

## Overview of the eXPRS Plan of Care

The eXPRS Plan of Care (POC) is a module in eXPRS that allows multiple services and authorizations to live within a single annual plan for an individual. It is the fiscal component of the Individual Support Plan (ISP) and it features a tabbed structure to group similar services together. This structure makes it easier for CME users to work in the POC and adds functionality to support the ODDS Compass and Rate Restructuring Projects.

There are three basic components that make up a Plan of Care in eXPRS:

### Level 1- Overall Plan Information

This level of the POC identifies the individual, and all the parameters that services authorized for that individual must fall within (e.g. Date ranges, Attendant Care or Employment hours). This is found on the **Plan Overview & Service Eligibility** tabs:

**Plan of Care**

<b>Plan Id:</b> 42*****49	<b>Plan Dates:</b> 3/1/2021 - 2/28/2022
<b>Client Name:</b> DEMO CLIENT	<b>Client Prime:</b> xyz0000a
<b>Plan Status:</b> Accepted	

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

**Monthly Assessed Attendant Care/Skills Training Hours**

Dates	Hour Limit
3/1/2021 - 2/28/2022	41.00

**Weekly Employment Hours Approved per ISP**

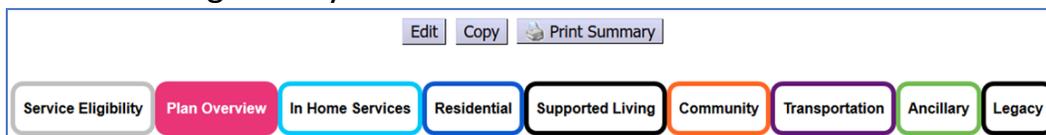
Dates	Hour Limit	Supported Employment Only
3/1/2021 - 2/28/2022	25.00	NO

**Add Ons**

**Plan of Care Notes**

Overall POC  
Information  
1st Level

The Plan of Care is also broken up into tabs of related services. These tabs filter services into categories by Procedure Codes.



POC Service Tab	Services Authorized Within
<b>Service Eligibility</b>	<ul style="list-style-type: none"> <li>• ONA Service Group information</li> <li>• DD Eligibility, Level of Care, Medicaid Eligibility and Service Eligibility dates</li> <li>• Service Eligibility type code (<i>ex: DDC, DDK, etc.</i>)</li> <li>• CM enrollment (<i>CM CPAs</i>)</li> </ul>
<b>Plan Overview</b>	<ul style="list-style-type: none"> <li>• Monthly Attendant Care Hours limit</li> <li>• Weekly Employment Hours limit</li> <li>• Service Add-Ons</li> <li>• POC Attachments</li> <li>• POC Notes</li> </ul>
<b>In Home Services</b>	<ul style="list-style-type: none"> <li>• In-home attendant care services</li> <li>• Relief Care (<i>Daily &amp; Hourly</i>)</li> </ul>
<b>Residential</b>	<ul style="list-style-type: none"> <li>• Residential 2:1 staff hourly supports</li> <li>• Group home services</li> <li>• Foster Care services</li> <li>• Host Home services</li> </ul>
<b>Supported Living</b>	<ul style="list-style-type: none"> <li>• Supported Living Services (<i>Not yet implemented</i>)</li> </ul>
<b>Community</b>	<ul style="list-style-type: none"> <li>• Employment Services</li> <li>• Day Support Activities</li> <li>• On The Job Attendant Care</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• POC Transportation Services</li> <li>• Commercial Taxi</li> <li>• Comm. &amp; Agency Mileage</li> <li>• DD Provider Organizations (<i>Code retired 6/30/2022</i>)</li> <li>• Transit Passes</li> </ul>

<b>Ancillary</b>	<p>Other POC ancillary services:</p> <ul style="list-style-type: none"> <li>• Behavior Consultation</li> <li>• Assistive Technology purchases</li> <li>• Specialized Equipment &amp; Supplies purchases,</li> <li>• Home Modifications</li> <li>• Vehicle Modifications</li> </ul>
<b>Legacy</b>	<p>Discontinued service procedure/modifier codes that are no longer used will appear under this tab on older POCs.</p>

The Status of the Plan of Care mirrors the status of the various Service Prior Authorizations (SPAs) that exist within it. For example, if no SPAs exist, the plan will be in **Draft** status. If even one SPA is in **Accepted** status, the plan will be in **Accepted** status also.

## Level 2 – The POC Service Plan Line

Also known as the Plan Line, this second level outlines the specific service being authorized for the client (e.g. SE/PROC/MOD codes, # of units, frequency, dates etc.). At least one SPA must be in **Accepted** status to activate the Plan Line.

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

Weekly Employment Hours Approved per ISP

Plan Lines	Dates	Hour Limit	Supported Employment Only
	11/1/2021 - 10/31/2022	25.00	NO

Plan Details  Draft  Pending  Accepted  Withdrawn  Void

SE	Procedure	Modifier	Units	Dates	Status
54	OR542 - Day Support Activity, non-work	R1 - 1:1 Supports - Facility	10.00 Hours per Week	11/1/2021 - 10/31/2022	Accepted
54	OR542 - Day Support Activity, non-work	RS - 1:1 Solo - Community	10.00 Hours per Week	7/1/2022 - 10/31/2022	Accepted

## Level 3 – Service Prior Authorizations (SPAs)

Under each Plan Line are **Service Prior Authorizations (SPAs)**. These are the authorizations for providers to deliver the Plan Line Service to the individual. The SPA identifies key information for the service (e.g. The provider, Rate, # of units, date ranges, etc.). There can be multiple SPAs under each plan line.

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

Weekly Employment Hours Approved per ISP

Plan Line	Dates	Hour Limit	Supported Employment Only
	11/1/2021 - 10/31/2022	25.00	NO

Plan Details

Draft  Pending  Accepted  Withdrawn  Void Select

SE	Procedure	Modifier	Units	Dates	Status
54	OR542 - Day Support Activity, non-work	R1 - 1:1 Supports - Facility	10.00 Hours per Week	11/1/2021 - 10/31/2022	Accepted

Auth Id	Provider	Dates	Units	Rate	Pay To Provider	Review?	Status
46S	Agency Provider One Inc.	11/1/2021 - 6/30/2022	10.00	32.23	Agency Provider One Inc.	No	Accepted

When a SPA is created, the **Rate** field will initially read **Fixed** until the SPA is saved in eXPRS. eXPRS will then auto-populate the rate from the Service Group Rate Table (if it is a Fixed Rate service) or allow manual entry of the rate (for Not-To-Exceed rate services).

### Required Information to Create a Plan of Care

The follow information is needed before creating a Plan of Care. Most of this information is on the individual's Oregon Needs Assessment and their Individual Support Plan (ISP) documents, including:

- 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 needs assessment.
- 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.

With this information, follow the steps in the guide: [How to Create and Update a Plan of Care.](#)