# View Client Page Code Reference Sheet

(updated 10/16/2025)

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 | Kleinfelter'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



| Status | Description |
|--------|-------------|
| APP | Approved |
| DEN | Denied |

# Level of Care > Type Code



| 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



| 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 |

| Svc Cat End Rsn | Description |
| --- | --- |
| 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: [____] 🔲   [Select]

| 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 17th 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)** |
|  | RES | **DD General Fund – Comp Residential services (Adult or Child)** |

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* 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.

| Svc Cat | Ben Plan | Description |
|---|---|---|
| **DDG** | **CNV** | **DDG Service Category Conversion** *(no longer used)***:** 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** *(no longer used)*: 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** *(no longer used)* |
| **MF3** | **MF3** | **MFP - Transition from NF to DDC** *(no longer used)* |
| **MF5** | **MF5** | **MFP - Transition from NF to MIW** *(no longer used)* |
| **MF7** | **MF7** | **MFP - Transition from OSH to DDC** *(no longer used)* |
| **MFN** | **MFN** | **DD Children's Intensive In-Home Supports (CIIS) - Medically Fragile Children - Non-Waivered** *(no longer used):* 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 waivered services. |

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

| Svc Cat | Ben Plan | Description |
|---------|----------|-------------|
| MIW | MIW | **DD Children's Intensive In-Home Supports (CIIS) - Medically Involved Children - Waiver + K-Plan services:** Used for individuals receiving waivered services via Medically Involved Services Waiver |
| SSG | SSG | **Adult Support Services – General Fund ONLY** *(no longer used)* |

## Medicaid Eligibility > Case Descriptors



| 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. |

| Code | Description |
|------|-------------|
| 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. |
| EEI | **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. |
| EML | **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** |

| Code | Description |
|------|-------------|
| 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). |

| Code | Description |
|------|-------------|
| 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

| 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

| 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

| 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 |

| Code | Description |
| --- | --- |
| 19 | Child Welfare Recipient |

## Medicaid Eligibility > Perc Code

| 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 |

*▼Medicaid Eligibility*

| 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

| 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 |

*▼Medicaid Eligibility*

| 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. |