

DHS - Case Descriptors

72P	7210 Application pending/mailed.
72W	7210 Application waiver approved.
913	OSIP, OSIPM; Identifies Medicaid clients receiving SSI who become incarcerated. May also be used to identify clients who were determined eligible for Presumptive Medicaid while incarcerated. Do not remove this code, it is used for tracking purposes.
AA	Alcohol abuse.
AB	OSIP; Eligible for AB, but included in spouse's benefits. OSIPM-MN; Client related to AB program.
AC	OSIP; Activity center.
ACS	Acute Care Stay.
AD	OSIP; Eligible for AD, but included in spouse's benefits. OSIPM-MN; Client related to AD program.
ADM	State Office Use Only; Used in the MMIS to indicate coverage for administrative exam only.
ADQ	Asset Disqualification for cases that have been disqualified due to an asset transfer. Put on the Closed or Denied case.
AMO	OCCS medical; Adult age 19 through 64 who qualifies for Medicaid based on MAGI Adult program requirements.
APD	OSIP, OSIPM; Aged and Physically Disabled Home and Community Based Care 1915c Nursing Facility Waiver.
APM	Identifies clients who initially contacted a branch office due to an expressed interest in Medicare Part D.
APO	Identifies clients who contacted a branch for any reason other than Medicare Part D.
BAS	ERDC-BAS cases.
BCP	Breast and Cervical Cancer program client who is not receiving any other type of medical.
BCS	Woman presumptively eligible for the Breast and Cervical Cancer medical program but who is eligible for and receiving other Medicaid.
BPA	OSIP, OSIPM; Basic Plan Services paid under the CMS State Plan Personal Care Services for people who are Aged or Physically Disabled.
BPD	Basic Plan Services paid under the CMS State Plan Personal Care Services for people who are Developmentally Disabled.

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BPM	Basic Plan Services paid under the CMS State Plan Personal Care Services for people who are under a Mental Health Service Plan (provides in-home and residential).
BPO	Basic Plan Services paid under the CMS State Plan Personal Care Services or clients under the Oregon Health Plan.
C21	OCCS medical; Child who qualifies for Title XXI (CHIP) medical with household group income through 300% FPL.
CBI	Client Buy-In; Use for OSIPM eligible Medicare beneficiaries who pay their Medicare Part B premium.
CBF	Clients receiving services in a community based care facility. Required when the person has an SVC, MVC, or MRF Need/Resource code.
CCE	Child care eligible is used when a child is not receiving case but is eligible for child care. CCE is required to pull a child's information onto the billing forms when the child is coded as a NO on the TANF case.
CEC	Continuous Eligibility for CHIP.
CEM	Continuous Eligibility for Medical.
CEU	MDRC Project Control Group-Eugene.
CHP	Children's Health Program up to 185% FPL.
CID	Medical closed/denied because the client didn't provide requested citizenship documentation.
CIE	In extended pend period for citizenship documentation.
CIP	In initial pend period for citizenship documentation.
CMF	MDRC Project Control Group-Medford.
CML	CHIP funded Medicaid Program.
CMO	OCCS medical; Child under age 19 who qualifies for Medicaid based on MAGI Child program requirements.
CNM	Copay requirement has not been met. This code prevents an ERDC case from opening. CNM should only be added or removed by the Direct Pay Unit.
CPA	Case Pay Approved. Required on _1, _3, _4 cases. Not allowed on A1, B3, D4 cases.
CPX	MDRC Project Control Group-Portland.
CR1	OCCS medical; Individual under age 21 in Title XIX residential treatment.
CR2	OCCS medical; Individual under age 21 in non-Title XIX residential treatment.

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CR3	CW medical; Adult under age 26 receiving Former Foster Care Youth Medical.
CS1	TANF; Disqualified for noncooperation with Child Support Enforcement, level 1.
CS2	TANF; Disqualified for noncooperation with Child Support Enforcement, level 2.
CS3	TANF; Disqualified for noncooperation with Child Support Enforcement, level 3.
CS4	TANF; Disqualified for noncooperation with Child Support Enforcement, level 4.
CSL	MDRC Project Control Group-Salem.
CSM	MA; Disqualified for noncooperation with Child Support Enforcement for a medical program only.
CTP	OSIP; Court Ordered Petition. Use on cases in which there is a court ordered petition relating to the Community Spouse Resource Allowance.
CWF	CAF CW
CWM	Ineligible non-citizen who is potentially eligible for CAWEM.
CWX	Pregnant CAWEM client who is eligible for Pre-Natal CAWEM Expansion medical. Limited to Benton, Clackamas, Hood River, Jackson, Lane, Multnomah and Deschutes counties.
CZE	Czechoslovakian Refugees.
DA	Drug Abuse.
DAA	Drug and Alcohol Abuse.
DAC	OSIPM; Disabled Adult Child; Use 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.
DD1	Individual with DD Services.
DDB	In-Home Supports, Children's Behavioral Home and Community Based Care 1915c ICF-MR Model Waiver.
DDC	OSIP, OSIPM; Developmental Disabilities Comprehensive Home and Community Based Care 1915c ICF-MR Waiver.
DDE	DD eligible for basic service of case management.

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DDG	OSIP, OSIPM; Developmental Disabilities In-Home Supports/Residential Care, General Funds.
DDK	Developmental Disability K-Plan Services; Community First Choice (K-Plan) State Plan Services.
DDS	OSIP, OSIPM; De Developmental Disabilities In-Home Supports Home and Community Based Care 1915c ICFMR Waiver.
DOC	Department of Corrections.
DQ1	TANF; Disqualified for noncooperation with JOBS activities, level 1.
DQ2	TANF; Disqualified for noncooperation with JOBS activities, level 2.
DQ3	TANF; Disqualified for noncooperation with JOBS activities, month 1 of level 3.
DQ4	TANF; Disqualified for noncooperation with JOBS activities, level 4.
ECF	Enhanced Care Facility.
ECP	Enhanced Care Program. Allowed with Residential Services or Nursing Facility N/R codes (SVC, SS or NH). The enhanced rate will be entered by Central Office staff on ELGF.
ECS	TANF, MAA, MAF; Eligible child is SSI recipient – Use when a child who meets the TANF dependent child criteria is not in the benefit group because they are receiving SSI.
EEU	MDRC Project-Eugene.
EGR	East Germany refugees.
ELF	Express Lane FPEP.
ELI	Exit Limit Increase.
ELL	Express Lane eligibility school lunch. Identifies children approved for OPC or CHIP through Express Lane Eligibility (ELE) process. ELL uses federal school lunch program income data for OPC/CHP eligibility decision.
ELR	Express Lane Revenue.
ELS	Express Lane eligibility SNAP. Identifies children approved for OPC or CHP through the Express Lane Eligibility (ELE) process. ELS uses SNAP income data for the OPC/CHP eligibility decision.
ELT	Express Lane Tribal.
ELW	Express Lane WIC.
EMF	MDRC Project-Medford.
EMI	OSIPM; Excess maintenance income. Use for OSIPM institutionalized, and home, community-based care waived (DDW and WAV) clients

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	who have income in excess of their cost of care or maintenance and service needs.
EML	Case in Monthly Reporting System on all program codes except P2, use the EML case descriptor on the primary person. Because P2 cases are often a combination of cases, the code must be on each person it applies to. Do not use EML on M5 cases.
EPD	OSIP-EPD; Employed Persons with Disabilities Program.
EPX	MDRC Project Group-Portland.
ERL	ERDC Reservation List, code ERL when the caretaker applies for ERDC after being selected from the Reservation list. ERL should be added regardless of the outcome of the application.
ERP	Expedited renewal pending/mailed.
ERW	Expedited waiver approved.
ESD	Employment Separation Denial.
ESI	OSIP, OSIPM; Employed SSI deemed eligible (1619 a/b covered by rule 461-135-0010).
ESM	MDRC Project Group-Salem.
ETH	Ethiopian refugees.
ETL	ERD TANKF Leaver, ETL code is added to newly eligible ERDC families who meet the TANF exemption to the Reservation list.
EXH	Case is eligible for extra hours of child care.
EXT	EXT; Valid only with an N/R type code of AEM or EMS.
FBO	Faith Based Organization.
FC	TANF, MA, REF, REFM; Only eligible child is in foster care, but is to be returned to the home within 30 days.
FCL	Forced closed case. Used to bypass case errors that cannot be corrected and to force the case to close. This is the old REPLACE process formerly done thru TARTAN data entry. FCL can only be used by Central Office super users.
FCP	TANF; Foster child in SCF/AFS pilot.
FEC	Family Employability Control-Client is in control group of Family Employment Initiative. Used only in District 2.
FE1	Family Employability Initiative-Client is participant in TANF Family Employability Initiative.
FEP	Family Employability Initiative.
FER	Family Employability Initiative.

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FHP	FHIAP; Client is receiving FHIAP medical.
FHT	FHIAP Medical transferred insurance.
FS1	FS1-Medicare Modernization Act (MMA); Prescription Drug Coverage Full Subsidy. One of three informational case descriptors (ISI, FS1, FS2) to be used to identify subsidy category for the MMA Prescription Drug benefit. People coded with a 1 / 2 or 3 MIB code must have one of the three descriptors. Benefit is not in affect until 2006. FS1 is used for dual eligibles (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. One of three informational case descriptors (ISI, FS1, FS2) to be used to identify subsidy category for the MMA Prescription Drug benefit. People coded with a 1 / 2 / 3 MIB code must have one of the three descriptors. Benefit is not in affect until 2006. FS2 is used for dual eligibles (OHP Plus/Medicare) or Medicare only clients whose income is greater than 100% FPL.
FSC	Family Support and Connections. Use for clients in FSC who do not have a Personal Development Plan (PDP) with an FC JOBS activity.
FSG	Family Support, General Fund.
FSL	Family Support, Long Term, General Fund.
GA	Refugee General Assistance.
GAD	General Assistance Benefits denied.
GAE	General Assistance Eligible.
GAM	General Assistance Medical. Add to each person on the case who is in the General Assistance Medical benefit group.
GAP	General Assistance; Eligibility determination pending.
GCH	MHDDSD Residential Care Home and Residential Treatment Facility.
HLL	ERDC caretaker has indicated the family is homeless.
HNA	MA; Person qualifies for exemption from copays. If on OHP, person is also exempt from premiums. Add the HNA only if the person may be exempt based on the Native American or Alaska Native exemption criteria.
HOM	OSIP; The case involves disposing of a house for less than fair-market value. This may result in a current or future denial, closing benefits and a period of ineligibility.
HUN	Hungarian refugees.

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IA	Interim Assistance.
IBP	IC Burns Paiute.
ICC	Cambodian refugees.
ICI	IC Coquille.
ICL	Laotian refugees.
ICP	OSIP, OSIPM; Independent Choices Home and Community Based Care 1115 Nursing Facility Waiver.
ICU	IC Cow Creek.
ICV	Vietnamese refugees.
IGR	IC Grande Ronde.
IHC	In-Home Care.
IKT	IC Klamath.
ILU	IC Coos Umpqua Siuslaw.
IMR	OSIP, OSIPM; ICF-MR Facility for Mentally Retarded and Persons with Related Conditions.
INC	TANF, MA; Incapacitated parent or stepparent who is the basis of deprivation for dependent children. Must be coded on 2, 82, P2, or M5 cases with TANF or MAA/MAF based on incapacity.
INM	Medical for pregnant incarcerated women.
INT	Income trust. Use for long-term care (facility care of Home and Community Based Care Waiver) cases. If the case has an INT case descriptor, CMS will bypass the 300% of SSI test.
IP1	Intentional Program Violation IPV-12 months.
IP2	Second Intentional Program Violation IPV-24 months.
IP3	Third Intentional Program Violation IPV-permanent.
IPD	Intentional Program Violation-TA-DVS
IPO	Premiums paid; OMAP.
IRN	Iranian refugees.
IRQ	Iraqi refugees.
ISI	Medicare Modernization Act (MMA) Prescription Drug Coverage Institutionalized Client. One of three informational case descriptors (ISI, FS1, FS2) to be used to identify subsidy category for the MMA Prescription Drug benefit. People coded with a 1/2/3 MIB code must have one of the three descriptors. Benefit is not in affect until 2006. ISI is used for institutionalized clients-those in Nursing Facilities, Medical Institutions, Psychiatric Hospitals, and ICF/MRS.

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IST	Intervention and Stabilization track.
ISZ	IC Siletz.
IUI	IC Umatilla.
IWS	IC Warm Springs.
JD1	JOBS Disqualification First.
JD2	JOBS Disqualification Second.
JD3	JOBS Disqualification Third.
JHP	TANF, MA, REF, REFM; JOBS disqualification, hearing is pending.
JP1	Eligible for job participation incentive.
KPS	State K Services for APD.
KRA	Hurricane Katrina evacuee. State of origin is Alabama.
KRL	Hurricane Katrina evacuee. State of origin is Louisiana.
KRM	Hurricane Katrina evacuee. State of origin is Mississippi.
LAA	Medicare Part D Low Income Subsidy Approved at Appeal.
LAD	Medicare Part D Low Income Subsidy Denied at Appeal.
LAF	Medicare Part D Low Income Subsidy Appeal Filed.
LIS	Medicare Part D Low Income Subsidy Program.
LOG	Lodger.
LSR	Lump-sum income received.
MAA	TANF, MA; Assumed eligible based on current TANF eligibility.
MAC	MAGI Non-CHIP adult with child.
MAF	MA; Medical Assistance to Families under 7/96 rules.
MAG	MAGI Adult General
MAM	MAGI Non-CHIP Adult without child.
MAN	MED Adult Foster Home/non-relative.
MAR	MED Adult Foster Home/relative.
MBC	MAGI Breast and Cervical.
MCB	Medicaid eligibility based on child.
MCH	MAGI CHIP.
MCM	MAGI Non-CHIP child.
MED	MA, OSIPM, QMB, REFM; Medical card restricted (information only).
MF1	MFP; Transition from NF to APD.
MF2	MFP; Transition from EOTC to DDC.
MF3	MFP; Transition from NF to DDC.
MF4	MFP; Transition from NF to ICP.

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MF5	MFP; Transition from NF to MIW.
MF6	MFP; Transition from OSH to APD.
MF7	MFP; Transition from OSH to DDC.
MFN	Medically Fragile Children; Non-waivered.
MFP	Medically Fragile Children; Information only. Non-waivered.
MFT	Full time military status.
MFW	Medically Fragile Children Waivered.
MIW	Medically Involved Waiver.
MM	TANF; payment by dual-payee special cash payment for money management. If less than the full benefit amount, use in conjunction with a 437 need/resource code. If all of the benefits are in money management, use with a NCP case descriptor.
MND	Medically Needy Program partial restoration.
MNG	Military reserve/National Guard.
MPC	MAGI PCR.
MPS	TANF; Minor parent in a supervised living situation.
MPU	TANF; Minor parent in an unsupervised living situation.
MPW	MAGI Pregnant Women.
MQ1	TANF; Ineligible due to noncooperation with diagnosis or treatment of a mental health or substance abuse issue.
MQ2	TANF; Ineligible due to noncooperation with diagnosis or treatment of a mental health or substance abuse issue. Level 2.
MQ3	TANF; Ineligible due to noncooperation with diagnosis or treatment of a mental health or substance abuse issue. Level 3.
MQ4	TANF; Ineligible due to noncooperation with diagnosis or treatment of a mental health or substance abuse issue. Level 4.
MSB	SNAP based medical.
NAS	No adult standard.
NCP	No cash payment. Do not use on P2 or M5. Required on A1, B3 and D4 cases. Not allowed on _1, _3, or _4. Used with money management (MM) case descriptor if all benefits are in Money Management.
NFC	Nursing Facility Care (custodial and skilled nursing care) or long term hospital care (> 1 month).
NFS	Nursing Facility Short Stay.
NID	No medical ID card to be issued. Do not use on P2 or M5.

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NMD	MAA, MAF; Identifies MAA/MAF persons on 2/82 cases that are not eligible for medical, but may be eligible for other benefits.
NOD	Entered by CM system when denying/closing medical benefits because non-citizen documentation was not provided.
NOE	Use for non-citizens who state a non-citizen status that would qualify them for full medical, but who need more time to submit documentation.
NOP	Use for non-citizens who state a non-citizen status that would qualify them for full medical, but who need an initial pend to submit documentation. If more time is needed, use the NOE coding.
NPH	TANF, MAA, MAF; no parent in home. Use for a child in benefit group when parents or stepparents are not in the home.
NSN	No SSN required.
NSR	No SSN required. Prevents notices related to medical closing; prevents medical closing for persons over 1 year old without SSN.
NSS	Not SDSD Home and Community Based Care Waiver or Long-Term Care. SDSD use only.
OAA	OSIP; Eligible for OAA, but included in spouse's benefits. OSIPM-MN; Client related to OAA program.
OAP	OHP; A Hearing has been requested and the client receives Aid Paid Pending.
OHS	OHP student.
OP6	Oregon Health Plan for Children under 6; OHP children under age 6 with family income from 100% FPL up to 133% FPL. Includes assumed eligible newborns (AENs) under 1 year old.
OPC	Oregon Health Plan for Children; Use for non-pregnant OHP clients under age 19 with family income less than 100% FPL. Includes assumed eligible newborns (AENs) under 1 year old.
OPI	Oregon Project Independence (OPI) In-home services.
OPP	OHP; Pregnant woman of any age with income up to 185% FPL. Also, assumed eligible newborns with family income over 133%. OPP/AEN must have OPP N/R.
OPT	OHP; Client has chosen to opt out of OHP medical benefits.
OSP	OSIPM-Presumptive Medical. Used on _5 cases to indicate which people on the case are receiving OSIPM-Presumptive medical.

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OSS	OSIPM; Use for clients who lost eligibility for SSI/OSIP benefits since April 1977, but who retain eligibility for OSIPM under the Pickle Amendment. Use program codes A1, B3, or D4 and an OSS resource code.
OSV	Service Only
OVP	Outstanding overpayment. Use in GA and OSIP to recover 10% of the payment standard.
PAC	OSIPM; Program of All Inclusive Care 1115 waiver, referred to as PEP, PACE or ONLK.
PCR	MAGI Parent or other Caretaker Relative. Individual must have a dependent child in the home and income at or below income standard for program.
PDA	Senior Drug Assistance Program. Added by the central processing team in Salem.
PDC	Protected Disabled Child.
PGB	OSIPM Presumptive or General Assistance Cash/Medical eligibility based on blindness.
PGD	OSIPM Presumptive or General Assistance Cash/Medical eligibility based on disability.
PKL	OSIPM cases who lost eligibility for SSI/OSIP benefits since April 1977, and are potentially eligible under the Pickle Amendment (OSS).
PLS	JOBS Plus client who is also TANF eligible.
PMA	OSIPM Presumptive Medicaid approved.
PMC	Child with Presumptive Medicaid approved.
PMD	OSIPM Presumptive Medicaid denied.
PML	Child with local office Presumptive approval.
PMP	OSIPM Presumptive Medicaid pending.
PQC	Child with Enhancement.
PRE	Identifies cases in the Pre-TANF program (Formerly ASM).
PTC	OSIP, OSIPM; Psychiatric Treatment Facility.
PWO	MAGI Pregnant Woman; Individual must be pregnant and have income at or below 185% of the FPL.
QDW	Use for clients who are eligible only for QMB-DW.
QMB	QMB-BAS; Use for clients who are eligible only for QMB-BAS.

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QMM	QMB-BAS and other medical; use for clients who meet all eligibility criteria for QMB-BAS and are receiving continuous medical benefits under another program (ADCM/OSIPM).
QNC	Qualified Non-Citizen.
RCP	Reduced Co-pay.
REF	Non-V2 case refugee family.
RES	Temporary Resident Alien.
RM	Retroactive medical eligibility exists.
RMR	OSIP, OSIPM; Restaurant meals and room rent combined.
ROM	Romanian refugees.
RRC	Cuban refugees.
RRH	Haitian refugees.
RRO	All other refugees eligible for the REF program.
RST	Residential Treatment Facility.
RTA	Refused to assign health insurance benefits to AFS, or refused to apply for available medical benefits. IN-GNT codes for persons identified will be converted when Recipient Subsystem is updated.
RTE	Refused to enroll in cost-effective, employer-sponsored health insurance.
RTF	Residential Treatment Facility.
RTH	Residential Treatment Home.
RWC	Robert Wood (Johnson) Control group.
RWD	OSIP-IC, OSIPM-IC; Robert Wood (Johnson) Demonstration project.
SA	Satellite Apartment; MHDDSD clients.
SAC	SAC; Use for Special Needs Adoption cases and out of state foster children. Do not use for PRTS/BRS. Income coded on C5 cases with the SAC case descriptor bypasses the C5 income limit.
SAW	Special Agricultural Worker.
SBI	State-Funded Buy-In. Use for OSIPM eligible Medicare beneficiaries who are not income eligible for QMB-SMB/SMF.
SCH	Special Chaffee Medical Program.
SCO	Special Adoptive Children.
SCP	Special Children's Program. Use for C5 children in Title 19 Residential Programs.
SDC	Use for children who became ineligible for SSI because of the PRWORA welfare reform act of 1996, but who qualify for protected medical

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	coverage. The children are also known as 4913 children (and formerly known as Zebley children).
SFC	Use for C5 children in non-title 19 facilities who are still C5 eligible.
SFP	TANF; State Family Pre-SSI/SSDI Program. Identifies cases in this state-funded program.
SMB	QMB-SMB; Special Medicare Beneficiary, partial federal match, full payment of Part B.
SMF	QMB-SMF; Special Medicare Beneficiary, full federal match, full payment of Part B.
SOV	Soviet Union refugees.
SP	Sheltered-service program.
SPH	OSIP, OSIPM; Spousal Pay In-Home Services.
SPI	OSIPM; Client eligible for benefits based on the spousal impoverishment policy on or after 10/1/89.
SRP	Indicates eligibility determination is from Federally Facilitated Market Place. On each individual applicable.
SRT	Secured Residential Treatment Facility.
SRW	Indicates eligibility determination is from Cover Oregon. Enrollment file. On each individual applicable.
SSD	Senior-Services Division.
SSG	Support Services; GF
SSI	Use to identify SSI eligible clients.
STU	ERDC authorized for student child care hours.
STP	TANF, MAA, MAF; Stepparent in the household.
T21	OCCS Medical; Indicates that a child receiving MAGI CHIP (C21) medical, may have TPL and remain eligible for C21.
T&A	Trust and Agency Account.
TNC	TANF Noncitizen.
TPM	Third Party Medical. Use to identify clients who have lost their medical eligibility due to noncooperation with the requirement to pursue third party medical support.
TRH	TANF Time Limit; Hardship.
TRJ	Time limit reached; JOBS.
TWS	TANF Work Support.
VRD	GA, GAM; Cases in a VRD rehabilitation/training plan.

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WDC	OSIPM; COLA widows/widowers. Use for widows/widowers who are not entitled to Part A Medicare and who lost SSI/OSIP eligibility but retain OSIPM eligibility under OAR 461-135-0820.
WDV	Citizenship/Alien requirements have been waived due to domestic violence.
WTW	Use on pended CMS cases that are created solely to add a TRACS Plan. No medical start date or medical coding is required. WTW prevents the AP denial notice from going out when CM automatically denies the case.