

How to Authorize Professional Behavior Services in eXPRS Plan of Care (POC)

(updated 5/19/2022)

eXPRS Plan of Care has two (2) service procedure codes available for the authorization of Professional Behavior Services, if needed for an individual.

- **OR570** – Behavior Consultation, Assessment & Training
- **OR310** – Ongoing Behavior Support Services

Please note, these 2 codes work very differently to address the services authorized. Authorizing services incorrectly for a procedure code could negatively impact the consultant's payment. The key differences are outlined below.

NEW FUNCTIONALITY: The data elements of a provider SPA has been reordered when creating a SPA to support the implementation of the Service Group (SG) rate table and auto-population of some service rates. You will notice that the ***Rate** field has moved in the sequence of the SPA and will not be an open text box to add the rate. The rate will read **NA** initially because when the SPA is saved eXPRS reads the new SG rate table to determine if the rate will auto-populate or return an open field to add the rate manually, depending on the service.

Procedure code OR570

- Behavior Consultation, Assessment & Training
- This procedure code is used for authorizing consultant work to complete:
 - ✓ Temporary Emergency Safety Plan (**TESP**)
 - ✓ Functional Behavior Assessment (**FBA**)
 - ✓ Positive Behavior Support Plan (**PBSP**)
- ***Procedure Code OR570 is NOT an hourly service in eXPRS; the units authorized are not a number of hours.***

This procedure code is an **EVENT** service, which means it is authorized & paid as a one-time outcome payment when ***all the work for the authorization is completed***. If authorized as "hourly", the consultant will not be paid appropriately by the system.

- The rate (meaning amount) authorized in an SPA for **OR570** is for a specific block of work (either the TESP, FBA or PBSP). The total amount authorized under this code may be derived from the estimate received from the consultant to complete the work, the estimated number of hours times the applicable hourly rate. The consultant may also need to provide invoices documenting by the hour, the work they completed.

However, when services under **OR570** are billed, they are billed as 1 EVENT unit, for the total summed hourly cost of the work authorized.

For example: A consultant is contracted to complete an FBA and estimates it will take 8 hours to complete all the FBA work at a rate of \$100/hour. The CME would authorize **1 UNIT** under **OR570** for the consultant for ALL the FBA work, at a rate of the sum total estimated cost for all the work = **\$800**.

When all the FBA work is completed & documentation is received by the authorizing CME, the consultant would then bill the **1 UNIT**, for the total cost of that work portion. **They do NOT bill by each individual hour worked.**

- The same process would apply for a consultant to complete a TESP or PBSP.
- Code **OR570** can be successfully authorized & billed for a maximum of 3 UNITS; one (1) unit each for the TESP, FBA and PBSP.
- The maximum system authorization limit total for a **OR570 plan line** is \$3,200.00.

Procedure code OR310

- Ongoing Behavior Supports
- This procedure code is used to authorize ongoing maintenance behavior supports. Use of this service should be consistent with the support needs identified for the individual & documented in their ISP.
- This service code has a service unit type of **HOURLY**. The authorization will be for the number of hours per frequency (month, year, etc) the consultant can provide this service.
- The consultant will bill for their services by the hour, including the **Start** date/time and **End** date/time for when the service was provided.
- The maximum system authorization limit total for **OR310 plan line** is \$3,200.00.

Using Service Modifiers with these codes:

- Both **OR570** & **OR310** will be authorized using one of 2 service modifiers, which further defines/describes the service.
- The modifiers are “**RU**” or “**ST**”. These are used to identify where/which area of the state the individual receiving services lives to determine the hourly rate you are paid.
 - **RU** = non-urban (ie: underserved) areas
 - **ST** = standard areas

A map of the Non-Urban (RU) & Standard (ST) areas of the state is available in **APPENDIX A**, and the end of this guide.

Additional information on ODDS policies for Professional Behavior Services, service areas & rates can be found in the [Guide to Professional Behavior Services](#) available on the [ODDS DD Case Management Tools](#) page.

To authorize Professional Behavior Services in POC:

1. Log in in to eXPRS. If users have more than one organization log in option, they will need to be logged in under the **Local Authority** (for CDDPs shown below)

Login

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

You are in the User Acceptance environment

Login Name:	<input type="text" value="userID"/>
Password:	<input type="password" value="••••••••"/>
Organization/Program Area:	<input type="text" value="County (Local Authority)"/>

[Forgot your password?](#)

or **Contractor** (for Brokerages) Organization role.

Login

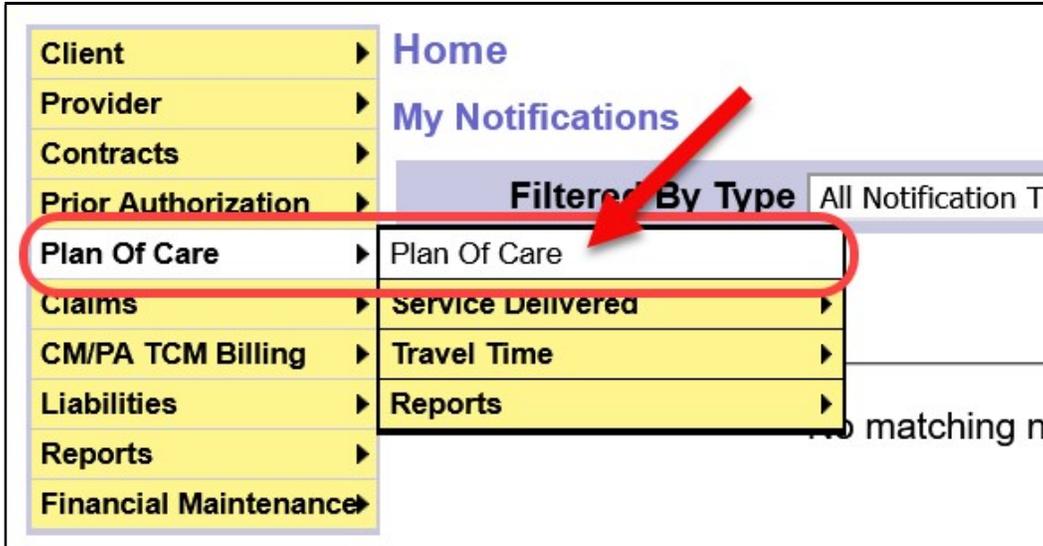
Password accepted. Choose your organization and/or program area for this session.

You are in the User Acceptance environment

Login Name:	<input type="text" value="userID"/>
Password:	<input type="password" value="••••••••"/>
Organization/Program Area:	<input type="text" value="Brokerage (Contractor)"/>

[Forgot your password?](#)

- From the left-hand yellow navigational menu click on **Plan of Care** → **Plan of Care** to find the POC that needs to have authorizations added.



- In the **Find Plan of Care** page, search for the POC that the authorization is to be added. At least one search criteria option must be entered. To find a specific individual's ISP, search by using their DHS prime number.

A screenshot of the 'Find Plan of Care' search form. The form includes several search criteria: Plan ID, Client Prime (highlighted with a red circle), Service Element (set to All), Plan Begin, Plan End, DHS Contract Num, Status, and Max Displayed (set to 25). Below the form are 'Find' and 'Reset' buttons. A red arrow points to the 'Find' button.

- From the search results returned, click on the Plan ID number to open it.

A screenshot of the search results page. At the top, there are 'Find' and 'Reset' buttons. Below them are 'Export options' for CSV, Excel, PDF, and RTF. A table displays the search results with the following columns: Plan ID, Client Prime, Client Name, DHS Contract Num, Plan Begin, Plan End, and Status. The first row of data is highlighted in yellow. The 'Plan ID' cell in the first row is circled in red, and a red arrow points to it.

Plan ID	Client Prime	Client Name	DHS Contract Num	Plan Begin	Plan End	Status
44****97	xyz0000a	JUSTIN THYME	1****5	07/01/2021	06/30/2022	Draft

Plan of Cares found: 1 (displaying all rows)

- With the POC open, toggle over to the **Ancillary** tab. Click **Edit** at the top of the POC to open the POC tab for editing.

Plan of Care

Plan Id: 44***97 Plan Dates: 7/1/2021 - 6/30/2022
 Client Name: JUSTIN THYME Client Prime: xyz0000a
 Plan Status: Draft

Edit Copy Print Summary

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

Plan Details

No details found to display.

- Click **Add Plan Line** to add the new authorization information.

Plan of Care

Delete Done

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

Plan Details

Add Plan Line

- For service code **OR570**, select the appropriate **Service Element**, **Procedure Code** and **Modifier** code from the dropdowns on the left. Then add the number of units (EVENTS) for this service. **Remember, for code OR570 there is a 3 EVENT/unit maximum** (1 unit for each separate portion of work/SPA). Add the date range, and then click **Save**.

Plan Details

* SE/Procedure Code/Modifier	*Units	*Dates	Status
49 - In-Home Comprehensive Supports	3 Events / Year	9/1/2021 - 8/31/2022	Draft
OR570 - Behav Consult Assessmt Training			
ST - Standard Rate			

Save Cancel

- Below that Plan Line, click **Add Provider** to add the SPA for the consultant to complete a portion of work. Keep in mind, that if a single consultant is used for all the work, their SPAs cannot have overlapping dates. You may need to keep the future SPAs in **draft** status & submit when ready for that portion of work to be completed. Leaving future SPAs in **draft** allows you to make edits to them, if needed, to adjust date ranges, rates, etc.

SE	Procedure	Modifier	Units	Dates	Status		
49	OR570 - Beh Consult, Assmt & Train	ST - Standard Rate	3.00 Events per Year	9/1/2021 - 8/31/2022	Accepted		
Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status
1		9/1/2021 - 10/31/2021	1.00	1000.00		Yes	Accepted
2		11/1/2021 - 2/28/2022	1.00	1400.00		Yes	Draft
3		3/1/2022 - 6/30/2022	1.00	800.00		Yes	Draft

1 SPA for the TESP

2 SPA for the FBA

3 SPA for the PBSP

7. When the consultant bills for services under **OR570**, they will bill for the total sum cost for **ALL** the work completed under that authorization.

- The billing **Date** is the date **ALL** the work was completed & required documentation submitted to the CME.
- The **Actual Rate** entered by the consultant will be *the actual total sum cost* for the work done under that authorization. They can bill for less, but not more than, what was authorized.
- The **Total Events** billed is one (1), for the summed cost for **ALL** the work completed.

Provider: Prof. Behavior Consultant	Dates: 7/1/2021 - 12/31/2021
Client Name: JUSTIN THYME	Client Prime: xyz0000a
CM Organization: CME Case Management Provider	
Service: SE49/OR570 - Behav Consult Assessmt Training/ST - Standard Rate	
Rate: \$1,000.00	Review Req: Yes
Units: 1 Events per Year	
<input type="button" value="Print"/>	

Select	Date	Actual Rate	Total Events	Total Amount	Status
<input type="checkbox"/>	12/14/2021	\$987.50	1		Draft
			0	\$0.00	

Date **ALL** work is completed & docs send to the CME.

Total summed cost for **ALL** work completed. Billed as one single unit.

8. For service code **OR310**, as an hourly service, the Plan Line/SPA work like any other hourly service. Authorize the number of hours for the frequency to be used (hours/month, hours/year, etc.), then click **Save**.

*SE/Procedure Code/Modifier	*Units	*Dates	Status
49 - In-Home Comprehensive Supports	18 Hours / Year	7/1/2022 - 8/31/2022	Draft
OR310 - Behavior Support svcs			
ST - Standard Rate			

9. Below that Plan Line, click **Add Provider** to add the SPA for the consultant.

SE	Procedure Code	Modifier	Units	Dates	Status			
49	OR310 - Behavior Support svcs	ST - Standard Rate	18.00 Hours per Year	7/1/2022 - 8/31/2022	Accepted	Edit		
Auth Id	Provider	Dates	Units	Rate	Pay-To Provider	Review?	Status	
		7/1/2022 - 8/31/2022	18.00	NA		No	Accepted	Edit Void

10. When the consultant bills, they will bill by the hour(s) they provided the service. Their billings must include the **Start** date/time and **End** date/time for the service provided on that date.

Provider:	Prof. Behavior Consultant	Dates:	7/1/2021 - 6/30/2022
Client Name:	JUSTIN THYME	Client Prime:	xyz0000a
CM Organization:	CME Case Management Provider		
Service:	SE49/OR310 - Behavior Support svcs/ST - Standard Rate		
Rate:	\$100.00	Review Req:	No
Units:	18.00 Hours per Year		
			

Select	Begin Date/Time	End Date/Time	Total Service Time	Status
<input type="checkbox"/>	10/05/2021 08:30 AM PST	10/05/2021 10:30 AM PST	0:00	Draft

The Date/Time the service began.

The Date/Time the service ended.

APPENDIX A:

