

- Transit Districts choose to participate in the local match program and ODDS direct contracts with them. CMEs may not have a transit district in the area at this time, but new transit districts may be added later.
- Local Match Transportation is only for individuals that have a need to get transportation from to/from work or DSA services AND need door-to-door services.
- CMEs should be choosing the most cost-effective transportation service that the individual is eligible for and local match transportation is the least cost effective; however, there are times when a client may not want to use local match transportation.
- Transit districts may assess the individuals to see if they are eligible for door-to-door services
- Local Match Transportation is not in eXPRS.

CME

- CME must identify a single point person for communicating with Mass Transit Provider and ODDS Staff related to all Local Match Transportation needs
 - CME will also need to identify a backup person in case the primary is not available
- CME identifies an individual who is eligible for Local Match Transportation and interested in using this service
 - Confirm the individual is Medicaid eligible
 - Confirm the individual cannot navigate transportation without Door to Door Services
 - Confirm the individual will be using this service for To and From Work, Work Related Services, or DSA
 - Confirm the individual has one of the above listed services authorized in current Plan of Care
 - OR*
 - Confirm the individual has a current Career Development Plan uploaded into the Current POC that clearly states they are working independent of ODDS Services or actively receiving vocational services from another agency
 - Confirm the individual does not receive any other To and From Work related Transportation Services
 - Exceptions may be requested via the ODDS Exceptions Process
 - Approval must be uploaded into the current Plan of Care
 - Confirm that someone responsible for the individual at both ends of the route will be present and available, individuals cannot be left unattended
- CME contacts the Mass Transit Provider Contracted for services in their area to confirm if they have capacity to increase ridership
- If Mass Transit Provider has capacity to add the individual these steps are required prior to receiving any services
 - Add individual to the next month's Authorization and Invoice excel document completing all sections
 - Work with Mass Transit Provider to identify contacts at each end of route for scheduling
- If they do not have capacity request to add the individual to ongoing waitlist

MASS Transit Provider

- Mass Transit Provider determines if they can increase capacity
 - Confirm the entire route falls within their Contracted Service Area
 - Confirm they have the resources to provide increased rides in a timely manner
 - Confirm they can cover the Local Portion of increased rides
 - Confirm the individual cannot navigate transportation without Door to Door Services
- If the Mass Transit Provider does not have capacity to grow the individual may be added to the current Waitlist
- If the Mass Transit Provider does have capacity to grow the individual
 - Work with CME to identify contacts at each end of route for scheduling
 - Work with Contacts at each location for contingency plans for drop off and pick up
 - Work with person identified for scheduling rides
- Mass Transit Provider will review Authorization and Invoice excel document Monthly to assure they have current authorization to provide services to an individual



View Client

At least one search criterion must be entered. When searching by name only, either the first name or last name (or both) must be present, and contain only alphabetic characters. If a name search would return too many results, additional criteria are required. Format Birth Date as m/d/ccyy.

Last Name:
 First Name:
 Birth Date:
 Gender:
 Client Prime:
 Max Displayed:

Last Name	First Name	Middle Initial	Title	Name Type	Birth Date	Deceased	Date of Death	Gender	Client Prime	Prime Type
WEEDV	FDQHYC			P	10/14/1979	No		M	XX N7801B	P

This is where you would look up an Individual if you did not know the Prime or they do not have a Plan of Care (POC), but are enrolled in I/DD Services. Click the Hyperlink to get more information like Prime, DD Eligibility and Medicaid Eligibility Dates.

If you know the Prime and they have a POC then you can go straight to look that up on the Plan of Care Search Screen instead.



Client

Legal Last Name: WEEDV
Legal First Name: FDQHYC
Legal Middle Initial:
Legal Title:
Preferred Last Name: IAADL
Preferred First Name: BDOZGC
Preferred Middle Initial:
Preferred Title:
Birth Date: 10/14/1979
Deceased: No
Date of Death:
Gender: M
Client Prime: XXN7801B
Prime type: P

Aliases

DD Eligibility

Initial Eligibility Date: 4/26/1993

Determination CDDP	Intake Date	Intake Status	Determination Status	Notice Date	Termination Date	Termination Code	Primary Qualifying Diagnosis
1529		Completed	Approved	10/13/2005	12/31/9999		ID2
1529		Completed	Approved	6/22/1994	10/12/2005	RED	ID1

Deleted DD Eligibility

Level of Care

LOC ID #	Status	Determination Date	End Date	Type Code
33718322	Approved	3/12/2021	3/31/2022	ICF/IDD
20580463	Approved	2/25/2020	2/28/2021	ICF/IDD
9136903	Approved	3/25/2019	2/24/2020	ICF/IDD
	Approved	7/20/1998	3/24/2019	ICF/IDD

Deleted Level Of Care

CIIS Eligibility

Nothing found to display.

Deleted CIIS Eligibility

Individual Support Plan (ISP) Dates

Display Segments for Dates:

Begin:

End:

Nothing found to display.

Deleted ISP Dates

Service Eligibility

Search for Other Possible Service Eligibility Dates:

Begin: 4/29/2019

End: 4/29/2022

Service Category Code	Benefit Plan	Start Date	End Date	End Reason Code
DDC	RES	6/15/2009	12/31/9999	

Medicaid Eligibility

Case Descriptors	Eligibility Start Date	Eligibility End Date	In Grant Code	Case Number	Agency Code	Program Code	Perc Code	Branch Code	Match Code
SSI QMM OSP FS1	10/1/2020	12/31/9999	AD	BHUHMNC	OHA	D4	D4	1517	M
NCP DAN SSI CBF AD QMM DDC FS1	04/2015	0/30/2020	AD	EC14380	SSD	D4	D4	1517	M

Employment Relationship

The Prime, DD Eligibility and Medicaid Eligibility Dates can be found on this screen.



Find Plan of Care

Note: If criteria entered results in more than 20,000 rows, data returned will be truncated. You may need to narrow your search criteria to return a smaller dataset.

Plan ID:

Client Prime:

Service Element: All

Plan Begin: Overlap Contain Exact

Plan End: Overlap Contain Exact

DHS Contract Num:

Status:

Max Displayed: 25

Plan ID	Client Prime	Client Name	DHS Contract Num	Plan Begin	Plan End	Status
987610	XXN7801B	FDQHYC WEEDV		09/01/2014	06/30/2015	Accepted
3459499	XXN7801B	FDQHYC WEEDV	148068	07/01/2015	06/30/2016	Accepted
10608622	XXN7801B	FDQHYC WEEDV	148068	07/01/2016	06/30/2017	Void
19854462	XXN7801B	FDQHYC WEEDV	148068	04/01/2017	03/31/2018	Accepted
21523031	XXN7801B	FDQHYC WEEDV	148068	04/01/2018	03/31/2019	Accepted
28545619	XXN7801B	FDQHYC WEEDV	148068	04/01/2019	03/31/2020	Accepted
36304123	XXN7801B	FDQHYC WEEDV	157827	04/01/2020	03/31/2021	Accepted

Plan of Cares found: 7 (displaying all rows)

You will need to know the Clients Prime to get this information. If you do not know it you can use the Client View to find that information using Client Name.



Oregon Department of Human Services
Express Payment & Reporting System (eXPRS)

Plan of Care

Plan Id: 36304123
Client Name: FDQHYC WEEDV
Plan Status: Accepted

Plan Dates: 4/1/2020 - 3/31/2021
Client Prime: XXN7801B

- Service Eligibility
- Plan Overview
- In Home Services
- Residential
- Supported Living
- Community
- Transportation
- Ancillary
- Legacy

ONA Service Group

ONA ID	Submit Date	Expiration Date	Service Group
8883478-1	2/25/2020	2/28/2021	2
8883478-2	3/12/2021	3/31/2022	2

Plan of Care

DD Eligibility	Level of Care	Medicaid Eligibility	Service Eligibility
10/13/2005 - 12/31/9999	2/25/2020 - 2/28/2021 3/12/2021 - 3/31/2022	10/1/2020 - 12/31/9999 9/1/2015 - 9/30/2020	DDC: 6/15/2009 - 12/31/9999

CDDP(s)

PA Adj #	Provider	Auth Dates	Status
32499363	Jackson Case Management Provider	10/1/2019 - 6/30/2021	Accepted

A current date for DD Eligibility means they are enrolled in I/DD Services.
A current date for Medicaid Eligibility means they are Medicaid Eligible.



Plan of Care

Plan Id: 36304123
Client Name: FDQHYC WEEDV
Plan Status: Accepted

Plan Dates: 4/1/2020 - 3/31/2021
Client Prime: XXN7801B

Service Eligibility | Plan Overview | In Home Services | Residential | Supported Living | **Community** | Transportation | Ancillary | Legacy

Weekly Employment Hours Approved per ISP

Dates	Hour Limit	Supported Employment Only
4/1/2020 - 3/31/2021	25.00	NO

Plan Details

No details found to display.

The Community Tab is where Employment and DSA Authorizations is located in the Plan of Care (POC).
 If there is no services authorized then they must have an attached Career Plan that states they are Employed or receiving services for Employment from another program like Vocational Rehabilitation.



Oregon Department of Human Services
Express Payment & Reporting System (eXPRS)

Plan of Care

Plan Id: 36304123
Client Name: FDQHYC WEEDV
Plan Status: Accepted

Plan Dates: 4/1/2020 - 3/31/2021
Client Prime: XXN7801B

- Service Eligibility
- Plan Overview
- In Home Services
- Residential
- Supported Living
- Community
- Transportation
- Ancillary
- Legacy

Monthly Assessed Attendant Care/Skills Training Hours

Dates	Hour Limit
4/1/2020 - 3/31/2021	0.00

Weekly Employment Hours Approved per ISP

Dates	Hour Limit	Supported Employment Only
4/1/2020 - 3/31/2021	25.00	NO

Add Ons

Attachments

Other: Career Plan Development.pdf

Created: 4/26/2021 1:22:46 PM PDT

Plan of Care Notes

The Plan Overview Tab is where the uploaded Career Plan Development will be located. Click the Hyperlink to view the Career Plan Development check that it covers the time period. Confirm it states they are employed or receiving Employment related Services from another source other than I/DD.

Career Development Plan (CDP)

Oregon is an "Employment First" state: Oregon believes with the right supports, everyone can work and there is a job for everyone. Everyone has the right to work in the community. See the "[Employment Discussion Guide](#)" for ideas about the employment conversation, which must occur at least annually.

Employment services are not tests people have to pass but resources people can choose. **To receive an employment service, a person must have a goal of at least exploring competitive integrated employment, also known as individual, integrated employment.**

Choose one: Transition age Working-age adults No career development plan

Working-age adults

Highest education level completed to date: {Choose one}

Status with VR: Currently receiving VR services Wants a referral to VR Other/not applicable

Notes: Full Name holds a community-integrated job, and has been at the same job for several years. No VR involvement.

Describe NAME's current employment status and what she wants to do now by selecting A or B:

A. Currently working in competitive, integrated employment and/or small group employment:

1. How many hours a week on average does NAME **currently** work?

hours in competitive, integrated employment

hours in small group employment

2. How many hours a week does NAME **want** to work in competitive, integrated employment?

hours

3. This ISP year, NAME wants to (*check all that apply*):

- Retain current job
- Advance in current job (*get a raise/promotion, learn new skills, etc.*)
- Explore interests in individual, integrated employment through an employment path, discovery or other time-limited service
- Get a new job



Plan of Care

Plan Id: 36304123
Client Name: FDQHYC WEEDV
Plan Status: Accepted

Plan Dates: 4/1/2020 - 3/31/2021
Client Prime: XXN7801B

- Service Eligibility
- Plan Overview
- In Home Services
- Residential
- Supported Living
- Community
- Transportation**
- Ancillary
- Legacy

Plan Details

No details found to display.

The Transportation Tab is where any Authorizations for Transportation are located.
This individual has no authorizations.

DD 53 Recipient Rooster

BASE RATE CME Authorization

Mass Transit Provider Name: Anywhere We Go

Mass Transit Provider #: 1234567

Month and Year of Service: 3/1/2021 ENTER MM/DD/YYYY for the Roster

Rate Per Ride Authorized: \$24.23

Employment Services Transportation Authorized by CDDP

To remove an individual from this document highlight the Row starting in cell B (CME NAME) to cell R (Exception End Date) right click

CME Name	CME Contract #	Client Name Format and name as displayed in eXPRS	Client Preferred Name	Client Prime Number	Notes/Special Directions	Initial Authorization Start Date	Final Authorization End Date	Individual requires Door to Door Services Yes/No	Individual is eligible for Medicaid Yes/No
1 Jackson County	157827	FDQHYC WEEDV	Ted	XXN7801B		7/1/2020	3/31/2021	yes	yes

This form has many locked fields and Validations if you tab through the excel document you can see which fields you must complete or update.

The Month and Year of Services needs to be updated each month you are Authorizing Services.

The Client Name must be exactly as it is displayed in eXPRS no other words, symbols, notes or adjusted name.

The Client Preferred Name can be whatever the individual prefers as their name.

The Notes/Special Directions is for the CME to use as needed to meet the internal needs of your program.

The Initial Authorization is the first time they participated in Local Match Project, if this is unknown due to being on the program prior to this version of form leave it blank. If the person is being added after this version of the form it must be completed.

The Final Authorization End Date is Vital for the Transit Providers to know the individual will not be authorized or eligible for the Local Match Project after a specific date. If known, please alert them prior to the month of service. If not, then alert ASAP.

The questions that follow must be answered, if they are left blank the individual is not considered as having a completed Authorization for service.

DD 53 Recipient Rooster

mouse and select Clear Content this will remove the persons data not the line

Only Complete if an Individual has OTHER Transportation authorized for To and From Work (Modifier WD)

Individual has Authorization in Plan of Care (POC) for Employment/ DSA Services in Accepted Status <small>Yes/No</small>	If Individual is not Authorized in POC for ODDS funded Employment/DSA services, then select one of two options from the list. The Career Development must be uploaded into the POC.	Does the Individual have other Transportation for To and From Work (WD Modifier) in POC If Yes they must have an exception <small>Yes/No</small>	Does this Individual have an Exception Approval <small>Upload a copy of the Exception Approval into the Plan of Care</small>	Exception Reason <small>Select from drop down</small>	Exception Effective Date	Exception End Date
No	Employed no Employment Services/DSA in POC	No				

If the answer is No the Individual does not have Authorization in the current POC for Employment/DSA services in Accepted Status then the next field will require one of two options be selected. If the Individual does not have a Career Development uploaded into the POC one will be required to move forward with authorization.

Drop Down Options for this field-

Employed no Employment Services/DSA in POC

or

Receives Employment Services not funded by ODDS

The only exception is if an individual does not have a POC, but meets the prior requirements then a copy of the Career Development can be emailed to CAU Invoice at CAU.Invoice@dhsosha.state.or.us.



Find Plan of Care

Note: If criteria entered results in more than 20,000 rows, data returned will be truncated. You may need to narrow your search criteria to return a smaller dataset.

Plan ID:

Client Prime: **XI095898**

Service Element: All

Plan Begin: Overlap Contain Exact

Plan End: Overlap Contain Exact

DHS Contract Num:

Status:

Max Displayed: 25

Plan ID	Client Prime	Client Name	DHS Contract Num	Plan Begin	Plan End	Status
19919156	XI09589B	BJCIV EDBNEI	148068	01/01/2018	06/30/2018	Accepted
23833919	XI095898	BJCIV EDBNEI	148068	07/01/2018	06/30/2019	Accepted
30777352	XI095898	BJCIV EDBNEI	157827	07/01/2019	06/30/2020	Accepted
37989570	XI095898	BJCIV EDBNEI	157827	07/01/2020	06/30/2021	Accepted

Plan of Cares found: 4 (displaying all rows)



Plan of Care

Plan Id: 37989570
Client Name: DPEOT CFDLYO
Plan Status: Accepted

Plan Dates: 7/1/2020 - 6/30/2021
Client Prime: XI09589B

- Service Eligibility
- Plan Overview
- In Home Services
- Residential
- Supported Living
- Community
- Transportation
- Ancillary
- Legacy

ONA Service Group

ONA ID	Submit Date	Expiration Date	Service Group
12447058	6/28/2019	7/31/2020	2

Plan of Care

DD Eligibility	Level of Care	Medicaid Eligibility	Service Eligibility
9/11/2002 - 12/31/9999	Nothing found to display.	5/1/2009 to 12/31/9999	DDC: 5/1/2009 - 12/31/9999

CDDP(s)

PA Adj #	Provider	Auth Dates	Status
32500263	Jackson Case Management Provider	10/1/2019 - 6/30/2021	Accepted



Plan of Care

Plan Id: 37989570
Client Name: DPEOT CFDLYO
Plan Status: Accepted

Plan Dates: 7/1/2020 - 6/30/2021
Client Prime: XI09589B

Service Eligibility | Plan Overview | In Home Services | Residential | Supported Living | **Community** | Transportation | Ancillary | Legacy

Weekly Employment Hours Approved per ISP

Dates	Hour Limit	Supported Employment Only
7/1/2020 - 6/30/2021	25.00	YES

Plan Details - Limited by Weekly Hours

Draft Pending Accepted Withdrawn Void

SE	Procedure	Modifier	Units	Dates	Status		
54	OR401 - Ind Sup Emplmt	W5	25.00 Hours per Week	7/1/2020 - 6/30/2021	Accepted		
Auth Id	Provider	Units	Rate	Pay To Provider	Dates	Review?	Status
37989697	PATHWAY ENTERPRISES INC EMP SE54 ALL	25.00	42.83	PATHWAY ENTERPRISES INC	7/1/2020 - 12/31/2020	No	Accepted
41202746	PATHWAY ENTERPRISES INC EMP SE54 ALL	25.00	44.97	PATHWAY ENTERPRISES INC	1/1/2021 - 6/30/2021	No	Accepted

The Community Tab is where Employment and DSA Authorizations is located in the Plan of Care (POC). Double check tit is in Accepted status and the dates cover the month.



Oregon Department of Human Services
Express Payment & Reporting System (eXPRS)

Plan of Care

Plan Id: 37989570
Client Name: DPEOT CFDLYO
Plan Status: Accepted

Plan Dates: 7/1/2020 - 6/30/2021
Client Prime: XI09589B

- Service Eligibility
- Plan Overview
- In Home Services
- Residential
- Supported Living
- Community
- Transportation
- Ancillary
- Legacy

Plan Details

Draft Pending Accepted Withdrawn Void

SE	Procedure	Modifier	Units	Dates	Status		
257	OR004 - Comm Transp, Mileage	WD	500.00 Miles per Month	7/1/2020 - 5/31/2021	Accepted		
Auth Id	Provider	Units	Rate	Pay To Provider	Dates	Review?	Status
42215941	Kristi Ulrey Trans Prov SE53 Jackson TRFFS	500.00	0.48	Kristi Ulrey 53 Trans Prov TRFFS	7/1/2020 - 5/31/2021	No	Accepted
257	OR004 - Comm Transp, Mileage	WD	500.00 Miles per Month	3/1/2021 - 6/30/2021	Void		

The Transportation Tab is where any Authorizations for Transportation are located.

This individual has an authorization for To/From Work Transportation they will require an Exception to participate in Local Match Project at the same time.

Medicaid does not allow a duplication of services, also if the person has a monthly, quarterly or annual bus lift pass for non work related services it is considered a duplication.



Plan of Care

Plan Id: 37989570
Client Name: DPEOT CFDLYO
Plan Status: Accepted

Plan Dates: 7/1/2020 - 6/30/2021
Client Prime: XI09589B

Service Eligibility **Plan Overview** In Home Services Residential Supported Living Community Transportation Ancillary Legacy

Monthly Assessed Attendant Care/Skills Training Hours

Dates	Hour Limit
7/1/2020 - 6/30/2021	300.00

Weekly Employment Hours Approved per ISP

Dates	Hour Limit	Supported Employment Only
7/1/2020 - 6/30/2021	25.00	YES

Add Ons

Attachments

Other: [Exception.pdf](#)

Created: 4/26/2021 1:06:32 PM PDT

Plan of Care Notes

The Exception Approval Notice should be uploaded into the POC. It will be located on the Plan View Tab. If you click the Hyperlink it can be reviewed. It needs to clearly show who it is for, time frame of approval, that it authorizes the Individual to receive both Local Match and other To/From Work Transportation at the same time and include the reason it is necessary to do both.

Please refer to the Workguide or Transmittals for more information on requesting an Exception Approval.



Oregon

Kate Brown, Governor

Department of Human Services
Office of Developmental Disabilities Services
500 Summer St. NE E-09
Salem, OR 97301-1073
Voice: 503-945-5811
Fax: 503-373-7274
TTY: 800-282-8096

FUNDING DECISION



Memorandum

Name/Prime: Full Name/ XI09589B

To: Jane Doe/ Jackson CDDP

From: Office of Developmental Disabilities

Date: May 23, 2020

Subject: Funding request

The Funding Review Committee reviewed the documentation that was submitted with the request for permission to authorize Local Match as well as another transportation provider.

The request was **approved** by the Funding Review Committee **from 6/1/2020—5/31/2021**

Reason for decision: The local match provider is unable to meet all of their transportation needs.

Local match meets their employment transportation needs that occur on a set schedule.

Another transportation provider is needed to meet their needs for DSA transportation which happen on a flexible schedule.

Conditions: Community transportation costs must remain within the budget outlined in the Expenditure Guidelines. Should this need persist beyond the plan year, another request must be made.

Description approved: The Case Management Entity may authorize local match as well as another transportation provider.

cc: Jane Doe/ Jackson CDDP
Dawn Andersson / ODDS

"Assisting People to Become Independent, Healthy and Safe"

DD 53 Recipient Rooster

BASE RATE CME Authorization

Mass Transit Provider Name: Anywhere We Go

Mass Transit Provider #: 1234567

Month and Year of Service: 3/1/2021 **ENTER MM/DD/YYYY for the Roster**

Rate Per Ride Authorized: \$24.23

Employment Services Transportation Authorized by CDDP

To remove an individual from this document highlight the Row starting in cell B (CME NAME) to cell R (Exception End Date) right click

CME Name	CME Contract #	Client Name Format and name as displayed in eXPRS	Client Preferred Name	Client Prime Number	Notes/Special Directions	Initial Authorization Start Date	Final Authorization End Date	Individual requires Door to Door Services Yes/No	Individual is eligibile for Medicaid Yes/No
2 Jackson County	157827	DPEOT CFDLYO		XI09589B		2/1/2021		yes	yes

DD 53 Recipient Rooster

mouse and select Clear Content this will remove the persons data not the line

Only Complete if an Individual has OTHER Transportation authorized for To and From Work (Modifier WD)

Individual has Authorization in Plan of Care (POC) for Employment/ DSA Services in Accepted Status <small>Yes/No</small>	If Individual is not Authorized in POC for ODDS funded Employment/DSA services, then select one of two options from the list. The Career Development must be uploaded into the POC.	Does the Individual have other Transportation for To and From Work (WD Modifier) in POC If Yes they must have an exception <small>Yes/No</small>	Does this Individual have an Exception Approval <small>Upload a copy of the Exception Approval into the Plan of Care</small>	Exception Reason <small>Select from drop down</small>	Exception Effective Date	Exception End Date
yes		Yes	Yes	Other Reason identified in Exception Approval	6/1/2020	5/31/2021

If the answer is Yes the Individual does have Authorization in the current POC for To/From Work Transportation in Accepted Status then the Individual must have an Exception Approval uploaded in the POC. If they do not they are not eligible for Local Match Project. The remaining questions require an answer.

The Exception Reason does require one of the following drop downs to be selected -

Lives or works outside Transit Districts service area another provider is authorized Mileage for To/From Work (WD) in POC

Multiple Job Sites requiring more than 2 rides per day

Works more than 5 days per week requiring more than 10 rides per week

Other Reason identified in Exception Approval

From: Doe.Jane@Jackson.County.OR.US
To: CAU.Invoice@dhsoha.state.or.us
Subject: #secure# Jackson Anywhere We Go LM 53 Transportation March 2021
Attachments: Jackson Anywhere We Go SE 53 LM Authorization March 2021.xlsm

The CME sends a Monthly Ridership Roster to the Mass Transit Provider of pre-approved ridership no later than the 15th of the month prior to the start of rides. For example, rides for October must be sent no later than September 15th.

CME must send final approval list to the Mass Transit Provider and ODDS CAU Invoice Box no later than the last day of the month prior. For example, the final pre-approval list for October must be sent no later than September 30th.

If there are updates throughout the month of service updated list must be sent to the Mass Transit Provider no later than the 15th of the month and a final list on the last day of the month. For example for rides in October an updated list must be sent to the Local Match Provider on October 15th and the final list on October 31st.

This ensures that the individual was Medicaid eligible for all rides provided during the month and payment can be made

When Emailing the Monthly Authorization Roster to the ODDS CAU Invoice Box please use the format above in the Subject line. Doing so will assure it gets routed to the correct person the email box is used for all of ODDS Invoices Statewide and several of us work in that email box.

These must be sent Securely you can request a secure email by emailing the CAU Invoice Box. Please do not use your own system often we cannot access it.

Prior to send your Monthly Authorization Roster to ODDS and Mass Transit Provider please rename it to clearly show CME , Transit (Name or Initials) and Month. The CME should keep copies of each month in case audited that acts as your proof of Prior Authorization of Services.

BASE RATE PROVIDER INVOICE

Mass Transit Provider Name: Anywhere We Go
 Mass Transit Provider #: 1234567
 Month and Year of Service: 3/1/2021
 Rate Per Ride Authorized: \$ 24.23

Employment Services Transportation Authorized by CDDP

CME Name	CME Contract #	Client Name Format and name as displayed in eXPRS	Client Preferred Name	Transportation Provider Notes	Client Prime Number	Initial Authorization Start Date	Final Authorization End Date	Days of the month											
								1		2		3		4		5		6	
								To	From	To	From	To	From	To	From	To	From	To	
Jackson County	157827	FDQHYC WEEDV	Ted		XXN7801B	7/1/2020	3/31/2021	1	1			1	1	1	1	1	1		
Jackson County	157827	DPEOT CFDLYO			XI09589B	2/1/2021			1			1		1					
Jackson County	157827	ACPYDH IBDALC			XX000N0R	5/5/2020		1	1										
Monthly Totals								2	2	1	0	2	1	2	1	1	1	0	

This is the Invoice Tab the Mass Transit Provider completes and submits this for payment to the CAU Invoice at CAU.Invoice@dhsosha.state.or.us.

The email subject line needs to show the Mass Transit Name, Month of Services and Local Match Transportation to assure it is routed to the correct Person.

The CME Authorization Tab will auto populate the top portion of form and the following columns -

- CME Name
- CME Contract #
- Client Name
- Client Preferred Name
- Client Prime Number
- Initial Authorization Start Date
- Final Authorization End Date

The Mass Transit Provider has a column for Notes that can be used to communicate with ODDS about particular person or for internal use.

The rides are invoiced by adding a 1 in each column that a ride was provided. The form will only allow 1 to be entered it will calculate the totals and is locked.

Subject #secure# 53 LM Jackson Anywhere We Go March 2021 Invoice

LM 53 Review Mar 2021 RVTD.pdf
113 KB

LM 53 Ineligible Mar 2021 RVTD.pdf
35 KB

The PDF titled LM 53 Ineligible will identify which rides were denied and the reason, if the document contains no information then no claims were denied.

The PDF titled LM 53 Review, lists the Individuals with incorrect Name or Prime, please review and make corrections to your records ongoing.

As we move towards more automation it is vital that both the Roster and Invoices use the Name and Prime that is in eXPRS without any additional data or formatting, no abbreviations or nicknames.

March 2021 In Boundary \$24.23 - 79 rides were reported, and 79 are eligible.

The Total Amount allowable for March 2021 Match Project is \$1,914.17. The Local portion is \$516.06 and the Federal Match portion is \$1,398.11.

The Cover letter should contain the following, please use DD 53 Local Match instead of DD 53 Non-Medical Transportation Services to avoid funds being credited to other accounts in error.

Jackson County CME/ Anywhere We Go
Provider # 1234567
Contract # 157827
DD 53 Local Match
Local Portion for March 2021

The correct mailing address is
DHS Receipting and Trust
Attn: Contract Payments
PO BOX 14006
Salem, OR 97309

Please send an email to CAU.Invoice@state.or.us when the Local Portion check is sent to DHS.

Let me know if there are any questions.

Thank you

To request an Exception please use the process as outlined in Workguides and Transmittals.

This is an example of the email that will be sent from CAU ODDS to Mass Transit Provider approving the Local Match Project. The highlighted section shows the amount of Local Portion due. If you do not know the process please send an email to ODDS.FundingReview@state.or.us requesting assistance. Please send the email securely if individuals information is included. This is the amount that will need to be sent to the address circled above, with either a copy of this email or a cover letter that contains the information in the circled area. This is necessary to assure the funds are processed and credited correctly, the accounting department covers all of DHS not just ODDS.

DD 53 Transportation Local Match March 2021

Reported Rides

March 2021 Jackson	157827	Anywhere WE Go	1234567	In Boundary	79
Grand Total					79

Eligible Rides

			Sum of Ride	Total Amount	Local Portion	Federal Portion
In Boundary	\$24.23	March 2021	79	\$1,914.17	\$516.06	\$1,398.11
Grand Total			79	\$1,914.17	\$516.06	\$1,398.11

Please Review and Adjust on Future Roster/Invoices Corrected Prime & Name

This attachment breaks down the number of Rides claimed, the number eligible to be paid and the split for funding.

The section in Purple will list any individuals with a name or prime entered incorrectly by the CME. If there is anything entered in this section it will be sent to the CME and Mass Transit Provider so the CME can correct the future invoices.

Ineligible Not on Prior Authorized Ridership Roster from CME

Ineligible No Medicaid or Enrollment in Case Management with CME for Services

Ineligible Rides No Auth in eXPRS for Employment or DSA in Accepted Status or ISP w/ Employment or related services not funded by I/DD uploaded in eXPRS or ISP attached to Current POC w Employment or Employment Services provided by other Entity than DD Services

Ineligible Rides Due to Other Transport in eXPRS for To/From Work (WD) w/out Exception

Reduced Rides Over Max Monthly w/Out Exception

This will be sent to the CME and Mass Transit Provider if any of the rides are denied.
The CME will need to address issues or remove the Individual from future Authorization Rosters.

The new version of the Roster Authorization and Invoice excel doc should reduce denied claims once implemented. If the Mass Transit Provider receives an incomplete Authorization Roster they should not provide services to any individual missing data on the Authorization Tab until the CME provides a completed version. They may provide services to all others who have complete data.