

eXPRS Full System Terms Glossary

- 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.
- AFC** **Adult Foster Care:** 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.
- ANA** **Adult Needs Assessment:** 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 provided.
- BA Line** A **Budget Allocation** line in eXPRS. This feature 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 SEPA, which establishes the funding limitation for a service within a contract.

- 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.
- CDDP** A **Community Developmental Disability Program** is 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.
- CEP** The **Client Employed Provider** payment system. This is a DHS mainframe payment system used to issue payments to providers.
- CHC** **Criminal History Check:** Also be referred to as a Criminal Background check. It is the process of reviewing a person's criminal history to determine if they are fit to provide services to individuals with I/DD. 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.
- CFC** ¹ **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).
- ² **Children's Foster Care:** 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.
- CI** **Client Index:** A DHS mainframe database system that contains individual demographic and identifying information and assigns an individual's unique prime number.

- CLA** **Client Liability Account:** 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".
- 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**
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**
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.
- CLE** **Common Law Employer:** The person who is employing a PSW to deliver an array of services to support an individual with I/DD. In some cases, the individual w/IDD will serve as their own CLE. The CLE maintain hire/fire 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. Formerly referred to as the Employer of Record (EOR).
- CM** **Case Management:** 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.

- CME** **Case Management Entity:** A general term used to describe an agency that provides case management or service coordination services to individuals with I/DD. See entries for **CDDP**, **Brokerage** or **CIIS**.
- CMS** ¹ **The Client Maintenance System:** a DHS mainframe database system that contains an individual's case information, including service and financial eligibility. eXPRS interfaces with this system to obtain the individual's eligibility and financial information necessary to support the correct authorization and billing/payment of services.
- ² **The Centers for Medicare & Medicaid Services:** A federal agency that administers Medicare & Medicaid programs and works in partnership with state governments to administer local Medicaid services.
- CNA** **Children's Needs Assessment:** 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.
- CPA** **Client Prior Authorization:** 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.
- DD Waiver** A common term used to refer to one or more of the federal Medicaid TXIX Home & Community Based Services (*HCBS*) waivers for I/DD services.
- 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.
- eXPRS** The **Express Payment and Reporting System:** The DHS 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 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.

EVV **Electronic Visit Verification:** 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.

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.

FBA **Functional Behavioral Assessment:** 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.

FF **Federal Funds:** Service funding that is provided by the Federal Government. Also known as “TXIX matching funds.”

FFS **Fee-for-Service:** 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).

FMAS **Financial Management Agent Service:** 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”.

GF **General Funds:** Service funding that is provided by the State of Oregon.

HCBS Waiver or “DD Waiver”

Home & Community Based Services 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.

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.

I/DD **Intellectual and/or Developmental Disability.**

IGA **Inter-Governmental Agreement:** 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.

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

LOC **Level of Care:** 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 (LA)

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.

Monthly Attendant Care Hours

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.

ODDS **Office of Developmental Disability Services:** A program unit of DHS that manages/administers/oversees/regulates all of DHS' services to individuals with I/DD in the state.

ODHS The State of **Oregon Department of Human Services.**

OHA **Oregon Health Authority:** A department in the state that coordinates and administers various health-related services and programs. OHA is Oregon's Medicaid Authority agency.

ONA **Oregon Needs Assessment:** 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.

OPAR **Office of Payment Accuracy & Recovery:** A DHS department responsible for the identification, investigation, and recovery of improper payments for DHS programs, including Medicaid, TANF, Food Stamps, and Child Care.

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.

- ORCCM** 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 funded at a TXIX Medicaid match rate based on the individual's TXIX eligibility for the date of service.
- 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.
- PA** **Personal Agent:** 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.
- PAL** **Program Area Limitation:** 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 not exceed the total PAL for that contract.
- 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 1st through the 15th, and the 16th through the last day of the month.
- PBSP** **Positive Behavior Support Plan:** 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.
- PEAA or PEA** **Provider Enrollment Application & Agreement:** 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.

PLA **Provider Liability Account:** 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.

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.

POC **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.

PPA **Provider Prior Authorization:** A provider specific authorization level in eXPRS. The PPA serves multiple functions:

For allotment services:

- Establishes & generates the monthly allotment payment amount for the specific allotment service.

For Rationed Fee-for-Service CM services:

- Establishes the monthly rationed payment amount cap that RFFS claims can pay up to in the RFFS payment cycle.

For CPA Fee-for-Service services:

1. 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 the CPA; and
2. Can 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.

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

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.

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).

PSW **Personal Support Worker:** An individual (non-agency) provider that is employed to provide services to an individual with I/DD living in their own or family home. The specific services provided fall within the guidelines of “personal support worker” qualifying services as defined by **HB3618**. PSW providers are part of the HCW-PSW-SEIU Collective Bargaining Agreement.

RA **Remittance Advice:** 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.

ReBAR **Restructuring Budgets, Assessments & Rates:** 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.

RFFS **Rationed Fee-for-Service:** 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).

SACU **Stabilization and Crisis Unit:** 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).

SD or SDE **Service Delivered Billing Entry:** 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.

SE **Service Element:** 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.

SEPA **Service Element Prior Authorization:** 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 Category Code or Service Eligibility Code

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 Group

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 or Mod Cd

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 Procedure Code or Proc Cd

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.

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.

SFMA **Statewide Financial Management Application:** A data interface program that processes claim information daily from eXPRS to DAS to generate payments to providers.

SG **Service Group:** A result from the Oregon Needs Assessment that indicates the individual's assessed service level, associated rates and/or service limits for potential services the individual may receive.

SIS **Supports Intensity Scale:** 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.

SNAP **Support Needs Assessment Profile:** The support needs assessment used to determine an individual's support need and rate for DD Non-Relative Foster Care 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.

SPPC **State Plan Personal Care:** 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)

State Kids Program

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:

- 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.
- 2) **Children’s Intensive In-Home Services (CIIS)** – Serves children with significant medical or behavioral issues in their own home.
- 3) **Child Welfare** – When Child Welfare assumes guardianship over a child with I/DD and completes a placement, it goes through this program.

TAR **Technical Assistance Request:** A webform feature within eXPRS that enables eXPRS users to communicate technical issues they have when using eXPRS and request assistance.

TESP **Temporary Emergency Support Plan:** 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.

TXIX **Medicaid Title XIX:** 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.

Weekly Employment Hours

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.