Office of Developmental Disabilities Services (ODDS) is continuing to implement the use of eXPRS as the primary payment and reporting system for ODDS funded services. The next phase of this effort is to authorize and process payments for State Plan Personal Care (SPPC or “PC20”) using eXPRS Plan of Care (POC).

Effective January 1, 2017, all authorizations and payments for SPPC services will be
made through the eXPRS POC. This transmittal replaces APD-AR-14-027.

POC including SPPC services can be created in eXPRS as of December 17, 2016. Any new authorizations for SPPC must be in eXPRS POC.

PSWs delivering SPPC will no longer be receiving payment vouchers for services. PSWs must use eXPRS POC to report services delivered for SPPC.

What does this mean for CDDPs, CIIS and brokerages?

- **Assessment – Stand-alone SPPC vs. SPPC + K-plan services**: In general, when the individuals whose support needs are being met with other resources and only need some additional paid-hours a month, SPPC services may be an appropriate option as a stand-alone SPPC rather than K-plan services.

- **If SPPC is used as stand-alone services**, then the service needs assessment to determine eligibility is conducted by using the SPPC Assessment – 531A for adults, and 531C for children; these forms will be updated to reflect the eXPRS POC payment process change. Eligibility is based on SPPC rules 411-034-0030. The SPPC Authorization no longer needs to be sent to DHS for provider payment processing. The SPPC Assessment (531A or 531C) continues to serve as the required annual assessment, and a copy must be kept in the individual’s file.

- **If SPPC is used in addition to K-plan services**, then the service needs assessment to determine eligibility is conducted by using the ANA/CNA. The total hours for Personal Care (SPPC) and Attendant Care (K-plan) must not exceed the total ANA/CNA assessed hours. This means the service level results from the ANA/CNA will be entered into the “Hours Limit” field.

*NOTE: Adding SPPC into an existing POC with the “Hours Limit” field already filled in DOES NOT add 20 hours to the amount of available hours identified by the ANA/CNA. Community Living Supports OAR 411-450-0020(21) specifies that SPPC draws down from the service level. If SPPC has been delivered on top of the ANA/CNA hours, the service level will need to be brought in line with this rule. A NOPA will be required. Contact ODDS if assistance is needed to complete the NOPA.

*NOTE: Individuals who are eligible for SPPC Personal Care and K plan Attendant Care can access both services. However, ODDS is unable to identify any advantages to the individual, the provider, or the CME for doing so. While it will remain the choice of the individual/designated representative to construct their plan in the way they want to, as part of choice advising and plan development – case managers may want to point out that having both services can introduce more administrative work for the provider and employer. A PSW who does both types of service will have to claim each
separately, and the employer will have to track and approve each separately.

- **Service Authorization** – CDDP/CIIS/Brokerage can authorize SPPC services by creating service lines for SPPC using the procedure code OR502/NA. Authorizations for more than 20 hours/month will pend for Department approval. If an exception to the 20-hour limit has been approved by ODDS, attach the approval notice to the POC and contact your FAC to accept the authorization. If there is not an exception approved, submit an exception request using the Funding Review Process. SPPC Exceptions limits and considerations can be found in the SPPC Exceptions Process document.

* NOTE: Request for State Plan Personal Care Exception SDS 0514PC for additional SPPC hours and Consumer Consent Form In-Home Chore and Exceptional Housecleaning Services SDS 0343 will no longer be used for SPPC exceptions authorized by ODDS. They will follow the ODDS Funding Review process.

- For stand-alone SPPC, authorize services according to SPPC rules 411-034-0070. For example, services authorized must not exceed 365 days without meeting with the individual to review service needs. When entering existing plans in POC, the authorization *End Date* must align with the authorization that was submitted to the APD Provider Relations Unit.

A new POC may need to be created for individuals who do not have any current POC for any services.

<table>
<thead>
<tr>
<th>Case Management Entity</th>
<th>Adult/Child</th>
<th>Medicaid Eligibility</th>
<th>Service Element</th>
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<tbody>
<tr>
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<td>145</td>
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<tr>
<td>Brokerage</td>
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<td>149</td>
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<tr>
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<td>151</td>
</tr>
<tr>
<td>CDDP</td>
<td>Child</td>
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<td>150</td>
</tr>
</tbody>
</table>

For children with a POC created under SE150 see eXPRS How To guide for information on creating the SPPC Authorization within the funding limitations. If a child has Medicaid eligibility, including CHIP, use SE151 to create the SPPC authorization.

- For existing POC for SPPC with K-plan, SPPC services can be added with the *End Date* of the current POC; the *Attendant Care* along with *Personal Care* hours must be reconciled to ensure that the total authorized hours do not exceed the ANA/CNA assessed hours.
- **Service Planning** – For stand-alone SPPC services, the *Annual Plan* will include authorized SPPC services in supplementing the individual’s paid/unpaid resources to support the individual stay at home; using an *ISP* is optional. If an ISP is already being used and SPPC services need to be added, the ISP must be amended to implement SPPC service authorization.

- **Provider Authorization and Service Agreement** – Provider authorization and enrollment for SPPC services follows the same standards and process as for K-plan services. ODDS Provider Service Agreement (DHS 4606) will be updated to add OR502/NA to the *Service and proc codes* dropdown list; in the meantime, SPPC services can be added under *Description of Medicaid Tasks Authorized*.

  - **For stand-alone SPPC**, if there is a current signed SPPC Service Plan and Task List (SDS 0546) in place, an ODDS Provider Service Agreement (DHS 4606) is not needed.

  - **For SPPC and K-plan services**, ODDS Provider Service Agreement (DHS 4606) will be updated to add OR502/NA to the *Service and proc codes* dropdown list; in the meantime, SPPC services can be added under *Description of Medicaid Tasks Authorized* or the if there is a current signed SPPC Service Plan and Task List (SDS 0546) in place is can be used through the end of the authorization. At the end of the current ISP the ODDS Provider Service Agreement (DHS 4606) will be used to reflect the services authorized to the provider and the SPPC Service Plan and Task List SDS 0546 will no longer be used for that provider.

**Training/communication plan:**
CMEs with individuals that are currently authorized for SPPC with an end date after December 31, 2016 have been communicated with for inputting the authorization into eXPRS POC. PSWs delivering this service have been provided information on the change from payment vouchers to claiming services delivered in eXPRS POC.

**Local/branch action required:**
All current SPPC authorizations must be transitioned to a POC for payments to start January 1, 2017. Any new authorizations for SPPC must be in POC.

**Field/stakeholder review:**
- Yes
- No
  
  **If yes, reviewed by:**
  CDDP Program Managers and Brokerage Directors

**Filing instructions:**

*If you have any questions about this policy, contact:*

| Contact(s): | May Martin |
| Phone:      | 503-947-2318 |
| Email:      | May.Martin@state.or.us |