

eXPRS VIEW CLIENT Screen Code Reference Sheet

(updated 5/5/2016)

The **VIEW CLIENT** page in eXPRS enables users to view information on a client's various eligibility statuses. However, much of that information is listed by code.

This reference sheet is broken out by section to correspond with the **VIEW CLIENT** page's expandable sections and will give you the definitions for the codes you may see in each section. This is not an exhaustive list, but the most common codes you may find in the corresponding section. Hopefully this will assist the eXPRS user who has permissions to see the **VIEW CLIENT** information to better understand the information being displayed.

DD ELIGIBILITY Section:

End Termination Reason Code

Code	Reason
ADE	Adult Eligibility Determination
AGE	Re-determine Eligibility - Client 18 / 22
DEC	Deceased
INE	Ineligible for DD Services
IWU	Involuntary Withdrawal- No Contact/Unavailable
MOS	Moved Out of State
NLV	Invalid
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

Qualifying Diagnoses Codes

Code	Qualifying Conditions 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 Section:

Status, Reason Code, Reason Description

Status	Reason	Reason Description
APP	APP	Approved
DEN	DEN	Denied

LOC Type Code

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

SERVICE ELIGIBILITY Section:

Service Category Code, Benefit Plan, Description

Svc Cat	Ben Plan	Short Description
BPD	BPD	DD State Plan Services – 20-Hour Personal Care (SPPC)
BPM	BPM	Mental Health State Plan Services - 20 Hour Personal Care (SPPC)
DDB	DDB	DD Children’s Intensive In-Home Supports (CIIS) - Children's Behavioral Waiver + K-Plan services
DDC	IHC	DD Comp Waiver + K Plan –In-Home Comp services (Adult or Child)
DDC	RES	DD Comp Wavier + K-Plan - Comp Residential services (Adult or Child)
DDE	DDE	DD Case Management Service Only (<i>old code, no longer used</i>)
DDG	IHC	DD General Fund –In-Home Comp services (Adult)
DDG	RES	DD General Fund – Comp Residential services (Adult or Child)
DDG	CNV	DDG Svc Cat Conversion on all DDG service eligibility with infinity end date at time of conversion
DDK	RES	DD K-Plan ONLY – Comp Residential services (Adult or Child)
DDK	IHC	DD K-Plan ONLY – In-Home Comp services (Adult or Child)
DDK	DDK	DD K-Plan ONLY services (Adult or Child)
DDS	DDS	DD Support Services Waiver + K-Plan – Adult Support In-Home services
FSG	FSG	Family Support General Fund ONLY services (Child)

FSL	FSL	Children's In-Home Long Term services – General Fund ONLY
MF2	MF2	MFP - Transition from EOTC to DDC
MF3	MF3	MFP - Transition from NF to DDC
MF5	MF5	MFP - Transition from NF to MIW
MF7	MF7	MFP – Transition from OSH to DDC
MFN	MFN	DD Children's Intensive In-Home Supports (CIIS) - Medically Fragile Children - Non-Waivered
MFW	MFW	DD Children's Intensive In-Home Supports (CIIS) - Medically Fragile Children – Waiver + K-Plan services
MIW	MIW	DD Children's Intensive In-Home Supports (CIIS) - Medically Involved Children - Waiver + K-Plan services
SSG	SSG	Adult Support Services – General Fund ONLY

Service Category End Reason Code

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

MEDICIAD ELIGIBILITY Section:

DHS/SPD Case Descriptors

Code	Definition
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.
BCP	Breast Cervical Program
CBF	Community Based Care Facility
CBI	Client Buy-In; the amount of the client paid Medicare premiums; the client 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	Medical Assistance, assumed eligible for ADC/BAS
CHP	CHIP program; TXIX Eligible Children (being phased out)
CMO	Identifies a child who is TXIX Medicaid eligible through the MAGI program.
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.
EEl	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; client is receiving DD group home residential services.
MRF	Group Care Home
MVC	Foster care facility
NCP	No cash payment.
NMD	Non Medical Case; cash payment only to adult client.
NSS	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 clients 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	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

In Grant Code

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
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.
XX	Client not currently Medicaid eligible

Agency Code

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
HIX	Oregon Health Plan/Health Services Division

Program Code

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

PERC code

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

Match Code

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.