

View Client Page Code Reference Sheet

The **View Client** page contains an individual's various eligibility statuses. This information generally is listed by code. For each section on the **View Client** page, this document lists the most common codes (and their definitions) that a user may see. These lists will assist eXPRS users with to better understand the information displayed on this page.

DD Eligibility > Termination Code

Determination CDDP	Intake Date	Intake Status	Determination Status	Notice Date	Termination Date	Termination Code	Primary Qualifying Diagnosis
							ID1
						AGE	ID1

Code	Description
ADE	Adult Eligibility Determination
AGE	Re-determine needed prior to age 7/9/18/22
DEC	Deceased
INE	Ineligible for DD Services
IWU	Involuntary Withdrawal- No Contact/Unavailable
MOS	Moved Out of State
OTH	Other
PNM	Prime Number Updated
RED	Re-determine Eligibility (not because of age)
REF	Client Refuses Services
TAP	Transferred to APD
TMH	Transferred to MH
VWD	Voluntary Withdrawal-Dissatisfied w/ Services
VWP	Voluntary Withdrawal by Parent / Guardian

DD Eligibility > Primary Qualifying Diagnosis

Determination CDDP	Intake Date	Intake Status	Determination Status	Notice Date	Termination Date	Termination Code	Primary Qualifying Diagnosis
							ID1
						AGE	ID1

Code	Description
ABI	Acquired Brain Injury
ANG	Angelman's Syndrome
AUT	Autism Spectrum
CII	Children's Intensive In-Home Supports for Non-DD
CPY	Cerebral Palsy
DNS	Down Syndrome
ECA	Early Childhood Assessment
EPI	Epilepsy
FAS	Fetal Alcohol Spectrum
FXS	Fragile X Syndrome
GDD	Global Developmental Delay (only for ages 0-7)
KFS	Klinefelter's Syndrome
ID1	Intellectual Disability, Mild
ID2	Intellectual Disability, Moderate
ID3	Intellectual Disability, Severe
ID4	Intellectual Disability, Profound
NFB	Neurofibromatosis origin / direct brain impact
OHI	Other Health Impairment
OGC	Other Genetic Condition
PKU	Phenylketonuria
PWS	Prader-Willi Syndrome
TBI	Traumatic Brain Injury
TRS	Tourette's Syndrome
WLS	Williams Syndrome

Level of Care > Status

▼ 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

Status	Description
APP	Approved
DEN	Denied

Level of Care > Type Code

▼ 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

Type	Description
ICF/IDD	ICF/MR Level of Care – DDB / DDC / DDS / DDK
HOS	Medically Fragile Children – MFW
NFC	Medically Involved Children – MIW

Service Eligibility > End Reason Code



▼ Service Eligibility				
Search for Other Possible Service Eligibility Dates:				
		Begin: <input type="text"/>	End: <input type="text"/>	<input type="button" value="Select"/>
Service Category Code	Benefit Plan	Start Date	End Date	End Reason Code
DDC	IHC			

Svc Cat	End Rsn	Description
	CTR	County transfer
	DEC	Client deceased
	EBS	Enrolled in Waivered Svc-Brokerage
	ECC	Entered Convalescent Care
	EDT	Entered Detention
	EJL	Entered Jail/Incarceration
	EMH	Entered Medical Hospital
	ENF	Entered Nursing Facility
	ENW	Entered Non-Waivered Service
	EPF	Entered Psychiatric Facility
	ESH	Entered OR State Hospital
	EVA	To family visit/vacation
	EWL	AWOL/Runaway
	EWS	Enrolled in Waivered Svc-Other

EXP	Expired
FME	Federal Match Eligible
FMN	Federal Match not Eligible
LCC	Left Convalescent Care
LDT	Left Detention
LJL	Left Jail/Incarceration
LMH	Left Medical Hospital
LNF	Left Nursing Facility
LNW	Left Non-Waivered Service
LPF	Left Psychiatric Facility
LSH	Left OR State Hospital
LVA	Returned from family visit/vacation
LWL	Returned from AWOL/Runaway
LWS	Left Waivered Service
NME	Recipient no longer Medicaid eligible
OTH	Other
WEL	Eligible for Waiver
WNE	No longer eligible for Waiver
WSW	Waiver Switch

Service Eligibility > Service Category Code & Benefit Plan

▼ **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			

Svc Cat	Ben Plan	Description
BPD	BPD	DD State Plan Services – 20-Hour Personal Care (SPPC): Used for individuals with developmental disabilities who have a current authorization for PC20 services; time limited code to 365 days
BPM	BPM	Mental Health State Plan Services - 20 Hour Personal Care (SPPC): Used for individuals with mental health services who have a current authorization for PC20 services; time limited code to 365 days.
DDB	DDB	DD Children’s Intensive In-Home Supports (CIIS) - Children's Behavioral Waiver + K-Plan services: Used for children in the CIIS program who are receiving children’s model waiver for behavior + K-Plan services. This is a time-limited enrollment to the last day of the child’s 17 th year.
DDC*	IHC	DD Comp Waiver + K Plan – In-Home Comp services (Adult or Child)
	RES	DD Comp Wavier + K-Plan - Comp Residential services (Adult or Child)
DDE	DDE	DD Case Management Service Only (no longer used): Used to code individuals as service eligible for DD services and have requested only Targeted Case Management services. Expired 9/30/2010.
DDG#	IHC	DD General Fund – In-Home Comp services (Adult)

* Used for individuals who are enrolled in and receiving DD Comprehensive Waiver + K-Plan services

Used for individuals who are receiving either waiver or K-Plan service but have TXIX LOC or financial eligibility. They may have a DD comp waiver or K-Plan eligibility pending (in which the time limit is 90 days) or may have not met LOC or financial eligibility requirements to receive waiver or K-Plan services (in which the time limit is 365 days). Allows for 100% GF payment for services in eXPRS.

DDG	RES	DD General Fund – Comp Residential services (Adult or Child)
	CNV	DDG Service Category Conversion (<i>no longer used</i>): Used for all DDG service eligibility records with an infinity end date (12/31/9999) at the time of conversion
DDK ⁺	RES	DD K-Plan ONLY – Comp Residential services (Adult or Child)
	IHC	DD K-Plan ONLY – In-Home Comp services (Adult or Child)
	DDK	DD K-Plan ONLY services (Adult or Child)
DDS	DDS	DD Adult Support Services Waiver + K-Plan (<i>no longer used</i>): Used for individuals who are enrolled and receiving DD Adult Support Waiver + K-Plan services
FSG	FSG	Family Supports General Fund ONLY services (Child): Used to code an individual as a DD service eligible child, receiving general fund Family Support services.
FSL	FSL	Children’s In-Home Long-Term services – General Fund ONLY: Used to code an individual as a DD service eligible child, receiving Children’s In-Home services funded with State General Funds only.
MF2	MF2	MFP - Transition from EOTC to DDC (<i>no longer used</i>)
MF3	MF3	MFP - Transition from NF to DDC (<i>no longer used</i>)
MF5	MF5	MFP - Transition from NF to MIW (<i>no longer used</i>)
MF7	MF7	MFP - Transition from OSH to DDC (<i>no longer used</i>)
MFN	MFN	DD Children’s Intensive In-Home Supports (CIIS) - Medically Fragile Children - Non-Waivered (<i>no longer used</i>): Used for individuals who are receiving CIIS/MFCU services but are not enrolled to one of the children’s model waivers.
MFW	MFW	DD Children’s Intensive In-Home Supports (CIIS) - Medically Fragile Children – Waiver + K-Plan services: Used for individuals receiving CIIS/MFCU waived services.
MIW	MIW	DD Children’s Intensive In-Home Supports (CIIS) - Medically Involved Children - Waiver + K-Plan services: Used for individuals receiving waived services via Medically Involved Services Waiver
SSG	SSG	Adult Support Services – General Fund ONLY (<i>no longer used</i>)

⁺ Used for individuals who are eligible for and receiving DD K-Plan services ONLY

Medicaid Eligibility > Case Descriptors

▼ Medicaid Eligibility		
Case Descriptors	Eligibility Start Date	Eligibility End Date
OSP SSI	3/1/2022	12/31/9999
OSP SSI	12/1/2021	2/28/2022

Code	Description
ADM	Administrative Exam: State office use only; indicates coverage for Administrative Exam only.
AMO	MAGI Adult Program: Indicates an adult who is TXIX Medicaid eligible through the MAGI program.
BCP	Breast Cervical Program
C21	Modified Adjusted Gross Income Children’s Health Insurance Program (MAGI CHIP)
CBF	Community Based Care Facility
CBI	Client Buy-In: The amount of the client paid Medicare premiums; the individual has their SSA disability benefits reduced to pay for their Medicare premiums, and then receives a medical deduction of equal value from their client liability.
CEC	Continuous Eligibility Chip: Medical assistance; assumed eligible for Aid to Dependent Children-Basic (ADC-BAS)
CHP	Children’s Health Insurance Program (CHIP): Indicates TXIX Eligible Children (phased out).
CM1	MAGI Child under age 1 - Not Assumed Eligible Newborn (AEN)
CMO	Magi Child Program: Indicates a child who is TXIX Medicaid eligible through the MAGI program.
DAC	Adult Disabled Child w/OSPI Eligibility: OSIPM qualifier; used for people 18 or older who are blind or disabled who lost SSI/OSIP eligibility because they began receiving, or received an increase in, children's SSB, but who retain OSIPM eligibility per OAR 461-135-0830.
DAN	DD Adult Foster Home/Non-relative: Codes an individual’s service that is in DD adult foster care.
ECE	Countable Earned Income: Used for individuals enrolled in the Employed Persons with Disabilities (EPD) employment buy-in program.

E EI	Adjusted Income: Used for individuals enrolled in the Employed Persons with Disabilities (EPD) employment buy-in program.
EPD	Employed Person with Disabilities: Used for individuals enrolled in the Employed Persons with Disabilities employment buy-in program for Medicaid eligibility.
E ML	Earnings Applied Against Grant: Used for an individual who is required to report their income to SPD monthly.
EXT	Extended Medical Benefits
FS1	Medicare Modernization Act (MMA) Prescription Drug Coverage Full Subsidy: Used for individuals who are Medicare/Medicaid dual eligible (OHP+/Medicare) or Medicare only eligible and whose income is ≤ 100% FPL.
FS2	Medicare Modernization Act (MMA) Prescription Drug Coverage Full Subsidy: Used for individuals who are Medicare/Medicaid dual eligible individuals (OHP Plus & Medicare) or Medicare only eligible and whose income is > 100% FPL.
GCH	Residential Care/TNG/Treatment: Used for an individual who is receiving DD group home residential services.
HOP	Healthier Oregon Program
MRF	Group Care Home
MVC	Foster Care Facility
NCP	No Cash Payment
NMD	Non-Medical Case: Cash payment only to adult individual.
NSS	Non-Service SSD Clients: Used for individual not on APD/Seniors Home and Community Based Care Waiver or Long-Term Care; no services.
OSIP	Oregon Supplemental Income Program: Oregon's supplement to individuals who receive Medicaid/SSI payments.
OSIPM	Oregon Supplemental Income Program + Medical: Oregon's supplement to individuals who received Medicaid/SSI payments & medical benefits.

OSS	Other Supplemental Security (OSIPM qualifier): Used for individual who lost eligibility for SSI/OSIP benefits since April 1977, but who retain eligibility for OSIPM under the Pickle Amendment.
PCR	Parent/Caretaker/Relative
PGD	OSIPM Presumptive or General Assistance Cash/Medical
PKL	Medicaid under the Pickle Amendment: Used for individuals who have eligibility for Pickle Amendment pending approval. If approved, this code is removed and replaced with “ OSS ”.
PMA	OSIPM presumptive Medicaid approved
PMD	OSIPM presumptive Medicaid denied
PMP	OSIPM presumptive Medicaid pending
PWO	MAGI Pregnant Women Program
QMM	Qualified Medicare and Medicaid: Used for individuals who are receiving continuous medical benefits under another program (Aid to Dependent Children Medical/OSIPM).
SAC	Substitute Adoptive Care: Used for special needs adoption cases and out of state foster children.
SBI	State-Funded Buy-In: Used for OSIPM eligible Medicare beneficiaries who are not income eligible for QMB-SMB/SMF.
SMB	Special Medicare Beneficiary (QMB-SMB): Used for individual who receives state full payment of Medicare Part B coverage (partial Federal match).
SMF	Special Medicare Beneficiary (QMB-SMF): Used for individual who receives state full payment of Medicare Part B coverage (full Federal match).
SSB	Social Security Benefit: Used for individual who receives Social Security disability benefits.
SSI	Supplemental Security Income: Used for individual who is eligible/receiving SSI benefits.
WIS	Waivered Income Standard: Used for individuals that are OSIPM eligible under the 300% rule.

Medicaid Eligibility > In Grant Code

▼ Medicaid Eligibility				
Case Descriptors	Eligibility Start Date	Eligibility End Date	In Grant Code	Case Number
OSP SSI	3/1/2022	12/31/9999		
OSP SSI	12/1/2021	2/28/2022		

Code	Description
AD	All other persons included in benefits regardless of age.
CH	Child in TANF, MA, ERDC, REF or REFM benefit group.
CA	Adults eligible for cash, but not for medical benefits
CC	Child eligible for cash, but not for medical benefits
FC	Child Welfare Medicaid

Medicaid Eligibility > Case Descriptors

▼ 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
OSP SSI	3/1/2022	12/31/9999			OHA	4	4	0101	M
OSP SSI	12/1/2021	2/28/2022			OHA	4	4	0101	M

Code	Description
AFS	Adult and Family Services Division
SSD	Senior and Disabled Services Division
CSD	Child Welfare Division
OHA	Oregon Health Plan/Health Services Division

Medicaid Eligibility > Program Code

▼ 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
OSP SSI	3/1/2022	12/31/9999			OHA	4	4		M
OSP SSI	12/1/2021	2/28/2022			OHA	4	4		M

Code	Description
1/A1	Old Age Assistance – medical only
2/P2	Medicaid Only
3/B3	Blind
4/D4	Aid to the Disabled – medical only
5	Presumptive Disability Determination
C5	Substitute Adoptive Care
19	Child Welfare Recipient

Medicaid Eligibility > Perc Code

▼ 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
OSP SSI	3/1/2022	12/31/9999			OHA	4	4		M
OSP SSI	12/1/2021	2/28/2022			OHA	4	4		M

Code	Description
1/A1	Old Age Assistance – medical only
2/P2	Medicaid Only
3/B3	Blind
4/D4	Aid to the Disabled – medical only
5	Presumptive disability determination
M1	MAGI recipient
M3	MAGI recipient

Medicaid Eligibility > Match Code

▼ 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
OSP SSI	3/1/2022	12/31/9999			OHA	4	4		M
OSP SSI	12/1/2021	2/28/2022			OHA	4	4		M

Code	Description
M	No federal matching money to be claimed for cash payments, if being made, but federal matching money claimed for medical payments.
N	Not eligible for benefits or eligible for ERDC only.