NEW YORK STATE | Office for People With Developmental Disabilities

Care Coordination Data Dictionary (CCDD) V3

April 1, 2024

Care Coordination Data Definitions v3

The Care Coordination Data Definitions (CCDD) establish minimum data standards for Life Plan/Care Coordination data transmissions between New York State Office for People With Developmental Disabilities (OPWDD) and Comprehensive Care Coordination Organization Health Homes (CCO/HHs). These data definitions align with those identified for managed care organizations that serve people with Intellectual and developmental disabilities (I/DD). These data definitions allow care coordination providers to share necessary Life Plan data with OPWDD in a standardized way and format. The CCDD is a continually evolving document; it will progressively advance as OPWDD gains experience with both the Care Coordination Organization Health Home (CCO/HHs) program and IDD Specialized Managed Care programs, such as the Fully Integrated Duals Advantage for Individuals with Intellectual and/or Developmental Disabilities (FIDA-IDD). The data is intended to produce system-wide information on any number of elements in the Life Plan (whether required by regulation or not), replace the manual reporting of CCO process measures where feasible, and inform results for the initial and evolving CCO/HH quality measures. The resulting OPWDD Life Plan Data system will mitigate duplication for CCO/HH exchange and reporting to the Department of Health (DOH). OPWDD will continuously engage stakeholders on the definitions within this document.

Care Coordination Providers may be responsible for collecting additional data to report to OPWDD. They will also continue to be required to use a person-centered planning process that supports individuals as they direct the planning for supports and services they will receive.

The data elements are described in 12 different sections in this CCDD document.

Each Section in the CCDD contains the elements which are described in the following format:

ELEMENT	DESCRIPTION
ID	Each field has its own unique ID
Field Name	Name of each field
Field Length	Length Permitted
Format	Format of the data
Required Field	Whether the element is required for the data exchange to OPWDD and for reporting purposes. Yes, in the required field in the CCDD document refers to an initial and Full LP review data exchange. Specifics on required fields for each section are documented in the LP data exchange document.
Acceptable Answers for Field	The description of what answers are to be returned to OPWDD.
Error Message	Possible error message for the application and for reports to be distributed to business office and returned to the MCO/CCO in exception/error report.
Generate Error Report	This will be generated and sent back to the MCO/CCO after the data has been transferred to OPWDD. These reports will be described in Data Exchange documentation.
Description	Explanation of the field, the data origin/verification of the data to be collected for the LP.

Appendix Information

The following appendices are used for the CCDD elements to refer to for further information in the acceptable answers' sections throughout the document.

SECTION 1 DEMOGRAPHIC AND PROFILE INFORMATION
County Codes Appendix A-County Codes

SECTION 7 BEHAVIORAL SUPPORT NEEDS INFORMATION
FDA PRN MEDICATIONS
http://www.fda.gov/Drugs/InformationOnDrugs/ucm079750.htm
http://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm

Appendix B-Elements removed from the CCDDv2
Appendix C-Elements added to the CCDDv2

1. Demographic and Profile Information

ELEMENT	DESCRIPTION
ID	1.1
Field Name	TABS ID
Field Length	8
Format	Character
Required Field	Yes
Acceptable Answers for Field	Empty Cell
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the OPWDD issued identification number assigned through the Tracking and Billing System (TABS).

ELEMENT	DESCRIPTION
ID	1.2
Field Name	Last Name
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the last name of the individual. This name must match TABS and Medicaid.

ELEMENT	DESCRIPTION
ID	1.1
Field Name	TABS ID
Field Length	8
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the OPWDD issued identification number assigned through the Tracking and Billing System (TABS).

ELEMENT	DESCRIPTION
ID	1.2
Field Name	Last Name
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the last name of the individual. This name must match TABS and Medicaid.

ELEMENT	DESCRIPTION
ID	1.3
Field Name	First Name
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the first name of the individual. This name must match TABS and Medicaid.

ELEMENT	DESCRIPTION
ID	1.4
Field Name	Middle Name
Field Length	40
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Enter the middle name of the individual if he/she has one. This name must match TABS and Medicaid.

ELEMENT	DESCRIPTION
ID	1.5
Field Name	Suffix
Field Length	20
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Enter the suffix of the individual if he/she has one. This name must match TABS and Medicaid.

ELEMENT	DESCRIPTION
ID	1.6
Field Name	Date of Birth
Field Length	10
Format	Date
Required Field	Yes
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes

ELEMENT	DESCRIPTION
Description	Enter the Individual's date of birth as found on the birth certificate or other government issued document.

ELEMENT	DESCRIPTION
ID	1.8
Field Name	Gender
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(M)ale (F)emale (X)
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the Individual's sex as indicated on birth certificate or otherwise.

ELEMENT	DESCRIPTION
ID	1.9
Field Name	Phone Number
Field Length	20
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the Individual's main contact phone number. Example: 111-222-3333.

ELEMENT	DESCRIPTION
ID	1.10
Field Name	Street Address
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the actual address (street number and street) of where the individual lives. This should not be the address of an advocate or guardian. Do not enter a PO Box address.

ELEMENT	DESCRIPTION
ID	1.11
Field Name	City

ELEMENT	DESCRIPTION
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the city in which the individual resides.

ELEMENT	DESCRIPTION
ID	1.12
Field Name	State
Field Length	2
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the state in which the individual resides.

ELEMENT	DESCRIPTION
ID	1.13
Last Name	Zip Code
Field Length	10
Format	Character
Required Field	Yes
Acceptable Answers for Field	5 to 9 numbers
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the zip code in which the individual resides. Example: 12345-6789

ELEMENT	DESCRIPTION
ID	1.14
Field Name	County of Residence
Field Length	12
Format	Character
Required Field	Yes
Acceptable Answers for Field	See attached list of county names. Appendix A
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	County where individual currently resides. This county must match the county that is associated with the address and city.

ELEMENT	DESCRIPTION
ID	1.15
Field Name	CIN
Field Length	14
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Medicaid ID number. Example: AA11111A. This CIN number will be checked against the eMedNY data and TABS.

ELEMENT	DESCRIPTION
ID	1.16
Field Name	Willowbrook Status
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Is the individual a Willow Brook class member? This information is validated in TABS.

ELEMENT	DESCRIPTION
ID	1.17
Field Name	MCO Enrollment Date
Field Length	10
Format	Date
Required Field	Yes
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	The date that the individual enrolls into the MCO's managed care program. This date can be found on the roster issued by DOH. Do not use this for CCO enrollment date.

ELEMENT	DESCRIPTION
ID	1.18
Field Name	MCO Name
Field Length	40
Format	Character
Required Field	Yes

ELEMENT	DESCRIPTION
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	The managed care entity's name that the individual is enrolled into. This must match the name associated with the MCO name in eMedNY.

ELEMENT	DESCRIPTION
ID	1.19
Field Name	MCO/CCO eMedNY Provider ID
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the MCO's/CCO's provider ID number. This must match the one that is in eMedNY.

ELEMENT	DESCRIPTION
ID	1.20
Field Name	Lead Care Manager ID
Field Length	10
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the MCO's/CCO's Lead Care Coordination ID to uniquely identify the Lead Care Manager.

ELEMENT	DESCRIPTION
ID	1.21
Field Name	Lead Care Manager's Last Name
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Last name of the specific care manager, who has been assigned by the MCO/CCO's, to perform care coordination activities for the member.

ELEMENT	DESCRIPTION
ID	1.22
Field Name	Lead Care Manager's First Name
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	First name of the specific care manager, who has been assigned by the MCO/CCO's, to perform care coordination activities for the member.

ELEMENT	DESCRIPTION
ID	1.23
Field Name	Lead Care Manager's Street Address 1
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the actual address (street number and street) of where the lead coordinator will receive mail.

ELEMENT	DESCRIPTION
ID	1.24
Field Name	Lead Care Manager's Street Address 2
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the actual address (PO Box) of where the lead coordinator will receive mail.

ELEMENT	DESCRIPTION
ID	1.25
Field Name	Lead Care Manager's City
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes

Description	Enter the city where the lead coordinator will receive mail.

ELEMENT	DESCRIPTION
ID	1.26
Field Name	Lead Care Manager's State
Field Length	2
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the state where the lead coordinator will receive mail.

ELEMENT	DESCRIPTION
ID	1.27
Field Name	Lead Care Manager's Zip Code
Field Length	10
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the zip code where the lead coordinator will receive mail. Example: 12345-6789

ELEMENT	DESCRIPTION
ID	1.28
Field Name	Lead Care Manager's Phone Number
Field Length	20
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the contact number for the lead care manager. Include area code and extension. Individual's phone number. Example: 111-222-3333

ELEMENT	DESCRIPTION
ID	1.29
Field Name	Lead Care Manager's Fax Number
Field Length	15
Format	Character
Required Field	No
Acceptable Answers for Field	

ELEMENT	DESCRIPTION
Error Message	
Generate Error Report	No
Description	Enter the fax number for the lead care manager. Include area code. Example: 111-222-3333

ELEMENT	DESCRIPTION
ID	1.30
Field Name	Lead Care Manager's email
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the email address of the lead care manager.

ELEMENT	DESCRIPTION
ID	1.31
Field Name	Lead Care Manager's Start date
Field Length	10
Format	Date
Required Field	Yes
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Date when the lead care manager is officially working with the MCO/CCO. This date will be provided to OPWDD by the MCO/CCO.

ELEMENT	DESCRIPTION
ID	1.32
Field Name	Lead Care Manager's Termination Date
Field Length	10
Format	Date
Required Field	Yes
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Date when the lead care manager has been terminated from the MCO/CCO. This date will be provided to OPWDD by the MCO/CCO.

ELEMENT	DESCRIPTION
ID	1.33
Field Name	LP Effective/Start Date
Field Length	10
Format	Date
Required Field	Yes

ELEMENT	DESCRIPTION
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Date that the Life Plan is effective. The Life Plan start date. This date will change when a plan is replaced by another, subsequent Life Plan.

ELEMENT	DESCRIPTION
ID	1.34
Field Name	Initial Face to Face Date
Field Length	10
Format	Date
Required Field	Yes
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Date that the initial face to face meeting held with the member. Within 10 business days from the MCO enrollment date, or 60 days of the CCO enrollment date, the care manager shall conduct a face-to-face meeting with the individual to review any existing assessments, perform any additional needed assessments, review self-direction options, and provide member education regarding choice of contract providers for services.

ELEMENT	DESCRIPTION
ID	1.35
Field Name	Last LP Review Date
Field Length	10
Format	Date
Required Field	Conditional -- Field cannot be blank if the LP reflects a review.
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Field cannot be blank if the LP reflects a review
Generate Error Report	Yes
Description	Date that the LP was last reviewed with the member and anyone else that the member wants to participate and signed by the lead care manager.

ELEMENT	DESCRIPTION
ID	1.36
Field Name	Individual Participation
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Required field cannot be blank

ELEMENT	DESCRIPTION
Generate Error Report	Yes
Description	Did the individual participate in the last review of the LP?

ELEMENT	DESCRIPTION
ID	1.37
Field Name	Last Face to Face Date
Field Length	10
Format	Date
Required Field	Conditional -- Field cannot be blank if reporting face to face review
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Field cannot be blank if reporting face to face review
Generate Error Report	Yes
Description	Date that the last time that the care manager/care coordination team held a face-to-face meeting with the individual. This Face-to-Face Date may occur outside of full IDT meeting and Life Plan Reviews.

ELEMENT	DESCRIPTION
ID	1.38
Field Name	Reason for Review
Field Length	1
Format	Character
Required Field	Conditional -- Field cannot be blank if date is entered for Last Review Date 1.35
Acceptable Answers for Field	Only one response allowed: (1) Event (2) Routine Review (3) Change in Service (4) Review Requested (5) Other
Error Message	Field cannot be blank if date is entered for Last Review Date 1.35
Generate Error Report	Yes
Description	An event is one that causes a significant change which affects the individual's needs and/or supports. A routine review is a review which is required at least twice annually. A change in service is one where services are being added or removed or when there is a change in contract provider. A review requested is when the individual or another person involved in the individual's care specifically requests a review of the plan. Other means any review that is not captured in the other four responses.

ELEMENT	DESCRIPTION
ID	1.39
Field Name	Other Review
Field Length	100

ELEMENT	DESCRIPTION
Format	Character
Required Field	Conditional -- Field cannot be blank if (5) Other is chosen for Reason for Review 1.38
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	If “other” is chosen in the “Reason for Review” field, describe the reason for the review.

ELEMENT	DESCRIPTION
ID	1.40
Field Name	Review Detail
Field Length	1000
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Provide any additional information about the reason that the LP is being reviewed and/or updated.

ELEMENT	DESCRIPTION
ID	1.41
Field Name	Plan Approval Date
Field Length	10
Format	Date
Required Field	Yes
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Date the Lead care manager and member reviewed and approved the plan for any changes or addendums made to the plan.

ELEMENT	DESCRIPTION
ID	1.42
Field Name	Home Profile
Field Length	2000
Format	Character
Required Field	Yes
Acceptable Answers for Field	Empty Cell
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Personal narrative regarding the individual’s home life that includes relevant personal history and appropriate contextual information, as well as skills, abilities, aspirations, needs, interests, challenges, etc., learned

ELEMENT	DESCRIPTION
	during person-centered planning process, record review and any assessments completed.

ELEMENT	DESCRIPTION
ID	1.43
Field Name	Housing Supports/Assistance
Field Length	25
Format	Character
Required Field	Yes
Accepted Answers for Field	Multiple answers are allowed delimited by &, EXCEPT answer (1) None cannot be coupled with other answers: (1) None (2) Federal Voucher Program (Section 8) (3) Ongoing financial assistance from a parent/relative (4) SSI/SSDI (5) Public Housing (6) OPWDD rental subsidy (7) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	What housing supports/assistance does the individual receive?

ELEMENT	DESCRIPTION
ID	1.44
Field Name	Work Profile
Field Length	2000
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Personal narrative regarding the individual's job or career that includes relevant personal history and appropriate contextual information, as well as skills, abilities, aspirations, needs, interests, challenges, etc., learned during person-centered planning process, record review and any assessments completed.

ELEMENT	DESCRIPTION
ID	1.45
Field Name	Other Meaningful Activities
Field Length	2000
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No

ELEMENT	DESCRIPTION
Description	A personal narrative about the activities that the individual finds important, such as volunteering, school, hobbies, recreational activities, sports, community classes, continuing education, and faith-based groups.

ELEMENT	DESCRIPTION
ID	1.46
Field Name	Relationships Profile
Field Length	2000
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Personal narrative regarding the individual's relationships with paid and natural supports that includes relevant personal history and appropriate contextual information, as well as skills, abilities, aspirations, needs, interests, challenges, etc., learned during person-centered planning process, record review and any assessments completed.

ELEMENT	DESCRIPTION
ID	1.47
Field Name	Health Profile
Field Length	2000
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Personal narrative regarding the individual's health and wellness that includes relevant personal history and appropriate contextual information, as well as skills, abilities, aspirations, needs, interests, challenges, etc., learned during person-centered planning process, record review and any assessments completed.

ELEMENT	DESCRIPTION
ID	1.49
Field Name	Life Plan Date
Field Length	10
Format	Date
Required Field	Yes
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Date stamped on the Life Plan when it is in published status. Members enrolled after 10/1/18 should have a

ELEMENT	DESCRIPTION
	Life Plan date 90 days after enrolled in a CCO or a HCBS provider, whichever comes first.

ELEMENT	DESCRIPTION
ID	1.50
Field Name	Life Plan Status
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one response is allowed (1) In Process (2) In Audit (3) In Review (4) Approved (5) Locked/Published
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	The Life Plan status. All records transmitted from CCO's to be status 5, Locked/Published.

ELEMENT	DESCRIPTION
ID	1.51
Field Name	Type of Residence
Field Length	2
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one answer is allowed: (1) Specialty Hospital (2) Development Center (3) ICF/DD (4) Nursing Home (5) Hospital (6) Family Care (7) IRA supportive OVER 4 beds (8) IRA supportive 4 or LESS beds (9) IRA supervised OVER 4 beds (10) IRA supervised 4 or LESS beds (11) Own Home/Apartment (12) With Family (13) With Friends (14) With Others (15) Homeless (16) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Person's type of residence.

ELEMENT	DESCRIPTION
ID	1.52
Field Name	Care Manager Supervisor Last Name
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Last name of the supervisor of the specific care manager, who has been assigned by the MCO/CCO's, to perform care coordination activities for the member.

ELEMENT	DESCRIPTION
ID	1.53
Field Name	Care Manager Supervisor First Name
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	First name of the supervisor of the specific care manager, who has been assigned by the MCO/CCO's, to perform care coordination activities for the member.

ELEMENT	DESCRIPTION
ID	1.54
Field Name	Care Manager Supervisors Email
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the email address of the lead care managers supervisor.

ELEMENT	DESCRIPTION
ID	1.55
Field Name	Care Manager Supervisors Phone
Field Length	20
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes

ELEMENT	DESCRIPTION
Description	Enter the contact number for the lead care managers supervisor. Include area code and extension. Individual's phone number. Example: 111-222-3333

ELEMENT	DESCRIPTION
ID	1.56
Field Name	Life Plan End Date
Field Length	10
Format	Date
Required Field	No
Acceptable Answers for Field	MM/DD/YYYY
Error Message	
Generate Error Report	No
Description	An end date should be attached to a Life Plan transmission when a subsequent Life Plan becomes effective. The end date should reflect the last change made to a Life Plan and is expected to be the day before a subsequent Life Plan becomes effective. This date does not have to be written to the LP may be distributed to the individual. This date is not intended to reflect or speak to policy.

2. Outcomes and Support Strategies Information

ELEMENT	DESCRIPTION
ID	2.1
Field Name	Valued Outcome
Field Length	2000
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Detailed description of the individual's overall goal in the individual's words. The individual may have multiple goals, and these should each be listed separately.

ELEMENT	DESCRIPTION
ID	2.2
Field Name	Action Steps
Field Length	100
Format	Character
Required Field	Conditional -- Field is not required for people who are not enrolled in the waiver
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Free text detailing the specific supports and services related to each valued outcome. There may be multiple action steps related to each Valued Outcome. This field is required for people enrolled in the HCBS waiver.

ELEMENT	DESCRIPTION
ID	2.3
Field Name	Responsible Party
Field Length	500
Format	Character
Required Field	Conditional -- Field is not required for people who are not enrolled in the waiver
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Identify the parties responsible for assisting the member in the action steps. Identified parties may include the agency name, staff name, or the name of other individuals, such as family members. (Per discussion during V1 exchange testing.)

ELEMENT	DESCRIPTION
ID	2.4
Field Name	Service Type
Field Length	50
Format	Character
Required Field	Conditional -- if individual in HCBS waiver
Acceptable Answers for Field	Select one service type for each action step related to the individual's valued outcomes: (1) Prevocational Services – Sited Based (2) Prevocational Services – Community Based (3) Supported Employment (4) Pathway to Employment (5) Community Habilitation – Regular (6) Community Habilitation – Cert. Fac. Residents (7) Family Education and Training (8) Residential Habilitation – Supervised (9) Residential Habilitation – Supportive (10) Residential Habilitation – Family Care (11) Day Habilitation – Regular (phasing out) (12) Day Habilitation – Supplemental (phasing out) (13) Respite (14) Support Broker (15) Individually Determined Goods and Services (16) Fiscal Intermediary (17) Community Transition Services (18) Intensive Behavioral Services – Assmt. & Plan Dev. (19) Intensive Behavioral Services – Implmt. & Svcs. (20) Live-in Caregiver (21) Assistive Technology (22) Environmental Modification (23) Vehicle Modification (24) Moving Assistance (25) Crisis Services for those with I/DD (26) Leave empty (27) Leave empty (28) Day Treatment (29) Personal Care

	(30) Certified Home Health Agency (31) Congregate/Home Delivered Meals (32) Day Habilitation Without Walls (33) Day Habilitation Site Based (34) Day Habilitation Without Walls - Supplemental (35) Day Habilitation Site Based - Supplemental
Error Message	
Generate Error Report	No
Description	Type of HCBS Service(s) that will be delivered to meet the action step. This field is required for people enrolled in the HCBS waiver. Day Habilitation – Regular (11) and Day Habilitation - Supplemental (12) are being replaced with Day Habilitation Without Walls (32), Day Habilitation Site Based (33), Day Habilitation Without Walls - Supplemental (34) and Day Habilitation Site Based - Supplemental (35) in a phased manner through 1/1/24.

ELEMENT	DESCRIPTION
ID	2.5
Field Name	Action Step Time Frame
Field Length	10
Format	DATE
Required Field	Conditional – Field is not required for people not enrolled in the waiver
Acceptable Answers for Field	MM/DD/YYYY
Error Message	
Generate Error Report	No
Description	Date the action step is anticipated to be completed. Each action step requires a date. This field is required for people enrolled in the HCBS waiver.

ELEMENT	DESCRIPTION
ID	2.6
Field Name	Special Considerations
Field Length	500
Format	Character
Required Field	No
Acceptable Answers for Field	Narrative-free text
Error Message	
Generate Error Report	No
Description	Describe any health and safety concerns that may need to be considered in the individual achieving his/her Valued Outcome.

ELEMENT	DESCRIPTION
ID	2.7
Field Name	POMS
Field Length	2
Format	Character
Required Field	Conditional – Field is not required for people not enrolled in the waiver

Acceptable Answers for Field	(1) Are connected to Natural Support Networks (2) Have Intimate Relationships (3) Have Best Possible Health (4) Are Safe (5) Exercise Rights (6) Are Treated Fairly (7) Free from Abuse and Neglect (8) Experience Continuity and Security (9) Decide when to share personal information (10) Choose where and with whom they live (11) Choose where they work (12) Use their environments (13) Live in integrated settings (14) Interact with other members of community (15) Perform different social roles (16) Choose services (17) Choose personal goals (18) Realize personal goals (19) Participate in the life of community (20) Have friends (21) Are respected
Error Message	
Generate Error Report	No
Description	The Personal Outcome Measures that best fits with the goal and valued outcome as determined by the individual, Care Manager and/or the care coordination team. This field is required for people enrolled in the HCBS waiver.

3. *Health and Safety - IPOP Information*

ELEMENT	DESCRIPTION
ID	3.1
Field Name	Consent
Field Length	100
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	If there is any information or assessments regarding individual's ability to provide informed consent, capture it in this section.

ELEMENT	DESCRIPTION
ID	3.2
Field Name	Health Care Proxy
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Required field cannot be blank

Generate Error Report	Yes
Description	If there is a health care proxy, ensure that there is documentation in the member's file. The individual's record must be referred to for details.

ELEMENT	DESCRIPTION
ID	3.3
Field Name	Medication Administration
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one response is allowed: (1) Independent with taking medications currently (2) Needs assistance with taking medications (3) Requires total support with taking medications (4) Does not take medication currently
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer that best describes the individual's ability to administer his/her medications.

ELEMENT	DESCRIPTION
ID	3.4
Field Name	Medication Administration Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if (2) or (3) is selected in 3.3 Medication Administration
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if (2) or (3) is selected in 3.3 Medication Administration
Generate Error Report	Yes
Description	Explain the services and supports and the expected result regarding medication administration. This field needs to be completed if the individual needs assistance or requires total support with taking medications.

ELEMENT	DESCRIPTION
ID	3.5
Field Name	Individual can communicate health concerns
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Required field cannot be blank
Generate Error Report	Yes

Description	Can the individual clearly communicate health concerns?

ELEMENT	DESCRIPTION
ID	3.6
Field Name	Communicate health Concerns Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to element 3.5 is “no” or “unknown”.
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if the answer to 3.5 Individual can communicate health concerns is “no” or “unknown”.
Generate Error Report	Yes
Description	Explain the services and supports and the expected result regarding any concerns with the member’s ability to express or communicate health concerns.

ELEMENT	DESCRIPTION
ID	3.7
Field Name	Individual can coordinate and attend necessary health services and appointments
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Can the individual independently coordinate and attend all necessary health services and medical appointments?

ELEMENT	DESCRIPTION
ID	3.8
Field Name	Appointment Coordination Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to element 3.7 is “no” or “unknown”.
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if the answer to 3.7 Individual can coordinate and attend necessary health services and appointments is “no” or “unknown”.
Generate Error Report	Yes
Description	Explain the services and supports and the expected result regarding any concerns with the member’s ability to schedule and attend health services and appointments.

ELEMENT	DESCRIPTION
ID	3.9
Field Name	Personal Hygiene
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one answer allowed. (1) Independent (2) needs assistance (3) needs total support
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the personal hygiene needs of the member.

ELEMENT	DESCRIPTION
ID	3.10
Field Name	Personal Hygiene Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field needs to be completed for all answers except (1) Independent in 3.9 Personal Hygiene
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 3.9 Personal Hygiene is (2) needs assistance or (3) needs total support
Generate Error Report	Yes
Description	Explain the personal hygiene needs and the expected result of providing oversight and assistance for these needs.

ELEMENT	DESCRIPTION
ID	3.13
Field Name	Vision
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Are there any concerns or conditions with the member's vision?

ELEMENT	DESCRIPTION
ID	3.14
Field Name	Vision Detail
Field Length	1000

Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to element 3.13 is “yes” or “unknown”.
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if the answer to 3.13 Vision is “yes” or “unknown”.
Generate Error Report	Yes
Description	Explain the services and supports and the expected result regarding any concerns or conditions with the member’s vision.

ELEMENT	DESCRIPTION
ID	3.15
Field Name	Hearing
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Are there any concerns or conditions with the member’s hearing?

ELEMENT	DESCRIPTION
ID	3.16
Field Name	Hearing Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to element 3.15 is “yes” or “unknown”.
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 3.15 Hearing is “yes” or “unknown”.
Generate Error Report	Yes
Description	Explain the services and supports and the expected result regarding any concerns or conditions with the member’s hearing.

ELEMENT	DESCRIPTION
ID	3.17
Field Name	Communication Detail
Field Length	1000
Format	Character
Required Field	Yes
Acceptable Answers for Field	Narrative-free text
Error Message	Required field cannot be blank
Generate Error Report	Yes

Description	Free text to explain how the individual communicates. Include the main mode of communication, e.g. verbal, sign language, etc.

ELEMENT	DESCRIPTION
ID	3.18
Field Name	Risk Of Falls
Field Length	20
Format	Character
Required Field	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers: (1) No concerns currently (2) Use of adaptive equipment (gait belt, walker, cane, wheelchair) (3) Requires environmental modifications (handrail, ramp, barrier free) (4) Requires 1:1 (5) Contact guarding (6) Visual supervision (7) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that a member needs if/when they are is at a risk for falls. This element should not be used in life plans after 8/31/2024; it is not consistent with Supervision Levels defined in OPWDD Administrative Directive Transmittal: ADM-2022-01. The two elements 3. 57 and 3.58 should be for Risk of Falls effective 9/1/2024.

ELEMENT	DESCRIPTION
ID	3.19
Field Name	Risk Of Falls Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field needs to be completed for all answers except (1) No concerns at this time in 3.18 Falls
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 3.18 Falls is other than (1) No concerns at this time
Generate Error Report	Yes
Description	Free text to explain the services and supports and the expected result when a member is at risk for falls. Describe areas where assistance is needed/required.

ELEMENT	DESCRIPTION
ID	3.20
Field Name	Skin Integrity

Field Length	20
Format	Character
Required Field	Yes
Acceptable Answers for Field	Multiple answers allowed delimited by & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers: (1) No concerns currently (2) Requires positioning schedule (3) Requires daily skin inspections (4) Requires adaptive equipment (5) Requires skin barrier cream or other treatment (6) Provide education to person where appropriate (7) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that a member needs if/when he/she has skin integrity concerns or conditions.

ELEMENT	**DESCRIPTION**
ID	3.21
Field Name	Skin Integrity Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if answers 2-7 are selected in Skin Integrity 3.20
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if answers 2-7 are selected in Skin Integrity 3.20
Generate Error Report	Yes
Description	Free text to explain the services and supports and the expected result regarding the member's skin integrity needs. This field needs to be completed for all answers except (1) "No concerns at this time". Also include history of previous skin breakdown if appropriate.

ELEMENT	**DESCRIPTION**
ID	3.22
Field Name	Dental / Oral Care
Field Length	20
Format	Character
Required Field	Yes

Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers: (1) No concerns at this time (2) Dental hygiene support (3) Pre-sedation (4) Dentures (5) See attached Medical Immobilization protective stabilization/sedation plan (MIPS) (6) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that a member needs if/when they have dental or oral care needs.

ELEMENT	**DESCRIPTION**
ID	3.23
Field Name	Dental / Oral Care Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if answers 2-6 are selected in Dental / Oral Care 3.22
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if answers 2-6 are selected in Dental / Oral Care 3.22
Generate Error Report	Yes
Description	Free text to explain the services and supports and the expected result for any dental or oral care that a member needs.

ELEMENT	**DESCRIPTION**
ID	3.24
Field Name	Nutrition
Field Length	45
Format	Character
Required Field	Yes
Acceptable Answers for Field	Multiple Answers allowed delimited by & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers: (1) No concerns at this time (2) Requires modified consistency diet for foods (3) Requires modified consistency diet for fluids (4) Requires reduced calorie diet (5) Requires high calorie diet (6) Requires element added to diet (i.e. fiber, calcium, etc.) (7) Requires element removed from diet (i.e. Concentrated sweets, salt, fat, etc.) (8) Restricted fluids (9) Enteral nutrition (Tube feeding) (10) Requires dietary supplement (11) Requires education

	(12) Requires assistance with meal preparation (13) Provides assistance with meal planning (14) Requires supervision during meal (15) Adaptive equipment needed during meals (16) Individual can maintain an adequate diet that meets their needs (17) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that a member needs if/when they have nutritional needs. Supervision levels should be described in the Staff Action Plan.

ELEMENT	**DESCRIPTION**
ID	3.25
Field Name	Nutrition Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if answers 2-17 are selected in Nutrition 3.24
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if answers 2-17 are selected in Nutrition 3.24
Generate Error Report	Yes
Description	Free text to explain the services and supports and the expected result for any nutritional care that a member needs.

ELEMENT	**DESCRIPTION**
ID	3.26
Field Name	Choking Aspiration Swallowing
Field Length	12
Format	Character
Required Field:	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers (1) No concerns at this time (2) Requires modified consistency of foods (3) Consistency of liquids (4) Avoid high risk foods (5) Requires supervision (6) Formal training/dining plan needed (7) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that a member needs if/when they have choking, aspiration, and swallowing needs. Supervision levels should be described in the Staff action plan

ELEMENT	DESCRIPTION
ID	3.27
Field Name	Choking Aspiration Swallowing Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if answers 2-7 are selected in Choking Aspiration Swallowing 3.26
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if answers 2-7 are selected in Choking Aspiration Swallowing 3.26
Generate Error Report	Yes
Description	Free text to explain the services and supports and the expected result for any choking, aspiration, and/or swallowing needs.

ELEMENT	DESCRIPTION
ID	3.28
Field Name	Bowel Continence/Constipation
Field Length	12
Format	Character
Required Field:	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers: (1) No concerns at this time (2) Bowel tracking protocol in place (3) Bowel management protocol in place (4) Bedding Pads (5) Adult Diapers (6) Ostomy (7) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that an individual needs for bowel continence/constipation concerns or conditions or choose (1) No concerns at this time.

ELEMENT	DESCRIPTION
ID	3.29
Field Name	Bowel Continence/Constipation Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if 2,7 are selected in Bowel Continence/Constipation 3.28
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 2,7 are selected in Bowel Continence/Constipation 3.28
Generate Error Report	Yes

Description	Free text to explain the services and supports and the expected result surrounding any bowel continence/constipation needs.

ELEMENT	DESCRIPTION
ID	3.30
Field Name	Acid Reflux (GERD)
Field Length	20
Format	Character
Required Field:	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers: (1) No concerns at this time (2) Remain upright for 30 minutes after meals (3) Elevate head of bed when sleeping (4) Modified diet (5) Medication as needed (6) Encourage weight loss (7) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that a member needs if/when they have/has acid reflux (GERD).

ELEMENT	DESCRIPTION
ID	3.31
Field Name	Acid Reflux (GERD) Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if 2-7 are selected in Acid Reflux (GERD) 3.30
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 2-7 are selected in Acid Reflux (GERD) 3.30
Generate Error Report	Yes
Description	Free text to explain the services and supports and the expected result surrounding any acid reflux (GERD) needs. This field needs to be completed for all answers except “(1) No concerns at this time.”

ELEMENT	DESCRIPTION
ID	3.32
Field Name	High Cholesterol
Field Length	20
Format	Character
Required Field:	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers:

	(1) No concerns at this time (2) Modified diet (fat, cholesterol) (3) Cholesterol lowering medications (4) Increase exercise (5) Encourage weight loss (6) Provide assistance with meal planning (7) Provide education to person (8) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that a member needs if/when they have/has high cholesterol.

ELEMENT	DESCRIPTION
ID	3.33
Field Name	High Cholesterol Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if 2-8 are selected in High Cholesterol 3.32
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 2-8 are selected in High Cholesterol 3.32
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that a member needs if/when they have/has high cholesterol.

ELEMENT	DESCRIPTION
ID	3.34
Field Name	Diabetes
Field Length	20
Format	Character
Required Field:	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & (1) No concerns at this time (2) Requires medication (3) Assistance with diabetes monitoring (4) Medication administration (insulin or other injectable) (5) Dietary modification (6) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that a member needs if/when they have/has diabetes.

ELEMENT	DESCRIPTION
ID	3.35
Field Name	Diabetes Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if 2-6 are selected in Diabetes 3.34
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 2-6 are selected in Diabetes 3.34
Generate Error Report	Yes
Description	Free text to explain the services and supports and the expected result for the individual's diabetes. This field needs to be completed for all answers except "(1) No concerns at this time."

ELEMENT	DESCRIPTION
ID	3.36
Field Name	High Blood Pressure/ hypertension
Field Length	12
Format	Character
Required Field:	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers: (1) No concerns at this time (2) Encourage weight loss (3) Blood pressure monitoring plan (4) Reduce salt intake (5) Encourage exercise (6) Medication required (7) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that a member needs if/when they have/has high blood pressure/hypertension.

ELEMENT	DESCRIPTION
ID	3.37
Field Name	High Blood Pressure/hypertension Detail
Field Length	1000
Format	Character
Required Field	Conditional -- field cannot be blank if 2-7 are selected in High Blood Pressure/hypertension 3.36
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 2-7 are selected in High Blood Pressure/hypertension 3.36
Generate Error Report	Yes

Description	Free text to explain the services and supports and the expected result for the individual's high blood/hypertension pressure. This field needs to be completed for all answers except "(1) No concerns at this time."

ELEMENT	DESCRIPTION
ID	3.38
Field Name	Respiratory
Field Length	15
Format	Character
Required Field:	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers: (1) No concerns at this time (2) Requires medication (3) Uses CPAP machine (4) Uses nebulizer (5) Uses oxygen (6) Exercise restrictions (7) Other therapies (8) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that a member needs when they have/has respiratory concerns or conditions.

ELEMENT	DESCRIPTION
ID	3.39
Field Name	Respiratory/Pulmonary Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if 2-8 is selected in Respiratory/Pulmonary 3.38
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 2-8 is selected in Respiratory/Pulmonary 3.38
Generate Error Report	Yes
Description	Free text to explain the services and supports and the expected result for the individual's respiratory/Pulmonary needs. This field needs to be completed for all answers except "(1) No concerns at this time."

ELEMENT	DESCRIPTION
ID	3.40
Field Name	Seizure Disorder

Field Length	10
Format	Character
Required Field:	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers: (1) No concerns at this time (2) Seizure monitoring plan (3) Requires seizure protocol (4) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that a member needs when he/she has a seizure disorder.

ELEMENT	DESCRIPTION
ID	3.41
Field Name	Seizure Disorder Detail
Field Length	1000
Format	Character
Required Field	Conditional -- field cannot be blank if 2-4 is selected in Seizure Disorder 3.40
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 2-4 is selected in Seizure Disorder 3.40
Generate Error Report	Yes
Description	Explain the services and supports and the expected result for the individual's seizure disorder. This field needs to be completed for all answers except "(1) No concerns at this time."

ELEMENT	DESCRIPTION
ID	3.42
Field Name	Behavior
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Are there any concerns with behavior or psychiatric health? If yes, Section 7 Behavioral Supports Needs must be completed.

ELEMENT	DESCRIPTION
ID	3.43
Field Name	Fire Safety Support/Service
Field Length	1

Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Does the individual have any fire safety needs or are there any concerns with the ability of the individual regarding fire safety? This should be based on a current evaluation of the fire evacuation capacity of the individual based on actual performance.

ELEMENT	DESCRIPTION
ID	3.44
Field Name	Fire Safety Support/Service Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field must be completed if the answer to the above element 3.43 is “yes” or “unknown”.
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if the answer to 3.43 Fire Safety Support /Service is “yes” or “unknown”.
Generate Error Report	Yes
Description	Describe the fire safety needs of the individual and any concerns with the ability of the individual regarding fire safety. If the response to 3.43 is either “Yes” or “Unknown” a detailed explanation must be provided.

ELEMENT	DESCRIPTION
ID	3.45
Field Name	Emergency Protocol
Field Length	1000
Format	Character
Required Field	Yes
Acceptable Answers for Field	Narrative-free text
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Describe the Individual’s ability to maintain safety in an emergency and when staff or other caregivers are unavailable. Include in the emergency protocol: disaster preparedness, emergency locations, people that should be notified in an emergency and other steps that the individual, caregivers, and staff need to take in emergency situations.

ELEMENT	DESCRIPTION
ID	3.46
Field Name	Back Up Plan
Field Length	1
Format	Character

Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Is a detailed back up plan in place for situations when scheduled HCBS providers are unavailable or do not arrive as scheduled? If yes, the provider must have a plan that is readily available for individual, caregivers and staff to use and for oversight entities to review. See the LP Guidance for further detail on the requirements of the Back Up Plan.

ELEMENT	**DESCRIPTION**
ID	3.47
Field Name	Supervision Needs
Field Length	20
Format	Character
Required Field	Yes
Acceptable Answers for Field	Multiple answers allowed delimited by & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers: (1) No concerns at this time (2) Line of sight (3) 1:1 (4) Requires periodic bed checks (5) Requires adaptive equipment (monitoring system, night lighting, bed rails, bed alarm) (6) Requires sleep chart (7) Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the supervision needs of the member. This element should not be used after 8/31/24. Per OPWDD Administrative Directive Transmittal: ADM 2022-01, Supervision Levels defined in element 3.55 should be used in Life Plans on 9/1/24 and after.

ELEMENT	**DESCRIPTION**
ID	3.48
Field Name	Supervision Needs Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if 2-7 is selected in Supervision Needs 3.47
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 2-7 is selected in Supervision Needs 3.47
Generate Error Report	Yes

Description	Explain the supervision needs and the expected result of providing supervision needs. This field needs to be completed for all answers except “(1) No concerns at this time.” This element should not be used after 8/31/24. Per OPWDD Administrative Directive Transmittal: ADM 2022-01, Supervision Level Details defined in element 3.56 should be used in Life Plans on and after 9/1/24.

ELEMENT	DESCRIPTION
ID	3.49
Field Name	Budgeting
Field Length	20
Format	Character
Required Field	Yes
Acceptable Answers for Field	Select an answer (1) Independent (2) Needs assistance (3) Needs total support (4) At risk for exploitation
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the budgeting needs of the member.

ELEMENT	DESCRIPTION
ID	3.50
Field Name	Budgeting Detail
Field Length	1000
Format	Character
Required Field	Conditional -- This field needs to be completed for all answers except (1) “Independent” in 3.49
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 3.49 Budgeting is other than (1) “Independent”
Generate Error Report	Yes
Description	Explain the budgeting needs and the expected result of providing oversight and assistance for budgeting needs.

ELEMENT	DESCRIPTION
ID	3.51
Field Name	Transportation
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Independent (2) Needs assistance (3) Needs total support
Error Message	Required field cannot be blank
Generate Error Report	Yes

Description	Choose the answer(s) that best fits the transportation needs of the member when using public transportation (buses, subway) or when driving themselves.

ELEMENT	DESCRIPTION
ID	3.52
Field Name	Transportation Detail
Field Length	1000
Format	Character
Required Field	Conditional -- This field needs to be completed for all answers except (1) “Independent.” In 3.51
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 2 or3 is entered in transportation 3.51
Generate Error Report	Yes
Description	Explain the transportation needs and the expected result of providing oversight and assistance for transportation needs.

ELEMENT	DESCRIPTION
ID	3.53
Field Name	Other
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Are there any other concerns that have not been addressed?

ELEMENT	DESCRIPTION
ID	3.54
Field Name	Other Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to the above element 3.53 is “yes” or “unknown”.
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if the answer to 3.53 Other is “yes” or “unknown”.
Generate Error Report	No
Description	Explain any other health and safety concerns that are not captured anywhere else.

ELEMENT	DESCRIPTION
ID	3.55
Field Name	Supervision Levels

Field Length	50
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one response is allowed: (1) 1:1 or Greater Ratio of Staff Assigned to an Individual (2) Range of Sight or Scan (3) Periodic Checks (4) Independent with Staff Present (5) Independent
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer that best describes the maximum supervision level necessary for an individual to receive a given service effective for Life Plans on and after 9/1/2024. This element supersedes ID 3.47 Supervision Needs effective 9/1/2024. Refer to the OPWDD Administrative Directive Transmittal: ADM 2022-01 Levels of Supervision. The response selected should represent the maximum level of supervision that an individual needs for the support that is required to assure health and safety in an identified activity and environment. Details should be provided in the Supervision Levels Detail element ID 3.56. The maximum level of supervision for an individual should be determined by reviewing the supervision levels for all support services required to assure health and safety and choosing the maximum supervision level.

ELEMENT	**DESCRIPTION**
ID	3.56
Field Name	Supervision Levels Detail
Field Length	1000
Format	Character
Required Field	Yes
Acceptable Answers for Field	Narrative-free text
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Explain the maximum supervision level and any details about selecting that level. This element should be used in conjunction with ID 3.55 Supervision Levels effective for life plans on and after 9/1/2024.

ELEMENT	**DESCRIPTION**
ID	3.57
Field Name	Risk of Falls- Level of Supervision
Field Length	50
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one response is allowed: (1) 1:1 or Greater Ratio of Staff Assigned to an Individual (2) Range of Sight or Scan

	(3) Periodic Checks (4) Independent with Staff Present (5) Independent
Error Message	Required field cannot be blank.
Generate Error Report	Yes
Description	Choose the answer that best fits the support or services that a member needs when he/she is at a risk for falls. This element should be used in life plans effective on and after 9/1/2024. Refer to Supervision Levels defined in OPWDD Administrative Directive Transmittal: ADM-2022-01. This answer should be independent from the assistance needed (ID 3.58).

ELEMENT	**DESCRIPTION**
ID	3.58
Field Name	Risk of Falls- Assistance Needed
Field Length	50
Format	Character
Required Field	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answers: (1) Use of adaptive equipment (gait belt, walker, cane, wheelchair (2) Requires environment modifications (handrail, ramp, barrier free)
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Choose the answer(s) that best fits the assistance that an individual needs when he/she is at risk for falls. This element should be used in life plans effective on and after 9/1/2024. The answer should be independent from the supervision level (ID 3.57).

ELEMENT	**DESCRIPTION**
ID	3.59
Field Name	Bladder Continence
Field Length	13
Format	Character
Required Field	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answer (1) No concerns at this time, cannot be coupled with other answers: (1) No concerns at this time (2) Bladder tracking protocol in place (3) Bladder management protocol in place (4) Bedding Pads (5) Adult Diapers (6) Routine catheterization (7) Ostomy (8) Other
Error Message	Required field cannot be blank

Generate Error Report	Yes
Description	Choose the answer(s) that best fits the support or services that an individual needs for bladder continence concerns or conditions or choose (1) No concerns at this time.

ELEMENT	DESCRIPTION
ID	3.60
Field Name	Bladder Continence Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if 2-8 are selected in Bladder Continence 3.59
Acceptable Answers for Field	Narrative-free text
Error Message	Field cannot be blank if 2-8 are selected in Bladder Continence 3.59
Generate Error Report	Yes
Description	Free text to explain the services and supports and the expected result surrounding any bladder continence needs.

ELEMENT	DESCRIPTION
ID	3.61
Field Name	Drug Allergies, Sensitivities, Adverse Effects
Field Length	18
Format	Character
Required Field	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answer '1' cannot be coupled with other answers: (1) No Drug (Medication) Allergy/Sensitivity present (2) Allergy, sensitivity, adverse effect of penicillin (3) Allergy, sensitivity, adverse effect of other antibiotic agent(s) (4) Allergy, sensitivity, adverse effect of sulfonamides ('sulfa' drugs) (5) Allergy, sensitivity, adverse effect of other anti-infective agent(s) (6) Allergy, sensitivity, adverse effect of anesthetic agent(s) (7) Allergy, sensitivity, adverse effect of narcotic agent(s) (8) Allergy, sensitivity, adverse effect of analgesic agent(s) (9) Allergy, sensitivity, adverse effect of serum(s) and/or vaccine(s) (10) Allergy, sensitivity, adverse effect of other drugs, medicaments, and biological substances
Error Message	Required field cannot be blank
Generate Error Report	Yes

Description	Select all applicable allergies, sensitivities, and adverse effects that may apply to individual or select (1) if none present.

ELEMENT	DESCRIPTION
ID	3.62
Field Name	Drug Allergies, Sensitivities, Adverse Effects - Detail
Field Length	1000
Format	Character
Required Field	Conditional -- field cannot be blank if answers 2-7are selected in 3.61 Allergies/Sensitivities- Drug (Medication).
Acceptable Answers for Field	Narrative-free text
Error Message	
Generate Error Report	No
Description	Provide additional details about the individual's known allergies, sensitivities, and adverse reactions to drugs and medications selected in 3.61. To the extent possible, identify specific drug and describe past adverse reactions or effects. Identify measures implemented to prevent future recurrence or address future emergencies.

ELEMENT	DESCRIPTION
ID	3.63
Field Name	Food Allergies, Sensitivities, Intolerances and Metabolic Disorders
Field Length	21
Format	Character
Required Field	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answer '1' cannot be coupled with other answers: (1) No food allergy/sensitivity/metabolic disorder present (2) Allergy/sensitivity to peanuts, tree nuts, seeds (3) Lactose intolerance (4) Allergy/sensitivity to milk and dairy products (other than lactose intolerance) (5) Allergy/sensitivity to eggs (6) Allergy/sensitivity to seafood (fish, selfish, crustaceans) (7) Allergy/sensitivity to food additives (8) Celiac disease (9) Non-celiac gluten sensitivity (10) Other metabolic disorder requiring dietary restriction or adjustment (11) All other food allergies, sensitivities, and intolerances
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Select all applicable allergies/sensitivities/intolerances/metabolic disorders that may apply to individual or select (1) if none present.

ELEMENT	DESCRIPTION
ID	3.64
Field Name	Food Allergies, Sensitivities, Intolerances and Metabolic Disorders - Detail
Field Length	1000
Format	Character
Required Field	Conditional -- field cannot be blank if answers 2-9 are selected in 3.63 Allergies/Sensitivities - Food.
Acceptable Answers for Field	Narrative-free text
Error Message	
Generate Error Report	No
Description	Provide additional details about the individuals food allergies/sensitivities selected in 3.63. To the extent possible, identify specific foods and describe past adverse reactions or effects. Identify measures implemented to prevent future recurrence or address future emergencies.

ELEMENT	DESCRIPTION
ID	3.65
Field Name	Allergies and Sensitivities - Other than Food and Drug
Field Length	21
Format	Character
Required Field	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & EXCEPT answer '1' cannot be coupled with other answers (1) No allergy/sensitivity (other than food and drug) present (2) Allergy to bees (3) Allergy to insects other than bees (4) Allergy to latex (5) Allergy to radiographic dye, contrast agents (6) Allergic rhinitis – pollen (7) Allergic rhinitis - other seasonal (8) Allergic rhinitis - animal hair/dander (9) Allergic rhinitis - all other (e.g., mold, dust, dust mites, feathers) (10) Contact dermatitis with known trigger (other than drugs, food) (11) All other allergies and sensitivities
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Select all applicable allergies/sensitivities that may apply to individual or select (1) if none present.

ELEMENT	DESCRIPTION
ID	3.66
Field Name	Allergies and Sensitivities - Other than Food and Drug - Detail
Field Length	1000
Format	Character
Required Field	Conditional -- field cannot be blank if answers 2-5 are selected in 3.65 Allergies/Sensitivities - Insect.

Acceptable Answers for Field	Narrative-free text
Error Message	
Generate Error Report	No
Description	Provide additional details about the individual's allergies/sensitivities selected in 3.65. If possible, identify specific allergen or trigger and describe past adverse reactions or effects. Identify measures implemented to prevent future recurrence or address future emergencies.

4. *Authorized and Funded Services Information (includes authorized waiver services and CSIDD)*

ELEMENT	DESCRIPTION
ID	4.1
Field Name	Authorized Service Type
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(A) - MCO-Paid Medicaid Services – OPWDD Auspice (B) – MCO-Paid Medicaid Services – Long Term Supports Not Under OPWDD Auspice (C) – MCO-Paid Medicaid Services – Other (D) – Key FFS Medicaid Services (not paid by MCO)
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Put the corresponding letter that matches the type of service that is being authorized for the individual.

ELEMENT	DESCRIPTION
ID	4.2
Field Name	Provider Name
Field Length	50
Format	Character
Required Field	Yes
Acceptable Answers for Field	Required field cannot be blank
Error Message	
Generate Error Report	Yes
Description	The provider’s name that will be delivering services to the member. This must match the name associated in TABS and in eMedNY for A, B, C and D services.

ELEMENT	DESCRIPTION
ID	4.3
Field Name	Provider CORP ID
Field Length	5
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	

Generate Error Report	No
Description	The provider's corporation ID (CORP ID) must be entered. This must match the ID in TABS, if available.
ELEMENT	**DESCRIPTION**
ID	4.4
Field Name	Service Type
Field Length	50
Format	Character
Required Field	Yes
Acceptable Answers for Field	Select a service type for providers delivering services (1) Prevocational Services – Sited Based (2) Prevocational Services – Community Based (3) Supported Employment (4) Pathway to Employment (5) Community Habilitation – Regular (6) Community Habilitation – Cert. Fac. Residents (7) Family Education and Training (8) Residential Habilitation – Supervised (9) Residential Habilitation – Supportive (10) Residential Habilitation – Family Care (11) Day Habilitation – Regular (phasing out) (12) Day Habilitation – Supplemental (phasing out) (13) Respite (14) Support Broker (15) Individually Determined Goods and Services (16) Fiscal Intermediary (17) Community Transition Services (18) Intensive Behavioral Services – Assessment & Planning Development. (19) Intensive Behavioral Services – Implement & Services. (20) Live-in Caregiver (21) Assistive Technology (22) Environmental Modification (23) Vehicle Modification (24) Moving Assistance (25) Crisis Services for those with I/DD (CSIDD) (26) Leave empty (27) Leave empty (28) Day Treatment (29) Personal Care (30) Certified Home Health Agency (31) Congregate/Home Delivered Meals (32)Day Habilitation Without Walls (33)Day Habilitation Site Based (34)Day Habilitation Without Walls - Supplemental (35) Day Habilitation Site Based - Supplemental (36) CCO Basic Plan Service (37) CCO Health Home Service (99) Other Service
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	List the service types for providers delivering services. Choose "Other Service" for services not listed.

	Note: Day Habilitation – Regular (11) and Day Habilitation - Supplemental (12) are being replaced with Day Habilitation Without Walls (32), Day Habilitation Site Based (33), Day Habilitation Without Walls - Supplemental (34) and Day Habilitation Site Based - Supplemental (35) in a phased manner through 1/1/24.

ELEMENT	**DESCRIPTION**
ID	4.5
Field Name	Other Services Detail
Field Length	100
Format	Character
Required Field	Conditional -- field must be completed if (99) Other Service is selected in 4.4 Service Type
Acceptable Answers for Field	
Error Message	Field cannot be blank if (99) Other Service is selected in 4.4 Service Type
Generate Error Report	Yes
Description	Enter the name of the other service type (OPWDD waiver) that the individual is receiving from the provider.

ELEMENT	**DESCRIPTION**
ID	4.6
Field Name	TABS Program Code
Field Length	8
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required Field cannot be blank
Generate Error Report	Yes
Description	The TABS Program Code will be available to MCO/CCO through the Choices application and the CCO monthly roster.

ELEMENT	**DESCRIPTION**
ID	4.7
Field Name	NPI Medicaid Provider ID
Field Length	10
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	The provider’s NPI/Medicaid Provider ID must be entered if available.

ELEMENT	**DESCRIPTION**
ID	4.9
Field Name	Program Add Date

Field Length	10
Format	Date
Required Field	Yes
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	For service types in any category, enter the date that the individual was authorized for the service by your DDRO/MCO. This is the effective date for that service.

ELEMENT	DESCRIPTION
ID	4.10
Field Name	Program Remove Date
Field Length	10
Format	Date
Required Field	Conditional – If person is removed from Program
Acceptable Answers for Field	MM/DD/YYYY
Error Message	
Generate Error Report	No
Description	For service types in all categories, enter the last date that the individual stopped receiving the service. This date should only be entered when the individual has stopped receiving services and should not be entered while the individual is receiving the service.

ELEMENT	DESCRIPTION
ID	4.11
Field Name	Duration
Format	Character
Field Length	1
Required Field	Required
Acceptable Answers for Field	(1) Ongoing (2) Time limited (3) One time expenditure
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Enter the frequency/billing unit that is associated with the service type selected in 4.4. Select 1 answer that best describes.

ELEMENT	DESCRIPTION
ID	4.12
Field Name	Billing Unit (frequency)
Field Length	1
Format	Character
Required Field	Required
Acceptable Answers for Field	(1) Monthly (2) Daily (3) Hourly

	(4) One time expenditure (5) Plan/hourly (6) 1 or 2 units per year (7) Expenditure
Error Message	Required field cannot be blank.
Generate Error Report	Yes
Description	Enter the frequency/billing unit that is associated with that service type. Select 1 answer that best describes.

ELEMENT	DESCRIPTION
ID	4.13
Field Name	Self-Directed Service
Field Length	1
Format	Character
Required Field	Conditional -- Field must be completed if a service type is being self-directed.
Acceptable Answers for Field	(1) Leave empty (2) Leave empty (3) Leave empty (4) Agency Supported (5) Budget Authority/Self Hire
Error Message	
Generate Error Report	No
Description	If a service type is being self-directed, identify the type of self-direction.

ELEMENT	DESCRIPTION
ID	4.14
Field Name	Expected Frequency
Field Length	50
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Enter the expected frequency that an individual will receive the services (number of hours per number of times).

ELEMENT	DESCRIPTION
ID	4.15
Field Name	Service Location
Field Length	100
Format	Character
Required Field	Required
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes

Description	Provide the Service Location for the Provider Name in 4.2

6. Preventative Medical Planning Information

ELEMENT	DESCRIPTION
ID	6.1
Field Name	Taking Medication
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) unknown
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Is the individual currently taking any medications that were prescribed by a medical provider?

ELEMENT	DESCRIPTION
ID	6.2
Field Name	Hospitalization
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Has the individual been hospitalized during the last twelve months?

ELEMENT	DESCRIPTION
ID	6.3
Field Name	Hospitalization Date
Field Length	10
Format	Date
Required Field	Conditional -- Field cannot be blank if (1) Yes has been entered in 6.2 and if the date is known
Acceptable Answers for Field	
Error Message	Field cannot be blank if (1) Yes has been entered in 6.2 and if the date is known
Generate Error Report	Yes
Description	Enter the Date of the member's last hospitalization, if known.

ELEMENT	DESCRIPTION

ID	6.4
Field Name	Last Annual Physical Exam Date
Field Length	10
Format	Date
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Enter the Date of the member's last annual physical exam if known.

ELEMENT	DESCRIPTION
ID	6.5
Field Name	Diabetic Screening
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	
Generate Error Report	No
Description	Has the individual had a diabetic screening as clinically appropriate for age or other risk factors?

ELEMENT	DESCRIPTION
ID	6.6
Field Name	Diabetic Screening Date
Field Length	10
Format	Date
Required Field	Conditional -- Field cannot be blank if (Y) es is entered in Diabetic Screening 6.5 and if the date is known
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Field cannot be blank if (Y) es is entered in Diabetic Screening 6.5 and if the date is known
Generate Error Report	Yes
Description	Enter the Date of the member's last diabetic screening, if known.

ELEMENT	DESCRIPTION
ID	6.7
Field Name	Last Eye Exam Date
Field Length	10
Format	Date
Required Field	No
Acceptable Answers for Field	MM/DD/YYYY
Error Message	
Generate Error Report	No

Description	Enter the Date of the member's last eye exam if known.

ELEMENT	DESCRIPTION
ID	6.8
Field Name	Last Dental Exam Date
Field Length	10
Format	Date
Required Field	No
Acceptable Answers for Field	MM/DD/YYYY
Error Message	
Generate Error Report	No
Description	Enter the Date of the member's last dental exam if known.

ELEMENT	DESCRIPTION
ID	6.9
Field Name	Colonoscopy
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	
Generate Error Report	No
Description	Has the individual had a colonoscopy as clinically appropriate for age or other risk factors?

ELEMENT	DESCRIPTION
ID	6.10
Field Name	Colonoscopy Exam Date
Field Length	10
Format	Date
Required Field	Conditional -- Field cannot be blank if (1) Yes is entered in Colonoscopy 6.9 and if the date is known
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Field cannot be blank if (1) Yes is entered in Colonoscopy 6.9 and if the date is known.
Generate Error Report	Yes
Description	Enter the date that the member last had a colonoscopy if known.

ELEMENT	DESCRIPTION
ID	6.11
Field Name	Mammogram Exam
Field Length	1
Format	Character
Required Field	No

Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	
Generate Error Report	No
Description	Has the individual had a mammogram if clinically appropriate for age or other risk factors?

ELEMENT	DESCRIPTION
ID	6.12
Field Name	Mammogram Exam Date
Field Length	10
Format	Date
Required Field	Conditional - Field cannot be blank if (1) Yes is entered in Mammogram Exam 6.11 and if the date is known
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Field cannot be blank if (1) Yes is entered in Mammogram Exam 6.11 and if the date is known
Generate Error Report	Yes
Description	Enter the date that the member last had a mammogram.

ELEMENT	DESCRIPTION
ID	6.13
Field Name	Cervical Cancer Exam
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	No
Generate Error Report	Yes
Description	Has the individual had a cervical cancer screening, i.e. pap smear if clinically appropriate for age or other risk factors?

ELEMENT	DESCRIPTION
ID	6.14
Field Name	Cervical Cancer Exam Date
Field Length	10
Format	Date
Required Field	Conditional - Field cannot be blank if (1) Yes is entered in Cervical Cancer Exam 6.13 and if the date is known
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Field cannot be blank if (1) Yes is entered in Cervical Cancer Exam 6.13 and if the date is known
Generate Error Report	Yes

Description	Enter the date that the member last had a cervical cancer screening, i.e. pap smear?

ELEMENT	DESCRIPTION
ID	6.15
Field Name	Prostate Exam
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	No
Generate Error Report	Yes
Description	Has the individual had a prostate exam if clinically appropriate for age and other risk factors?

ELEMENT	DESCRIPTION
ID	6.16
Field Name	Prostate Exam Date
Field Length	10
Format	Date
Required Field	Conditional - Required field cannot be blank if (1) Yes is entered in Prostate Exam 6.15 and if the date is known
Acceptable Answers for Field	
Error Message	Field cannot be blank if (1) Yes is entered in Prostate Exam 6.15 and if the date is known
Generate Error Report	Yes
Description	Enter the date that the member last had a prostate exam.

ELEMENT	DESCRIPTION
ID	6.17
Field Name	Last Flu Shot Date
Field Length	10
Format	Date
Required Field:	No
Acceptable Answers for Field	MM/DD/YYYY
Error Message	
Generate Error Report	No
Description	If the individual has received a seasonal influenza vaccination within the last twelve months, record the date of the vaccination. If the precise date of vaccination cannot be obtained, but the month is known, you may enter an estimated date within the known month. Otherwise leave blank.

7. Behavioral Support Needs Information

ELEMENT	DESCRIPTION
ID	7.1

Field Name	Behavior Support Plan
Field Length	1
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to 3.42 Behavior is Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Field cannot be blank if the answer to 3.42 Behavior is Yes.
Generate Error Report	Yes
Description	Does the person have a Behavior Support Plan?

ELEMENT	**DESCRIPTION**
ID	7.2
Field Name	Chronic Psychiatric Symptoms
Field Length	15
Format	Character
Required Field:	No
Acceptable Answers for Field	Multiple answers (maximum of eight) allowed delimited by & EXCEPT answers: (1) Mood (2) Anxiety (e.g., post-traumatic stress disorder) (3) Depression (4) Mania (5) Schizophrenia/other Psychosis (6) Personality Disorders (7) Cognitive Disorders (e.g. delirium, dementia) (8) Alcohol/Drug
Error Message	
Generate Error Report	No
Description	Include the symptoms that are pertinent to the individual's acute and/or chronic mental health or cognitive symptoms that negatively impact behavior

ELEMENT	**DESCRIPTION**
ID	7.3
Field Name	Challenging Behaviors
Field Length	1
Format	Character
Required Field:	Conditional—Field needs to be completed if the answer to 3.42 Behavior is Yes
Acceptable Answers for Field	(1) No known history (2) In the past (3) Current concern
Error Message	Field cannot be blank if the answer to 3.42 Behavior is Yes
Generate Error Report	Yes
Description	Does the person have significant challenging behaviors?

ELEMENT	DESCRIPTION
ID	7.4
Field Name	Challenging Behavior Type
Field Length	25
Format	Character
Required Field:	Conditional - Field needs to be completed if the answer to the above element 7.3 is (3) Current Concern
Acceptable Answers for Field	Multiple answers allowed delimited by & (1) engages in self-harmful behavior (2) physically hurts others (3) attempts to cause harm to others (4) destruction of property (5) disruptive behavior (6) unusual or repetitive behavior (7) social withdrawal (8) socially offensive behavior (9) persistently uncooperative or defiant (10) problems with self-care and personal hygiene (11) other
Error Message	Field cannot be blank if the answer to 7.3 Challenging Behaviors is (3) Current Concern.
Generate Error Report	Yes
Description	Identify the significant challenging behaviors that the person demonstrates if the previous answer was “current concern.”

ELEMENT	DESCRIPTION
ID	7.5
Field Name	Challenging Behavior Detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to the above element 7.4 is (11) Other.
Acceptable Answers for Field	
Error Message	Field cannot be blank if the answer to 7.4 Challenging Behavior is “other”.
Generate Error Report	Yes
Description	Provide any information that is relevant to how the individual’s significantly challenging behavior manifests and if the “other” category is marked, from the previous question, provide a short description.

ELEMENT	DESCRIPTION
ID	7.6

Field Name	PRN Medication Prescribed
Field Length	1
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to 7.3 Challenging Behavior is (3) “Current”.
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Field cannot be blank if the answer to 7.3 Challenging Behavior is (3) “Current”
Generate Error Report	Yes
Description	Has the person been prescribed PRN Medication to decrease challenging behavior or address psychiatric symptoms within the past year?

ELEMENT	**DESCRIPTION**
ID	7.7
Field Name	PRN Med Prescribed detail
Field Length	1000
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to the above element 7.6 is (1) “yes”.
Acceptable Answers for Field	
Error Message	Field cannot be blank if the answer to 7.6 PRN Medication Prescribed is (1) “yes”.
Generate Error Report	No
Description	If a PRN Medication was prescribed in the past year, what was the reason?

ELEMENT	**DESCRIPTION**
ID	7.8
Field Name	PRN Medication List
Field Length	500
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to element 7.6 PRN Medication Prescribed is (1) “yes”.
Acceptable Answers for Field	List of the PRN medications. See Appendix C. Multiple answers are allowed delimited by &
Error Message	Field cannot be blank if the answer to 7.6 PRN Medication Prescribed is (1) “yes”
Generate Error Report	Yes
Description	List the PRN Medications that the individual has taken in the last year.

ELEMENT	**DESCRIPTION**
ID	7.9
Field Name	PRN Medication usage
Field Length	1
Format	Character

Required Field:	Conditional -- Field needs to be completed if the answer to element 7.6 PRN Medication Prescribed is (1) “yes”.
Acceptable Answers for Field	(1) provided episodically (2) provided monthly (3) provided daily (4) has not been provided in the last year
Error Message	Field cannot be blank if the answer to 7.6 PRN Medication Prescribed is (1) “yes”
Generate Error Report	Yes
Description	Choose the average frequency in which PRN is given. Episodically is chosen when the frequency is less than a monthly.

ELEMENT	DESCRIPTION
ID	7.10
Field Name	Physical Intervention
Field Length	1
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to 3.42 Behavioral Concerns is “Yes”.
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Field cannot be blank if the answer to 3.42 Behavioral Concerns is Yes
Generate Error Report	Yes
Description	Has the person required a restrictive physical intervention in the past year to maintain safety?

ELEMENT	DESCRIPTION
ID	7.11
Field Name	Restrictive Intervention in BSP?
Field Length	1
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to the above element 7.10 is (1) “yes”.
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Field cannot be blank is the answer to 7.10 Physical Intervention is (1) “yes”.
Generate Error Report	Yes
Description	Was the restrictive physical intervention part of a Behavior Support Plan?

ELEMENT	DECRIPTION
ID	7.12
Field Name	Plan Intervention Type

Field Length	1
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to 7.1 Behavior Support Plan is “Yes”.
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Field cannot be blank if the answer to 7.1 Behavioral Support Plan is “Yes”.
Generate Error Report	Yes
Description	Does the Individual’s behavior support plan contain restrictive or intrusive interventions?

ELEMENT	DESCRIPTION
ID	7.13
Field Name	Intervention Types Included
Field Length	12
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to 7.12 Plan Intervention Type is “yes”.
Acceptable Answers for Field	Multiple answers allowed delimited by & (1) SCIP-R/PROMOTE physical intervention techniques (2) Medication (3) Rights limitation(s) (4) Time out (5) Mechanical restraining device
Error Message	Field cannot be blank if the answer to 7.12 Plan Intervention Type is “yes”.
Generate Error Report	Yes
Description	What types of restrictive interventions are included in the individual’s BSP plan?

ELEMENT	DESCRIPTION
ID	7.14
Field Name	Medication Monitoring Plan
Field Length	1
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to 3.42 Behavior is “Yes”.
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Field cannot be blank if the answer to 3.42 Behavior is “Yes”.
Generate Error Report	Yes
Description	Does the Person have a Medication Monitoring Plan?

ELEMENT	DESCRIPTION
ID	7.15

Field Name	Medication Included in Monitoring Plan
Field Length	500
Format	Character
Required Field	Conditional -- Field needs to be completed if the answer to 7.14 Medication Monitoring Plan is “Yes”.
Acceptable Answers for Field	
Error Message	Field cannot be blank if answer to 7.14 Medication Monitoring Plan is “yes”.
Generate Error Report	Yes
Description	List the Medications that are included in the Medication Monitoring Plan.

ELEMENT	DESCRIPTION
ID	7.16
Field Name	Psychiatrist Monitoring
Field Length	1
Format	Character
Required Field	Conditional -- Field must be completed if psychotropic medication is listed in Medication Included in Monitoring Plan 7.15.
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	Field cannot be blank if psychotropic medication is listed in Medication Included in Monitoring Plan 7.15.
Generate Error Report	Yes
Description	If the person is prescribed psychotropic medication, does the person receive monitoring from a psychiatrist?

ELEMENT	DESCRIPTION
ID	7.17
Field Name	Frequency Of Psychiatric Appointments
Field Length	18
Format	Character
Required Field	Conditional -- Field must be completed if the answer to 7.16 Psychiatrist Monitoring is “yes”.
Acceptable Answers for Field	Select one response (1) Two times per month (2) One time per month (3) One time every three months (4) One time every six months (5) One time per year (6) Other
Error Message	Field cannot be blank if the answer to 7.16 Psychiatrist Monitoring is “yes”.
Generate Error Report	Yes
Description	What is the frequency of the psychiatric appointments for medication monitoring?

8. Employment Related Information

ELEMENT	DESCRIPTION
ID	8.1
Field Name	Active Month
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for field	(1) Active (2) Inactive
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Is the person actively receiving employment related services during the month the current Life Plan is being developed, or are they inactive? In the context of this question, the employment services include Community Based Prevocational Services, Site Based Prevocational Services, Pathway to Employment, and Supported Employment

ELEMENT	DESCRIPTION
ID	8.2
Field Name	Employment Status
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Select only one of the choices (1) Employed in a community integrated business earning at least minimum wage (2) On Temporary Leave and employed in a community integrated business earning at least minimum wage (3) Not employed (4) Self-employed (5) Employed in an integrated business earning sub-minimum wage
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Employment Status for person at time of most recent annual care coordination assessment. Choose (1) if the person worked within the last month (for minimum wage or above) and is not self-employed. Choose (2) if the person was employed (for minimum wage or above) in six or more months of the preceding twelve-month period but did not work within the last month and is not self-employed. Choose (3) if the person did not work in the last month and was employed (for minimum wage or above) in less than six months of the preceding twelve-month period. Choose (4) if the person was self-employed. Choose (5) if the person was employed in the last month an integrated business earning sub-minimum wage.

	Note: Competitive employment is employment in the community (i.e. integrated in the general workforce) with a wage that is at or above county, state, or federal minimum wage. Answer selection 5 is not considered "competitive employment."

ELEMENT	DESCRIPTION
ID	8.4
Field Name	Hourly Wage Per Week
Field Length	8
Format	Numbers (5,2)
Required Field	Conditional -- Field cannot be blank if (1, 2 or 4, 5) are entered in Employment Status 8.2
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Provide the average hourly wage per week of the employed member.

ELEMENT	DESCRIPTION
ID	8.5
Field Name	Average Hours per Week
Field Length	2
Format	Number
Required Field	Conditional--Field cannot be blank if (1, 2 or 4, 5) are entered in Employment Status 8.2
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	What is the average number of hours per week that an individual works?

ELEMENT	DESCRIPTION
ID	8.6
Field Name	On the Job Employment Supports
Field Length	1
Format	Character
Required Field	Conditional--Field cannot be blank if (1, 2 or 4, 5) are entered in Employment Status 8.2
Acceptable Answers for field	(1) Individual (2) Group
Error Message	
Generate Error Report	No
Description	Type of on the job employment supports those best fits employment. Pick the answer that is true most of the time.

ELEMENT	DESCRIPTION

ID	8.8
Field Name	Job Start Date
Field Length	10
Format	Date
Required Field	Conditional -- Field cannot be blank if (1, 2 or 4, 5) are entered in Employment Status 8.2
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Start date of current job, if known.

ELEMENT	DESCRIPTION
ID	8.10
Field Name	Business Name
Field Length	30
Format	Character
Required Field	Conditional -- Field cannot be blank if (1, 2 or 4, 5) are entered in Employment Status 8.2
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Name of business where the individual physically works.

ELEMENT	DESCRIPTION
ID	8.11
Field Name	Employment Location- Street Address
Field Length	40
Format	Character
Required Field	Conditional--Field cannot be blank if (1, 2 or 4, 5) are entered in Employment Status 8.2
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Street address where the individual works.

ELEMENT	DESCRIPTION
ID	8.12
Field Name	Job Termination Date
Field Length	10
Format	Date
Required Field	No
Acceptable Answers for Field	MM/DD/YYYY
Error Message	
Generate Error Report	No
Description	Job termination date if applicable

ELEMENT	DESCRIPTION
ID	8.13
Field Name	Separation of Employment Reason

Field Length	2
Format	Character
Required Field	Conditional -- Field cannot be blank if Job Termination Date 8.12 has a date
Acceptable Answers for field	Select only one of the choices (1) Business Closed (2) Left on Own Accord (3) Currently Unused (4) Currently Unused (5) Currently Unused (6) Currently Unused (7) Currently Unused (8) Currently Unused) (9) Currently Unused (10) Currently Unused (11) Currently Unused (12) Currently Unused (13) Currently Unused (14) Retired (15) Currently Unused (16) Lay Off (separated from payroll) (17) Terminated by business (18) Currently Unused (19) Currently Unused (20) Currently Unused (21) Currently Unused (22) Currently Unused (23) Found another job
Error Message	
Generate Error Report	No
Description	If applicable, reason an individual was separated from employment.

ELEMENT	**DESCRIPTION**
ID	8.14
Field Name	Interest in Employment
Field Length	1
Format	Character
Required Field	Conditional -- field cannot be blank if (2) Inactive is entered in 8.1 Active Month.
Acceptable Answers for Field	(1) Yes (2) No (3) No, Retired (4) Unknown
Error Message	
Generate Error Report	No
Description	If the person is not employed, is the person interested in employment now or soon (within the next 3 years)? If the person is already receiving employment related services do not answer yes.

ELEMENT	**DESCRIPTION**
ID	8.15
Field Name	Employment Location- City

Field Length	40
Format	Character
Required Field	Conditional -- Field needs to be completed if (1, 2 or 4, 5) are entered in Employment Status 8.2
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Enter the city in which the individual works.

ELEMENT	DESCRIPTION
ID	8.16
Field Name	Employment Location- State
Field Length	2
Format	Character
Required Field	Conditional -- Field cannot be blank if (1, 2 or 4, 5) are entered in Employment Status 8.2
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Enter the state in which the individual works.

ELEMENT	DESCRIPTION
ID	8.17
Field Name	Employment Location- Zip
Field Length	10
Format	Character
Required Field	Conditional -- Field cannot be blank if (1, 2 or 4, 5) are entered in Employment Status 8.2
Acceptable Answers for Field	5 to 9 numbers
Error Message	
Generate Error Report	No
Description	Enter the zip code in which the individual works. Example: 12345-6789

ELEMENT	DESCRIPTION
ID	8.18
Field Name	Employment Location- County
Field Length	12
Format	Character
Required Field	Conditional -- Field cannot be blank if (1, 2 or 4, 5) are entered in Employment Status 8.2
Acceptable Answers for Field	See attached list of county names. Appendix B
Error Message	
Generate Error Report	No
Description	County where individual currently works. This county must match the county that is associated with the address and city.

ELEMENT	DESCRIPTION
ID	8.19
Field Name	Job Satisfaction

Field Length	1
Format	Character
Required Field	Conditional -- Field cannot be blank if (1, 2, 4 or 5) are entered in Employment Status 8.2
Acceptable Answers for Field	(1) Yes (2) No (3) Unknown
Error Message	
Generate Error Report	No
Description	Is the individual satisfied with their current job?

9. Personal Outcome Measures – Certified Interview Information

ELEMENT	DESCRIPTION
ID	9.1
Field Date	Interview Date
Field Length	10
Format	Date
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	The date in which the certified interviewer completes a Personal Outcome Measures interview.

ELEMENT	DESCRIPTION
ID	9.2
Field Name	Certified Interviewer Last Name
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Last name of the person conducting the certified interviewer.

ELEMENT	DESCRIPTION
ID	9.3
Field Name	Certified Interviewer First Name
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	First name of the person conducting the certified interviewer.

ELEMENT	DESCRIPTION
ID	9.4

Field Name	Certified Interviewer CQL ID:
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	This will be a unique identifier issued by CQL to certified interviewers.

ELEMENT	DESCRIPTION
ID	9.5
Field Name	Outcome: People are connected to natural supports.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.6
Field Name	Support: People are connected to natural supports.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.7
Field Name	Outcome: People have intimate relationships.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.8
Field Name	Support: People have intimate relationships.
Field Length	1

Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.9
Field Name	Outcome: People are safe.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.10
Field Name	Support: People are safe.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.11
Field Name	Outcome: People have the best possible health.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.12
Field Name	Support: People have the best possible health.
Field Length	1
Format	Character
Required Field	No

Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.13
Field Name	Outcome: People exercise rights.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.14
Support: People exercise rights.	Support: People exercise rights.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.15
Field Name	Outcome: People are treated fairly.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.16
Field Name	Support: People are treated fairly.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	

Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.17
Field Name	Outcome: People are free from abuse and neglect.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.18
Field Name	Support: People are free from abuse and neglect.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.19
Field Name	Outcome: People experience continuity and security.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.20
Field Name	Support: People experience continuity and security.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	

Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.21
Field Name	Outcome: People decide when to share personal information.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.22
Field Name	Support: People decide when to share personal information.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.23
Field Name	Support: People decide when to share personal information.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.24
Field Name	Support: People choose where and with whom they live.
Field Length	1
Format	Character
Required Field	No

Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.25
Field Name	Outcome: People choose where they work.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.26
Field Name	Support: People choose where they work.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.27
Field Name	Outcome: People use their environments.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.28
Field Name	Support: People use their environments.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No

Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.29
Field Name	Outcome: People live in integrated environments.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.30
Field Name	Support: People live in integrated environments.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.31
Field Name	Outcome: People interact with other members of the community.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.32
Field Name	Support: People interact with other members of the community.
Field Length	1
Format	Character
Required Field	No

Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.33
Field Name	Outcome: People perform different social roles.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.34
Field Name	Support: People perform different social roles.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.35
Field Name	Outcome: People choose services.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.36
Field Name	Support: People choose services.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes

	(2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.37
Field Name	Outcome: People choose personal goals
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.38
Field Name	Support: People choose personal goals.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.39
Field Name	Outcome: People realize goals.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.40
Field Name	Support: People realize goals.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes

	(2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.41
Field Name	Outcome: People participate in the life of the community.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.42
Field Name	Support: People participate in the life of the community.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.43
Field Name	Outcome: People have friends.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.44
Field Name	Support: People have friends.
Field Length	1

Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

ELEMENT	DESCRIPTION
ID	9.45
Field Name	Outcome: People are respected.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this outcome present for the individual?

ELEMENT	DESCRIPTION
ID	9.46
Field Name	Support: People are respected.
Field Length	1
Format	Character
Required Field	No
Acceptable Answers for Field	(1) Yes (2) No
Error Message	
Generate Error Report	No
Description	Is this support present for the individual?

10. Willowbrook Information

ELEMENT	DESCRIPTION
ID	10.1
Field Name	Representation Status
Field Length	1
Format	Character
Required Field:	Conditional -- Field cannot be blank if Demographic section 1.15 Willowbrook Status answer is (Y)es
Acceptable Answers for Field	(1) Full representation (2) Co-representation (3) No representation
Error Message	Field cannot be blank if 1.15 Willowbrook Status is (Y) Yes
Generate Error Report	Yes
Description	What is the representation status of the Willowbrook class member

ELEMENT	DESCRIPTION

ID	10.2
Field Name	Expectations For Community Inclusion
Field Length	1000
Format	Character
Required Field:	Conditional cannot be blank if 10.1 is answered 1 or 2
Acceptable Answers for Field	
Error Message	Field cannot be blank if 10.1 is answered 1 or 2
Generate Error Report	Yes
Description	Describe the expectations for community inclusion for the Willowbrook Class Member.

ELEMENT	DESCRIPTION
ID	10.3
Field Name	Hospital Staffing Coverage
Field Length	500
Format	Character
Required Field:	Conditional cannot be blank if 10.1 is answered 1 or 2
Acceptable Answers for Field	
Error Message	Field cannot be blank if 10.1 is answered 1 or 2
Generate Error Report	Yes
Description	Outline the staffing coverage for the Willowbrook Class Member, when he/she is hospitalized.

11. Risk Factors

ELEMENT	DESCRIPTION
ID	11.1
Field Name	Falls Risk
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one response is allowed: (1) Yes (2) No
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Person has indicated he/she is at risk for falling per the person-centered planning tool

ELEMENT	DESCRIPTION
ID	11.2
Field Name	Number of falls in the past 3 months
Field Length	1
Format	Character
Required Field	Conditional -- Field cannot be blank if Yes is selected in 11.1 Falls Risk
Acceptable Answers for Field	Only one response is allowed: (1) 1 (2) 2 (3) 3 (4) 4 or more

Error Message	Field cannot be blank if Yes is selected in 11.1 Falls Risk
Generate Error Report	Yes
Description	Person has indicated the number of falls in the past three months per the person-centered planning tool

ELEMENT	DESCRIPTION
ID	11.3
Field Name	Health, current conditions
Field Length	1000
Format	Character
Required Field	No
Acceptable Answers for Field	Narrative-Free text
Error Message	
Generate Error Report	No
Description	Person has listed his/her current diagnoses per the person-centered planning tool

ELEMENT	DESCRIPTION
ID	11.4
Field Name	Risk for choking
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one response is allowed: (1) Yes (2) No
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Person has indicated he/she is at risk for choking per the person-centered planning tool

ELEMENT	DESCRIPTION
ID	11.6
Field Name	Desire to Self-Direct
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one answer is allowed (1) Yes (discontinued) (2) No (discontinued) (3) Not currently enrolled in Self Direction with a desire to Self-Direct (4) Not currently enrolled in Self Direction with no desire to Self-Direct (5) Currently enrolled in Self Direction with a desire to Self-Direct (6) Currently enrolled in Self Direction and no longer has a desire to Self-Direct

Error Message	Required field cannot be blank.
Generate Error Report	Yes
Description	Select (3) for individuals who have expressed a desire or interest to self-direct in their Life Plan and are not currently enrolled in Self-Direction. Select (4) for individuals who neither have a desire to self-direct nor are enrolled in Self Direction. Select (5) for individuals currently enrolled in Self Direction with a desire to self-direct. Select (6) for individuals currently enrolled in Self Direction but no longer have a desire to Self-Direct. Discontinue selecting (1) "Yes" and (2) "No" upon implementation of CCDDv3.

12. AHC Health-Related Social Needs - First 10 questions

Section Notes: These elements should be collected for all those enrolled in a Health Home. These elements should not be collected for individuals who are enrolled in the HCBS Basic Plan.

ELEMENT	DESCRIPTION
ID	12.1
Field Name	Comprehensive Assessment Completion Date
Field Length	10
Format	Date
Required Field	Yes
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Date the individual's most recent annual comprehensive assessment for care planning was completed. Per current guidance, this involves review of a functional needs assessment (CAS or DDP-2) completed within the past two years, review of all other physical, clinical, health information and areas outlined in CCO Policy Manual to include any specific tools/processes the CCO identified for this purpose during its initial health home designation review (e.g., I AM tool, PATHS, etc.). Effective, July 1, 2021, the first ten questions of the CMS Accountable Health Communities Health-Related Social Needs Screening Tool were added to the assessment requirements. The date should reflect the date that the assessment (last element of assessment) process was completed.

ELEMENT	DESCRIPTION
ID	12.2
Field Name	Living situation today
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one answer is allowed (1) I have a steady place to live

	(2) I have a place to live today, but I am worried about losing it in the future (3) I do not have a steady place to live
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	What is your living situation today?

ELEMENT	DESCRIPTION
ID	12.3
Field Name	Problems with the place you live- Pests
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only One Answer is Allowed (1) Yes (5) No
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Think about the place you live. Do you have any problems with pests?

ELEMENT	DESCRIPTON
ID	12.4
Field Name	Problems with the place you live- Mold
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only One Answer is Allowed (1) Yes (5) No
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Think about the place you live. Do you have any problems with mold?

ELEMENT	DESCRIPTION
ID	12.5
Field Name	Problems with the place you live- Lead Paint or Pipes
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only One Answer is Allowed (1) Yes (5) No
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Think about the place you live. Do you have any problems with lead paint or pipes?

ELEMENT	DESCRIPTION
ID	12.6

Field Name	Problems with the place you live- Lack of Heat
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only One Answer is Allowed (1) Yes (5) No
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Think about the place you live. Do you have any problems with lack of heat?

ELEMENT	DESCRIPTION
ID	12.7
Field Name	Problems with the place you live- Oven or Stove Not Working
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only One Answer is Allowed (1) Yes (5) No
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Think about the place you live. Do you have any problems with oven or stove not working?

ELEMENT	DESCRIPTION
ID	12.8
Field Name	Problems with the place you live- Smoke Detectors Missing or Not Working
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only One Answer is Allowed (1) Yes (5) No
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Think about the place you live. Do you have any problems with smoke detectors?

ELEMENT	DESCRIPTION
ID	12.9
Field Name	Problems with the place you live- Water Leaks
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only One Answer is Allowed (1) Yes (5) No

Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Think about the place you live. Do you have any problems with water leaks?

ELEMENT	DESCRIPTION
ID	12.10
Field Name	Problems with the place you live- None
Field Length	1
Format	Character
Required Field	Conditional – If this field is marked 1 (Yes), then fields 12.2-12.9 must be marked 2 (no).
Acceptable Answers for Field	Only One Answer is Allowed (1) Yes (5) No
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Think about the place you live. If there are no problems, answer 1 (Yes), if there are problems, If answer 2 (No). If any element 12.3 through 12.9 is answered (1) Yes, 12.10 should be (2) No.

ELEMENT	DESCRIPTION
ID	12.11
Field Name	Worried food would run out before money to buy more was received
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one answer is allowed (1) Often True (2) Sometimes True (3) Never True
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Was the statement above often, sometimes or never true for you and your household in the past 12 months

ELEMENT	DESCRIPTION
ID	12.12
Field Name	Food ran out before receiving money to more in the last 12 months
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one answer is allowed (1) Often True (2) Sometimes True (3) Never True

Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Was the statement above often, sometimes or never true for you and your household in the past 12 months.

ELEMENT	DESCRIPTION
ID	12.13
Field Name	Lack of reliable transportation for medical appointments, etc.
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one answer is allowed (1) Yes (5) No
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	In the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

ELEMENT	DESCRIPTION
ID	12.14
Field Name	Utility companies threaten to shut off services months
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one answer is allowed (1) Yes (5) No (9) Already shut off
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?

ELEMENT	DESCRIPTION
ID	12.15
Field Name	How often does anyone physically hurt you?
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one answer is allowed (1) Never (2) Rarely (3) Sometimes (4) Fairly often

	(5) Frequently
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	How often anyone, including family and friends, physically hurt you?

ELEMENT	DESCRIPTION
ID	12.16
Field Name	How often does anyone insult or talk down to you?
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one answer is allowed (1) Never (2) Rarely (3) Sometimes (4) Fairly often (5) Frequently
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	How often does anyone, including family and friends, insult or talk down to you?

ELEMENT	DESCRIPTION
ID	12.17
Field Name	How often does anyone threaten you with harm?
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one answer is allowed (1) Never (2) Rarely (3) Sometimes (4) Fairly often (5) Frequently
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	How often does anyone, including family and friends, threaten you with harm?

ELEMENT	DESCRIPTION
ID	12.18
Field Name	How often does anyone scream or curse at you?
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Only one answer is allowed (1) Never (2) Rarely (3) Sometimes

	(4) Fairly often (5) Frequently
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	How often does anyone, including family and friends scream or curse at you?

ELEMENT	DESCRIPTION
ID	12.19
Field Name	Health-Related Social Needs (HRSN) Screening Completion Date
Field Length	10
Format	Date
Required Field	Yes
Acceptable Answers for Field	MM/DD/YY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description	Date the individual's most recent HRSN screening was completed. Effective, July 1, 2021, the first ten questions of the CMS Accountable Health Communities Health-Related Social Needs Screening Tool were added to the assessment requirements. The date should reflect the date that the HRSN screen was completed (or the last element of the HRSN screen was completed).

13. Natural Supports, Other Services, and Community Resources Information

Section Notes: Includes Natural Supports, Community Resources, Non-Medicaid Funded Services (State Only under OPWDD), & Other State Plan Services.

ELEMENT	DESCRIPTION
ID	13.1
Field Name	Type of Services or Natural Support
Field Length	3
Format	Character
Required Field	No
Acceptable Answers for Field	OPWDD Expected Services: (1) Article 16 Clinic (2) Day Treatment (3) Individual Support Services (4) Day Training (5) Day/Evening Recreation (6) Day/Evening Respite (7) Family Support Services - Assessment, Eval, & Medical (8) Family Support Services - Childcare, Rec, & Non-Medicaid Respite (9) Family Support Services - Crisis/ Behavior (10) Family Support Services - Non-Medicaid Transport (11) Family Support Services - Training, Assistance, Information & Referral (12) Family Support Services - Reimbursement, Voucher, Subsidy (13) Family Support Services- Home Care/Home Maker

	(14) Transitional Employment (15) Assistive Support Non-OPWDD Medicaid Services: (40) Primary Care Provider (41) Primary Pharmacy (42) Dentist (43) Psychologist (44) Social Worker (45) Occupational Therapist (funded through IPSIDD or otherwise) (46) Speech Therapist (funded through IPSIDD or otherwise) (47) Physical Therapist (funded through IPSIDD or otherwise) (48) Podiatrist (49) Psychiatrist (50) Neurologist (51) Dermatologist (52) Other Medical Specialist (53) Clinic- Mental Health (54) Clinic- Substance Use (55) Clinic- All Other (Besides Article 16, Mental Health, or Substance Use) (56) Optometrist/Ophthalmologist (57) Audiologist (58) Nutritionist (59) Preferred Hospital (60) Emergency Response Service Provider (61) Private Duty Nursing (62) Personal Care (PC) (63) Consumer Directed Personal Assistance Program (CDPAP) (64) Certified Home Health Agency (CHHA) (65) Adult Day Health Care (ADHC) (66) Early Intervention (67) Preschool Supportive Health Services Program (68) School Supportive Health Services Program (79) Other Non-OPWDD Medicaid Services Other Service Types: (80) Natural Supports (81) Community Resources (82) ACESS-VR Other Services: (99) Other Services
Error Message	
Generate Error Report	No
Description	Select the type of services or natural support the individual is receiving.

ELEMENT	DESCRIPTION
ID	13.2
Field Name	Other Service or Natural Support
Field Length	100
Format	Character

Required Field	Conditional -- Field cannot be blank if (79) Other Non-OPWDD Medicaid Services, (80) Natural Supports, or (99) Other Services are selected in 13.1.
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	If (79) “Other Non-OPWDD Medicaid Services”, (80) “Natural Supports”, or (99) “Other Services” is selected in 13.1 Type of Services or Natural Supports, describe the type of service or natural support the individual is receiving.

ELEMENT	**DESCRIPTION**
ID	13.3
Field Name	Name of Person, Provider, or Organization Providing the Service or Natural Support
Field Length	50
Format	Character
Required Field	Conditional -- Field cannot be blank if a service or natural support is selected (answers 1-99) in 13.1.
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Enter the name of the person, provider, or organization providing the service or natural support.

ELEMENT	**DESCRIPTION**
ID	13.4
Field Name	Phone Number
Field Length	20
Format	Character
Required Field	Conditional -- Field cannot be blank the name of person, provider, or organization is entered in 13.3.
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Enter the main contact phone number (Example: 111-222-3333) for the person, provider or organization providing the service or natural support.

ELEMENT	**DEDSCRIPTION**
ID	13.5
Field Name	Street Address
Field Length	40
Format	Character
Required Field	Conditional -- Field cannot be blank the name of person, provider, or organization is entered in 13.3.
Acceptable Answers for Field	

Error Message	
Generate Error Report	No
Description	Enter the address of the person, provider, or organization providing the service or natural support.

ELEMENT	DESCRIPTION
ID	13.6
Field Name	State
Field Length	2
Format	Character
Required Field	Conditional -- Field cannot be blank the name of person, provider, or organization is entered in 13.3.
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Enter the state where the person, provider, or organization is providing the service or natural support.

ELEMENT	DESCRIPTION
ID	13.7
Field Name	Zip Code
Field Length	10
Format	Character
Required Field	Conditional -- Field cannot be blank the name of person, provider, or organization is entered in 13.3.
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description	Enter the zip code in where the person, provider, or organization is providing the service or natural support. Example: 12345-6789

ELEMENT	DESCRIPTION
ID	13.8
Field Name	County
Field Length	12
Format	Character
Required Field	Conditional -- Field cannot be blank the name of person, provider, or organization is entered in 13.3.
Acceptable Answers for Field	See attached list of county names. Appendix B
Error Message	
Generate Error Report	No
Description	Enter the county of the person, provider, or organization providing the service or natural support. This county must match the county that is associated with the address and city.

Appendix A- County Codes

County Code	County Description
01	ALBANY
02	ALLEGANY
03	BROOME
04	CATTARAUGUS
05	CAYUGA
06	CHAUTAUQUA
07	CHEMUNG
08	CHENANGO
09	CLINTON
10	COLUMBIA
11	CORTLAND
12	DELAWARE
13	DUTCHESS
14	ERIE
15	ESSEX
16	FRANKLIN
17	FULTON
18	GENESEE
19	GREENE
20	HAMILTON
21	HERKIMER
22	JEFFERSON
23	LEWIS
24	LIVINGSTON
25	MADISON
26	MONROE
27	MONTGOMERY
28	NASSAU
29	NIAGARA
30	ONEIDA
31	ONONDAGA
32	ONTARIO
33	ORANGE
34	ORLEANS
35	OSWEGO
36	OTSEGO
37	PUTNAM
38	RENSSELAER

County Code	County Description
39	ROCKLAND
40	ST LAWRENCE
41	SARATOGA
42	SCHENECTADY
43	SCHOHARIE
44	SCHUYLER
45	SENECA
46	STEUBEN
47	SUFFOLK
48	SULLIVAN
49	TIOGA
50	TOMPKINS
51	ULSTER
52	WARREN
53	WASHINGTON
54	WAYNE
55	WESTCHESTER
56	WYOMING
57	YATES
58	BRONX
59	KINGS
60	NEW YORK
61	QUEENS
62	RICHMOND

Appendix B- Data Elements Dropped from XML format

Element ID	Description	Effective Date (If other than implementation date)	Reason
1.7	Date of Death		This is unnecessary in the LP; the date of death should be extracted from TABS.
1.48	CCO/HH Enrollment Date		This is unnecessary in the LP; the date of death should be extracted from TABS.
3.11	Allergies and Sensitivities		Replaced elements requiring diagnosis codes with 15 generalized diagnosis categories to facilitate evaluation of the data
3.12	Allergies and Sensitivities Detail		Replaced elements requiring diagnosis codes with 15 generalized diagnosis categories to facilitate evaluation of the data
4.8	Clinical Supports Received		This element is no longer needed to support policy
5.1	Natural Supports		Replaced this section with a loop structured section- see section 13.
5.3	Primary Care Provider		Replaced this section with a loop structured section- see section 13.
5.4	Dentist		Replaced this section with a loop structured section- see section 13.
5.5	Psychologist/therapist		Replaced this section with a loop structured section- see section 13.
5.6	Podiatrist		Replaced this section with a loop structured section- see section 13.
5.7	Psychiatrist		Replaced this section with a loop structured section- see section 13.
5.8	Dermatologist		Replaced this section with a loop structured section- see section 13.
5.9	ACESS-VR		Replaced this section with a loop structured section- see section 13.
5.10	Other Services		Replaced this section with a loop structured section- see section 13.
8.3	Year Left High School or Anticipated Year		This element is no longer needed
8.7	Job Integration		This element is no longer needed
8.9	Paycheck		This element is no longer needed
11.5	Desire to Pursue Employment		This element was enhanced and replaced by 8.14 Interest in Employment, which is conditional on other Section 8 fields.

Appendix C Data Elements Added to XML

Element ID	Description	Effective Date (if other than implementation date)	Reason
1.56	Life Plan End Date		Supports analyses
3.59	Bladder Continence		Support CCO quality measure
3.60	Bladder Continence Detail		Support CCO quality measure
3.61	Allergies and Sensitivities- Drug (Medication)		Support CCO quality measure
3.62	Allergies and Sensitivities Detail- Drug (Medication) Detail		Support CCO quality measure
3.63	Allergies and Sensitivities- Food		Support CCO quality measure
3.64	Allergies and Sensitivities- Food Detail		Support CCO quality measure
3.65	Allergies and Sensitivities- Insect		Support CCO quality measure
3.66	Allergies and Sensitivities- Insect Detail		Support CCO quality measure
3.67	Allergies and Sensitivities- Latex		Support CCO quality measure
3.68	Allergies and Sensitivities- Latex Detail		Support CCO quality measure
3.69	Allergies and Sensitivities- Indoor Allergies		Support CCO quality measure
3.70	Allergies and Sensitivities- Indoor Allergies Detail		Support CCO quality measure
3.71	Allergies and Sensitivities- Pet		Support CCO quality measure
3.72	Allergies and Sensitivities- Pet Allergies Detail		Support CCO quality measure
3.73	Allergies and Sensitivities- Pollen		Support CCO quality measure
3.74	Allergies and Sensitivities- Pollen Allergies Detail		Support CCO quality measure
3.75	Allergies and Sensitivities- Other		Support CCO quality measure
3.76	Allergies and Sensitivities- Other Allergies Detail		Support CCO quality measure
4.15	Service Location		Added to capture service location separate and apart from other services detail
8.14	Interest in Employment		Support CCO quality measure and NY as Employment 1st state
8.15	Employment Location- City		Support CCO quality measure and NY as Employment 1st state
8.16	Employment Location- State		Support CCO quality measure and NY as Employment 1st state

Element ID	Description	Effective Date (if other than implementation date)	Reason
8.17	Employment Location- Zip		Support CCO quality measure and NY as Employment 1st state
8.18	Employment Location- County		Support CCO quality measure and NY as Employment 1st state
8.19	Job Satisfaction		Support CCO quality measure and NY as Employment 1st state
12.19	HRSN Screening Completion Date		Support CCO quality measure and NY as Employment 1st state
13.1	Type of Services or Natural Supports		Clarifies programmatic service structure and creates a “loop structure” for data
13.2	Other Service or Natural Support		Clarifies programmatic service structure and creates a “loop structure” for data
13.3	Name of Person, Provider, or Organization Providing the Service or Natural Support		Clarifies programmatic service structure and creates a “loop structure” for data
13.4	Phone Number		Clarifies programmatic service structure and creates a “loop structure” for data
13.5	Street Address		Clarifies programmatic service structure and creates a “loop structure” for data
13.6	State		Clarifies programmatic service structure and creates a “loop structure” for data
13.7	Zip Code		Clarifies programmatic service structure and creates a “loop structure” for data
13.8	County		Clarifies programmatic service structure and creates a “loop structure” for data