u> occur. As shown, <u>ONLY</u> billings for NA & ZE at the same time by different providers is allowable in eXPRS.



In each case where billings suspend, the provider that billed second will always encounter the suspension reason.