



APS Healthcare-West Virginia
Department of Health & Human Resources- Bureau for Medical Services
TITLE XIX MR/DD WAIVER PROGRAM

INSTRUCTIONS AND DEFINITIONS:
For completing the Provider to
APS Data Elements within the MR/DD Waiver Application

INTRODUCTION

The APS Healthcare Inc. - West Virginia Title XIX MR/DD Waiver Application Instructions and Definitions serve as a guide for service coordinators and other providers of service to persons on the Title XIX MR/DD Waiver program in submitting data. Data will be utilized to evaluate the types and amounts of service being provided to MR/DD Waiver recipients, ensure recipients health and safety needs are addressed, assure program cost parameters are followed, and provide information to the claims payer regarding selected services and amounts.

The APS MR/DD Waiver Application is organized in a way that allows the Bureau for Behavioral Health and Health Facilities, APS Service Support Facilitators, Service Coordinators, and service providers to enter and view appropriate consumer data. The site is secure and only allows access to the data necessary for the specific user to perform their functions relevant to service provision.

Providers are encouraged to review the APS Healthcare Inc. website, particularly the Frequently Asked Questions (FAQ's), for additional clarifications about the instructions and the process.

These instructions are organized in the order in which they appear in the provider to APS process (data submission layout). Only those files which are service coordination provider or service provider to APS are included in these instructions. APS to service coordination or service provider files are described in documents related to viewing and interpreting response files. Web users will view the required items for submission and all items subject to validation must be completed before a record can be submitted. Additional items not required are completed as necessary and will be subject to basic validation (allowable values).

Please follow these instructions carefully. Completing these demographic and other necessary data elements as instructed will enable accurate and timely processing of the members' information.

Note: The validation standards, as outlined in the Data Elements/Validation Standards document, for each field within the APS Title XIX MR/DD Waiver data set will be applied.

APS Title XIX MR/DD Waiver data may be submitted through direct web entry or EDI file transfer to APS-WV.

File Name: Transfer

Description: This file is utilized when a Service Coordination provider requests a transfer of a consumer to another Service Coordination provider. Service Coordination transfers require approval from the Bureau for Behavioral Health and Health Facilities to ensure that a consumer has continuous access to service coordination and a smooth transition occurs.

Instructions for completing data elements:

NOTE: Pre-filled fields in this file are provided based on data entered by the Bureau for Behavioral Health and Health Facilities (BHHF). BHHF “gatekeeps” a number of fields and must be notified if the field requires modification. Unless the field indicates it cannot be modified the Service coordination provider can make changes.

(1.) APS Consumer Identification Number: (APS_Consumer_ID) A unique identifier is assigned to each consumer by APS that is maintained on all portions of the data application to link data specific to that consumer. This unique identifier will be pre-filled and cannot be modified in the web application. This identifier must be submitted via the transfer file and match the correct consumer name.

(2.) Provider Requesting Transfer Provider ID: (TransFrom_SC_Provider_ID) This

is your organization’s APS assigned Provider ID. This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(3.) Service Coordination Provider Requesting Transfer Consumer Identifier:

(TransFrom_SC_Consumer_ID) A unique identifier must be assigned to each consumer that follows him/her throughout his/her services with your organization. If the consumer is discharged and then returns, the same identifier is to be assigned to the consumer. This identifier cannot be reassigned to any other consumer receiving services from you at any time.

(4.) Service Coordination Provider Requesting Transfer Telephone Number:

(TransFrom_SC_Provider_Phone) List the telephone number (including area code) without symbols (e.g. hyphens (-)) of the contact at the service coordination agency requesting the transfer.

(5.) Service Coordination Provider Requesting Transfer Telephone Extension:

(TransFrom_SC_Provider_Phone_Ext) List the telephone number extension, if applicable, of the contact at the service coordination agency requesting the transfer. This is an optional field, if there is no extension leave the field blank.

(6.) First Name of Consumer: (Con_First_Name) This field

contains the consumer's first name, as it would appear on his/her social security card, as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF.

(7.) Middle Name of Consumer: (Con_Middle_Name) This field contains the consumer's middle name, as it would appear on his/her social security card, as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF.

(8.) Last Name of Consumer: (Con_Last_Name) This field contains the consumer's last name, as it would appear on his/her social security card, as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF.

(9.) Consumer Name Suffix: (Con_Name_Suffix) This field contains any suffix to the consumer's name, as it would appear on his/her social security card, as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and

may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF utilizing the appropriate recode table value in the EDI file layouts.

(10.) Consumer's Social Security Number: (Con_SSN) This is the consumer's nine-digit social security number as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF.

(11.) Consumer's Birthdate: (Con_Birthdate) This field contains the consumer's date of birth in a MMDDYYYY format (e.g. 06191986 is June 19, 1986). This field is reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF.

NOTE: While date fields should always be entered MMDDYYYY slashes (/) will display on the web.

(12.) Staff Completing Request: (Staff_Completing_Request) Complete the field with the last and first name of the staff person completing the APS Title XIX MR/DD waiver data. If the name were Helen Brake-Martin, you would complete the field as Brake-Martin, Helen. When multiple individuals

complete portions of the data set, indicate the name of the individual who has primary responsibility for the implementation and tracking of the consumer's care (generally the assigned service coordinator).

(13.) Transfer or Discharge Designation:

(Transfer_Discharge) Indicate whether the individual is being transferred to a new service coordination agency or discharged from the MR/DD Waiver Program. If transfer is being requested select: 1- Transfer to New Service Coordination Provider, if the individual is being discharged select: 2- Discharge from MR/DD Waiver Program.

(14.) Reason for requested Transfer or Discharge: (Transfer_Discharge_Reason)

This field indicates the reason for the requested transfer or discharge. If the transfer_discharge field indicates 1- Transfer to New Service Coordination Provider then one of the following reasons MUST be selected:

- 1 Transfer: Consumer Requests New SC Provider**
- 2- Transfer: Consumer moved to New Geographic Area (must be in WV)**
- 3-Transfer: Provider No Longer Offers Service Coordination**
- 4- Transfer: Provider Initiated Transfer**

If 4- Transfer: Provider Initiated Transfer is selected a more specific discussion of the reason for the

transfer should be provided in the Transfer_Discharge_ Comments field.

If the transfer_discharge field indicates 2- Discharge from MR/DD Program then one of the following reasons MUST be selected:

- 10-Discharge: Consumer No Longer a WV Resident**
- 11- Discharge: Consumer is deceased**
- 12-Discharge: Consumer No Longer Waiver Eligible**
- 13- Discharge: Consumer Voluntarily Declines Waiver Program**

If Discharge for any reason is selected a more specific discussion of the reason for the discharge should be provided in the Transfer_Discharge_ Comments field.

(15.) Provider ID of Service Coordination Provider consumer is being transferred to:

(TransTo_SC_Provider_ID) This is the APS assigned Provider ID for the provider your agency is requesting receive the case (provider case is being transferred to). This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(16.) First Name of Requested Service Coordinator:

(TransTo_PREFERRED_SC_First_Name) This is the first name of the service coordinator requested by the

consumer and/or family, if a specific individual is requested. The consumer and/or family needs to be apprised that while this information is sent to the service coordination agency to which the consumer is being transferred, there is no guarantee that this will be the assigned service coordinator if the referral is accepted. If no specific preference is expressed, this field should be left blank.

(17.) Last Name of Requested Service Coordinator:

(TransTo_PREFERRED_SC_Last_Name) This is the last name of the service coordinator requested by the consumer and/or family, if a specific individual is requested. The consumer and/or family needs to be apprised that while this information is sent to the service coordination agency to which the consumer is being transferred, there is no guarantee that this will be the assigned service coordinator if the referral is accepted. If no specific preference is expressed, this field should be left blank.

(18.) First Name of Currently Assigned Service Coordinator:

(TransFrom_Assigned_SC_First_Name) This is the first name of the service coordinator currently assigned to provide service coordination to the consumer and/or family.

(19.) Last Name of Currently Assigned Service Coordinator:

(TransFrom_Assigned_SC_Last_Name) This is the last name of the service coordinator currently assigned to provide service

coordination to the consumer and/or family.

(20.) Start date of services at new Service Coordination Provider:

(First_Date_For_TransTo_SC)

This field is the start date of services for the consumer at the new service coordination agency.

NOTE: The service coordination agency transferring the case maintains responsibility for the provision of service to the consumer until the referral has been accepted by the new agency and approved by BHHF.

(21.) Last date of services at currently assigned Service Coordination Provider:

(Last_Date_For_TransFrom_SC)

This field is the end date of services for the consumer at the currently assigned service coordination agency.

NOTE: The service coordination agency transferring the case maintains responsibility for the provision of service to the consumer until the referral has been accepted by the new agency and approved by BHHF. It is possible that there may be some overlap in dates so that a smooth transition for the consumer can be assured. If this period is greater than 7 calendar days an explanation should be given in the transfer comments field.

(22.) Consumer Guardian Signed DD-16 confirmation:

(Consumer_Guardian_Signed_DD_16) This is acknowledgement that

the Consumer/guardian have signed a DD-16 form. The response to this item must be "Yes" or the record will error.

NOTE: Per the Waiver Manual effective October 1, 2006, it is the provider's responsibility to ensure that this form is complete, signed, in the consumer record, and on file with the Bureau for Behavioral Health and Health Facilities (BHFF).

(23.) Transfer Comments:
(Transfer_Comments) This text field is used to indicate any additional information to be communicated to BHFF or the new service coordination provider. If applicable, include justification of need to maintain service coordination more than seven (7) calendar days to facilitate transition.

NOTE: Some text fields may be available to other providers based on the services they are providing. Please do not enter any text in any field that you would not want shared with other providers working with the consumer.

File Name: Service Coordination Assignment Reply

Description: This file is utilized when a Service Coordination provider has been assigned/approved by BHHF. The Service Coordination provider must ACCEPT or REJECT the Service Coordination referral.

Instructions for completing data elements:

(1) APS Assigned ID:

(APS_ASSIGN_ID) This field is pre-filled by APS and contains a referral ID generated by APS and cannot be modified.

(2) APS Consumer Identification Number:

(APS_Consumer_ID) A unique identifier is assigned to each consumer by APS that is maintained on all portions of the data application to link data specific to that consumer. This unique identifier will be pre-filled and cannot be modified and must be accurately submitted via EDI.

(3.) Provider ID of Service Coordination Provider consumer is being assigned/transferred to:

(TransTo_SC_Provider ID) This is the APS assigned Provider ID for the provider your agency is requesting receive the case (provider case is being transferred to). This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(4.) Service Coordination Provider Assigned or Receiving Transfer Consumer Identifier:

(TransTo_SC_Consumer_ID) A unique identifier must be assigned to each consumer that follows him/her throughout his/her services with your organization. If the consumer is discharged and then returns, the same identifier is to be assigned to the consumer. This identifier cannot be reassigned to any other consumer receiving services from you at any time.

(5.) Provider Requesting Transfer Provider ID:

(TransFrom_SC_Provider_ID) This is the transferring Service Coordination APS assigned Provider ID, if applicable. This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

This field will be blank if the service coordination assignment is not a transfer and will be pre-filled if a transfer of service coordination has been requested. This field may not be modified.

(6.) Provider Requesting Transfer Consumer ID:

(TransFrom_SC_Consumer_ID) This is the transferring Service Coordination assigned Consumer ID, if applicable. This number is a unique identifier for each Provider.

This field will be blank if the service coordination assignment is not a transfer and will be pre-filled if a

transfer of service coordination has been requested. This field may not be modified.

(7.) First Name of Consumer: (Con_First_Name) This field contains the consumer's first name, as it would appear on his/her social security card. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(8.) Middle Name of Consumer: (Con_Middle_Name) This field contains the consumer's middle name. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(9.) Last Name of Consumer: (Con_Last_Name) This field contains the consumer's last name. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(10.) Consumer Name Suffix: (Con_Name_Suffix) This field contains any appropriate suffixes to the consumer's name (e.g. Sr, Jr, II). This field is pre-filled and may not be modified and must be accurately submitted via EDI utilizing the appropriate recode table value in the EDI file layouts.

(11.) Consumer's Social Security Number: (Con_SSN) This is the consumer's nine-digit social security number. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(12.) Consumer's Birthdate: (Con_Birthdate) This is the consumer's date of birth in a

MMDDYYYY format (e.g. 06191986 is June 19, 1986). This field is pre-filled and may not be modified and must be accurately submitted via EDI.

NOTE: While date fields should always be entered MMDDYYYY slashes (/) will display on the web.

(13.) Service Coordination Assignment Status: (SC_ASSIGN_Status) This field requires that the provider indicate whether they ACCEPT or REJECT the referral. Web users select ACCEPT or REJECT in the drop down menu and EDI providers submit text ACCEPT or REJECT.

(14.) Reason for Rejection: (ASSIGN_Reject_Reason) If the Service Coordination Assign Status = Reject, the provider must give a reason for the rejection from the following response values:

01- Already at Max Capacity for Service Coordination: This response indicates the provider is at capacity per their licensure/CON and cannot accept new referrals at this time.

02- Temporarily Unable to take new clients: This response indicates that the provider cannot take new clients due to staffing concerns or other internal administrative reasons.

03- Other Reason: This response is utilized for any reason not covered in choices 01 or 02. Use of this response requires completion of the discussion field, ASSIGN_Reject_Reason_Other

(15.) Assignment Rejection Reason if “Other” is selected: (ASSIGN_Reject_Reason_Other)

This text field is required to indicate the specific reason a service coordination referral is rejected for reasons other than capacity or inability to accept referrals due to internal administrative reasons (mandatory if Reject Reason=03-Other Reason).

NOTE: Some text fields may be available to other providers based on the services they are providing. Please do not enter any text in any field that you would not want shared with other providers working with the consumer.

If the reason for rejecting the referral is **01- Already at Max Capacity for Service Coordination** or **02- Temporarily Unable to take new clients** this field may be left blank unless there is specific information you wish to communicate to BHHF.

File Name: Consumer Demographics

Description: This file is completed by the assigned Service Coordinator to provide APS demographic data prior to APS's assessment of the consumer.

This file should be updated as appropriate at quarterly IDT junctures or when data has changed. The accuracy of this data must be evaluated at a critical juncture. Specific data elements "trigger" alerts to assist the IDT in identifying specific needs to be evaluated when purchasing services.

Instructions for completing data elements:

(1.) Date Demographic is prepared: (DEMO_Date_Prepared)

This is the date the demographic data is prepared and submitted to APS Healthcare. This date must be modified each time demographic data is updated and submitted to APS and may not be more than five days from the date of acceptance of the referral. This date may not be futuristic.

NOTE: While date fields should always be entered MMDDYYYY slashes (/) will display on the web.

(2.) APS Consumer Identification Number: (APS_Consumer_ID)

A unique identifier is assigned to each consumer by APS that is maintained on all portions of the data application to link data specific to that consumer. This unique

identifier will be pre-filled and cannot be modified and must be accurately submitted via EDI.

(3.) Service Coordination Provider ID: (SC_Provider_ID)

This is the APS assigned Provider ID for your agency. This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(4.) Service Coordination Provider Consumer Identifier: (SC_Consumer_ID)

A unique identifier must be assigned to each consumer that follows him/her throughout his/her services with your organization. If the consumer is discharged and then returns, the same identifier is to be assigned to the consumer. This identifier cannot be reassigned to any other consumer receiving services from you at any time.

(5.) First Name of Consumer: (Con_First_Name)

This field contains the consumer's first name, as it would appear on his/her social security card. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(6.) Middle Name of Consumer: (Con_Middle_Name)

This field contains the consumer's middle name. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(7.) Last Name of Consumer: (Con_Last_Name)

This field contains the consumer's last name.

This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(8.) Consumer Name Suffix: (Con_Name_Suffix) This field contains any appropriate suffixes to the consumer's name (e.g. Sr, Jr, II). This field is pre-filled and may not be modified and must be accurately submitted via EDI utilizing the appropriate recode table value in the EDI file layouts.

(9.) Consumer's Social Security Number: (Con_SSN) This is the consumer's nine-digit social security number. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(10.) Consumer's Birth date: (Con_Birthdate) This is the consumer's date of birth in a MMDDYYYY format (e.g. 06191986 is June 19, 1986). This field is pre-filled and may not be modified and must be accurately submitted via EDI.

NOTE: While date fields should always be entered MMDDYYYY slashes (/) will display on the web.

(11.) Consumer Medicaid Number: (Con_Medicaid_Number) This is the consumer's eleven (11) digit Medicaid number. Do not include any hyphens or the decimal point before the suffix. It is the Provider's responsibility to verify that the Medicaid number listed is correct and currently valid.

NOTE: The provider is responsible for verifying the consumer's Medicaid Number

and dates of eligibility. APS does not conduct Medicaid eligibility verification.

(12.) IDT Date: (IDT_Date) This is the date of the first annual IPP for the consumer. For consumers who are new admissions to the Title XIX MR/DD Waiver Program this date must be within 30 calendar days of the Certification Date in the APS to Service Coordination Providers Access file.

The Certification date is the date of acceptance of the consumer by a service coordination provider. For consumers already admitted to the program at the outset of APS data collection, the certification date listed will be the date of the most recent annual IPP meeting.

The Annual IDT is a fixed date around which future annual and quarterly IDT meetings are arranged. The actual date the IDT meeting is held is listed in field #11 in the purchase file. This field is updated at each IDT meeting/service purchase juncture.

APS will calculate whether annual IDT meetings are held within 30 days of the annual IPP date (before or after) and whether applicable quarterly meetings are held within 10 days of the calculated end of the quarter (before or after).

Providers will be apprised of their compliance through a variety of mechanisms. At the initial, annual and quarterly junctures, in compliance with BMS policy, BHFF will be notified when providers fail to

meet timelines and an override will need to be granted in order for the Service Coordination agency to access the purchase screens and make purchases outside the specified timelines.

Regular reports will be sent to BHHF and BMS when timelines set forth in the Waiver Manuals are not met.

(13.) American Indian/Alaska Native (Con_Race_Alaska_Native)
Respond "yes" if the individual is a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. If not, respond "no".

(14.) Asian (Con_Race_Asian)
Respond "yes" if the individual is a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam. If not, respond "no".

(15.) Black/African American (Con_Race_Black_African_Amer)
Respond "yes" if the individual is a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." If not, respond "no".

(16.) Hawaiian/Pacific Islander (Con_Race_Hawaiian_Pacific)
Respond "yes" if the individual is a person having origins in any of the original peoples of Hawaii, Guam,

Samoa or other Pacific Islands. If not, respond "no".

(17.) White (Con_Race_White)
Respond "yes" if the individual is a person having origins in any other original peoples of Europe, the Middle East, or North Africa. If not, respond "no".

(18.) Other Race (Con_Race_Other)
Respond "yes" if the individual is a person having origins not included in the six race designations above.

Note: Mark "yes" for as many race fields as apply to the individual. **At least one** race designation must be made.

(19.) Consumer's Ethnicity: (Ethnicity) Indicate whether the consumer is Hispanic or Latino. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- 1 Hispanic or Latino
- 2 Not of Hispanic origin

If the consumer is not Hispanic or Latino, then choose "Not of Hispanic Origin."

(20.) Consumer's Primary Language: (Con_Prim_Land_Undstd) This is the primary language spoken and/or understood by the consumer.

(21.) Marital Status: (Marital_Status) Indicate the consumer's

marital status by selecting one of the following allowed responses:

- 1 Never Married (single)**
- 2 Married**
- 3 Separated**
- 4 Divorced**
- 5 Widow(er)**

(22.) Consumer Mailing Address: (Mailing_ Address_ Line 1) This is the consumer's mailing address/street address. Indicate the consumer's full street and/or post office box address.

NOTE: It is the responsibility of the Service Coordinator to maintain/update this field as changes occur.

(24.) Consumer Mailing Address: (Mailing_ Address_ Line 2) This field offers additional space for the consumer's mailing address/street address if there is insufficient room in Mailing Address Line 1. Indicate the consumer's full street and/or post office box address that was not recorded in Mailing Address Line 1.

NOTE: It is the responsibility of the Service Coordinator to maintain/update this field as changes occur.

(25.) Consumer City Address: (City) Report the city in which the consumer lives.

NOTE: It is the responsibility of the Service Coordinator to maintain/update this field as changes occur.

(26.) Consumer State of Residence: (State) This is the state in which the consumer resides. Consumers receiving services through the WV Title XIX MR/DD Waiver Program must be residents of West Virginia.

(27.) Consumer Zip Code: (Zip Code) This is the zip code for the address and city listed in the preceding fields. The zip code must be at least five digits in length. If the "plus four" zip code is utilized, do not use a hyphen (-) to separate the digits.

NOTE: It is the responsibility of the Service Coordinator to maintain/update this field as changes occur.

(28.) Driving Directions to the Consumer's Home: (Driving Directions to Home) Please include directions to the consumer's home beginning with the closest major road (e.g. interstate, state highway, county route, city main street).

NOTE: It is the responsibility of the Service Coordinator to maintain/update this field as changes occur.

(29.) County DHHR: (County_ DHHR) This is the county of the Department of Health and Human Resources (DHHR) office the consumer visits to establish initial and ongoing WV Title XIX MR/DD Waiver program eligibility.

NOTE: It is the responsibility of the Service Coordinator to

maintain/update this field as changes occur.

(30.) First Name of Assigned Service Coordinator: (Assigned_SC_First_Name) This is the first name of the service coordinator currently assigned to provide service coordination to the consumer and/or family.

NOTE: It is the responsibility of the Service Coordinator to maintain/update this field as changes occur.

(31.) Last Name of Assigned Service Coordinator: (Assigned_SC_Last_Name) This is the last name of the service coordinator currently assigned to provide service coordination to the consumer and/or family.

NOTE: It is the responsibility of the Service Coordinator to maintain/update this field as changes occur.

(32.) Service Coordination Provider Telephone Number: (Service Coordinator Telephone #) List the telephone number (including area code) without symbols (e.g. hyphens (-) of the contact at the service coordination agency.

NOTE: It is the responsibility of the Service Coordinator to maintain/update this field as changes occur.

(33.) Service Coordination Provider E-mail Address:

(Service Coordinator E-mail Address) List the e-mail address of the service coordination contact at the service coordination agency.

NOTE: It is the responsibility of the Service Coordinator to maintain/update this field as changes occur.

(34.) Consumer's Type of Residence: (Type_of_Residence) Select the response that best describes the type of residential setting in which the consumer lives:

1 Biological /Adoptive Family- the consumer resides with one or more biological or adoptive family members

2 Specialized Family Care Home- The consumer resides in the home of a provider (family care or foster home) who cares for one or more individuals with care and support needs. Care and support are provided in a family-like environment.

3 Individual Support Setting- 1 person- A 24 hour residential setting for one person in which an agency provides services, supervision and support due to specific needs or behaviors of the individual.

4 Individual Support Setting- 2 persons A 24 hour residential setting for two persons in which an agency provides services, supervision and support due to specific needs or behaviors of the individual.

5 Individual Support Setting- 3 persons A 24 hour residential setting for three persons in which an agency provides services, supervision and support due to specific needs or behaviors of the individual.

6 Waiver Group Home- 4+ persons A 24 hour residential setting for four or more persons in which an agency provides services, supervision and support due to specific needs or behaviors of the individual.

(35.) Consumer Residential Service Provider ID: (Con_Residential Provider) This is the Provider License number of the agency through which Residential Habilitation services to the consumer are being billed.

(36.) Consumer Residential Service Provider Phone Number: (Con_Res_Prov_Phone) List the telephone number (including area code) without symbols (e.g. hyphens (-) of the contact at the agency through which Residential Habilitation services to the consumer are being billed.

(37.) Number of Other Waiver Consumers in Residential Habilitation Setting: (Con_No_Other_Wvr_Res) This is the number of Waiver Consumers in addition to this consumer who reside in the designated residential setting.

For example, for a Waiver consumer residing with the biological parents and one sibling who is also on the Waiver the response would be one (1) other Waiver consumer residing in the residential setting. For a Waiver consumer in a three person Individual Support Setting the response would be two (2) other Waiver consumers residing in the residential setting. Remember, this is the number of persons in addition to the consumer, so if the consumer is the only person in the residence on the waiver the number is zero (0).

(38.) Community Based Day Habilitation Provided: (Day_Comm_Based_Day_Hab) Select “yes” if Community Based Day Habilitation services are being billed for the consumer. Select “no” if Day Habilitation services are not being billed or are not community based.

If Day Habilitation services are provided through informal supports, such as volunteers, mark “no” and indicate that day services are provided through volunteers in the DEMO_Discussion field.

(39.) Facility Based Day Habilitation Provided: (Day_Facility_Based_Day_Hab) Select “yes” if Facility Based Day Habilitation services are being billed for the consumer. Select “no” if Day Habilitation services are not being billed or are not facility based.

(40.) Prevocational Training: (Day_Prevoc_Training) Select “yes” if Prevocational services are being billed for the consumer. Select

“no” if Prevocational services are not being billed.

If Prevocational Training services are provided through informal supports or community programming not billed through the Waiver Program, mark “no” and indicate that Prevocational Training services are provided through community resources in the DEMO_Discussion field.

(41.) Supported Employment Services: (Sup_Employment)

Select “yes” if Supported Employment services are being billed for the consumer. Select “no” if Supported Employment services are not being billed.

If Supported Employment services are provided through informal supports or community programming not billed through the Waiver Program, mark “no” and indicate that Supported Employment services are provided through community resources in the DEMO_Discussion field.

(42.) Competitive Employment with no Coach: (Comp_Employ_No_Coach)

Select “yes” if the consumer is in a competitive employment setting with no job coach. Select “no” if Supported Employment services are being billed or if the person is not in any type of competitive employment.

(43.) Technical Education: (School_Technical_Educ)

This field is “yes” when the consumer is currently enrolled in a trade, vocational, or technical school

program. If the consumer is not currently in any education program, or is in an education program **other than** a trade, vocational, or technical school program indicate “no” as the response to this item.

(44.) Consumer’s Attained Educational Level: (Con_Educ_Level_Attained)

Choose the entry that correctly reflects the highest level of education the consumer has **completed**. If the consumer is currently in an educational program indicate the prior level of education completed (e.g. attends high school indicate completed Middle/Junior High School.

- 1 None**
- 2 Preschool**
- 3 Grade/Elementary School**
- 4 Middle/Junior High School**
- 5 High School/GED**
- 6 Post High School (Technical/Trade/College)**

Note: Consumers who completed high school with a “modified” degree should indicate High School/GED as highest level of education completed. If the individual completing the case information wishes to indicate additional information related to education attained that may impact purchases or budget allocation this may be added in the DEMO_Discussion field.

(45.) Consumer’s Current School: (Con_Current_School)

This field is utilized to communicate the consumer’s current school

setting, if any, from the following listing:

- 1 **Preschool Program**
- 2 **Head Start**
- 3 **Special Education**
- 4 **Alternative School**
- 5 **GED Program**
- 6 **Home Schooled**
- 7 **Homebound Education**
- 8 **Trade/Vocational/
Technical**
- 9 **College (2-4 year
program)**
- 10 **Graduate School**
- 11 **Not in School**
- 12 **Regular Education**

If the consumer is in an educational/training program through the Division of Rehabilitation Services (DRS) or through a Title XIX Waiver Service provider indicate "not in school" and discuss the educational services being received in the DEMO_Discussion text field. This data is intended to communicate participation in educational services provided through the WV Department of Education or an accredited college, vocational, technical, or trade school.

Fields 45-60 are designed to communicate information regarding the designated respondents chosen to participant in the Individualized Waiver Budgeting Assessment.

Respondents for the Individualized Waiver Budgeting Assessments include (listed in order of recommended priority):

- The consumer

- The consumer's legal representative
- Family members including parents, grandparents, siblings, Specialized
- Family Care Providers
- Direct Care Staff, Day Treatment Staff, Respite Providers, Adult Companions
- Friends
- Agency staff including Service Coordinators, Therapeutic Consultants, and/or Nurses

Each respondent chosen must have a thorough knowledge of the consumer's daily schedule and have a strong familiarity with the consumer's personal goals and desires. Respondents must be able to provide an accurate and comprehensive reflection of the consumer's abilities and support needs. Three respondents are required and a fourth may be designated when the consumer and/or family (guardian) specifically requests it. If a fourth respondent is designated please indicate the reason in the DEMO_Discussion.

(46.) Respondent 1 Last Name: (Respondent1_Last_Name) This is the last name of the respondent designated by the consumer and/or family.

(47.) Respondent 1 First Name: (Respondent1_First_Name) This is the first name of the respondent designated by the consumer and/or family.

(48.) Respondent 1 Phone Number:(Respondent1_Phone_No) List the telephone number (including area code) without

symbols (e.g. hyphens (-) of the respondent designated by the consumer.

(49.) Respondent 1 Relationship to Consumer: (Respondent1_Relationship)

Please indicate the relationship of the respondent to the consumer (e.g. mother, father, guardian, service coordinator, day habilitation service staff, adult companion, friend etc.)

(50.) Respondent 2 Last Name: (Respondent2_Last_Name) This is the last name of the respondent designated by the consumer and/or family.

(51.) Respondent 2 First Name: (Respondent2_First_Name) This is the first name of the respondent designated by the consumer and/or family.

(52.) Respondent 2 Phone Number: (Respondent2_Phone_No) List the telephone number (including area code) without symbols (e.g. hyphens (-) of the designated respondent.

(53.) Respondent 2 Relationship to Consumer: (Respondent2_Relationship)
Please indicate the relationship of the respondent to the consumer (e.g. mother, father, guardian, service coordinator, day habilitation service staff, adult companion, friend etc.)

(54.) Respondent 3 Last Name: (Respondent3_Last_Name) This is

the last name of the respondent designated by the consumer and/or family.

(55.) Respondent 3 First Name: (Respondent3_First_Name) This is the first name of the respondent designated by the consumer and/or family.

(56.) Respondent 3 Phone Number: (Respondent3_Phone_No) List the telephone number (including area code) without symbols (e.g. hyphens (-) of the designated respondent.

(57.) Respondent 3 Relationship to Consumer: (Respondent3_Relationship)
Please indicate the relationship of the respondent to the consumer (e.g. mother, father, guardian, service coordinator, day habilitation service staff, adult companion, friend etc.)

(58.) Respondent 4 Last Name: (Respondent4_Last_Name) This is the last name of the respondent designated by the consumer and/or family.

NOTE: This is an optional field and is only utilized at the consumer/family/guardian request.

(59.) Respondent 4 First Name: (Respondent4_First_Name) This is the first name of the respondent designated by the consumer and/or family.

NOTE: This is an optional field and is only utilized at the consumer/family/guardian request.

(60.) Respondent 4 Phone Number:

(Respondent4_Phone_No) List the telephone number (including area code) without symbols (e.g. hyphens (-) of the designated respondent.

NOTE: This is an optional field and is only utilized at the consumer/family/guardian request.

(61.) Respondent 4 Relationship to Consumer:

(Respondent4_Relationship) Please indicate the relationship of the respondent to the consumer (e.g. mother, father, guardian, service coordinator, day habilitation service staff, adult companion, friend etc.)

NOTE: This is an optional field and is only utilized at the consumer/family/guardian request.

(61.) Case Information Discussion (DEMO_Discussion)

This text field is utilized to indicate information regarding data responses. There are a number of responses that require information be included in the DEMO_Discussion field.

NOTE: Some text fields may be available to other providers based on the services they are providing. Please do not enter any text in any field that you would not want shared with other providers working with the consumer.

File Name: Consumer Medical Information

Description: This file is completed by the assigned Service Coordinator to provide medical data to APS from the consumer's most recent DD2A, physician records, physician orders, and the consumer's record.

This file should be updated as appropriate at quarterly IDT junctures or when data has changed. The accuracy of this data must be evaluated at a critical juncture. Specific data elements "trigger" health/safety alerts to assist the IDT in identifying specific needs to be evaluated when purchasing services.

Instructions for completing data elements:

(1.) Date Medical Form is Prepared: (MED_Date_Prepared)

This is the date the medical data is prepared for submission to APS.

NOTE: While date fields should always be entered MMDDYYYY slashes (/) will display on the web.

(2.) APS Consumer Identification Number: (APS_Consumer_ID)

A unique identifier is assigned to each consumer by APS that is maintained on all portions of the data application to link data specific to that consumer. This unique identifier will be pre-filled and cannot be modified.

(3.) Service Coordination Provider ID: (SC_Provider_ID)

This is the APS assigned Provider ID for your

agency. This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(4.) Service Coordination Provider Consumer Identification Number: (SC_Consumer_ID)

A unique identifier must be assigned to each consumer that follows him/her throughout his/her services with your organization. If the consumer is discharged and then returns, the same identifier is to be assigned to the consumer. This identifier cannot be reassigned to any other consumer receiving services from you at any time.

(5.) First Name of Consumer: (Con_First_Name)

Report the consumer's name, as it would appear on his/her social security card. Avoid the use of any nicknames and/or abbreviations of names.

(6.) Middle Name of Consumer: (Con_Middle_Name)

Report the consumer's middle name. Leave blank if unknown or none.

(7.) Last Name of Consumer: (Con_Last_Name)

Report the consumer's last name in this field. If the consumer has a hyphenated name, include both names with the hyphen in the field. (Example: Brake-Martin).

(8.) Consumer Name Suffix: (Con_Name_Suffix)

Report any appropriate suffixes to the consumer's name (e.g. Sr, Jr, II). If

there are no applicable suffixes leave this field blank.

(9.) Consumer's Social Security Number: (Con_SSN) This is the consumer's nine-digit social security number.

(10.) Consumer's Birth date: (Con_Birthdate) Report the consumer's date of birth in a MMDDYYYY format (e.g. 06191986 is June 19, 1986). This field is pre-filled and may not be modified and must be accurately submitted via EDI.

NOTE: While date fields should always be entered MMDDYYYY slashes (/) will display on the web.

(11.) Date of Most Recent DD2A: (Date_This_DD2A) This is the month, day and year (MMDDYYYY) the most recent DD2A medical information was completed.

NOTE: While date fields should always be entered MMDDYYYY slashes (/) will display on the web.

(12.) Consumer's Height as listed on the DD2A: (DD2A_Con_Height) This is the consumer's height in inches as listed on the DD2A. If the consumer's height is listed on the DD2A in feet **and** inches remember to convert to inches (12 inches to each foot). This is a numeric field so no letters or symbols should be used.

(13.) Consumer's Weight as listed on the DD2A: (DD2A_Con_Weight) This is the consumer's weight in pounds as

listed on the DD2A. This is a numeric field so no letters or symbols should be used.

(14.) DD2A Mobility Rating: (DD2A_Con_Mobility) Indicate the response that describes the consumer's mobility for the largest part of a typical day:

- 1 Ambulatory** – Capable of walking without help.
- 2 Ambulatory with Human Help** – Capable of walking with a person's help.
- 3 Ambulatory with Mechanical Help** – Capable of walking with help from a mechanical device.
- 4 Wheelchair Self Propelled** - Chair mounted on large wheels for the use of the sick or disabled person who can move the chair by their self.
- 5 Transfer with Assistance** – The consumer needs help moving from a chair, the car, the bed, or other places.
- 6 Bedfast** – Confined to bed because of illness or infirmity not ambulatory.

NOTE: If the consumer is in a wheelchair but requires human assistance for the greater part of the

day to obtain mobility choose ambulatory with human help as the response.

(15.) DD2A Contenance Rating: (DD2A_Con_Contenance) Indicate the response that describes the consumer's voluntary control over urinary and fecal discharge:

1 Continent – Normal voluntary control of excretory functions

2 Incontinent – Lacking normal voluntary control of excretory functions

3 Not Toilet Trained – Not trained to use the toilet by one's self

(16.) Does the Consumer have a Catheter: (DD2A_Con_Catheter) If the consumer has a catheter (a hollow, flexible tube inserted into a body cavity to allow the passage of body fluid) indicate "yes", if the individual does not have a catheter indicate "no".

(17.) Does the Consumer have an Ileostomy: (DD2A_Con_Ileostomy) If the consumer has an ileostomy (Surgical construction of an artificial excretory opening through the abdominal wall into the ileum) indicate "yes", if the consumer does not have an ileostomy indicate "no".

(18.) Does the Consumer have a Colostomy: (DD2A_Con_Colostomy) If the consumer has a colostomy (surgical construction of an artificial excretory opening from the colon) indicate

"yes", if the individual does not have a colostomy indicate "no".

(19.) Feeding: (DD2A_Con_Feeding) Indicate the response that describes the consumer's ability to feed him/herself on a typical day:

1 Feeds Self- Able to feed self with minimal assistance

2 Needs to Be Fed – Requires assistance with feeding and is unable to feed self with only minimal assistance.

3 Gastric/J Tube- Requires feeding through a gastric/j tube.

(20.) Does the consumer require a Special Diet: (DD2A_Con_Special_Diet) If the consumer has a specific meal plan prescribed by a physician or dietician indicate, yes. If there are no special dietary requirements, indicate no.

(21.) Personal Hygiene: (DD2A_Con_Hygiene) Rate the consumer's is ability to bathe, wash their own hair, brush their own teeth, dress him/herself, and other self grooming activities on a daily basis:

1 Needs Total Care – Consumer needs total help when taking a bath, washing hair, brushing teeth, getting dressed, or any other grooming activities on a daily basis

2 Independent – Consumer needs no help when taking a bath, washing hair, brushing

teeth, getting dressed, or any other grooming activities on a daily basis

3 Needs Assistance – Consumer needs some assistance when taking a bath, washing hair, brushing teeth, getting dressed, or any other grooming activities on a daily basis

(22.) Vision Therapy: (DD2A_Vision_Therapy) Please indicate “yes” if the consumer receives vision therapy as defined by the American Optometric Association: Optometric vision therapy is a treatment plan used to correct or improve specific dysfunctions of the vision system. It includes, but is not limited to, the treatment of strabismus (turned eye), other dysfunctions of binocularity (eye teaming), amblyopia (lazy eye), accommodation (eye focusing), ocular motor function (general eye movement ability), and visual-perception-motor abilities.

Optometric vision therapy is based upon a medically necessary plan of treatment which is designed to improve specific vision dysfunctions determined by standardized diagnostic criteria. Treatment plans encompass lenses, prisms, occlusion (eye patching), and other appropriate materials, modalities, and equipment. (Vision therapy can also be called visual or vision training, orthoptics, eye training, or eye exercises.)

Please note that the definition above describes Optometric Vision

Therapy, which has been clinically shown to improve certain eye disorders, which are described above. However Optometric Vision Therapy is NOT the same as the Bates Method, vision therapy using Bates, integrated vision therapy, or natural eye exercises. These holistic programs use some form of eye exercises associated with relaxation techniques, which claim to improve nearsightedness, farsightedness, astigmatism, decreasing vision with age, and other disorders. There are virtually no statistical studies/results indicating the success of these methods.

If the consumer is receiving a therapy other than that described, or receives no vision therapy indicate “no”.

(23.) Speech Therapy: (DD2A_Speech_Therapy)

Indicate “yes” if the consumer receives speech therapy for the treatment of speech defects and disorders, especially through use of exercises and audio-visual aids that develop new speech habits. If the consumer does not receive speech therapy indicate “no”.

(24.) Occupational Therapy: (DD2A_Occup_Therapy)

Indicate “yes” if the consumer receives occupational therapy (the use of productive or creative activity in the treatment or rehabilitation of physically or emotionally disabled people). If occupational therapy is not provided indicate “no”.

**(72.) Physical Therapy:
(DD2A_Physical_Therapy)**

Indicate “yes” if the consumer receives physical therapy (the treatment of physical dysfunction or injury by the use of therapeutic exercise and the application of modalities that are intended to restore or facilitate normal function or development). If physical therapy is not provided indicate “no”.

**(25.) Dietician Services:
(DD2A_Dietician)**

Indicate “yes” if dietician services are utilized to develop or monitor a plan to address specific dietary needs. If dietician services are not utilized indicate “no”.

**(26.) Soaks or Dressings:
(DD2A_Soaks_Dressing)**

Indicate “yes” if the consumer requires Soaks (a way to get a wound wet by immersing in a liquid) or Dressings (a therapeutic or protective material applied to a wound). If no soaks or dressing are required indicate “no”.

**(27.) Traction or Casts:
(DD2A_Traction_Casts)**

Indicate “yes” if the consumer requires traction (a sustained pull applied mechanically, especially to the arm, leg, or neck, to correct fractured or dislocated bones, to overcome muscle spasms, or to relieve pressure) or casts (a rigid dressing used to immobilize an injured, fractured, or dislocated body part, as in a fracture or dislocation). If traction or casts are not required indicate “no”.

**(28.) Oxygen Therapy:
(DD2A_Oxygen)**

Indicate “yes” if the consumer requires oxygen therapy (a medicinal gas used therapeutically for oxygen supplementation, containing not less than 99.0 percent, by volume, of O₂.) If oxygen therapy is not required indicate “no”.

**(29.) Suctioning:
(DD2A_Suctioning)**

Indicate “yes” if the consumer requires suctioning (a medical procedure to remove harmful or misplaced substances from a body cavity). If suctioning is not required indicate “no”.

**(30.) Does the Consumer have an Tracheotomy:
(DD2A_Tracheostomy)**

Indicate “yes” if the consumer has a tracheotomy (incision into the trachea through the neck). Indicate “no” if the consumer does not have a tracheotomy.

**(31.) Does the Consumer require a Ventilator:
(DD2A_Ventilator)**

Indicate “yes” if the consumer requires a ventilator (a device that supplies oxygen or a mixture of oxygen and carbon dioxide for breathing, used especially in artificial respiration). If a ventilator is not required indicate “no”.

**(32.) Diagnostic Services:
(DD2A_DiagnosticServices)**

Indicate “yes” if the consumer requires diagnostic services (instruments or techniques used in medical diagnosis). If this service is required please indicate the reason in the MED_Discussion_Field (free-

text field). If there is no need for diagnostic services indicate "no".

(33.) Does the consumer require IV fluids: (DD2A_IV_Fluids)

Indicate "yes" if the consumer requires IV fluids (intravenous fluids, fluids administered into a vein). If IV fluids are not required indicate "no".

Mark one response that most accurately describes how the client's arm/hand limitations affect activities on a typical day. If the client uses an aid or prosthesis, rate the client's functioning with the use of the aid.

(34.) Consumer Arm/Hand Limitation: (DD2A_Con_Arm_Hand)

Select the response that most accurately describes how the consumer's use of his/her arms and hands affects his or her activities on a typical day:

1 No limitation in daily activities - Arm and/or Hand can be used normally in all daily activities with no limitations

2 Some daily activities limited - Arm and/or Hand can be used normally with some daily activities having limitations

3 Most daily activities limited – Arm and/or Hand cannot be used normally because most daily activities have limitations

(35.) Vision/Vision Correction: (DD2A_Con_Vision)

Select the response that most accurately describes how the client's vision affects his or her activities on a typical day. If the client uses

glasses or other prosthesis, rate the client's functioning with the use of the aid.

1 Sees well (May wear corrected lenses) – Can see well but may need to wear glasses or contact lenses

2 Vision problems limit reading or travel (May Wear Corrective Lenses) – Can only see to read or travel and may have to wear glasses or contact lenses

3 Little or no useful vision – No useful eyesight

(36.) Hearing: (DD2A_Con_Hearing)

Select the response that most accurately describes how the client's hearing affect his or her activities on a typical day. If the client uses hearing aid or other prosthesis, rate the client's functioning with the use of the aid.

1 Hears normal voices (may use hearing aid) – Can hear normal voices but may need to wear a hearing aid

2 Hears only loud voices (may use hearing aid) – Can only hear loud voices and may need to wear a hearing aid

3 Little or no useful hearing (even with hearing aid) – Does not have the capacity to hear even with a hearing aid

(37.) Frequency of Seizures: (DD2A_Con_Freq_Seizures)

Select the response that most accurately describes the frequency of seizures. If the client does not have epilepsy, or seizures do not occur, mark none, or controlled. Many clients with epilepsy have infrequent seizures (fewer than one a month) because the seizures are controlled by medication.

- 1 None, or controlled** – No seizures or controlled by medication
- 2 Less than monthly seizures** – Seizures less than monthly
- 3 Monthly seizures** – Seizures monthly
- 4 Weekly or more often** – Seizures weekly or more often

(38.) Consumer's Physical Health: (DD2A_Con_Health): Mark the response that best describes how the client's physical health affects his or her everyday activities.

- 1 Few or slight limitations in daily activities** – The consumer has a few or slight limitations in daily activities
- 2 No limitation in daily activities** – The consumer has no limitation in daily activities
- 3 Many or significant limitations in daily activities** – The consumer has many or significant limitations in daily activities

(39.) Required Care by Nurse or Physician:

(DD2A_Con_Care_RN_Phys)

Select the response that best describes the intensity of health care required by the consumer. For consumers who usually receive only annual exams, mark less than monthly.

- 1 Less than monthly** - The consumer requires the care of a nurse or physician less than monthly
- 2 Monthly** - The consumer requires the care of a nurse or physician monthly
- 3 Weekly** - The consumer requires the care of a nurse or physician weekly
- 4 Daily** - The consumer requires the care of a nurse or physician daily
- 5 24- Hour immediate access** - The consumer requires the care of a nurse or physician on a 24 hour immediate access

(40.) Current Medications: (DD2A_Meds) Indicate "yes" if the consumer takes regular medications and indicate "no" if the consumer does not take regular medications.

(41.) Current Medications for Health Maintenance: (DD2A_Med_Health_Maint) If the consumer regularly takes over-the-counter medication indicate "yes".

These medications would include over the counter medications taken on a regular basis to maintain health and well-being. Examples of such medications would be laxatives, vitamins, herbals and aspirin.

If the consumer does take any medications **or** does not regularly take over-the-counter medications indicate “no”.

(42.) Current Medications for Health Problems: (DD2A_Med_Health_Prob) If the consumer takes prescribed (prescription medications) medication indicate “yes”. These medications would include any medicine prescribed by a physician for a specific health problem or condition. Examples of such medications would be medications to control blood pressure, arthritis medications, or medications for health problems **EXCEPT** seizure medications or medications prescribed for behavior or psychiatric symptoms (these are recorded in separate data elements).

If the consumer does not take any medications **or** does not take any prescribed medications indicate “no”.

(43.) Current Medications for Mood and Behavior Problems: (DD2A_Med_Mood_Behav) If the consumer takes prescribed (prescription medications) medication for mood, behavior, psychiatric or psychological problems indicate “yes”.

If the consumer does not take any medication **or** does not take any

prescribed medications for mood, behavior, psychiatric or psychological problems indicate “no”.

(44.) Current Medications for Seizures: (DD2A_Med_Seizures) If the consumer takes prescribed (prescription medications) medication for a seizure disorder indicate “yes”.

If the consumer does not take any medications **or** does not take any prescribed medication for a seizure disorder indicate “no”.

(45.) Date of this DD3: (Date_This_DD3) Record the day, month, and year (DDMMYYYY) of the last DD-3 completed for the consumer.

NOTE: While date fields should always be entered MMDDYYYY slashes (/) will display on the web.

(46.) Consumer’s Primary Means of Expression: (DD3_Con_Prim_Expression) Select the response that best describes the way the client most effectively or most often communicates with other people. Because most people use several modes of communication (e.g., gestures and speech), you may have to make a judgment about the single most representative response to this item. Select only one of the following:

- 1 **None** – No form of expression

2 Gestures – A movement of the limbs, or body to express feeling, ideas.

3 Speaks – To utter words, talk

4 Sign Language or Finger Spelling – SIGN LANGUAGE: A language that uses a system of manual, facial, and other body movements as the means of communication, especially among deaf people.

FINGERSPELLING

SYSTEMS: (a) American Finger spelling - Letters of the English alphabet are formed by manipulating the fingers of one hand into specific positions and motions. Each letter of each word is spelled. Most often seen visually, the deaf-blind person can also place their hand on the speaker's hand to tactually receive the spelled message. It is used by literate deaf-blind persons who may or may not also know a sign language system. (b)

Two Hand Manual - Letters of the English alphabet are formed by a speaker's hand positions which are placed upon a recipient's open relaxed palm. This combination of hands forms the alphabet. Each letter of each word

is spelled. This is a tactual communication method that is also adapted for some visual use. It is used by the majority of deaf-blind adults in Canada as their preferred primary mode of communication (it also demands literacy).

5 Communication Board or Device - This system is used to convey a message usually in an environmentally specific manner. The board can have a display of English words or alphabet tactile symbols, art, pictograph symbols, etc.

(47.)Psychologist Maladaptive Behavioral Observations:

(DD3_Maladaptive_Observ) The response to this item is “yes” if the consumer exhibits any of the behaviors identified on the overall measure of problem behavior based on the eight (8) combined ratings of the problem behavior areas on the ICAP (Inventory for Client and Agency Planning) and the psychologist has identified this as an area of behavioral concern. If the response to this item is “yes” at least one of the maladaptive behaviors must be identified (fields 48-55).

If the consumer does not exhibit any maladaptive behaviors indicate “no” and mark fields 48-55 “no”.

(48.)Maladaptive Behavior Hurtful to Self: (DD3_Mal_HurtfultoSelf) If the maladaptive behavioral observations identified behaviors hurtful to self respond “yes” to this

item. Behaviors hurtful to self are defined as problem behaviors that cause injury to a person's own body (e.g., hitting self, biting, banging head).

If no maladaptive behaviors are identified **or** if this maladaptive behavior was not observed indicate "no".

(49.)Maladaptive Behavior Hurtful to Others: (DD3_Mal_HurtfultoOthers) If the maladaptive behavioral observations identified behaviors hurtful to others respond "yes" to this item. Behaviors hurtful to others are defined as problem behaviors that cause physical pain to other people or to animals (e.g., hitting, biting, kicking).

If no maladaptive behaviors are identified **or** if this maladaptive behavior was not observed indicate "no".

(50.)Maladaptive Behavior Destructive to Property: (DD3_Mal_DestructivetoProperty) If the maladaptive behavioral observations identified destructive to property respond "yes" to this item. Behaviors destructive to property are defined as problem behaviors in which the client deliberately breaks, damages, or destroys things (e.g., by hitting, throwing, tearing, burning, and cutting).

If no maladaptive behaviors are identified **or** if this maladaptive behavior was not observed indicate "no".

(51.)Maladaptive Behavior Disruptive Behavior: (DD3_Mal_Disruptive Behavior) If the maladaptive behavioral observations identified disruptive behavior respond "yes" to this item. Disruptive behavior is defined as problem behaviors that interfere with the activities of other people (e.g., clinging, arguing, picking fights, screaming).

If no maladaptive behaviors are identified **or** if this maladaptive behavior was not observed indicate "no".

(52.)Maladaptive Behavior Unusual or Repetitive Habits: (DD3_Mal_Habits) If the maladaptive behavioral observations identified unusual or repetitive habits respond "yes" to this item. Unusual or repetitive behaviors are defined as problem behaviors that involve excessive repetition of unusual, stereotypical actions (e.g., rocking, grinding teeth, talking to self, making odd faces or noises).

If no maladaptive behaviors are identified **or** if this maladaptive behavior was not observed indicate "no".

(53.) Maladaptive Behavior Offensive Behavior: (DD3_Mal_Offensive) If the maladaptive behavioral observations identified offensive behavior respond "yes" to this item. Offensive behavior is defined as problem behaviors that are offensive to other people (e.g., inappropriate touching, talking too loud, spitting).

If no maladaptive behaviors are identified **or** if this maladaptive behavior was not observed indicate “no”.

(54.) Maladaptive Behavior Withdrawal or Inattentive Behavior: (DD3_Mal_Withdrawal)

If the maladaptive behavioral observations identified withdrawal or inattentive behavior respond “yes” to this item. Withdrawal or inattentive behavior is defined as problem behaviors that reflect difficulty in associating with other people or maintaining attention (e.g., keeping away from other people, showing little concentration on a task, talking negatively about self).

If no maladaptive behaviors are identified **or** if this maladaptive behavior was not observed indicate “no”.

(55.) Maladaptive Behavior Uncooperative Behavior: (DD3_Mal_Uncooperative)

If the maladaptive behavioral observations identified uncooperative behavior respond “yes” to this item. Uncooperative behavior is defined as problem behaviors that reflect difficulty in following rules or working with other people (e.g., acting defiant, pouting, cheating, breaking laws).

If no maladaptive behaviors are identified **or** if this maladaptive behavior was not observed indicate “no”.

(56.) Functional Behavioral Assessment: (DD3_Functional_Beh_Assmt) If

the psychologist’s recommended interventions for identified maladaptive behavior(s) include functional behavioral analysis respond “yes” to this item. Requested treatment interventions should take into account the consumer’s current mental status.

If no maladaptive behaviors are identified **or** if this intervention was not recommended indicate “no”.

(57.) Behavior Plan: (DD3_Behavior_Plan)

If the psychologist’s recommended interventions for identified maladaptive behavior(s) include a behavior plan respond “yes” to this item. Requested treatment interventions should take into account the consumer’s current mental status.

If no maladaptive behaviors are identified **or** if this intervention was not recommended indicate “no”.

(58.) Behavior Protocol: (DD3_Behavior_Protocol)

If the psychologist’s recommended interventions for identified maladaptive behavior(s) include a behavior protocol respond “yes” to this item. Requested treatment interventions should take into account the consumer’s current mental status.

If no maladaptive behaviors are identified **or** if this intervention was not recommended indicate “no”.

(59.) Referral for Psychiatric Services: (DD3_Psych_Referral)

If the psychologists recommended interventions for identified maladaptive behavior(s) include a referral for psychiatric services respond “yes” to this item. Requested treatment interventions should take into account the consumer’s current mental status.

If no maladaptive behaviors are identified **or** if this intervention was not recommended indicate “no”.

(60.) Continue with Current Protocol/Plan: (DD3_Con_Beh_Plan_Prot) If the psychologist’s recommended interventions for identified maladaptive behavior(s) include continuing with the current behavior plan or protocol respond “yes” to this item. Requested treatment interventions should take into account the consumer’s current mental status.

If no maladaptive behaviors are identified **or** if this intervention was not recommended indicate “no”.

(61.) Primary Axis I Diagnosis: (Primary Axis I Diagnosis) Report the primary DSM-IV-TR Axis I diagnosis. The diagnosis must be reported as it is presented in the DSM-IV-TR Manual. This will be the diagnosis which is reported with the Medicaid billing. If the consumer has no diagnosis on Axis I, report V71.09 in this field.

NOTE: Any Rule out diagnosis or *clinical impression* on Axis I or II should not be coded. These may be noted in the free text field as appropriate.

(62.) Secondary Axis I Diagnosis: (Secondary Axis II Diagnosis) There will be times when a consumer has more than one Axis I diagnosis. Indicate one additional (secondary) Axis I diagnosis in this field. The diagnosis must be reported as it is presented in the DSM-IV-TR Manual. If there is no secondary Axis I diagnosis, report V71.09.

NOTE: If more than two (2) Axis I diagnoses are present, please list additional diagnoses in the MED_Discussion_Field.

(63.) Primary Axis II Diagnosis: (Primary Axis II Diagnosis) Report the Consumer’s Primary DSM-IV Axis II Diagnosis in this field. Mental Retardation diagnoses are always coded on Axis II. If the consumer has no diagnosis on Axis II, record V71.09.

NOTE: Any rule out diagnosis or *clinical impression* on Axis I or II should not be coded. These may be noted in the MED_Discussion_Field as appropriate.

(64.) Secondary Axis II Diagnosis: (Secondary Axis II Diagnosis) There will be times when a consumer has more than one Axis II diagnosis. Report a secondary Axis II diagnosis in this field. If there is no secondary Axis II diagnosis, record V71.09 in this field.

NOTE: Axis I diagnosis coded on Axis II or Axis II diagnosis coded on Axis I will not be accepted.

(65.) Axis III Diagnosis: (Axis III Diagnosis): Report the general medical condition that is potentially relevant to understanding and/or managing the individual's mental disorder. This fifteen character text field may be completed with a description of the medical condition or the appropriate ICD-9 numeric code. This field may be left blank if no relevant medical condition exists.

(66.) Axis IV Diagnosis: (Axis IV Diagnosis) The Axis IV diagnosis represents identified stressors in the consumer's life that affect their functioning. In the DSM-IV-TR, the stressors are grouped into nine categories. Choose the single category that best describes the consumer's current stressors or use the response "No Identified Stressor" when none are present.

- 0 No Identified Stressor**
- 1 Problems With Primary Support Group**
- 2 Problems Related to the Social Environment**
- 3 Educational Problems**
- 4 Occupational Problems**
- 5 Housing Problems**
- 6 Economic Problems**
- 7 Problems With Access to Health Care**
- 8 Problems Related to Interaction With Legal System**

(67.) Axis V Diagnosis: (Axis V Diagnosis) Indicate the consumer's Global Assessment of Functioning (GAF score). A description of this scale can be found in the DSM-IV-TR manual. The scale ranges from

000 – 100 and is to be reported in whole numbers.

(68.) Medical Issues Discussion Field: (MED_Discussion_Field)

This text field is utilized to indicate information regarding data responses. There are a number of responses that require information be included in the MED_Discussion_Field.

NOTE: Some text fields may be available to other providers based on the services they are providing. Please do not enter any text in any field that you would not want shared with other providers working with the consumer.

File Name: Purchasing

Description: This file is completed by the assigned Service Coordinator in conjunction with the consumer and their Interdisciplinary Team to designate the services and amounts of service to be purchased with the budget allocated to the Title XIX MR/DD Waiver member. There are certain services mandated to be provided per the Waiver Services manual and some of these services have minimum purchase thresholds. Additionally, some services have caps that may not be exceeded in a designated time period. For a detailed explanations of services and the manual requirements please refer to the MR/DD Waiver Service Guidelines located at www.apshealthcare.com

Instructions for completing data elements:

(1.) APS Budget Primary Key Number: (APS_Budget_PK)

This is the APS assigned number that corresponds to the APS Budget Primary Key in the APS to provider file.

(2.) APS Consumer Identification Number: (APS_Consumer_ID) A unique identifier is assigned to each consumer by APS that is maintained on all portions of the data application to link data specific to that consumer. This unique identifier will be pre-filled and cannot be modified.

(3.) Service Coordination Provider ID: (SC_Provider_ID) This is the APS assigned Provider ID for your

agency. This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(4.) Service Coordination Provider Consumer Identifier: (SC_Consumer_ID)

A unique identifier must be assigned to each consumer that follows him/her throughout his/her services with your organization. If the consumer is discharged and then returns, the same identifier is to be assigned to the consumer. This identifier cannot be reassigned to any other consumer receiving services from you at any time.

(5.) First Name of Consumer: (Con_First_Name)

This field contains the consumer's first name, as it would appear on his/her social security card. This field is pre-filled and may not be modified.

(6.) Middle Name of Consumer: (Con_Middle_Name)

This field contains the consumer's middle name. This field is pre-filled and may not be modified.

(7.) Last Name of Consumer: (Con_Last_Name)

This field contains the consumer's last name. This field is pre-filled and may not be modified.

(8.) Consumer Name Suffix: (Con_Name_Suffix)

This field contains any appropriate suffixes to the consumer's name (e.g. Sr, Jr, II). This field is pre-filled and may not

be modified and must be accurately submitted via EDI utilizing the appropriate recode table value in the EDI file layouts.

(9.) Consumer's Social Security Number: (Con_SSN) This is the consumer's nine-digit social security number. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(10.) Consumer's Birth date: (Con_Birthdate) Report the consumer's date of birth in a MMDDYYYY format (e.g. 06191986 is June 19, 1986).

NOTE: While date fields should always be entered MMDDYYYY slashes (/) will display on the web.

(11.) IDT Date: (IDT_Date) This is the actual date of the IPP meeting. This field is updated at each IDT meeting/service purchase juncture.

APS will calculate whether annual IDT meetings are held within 30 days of the annual IPP date (before or after) and whether applicable quarterly meetings are held within 10 days of the calculated end of the quarter (before or after).

(12.) Service Code: (Service_Code) This is the national code (CPT or HCPCS) you wish to purchase. This is always five characters (e.g. T2012).

(13.) Service Code Modifier 1: (Service_Modifier_1) This is a 2 character modifier that most often indicates either the practitioner or ratio for the selected service. It is

important to utilize the appropriate modifier(s) since reimbursement rates often vary based on the modifier.

(14.) Service Code Modifier 2: (Service_Modifier_2) This is a 2 character modifier that most often indicates either the practitioner or ratio for the selected service. It is important to utilize the appropriate modifier(s) since reimbursement rates often vary based on the modifier.

(15.) This field is not in use in the EDI schema at this time.

(16.) Service Provider ID: (Service_Provider_ID) This is the APS assigned Provider ID for the agency that will be providing the service. This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

Selected providers will receive the registration authorization and a service assignment file from APS. Once they accept the referral the registration authorization will be sent to the claims payer by APS.

(17.) Units Requested: (Units_Requested) This is the number of units of a particular service requested.

(18.) Service Start Date: (Start_Date) This is the targeted start date for the service. Since date

spans will be calculated (annual or quarterly spans depending on the service selected) the date does not have to be exact but must be on or before the first date the service is provided and billed.

NOTE: While date fields should always be entered MMDDYYYY slashes (/) will display on the web.

(19.) IDT Status: (IDT_Status)

This is the indication of the purpose of the IDT. Only one of the following statuses may be selected related to a purchase or group of purchases:

INIT=INITIAL This status is only selected at the first IDT meeting that occurs after the consumer is accepted into the Waiver program. This date should be within 30 days of the certification date and becomes the fixed month and day of the annual IPP date.

ANNU=ANNUAL This status is selected for the annual IDT meeting. The date of the IDT meeting should be within 30 days (+or-) of the fixed annual IPP date.

QRTR=QUARTERLY This status is selected when regularly scheduled quarterly IDT meetings are held. Quarterly IDT meetings should be held within 10 days (+ or -) of the quarterly juncture calculated from the annual IPP date.

CRIT=CRITICAL JUNCTURE This status is selected when an IDT is held at any time other than an initial, annual or quarterly juncture. Critical junctures may occur when a crisis occurs or when there is a consumer need or service change that must be immediately addressed and cannot

wait until a regularly scheduled IDT juncture.

(20.) IDT Status Discussion: (IDT_Status_Discussion)

This text field is utilized to indicate information regarding data responses. There are a number of purchase situations that require information be included in the IDT Status_Discussion_Field.

Situations such as purchases over budget, use of natural supports rather than service selection to meet health/safety or other client needs, and other purchase issues must be discussed in this text field.

NOTE: Some text fields may be available to other providers based on the services they are providing. Please do not enter any text in any field that you would not want shared with other providers working with the consumer.

File Name: Service Provider Assignment Reply

Description: This file is utilized when a Service Provider has been selected by the consumer and his/her IDT to provide a purchased service. The Service Provider must ACCEPT or REJECT the specific service(s) referral.

Instructions for completing data elements:

(1.) APS Service ID:

(APS_Service_ID) This is the service identified from the APS to provider service file (Service PK). This field is pre-filled by APS and contains a service ID generated by APS and cannot be modified.

(2.) APS Consumer Identification Number: (APS_Consumer_ID)

A unique identifier is assigned to each consumer by APS that is maintained on all portions of the data application to link data specific to that consumer. This unique identifier will be pre-filled and cannot be modified and must be accurately submitted via EDI.

(3.) Provider ID of Service Provider consumer is being assigned/transferred to:

(Service_Provider_ID) This is the APS assigned Provider ID for the provider requested to receive the specific service referral (provider case is being transferred/assigned to). This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned

provider number. This number is unique for each Provider.

(4.) Service Provider Medicaid Provider ID:

(Service_Provider_Medicaid_No)

This is the ten-digit Medicaid Provider Number under which services will be billed.

(5.) Service Provider Assigned or Receiving Transfer Consumer Identifier:

(Service_Consumer_ID)

A unique identifier must be assigned to each consumer that follows him/her throughout his/her services with your organization. If the consumer is discharged and then returns, the same identifier is to be assigned to the consumer. This identifier cannot be reassigned to any other consumer receiving services from you at any time.

(6.) First Name of Consumer: (Con_First_Name)

This field contains the consumer's first name, as it would appear on his/her social security card. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(7.) Middle Name of Consumer: (Con_Middle_Name)

This field contains the consumer's middle name. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(8.) Last Name of Consumer: (Con_Last_Name)

This field contains the consumer's last name. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(9.) Consumer Name Suffix: (Con_Name_Suffix) This field contains any appropriate suffixes to the consumer's name (e.g. Sr, Jr, II). This field is pre-filled and may not be modified and must be accurately submitted via EDI utilizing the appropriate recode table value in the EDI file layouts.

(10.) Consumer's Social Security Number: (Con_SSN) This is the consumer's nine-digit social security number. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(11.) Consumer's Birthdate: (Con_Birthdate) This is the consumer's date of birth in a MMDDYYYY format (e.g. 06191986 is June 19, 1986). This field is pre-filled and may not be modified and must be accurately submitted via EDI.

NOTE: While date fields should always be entered MMDDYYYY slashes (/) will display on the web.

(12.) Service Code: (Service_Code) This is the national code (CPT or HCPCS) you wish to purchase. This is always five characters (e.g. T2012).

(21.) Service Code Modifier 1: (Service_Modifier_1) This is a 2 character modifier that most often indicates either the practitioner or ratio for the selected service. It is important to utilize the appropriate modifier(s) since reimbursement rates often vary based on the modifier.

(22.) Service Code Modifier 2: (Service_Modifier_2) This is a 2 character modifier that most often indicates either the practitioner or ratio for the selected service. It is important to utilize the appropriate modifier(s) since reimbursement rates often vary based on the modifier.

(23.) This field is not in use in the EDI schema at this time.

(24.) Agency Transaction ID: (Agency_Transaction_ID) This is the provider assigned identifier for the specific service reply.

(25.) Service Referral Assignment Status: (SR_STATUS) This field requires that the provider indicate whether they ACCEPT or REJECT the referral. Web users select ACCEPT or REJECT in the drop down menu and EDI providers submit text ACCEPT or REJECT.

(26.) Reason for Rejection: (SR_Reject_Reason) If the service provider selects Status = Reject, the provider must give a reason for the rejection from the following response values:

01- Inappropriate Referral: This response indicates the provider is unable to serve the consumer at this time.

02- Inaccurate Service Date(s): This response indicates that the provider cannot accept the referral start date. This may occur if the provider was not at the IDT meeting. These rejections may be discussed with the Service

Coordinator and a new date may be negotiated and a new referral sent.

03- Inaccurate Service Units: This response indicates that the provider cannot accept the amount of service purchased. This may occur if the provider was not at the IDT meeting and too little or too much service was purchased. These rejections may be discussed with the Service Coordinator and a new service purchase amount may be negotiated and a new referral sent.

04- Need Additional referral Information: This response indicates the referral cannot be accepted because there is insufficient information for the service provider to make a decision regarding the referral. The provider rejecting the referral should indicate the need for additional information in the Service Referral Rejection Discussion field (SR_Reject_Discussion field).

05- At Maximum Service Capacity This response indicates the provider is at capacity per their licensure/CON and cannot accept new referrals at this time.

(19.) Service Referral Rejection Discussion :
(SR_Reject_Discussion) This text field is **required** to indicate the specific reason a service referral is rejected.

NOTE: Some text fields may be available to other providers based on the services they are providing. Please do not enter any text in any field that you would not want shared with other providers working with the consumer.

(20.) Service Referral Acceptance Discussion: (SR_Reject_Reason)

This text field is **optional** if a service referral is accepted and may be used if the service provider needs additional information or to impart information to the service coordinator or the IDT.

NOTE: Some text fields may be available to other providers based on the services they are providing. Please do not enter any text in any field that you would not want shared with other providers working with the consumer.

The agency the consumer is being referred to has access to limited data until the transfer is accepted. If additional information is needed in order to accept the case the service coordination provider currently providing services should be contacted.