

Provider Frequently Asked Questions about Plan of Care

Services in eXPRS 9-1-14:

- **What services will be authorized in eXPRS beginning September 1, 2014?**

Employment Services including Discovery/Career Exploration, Job Development, Job Coaching, Employment Path and Small Group Employment delivered by an agency provider are going into Plan of Care (POC) as of 9/1/14. In addition to these services, Day Support Activities that are delivered by an agency provider are going into POC as of 9/1/14. Activities of Daily Living and Behavior Supports are going into Plan of Care as they correspond to Employment Services and Day Support Activities for DD54 (CDDP only) as these were originally part of the “bundled,” DD54 rate. Activities of Daily Living and Behavior Supports for DD149 (Brokerages) will need to continue to be billed via normal means until additional services are added to POC.

- **So you are saying that K Plan services like ADL will be submitted the current way?**

At this time, attendant care provided in conjunction with Employment Services or DSA for 54 (CDDPs) will be billed in Plan of Care. ADL/IADLs not provided in conjunction with DSA or Employment Services, or ADL/IADLs provided through 149 (Brokerages) will not be billed in Plan of Care until 1/1/15.

Day Support Activities:

- **Are the rates for Day Support Activities (DSA) changing on September 1, 2014?**

Yes; however, further review will occur shortly.

- **Will provider orgs on the brokerage side provide DSA? And will that need to be subject to eXPRS beginning 9/1?**

Day Support Activities (DSA) is defined in Oregon Administrative Rule 411-345-0020(12):

(a) Means an organized set of attendant care, ADL, or IADL skills training activities provided by a provider organization that support an individual to socialize and engage in community integration:

(A) Support with socialization includes assisting an individual in acquiring, retaining, and improving self-awareness and self-control, social responsiveness, social amenities, and interpersonal skills.

(B) Support for community integration includes those supports necessary to allow an individual to engage in recreation or leisure activities. The support includes assisting individuals in acquiring, retaining, and improving skills to use available community resources, facilities, or businesses. Support for community integration does not include the cost of recreation or leisure activities.

This rule can be found here:

http://www.dhs.state.or.us/policy/spd/rules/411_345.pdf

DSA is not different for CDDPs or Brokerages. Provider Organizations (agencies) who provide activities of daily living support outside of a Residential Setting for the primary purpose of socialization provide DSA. This applies to both individual's receiving services from a CDDP and individual's receiving services from a Brokerage.

This is subject to eXPRS billing beginning 9/1/14.

- **We have contracts that are under ADL but also include being able to go into the community. What service is this?**

DSA is not defined as an ADL/IADL in the community. It is defined as an ADL/IADL and Skills Training for which the primary purpose is socialization. Examples:

- An individual is going to the mall to work on an ISP goal to make friends, or to spend time with friends, the primary goal of the activity is socialization, this is considered DSA when provided by an agency. If the individual is going to the mall to work on a goal related to developing independent living skills that require them to

purchase something or to learn how to spend money, this would be considered an ADL/IADL goal and would need to be billed as an ADL/IADL via normal means at this time.

- An individual attends a self-advocacy group to work on an ISP goal related to make friends or spend time with friends, the primary goal of the activity is socialization, this is considered DSA when provided by an agency. An individual attends a self-advocacy group to assist in meeting a goal related to learning advocacy skills and becoming an active advocate, this would be considered an ADL/IADL goal and would be billed as an ADL/IADL.
- **How can ADLs/IADLs be written as goals to accurately reflect the service requested?**

ADLs/IADLs include (but are not limited to): basic personal hygiene, toileting, bowel and bladder care, mobility, transfers and repositioning, nutrition, medication and medical equipment, delegated nursing tasks, light housekeeping, grocery and other shopping necessary for the completion of other ADL/IADL tasks, assistance with necessary medical appointments, observation of an individual's status and reporting of significant changes to physicians, first aid and handling emergencies, and cognitive assistance. This can be found in the Expenditure Guidelines on page 53.

Typically goals are not written specific to ADL/IADL support. Goals often include a desire to learn to cook, gain assistance with grocery shopping, assistance with being safe in the community, etc. While other ADL/IADL support may be secondary to this (personal mobility assistance or basic hygiene assistance) the purpose of the goal is what determines if it is billed an attendant care service or Day Support Activity.

If the individual's goal is to learn to cook, even though this will require personal mobility assistance, it is an attendant care service because the individual's goal is to learn to cook. If the individual's goal is to go to play pool with friends, this would be Day Support Activities, even though the support may include personal mobility, as the primary purpose of this goal is to go and play pool.

- **The Day support activity is what we agencies know to be community**

inclusion from my understanding. For the ADLs will those need to be broken down as in “grocery shopping 1 hour”, “cleaning, 2 hours”, etc?

Support that is not for the primary purpose of socialization is not Day Support Activities. This would include examples such as support that is necessary for grocery shopping or cleaning. This support would be attendant care or skills training. However, when the primary purpose is socialization, the support would be considered Day Support Activities, even if the activity happened to include assistance with eating, mobility, etc. during the time spent completing the socialization goal. The service agreements you have with the individual will specify which type of support you are engaged to provide, and generally in what amount. An agency may be engaged to provide both attendant care and DSA to the same individual. In the event those distinct supports are occurring one right after the other, whichever support is provided for the majority of an hour (51% of the hour) would be the support that would be billed.

Day Support Activities may be authorized for both community and facility type activities up to the allowable amount per the assessed need, or current plan. This will vary based on the assessment. However, only the service that is provided may be billed. For instance, if an individual receives a total of 25 hours/week of Day Support Activities per their assessment and ISP, this may be authorized as 25 hours of Day Support Activities Facility (Attendant Care or Skills Training) and 25 hours of Day Support Activities Community (Attendant Care or Skills Training). In this example, the total amount is still 25 hours, even though it may appear as if the total amount is 50 hours. In this example, only 25 hours total (between facility and community) may be billed. The reason that the plan will be set up in this way is to allow the individual flexibility between facility and community Day Support Activities.

- **We are an agency provider through a brokerage for community inclusion activities. Does this info and training session apply to us?**

Yes- Day Support Activities were typically referred to as “community inclusion” prior to 7-1-14, when services and service descriptions changed slightly. Community Inclusion had been a service available

through the support services waiver. However, the supports that were necessary to provide community inclusion have been recognized to be ADL/IADL supports and are now accordingly paid through the k-plan. If the primary purpose of support outside the home is socialization, when provided by an agency it is considered Day Support Activities.

- **When you mentioned day supports - it will still be billable in eXPRS, but doesn't have the weekly cap?**

Day Support Activities can only be authorized for up to 25 hours/week for individuals who are in Foster Care or a 24 hour residential setting, due to the way in which those services are funded. Individuals who are in in-home supports may receive Day Support Activities when the ANA version B (once it has been applied) has determined the support to be necessary. From the total number of hours available to meet all the identified support needs, the person centered planning process will arrive at a number of hours that will be used for DSA. If the individual has not yet received the ANA Version B they may continue to receive their current amount of DSA until they do receive ANA Version B.

Plan of Care Entry/Billing:

10. We work with multiple brokerages and CDDPs. When and how we will know how each will set up their POC services authorization? ie: the determination of whether a service falls under employment or ADL/IADLs for billing purposes?

Provider Organizations may view plans in Plan of Care. However, plans must be entered into Plan of Care by Brokerages and CDDPs for a provider to be able to bill for Employment Services or Day Support Activities. The provider will need to bill for the number hours of Day Support Activities actually provided in eXPRS. Billing methods for attendant care for 149 (Brokerage) will not change at this time. Thus, if an individual has 25 hours of potential Day Support Activities per their assessment, a provider can bill up to those 25 hours for Day Support Activities, based on what is provided. Attendant care provided by an agency in addition to the 25 hours of DSA can be billed via normal means. You will need to communicate with your Brokerage/CDDP regarding plan authorization and how they authorized the plan in Plan of Care. Once it becomes clear how much DSA is received by an individual, this needs to be clarified in the individual's ISP and in any service

agreements.

Again, Brokerages and CDDPs may authorize the total number of assessed hours for DSA or plan hours for both community and facility DSA supports in order to allow the individual flexibility between hours. As a provider, you may only provide the allowable hours per the plan and/or assessment. For instance, if an individual has 20 hours per their ANA and 20 hours in their ISP for Day Support Activity, it may be authorized as 20 hours of DSA Community (attendant care/skills training) and 20 hours of DSA Facility (attendant care/skills training) to allow for flexibility between services. However, only 20 hours total may be provided and billed.

11. What if the brokerages don't get the POC service authorizations in place by Oct 1st?

Provider Agencies will not be able to bill for Employment Services of Day Support Activities in any manner other than Plan of Care for services provided 9-1-14 forward. If a Brokerage does not enter the plan, the provider agency will not be able to bill. That being said, a provider can bill for a service for up to 1 year after the service is delivered per Medicaid Law. Thus, if it is not entered by 10/1/14 but is entered later, it can be made retroactive for up to 1 calendar year so that the provider may bill for the service provided.

At this time there is some flexibility in retroactive payment as plans are entered. However, provider agencies must check for authorization in plan of care before providing any new services rendered.

12. As an agency contracted through a brokerage, is it up to the individual brokerage whether I am to enter info into eXPRS vs. sending the brokerage the info for them to input?

Only Brokerages and CDDPs may enter plans into Plan of Care. However, a provider agency must claim in eXPRS against these plans.

13. What would we do if we feel something isn't included?

Talk to your Brokerage or CDDP. If there is an issue that requires technical assistance, please do not hesitate to contact ODDS for

guidance.

Claiming in POC:

14. What if their hours are from 9 am to 2 pm, it's in their ISP but they are there at 8:30 am and leave at 2:30, do we lose an hour of paid services? This happens all the time.

It is the responsibility of the transportation provider and/or residential provider to get an individual to and from work in a timely manner. If this is a consistent issue, this needs to be sorted out via the ISP team process.

If an individual receives in-home supports and has additional ADL/IADL support hours that they would like to use with the provider agency, then this could be authorized outside of the Employment or DSA hours.

15. We provide services during our client's unpaid lunch breaks for our facility based individuals and we are wondering how to claim for this as well.

If an individual receives in-home supports, Attendant Care and Behavior Supports may be authorized during lunch breaks outside of the 25 hours of employment services or assessed DSA hours so long as the individual agrees to this and it is outlined in the individual's ISP.

16. We heard that job coaching would be based on number of hours a client works. I am wondering how that will be shown and verified.

This will be verified via an individual's time card. Pay stubs typically do not show hours worked, so a time card or other verification of the specific hours worked each day will be required to be maintained by the provider agency to verify that the individual worked during those hours.

17. What if the client works beyond the allowable 108 billable hours per month? Do we continue entering the worked hours?

No, this is a waiver service and is capped at 108.3 hours/month or 25 hours/week for combined employment services. If the individual's service is individual, integrated employment (meaning they work in the community, ideally earning minimum wage or better), they may receive

up to 40 hours/week of job coaching. However, if any service is combined (i.e., Employment Path, Small Group or Job Coaching) this service may not exceed the 108.3 hours.

Invoices/Progress Notes/Time Sheets:

18. Do agencies still submit invoices to personal agents at brokerages, or will PAs access the info in eXPRS?

Providers have been granted access to see the authorization in eXPRS. Submissions of invoices/progress notes/timesheets can be uploaded into Plan of Care or submitted via the current process. PAs can view the billing in eXPRS, but invoices/progress notes must still be sent to CDDPs/Brokerages to confirm service delivery. Confirm with your Brokerage or CDDP regarding their preferred method for reviewing this information.

Provider Enrollment:

19. I have not yet received my provider number, what do I need to do?

If you have not submitted a Provider Enrollment Agreement (PEA) you must do so, as soon as possible. If you have not yet received a PEA, please contact Nathan Deeks at Nathan.deeks@state.or.us and request a PEA. Nate will send this ASAP. This must be completed and returned prior to enrollment. Once received we are currently prioritizing provider enrollment so that these providers can access the system.

21. I have submitted my PEA, and have not yet received my provider number. What do I need to do?

Please contact Acacia McGuire Anderson at:
acacia.mcguireanderson@state.or.us.

22. How do provider organizations get on the e-mail communication list?

Please contact Cindy Steinkamp: cindy.steinkamp@state.or.us. Please ask her to be added to the "Provider Organization," list. You need to include your first and last name, organization you represent, e-mail and

phone number.

Discovery/Career Exploration:

23. We can currently provide discovery but CDDPs have said there is no way to bill for it in eXPRS? Is that right?

This service was approved to begin July 1, 2014. Although it does not go into eXPRS via POC until 9-1-14, ODDS can pay for Discovery via an invoice, if the service was completed prior to September 1, 2014. If the service has not been completed as of September 1, 2014 CDDPs and Brokerages can approve this service in POC to be paid by ODDS. If there are questions on payment, please contact Acacia McGuire Anderson at acacia.mcguireanderson@state.or.us.

24. I read in the releases that Discovery & Job Exploration will only be paid through eXPRS if the service was declined by OVRs. Is that still true?

Beginning September 1, 2014 Discovery will only be paid by ODDS and will only be paid in eXPRS. However, if the service was authorized and delivered prior to September 1, 2014 we can pay via invoice. ODDS is the only agency which can provide Discovery services beginning July 1, 2014 and in order for this service to be billable, a Services Coordinator or Personal Agent had to authorize this service.

Unlike job coaching, since Discovery is only provided/paid for by ODDS VR does not have to deny Discovery prior to authorization by a Services Coordinator or Personal Agent.