Recently, ODDS has received several questions regarding the process to enroll an individual into services. A worker guide is in process, but until it is complete, please utilize these steps for enrollment.

Here are the current steps for enrollment:

1) Determine DD Eligibility. If the individual meets eligibility, a CDDP Eligibility Specialist or Eligibility Specialist Processor enters DD Eligibility in eXPRS under view client within 10 days of issuing an eligibility notice.

2) Whoever is assigned at the CDDP creates and submits a Case Management (CM) Client Prior Authorization (CPA) (no DDEE/0337 form required for CM only);
   a. If the individual has requested Brokerage services, the individual may transfer immediately to a Brokerage for Brokerage CM only until the ONA and service plan are complete for paid services. In order to transfer CM services to a Brokerage, the CDDP must authorize the Brokerage on their Case Management CPA. The Brokerage would then enter their CM CPA (no DDEE/0337 form required).
3) If the individual requests funded services, then an ONA must be completed by an assessor;
   a. If the individual knows which residential service they are requesting, enter the service element on the demographics section of the ONA;
   b. If the individual is entering Case Management only or an employment service, select “other” and write in the service they are beginning.

4) The Completed ONA produces a Level of Care Summary;

5) Level of Care:
   a. Until October 1, 2018 the D&E reviews and Approves/Denies the LOC via eXPRS.
   b. once Approved/Denied, the LOC determination will show in View Client under the Level of Care section;
   c. CDDP and Brokerage can view if LOC is Approved/Denied;

6) Prior to enrollment the CME must complete the ISP and verify the individual has Medicaid and meets Level of Care;

7) Funded Services:
   a. For CDDP funded services: An Eligibility Enrollment Processor with the CDDP submits a DDEE/0337 Enrolling into waivered/kplan services;
   b. For Brokerage funded services: An Eligibility Enrollment Processor with the CDDP submits a DDEE/0337 authorizing brokerage; TAU sends DDEE/0337 to brokerage for waiver/kplan dates).

8) TAU will continue to verify eligibility for waiver and k-plan services by ensuring the individual meets LOC, Medicaid financial eligibility and DD eligibility, then codes for service eligibility and completes DDEE.

9) CDDP/Brokerage creates funded service authorizations through CPAs and POCs.

If you have any questions about this information, contact:

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