

DHS Mainframe Database and **eXPRS Client Profile Information Codes**

DD Service Eligibility/Category and Waiver Codes

- 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 who are enrolled to the children’s model waiver for targeted supports for behavior. 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 to the DD Comprehensive Services waiver.
- DDE** Developmental Disability services Eligible; used to code individuals as service eligible for DD services and have requested only Targeted Case Management services.
- DDG** Developmental Disabilities Comprehensive Services - General Fund; used for individuals who are receiving a waived service, but have not been enrolled to a DD waiver. They may have a DD comp waiver pending (in which the time limit is 90 days), or may have not met LOC or financial eligibility requirements to be enrolled on a waiver (in which the time limit is 365 days). Allows for 100% GF payment for services in eXPRS.

- DDS** Developmental Disabilities Adult Support Services Waiver; used for individuals who are enrolled to the DD Adult Support Services/Brokerage waiver.
- FSG** Family Supports General; used to code an individual as a DD service eligible child, receiving general Family Support services.
- FSL** Family Supports Long-Term; used to code an individual as a DD service eligible child, receiving Kids Long-term (KLTD) Family Support services.
- 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.
- 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 waived services.

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

SSG Developmental Disabilities Adult Support Services - General Fund; used for Brokerage individuals who are receiving a waived Brokerage service, but have not been enrolled to the DDS waiver. They may have a DDS waiver pending (in which the time limit is 90 days), or may have not met LOC or financial eligibility requirements to be enrolled on the DDS waiver (in which the time limit is 365 days). Allows for 100% GF payment for services in eXPRS.

APD Service/Financial/Medical Case Descriptor Codes:

CBF Community Based Care Facility.

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.

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.

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.
- 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.
- 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.
- 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**".
- QMM** QMB-BAS and other medical; used for clients who are receiving continuous medical benefits under another program (ADCM/OSIPM).
- 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.

Agency Code

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

Prog 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

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.