DD53 Local Match Training Document

About the program

- 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 Responsibilities

- 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

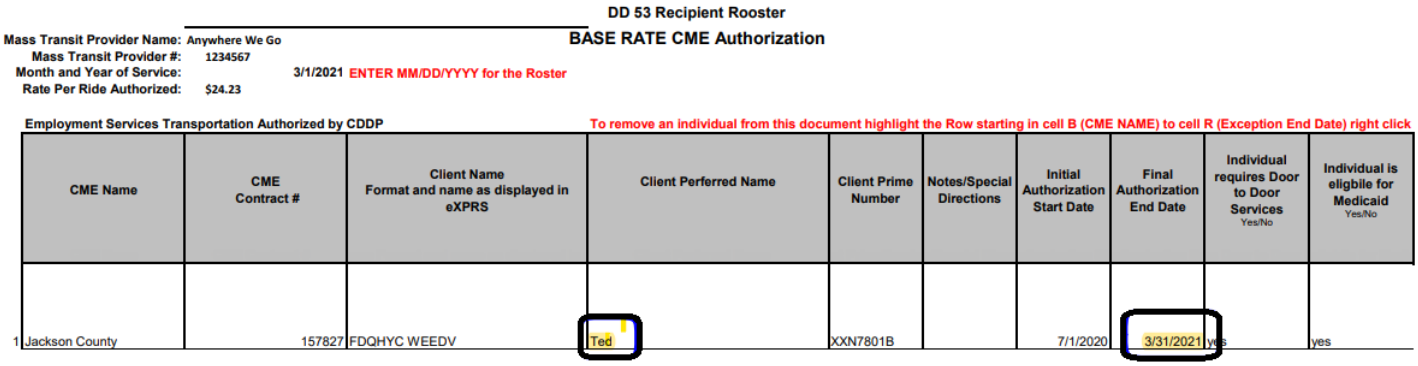
- Mass Transit Provider determines if they can increase capacity.
    - Confirm the entire route falls within their Contracted Service Area.

    - 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.

eXPRS

- eXPRS is an important step in determining if an individual is:
    - Eligible and enrolled in I/DD Services.
    - Medicaid eligible.
    - As well as verifying if an individual has authorized lines on the Community Tab (this is where Employment and DSA Authorizations are located)- If there are no services authorized then the individual must have an attached Career Plan that states they are Employed or receiving Services for Employment from another program, such as Vocational Rehabilitation.
- If you need assistance looking up an individual in eXPRS and determining eligibility, please access the Help Menu in eXPRS for detailed help guides in locating the information you need.

Base Rate CME Authorization



DD 53 Recipient Rooster

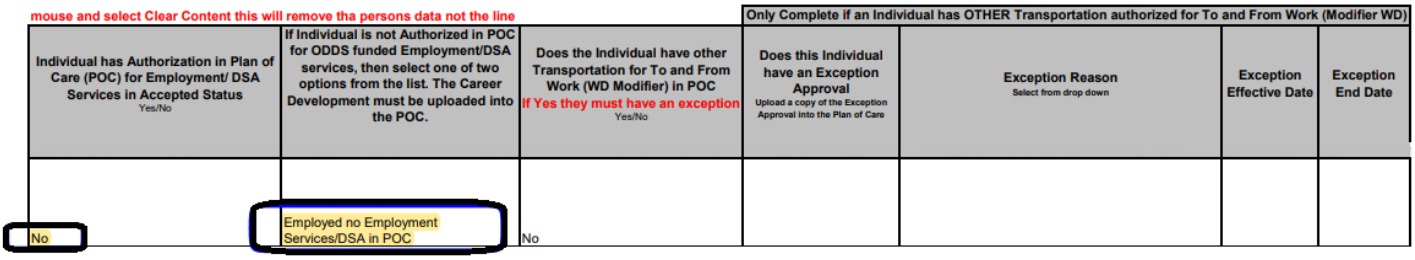
Mass Transit Provider Name: Anywhere We Go — BASE RATE CME Authorization
Mass Transit Provider #: 1234567
Month and Year of Service: 3/1/2021 ENTER MM/DD/YYYY for the Roster
Rate Per Ride Authorized: $24.23

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 Perferred 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 eligbile 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 the form, leave it blank. If the person is being added after this version of the form, this field must be completed.
- The final Authorization End Date is vital for the transit providers to know if the individual will not be authorized or eligible in the local match project after a specific date. If known, please alert them prior to the month of service. If not, then alert them 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.



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

Individual has Authorization in Plan of Care (POC) for Employment/ DSA Services in Accepted Status Yes/No	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 Yes/No	Only Complete if an Individual has OTHER Transportation authorized for To and From Work (Modifier WD)			
			Does this Individual have an Exception Approval Upload a copy of the Exception Approval into the Plan of Care	Exception Reason Select from drop down	Exception Effective Date	Exception End Date
No	Employed no Employment Services/DSA in POC	No				

- For the heading "Individual has Authorization in Plan of Care (POC) for Employment/DSA Services in Accepted Status: 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 on of two options to be selected. If the individual does not have a Career Development uploaded into the POC one will be required to move forward with the authorization.
- The drop-down field for this option:
    - Employed no Employment Services/DSA in POC **or**
    - Receiveds 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@odhs.oregon.gov.
- 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 exception Reason does require 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.
- The CME must send 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 15h.

- CME must send final approval list to the Mass Transit Provider and ODDS CAU Invoice email box no later than the last day of the month prior. Example: The final pre-approval list for October must be sent no later than September 30.
- If there are updates throughout the month of service, an 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 31.
    - 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 below 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.
    - #Secure# Jackson Anywhere We Go LM 53 Transportation March 2025.
    - 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

DD 53 Recipient Rooster

Mass Transit Provider Name: Anywhere We Go

BASE RATE PROVIDER INVOICE

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

Employment Services Transportation Authorized by CDDP

Days of the month

CME Name	CME Contract #	Client Name Format and name as displayed in eXPRS	Client Perferred Name	Transportation Provider Notes	Client Prime Number	Initial Authorization Start Date	Final Authorization End Date	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 to CAU Invoice for payment.
- 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 the form and the following columns:
    - CME Name
    - CME Contract number
    - 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 an individual or for internal use.
- The rides are invoiced by adding a 1 in each column that a ride was provided. This form will only allow 1 to be entered and it will calculate the totals.

Payment

- Once all documents are received at the CAU Invoice email address, a member of the ODDS team will then process the paperwork.
- Once it is processed you will receive an email from CAU Invoice with the subject line:
    - #Secure# 53LM Jackson Anywhere we go March 2025 Invoice
    - #Secure#53LM (CME & Mass transit provider name) Date
- The email will include the following attachments:
    - Eligible Rides- This will show you how many rides were eligible and the breakdown of costs (Local Portion, Federal portion, Total amount)
    - Ineligible Rides- If any Riders were ineligible they will show up on this report.

    - Monthly Invoice Template- This will show the running total of the biennium invoices sent out and the dates payments were made.
- The local portion is the amount that will need to be paid to the state.