

How to Use the VIEW CLIENT Page Information in eXPRS

(updated 10/30/2020)

Users with the appropriate permissions can search in eXPRS to view a variety of service and eligibility information for an individual with I/DD.

The information that can be viewed includes:

- any Aliases (different names) the individual may have, or may have had;
- the date of the individual's overall DD Eligibility determination, including codes listing the conditions that qualify them to be eligible for DD services;
- the individual's TXIX Level of Care (LOC) information;
- the individual's Service Eligibility information, including service category codes and effective dates;

Depending on their roles in eXPRS, some users may also see:

- the individual's Medicaid Eligibility, such as their APD/DSO medical card case descriptors and Medicaid financial eligibility information.
- the PSW providers for whom they have a confirmed Employment Relationship association established for payroll processing with the State's designated FMAS payroll vendor.

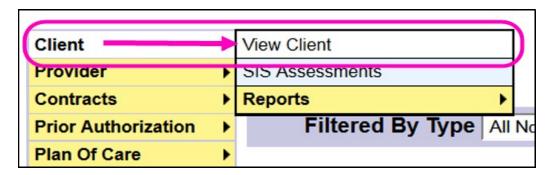
This information may be helpful in problem solving a CPA, POC-SPA, or SD billing entry submission or processing errors, or managing other case coordination issues for the individual.

To view information for an individual using the VIEW CLIENT page, follow these steps:

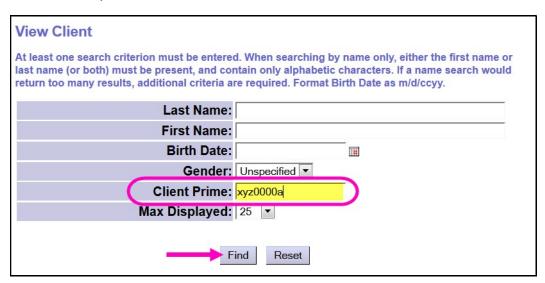
1. Login to eXPRS.



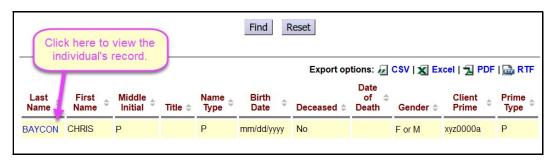
2. From the left-hand navigation menu, click on *Client* \rightarrow *View Client*.



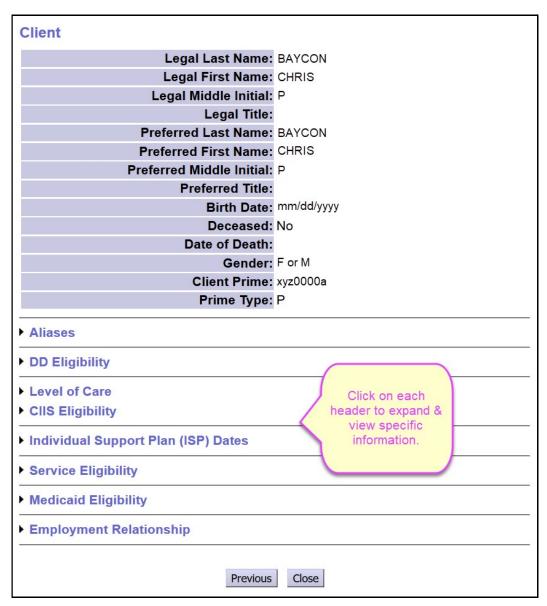
- 3. In the **View Client** search page, enter as much information in the fields as needed to find the individual for whom you're searching. The more search criteria used, the narrower/more specific the search results will return.
 - **PRO TIP**: If you know the individual's **PRIME** number, this will be the easiest way to search for that individual. This should return only the specific individual's profile in eXPRS.



4. When the search results are returned, click on the blue hyperlink Last Name of the individual whose profile you want to view. This will take you to the View Client detail page for that individual.

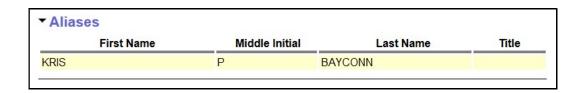


5. In the **View Client** detail page, users will see various sections which can be expanded to view more information and details. Access to the information in the different sections is based on a user's specific permissions. Some users may not have access to all sections shown in this assistance guide.

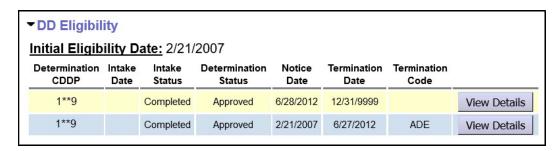


The top section will show the individual's legal and preferred names, date of birth, prime number, gender, etc. Then below will be separate sections that are viewable by clicking the section title to expand and show more detailed information.

• Aliases – this section will list other names (if any) that the individual has been known by, such as if there were name changes due to marriage, divorce, name misspellings, or case merges.

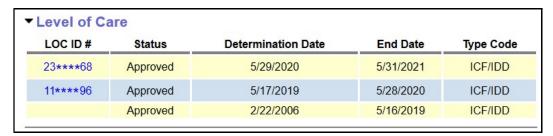


 DD Eligibility – this will give you information on the individual's overall DD service eligibility as reported by the CDDP who made the eligibility determination.



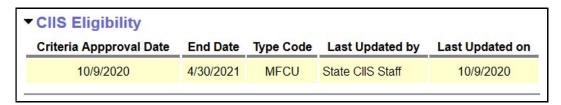
- Initial Eligibility Date: the date the individual was first (or originally) determined eligible for DD services in Oregon.
- Determination CDDP: the number assigned to the CDDP who determined the individual's eligibility.
- o *Intake Date:* the date the initial intake for DD eligibility was completed.
- o *Intake Status:* the 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: the date the eligibility determination was made & notice was sent to the individual/guardian.
- Termination Date: the date the eligibility was terminated. And end date of 12/31/9999 indicates the individual has ongoing eligibility.

- 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
 - 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 (LOC) this will give you information on the individual's TXIX
 Level of Care (LOC) determination. *Hover the mouse/cursor over a code in
 this section will trigger a pop-up with the definition of that code.

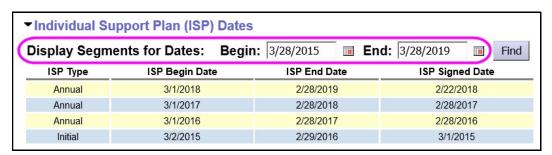


- LOC ID #: the system assigned number for electronic LOCs created as part of the ONA/LOC assessment process.
- Status: LOC determination outcome/status.
- Determination Date: the date the LOC decision was made by ODDS Diagnosis & Evaluation Coordinator.
- o **End Date**: the date the current LOC ends. This will usually be open ended unless the individual is no longer receiving services.

- Type Code: the type of institution the individual's LOC was assessed against.
- CIIS Eligibility this will give you information on the individual's CIIS
 eligibility for when/if they were ever enrolled in the Children's Intensive InHome Services (CIIS) program.



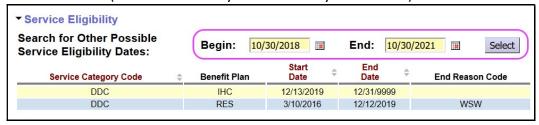
 Individual Support Plan (ISP) Dates – this section will show information on the individual's annual ISP dates. The number of segments displayed will default to the most current 3 years. Use the Display Segments for Dates date fields to search for more ISP segments.



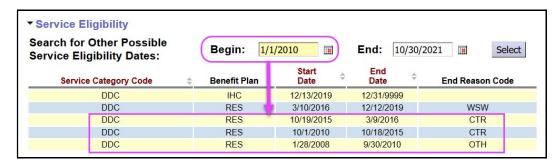
- ISP Type = the type of ISP for the date information being added.
 - Initial is the first ISP for an individual. The date range can be up to 13 months, if the start date is not the 1st day of a month. This may be unknown, depending on when the ISP information for an individual was added to eXPRS.
 - Annual is for subsequent ISP date ranges after the initial. Date ranges for Annual cannot exceed 365 days.
- ISP Begin Date = the date that ISP segment begins; the first date of that ISP period.
- ISP End Date = the date that ISP segment ends; the last date of that ISP period.

- ISP Signed Date = the date the ISP was signed by the authorizing CME for that ISP date segment. This date cannot be in the future.
- Service Eligibility this will give you information on the individual's specific DD service eligibility information. The default setting is for the current date and then back 2 years + forward 1 year. Users can change the date range dates as needed to return more service eligibility history.

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



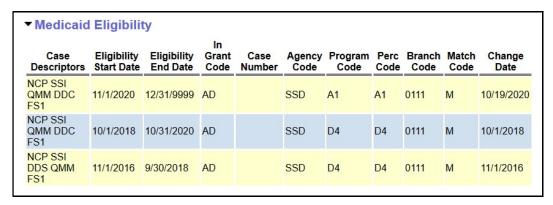
Search for Other Possible Service Eligibilty Dates: Change a date (exchanged the Begin date to 1/1/2010) and click **SELECT** to view more Service Eligiblity segment history for the individual.



Data Column headers defined:

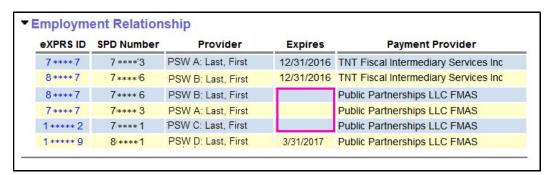
- Service Category Code: this is the service category code (aka: "waiver" code) that applies to the individual and their services.
- Benefit Plan: this is the service benefit package that the individual is eligible to receive and enrolled to.
- Start Date: the start date for the corresponding service category code and benefit plan segment.
- End Date: the end date for the corresponding service category code and benefit plan segment.
- o **End Reason Code**: the code that applies to the reason the date segment was ended.

Medicaid Eligibility – if you are a user who has permission to see this
information, you will be able to see the individual's APD/DSO case descriptors
and their TXIX Medicaid eligibility information.



Reading this section can be complicated. Please see the assistance guide *How* to *Determine an Individual's TXIX Medicaid Eligibility by using eXPRS VIEW CLIENT Information* for specific instructions on how to read this section.

◆ Employment Relationship — if you are a user who has permission to see this information (not all users do), you will see the PSW providers that have a confirmed payroll employment relationship with the listed FMAS payroll vendor. This employment relationship association is required for the PSW to be authorized and receive payment for providing services to this individual.



- eXPRS ID: the eXPRS system assigned number for that PSW as a hyperlink to that PSW's record.
- o SPD Number: the PSW's SPD provider ID number.
- o Provider: the name of the PSW provider.
- Expires: the date the association relationship enrollment with the listed FMAS payroll vendor expires or ends. For example, if the Expire date is 3/31/2017, that relationship was valid as part of the payment

- contingency period. If blank/no date is listed, that association/payroll vendor enrollment is current and ongoing.
- Payment Provider: the name of the FMAS payroll vendor that issues payment to the PSWs for dates of that vendor's enrollment.

If an expected PSW is not showing here, then eXPRS has not received confirmation from the FMAS payroll vendor 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.

CDDP and Brokerage users may wish to run the report periodically to view updated ER information.

- 6. For assistance in deciphering the codes used in each section, please see the assistance guide *View Client Codes Reference Sheet* available on the eXPRS Help Menu, under *Other How To → Other* menu option for your user group.
- 7. If when viewing the individual's information, there is information missing that you are expecting to see for an individual, you may need to work with the appropriate CDDP or Brokerage staff to be sure the correct service enrollment and TXIX LOC form information has been submitted to the DHS ITBS Technical Assistance Unit.
- 8. If the correct information is present **and** you are still getting error messages when you attempt to submit a CPA, POC-SPA, POC billing or a claim, please submit an **exprs Technical Assistance Request** available under **Customer Service** inside eXPRS.