

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 to be eligible 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 PSW providers for whom they have a confirmed **Employment Relationship** association established for payroll processing with Public Partnerships, LLC.

This information may help resolve issues for CPA, POC-SPA, or SD billing entry submission or processing errors, or other case management for the individual. If an individual's information appears to be incomplete, work with the appropriate CME staff to be sure the correct service enrollment and TXIX LOC form information has been submitted to the ODDS Technical Assistance Unit.

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.

To view information for an individual using the [VIEW CLIENT](#) page, follow these steps:

1. Login to eXPRS.



Login

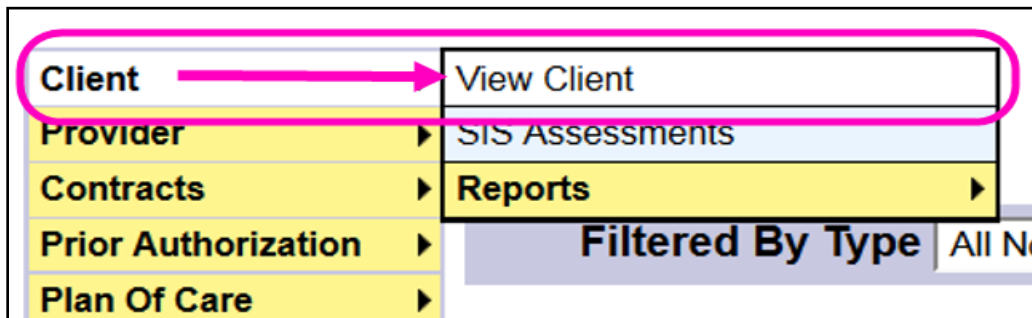
You are in the User Acceptance environment

Login Name:

Password:

[Forgot your password?](#)

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



Client → View Client

Provider ▶ SIS Assessments

Contracts ▶ Reports ▶

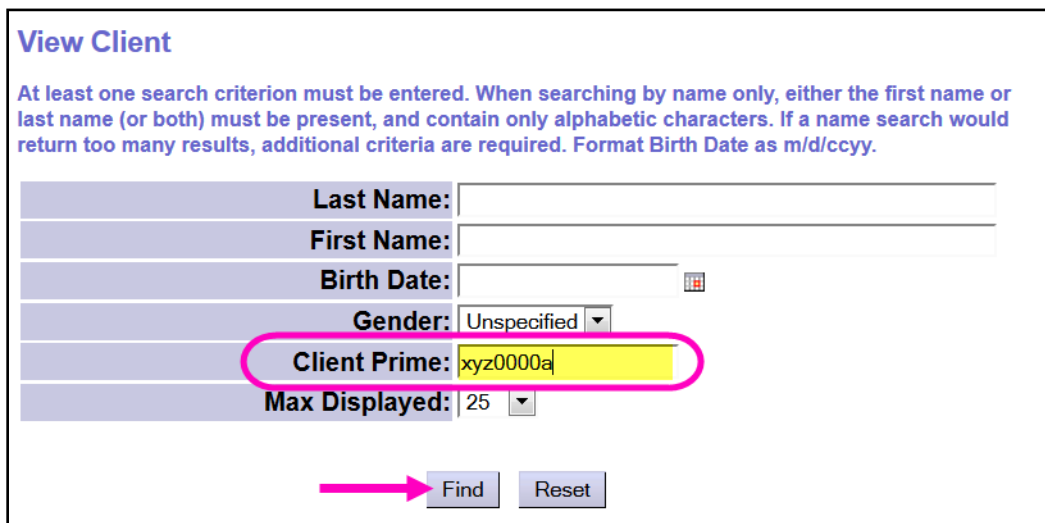
Prior Authorization ▶

Plan Of Care ▶

Filtered By Type All No

3. On the **View Client** page, enter the search criteria needed to find the individual. The more criteria used, the more specific the results list will be.

TIP: Searching by **Client Prime** is the easiest way to find 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: Unspecified ▼

Client Prime: xyz0000a

Max Displayed: 25 ▼

- From the results list, select the **Last Name** hyperlink to go to the individual's **Client** page.

Find Reset

Export options: CSV | Excel | PDF | RTF

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

Click here to view the individual's record.

- On the **Client** page, basic client information appears at the top (e.g. DOB, gender etc.). The section headers below can be clicked title 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.

Previous Close

Appendix A: Section Information on the Client Page

- ◆ **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** – 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.

- **Termination Date:** Date eligibility was terminated. An 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)** – Information on the individual’s TXIX LOC determination.

Tip: Hover the cursor over a code in this section to see a pop-up with the definition.

▼ 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

- **LOC ID #:** System assigned number for electronic LOCs created as part of the Oregon Needs Assessment/LOC assessment process.
- **Status:** LOC determination outcome/status.
- **Determination Date:** Date the LOC decision was made by ODDS Diagnosis & Evaluation Coordinator.

- **End Date:** Date the current LOC ends. Usually open-ended unless the individual is no longer receiving services.
 - **Type Code:** Type of institution the individual’s LOC was assessed against.
- ◆ **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 Approval Date	End Date	Type Code	Last Updated by	Last Updated on
10/9/2020	4/30/2021	MFCU	State CIIS Staff	10/9/2020

- ◆ **Individual Support Plan (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** date fields to search for more ISP segments if needed.

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

- **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** = the date the ISP was signed by the authorizing CME for that ISP date segment. This date cannot be in the future.

- ◆ **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 Eligibility**

Search for Other Possible Service Eligibility Dates:

Begin:
End:

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

Data Column headers defined:

- **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 corresponding service category code and benefit plan segment.
 - **End Date:** End date for the corresponding service category code and benefit plan segment.
 - **End Reason Code:** Code showing the reason the date segment ended.
- ◆ **Medicaid Eligibility** – The individual’s APD/DSO case descriptors and their TXIX Medicaid eligibility information. Visible only to users with specific permissions.

▼ **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	Change Date
NCP SSI QMM DDC FS1	11/1/2020	12/31/9999	AD		SSD	A1	A1	0111	M	10/19/2020
NCP SSI QMM DDC FS1	10/1/2018	10/31/2020	AD		SSD	D4	D4	0111	M	10/1/2018
NCP SSI DDS QMM FS1	11/1/2016	9/30/2018	AD		SSD	D4	D4	0111	M	11/1/2016

- ◆ **Employment Relationship** – 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. Visible only to users with specific permissions.

▼ **Employment Relationship**

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

- **eXPRS ID:** The eXPRS ID number assigned to the PSW. Hyperlinks to that PSW's record.
- **SPD Number:** The PSW's SPD provider ID number.
- **Provider:** Name of the PSW provider.
- **Expires:** 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 field is blank or no date is listed, that 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.

Tip: For assistance in understanding the codes used in each section, please see the following assistance guides available on the eXPRS Help Menu:

- **View Client Codes Reference Sheet**
- **How to Determine an Individual's TXIX Medicaid Eligibility by using eXPRS VIEW Client Information**