

How to Create a NEW DD Eligibility Enrollment (DDEE) Form in eXPRS

(updated 10/29/2019)

The DD Eligibility & Enrollment (DDEE) process previously utilized by CME staff has been updated in eXPRS to be more streamlined. With the transition to direct DD Eligibility entry into eXPRS & implementation of the eXPRS module for the Oregon Needs Assessment (ONA) process to generate a Level of Care (LOC), much of the information submitted on a DDEE form is no longer needed. This has enabled the DDEE form & process to be streamlined for easier use in eXPRS for both CDDP and Brokerage staff.

For full details on the ODDS policies & procedures for when creation/submission of a DDEE (0337) form is now needed, please see the [***DD Eligibility and Enrollment \(DDEE/0337\) Worker Guide***](#) available here:

<http://www.dhs.state.or.us/policy/spd/transmit/ar/2019/ar19043.pdf>

IMPORTANT INFORMATION:

- When eXPRS transitions to using the NEW streamlined DDEE (0337) form layout, CME users **will not** be able to copy/update existing (old layout) forms. ***A NEW form in the NEW layout will need to be created.*** Once a form in the new layout is created, those can be copied & updated with new enrollment information, as needed, in the future.
- The DD TAU will continue to process old layout DDEE (0337) forms submitted & in process at the time of the system update to the NEW form layout in eXPRS. Any forms in the old layout that were in **draft** status (ie: not yet submitted) at the time of the eXPRS system update will be deleted.

Users will need to be assigned the below user roles to do this DDEE (0337) form work:

- **CDDPs:**
 - CDDP Eligibility Enrollment Preparer
 - CDDP Eligibility Enrollment Processor
- **Brokerages:**
 - Brokerage Eligibility Enrollment Processor

To create a NEW DD Eligibility & Enrollment (0337) form in eXPRS:

1. Log into eXPRS. You will need to select the **Case Management (Provider)** organization level when logging in to do this work.

For **CDDPs**:

Login
Password accepted. Choose your organization and/or program area for this session.
You are in the User Acceptance environment

Login Name: CDDPuser1
Password: ●●●●●●●●
Organization/Program Area: Case Management Provider (Provider) ▾
Submit

For **Brokerages**:

Login
Password accepted. Choose your organization and/or program area for this session.
You are in the User Acceptance environment

Login Name: BROKuser1 x
Password: ●●●●●●●●
Organization/Program Area: BROKERAGE /Case Mgmt Prov (Provider) ▾
Submit

2. From the left-hand yellow navigation menu, select **Client → DD Eligibility Enrollment**.

Client	▶ View Client
Provider	▶ DD Eligibility Enrollment
Contracts	▶ Oregon Needs Assessment
Prior Authorization	▶ SIS Assessments
Claims	▶ Reports
CM/PA TCM Billing	▶
Liabilities	▶
Reports	▶
Financial Maintenance	▶

No matching r

- This will take you to the **Find DD Eligibility Enrollment** search screen. In this screen, you can search by clicking the Find button at the bottom of the screen to trigger the Create button, or to see if there is an existing DDEE (0337) form for the individual you need to submit information on.

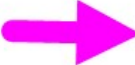
To trigger the **Create** button to appear, simply click **FIND**.

Find DD Eligibility Enrollment

At least one search criteria must be entered. If a Form ID is entered, all other search criteria is ignored. 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.

To create a new enrollment, please search first to see if they already exist. After the find results come back you can create one by clicking Create at the bottom.

Form ID:	<input type="text"/>
Client Prime:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
D.O.B.:	<input type="text"/>
TAU Status:	<input type="checkbox"/> Draft <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Received <input type="checkbox"/> Rejected Select All: <input checked="" type="checkbox"/> In Process <input type="checkbox"/> Completed <input checked="" type="checkbox"/> Pending
Community Developmental Disability Program:	Baker - 0129
Created By:	<input type="text"/> <input checked="" type="checkbox"/> Active Only
Created Date Range:	<input type="text"/> — <input type="text"/>
Submitted By:	<input type="text"/> <input checked="" type="checkbox"/> Active Only
Submitted Date Range:	<input type="text"/> — <input type="text"/>
Service Coordinator:	<input type="text"/> <input checked="" type="checkbox"/> Active Only
Processed Date Range:	<input type="text"/> — <input type="text"/>
Max Displayed:	25



- Then scroll to the bottom of the page and click on **Create** to create new DDEE (0337) Form.

Find DD Eligibility Enrollment

At least one search criteria must be entered. If a Form ID is entered, all other search criteria is ignored. 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 data set.

Submitter:

Date Range: -


Service: Active Only

Coordinator:

Processed Date Range: -

Max Displayed: 25

No eligibility enrollments that match the search criteria were found



- Once you click on **CREATE**, a smaller window will pop-up to help you search for the individual for whom you need to create a new DDEE (0337) form. Enter the PRIME number for the individual in the **Client Prime** field & click **FIND**. For more information on how to create a DDEE (0337) form in the new format for an individual who does not yet have a Prime Number assigned, please see the help document [How to Create a DDEE Form without a Prime](#) available on the **eXPRS Help Menu**.

Choose the client to enroll.


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.

Last Name:


First Name:

Birth Date:

Gender: Unspecified

Client Prime: xyz0000a 

Max Displayed: 25



- The individual's DHS client information will return below the search fields. Click on the individual's **LAST NAME** (a hyperlink) from the list.

Client Prime: xyz0000a
 Max Displayed: 25

Find Cancel

Last Name	First Name	Middle Initial	Title	Name Type	Birth Date	Deceased	Date of Death	Gender	Client Prime	Prime Type
Flowers	Daisy			P	mm/dd/yyyy	No		F	xyz0000a	P

New Client/Prime Needed

7. This will return to the **DD Eligibility Enrollment** form screen with the individual's information pre-populated & the form containing fewer sections than before.

DD Eligibility Enrollment

TAU Status: Draft

* Community Developmental Disability Program: CDDP - ####

Attach File: Browse...
 Attach

▼ Client Information

Client Prime: xyz0000a SSN: *DOB: mm/dd/yyyy
 *Last Name: Flowers *First Name: Daisy
 Birth Name/Alias: *Ethnicity: Unknown
 *Gender: Female *Race: White

* Enrollment Plan Service

*** The earliest date of enrollment for paid services is the start date of the ISP. The enrollment date cannot be the date of the case management's face-to-face LOC evaluation and signature unless the individual also has Medicaid and there is an authorized ISP in place. If DHS does not approve the LOC for any reason, you must submit a funding request.

Plan	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Add

▼ Additional Information to Assist the State With Processing (0/500)

SC/PA: CME staff name - Case Management Provider

Close Reset Submit Save

Let's walk through the new form sections

The **top section** shows you the status of the form, your CME information, and a place where you upload any supporting documents needed for the enrollment information you are submitting. Simply browse to find the document saved on your computer & then attach.

DD Eligibility Enrollment

TAU Status: Draft

*** Community Developmental Disability Program:** CDDP - ####

Attach File:

Client Information

This information should be pre-populated after you searched for the individual needed. No other information is required by you in this section, however you can add a Social Security Number or another name/alias for the individual, if desired.

▼ Client Information

Client Prime: xyz0000a	SSN: <input type="text"/>	*DOB: mm/dd/yyyy
*Last Name: Flowers	*First Name: Daisy	
Birth Name/Alias: <input type="text"/>	*Ethnicity: Unknown	
*Gender: Female	*Race: White	

Enrollment Plan Service

In this section, select from the **Plan** dropdown the service plan option the individual is enrolling in to with the **Start Date** of that enrollment. Leave the **End Date** blank if this is a current enrollment & expected to be ongoing.

This enrollment information is necessary so the DD TAU can add the correct service coding in the DHS mainframe systems for the individual. This coding is required for eXPRS CPA & POC/SPA authorizations & billings to process successfully.

You can click **ADD** to add more service enrollment lines/rows as needed.

*** Enrollment Plan Service**

***** The earliest date of enrollment for paid services is the start date of the ISP. The enrollment date cannot be the date of the case management's face-to-face LOC evaluation and signature unless the individual also has Medicaid and there is an authorized ISP in place. If DHS does not approve the LOC for any reason, you must submit a funding request.**

Plan	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

The dropdown options for CDDPs under **Plan** are:

The screenshot shows a dropdown menu with the title "Plan" at the top. The menu is open, displaying a list of options. The first option, "Admin Exam Coding Request", is highlighted in blue. The list includes:

- Admin Exam Coding Request
- Intake Only - Prime Needed
- SE48 - CDDP Waiver CM
- SE49 - CDDP In-Home Support Svc
- SE50 - Adult 24hr Residential Facilities
- SE51 - Supported Living Services
- SE53 - Transportation Services
- SE54 - Employment Services
- SE141 - SACU fka State Operated Community Program
- SE142 - Children's 24hr Residential Program
- SE150 - Family Support Services for Children
- SE151 - In-Home Supports for Children
- SE158 - DD Adult Foster Care
- SE258 - DD Children Foster Care
- State Plan Personal Care (SPPC) Only
- General Fund - In-Home Adults/Children
- General Fund - Other
- General Fund - Residential Placement

- **Admin Exam Coding Request** = use this to request coding for the individual to receive an Admin Exam for eligibility determination purposes.
- **Intake Only – Prime Needed** = use this to request a Prime number be assigned for new intake clients who do not already have a Prime Number.
- **SE48 – CDDP Waiver CM** = use this for enrollment of an individual who is receiving TXIX Medicaid eligibility via the 300% Rule or PMDDT determinations & need monthly contacts to maintain their TXIX eligibility.
- **SE49 – CDDP In-Home Support Services**
- **SE50 – Adult 24-Hour Residential Facilities**
- **SE51 – Supported Living Services**
- **SE53 – Transportation Services** = use this if you are enrolling the individual into SE53 CPA Transportation, and not Plan of Care authorized transportation.
- **SE54 – Employment Services**

- **SE141 – SACU fka State Operated Community Program**
- **SE142 – Children’s 24-hr Residential Program**
- **SE150 – Family Supports for Children**
- **SE151 – In-Home Supports for Children**
- **SE158 – DD Adult Foster Care**
- **SE258 – DD Children’s Foster Care**
- **State Plan Personal Care (SPPC) Only** = use this for individuals who are eligible for & will be receiving State Plan Personal Care (SPPC – OR502) services ONLY.
- **General Fund – In-Home Adults/Children** = use this for enrollment to any In-Home services when the individual has an exception approved for 100% GF funded services or during the NOPA appeal request period.
- **General Fund – Other** = use this for enrollment to any other service type when the individual has an exception approved for 100% GF funded services or during the NOPA appeal request period.
- **General Fund – Residential Placement** = use this for enrollment to any Residential Placement services (GH, Supported Living, Foster Care) when the individual has an exception approved for 100% GF funded services or during the NOPA appeal request period.

The dropdown options for Brokerages under **Plan** are:

The image shows a screenshot of a dropdown menu. The menu is titled "Plan" and is currently open, displaying four options. The first option, "SE148 - Brokerage Waiver CM", is highlighted with a blue background. The other options are "SE149 - Brokerage In-Home Support Svc", "SE149 - General Fund Only", and "State Plan Personal Care (SPPC) Only".

- **SE148 – Brokerage Waiver CM** = use this for enrollment of an individual who is receiving TXIX Medicaid eligibility via the 300% Rule or PMDDT determinations & need monthly contacts to maintain their TXIX eligibility.

- **SE149 – Brokerage In-Home Support Services**
- **SE149 - General Fund Only** = use this for enrollment to any In-Home services when the individual has an exception approved for 100% GF funded services or during the NOPA appeal request period.
- **State Plan Personal Care (SPPC) Only** = use this for individuals who are eligible for & will be receiving State Plan Personal Care (SPPC – OR502) services ONLY.

Additional Information to Assist the State with Processing

This is the comments section of the form. You have 500 characters to leave any notes you'd like to communicate with the state DD TAU staff. Please, do not be shy about using this section. The more information you share, the easier and quicker your form will be processed.

▼ **Additional Information to Assist the State With Processing (0/500)**

Use this section to add any notes or additional information that will help communicate the enrollment action you are submitting on the form.

The **bottom of the form** will show a drop-down menu for the Service Coordinators or Personal Agents associated with your CME. eXPRS will default to your name if you have the Service Coordinator or Personal Agent user role, however you can select a different SC or PA assigned to the individual from the dropdown menu, if needed. If you are not a Service Coordinator or Personal Agent, select the appropriate Service Coordinators or Personal Agent from the drop-down.

There are the also **action buttons** available below the name dropdown to use once the form has been completed.

SC/PA: CME staff name - Case Management Provider ▼

- **CLOSE** = will close the screen. If you have not yet clicked **SAVE** (which will save your information in **Draft** and assign the electronic form a form number) you will lose all your data you've just entered.
- **RESET** = will clear the form & take you back to the client find process discussed in step #5 above.

- **SUBMIT** = will create a Form ID #, submit the completed form to the state DD TAU for processing with a TAU status of **Received**. If an error was made on the DDEE (0337) form or this submission needs recalled, the CME can withdraw this DDEE (0337) form **only** if the TAU status is **Received**.
 - **SAVE** = will save the form in **Draft** & create a Form ID # so you can update information to the form, if needed, before submitting it to the DD TAU.
8. For more information on updating previously completed DDEE (0337) forms in the new format, please see the help document [**How to Find and Update Eligibility and Enrollment Forms**](#) available on the **eXPRS Help Menu**.
9. For more information on how to create a DDEE (0337) form in the new format for an individual who does not yet have a Prime Number assigned, please see the help document [**How to Create a DDEE Form without a Prime**](#) available on the **eXPRS Help Menu**.