DHS Mainframe Database

and

eXPRS Client Profile Information Codes

(updated 8/24/15)

DD Service Eligibility/Category and Waiver Codes

BPA   Personal Care 20hrs**;** used for individuals with who have a current authorization for PC20 services for Aged & Physically Disabled program; time limited code to 365 days.

BPD   Personal Care 20hrs**;** used for individuals with developmental disabilities who have a current authorization for PC20 services; time limited code to 365 days.

BPM   Personal Care 20hrs**;** used for individuals with mental health services who have a current authorization for PC20 services; time limited code to 365 days

DDB   Developmental Disabilities Children's Behavior Waiver; 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 17th year.

DDC   Developmental Disabilities Comprehensive Waiver; used for individuals who are enrolled and receiving DD Comprehensive Waiver + K-Plan services.

DDE   Developmental Disability services Eligible; used to code individuals as service eligible for DD services and have requested only Targeted Case Management services. This code was expired on 9/30/2010.

DDG   Developmental Disabilities Comprehensive Services - General Fund; 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.

DDK   Developmental Disabilities K-Plan services; used for individuals who are eligible and receiving DD K-Plan services ONLY.

DDS   Developmental Disabilities Adult Support Waiver + K-Plan services; used for individuals who are enrolled and receiving DD Adult Support Waiver + K-Plan services.

FSG   Family Supports General; used to code an individual as a DD service eligible child, receiving general fund Family Support services.

FSL   Children's In-Home Long Term supports; used to code an individual as a DD service eligible child, receiving Children's In-Home services but funded with State General Funds ONLY.

IMR   Institution for Mentally Retarded; used to code individuals still living at EOTC.

MF2   Money Follows the Person/Oregon "On The Move"; used for clients who were discharged from EOTC as a part of the On The Move project, for their first year of community placement services. Time-limited code of 365 days

MF3   Money Follows the Person/Oregon "On The Move"; used for adults and children who were discharged from a Nursing Facility as a part of the On The Move project, for the first year of their community placement services. Time-limited code of 365 days

MF5   Money Follows the Person/Oregon "On The Move"; used for children who transitioned from a nursing facility, as a part of the On The Move project, for the first year their community placement services. These children will be transitioned to the new MIW at the end of their year with MFP/OTM. Time-limited code of 365 days.

MF7   Money Follows the Person/Oregon "On The Move"; used for adult clients who were discharged from Oregon State Hospital to a DD residential services placement as a part of the On The Move project,

for their first year of community placement services. Time-limited code of 365 days

MFN   Medically Fragile Children's services – Non-waiver; used for clients who are receiving CIIS/MFCU services, but are not enrolled to one of the children's model waivers.

MFW   Medically Fragile children's services - Waiver; used for clients receiving CIIS/MFCU waivered services.

MIW   Medically Involved children's' services - Waiver**;** used for clients receiving waivered services via the new Medically Involved services waiver.

NFC   Nursing Facility services - used for individuals who are placed in a nursing facility.   This could be used for short-term stays (instead of the code NFC), and always used for nursing facility long-term placements.

NFS   Nursing Facility – Short-term Stay - used for individuals who are temporarily placed in a nursing facility to recover from an illness or injury, but will return to their original DD residential placement.

SSG   Developmental Disabilities Adult Support Services - General Fund; used for Brokerage individuals who are receiving either waiver or K-Plan service, but have TXIX LOC or financial eligibility. They may have a DD Support Services 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.

APD Service/Financial/Medical Case Descriptor Codes:

ADM   State office use only; used to indicate coverage for Administrative Exam only.

AMO   Identifies an adult who is TXIX Medicaid eligible through the MAGI program.

APO   Identifies clients who contacted a branch for any reason other than Medicare Part D.

BCP   Breast Cervical Program

CBF   Community Based Care Facility.

CEC   Medical Assistance – Assume Eligible for ADC/BAS

CHP   CHIP; TXIX eligible children (being phased out)

CMO   Identifies a child who is TXIX Medicaid eligible through the MAGI program.

C21   MAGI CHIP program

T21   MAGI CHIP program with Third Party Liability

DAC   Disabled Adult Child (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 a client's service who are in DD adult foster care.

ECE   Countable earned income; used for individuals enrolled in the Employed Persons with Disabilities (EPD) employment buy-in program.

EEI   Adjusted income; used for individuals enrolled in the Employed Persons with Disabilities (EPD) employment buy-in program.

EPD   Employed Person with Disability; used for individuals enrolled in the Employed Persons with Disabilities employment buy-in program for Medicaid eligibility.

EML   Monthly Reporting; used to code a client 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 Medicare/Medicaid dual eligible individuals (OHP Plus/Medicare) or Medicare only clients whose income is less than or equal to equal to 100% FPL.

FS2   Medicare Modernization Act (MMA) Prescription Drug Coverage Full Subsidy; used for Medicare/Medicaid dual eligible individuals (OHP Plus & Medicare) or Medicare only clients whose income is greater than 100% FPL.

GCH   Group Care Home; individual is receiving DD group home residential services.

MAA   TANF MA, assumed eligible based on current TANF eligibility

MRF   Group Care Home

MVC   Foster care facility

NCP   No cash payment.

NMD   Non Medical Case; cash payment only to adult individual.

NSS   Not on APD/Seniors Home and Community Based Care Waiver or Long-Term Care.

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.

OSP   OSIPM-presumptive medical; used on Program 5 cases to indicate which people on the case are receiving OSIPM - presumptive medical

OSS   Other Supplemental Security (OSIPM qualifier); used for clients who lost eligibility for SSI/OSIP benefits since April 1977, but who retain eligibility for OSIPM under the Pickle Amendment.

PCR   Parent/Relative/Caregiver

PGD   OSIPM Presumptive or General Assistance Cash/Medical

PKL   Pickle Amendment eligibility determination pending; used for clients 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   Pregnant woman MAGI

QMM   QMB-BAS and other medical; used for clients who are receiving continuous medical benefits under another program (ADCM/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); receives state full payment of Medicare Part B coverage (partial Federal match).

SMF   Special Medicare Beneficiary (QMB-SMF); receives state full payment of Medicare Part B coverage (full Federal match).

SSB   Social Security Benefit; used to identify clients who are receiving Social Security disability benefits.

SSI   Supplemental Security Income; used to identify clients who are eligible/receiving SSI benefits.

Other codes that may appear on a Client's profile or CLA in eXPRS:

In Grant Code

AD	All other persons included in benefits regardless of age.
CH	Child in TANF, MA, ERDC, REF or REFM benefit group.
XX	Client not currently Medicaid eligible.
NO	Not in a benefit group (may be medically eligible); person lives in the home, but his/her needs are not included on the grant.
CC	Child eligible for cash, but not for medical benefits
CA	Adults eligible for cash, but not for medical benefits
FC	child welfare TXIX Medicaid

Agency Code

AFS	Adult and Family Services Division
SSD	Senior and Disabled Services Division

Program Code

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

Perc Code

1/A1	Old Age Assistance – medical only
2/P2	Medicaid Only
3/B3	Blind
4/D4	Aid to the Disabled – medical only
QB	QMB Medicare beneficiary before spend-down; used with Program Codes P2 and M5.

Match Code

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.