

## **Data Conversion Data Elements**

Listed below is a description of the data elements that may be relevant to the data conversion effort referenced in section 3.3, *Data Conversion Requirements*, of the Electronic Health Record RFP. Included in this document are data elements which provide information about service recipients, programs and service providers, and service activities which document services delivered. Upon agreement by both OPWDD and the bidder, certain data elements may be deemed unnecessary and removed from the data conversion file. In particular the data elements related to service activities including services delivered, may need to be reviewed in light of the bidders offering to determine if they need to be included and to assess how much historical data would be included.

In addition to data conversion project activities related to pilot start-up and statewide rollout, there will likely be a need to maintain data synchronization between the Electronic Health Record System and the OPWDD legacy system. This may include data related to: Individual Demographics, Individual Program Enrollments, Providers, Staff, and Services Delivered.

## Demographic Data Elements for Individuals

<b><u>FIELD</u></b>	<b><u>TYPE</u></b>	<b><u>LENGTH/FORMAT</u></b>
Individual's ID <i>Auto generated via the Tracking and Billing System registration process</i>	String	8 alphanumeric
Individual's Name <i>Comma between last name, first name</i>	String	40 alphanumeric
Individual's Sex <i>See Sex Codes</i>	String	1 alphanumeric
Date of Birth	Date/Time	(DD-MMM-YYYY)
Date of Registration	Date/Time	(DD-MMM-YYYY)
Primary Diagnosis Code	String	6 alphanumeric
Diagnosis Code Description	String	40 alphanumeric
Etiology Code	String	6 alphanumeric
Etiology Code Description	String	40 alphanumeric
Address Street 1	String	40 alphanumeric
Address Street 2	String	40 alphanumeric
Address City	String	20 alphanumeric
Address State Code	String	2 alphanumeric
Address Zip	String	10 alphanumeric
Phone Number	String	10 alphanumeric
County of Residence Code <i>The County where the individual currently resides See Residence County Codes</i>	String	4 alphanumeric
County of Origin Code <i>The County the individual resided in prior to being accepted for services of OPWDD See Residence County codes</i>	String	4 alphanumeric

County of Interest Code	String	4 alphanumeric
<i>DDSOs have designated this field for other various purposes See Residence County codes</i>		
County of Preference Code	String	4 alphanumeric
<i>The County where the individual would like to reside See Residence County codes</i>		
Responsible DDSO Code	String	4 alphanumeric
Residence Type Code	String	40 alphanumeric
<i>See Residence Type Codes</i>		
CIN	String	14 alphanumeric
<i>CIN = Client Identification Number (Medicaid number) to be used for billing purposes. Format must be 2A5N1A (UPPERCASE ONLY, e.g. AB12345C), can't contain I or O</i>		
CIN From Date	Date /Time	(DD-MMM-YYYY)
CIN To Date	Date /Time	(DD-MMM-YYYY)
Medicare Number (MCD)	String	14 alphanumeric
<i>See Medicare Number Formats:</i>		
MCD Status	String	1 alphanumeric
<i>See MCD Codes</i>		
Medicare Begin Date A	Date/Time	(DD-MMM-YYYY)
Medicare Begin Date B	Date/Time	(DD-MMM-YYYY)
Medicare End Date B	Date/Time	(DD-MMM-YYYY)
OPWDD Eligibility	String	1 alphanumeric
<i>See OPWDD Eligibility Codes</i>		
OPWDD Eligibility Date	Date	(MM/DD/YYYY)
Legal Status Code	String	2 alphanumeric
<i>See Legal Status Codes</i>		
Marital Status	String	1 alphanumeric
<i>See Marital Status Codes</i>		

Faith Denomination Code	String	4 alphanumeric
Date of Death	Date/Time	(DD-MMM-YYYY)
Death Time	String	4 alphanumeric
	<i>Must be 4 numbers for Military Time I.E.: 1800</i>	
Place of Death	String	4 alphanumeric
	<i>See Residence Type Codes</i>	
Death Code	String	7 alphanumeric
	<i>ICD-CM cause of death code</i>	
Age	Number	
	<i>This is a computed value. If the person is still ALIVE, it is the difference between the date the data is extracted and their Date of Birth. If the person is DECEASED, it is the difference between the Date of Death and Date of Birth. It is the age at which they died.</i>	
Willowbrook Class Code	String	1 alphanumeric
Social Security Number	String	11 alphanumeric
Ethnicity Code	String	2 alphanumeric
	<i>See Ethnicity Codes</i>	
Hispanic Origin	String	1 alphanumeric
	<i>Field contains a value of either Y or N for Yes or No</i>	
Citizenship	String	1 alphanumeric
	<i>Field contains a value of either Y, N, or U for Yes, No or Unknown</i>	
Non Verbal Language Code	String	30 alphanumeric
Case Manager ID	String	6 alphanumeric
Case Manager Name	String	40 alphanumeric
Case Manager (CM) Type	String	40 alphanumeric
CM Effective Date	Date/Time	(DD-MMM-YYYY)
CM Termination Date	Date/Time	(DD-MMM-YYYY)

Case Manager DDSO	String	4 alphanumeric
HCBS Enrollment Date	Date/Time	(DD-MMM-YYYY)
	<i>HCBS = Home and Community Base Waiver Services</i>	
LOC Determination Date	Date/Time	(DD-MMM-YYYY)
	<i>LOC = Level of Care</i>	
HCBS Termination Date	Date/Time	(DD-MMM-YYYY)
HCBS Termination Reason	String	40 alphanumeric
CAH Enrollment Date	Date/Time	(DD-MMM-YYYY)
	<i>CAH = Care at Home Waiver</i>	
CAH Termination Date	Date/Time	(DD-MMM-YYYY)
CAH Termination Reason	String	40 alphanumeric
CAH Waiver Type	String	2 alphanumeric
Wheelchair	String	1 alphanumeric
	<i>Field contains a value of either Y or N for Yes or No</i>	

## Service Program Data Elements

<u>FIELD</u>	<u>TYPE</u>	<u>LENGTH/FORMAT</u>
Program ID	String	8 alphanumeric
Program Name	String	40 alphanumeric
Program Address Line 1	String	40 alphanumeric
Program Address Line 2	String	40 alphanumeric
Program City	String	20 alphanumeric
Program State	String	2 alphanumeric
Program Zip Code	String	10 alphanumeric
Program Phone	String	10 (varchar2
Program DDSO	String	4 alphanumeric
Program Certified Capacity	String	4 alphanumeric
Program Certification Date	Date	(DD-MMM-YYYY)
Program Initial Certification Date	Date	(DD-MMM-YYYY)
Program Certification Expiration	Date	(DD-MMM-YYYY)
Program Respite Beds	String	Length -2 alphanumeric
Program Indicator Code	String	6 alphanumeric
		<i>An alphabetic indicator code that identifies the type of each program</i>
		<i>See Program Indicator Codes</i>
Program 24 Hour Support Code	String	Length - 1 alphanumeric
Add Date to Program	Date	(MM/DD/YYYY)
Program Residential Flag	String	1 alphanumeric
Active Program Flag	String	1 alphanumeric
Status	String	2 alphanumeric

Agency Code	String	5 alphanumeric
Agency Name	String	40 alphanumeric
Program County Code	String	4 alphanumeric
Corporation Code	String	5 alphanumeric
Corporation Name	String	40 alphanumeric
Program Sector Code <i>See Program Sector Codes</i>	String	1 alphanumeric
Program Sector Name	String	40 alphanumeric
Program Class <i>See Program Class Codes</i>	String	2 alphanumeric
Program Class Name	String	40 alphanumeric
Program Type Code <i>See Program Type Codes</i>	String	3 alphanumeric
Program Type Name	String	40 alphanumeric
Program One Date	Date	(DD-MMM-YYYY)
Program Closed Date	Date	(DD-MMM-YYYY)

## Service Activity Data Elements

<u>FIELD</u>	<u>TYPE</u>	<u>LENGTH/FORMAT</u>
Date of Activity	Date/Time	DD-MON-YYYY
Activity Code	String	10 alphanumeric
Activity Location	String	8 alphanumeric
Primary Staff <i>Unique identifier (in TABS) for the primary staff person</i>	String	8 numeric
Duration <i>Units are defined by the service being performed</i>	String	7 numeric
Other Staff <i>Unique identifier (in TABS) for the other staff person</i>	String	8 numeric
ICD-9-CM Diagnosis	String	40 alphanumeric
Primary Staff Time <i>Number of minutes expended by primary staff in providing the service</i>	String	6 numeric
Other Staff Time <i>Number of minutes expended by other staff in providing the service</i>	String	6 numeric
Update Date	Date/Time	DD-MON-YYYY
Update Time	Date/Time	HH:MM AM/PM
Update User <i>Unique TABS identifier for the individual performing the data entry</i>	String	10 alphanumeric
DDSO <i>OPWDD District</i>	String	4 alphanumeric

Sex Codes:

F = FEMALE

M = MALE

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Residence County Codes:

ALBA = ALBANY  
ALLE = ALLEGANY  
BRON = BRONX  
BROO = BROOME  
CATT = CATTARAUGUS  
CAYU = CAYUGA  
CHAU = CHAUTAUQUA  
CHEM = CHEMUNG  
CHEN = CHENANGO  
CLIN = CLINTON  
COLU = COLUMBIA  
CORT = CORTLAND  
DELA = DELAWARE  
DUTC = DUTCHESS  
ERIE = ERIE  
ESSE = ESSEX  
FRAN = FRANKLIN  
FULT = FULTON  
GENE = GENESEE  
GREE = GREENE  
HAMI = HAMILTON  
HERK = HERKIMER  
JEFF = JEFFERSON  
KING = KINGS  
LEWI = LEWIS  
LIVI = LIVINGSTON  
MADI = MADISON  
MONR = MONROE  
MONT = MONTGOMERY  
NASS = NASSAU  
NEWJ = NEW JERSEY  
NEWY = NEW YORK  
NIAG = NIAGARA  
NYSU = NYS UNKNOWN  
OMR = LABS COUNTY  
ONEI = ONEIDA  
ONON = ONONDAGA  
ONTA = ONTARIO  
ORAN = ORANGE  
ORLE = ORLEANS  
OSWE = OSWEGO  
OTHE = OTHER COUNTRY  
OTSE = OTSEGO

OTUS = OTHER U.S.  
PUTN = PUTNAM  
QUEE = QUEENS  
RENS = RENSSELAER  
RICH = RICHMOND  
ROCK = ROCKLAND  
SARA = SARATOGA  
SCHE = SCHENECTADY  
SCHO = SCHOHARIE  
SCHU = SCHUYLER  
SENE = SENECA  
STEU = STEUBEN  
STLA = ST. LAWRENCE  
SUFF = SUFFOLK  
SULL = SULLIVAN  
TIOG = TIOGA  
TOMP = TOMPKINS  
ULST = ULSTER  
UNAS = UNASCERTAINED  
WARR = WARREN  
WASH = WASHINGTON  
WAYN = WAYNE  
WEST = WESTCHESTER  
WYOM = WYOMING  
YATE = YATES

Residence Type Codes:

- 1 = ALONE
- 2 = WITH FRIEND/HOUSMATES
- 3 = WITH MEMBER OF HIS/HER OWN FAMILY
- 4 = DSS RESIDENCE OR FOSTER CARE HOME
- 5 = NURSING FACILITY
- 6 = HOMELESS OR SHELTER
- 7 = OPWDD/AGENCY OPERATED RESIDENCE
- 12 = OWN HOME OR APARTMENT
- 13 = HOME OF RELATIVE OR FRIEND
- 14 = BOARDING HOUSE
- 15 = HOTEL, MOTEL, ROOMING HOUSE
- 16 = COMMUNITY RES. (STATE OPERATED)
- 17 = SUPERVISED LIVING IN PSYCH CTR
- 18 = FAMILY CARE HOME
- 19 = FOSTER CARE
- 20 = ARRANGED GROUP LIVING
- 21 = GENERIC GROUP HOME FOR CHILDREN
- 22 = PRIVATE PROP. HOME FOR ADULTS
- 23 = CHILD CARE INSTITUTION
- 24 = OTHER DOMICILLARY CARE FACILITY
- 25 = STATE PSYCHIATRIC CENTER
- 26 = CERTIFIED PSYCHIATRIC CENTER
- 27 = STATE DEVELOPMENTAL CENTER
- 28 = CERTIFIED SCHOOL FOR MENTALLY RETARDED
- 29 = ALCOH. FAC. (INCL. PSYCH. CTR. ALCOH UNITS)
- 30 = GENERAL HOSPITAL (PSYCH. UNIT)
- 31 = GENERAL HOSPITAL (ALCOH. UNIT)
- 32 = GENERAL HOSPITAL (OTHER UNIT)
- 33 = SKILLED NURSING FACILITY
- 34 = HEALTH REL. FAC. (ICF EXCT. MR)
- 35 = NARCOTIC RESIDENTIAL FACILITY
- 36 = PRISON OR OTHER CORRECTIONAL FACILITY
- 37 = VA HOSPITAL
- 38 = OTHER
- 39 = UNKNOWN
- 40 = COMMUNITY RESIDENCE (LOCALLY OPERATED)
- 41 = COMMUNITY BASED ICF/DD (STATE OPERATED)
- 42 = COMMUNITY BASED ICF/DD (LOCALLY OPERATED)
- 43 = PERSONAL CARE HOME
- 44 = SMALL RESIDENTIAL UNIT (SRU)
- 45 = CAMP (PRIVATE)
- 46 = CAMP (STATE OPERATED)
- 47 = IRA (1-8 BEDS)

48 = IRA (9-14 BEDS)  
49 = ADULT ASSISTED LIVING

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## MCR Codes

- 1 = A ONLY
- 2 = B ONLY
- 3 = A + B
- 4 = NO MEDICARE
- 5 = IN TWO-YEAR WAITING PERIOD

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OPWDD Eligibility Codes:

C = Court Order  
G = Granted Continuing Services  
E = Eligible  
I = In Process  
P = Provisional  
N = Not Eligible  
S = Special  
U = Undetermined  
W = Withdrawal

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Legal Status Codes:

10 = ARTICLE 10  
38 = SCHOOL VOL  
39 = SCHOOL MV  
41 = FAMILY COURT  
42 = JUVEN-HEARING  
43 = JUVEN-MISDEMEAN  
44 = JUVEN-FELONY  
45 = JUVEN-DES. FEL  
47 = NON OBJECTING  
48 = INVOLUNTARY  
49 = SCHOOL RETENT  
51 = CRIMINAL EXAM  
52 = FINAL OBSER  
53 = TEMP OBSER  
54 = COMMITMENT  
56 = CPL RETENTION  
57 = CPL 330.2  
99 = PENDING

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Marital Status Codes:

- 1 = NEVER MARRIED
- 2 = SEPARATED
- 3 = WIDOWED
- 4 = MARRIED
- 5 = DIVORCED
- 6 = UNKNOWN

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Ethnicity Codes:

- 1 = WHITE
- 2 = BLACK
- 3 = HISPANIC
- 4 = ASIAN OR PACIFIC ISLANDER
- 5 = AMERICAN INDIAN OR ALASKAN NATIVE
- 6 = OTHER
- 7 = MULTIRACIAL

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Residential Status Codes:

- 1 = RESIDENT
- 2 = TLA - CRISIS
- 3 = TLA - RESPITE
- 4 = TLA - OBSERV
- 5 = TLA - STAB
- 6 = TLA - INTENS
- 7 = TRIAL ADD
- 8 = REMOVED
- 9 = THERAPEUTIC LEAVE
- 10 = HOSPITAL LEAVE
- 11 = MISSING
- 12 = TEMP DDSO
- 13 = OUT FOR TRIAL PLACE
- 14 = CAMP LEAVE
- 15 = TEMP OUT
- 16 = IV-E SPECIAL RESIDENT
- 17 = IV-E EXCEPTIONAL RESIDENT
- 18 = NON IV-E FOSTER CARE SPECIAL
- 19 = NON IV-E FOSTER CARE EXCEPTIONAL
- 20 = OUT FOR VISIT
- 21 = IN FOR VISIT
- 22 = EMERG LEAVE
- 23 = EMERG ADD
- 24 = JAIL
- 25 = TEMP NF
- 26 = OUT TO FAMILY SUPPORT RESPITE
- 27 = ER LEAVE

DDSO Codes:

- 0230 = Bernard Fineson DDSO (Queens)
- 0235 =Brooklyn DDSO
- 0233 =Broome DDSO
- 0260 =Capital District DDSO
- 0261 =Central New York DDSO
- 0263 =Finger Lakes DDSO
- 0224 =Institute for Basic Research (IBR), Staten Island
- 0262 =Hudson Valley DDSO
- 0227 =Long Island DDSO
- 0265 = Metro New York DDSO
- 0276 = Staten Island DDSO
- 0225 =Sunmount DDSO
- 0275 =Taconic DDSO
- 0266 =Valley Ridge
- 0264 =Western New York DDSO

Program Indicator Codes:

ASFC	= Agency Sponsored Family Care
SSFC	= State Sponsored Family Care
DC	= Developmental Center
S POP	= Special Population
PRVSCH	= Private School
HRF	= Health Related Facility
SPHOSP	= Special Hospital/Inpatient
SOCR	= State Operated Community Residence
VOCR	= Voluntary Operated Community Residence
SOICF	= State Operated Intermediate Care Facility
VOICF	= Voluntary Operated Intermediate Care Facility
SOIRA	= State Operated Ind. Residential Alternative
VOIRA	= Voluntary Operated Ind. Residential Alternative
SRU	= Small Residential Unit
CAMP	= Residential Camp
CLINIC	= Diagnostic & Research Clinic
FSS	= Family Support Services
ISS	= Individual Support Services
FAM_TR	= Family Training
DTRAIN	=Day Training
SH_EM	=Sheltered Employment
D_TX	=Day Treatment
SR_SVC	=Senior Citizen/Geriatric Services
PC_FT	=Personal Care/Family Care
CH	=Community Habilitation
DH	=Day Habilitation
MSC	= Medicaid Service Coordination
PCSS	=Waiver Plan of Care Support Services
BDP	=Blended Day Hab/Pr
BPS	=Blended Pre-Voc/SEMP
BDPS	= Blended Day Hab/Pre-Voc/SEMP
LAB	=Laboratory
AS	=Assistive Supports
FET	=Family Ed. & Training
MCH	=Monthly Community Habilitation
CAH-I	=Care at Home I (DOH)
CAH-II	=Care at Home II (DOH)
CAH-III	=Care at Home III (OPWDD)
CAH-VI	=Care at Home IV (OPWDD)
CAH-V	=Care at Home V (DOH)
HCBS	=Home & Community Based Services Waiver
IBS	=Intensive Behavior Management
SC	=Family Support Case Management

EI =Early Intervention  
SW =Supported Work  
TE =Transitional Employment  
CI =Crisis Intervention  
PREVOC = PreVocational  
NONRES =Other Non-Residential

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Program Class Codes:

- 10 = Diagnostic & Research Clinic
- 18 = Small Residential Unit
- 19 = Community Residence/Free Standing Respite (CR/FSR)
- 20 = Community Residence (CR)
- 21 = Intermediate Care Facility (ICF)
- 22 = Family Care
- 31 = Clinic
- 32 = Day Treatment
- 33 = Day Training
- 34 = Sheltered Employment
- 40 = Personal Care Providers (Family Trainers)
- 44 = HCBS Waiver Services
- 45 = Medicaid Service Coordination (MSC)
- 50 = Specialty Services
- 51 = Medical Care (Long Term)
- 55 = Laboratory
- 60 = Developmental Center (DC)
- 70 = Private School
- 80 = Family Support Services
- 81 = County Supports
- 88 = Pre-Certified
- 90 = Day Service Initiative
- 99 = Uncertified

Program Sector Codes:

- 1 = State
- 2 = Voluntary
- 3 = Proprietary
- 4 = Other Government Operated
- 5 = Voluntary with Integrated Clinic
- 8 = Public School Districts
- 9 = Non-Funded Programs

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Program Type Codes:

- 10 = Evaluation and Diagnosis
- 11 = Individual Support Services
- 12 = ISS/Registrants
- 13 = Hourly Respite
- 14 = IRA-C (1-8 beds)
- 15 = IRA-C (9-14 beds)
- 16 = IRA (1-8 beds)
- 17 = IRA (9-14 beds)
- 18 = Small Residential Unit (SRU)
- 19 = CR (Supervised Apartment)
- 20 = CR (Supportive)
- 21 = CR (Supervised Group Home)
- 22 = ICF (14 beds or less)
- 23 = ICF (15 beds or more)
- 24 = Family Care
- 25 = Personal Care
- 26 = Family Care/Personal Care
- 27 = CR/FSR (9 or more beds)
- 29 = Private Home
- 30 = Clinic
- 31 = Day Training
- 32 = Day Training (Pre-School)
- 33 = Day Training (Client Ed)
- 34 = Day Training (WAC/Workshop)
- 35 = Day Treatment
- 36 = Senior Citizen/Geriatric Svcs
- 37 = Collocated Day Treatment
- 38 = Clinic - Off Site
- 40 = Personal Care/Family Care
- 41 = Personal Care/CR
- 42 = Personal Care/Respite
- 43 = Residential Habilitation
- 44 = Day Habilitation
- 45 = Medicaid Service Coord (MSC)
- 46 = Waiver Plan of Care Support Services
- 47 = Blended Day Services
- 48 = Blended Prevoc/Semp
- 49 = Blended Day Hab/Prevoc/Semp
- 50 = Special Hosp/Inpatient
- 51 = Nursing Home (HRF)
- 52 = Skilled Nursing Facility
- 55 = Laboratory
- 60 = Developmental Center (DC)
- 61 = Special Population

62 = Care At Home I (DOH)  
63 = Care At Home II (DOH)  
64 = Care At Home III (OMR)  
65 = Waiver  
66 = Care At Home VI (OMR)  
67 = Care At Home IV (OMR)  
68 = Care At Home V (DOH)  
69 = Early Intervention (Infant Screening, Nutrition)  
70 = Inpatient Rehabilitation  
71 = Medical Care  
72 = Dental Care  
73 = Therapy (OT, PT, Speech)  
74 = Behavior Management  
75 = Child Care  
76 = Overnight Respite  
77 = Home Modif/Adapt. Equip.  
78 = Reimburs/Voucher/Subsidy  
79 = Other FSS  
80 = Sleep Away Camp/Vacation  
81 = Counseling/Training  
82 = Case Management  
83 = Day/Evening Respite  
84 = CR/FSR (8 beds or less)  
85 = Other Residential Program  
86 = Other Services  
87 = Crisis Intervention  
88 = Counseling  
89 = Training (Family Caregiver Self-Development)  
90 = Summer Day Rec. (Day Camp)  
91 = Day/Evening Recreation  
92 = Home Care/Home Maker  
93 = Inf.& Referral/Outreach  
94 = Transportation  
95 = Other Non-Residential Prog  
96 = Supported Work  
97 = Supported Work (Follow)  
98 = Transitional Employment  
99 = PreVocational

Medicare Number Formats:

FORMAT	EXAMPLE
9N1A	123456789A
9N1A1N	123456789A1
9N1A2N	123456789A12
9N2A	123456789AB
1A6N (1A MUST BE "A")	A123456
1A9N (1A MUST BE "A")	A123456789
2A6N (2A MUST BE "MA", "WA", OR "WD")	MA123456
2A9N (2A MUST BE "MA", "WA", OR "WD")	MA123456789
3A6N (3A MUST BE "WCA" OR "WCD")	WCA123456
3A9N (3A MUST BE "WCA" OR "WCD")	WCA123456789

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