

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.¹

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. |

¹ 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.

^{*} 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 | | | | ✓ | 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.

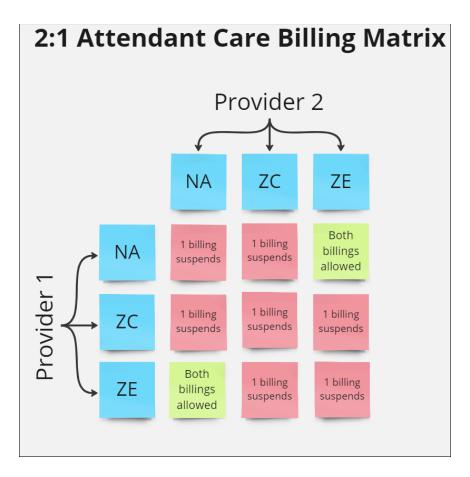
In the example below, the individual has 356 hours of Attendant Care per month. They also are approved for up to 50 hours of 2:1 Attendant Care, which may be delivered in multiple ways:

- 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.