How to Use the View Client Page

Users with the right permissions can search eXPRS to view service and eligibility information for individuals with I/DD. This includes the individual's:

- Current or previous **Aliases** (different names).
- Date of overall **DD Eligibility** determination. This includes codes listing the conditions that qualify them for DD services.
- TXIX **Level of Care** (LOC) information
- **Service Eligibility** information, including service category codes and effective dates

Some users with specific roles in eXPRS may also see:

- The individual's **Medicaid Eligibility**, such as their APD/DSO medical card case descriptors and Medicaid financial eligibility information
- The individual's **CIIS Eligibility** or **Extraordinary Needs Eligibility** information. These sections display for children only
- The PSW providers for whom they have a confirmed **Employment Relationship** association established for payroll processing with Public Partnerships, LLC

This information may help resolve authorization or billing issues, or help with other case management activities for the individual. If an individual's information appears to be incomplete, work with the appropriate CME staff to be sure the correct information has been entered or has been submitted to the ODDS Technical Assistance Unit (TAU).

If you are receiving error messages when creating authorizations or billings for an individual, please submit a **Technical Assistance Request** in eXPRS.

How to Access the View Client page:

1) From the left-hand navigation menu, select **Client > View Client.**
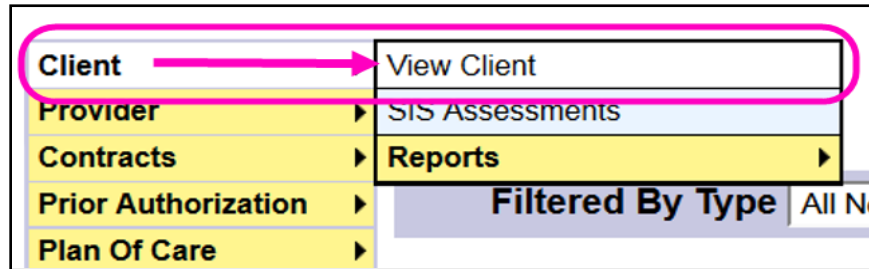
2) Enter at least one search criteria to find the individual. The more criteria used, the more specific the results will be.

      TIP: Searching by **Client Prime** is the easiest way to find an individual.

3) From the results list, select the **Last Name** hyperlink to open the record.

4) On the **Client** page, the individual's information appears. Basic information such as Name, Gender and DOB appear at the top. The section headers below can be clicked to expand and show more detailed information. Access to the information in the different sections is based on a user's specific permissions. Some users may not have access to all sections shown in this assistance guide.

Client

Legal Last Name:	BAYCON
Legal First Name:	CHRIS
Legal Middle Initial:	P
Legal Title:	
Preferred Last Name:	BAYCON
Preferred First Name:	CHRIS
Preferred Middle Initial:	P
Preferred Title:	
Birth Date:	mm/dd/yyyy
Deceased:	No
Date of Death:	
Gender:	F or M
Client Prime:	xyz0000a
Prime Type:	P

▸ **Aliases**

▸ **DD Eligibility**

▸ **Level of Care**

▸ **CIIS Eligibility**

▸ **Individual Support Plan (ISP) Dates**

▸ **Service Eligibility**

▸ **Medicaid Eligibility**

▸ **Employment Relationship**

> Click on each header to expand & view specific information.

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Appendix A: Section Information on the Client Page

Some fields will display additional information when hovering your cursor over the information.

- **Aliases** – Other names (if any) that the individual has been known by (e.g. marriage, divorce, name misspellings, or case merges etc.).

▼ Aliases			
First Name	**Middle Initial**	**Last Name**	**Title**

- **DD Eligibility** and **Deleted DD Eligibility** – The individual's overall DD service eligibility as reported by the CDDP who made the eligibility determination.

▼DD Eligibility

Initial Eligibility Date: 2/21/2007

Determination CDDP	Intake Date	Intake Status	Determination Status	Notice Date	Termination Date	Termination Code	
1**9		Completed	Approved	6/28/2012	12/31/9999		View Details
1**9		Completed	Approved	2/21/2007	6/27/2012	ADE	View Details

- **Initial Eligibility Date**: Date the individual was first (or originally) determined eligible for DD services in Oregon.
- **Determination CDDP**: Number assigned to the CDDP that determined the individual's eligibility.
- **Intake Date***:* Date the initial intake for DD eligibility was completed.
- **Intake Status***:* Status of the intake.
  - **Draft** – Intake still in process
  - **Completed** – Intake completed
- **Determination Status:** The determination of the eligibility process for the individual at that intake. The individual's eligibility is:
  - **Approved**
  - **CIIS Only**
  - **Denied**
  - **Eligibility Extension Approval (for state use only)**
  - **Re-determination – Approved**
  - **Re-determination – Denied**
  - **Transfer** (between CMEs) - **Please contact ODDS for when this option should be used.**
- **Notice Date:** Date the eligibility determination was made & notice was sent to the individual/guardian.

- o **Termination Date:** Date eligibility was terminated. An end date of 12/31/9999 indicates the individual has ongoing eligibility.
- o **Termination Code*:*** The code that explains why that DD eligibility segment was ended.
  - **Adult Eligibility Determination**
  - **Client Refuses Services**
  - **Deceased**
  - **Ineligible for DD Services**
  - **Involuntary Withdrawal – No contact/unavailable**
  - **Moved Out of State**
  - **Other**
  - **Prime Number Updated**
  - **Re-determine Eligibility – not because of age**
  - **Re-determine Eligibility prior to age 7/9/18/22**
  - **Transfer to APD**
  - **Transfer to MH**
  - **Voluntary Withdrawal by Parent/Guardian**
  - **Voluntary Withdrawal-Dissatisfied w/Services**
- o **View Details** – If you have permissions to view the eligibility details, clicking on this button will open that eligibility segment in a new page to view the information.

- ◆ **Level of Care** and **Deleted Level of Care** – Information on the individual's TXIX LOC determination.

▼ Level of Care

LOC ID #	Status	Determination Date	End Date	Type Code
23★★★★68	Approved	5/29/2020	5/31/2021	ICF/IDD
11★★★★96	Approved	5/17/2019	5/28/2020	ICF/IDD
	Approved	2/22/2006	5/16/2019	ICF/IDD

- o **LOC ID #:** System assigned number for electronic LOCs created as part of the Oregon Needs Assessment/LOC assessment process.
- o **Status**: LOC determination outcome/status.
- o **Determination Date**: Date the LOC decision was made.
- o **End Date**: Date the current LOC ends.
- o **Type Code**: Type of institution the individual's LOC was assessed against.

- **CIIS Eligibility** and **Deleted CIIS Eligibility:** Information on the individual's CIIS eligibility for when/if they were ever enrolled in the Children's Intensive In-Home Services (CIIS) program.

▼ CIIS Eligibility				
Criteria Appproval Date	**End Date**	**Type Code**	**Last Updated by**	**Last Updated on**
10/9/2020	4/30/2021	MFCU	State CIIS Staff	10/9/2020

  - **Criteria Approval Date:** The approval date for CIIS Eligibility
  - **End Date:** The End Date of CIIS Eligibility
  - **Type Code:** The type code for the waiver the child is a part of
  - **Last Updated By:** The name of the last person to update the record
  - **Last Updated On:** The date that the last update was made

- **Extraordinary Needs Eligibility** and **Deleted Extraordinary Needs Eligibility:** Information on the individual's Extraordinary Needs Eligibility, including when/if they were ever enrolled in the Children's Intensive In-Home Services (CIIS) program.

▼ Extraordinary Needs Eligibility							
Referral Date	**Waitlist End Date**	**Approved Start Date**	**End Date**	**Last Updated by**	**Last Updated on**		
8/10/2024	8/15/2024	8/16/2024	6/13/2034	▬▬▬	8/21/2024	Edit	View Details
Add							

- **Referral Date:** The date and time the referral was received.
- **Waitlist End Date:** The date that that the individual has or will come off the waitlist for the CEN Program.
- **Approved Start Date:** The date that the individual is eligible to enroll in the Children's Extraordinary Needs Program.
- **End Date:** The date that the individual's eligibility for the Children's Extraordinary Needs Program has ended or will end.
- **Last Updated By:** The name of the last person to update the record
- **Last Updated On:** The date that the last update was made

◆ **Individual Support Plan (ISP) Dates** and **Deleted ISP Dates** – Information on the individual's annual ISP dates. The segments displayed will default to show the current 3 years. Adjust the **Display Segments for Dates** fields to search for more ISP segments if needed.

ISP Type	ISP Begin Date	ISP End Date	ISP Signed Date
Annual	3/1/2018	2/28/2019	2/22/2018
Annual	3/1/2017	2/28/2018	2/28/2017
Annual	3/1/2016	2/28/2017	2/28/2016
Initial	3/2/2015	2/29/2016	3/1/2015

▼Individual Support Plan (ISP) Dates
Display Segments for Dates: Begin: 3/28/2015 End: 3/28/2019 Find

○ **ISP Type:** Type of ISP for the date information being added.
- **Initial** is the first ISP for an individual. The date range can be up to 13 months, if the start date is not the 1st day of a month. This may be unknown, depending on when the ISP information for an individual was added to eXPRS.
- **Annual** is for subsequent ISPs after the initial. Date ranges for this type cannot exceed 365 days.
○ **ISP Begin Date:** Date that ISP segment begins.
○ **ISP End Date:** Date that ISP segment ends.
○ **ISP Signed Date:** Date the ISP was signed by the authorizing CME for that ISP date segment. This date cannot be in the future.

◆ **Service Group History** – The records of an individual's service group, as determined by the Oregon Needs Assessment. Each record is associated with an Oregon Needs Assessment.

ONA ID	ONA Submit Date	ONA Expiration Date	Service Group Start	Service Group End	Service Group	Notes
	11/13/2023	11/30/2024	11/13/2023	12/31/9999	5	
	12/7/2022	11/12/2023	12/7/2022	11/12/2023	5	

○ **ONA ID:** The ONA ID Number associated with the record
○ **ONA Submit Date:** The date the ONA was submitted
○ **ONA Expiration Date:** The date the ONA expires or expired
○ **Service Group Start:** The start date of that Service Group
○ **Service Group End:** The end date of that service group
○ **Service Group:** The service group level of the individual
○ **Notes:** Any notes associated with the service group

- **Service Eligibility** – Information on the individual's specific DD service eligibility. Date range defaults to the current date and then back 2 years & forward 1 year. Adjust the **Begin** and **End** dates as needed, then press **Select** to return more history.

  Default view (current date + 2 years back & 1 year forward):

Service Category Code	Benefit Plan	Start Date	End Date	End Reason Code
DDC	IHC	12/13/2019	12/31/9999	
DDC	RES	3/10/2016	12/12/2019	WSW

  - **Service Category Code**: The service category code (or "waiver" code) that applies to the individual and their services.
  - **Benefit Plan:** The service benefit package that the individual is eligible for and enrolled to.
  - **Start Date:** Start date for the service category code and benefit plan
  - **End Date:** End date for the service category code and benefit plan
  - **End Reason Code:** The reason the date segment ended

- **Medicaid Eligibility** – The individual's APD/DSO case descriptors and their TXIX Medicaid eligibility information, which comes from the Medicaid Management Information System (MMIS). Visible only to users with specific permissions.

Case Descriptors	Eligibility Start Date	Eligibility End Date	In Grant Code	Case Number	Agency Code	Program Code	Perc Code	Branch Code	Match Code	Change Date
NCP SSI QMM DDC FS1	11/1/2020	12/31/9999	AD		SSD	A1	A1	0111	M	10/19/2020

- **Relationships > Employment Relationship** – The PSW providers that have a confirmed payroll employment relationship with the listed **Payment Provider**. This employment relationship association is required for the PSW to be authorized and receive payment for providing services to this individual. Visible only to users with specific permissions.

eXPRS ID	SPD Number	Provider	Expires	Payment Provider
7 ****7	7 ****3	PSW A: Last, First	12/31/2016	TNT Fiscal Intermediary Services Inc
8 ****7	7 ****6	PSW B: Last, First	12/31/2016	TNT Fiscal Intermediary Services Inc
8 ****7	7 ****6	PSW B: Last, First		Public Partnerships LLC FMAS
7 ****7	7 ****3	PSW A: Last, First		Public Partnerships LLC FMAS
1 *****2	7 ****1	PSW C: Last, First		Public Partnerships LLC FMAS
1 *****9	8 ****1	PSW D: Last, First	3/31/2017	Public Partnerships LLC FMAS

- o **eXPRS ID:** The eXPRS ID number assigned to the PSW. Hyperlinks to that PSW's record.
- o **SPD Number:** The PSW's SPD provider ID number.
- o **Provider:** Name of the PSW provider*.*
- o **Expires:** Date the association relationship enrollment with the listed **Payment Provider** expired. If the field is blank, that enrollment is current and ongoing.
- o **Payment Provider:** The name of the Financial Management Agent Service (FMAS) payroll vendor that issues payment to the PSWs.
  - ▪ If an expected PSW is not showing here, then eXPRS has not received confirmation from the **Payment Provider** that the employment relationship association has been completed for that individual's employer and the PSW. eXPRS receives updated employer relationship association data from the FMAS vendor each business day.

- ◆ **Relationships > Parent Relationships** – The Relationship of a Paid Parent Direct Support Professional to the individual for the purpose of the Children's Extraordinary Needs Program.

- o **eXPRS ID:** The Paid Parent Direct Support Professional's eXPRS ID
- o **Provider:** The name of the Paid Parent Direct Support Professional
- o **Record Type:** The relationship that the parent has with the child
- o **Start Date:** The Start Date of the relationship in eXPRS
- o **End Date:** The End Date of the relationship in eXPRS

For more detail on the codes used in each section, please see the following assistance guides available on the eXPRS Help Menu:
- o **View Client Page Code Reference Sheet**
- o **How to Determine an Individual's TXIX Medicaid Eligibility by using the View Client Page**