

## How to Run a Client Liability Report

Agency & Foster Care Providers

*(updated 9/2/2020)*

As a provider of residential services (*such as: group home, supported living, foster care or host home*) authorized and paid via the eXPRS system, some individuals you serve may also have to pay each month towards the cost of their residential service. This monthly service contribution amount from the individual is called a **Client Liability Amount/ Account (CLA)**. It may also be known as the individual's monthly "off set" amount.

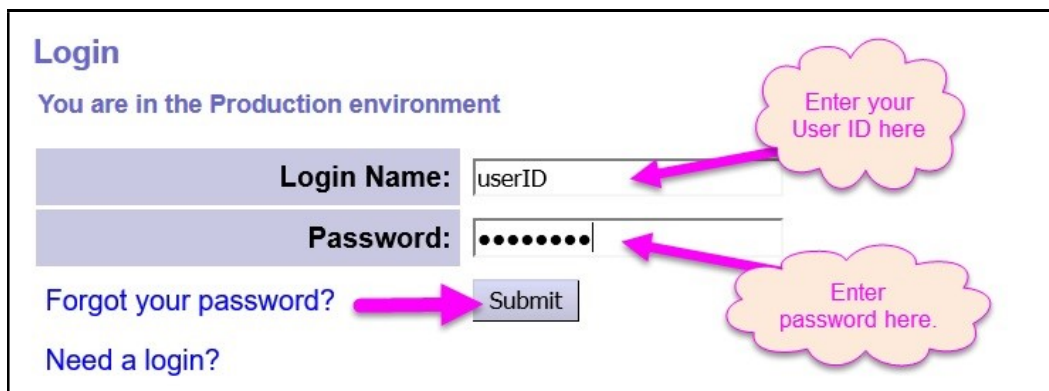
Payments to providers for residential services are reduced each month by any CLA amounts owed by an individual. If an individual has a CLA amount to pay, they (*or their payee*) must pay this directly to the provider, in addition to their monthly Room & Board amount each month.

→ **PLEASE NOTE:** Monthly Room & Board amounts are not processed or paid via eXPRS. Providers should continue to collect those R&B amounts from individuals living in provider residential sites (group homes or foster care homes) as they have in the past.

Providers can access a **Client Liability Report** in eXPRS to determine if an individual has a CLA and the amount to be collected from the individual or their payee each month.

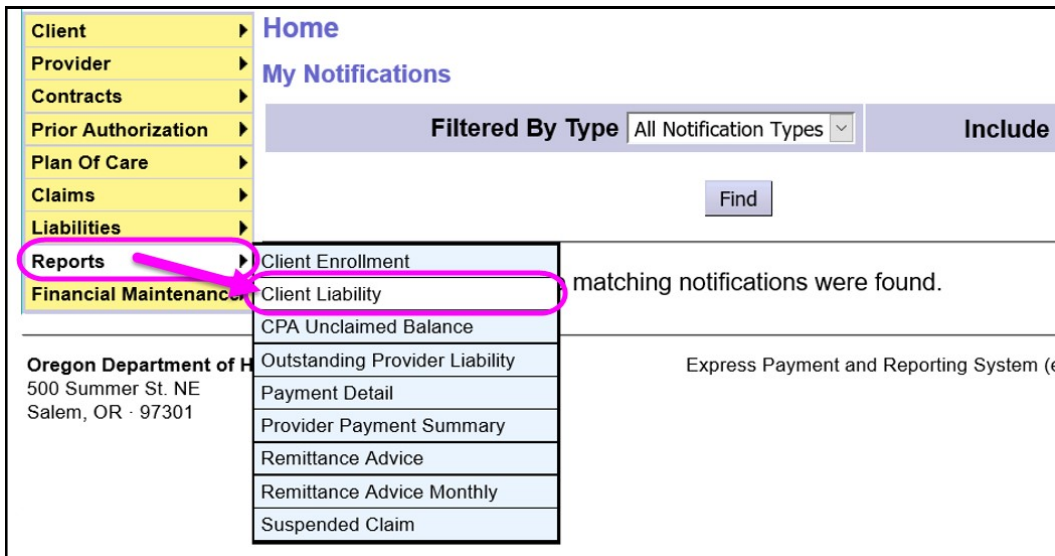
### To access the **Client Liability** report in eXPRS:

1. Login to eXPRS. If you have more than one record associated to your eXPRS user account, select the record for the residential services you provide as the **Organization/Program Area**. Then click **SUBMIT** to login.



The screenshot shows the eXPRS login interface. At the top left, it says "Login" and "You are in the Production environment". Below this are two input fields: "Login Name:" with the text "userID" and "Password:" with a masked password of ".....". A "Submit" button is located below the password field. To the left of the "Submit" button are two links: "Forgot your password?" and "Need a login?". Two pink callout boxes with arrows point to the input fields: one pointing to the "Login Name" field with the text "Enter your User ID here" and another pointing to the "Password" field with the text "Enter password here".

- From the yellow left-hand navigation menu, select **REPORTS** → **CLIENT LIABILITY**. This will take you to the report criteria window.



- In the report criteria window, enter the data needed to pull the report information you want. The easiest way to pull this report will be to just use a date range for the month of service to be paid.

The screenshot shows the 'Client Liability Report Criteria' form. The title is 'Client Liability Report Criteria'. Below the title is a paragraph of instructions: 'Report formatted to be similar to the old green bar Provider Financial Statement report. For the date range selected, lists the client income and service liability information by month. Sorts information by contract, provider, service element, start date, and then client last name. For best results, pull the report by calendar month. Larger date ranges will result in very long report, as data is broken out by individual by month.' Below the instructions are several input fields: 'Start Date:' with a date picker set to '09/01/2020', 'End Date:' with a date picker set to '09/30/2020', 'DHS Contract Num:', 'Provider ID:', 'Client Prime:', 'Service Element:' with a dropdown set to 'All', and 'Format:' with a dropdown set to 'HTML'. A pink arrow points to the 'Start Date' field, and another pink arrow points to the 'Submit' button at the bottom.

- The date range is **\***required and defaults to the current month, but you can change the dates to any date range you wish.
- With the search criteria entered, click **SUBMIT** to run the report.

- The report will open in a new window & display the CLA (“offset”) amount information for each individual in your residential service. The CLA amount to be collected for each individual for the date range specified is displayed in the **CLIENT LIABILITY/CORRECTED AMT** column on the report.

**Client Liability**  
From 9/1/2020 to 9/30/2020

DHS Contract Number: 15\*\*\*0 CDDP or County Name  
 Provider: 1\*\*\*9 Provider Name  
 Service Element: 50  
 Effective Dates: September 2020

Name	Prime #	Client Liability	
		Original Amount	Corrected Amount
BOATMAN, FISHER	KV*****A	\$679.00	\$679.00
BRANCHES, HOLLY	KV*****B	\$555.00	\$555.00
DACTYL, TERRY	KV*****C	\$582.00	\$582.00
MANTA, RAY	KV*****D	\$50.00	\$0.00
VADER, ELLA	KV*****E	\$100.00	\$0.00

→ **Please note:** the CLA report will be divided into separate sections by specific services (group home/SE50, supported living/SE51, foster care/SE158 or SE258, etc) and by different CDDPs/counties, if you serve individuals who have different CDDPs.

- The report exported & saved electronically or printed, if desired, by using the icons in the top left corner of the report window.

