

# Action Request Transmittal Developmental Disabilities Services



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**Number: DD-AR-21-015**

**Issue date: 3/19/2021**

**Topic:** Developmental Disabilities

**Due date:**

**Subject:** eXPRS Enhanced Funding Requirements

**Applies to (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> All DHS employees                              | <input type="checkbox"/> County Mental Health Directors                        |
| <input type="checkbox"/> Area Agencies on Aging: {Select type}          | <input type="checkbox"/> Health Services                                       |
| <input type="checkbox"/> Aging and People with Disabilities             | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS)  |
| <input type="checkbox"/> Self Sufficiency Programs                      | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD Program Managers          | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                  |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other ( <i>please specify</i> ):                      |
| <input type="checkbox"/> ODDS Children's Residential Services           |  |
| <input type="checkbox"/> Child Welfare Programs                         |  |

**Action required:** Using the spreadsheet below, each month complete the necessary fields for specific use in eXPRS. The spreadsheet contains two tabs, POC and Eligibility; please complete the ones applicable for your CME.

The spreadsheet is available at:

[https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Transmittals/21015a-OM\\_Field\\_Master.xlsx](https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Transmittals/21015a-OM_Field_Master.xlsx)

POC hours include entry into eXPRS for POC authorizations, new or revised, provider enrollment efforts that are done in eXPRS. Verifying provider claims, if not a case manager. These hours can not include case managers but the positions included on the spreadsheet.

Please save your file as CMename\_OM\_MoYr, for example (Deschutes\_OM\_032021) and send to [ODDS.COO@dhs.ohs.state.or.us](mailto:ODDS.COO@dhs.ohs.state.or.us). This information is critical to the enhanced funding so please submit monthly. If you have this information for February and January we can still get match for that but I'm only asking for March forward.

**Reason for action:** CMS is requiring we provide the proof of the time the field is working on these tasks to receive the match. This is critical for the new positions we are asking for POC entry and assistance with claim approvals. ODDS is examining more efficient ways to capture this information in the future but establishing a baseline with at least a full quarter of information from all of you is critical.

**Communication/training:** This transmittal will be discussed during the next Monthly Transmittal Review. These meetings are held the second Wednesday of every month at 2 pm using the TEAMS platform. The link to participate is here: [Join Microsoft Teams Meeting](#), or you can call [971-277-2343](tel:971-277-2343) using conference ID: 403 980 561# to hear only the audio portion of the meeting. Please send questions in advance to [ODDS.INFO@state.or.us](mailto:ODDS.INFO@state.or.us).

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

*If you have any questions about this action request, contact:*

Contact(s): LeaAnn Stutheit	
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