



**Office for People With  
Developmental Disabilities**

# Care Coordination Data Definitions (CCDD)

June 26, 2017

## Care Coordination Data Definitions

The Care Coordination Data Definitions (CCDD) establish data standards between New York State Office for People With Developmental Disabilities (OPWDD) and Comprehensive Care Coordination Organization Health Homes (CCO/HHs). These data definitions are identical to those identified previously for managed care organizations that serve people with intellectual and developmental disabilities (I/DD). The data definitions herein allow Care Coordination Providers to share specified 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 CCO/HHs program and I/DD Specialized Managed Care, such as the Fully Integrated Duals Advantage for Individuals with Intellectual and/or Developmental Disabilities (FIDA-IDD). OPWDD will continue to engage stakeholders on 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 individuals will receive.

The data elements are described in 10 different Sections in this CCDD document.

- SECTION 01 Demographic and Profile Information**
- SECTION 02 Outcomes and Support Strategies**
- SECTION 03 Health and Safety - IPOP Information**
- SECTION 04 Authorized and Funded Services Information**
- SECTION 05 Natural Supports, Other Services, and Community Resources Information**
- SECTION 06 Preventative Medical Planning Information**
- SECTION 07 Behavioral Support Needs Information**
- SECTION 08 Employment Information**
- SECTION 09 Personal Outcome Measures – Certified Interview Information**
- SECTION 10 Willowbrook Information**

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

<b>ID</b>	Each field has its own unique ID
<b>Field Name</b>	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 eISP review data exchange. Specifics on required fields for each section are documented in the eISP data exchange document.
Acceptable Answers for Field	The description of what answers are to be entered and returned to OPWDD. This can include links to WEB documents that contain the information that can be used to for the data.
Error Message	Possible error message for the application and for reports to be distributed to business office and returned to the MCO in exception/error report
Generate Error Report	This will be generated and sent back to the MCO 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 eISP.	

## Appendix Information

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

SECTION 1 DEMOGRAPHIC AND PROFILE INFORMATION  
County Codes [Appendix B](#)

SECTION 3 HEALTH AND SAFETY IPOP INFORMATION ICD-10 Code  
Information  
<https://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10/Tel10/list.asp>

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>

## 1. Demographic and Profile Information

<b>ID</b>	1.1
<b>TABS ID</b>	
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).	
<b>ID</b>	1.2
<b>Last Name</b>	
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.	
<b>ID</b>	1.3
<b>First Name</b>	

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.	
<b>ID</b>	1.4
<b>Middle Name</b>	
Field Length	40
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	Will not generate 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.	
<b>ID</b>	1.5
<b>Suffix</b>	
Field Length	20
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	Will not generate 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.	
<b>ID</b>	1.6
<b>Date of Birth</b>	
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: Enter the Individual's date of birth as found on the birth certificate or other government issued document.	
<b>ID</b>	1.7
<b>Date of Death</b>	
Field Length	10
Format	Date
Required Field	Conditional
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Will not generate error message.
Generate Error Report	No
Description: Enter the Individual's date of death as indicated on death certificate.	
<b>ID</b>	1.8
<b>Gender</b>	
Field Length	1
Format	Character

Required Field	Yes
Acceptable Answers for Field	(M)ale (F)emale
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Enter the Individual's sex as indicated on birth certificate or a Medicaid document.	
<b>ID</b>	1.9
<b>Phone Number</b>	
Field Length	20
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	
Description: Enter the Individual's main contact phone number 111-222-3333	
<b>ID</b>	1.10
<b>Street Address</b>	
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 P.O box address.	

<b>ID</b>	1.11
<b>City</b>	
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.	
<b>ID</b>	1.12
<b>State</b>	
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.	
<b>ID</b>	1.13
<b>Zip Code</b>	
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	
<b>ID</b>	1.14
<b>County of Residence</b>	
Field Length	12
Format	Character
Required Field	Yes
Acceptable Answers for Field	See attached list of county names. Appendix B
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	
<b>ID</b>	1.15
<b>CIN</b>	
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. AA11111A This CIN number will be checked against the EMedNY data and TABS	
<b>ID</b>	1.16

<b>Willowbrook Status</b>	
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	
<b>ID</b>	1.17
<b>MCO Enrollment Date</b>	
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.	
<b>ID</b>	1.18
<b>MCO Name</b>	
Field Length	40
Format	Character
Required Field	Yes



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.	
<b>ID</b>	1.19
<b>MCO Emedny Provider ID</b>	
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 provider ID number. This must match the one that is in EMedNY.	
<b>ID</b>	1.20
<b>Lead Care Coordinator ID</b>	
Field Length	
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 Lead Care Coordination ID to uniquely identify the Lead Care Coordinator.	

<b>ID</b>	1.21
<b>Lead Care Coordinator's Last Name</b>	
Field Length	40
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Description: Last name of the specific care coordinator, who has been assigned by the MCO, to perform care coordination activities for the member.	
<b>ID</b>	1.22
<b>Lead Care Coordinator's First Name</b>	
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 coordinator, who has been assigned by the MCO, to perform care coordination activities for the member.	
<b>ID</b>	1.23
<b>Lead Care Coordinator's Street Address 1</b>	
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.	
<b>ID</b>	1.24
<b>Lead Care Coordinator's Street Address 2</b>	
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.	
<b>ID</b>	1.25
<b>Lead Care Coordinator's City</b>	
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.	
<b>ID</b>	1.26
<b>Lead Care Coordinator's State</b>	

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.	
<b>ID</b>	1.27
<b>Lead Care Coordinator's Zip Code</b>	
Field Length	9
Format	Character
Required Field	
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	
<b>ID</b>	1.28
<b>Lead Care Coordinator's Phone Number</b>	
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 coordinator. Include area code and extension. Individual's phone number 111-222-3333	
<b>ID</b>	1.29
<b>Lead Care Coordinator's Fax Number</b>	
Field Length	15
Format	
Required Field	No
Acceptable Answers for Field	
Error Message	Will not generate error message.
Generate Error Report	No
Description: Enter the fax number for the lead care coordinator. Include area code 111-222-3333	
<b>ID</b>	1.30
<b>Lead Care Coordinator's email</b>	
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 coordinator.	
<b>ID</b>	1.31
<b>Lead Care Coordinator's Start date</b>	

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 coordinator is officially working with the MCO. This date will be provided to OPWDD by the MCO.	
<b>ID</b>	1.32
<b>Lead Care Coordinator's Termination Date</b>	
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 coordinator completes has been terminated from the MCO. This date will be provided to OPWDD by the MCO.	
<b>ID</b>	1.33
<b>Initial eISP Date</b>	
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 care coordinator completes the first plan that the member has with that specific managed care entity. Within 20 business days from the MCO enrollment date, the initial plan must be developed with the member.	
<b>ID</b>	1.34
<b>Initial Face to Face Date</b>	
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: Was a face to face meeting held with the member? Within 10 business days from the MCO enrollment date, the care coordinator 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.	
<b>ID</b>	1.35
<b>Last ISP Review Date</b>	
Field Length	10
Format	Date
Required Field	Conditional-- Field cannot be blank If the ISP reflects a review
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Date that the ISP was last reviewed with the member and anyone else that the member wants to participate and signed by the lead care coordinator.	

<b>ID</b>	1.36
<b>Individual Participation</b>	
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: Did the individual participate in the last review of the eISP?	
<b>ID</b>	1.37
<b>Last Face to Face Date</b>	
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	Required field cannot be blank
Generate Error Report	Yes
Description: Date of the last time that the care coordinator/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.	

<b>ID</b>	1.38
<b>Reason for Review</b>	
Field Length	1
Format	Character
Required Field	Conditional -- Field cannot be blank if date is entered for Last Review Date 1.33
Acceptable Answers for Field	<p>Only one response allowed</p> <p>(1) Event</p> <p>(2) Routine Review (3) Change in Service (4) Review Requested (5) Other</p>
Error Message	Required field cannot be blank
Generate Error Report	Yes
<p><b>Description:</b> 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.</p>	
<b>ID</b>	1.39
<b>Other Review</b>	
Field Length	100
Format	Character
Required Field	Conditional --Field cannot be blank if other is chosen for Reason for Review 1.38

Acceptable Answers for Field	
Error Message	
Generate Error Report	Yes
Description: If “other” is chosen in the “Reason for Review” field, describe the reason for the review.	
<b>ID</b>	1.40
<b>Review Detail</b>	
Field Length	1000
Format	Character and free text
Required Field	No
Acceptable Answers for Field	
Error Message	Will not generate error message.
Generate Error Report	No
Description: Provide any additional information as the reason that the ISP is being reviewed and/or updated.	
<b>ID</b>	1.41
<b>Plan Approval Date</b>	
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 Coordinator and member reviewed and approved the plan for any changes or addendums made to the plan.	

<b>ID</b>	1.42
<b>Home Profile</b>	
Field Length	2000
Format	Character and free text
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
<p>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 during person-centered planning process, record review and any assessments completed.</p>	
<b>ID</b>	1.43
<b>Non-OPWDD Housing Supports</b>	
Field Length	25
Format	Character
Required Field	Yes
Accepted Answers For Field	<p>multiple answers are allowed delimited by &amp;</p> <ul style="list-style-type: none"> <li>(1)None/unknown</li> <li>(2) Federal Voucher Program (Section 8)</li> <li>(3) Weatherization Assistance</li> <li>(5) HEAP</li> <li>(6) SNAP/Food Stamps</li> <li>(7) ongoing financial assistance from a parent or relative</li> <li>(8) HUD Housing Counseling</li> </ul>



	(9) SSI/SSDI (10)Other
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: What housing supports/assistance does the individual receive (non-OPWDD related)?	
<b>ID</b>	1.44
<b>Work Profile</b>	
Field Length	2000
Format	Character and free text
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.	
<b>ID</b>	1.45
<b>Other Meaningful Activities</b>	
Field Length	2000

Format	Character and free text
Required Field	No
Acceptable Answers for Field	
Error Message	Will not generate error message.
Generate Error Report	No
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.	
<b>ID</b>	1.46
<b>Relationships Profile</b>	
Field Length	2000
Format	Character and free text
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.	
<b>ID</b>	1.47
<b>Health Profile</b>	
Field Length	2000
Format	Character and free text
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.

## 2. Outcomes and Support Strategies Information

<b>ID</b>	2.1
<b>Valued Outcome</b>	
Field Length	2000
Format	Character and free text
Required Field	Conditional
Acceptable Answers for Field	
Error Message	Will not generate 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.	
	(1)

<b>ID</b>	2.2
<b>Action Steps</b>	
Field Length	100
Format	Character
Required Field	Conditional and will not generate an error report
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
<p>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.</p>	
<b>ID</b>	2.3
<b>Responsible Party</b>	
Field Length	100
Format	Character and free text
Required Field	Conditional and will not generate an error report
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
<p>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.</p>	



<b>ID</b>	2.4
<b>Service Type</b>	
Field Length	30
Format	Character
Required Field	Conditional --if individual in HCBS waiver
Acceptable Answers for Field	<p>Multiple answers are allowed delimited by &amp;</p> <ul style="list-style-type: none"> <li>(1) Residential Habilitation</li> <li>(2) Day Habilitation</li> <li>(3) Community Habilitation</li> <li>(4) Supported Employment</li> <li>(5) Pre-Vocational Services</li> <li>(6) Respite</li> <li>(7) Adaptive Devices</li> <li>(8) Environmental Modifications</li> <li>(9) FET</li> <li>(10) Intensive Behavioral Services</li> <li>(11) Pathway to Employment</li> <li>(12) Individual Directed Goods and Services</li> <li>(13) Live-in Caregiver</li> <li>(14) Brokerage</li> <li>(15) Fiscal Intermediary</li> </ul>
Error Message	Will not generate error message.
Generate Error Report	No
<p>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.</p>	



<b>ID</b>	2.5
<b>Action Step Time Frame</b>	
Field Length	10
Format	DATE
Required Field	Conditional and will not generate an error report
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.	
<b>ID</b>	2.6
<b>Special Considerations</b>	
Field Length	500
Format	Character
Required Field	No
Acceptable Answers for Field	Narrative-free text



Error Message	Will not generate 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.	
<b>ID</b>	2.7
<b>POMS</b>	
Field Length	2
Format	Character
Required Field	Conditional and will not generate an error report
Acceptable Answers for Field	<ul style="list-style-type: none"> <li>(1) Are connected to Natural Support Networks</li> <li>(2) Have Intimate Relationships</li> <li>(3) Have Best Possible Health</li> <li>(4) Are Safe</li> <li>(5) Exercise Rights</li> <li>(6) Are Treated Fairly</li> <li>(7) Free from Abuse and Neglect</li> <li>(8) Experience Continuity and Security</li> <li>(9) Decide when to share personal information</li> <li>(10) Choose where and with whom they live</li> <li>(11) Choose where they work</li> <li>(12) Use their environments</li> <li>(13) Live in integrated settings</li> <li>(14) Interact with other members of community</li> <li>(15) Perform different social roles</li> <li>(16) Choose services</li> <li>(17) Choose personal goals</li> <li>(18) Realize personal goals</li> <li>(19) Participate in the life of community</li> <li>(20) Have friends</li> <li>(21) Are respected</li> </ul>
Error Message	Will not generate 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 coordinator and/or the care coordination team. This field is required for people enrolled in the HCBS waiver.	

### 3. Health and Safety - IPOP Information

<b>ID</b>	3.1
<b>Consent</b>	If there is any information or assessments regarding individual's ability to provide informed consent this section must be completed.
Field Length	100
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Free text to explain anything regarding consent(s) in place. If no consent concerns, note that. If there is any information or assessments regarding individual's ability to provide informed consent this section must be completed.	
<b>ID</b>	3.2
<b>Health Care Proxy</b>	
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 a health care proxy, ensure that there is documentation in the member's file. You must refer to individual's record for details.	

<b>ID</b>	3.3
<b>Medication Administration</b>	
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	<p>Only one response is allowed</p> <ul style="list-style-type: none"> <li>(1) Independent with taking medications at this time</li> <li>(2) needs assistance with taking medications</li> <li>(3) requires total support with taking medications</li> <li>(4) does not take medication at this time</li> </ul>
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.	
<b>ID</b>	3.4
<b>Medication Administration Detail</b>	
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	Required field cannot be blank
Generate Error Report	Yes
Description: Explain the services and supports and the expected result regarding medication administration. This field needs to be completed for any answer above other than "Independent with taking medications at this time."	
<b>ID</b>	3.5
<b>Individual can communicate health concerns</b>	

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?	
<b>ID</b>	3.6
<b>Communicate health Concerns Detail</b>	
Field Length	1000
Format	Character
Required Field	Conditional --Field needs to be completed if the above answer 3.5 is "no."
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
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.	
<b>ID</b>	3.7
<b>Individual can coordinate and attend necessary health services and appointments</b>	
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?	
<b>ID</b>	3.8
<b>Appointment Coordination Detail</b>	
Field Length	1000
Format	Character
Required Field	Conditional--Field needs to be completed if the above answer to 3.7 is "no."
Acceptable Answers for Field	Narrative-free text
Error Message	Required field cannot be blank
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.	
<b>ID</b>	3.9
<b>Personal Hygiene</b>	
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	<p>Only one answer allowed.</p> <p>(1) Independent</p> <p>(2) needs assistance</p>

	(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.	
<b>ID</b>	3.10
<b>Personal Hygiene Detail</b>	
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	Required field cannot be blank
Generate Error Report	Yes
Description: Explain the personal hygiene needs and the expected result of providing oversight and assistance for these needs.	
<b>ID</b>	3.11
<b>Allergies/ Sensitivities</b>	
Field Length	1000
Format	Character
Required Field	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & Use ICD-10 for allergies – See appendix A NA
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Using the ICD-10 index identify all known allergies and sensitivities. If there no Known allergies or sensitivities NA will be sent to OPWDD.	

<b>ID</b>	3.12
<b>Allergies / Sensitivities Detail</b>	
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: Identify the allergies/sensitivities (medication, food, environment, and latex), and explain the reactions, if known, to the allergens/sensitivities. Explain the services and supports and the expected result regarding the individual’s allergies or sensitivities.	
<b>ID</b>	3.13
<b>Vision</b>	
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?	
<b>ID</b>	3.14
<b>Vision Detail</b>	
Field Length	1000
Format	Character
Required Field	Conditional This field needs to be completed if the above answer is “yes.” In 3.13
Acceptable Answers for Field	Narrative – free text

Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Explain the services and supports and the expected result regarding any concerns or conditions with the member's vision.	
<b>ID</b>	3.15
<b>Hearing</b>	
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?	
<b>ID</b>	3.16
<b>Hearing Detail</b>	
Field Length	1000
Format	Character
Required Field	Conditional -- Field needs to be completed if the above answer is "yes." in 3.15
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Explain the services and supports and the expected result regarding any concerns or conditions with the member's hearing.	
<b>ID</b>	3.17
<b>Communication Detail</b>	
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.	
<b>ID</b>	3.18
<b>Risk Of Falls</b>	
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) use of adaptive equipment (gait belt, walker, cane, wheelchair)  (3) requires environmental modifications (hand rail, 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 when he/she is at a risk for falls.	
<b>ID</b>	3.19
<b>Risk Of Falls Detail</b>	

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 Personal Hygiene
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
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.	
<b>ID</b>	3.20
<b>Skin Integrity</b>	
Field Length	20
Format	Character
Required Field	Yes
Acceptable Answers for Field	<p>Multiple answers allowed delimited by &amp;</p> <ul style="list-style-type: none"> <li>(1) No concerns at this time</li> <li>(2) requires positioning schedule</li> <li>(3) requires daily skin inspections</li> <li>(4) requires adaptive equipment</li> <li>(5) requires skin barrier cream or other treatment</li> <li>(6) provide education to person where appropriate</li> </ul>
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 skin integrity concerns or conditions.	
<b>ID</b>	3.21
<b>Skin Integrity Detail</b>	

Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if answers 2-6 are selected in Skin Integrity 3.20
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
Generate Error Report	Yes
<p>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”. In this section it would also be appropriate to include history of previous skin breakdown. This field needs to be completed for all answers except “(1) No concerns at this time.”</p>	
<b>ID</b>	3.22
<b>Dental / Oral Care</b>	
Field Length	20
Format	Character
Required Field	Yes
Acceptable Answers for Field	<p>Multiple answers are allowed delimited by &amp;</p> <ul style="list-style-type: none"> <li>(1) No concerns at this time</li> <li>(2) dental hygiene support</li> <li>(3) pre-sedation</li> <li>(4) dentures</li> <li>(5) see attached Medical Immobilization protective stabilization/sedation plan (MIPS)</li> <li>(6) other</li> </ul>
Error Message	Required field cannot be blank
Generate Error Report	Yes
<p>Description: Choose the answer(s) that best fits the support or services that a member needs when he/she has dental or oral care needs.</p>	



<b>ID</b>	3.23
<b>Dental / Oral Care Detail</b>	
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	Required field cannot be blank
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.	
<b>ID</b>	3.24
<b>Nutrition</b>	
Field Length	30
Format	Character
Required Field	Yes
Acceptable Answers for Field	<p>Multiple Answers allowed delimited by &amp;</p> <ul style="list-style-type: none"> <li>(1) No concerns at this time</li> <li>(2) requires modified consistency diet for foods</li> <li>(3) requires modified consistency diet for fluids</li> <li>(4) requires reduced calorie diet</li> <li>(5) requires high calorie diet</li> <li>(6) requires element added to diet (i.e. fiber, calcium, etc.)</li> <li>(7) requires element removed from diet (i.e. Concentrated sweets, salt, fat, etc.)</li> </ul>



	<p>(8) restricted fluids</p> <p>(9) enteral nutrition (Tube feeding)</p> <p>(10)requires dietary supplement</p> <p>(11)requires education</p> <p>(12)requires assistance with meal preparation</p> <p>(13)provides assistance with meal planning</p> <p>(14)requires supervision during meal</p> <p>(15)adaptive equipment needed during meals</p> <p>(16)individual can maintain an adequate diet that meets their needs</p>
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 nutritional needs.	
<b>ID</b>	3.25
<b>Nutrition Detail</b>	
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if answers 2-16 are selected in Nutrition 3.24
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
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.	
<b>ID</b>	3.26
<b>Choking Aspiration Swallowing</b>	
Field Length	12
Format	Character

Required Field:	Yes
Acceptable Answers for Field	<p>Multiple answers are allowed delimited &amp;</p> <ul style="list-style-type: none"> <li>(1) No concerns at this time</li> <li>(2) requires modified consistency of foods</li> <li>(3) consistency of liquids</li> <li>(4) avoid high risk foods</li> <li>(5) requires supervision</li> <li>(6) formal training/dining plan needed</li> </ul>
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 choking, aspiration, and swallowing needs.	
<b>ID</b>	3.27
<b>Choking Aspiration Swallowing Detail</b>	
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if answers 2-6 are selected in Choking Aspiration Swallowing 3.26
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
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.	
<b>ID</b>	3.28
<b>Constipation</b>	
Field Length	10
Format	Character
Required Field:	Yes
Acceptable Answers for Field	<p>Multiple answers are allowed delimited by &amp;</p> <ul style="list-style-type: none"> <li>(1) No concerns at this time</li> <li>(2) bowel tracking protocol in place</li> <li>(3) bowel management protocol in place</li> </ul>
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 constipation concerns or conditions.	
<b>ID</b>	3.29
<b>Constipation Detail</b>	
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if 2-3 are selected in Constipation 3.87
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Free text to explain the services and supports and the expected result surrounding any constipation needs.	
<b>ID</b>	3.30
<b>Acid Reflux (GERD)</b>	
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) 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
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 acid reflux (GERD).	
<b>ID</b>	3.31
<b>Acid Reflux (GERD) Detail</b>	
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if 2-6 are selected in Acid

	Reflux(GERD) 3.30
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
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.”	
<b>ID</b>	3.32
<b>High Cholesterol</b>	
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) 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
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 high cholesterol.	
<b>ID</b>	3.33
<b>High Cholesterol Detail</b>	
Field Length	1000
Format	Character

Required Field	Conditional -- Field cannot be blank if 2-3 are selected in High Cholesterol 3.32
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Free text to explain the services and supports and the expected result surrounding the individual’s high cholesterol. This field needs to be completed for all answers except “No concerns at this time.”	
<b>ID</b>	3.34
<b>Diabetes</b>	
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
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 diabetes.	
<b>ID</b>	3.35
<b>Diabetes Detail</b>	
Field Length	1000
Format	Character

Required Field	Conditional -- Field cannot be blank if 2-5 are selected in Diabetes 3.34
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
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.”	
<b>ID</b>	3.36
<b>High Blood Pressure/ hypertension</b>	
Field Length	12
Format	Character
Required Field:	Yes
Acceptable Answers for Field	Multiple answers are allowed delimited by & (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
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 high blood pressure/hypertension.	
<b>ID</b>	3.37
<b>High Blood Pressure/hypertension Detail</b>	

Field Length	1000
Format	Character -- field cannot be blank if 2-6 are selected in High Blood Pressure/hypertension 3.36
Required Field	Conditional
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
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."	
<b>ID</b>	3.38
<b>Respiratory</b>	
Field Length	15
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) uses CPAP machine (4) uses nebulizer (5) uses oxygen (6) exercise restrictions (7) other therapies
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 respiratory concerns or conditions.	
<b>ID</b>	3.39
<b>Respiratory/Pulmonary Detail</b>	
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank if 2-7 is selected in Respiratory/Pulmonary 3.38

Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
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.”	
<b>ID</b>	3.40
<b>Seizure Disorder</b>	
Field Length	10
Format	Character
Required Field:	Yes
Acceptable Answers for Field	<p>Multiple answers are allowed delimited by &amp;</p> <p>(1) No concerns at this time</p> <p>(2) seizure monitoring plan</p> <p>(3) requires seizure protocol</p>
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.	
<b>ID</b>	3.41
<b>Seizure Disorder Detail</b>	
Field Length	1000
Format	Character
Required Field	Conditional -- field cannot be blank if 2-3 is selected in Seizure Disorder 3.40
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
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.”	
<b>ID</b>	3.42
<b>Behavior</b>	
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	<p>(1) Yes</p> <p>(2) No</p> <p>(3) Unknown</p>

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.	
<b>ID</b>	3.43
<b>Fire Safety Support/Service</b>	
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	No
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.	
<b>ID</b>	3.44
<b>Fire Safety Support/Service Detail</b>	
Field Length	1000
Format	Character
Required Field	Conditional This field must be completed unless the above answer is "No."
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
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.	

<b>ID</b>	3.45
<b>Emergency Protocol</b>	
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
<p>Description: Describe the Individual’s ability to maintain safety in an emergency situation 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.</p>	
<b>ID</b>	3.46
<b>Back Up Plan</b>	
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
<p>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 ISP Guidance for further detail on the requirements of the Back Up Plan.</p>	
<b>ID</b>	3.47
<b>Supervision Needs</b>	
Field Length	20



Format	Character
Required Field	Yes
Acceptable Answers for Field	Multiple answers allowed delimited by & (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.	
<b>ID</b>	3.48
<b>Supervision Needs Detail</b>	
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	Required field cannot be blank
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.”	

<b>ID</b>	3.49
<b>Budgeting</b>	
Field Length	20
Format	Character
Required Field	Yes
Acceptable Answers for Field	<p>Multiple answers allowed delimited by &amp;</p> <p>(1) Independent</p> <p>(2) needs assistance</p> <p>(3) needs total support</p> <p>(4) at risk for exploitation</p>
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.	
<b>ID</b>	3.50
<b>Budgeting Detail</b>	
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	Required field cannot be blank
Generate Error Report	Yes
Description: Explain the budgeting needs and the expected result of providing oversight and assistance for budgeting needs.	
<b>ID</b>	3.51
<b>Transportation</b>	
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	<p>(1) Independent</p> <p>(2) needs assistance</p> <p>(3) needs total support</p>

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.	
<b>ID</b>	3.52
<b>Transportation Detail</b>	
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	Required field cannot be blank if (2,3 entered in transportation 3.50
Generate Error Report	Yes
Description: Explain the transportation needs and the expected result of providing oversight and assistance for transportation needs.	
<b>ID</b>	3.53
<b>Other</b>	
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?	
<b>ID</b>	3.54
<b>Other Detail</b>	
Field Length	1000
Format	Character
Required Field	Conditional -- Field cannot be blank "Yes" selected in Other 3.52
Acceptable Answers for Field	Narrative – free text
Error Message	Required field cannot be blank
Generate Error Report	No
Description: Explain any other health and safety concerns that are not captured anywhere else.	



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## 4. Authorized and Funded Services Information

<b>ID</b>	4.1
<b>Authorized Service Type</b>	
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) (E) – Non-Medicaid Services Under OPWDD Auspice (not paid by MCO – ISS, FSS, Workshop and other 100% State Funded Services)
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.	
<b>ID</b>	4.2
<b>Provider Name</b>	
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.	
<b>ID</b>	4.3

<b>Provider CORP ID</b>	
Field Length	5
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank if A or E are selected in Authorized Service type 4.1
Generate Error Report	Yes
Description: For provider's delivering services in category A & E, the provider's corporation ID (CORP ID) must be entered. This must match the ID in TABS.	
<b>ID</b>	4.4
<b>Service Type</b>	
Field Length	100
Format	Character
Required Field	Required
Acceptable Answers for Field	<p>Multiple answers allowed delimited by &amp;</p> <ul style="list-style-type: none"> <li>(1) Fiscal Intermediary</li> <li>(2) Article 16 Clinic Services</li> <li>(3) Assistive Technology / Adaptive Devices</li> <li>(4) Community Habilitation (Hourly) – direct provider purchased</li> <li>(5) Community Habilitation (Hourly) – Agency supported</li> <li>(6) Community Habilitation (Hourly) – self-directed</li> <li>(7) Day Habilitation: Group</li> <li>(8) Day Habilitation: Group Supplemental</li> <li>(9) Day Treatment</li> <li>(10) Environmental Modification (Home Accessibility)</li> <li>(11) Family Care Residential Habilitation</li> </ul>

	<p>(12) Family Education and Training (FET)</p> <p>(13) Family Support Services (FSS)</p> <p>(14) Housing Subsidy (ISS)</p> <p>(15) ICF Community</p> <p>(16) ICF State Operated Campus</p> <p>(17) Individual Directed Goods and Services</p> <p>(18) Intensive Behavioral Services (IBS)</p> <p>(19) IRA/CR (Supervised) Residential Habilitation – 4 person or less</p> <p>(20) IRA/CR (Supervised) Residential Habilitation – more than 4</p> <p>(21) IRA/CR (Supportive) Residential Habilitation – 4 person or less</p> <p>(22) IRA/CR (Supportive) Residential Habilitation – more than 4</p> <p>(23) Live in Caregiver</p> <p>(24) Pathway to Employment</p> <p>(25) Prevocational Services –facility based</p> <p>(26) Prevocational Services –community based</p> <p>(27) Respite: non site based – direct provider purchased</p> <p>(28) Respite: non site based – Agency Supported</p> <p>(29) Respite: non site based – Self-Directed</p> <p>(30) Respite: site based</p> <p>(31) Support Brokerage</p> <p>(32) Supported Employment (SEMP) –Direct provider purchased</p> <p>(33) Supported Employment (SEMP) – Agency Supported</p>
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	(34) Supported Employment (SEMP)- Self-directed (35) Transition Stipends (36) Community Transition Services (37) Willowbrook Case Management/Willowbrook Service Coordination (38) Other Service
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: For provider's delivering services in category A & E, list the service types. Choose other service for services in categories B, C, & D.	
<b>ID</b>	4.5
<b>Other Services Detail</b>	
Field Length	100
Format	Character
Required Field	Conditional -- field cannot be blank if (B) (C) (D) are entered in Authorized Service Type 4.1
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: For provider's delivering services in category B, C, and D, put in the name of the service type that the individual is receiving.	
<b>ID</b>	4.6
<b>TABS Program Code</b>	
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 through the Choices application.	
<b>ID</b>	4.7
<b>NPI Medicaid Provider ID</b>	
Field Length	10
Format	Character
Required Field	Conditional -- Field cannot be blank if (A) is entered in Authorized Service Type 4.1
Acceptable Answers for Field	
Error Message	
Generate Error Report	Yes
Description: For provider's delivering services in category A, the provider's NPI/Medicaid Provider ID must be entered	
<b>ID</b>	4.8
<b>Clinic Supports Received</b>	
Field Length	50
Format	Character
Required Field	Conditional -- Field cannot be blank if (A) or (E) is entered in Authorized Service Type 4.1
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Describe any service that is not a category A or E service type. Include the name of the service type, and the billing unit.	
<b>ID</b>	4.9
<b>Program Add Date</b>	
Field Length	10
Format	Character

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 MCO. This is the effective date for that service.	
<b>ID</b>	4.10
<b>Program Remove Date</b>	
Field Length	10
Format	Date
Required Field	Conditional – If person is removed from Program
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
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 actually stopped receiving services and should not be entered while the individual is receiving the service.	
<b>ID</b>	4.11
<b>Duration</b>	
Format	Character
Field Length	1
Required Field	Conditional - Field cannot be blank if (A) is entered in Authorized Service Type 4.1
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: For service types in categories A, enter the frequency/billing unit that is associated with that service type. Select 1 answer that best describes	
<b>ID</b>	4.12
<b>Billing Unit (frequency)</b>	
Field Length	1
Format	Character
Required Field	Conditional -- Field cannot be blank if (A) is entered in Authorized Service Type 4.1
Acceptable Answers for Field	<ul style="list-style-type: none"> <li>(1) Monthly</li> <li>(2) Daily</li> <li>(3) Hourly</li> <li>(4) one time expenditure</li> <li>(5) plan/hourly</li> <li>(6) 1 or 2 units per year</li> </ul>
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: For service types in categories A, enter the frequency/billing unit that is associated with that service type. Select 1 answer that best describes	
<b>ID</b>	4.13
<b>Self-Directed Service</b>	
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	<ul style="list-style-type: none"> <li>(1) Employer Authority</li> <li>(2) Budget authority</li> <li>(3) Both</li> </ul>

Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: If a service type is being self-directed, identify the type of self-direction.	
<b>ID</b>	4.14
<b>Expected Frequency</b>	
Field Length	50
Format	Character and Free Text
Required Field	Conditional -- Field cannot be blank if (A) or (E) is entered in Authorized Service Type 4.1
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: For service types in categories A & E, you must enter the expected frequency that an individual will receive the services (number of hours per number of times). For service types in the other categories it is optional if the information is entered.	

## 5. Natural Supports, Other Services, and Community Resources Information

<b>ID</b>	5.1
<b>Natural Supports</b>	
Field Length	1000
Format	Character and free text
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Identify neighbors, friend(s), family members, advocate, legal guardian, etc. Include the name of the natural supports, contact phone number, address, and relationship with the member and any other pertinent information.	
<b>ID</b>	5.2
<b>Community Resources</b>	

Field Length	300
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Description: Identify any clubs, groups, event, cultural and spiritual organizations. Include the name of the community resource, contact phone number, address, the connection the member has, and any other pertinent information.	
<b>ID</b>	5.3
<b>Primary Care Provider</b>	
Field Length	300
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: List the name of the primary care provider, the address, and a phone number.	
<b>ID</b>	5.4
<b>Dentist</b>	
Field Length	300
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: List the name of the dentist provider, the address, and a phone number.	
<b>ID</b>	5.5
<b>Psychologist/therapist</b>	
Field Length	300
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description: If the individual sees a psychologist or therapist, list the name, address and phone number.	
<b>ID</b>	5.6
<b>Podiatrist</b>	
Field Length	300

Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description: If the individual sees podiatrist, list the name, address and phone number.	
<b>ID</b>	5.7
<b>Psychiatrist</b>	
Field Length	300
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description: If the individual sees a psychiatrist, list the name, address and phone number.	
<b>ID</b>	5.8
<b>Dermatologist</b>	
Field Length	300
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description: If the individual sees a psychiatrist, list the name, address and phone number.	
<b>ID</b>	5.9
<b>ACCESS-VR</b>	
Field Length	300
Format	Character
Required Field	No
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description: If the individual receives ACCESS-VR services, list the name of the provider, address and phone number.	
<b>ID</b>	5.10
<b>Other Services</b>	
Field Length	1000
Format	Character
Required Field	No

Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description: If the individual receives any other services, list the name(s), address(s), and phone number(s) of the service(s).	

## 6. Preventative Medical Planning Information

<b>ID</b>	6.1
<b>Taking Medication</b>	
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?	

<b>ID</b>	6.2
<b>Hospitalization</b>	
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?	

<b>ID</b>	6.3
<b>Hospitalization Date</b>	
Field Length	10
Format	Date
Required Field:	Conditional - Field cannot be blank if (1) Yes has been entered in 6.2
Acceptable Answers for Field	
Error Message	Required field cannot be blank

Generate Error Report	Yes
Description: Enter the Date of the member's last hospitalization, if known.	
<b>ID</b>	6.4
<b>Last Annual Physical Exam Date</b>	
Field Length	10
Format	Date
Required Field:	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Enter the Date of the member's last annual physical exam. If the exact date cannot be determined, an approximate date may be used until the exact date can be determined.	
<b>ID</b>	6.5
<b>Diabetic Screening</b>	
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 had a diabetic screening?	
<b>ID</b>	6.6
<b>Diabetic Screening Date</b>	
Field Length	10
Format	Date
Required Field:	Conditional - Field cannot be blank if (Y) es is entered in Diabetic Screening 6.5
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank

Generate Error Report	Yes
Description: Enter the Date of the member's last diabetic screening, if known.	
<b>ID</b>	6.7
<b>Last Eye Exam Date</b>	
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: Enter the Date of the member's last eye exam. If the exact date cannot be determined, an approximate date may be used until the exact date can be determined.	
<b>ID</b>	6.8
<b>Last Dental Exam Date</b>	
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: Enter the Date of the member's last dental exam. If the exact date cannot be determined, an approximate date may be used until the exact date can be determined.	
<b>ID</b>	6.9
<b>Colonoscopy</b>	
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 had a colonoscopy?	
<b>ID</b>	6.10
<b>Colonoscopy Exam Date</b>	
Field Length	10
Format	Date
Required Field:	Conditional
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank if (1) Yes is entered in Colonoscopy 6.9
Generate Error Report	Yes
Description: Enter the date that the member last had a colonoscopy.	
<b>ID</b>	6.11
<b>Mammogram Exam</b>	
Field Length	1
Format	Character
Required Field:	Conditional
Acceptable Answers for Field	(1) Yes (2) No (3)Unknown
Error Message	Required field cannot be blank if Female member
Generate Error Report	Yes
Description: Has the individual had a mammogram? Answer for all female members.	
<b>ID</b>	6.12
<b>Mammogram Exam Date</b>	
Field Length	10
Format	Date
Required Field:	Conditional - Field cannot be blank if (1) Yes is entered in Mammogram Exam 6.11
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes

Description: Enter the date that the member last had a mammogram.	
<b>ID</b>	6.13
<b>Cervical Cancer Exam</b>	
Field Length	1
Format	Character
Required Field:	Conditional - Field cannot be blank if Female member
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 had a cervical cancer screening, i.e. pap smear? Answer for all female members.	
<b>ID</b>	6.14
<b>Cervical Cancer Exam Date</b>	
Field Length	10
Format	Date
Required Field:	Conditional - Field cannot be blank if (1) Yes is entered in Cervical Cancer Exam 6.13
Acceptable Answers for Field	MM/DD/YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Enter the date that the member last had a cervical cancer screening, i.e. pap smear?	
<b>ID</b>	6.15
<b>Prostate Exam</b>	
Field Length	1
Format	Character
Required Field:	Conditional - Required field cannot be blank if male member
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 had a prostate exam? Answer for all male members.	

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

## 7. Behavioral Support Needs Information

<b>ID</b>	7.1
<b>Behavior Support Plan</b>	
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	No
Description: Does the person have a Behavior Support Plan?	
<b>ID</b>	7.2
<b>Chronic Psychiatric Symptoms</b>	
Field Length	50
Format	Character
Required Field:	No
Acceptable Answers for Field	Multiple answers (maximum of seven) allowed delimited by & Use ICD-10 for diagnoses – See appendix A
Error Message	
Generate Error Report	No
Description: include the ICD 10 codes that are pertinent to the individual's acute and/or chronic mental health or cognitive symptoms that negatively impact behavior	



<b>ID</b>	7.3
<b>Challenging Behaviors</b>	
Field Length	1
Format	Character
Required Field:	Yes
Acceptable Answers for Field	<ul style="list-style-type: none"> <li>(1) No known history</li> <li>(2) in the past</li> <li>(3) current concern</li> </ul>
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Does the person have significant challenging behaviors?	
<b>ID</b>	7.4
<b>Challenging Behavior Type</b>	
Field Length	25
Format	Character
Required Field:	Conditional - Field cannot be blank if Current Concern is entered in Challenging Behaviors 7.3
Acceptable Answers for Field	<p>Multiple answers allowed delimited by &amp;</p> <ul style="list-style-type: none"> <li>(1) engages in self harmful behavior</li> <li>(2) physically hurts others</li> <li>(3) attempts to cause harm to others</li> <li>(4) destruction of property</li> <li>(5) disruptive behavior</li> <li>(6) unusual or repetitive behavior</li> <li>(7) withdrawal</li> <li>(8) socially offensive behavior</li> <li>(9) persistently uncooperative or defiant</li> </ul>

	(10)problems with self-care and personal hygiene  (11)other
Error Message	
Generate Error Report	Yes
Description: Identify the significant challenging behaviors that the person demonstrates if the previous answer was “current concern.”	
<b>ID</b>	7.5
<b>Challenging Behavior Detail</b>	
Field Length	1000
Format	Character and free text
Required Field	Conditional - Field cannot be blank if (11) Other is entered in Challenging Behavior Type 7.4
Acceptable Answers for Field	
Error Message	
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.	
<b>ID</b>	7.6
<b>PRN Medication Prescribed</b>	
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 person been prescribed PRN Medication to decrease challenging behavior or address psychiatric symptoms within the past year?	
<b>ID</b>	7.7

<b>PRN Med Prescribed detail</b>	
Field Length	1000
Format	Character and free text
Required Field	Conditional – Field cannot be blank if (1) Yes is entered in 7.6
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description: If a PRN Medication was prescribed in the past year, what was the reason?	
<b>ID</b>	7.8
<b>PRN Medication List</b>	
Field Length	500
Format	Character
Required Field	Conditional – Field cannot be blank if (1) Yes is entered in 7.6
Acceptable Answers for Field	List of the PRN medications. See Appendix C. Multiple answers are allowed delimited by &
Error Message	
Generate Error Report	No
Description: List the PRN Medications that the individual has taken in the last year.	
<b>ID</b>	7.9
<b>PRN Medication usage</b>	
Field Length	10
Format	Character
Required Field:	Conditional – Field cannot be blank if (1) Yes is entered in 7.6
Acceptable Answers for Field	<ul style="list-style-type: none"> <li>(1) provided episodically</li> <li>(2) provided monthly</li> <li>(3) provided daily</li> <li>(4) has not been provided in the last year</li> </ul>
Error Message	Required field cannot be blank
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.	
<b>ID</b>	7.10

<b>Physical Intervention</b>	
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 person required a restrictive physical intervention in the past year to maintain safety?	
<b>ID</b>	7.11
<b>Restrictive Intervention in BSP?</b>	
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: Was the restrictive physical intervention part of a Behavior Support Plan?	
<b>ID</b>	7.12
<b>Plan Intervention Type</b>	
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's behavior support plan contain restrictive or intrusive interventions?	
<b>ID</b>	7.13
<b>Intervention Types Included</b>	
Field Length	12

Format	Character
Required Field	Conditional - Field cannot be blank if Yes is entered in Plan Intervention Type 7.12
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	
Generate Error Report	No
Description: What types of restrictive interventions are included in the individual's BSP plan?	
<b>ID</b>	7.14
<b>Medication Monitoring Plan</b>	
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	(1) Yes (2) No (3) Unkown
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Does the Person have a Medication Monitoring Plan?	
<b>ID</b>	7.15
<b>Medication Included in Monitoring Plan</b>	
Field Length	500
Format	Character and Free Text
Required Field	Conditional – Field cannot be blank if (1)Yes has been entered in 7.14
Acceptable Answers for Field	
Error Message	
Generate Error Report	No
Description: List the Medications that are included in the Medication Monitoring Plan.	
<b>ID</b>	7.16
<b>Psychiatrist Monitoring</b>	

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 the person is prescribed psychotropic medication, does the person receive monitoring from a psychiatrist?	
<b>ID</b>	7.17
<b>Frequency Of Psychiatric Appointments</b>	
Field Length	18
Format	Character
Required Field	Conditional -- Field cannot be blank if Yes is entered in Psychiatrist Monitoring 7.16
Acceptable Answers for Field	Multiple answers allowed delimited by & (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	
Generate Error Report	Yes
Description: What is the frequency of the psychiatric appointments for medication monitoring?	

## 8. Employment Information

<b>ID</b>	8.1
<b>Active Month</b>	
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for field	(1) Active  Inactive
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Is the person actively receiving services or inactive.	
<b>ID</b>	8.2
<b>Employment Status</b>	
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for Field	Select only one of the choices (1) Employed  (2) Employed on Temporary Leave  (1) Not employed
Error Message	Required field cannot be blank
Generate Error Report	Yes

Description: Status for the person for employment. Choose “Employed” if the person works within a month. Choose “Employed on Temporary Leave” if the person is employed six months or more per year but did not work within the month. Choose “Not employed” if the person did not work for that month and is employed less than six months per year.	
<b>ID</b>	8.3
<b>Year Left High School or Anticipated Year</b>	
Field Length	4
Format	Year
Required Field	Yes
Acceptable Answers for Field	YYYY
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Include the year that the member left high school or the anticipated year that the person will be leaving high school for any individual who is competitively employed or working at less than minimum wage.	
<b>ID</b>	8.4
<b>Hourly Wage</b>	
Field Length	8
Format	Numbers(5,2)
Required Field	Conditional-- Field cannot be blank if (1 or 2) are entered in Employment Status 8.1
Acceptable Answers for Field	
Error Message	
Generate Error Report	Yes
Description: Provide the average hourly wage of the competitively employed member.	

<b>ID</b>	8.5
<b>Average Hours per Week in Competitive Employment</b>	
Field Length	2
Format	Number
Required Field	Conditional -- Field cannot be blank if (1) is enter in Employment Status 8.1
Acceptable Answers for Field	
Error Message	
Generate Error Report	Yes
Description: What is the average number of hours per week that an individual works?	
<b>ID</b>	8.6
<b>Employment Setting</b>	
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for field	(1) Individual (2) Group (3) Self
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Type of employment setting that best fits employment	
<b>ID</b>	8.7

<b>Job Integration</b>	
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 job integrated?	
<b>ID</b>	8.8
<b>Job Start Date</b>	
Field Length	10
Format	Date
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Start date of current job.	
<b>ID</b>	8.9
<b>Pay Check</b>	
Field Length	1
Format	Character
Required Field	Yes
Acceptable Answers for field	Select only one of the choices (1) Directly by business



	(2) ETP/OPWDD (3) Provider subcontracts with business (4) Provider subcontracts through NISH/NYSID (5) Self-employed (6) Temp or Personnel agency
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Paycheck is issued by which entity?	
<b>ID</b>	8.10
<b>Business Name</b>	
Field Length	30
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Name of business where the individual physically works if competitively employed.	
<b>ID</b>	8.11
<b>Employment Location</b>	
Field Length	30
Format	Character
Required Field	Yes
Acceptable Answers for Field	
Error Message	Required field cannot be blank

Generate Error Report	Yes
Description: Name of business where the individual physically works if competitively employed.	
<b>ID</b>	8.12
<b>Job Termination Date</b>	
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	
<b>ID</b>	8.13
<b>Job Termination Reason</b>	
Field Length	2
Format	Character
Required Field	Conditional --Field cannot be blank if Job Termination Date 8.13 has a date
Acceptable Answers for field	<p>Select only one of the choices</p> <ul style="list-style-type: none"> <li>(1) Business Closed r</li> <li>(2) Quit - Lack of Transportation</li> <li>(3) Medical Reasons</li> <li>(4) Needs Exceed Available Supports</li> <li>(5) Not Available to Work (moved, deceased, etc.)</li> <li>(6) Quit - Personal Reasons (care for family member, school, incarceration)</li> </ul>



	<p>(7) Quit - Another Job</p> <p>(8) Quit – Dissatisfaction with Coworker(s)/Supervisor(s)</p> <p>(9) Quit - Dissatisfaction with Job Tasks</p> <p>(10) Quit – Dissatisfaction with Wages</p> <p>(11) Quit – Dissatisfaction with Work Environment</p> <p>(12) Quit - Financial Disincentive</p> <p>(13) Quit – Inability to Meet Job Expectations</p> <p>(14) Retired</p> <p>(15)</p> <p>(16) Temporary Job or Lay Off</p> <p>(17) Terminated – Difficulty Managing Stress at Job</p> <p>(18) Terminated – Attendance/Lateness</p> <p>(19) Terminated – Inability to Perform Job Tasks</p> <p>(20) Terminated – Productivity Issues</p> <p>(21) Terminated – Interpersonal or Social Issues</p> <p>(22) Terminated – Violation of Rules</p>
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: If applicable reason an individual was terminated.	




### 9. Personal Outcome Measures – Certified Interview Information

<b>ID</b>	9.1
<b>Interview Date</b>	
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.	
<b>ID</b>	9.2
<b>Certified Interviewer Last Name</b>	
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.	

<b>ID</b>	9.3
<b>Certified Interviewer First Name</b>	
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.	
<b>ID</b>	9.4
<b>Certified Interviewer CQL ID:</b>	
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.	
<b>ID</b>	9.5
<b>Outcome: People are connected to natural supports.</b>	
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?	
<b>ID</b>	9.6
<b>Support: People are connected to natural supports.</b>	
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?	
<b>ID</b>	9.7
<b>Outcome: People have intimate relationships.</b>	
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?	
<b>ID</b>	9.8
<b>Support: People have intimate relationships.</b>	
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?	
<b>ID</b>	9.9
<b>Outcome: People are safe.</b>	
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?	
<b>ID</b>	9.10
<b>Support: People are safe.</b>	

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?	
<b>ID</b>	9.11
<b>Outcome: People have the best possible health.</b>	
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?	
<b>ID</b>	9.12
<b>Support: People have the best possible health.</b>	
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?	
<b>ID</b>	9.13
<b>Outcome: People exercise rights.</b>	
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?	
<b>ID</b>	9.14
<b>Support: People exercise rights.</b>	
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?	

<b>ID</b>	9.15
<b>Outcome: People are treated fairly.</b>	
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?	
<b>ID</b>	9.16
<b>Support: People are treated fairly.</b>	
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?	
<b>ID</b>	9.17
<b>Outcome: People are free from abuse and neglect.</b>	
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?	
<b>ID</b>	9.18
<b>Support: People are free from abuse and neglect.</b>	
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?	
<b>ID</b>	9.19
<b>Outcome: People experience continuity and security.</b>	
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?	
<b>ID</b>	9.20
<b>Support: People experience continuity and security.</b>	
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?	
<b>ID</b>	9.21
<b>Outcome: People decide when to share personal information.</b>	
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?	

<b>ID</b>	9.22
<b>Support: People decide when to share personal information.</b>	
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?	
<b>ID</b>	9.23
<b>Outcome: People choose where and with whom they live.</b>	
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?	
<b>ID</b>	9.24
<b>Support: People choose where and with whom they live.</b>	
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?	
<b>ID</b>	9.25
<b>Outcome: People choose where they work.</b>	
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?	
<b>ID</b>	9.26
<b>Support: People choose where they work.</b>	
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?	
<b>ID</b>	9.27
<b>Outcome: People use their environments.</b>	
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?	
<b>ID</b>	9.28
<b>Support: People use their environments.</b>	
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?	
<b>ID</b>	9.29

<b>Outcome: People live in integrated environments.</b>	
Field Length	
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?	
<b>ID</b>	9.30
<b>Support: People live in integrated environments.</b>	
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?	
<b>ID</b>	9.31
<b>Outcome: People interact with other members of the community.</b>	
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?	
<b>ID</b>	9.32
<b>Support: People interact with other members of the community.</b>	
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?	
<b>ID</b>	9.33
<b>Outcome: People perform different social roles.</b>	
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?	
<b>ID</b>	9.34
<b>Support: People perform different social roles.</b>	
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?	
<b>ID</b>	9.35
<b>Outcome: People choose services.</b>	
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?	
<b>ID</b>	9.36
<b>Support: People choose services.</b>	

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?	
<b>ID</b>	9.37
<b>Outcome: People choose personal goals</b>	
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?	
<b>ID</b>	9.38
<b>Support: People choose personal goals.</b>	
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?	
<b>ID</b>	9.39
<b>Outcome: People realize goals.</b>	
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?	
<b>ID</b>	9.40
<b>Support: People realize goals.</b>	
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?	
<b>ID</b>	9.41
<b>Outcome: People participate in the life of the community.</b>	
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?	
<b>ID</b>	9.42
<b>Support: People participate in the life of the community.</b>	
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?	
<b>ID</b>	9.43
<b>Outcome: People have friends.</b>	



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?	
<b>ID</b>	9.44
<b>Support: People have friends.</b>	
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?	
<b>ID</b>	9.45
<b>Outcome: People are respected.</b>	
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?	
<b>ID</b>	9.46
<b>Support: People are respected.</b>	
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

<b>ID</b>	10.1
<b>Representation Status</b>	N*
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	Required field cannot be
Generate Error Report	Yes
Description: What is the representation status of the Willowbrook class member?	
<b>ID</b>	10.2
<b>Expectations For Community Inclusion</b>	
Field Length	1000
Format	Character and free text
Required Field:	Conditional cannot be blank if 10.1 is answered 1 or 2
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Describe the expectations for community inclusion for the Willowbrook Class Member.	
<b>ID</b>	10.3
<b>Hospital Staffing Coverage</b>	
Field Length	500
Format	Character and free text
Required Field:	Conditional cannot be blank if 10.1 is answered 1 or 2
Acceptable Answers for Field	
Error Message	Required field cannot be blank
Generate Error Report	Yes
Description: Outline the staffing coverage for the Willowbrook Class Member, when he/she is hospitalized.	