# Pre-Admission Screening (PAS)

## General Information

The Pre-Admission Screening (PAS) Automation functionality lets the provider community file the pre-admission screening assessments.

The providers and screeners will initiate the assessment process with the UAI-Part A form. After completion of this form, the user will have the option to file a long assessment, at which point the UAI-Part B button will display; file a short assessment but file additional screening forms, at which point buttons for other forms will display; or submit the short assessment with no additional forms needed, at which point the Submit button will be enabled.

In addition to the UAI – Part A forms the following forms are available for completion if needed for the member's screening:

- UAI – Part B
- DMAS95 – MI/MR/RC
- DMAS95 – MI/MR/SUPL
- DMAS96 – LTC Service Authorization
- DMAS97 – Individual Choice
- Public Pay Short
- Reassessment

After successful completion of the forms needed for the screening, the user will receive a submission screen recapping the forms submitted as part of the assessment along with a unique form identifier to be used for research/audit purposes.

An xml extract of all entered information will be sent daily to the UAI Engine on the mainframe for processing. Each file contains a unique identifier (Vendor ID of 10002, the transaction date and a sequel number) that associates the file to the corresponding information in the Oracle databases.

The UAI Engine will map the xml to the layout (copybook ASALLFM) which will be the input into ASD100. ASD100 will update the AS_ASSESSMENT DB2 Table and will generate an output file AS-O-010, output report AS-O-011 and results will be available via the AS-S-005 screen. AS-O-010 file will again go through the UAI Engine to convert back to an xml file.

The portal will take the results file (AS-S-010) and update the Oracle tables with the status and any associated error messages.
The Assessment status tracking screen will display the status summary detail. From the Assessment Summary detail link, the user can navigate to the Assessment detail to see additional information and error messages.

Users will have the capability to search incomplete and submitted assessments to review detail or to save as a template for updates and resubmission.

The system also has the capability of uploading an xml file.  The file will update the Oracle databases and will be available to the user for review and submission.

# Data Elements

## Data Elements Not Previously Defined

- Screen Date (PDE-1000)
- Reassessment Date (PDE-1001)
- Directions (PDE-1002)
- Pets (PDE-1003)
- Education (PDE-1004)
- Education – Specify (PDE-1005)
- Ethnic Origin (PDE-1006)
- Primary Caregiver Address (PDE-1007)
- Primary Caregiver Phone (PDE-1008)
- Relationship (PDE-1009)
- Emergency Contact Last Name (PDE-1010)
- Emergency Contact First Name (PDE-1011)
- Emergency Contact Middle Initial (PDE-1012)
- Emergency Contact Address (PDE-1013)
- Emergency Contact Phone (PDE-1014)
- Initial Contact Name (PDE-1015)
- Initial Contact Phone (PDE-1016)
- Presenting Problem (PDE-1017)
- Case Management Ind (PDE-1018)
- Current Services Frequency (PDE-1019)
- Chore/Companion/Homemaker Ind (PDE-1020)
- Congregate Meals/Senior Center Ind (PDE-1021)
- Financial Management/Counseling Ind (PDE-1022)
- Friendly Visitor/Telephone Reassurance (PDE-1023)
- Habilitation/Supported Employment Ind (PDE-1024)
- Home Repairs/Weatherization Ind (PDE-1025)
- Housing Services Ind (PDE-1026)
- Legal Ind (PDE-1027)
- Mental Health Ind (PDE-1028)
- Mental Retardation Ind (PDE-1029)
- Vocational Rehab/Job Counseling Ind (PDE-1030)
- Other Services Ind (PDE-1031)
- Annual Gross Family Income (PDE-1032)
- Number in Family Unit (PDE-1033)
- Income Amount (PDE-1034)
- Black Lung Income Ind (PDE-1035)
- Pension Income Ind (PDE-1036)
- Social Security Income Ind (PDE-1037)

- SSI/SSDI Income Ind (PDE-1038)
- VA Benefits Income Ind (PDE-1039)
- Wages/Salary Income Ind (PDE-1040)
- Other Income Ind (PDE-1041)
- Other Income Amount (PDE-1042)
- Financial Assistance – Legal Guardian Ind (PDE-1043)
- Legal Guardian Name (PDE-1044)
- Financial Assistance – Power of Attorney Ind (PDE-1045)
- Power of Attorney Name (PDE-1046)
- Financial Assistance – Representative Payer Ind (PDE-1047)
- Representative Payer Name (PDE-1048)
- Financial Assistance – Other Ind (PDE-1049)
- Other Name (PDE-1050)
- Auxiliary Grant Ind (PDE-1051)
- Food Stamps Ind (PDE-1052)
- Fuel Assistance Ind (PDE-1053)
- General Relief Ind (PDE-1054)
- State/Local Hospitalization Ind (PDE-1055)
- Subsidized Housing Ind (PDE-1056)
- Tax Relief Ind (PDE-1057)
- Medicaid Pending Ind (PDE-1058)
- QMB/SLMB Ind (PDE-1059)
- Residential Companion Ind (PDE-1060)
- Household Companion Name (PDE-1061)
- Housing Issue – Access Barriers Ind (PDE-1062)
- Housing Issue – Electrical Hazards Ind (PDE-1063)
- Housing Issue – Fire Hazards Ind (PDE-1064)
- Housing Issue – Insufficient Heat/Air Ind (PDE-1065)
- Housing Issue – Insufficient Water Ind (PDE-1066)
- Housing Issue – Toilet Facilities Ind (PDE-1067)
- Housing Issue – Major Appliance Ind (PDE-1068)
- Housing Issue – Washer Dryer Ind (PDE-1069)
- Housing Issue – Bathing Facilities Ind (PDE-1070)
- Housing Issue – Structural Problems Ind (PDE-1071)
- Housing Issue – Telephone Accessibility Ind (PDE-1072)
- Housing Issue – Unsafe Neighborhood Ind (PDE-1073)
- Housing Issue – Poor Lighting Ind (PDE-1074)
- Housing Issue – Unsanitary Conditions Ind (PDE-1075)
- Housing Issue – Other Ind (PDE-1076)
- Housing Issue – Other Description (PDE-1077)
- Housing Issue – Problem Description (PDE-1078)
- IADL – Comments (PDE-1079)
- Screener’s Name (PDE-1080)
- Screener’s Agency (PDE-1081)
- Date of Last Doctor’s Visit (PDE-1082)

- Last Visit Reason (PDE-1083)
- Hospital Admission Ind (PDE-1084)
- Nursing Facility Admission Ind (PDE-1085)
- Adult Care Residence Admission Ind (PDE-1086)
- Facility Name (PDE-1087)
- Length of Stay/Reason (PDE-1088)
- Living Will Ind (PDE-1089)
- Living Will Location (PDE-1090)
- Medical Power of Attorney Ind (PDE-1091)
- Medical Power of Attorney Location (PDE-1092)
- Other Advanced Directive Ind (PDE-1093)
- Other Advanced Directive Location (PDE-1094)
- Current Diagnosis Description (PDE-1095)
- Date of Onset (PDE-1096)
- Prescription Reason (PDE-1097)
- Tranquilizer/Psychotropic Drug Count (PDE-1098)
- Medication Issue – Adverse Reactions/Allergies Ind (PDE-1099)
- Medication Issue – Cost Ind (PDE-1100)
- Medication Issue – Pharmacy Access Ind (PDE-1101)
- Medication Issue – Taking Medication Ind (PDE-1102)
- Medication issue – Understanding Directions Ind (PDE-1103)
- Medication Administration (PDE-1104)
- Medication Assistance Description (PDE-1105)
- Medication Assistant Name (PDE-1106)
- Vision Function Level (PDE-1107)
- Hearing Function Level (PDE-1108)
- Speech Function Level (PDE-1109)
- Fracture/Dislocations Level (PDE-1110)
- Previous Rehab Ind (PDE-1111)
- Date of Fracture/Dislocation (PDE-1112)
- Missing Limbs Level (PDE-1113)
- Date of Amputation (PDE-1114)
- Paralysis/Paresis Level (PDE-1115)
- Paralysis Description (PDE-1116)
- Onset of Paralysis (PDE-1117)
- Member’s Height (PDE-1118)
- Member’s Weight (PDE-1119)
- Weight Gain/Loss Ind (PDE-1120)
- Weight Gain/Loss Description (PDE-1121)
- Medical Diet Type (PDE-1122)
- Dietary Supplement Level (PDE-1123)
- Eating – Food Allergies Ind (PDE-1124)
- Eating – Inadequate Food/Fluid Ind (PDE-1125)
- Eating – Nausea/Vomiting/Diarrhea Ind (PDE-1126)
- Eating – Eating Certain Foods Ind (PDE-1127)

- Eating – Following Special Diets Ind (PDE-1128)
- Eating – Swallowing Ind (PDE-1129)
- Eating – Taste Problems Ind (PDE-1130)
- Eating – Tooth/Mouth Problems Ind (PDE-1131)
- Eating – Other Ind (PDE-1132)
- Eating – Other Description (PDE-1133)
- Rehab – Occupational Ind (PDE-1134)
- Rehab – Occupational Freq (PDE-1135)
- Rehab – Physical Ind (PDE-1136)
- Rehab – Physical Freq (PDE-1137)
- Rehab – Reality Ind (PDE-1138)
- Rehab – Reality Freq (PDE-1139)
- Rehab – Respiratory Ind (PDE-1140)
- Rehab – Respiratory Freq (PDE-1141)
- Rehab – Speech Ind (PDE-1142)
- Rehab – Speech Freq (PDE-1143)
- Rehab – Other Ind (PDE-1144)
- Rehab – Other Freq (PDE-1145)
- Pressure Location Size (PDE-1146)
- Med Proc – Bowel/Bladder Training Ind (PDE-1147)
- Med Proc – Bowel/Bladder Training Freq (PDE-1148)
- Med Proc – Dialysis Freq (PDE-1149)
- Med Proc – Wound Care Freq (PDE-1150)
- Med Proc – Eyecare Ind (PDE-1151)
- Med Proc – Eyecare Freq (PDE-1152)
- Med Proc – Blood Sugar Ind (PDE-1153)
- Med Proc – Blood Sugar Freq (PDE-1154)
- Med Proc – Injections Freq (PDE-1155)
- Med Proc – Oxygen Freq (PDE-1156)
- Med Proc – Radiation/Chemo Freq (PDE-1157)
- Med Proc – Restraints Freq (PDE-1158)
- Med Proc – ROM Freq (PDE-1159)
- Med Proc – Trach Care Freq (PDE-1160)
- Med Proc – Ventilator Freq (PDE-1161)
- Med Proc – Other Freq (PDE-1162)
- Other Screener's Name (PDE-1163)
- Other Screener's Title (PDE-1164)
- Signature Date (PDE-1165)
- Cognitive – Spheres Affected (PDE-1166)
- Short-Term Memory Loss Ind (PDE-1167)
- Long-Term Memory Loss Ind (PDE-1168)
- Judgment Problem Ind (PDE-1169)
- Inappropriate Behavior Detail (PDE-1170)
- Inappropriate Behavior Source (PDE-1171)
- Stressors – Work Ind (PDE-1172)

- Stressors – Death Ind (PDE-1173)
- Stressors – Family Conflict Ind (PDE-1174)
- Stressors – Financial Ind (PDE-1175)
- Stressors – Family/Friend Illness Ind (PDE-1176)
- Stressors – Relocation Ind (PDE-1177)
- Stressors – Crime Victim Ind (PDE-1178)
- Stressors – Failing Health Ind (PDE-1179)
- Stressors – Other Ind (PDE-1180)
- Stressors – Other Description (PDE-1181)
- Emotional – Anxiety Ind (PDE-1182)
- Emotional – Irritability Ind (PDE-1183)
- Emotional – Lonely Ind (PDE-1184)
- Emotional – Isolation Ind (PDE-1185)
- Emotional – Paranoia Ind (PDE-1186)
- Emotional – Sad/Hopeless Ind (PDE-1187)
- Emotional – Suicidal Ind (PDE-1188)
- Emotional – Imaginary Ind (PDE-1189)
- Emotional – Special Powers Ind (PDE-1190)
- Emotional – Sleeping Ind (PDE-1191)
- Emotional – Eating Ind (PDE-1192)
- Emotional – Comments (PDE-1193)
- Social – Solitary Activities Ind (PDE-1194)
- Social – Solitary Activities Description (PDE-1195)
- Social – Friends/Family Ind (PDE-1196)
- Social – Friends/Family Description (PDE-1197)
- Social – Groups/Clubs Ind (PDE-1198)
- Social – Groups/Clubs Description (PDE-1199)
- Social – Religious Activities Ind (PDE-1200)
- Social – Religious Activities Description (PDE-1201)
- Phone Communication Level – Children (PDE-1202)
- Phone Communication Level – Other Family (PDE-1203)
- Phone Communication Level – Friends/Neighbors (PDE-1204)
- Contact Level – Children/Family/Friends Ind (PDE-1205)
- Hospitalization – Alcohol/Drug User Ind (PDE-1206)
- Alcohol/Drug Use/Tobacco - History Ind (PDE-1207)
- Alcohol/Drug Use/Tobacco – Amount (PDE-1208)
- Alcohol/Drug Use/Tobacco – Frequency (PDE-1209)
- Alcohol/Drug Use – Concern Ind (PDE-1210)
- Alcohol/Drug Use – Concern Description (PDE-1211)
- Alcohol/Drug Use – Prescription Drug Combination (PDE-1212)
- Alcohol/Drug Use – OTC Drug Combination (PDE-1213)
- Alcohol/Drug Use – Other Substance Combination (PDE-1214)
- Alcohol/Drug Use – Combination Description (PDE-1215)
- Alcohol/Drug Help – Sleep Ind (PDE-1216)
- Alcohol/Drug Help – Relax Ind (PDE-1217)

- Alcohol/Drug Help – Energy Ind (PDE-1218)
- Alcohol/Drug Help – Worry Relief Ind (PDE-1219)
- Alcohol/Drug Help – Pain Relief Ind (PDE-1220)
- Alcohol/Drug Help – Description (PDE-1221)
- Additional Discussion Comments (PDE-1222)
- Informal Caregiver – Ind (PDE-1223)
- Informal Caregiver – Residence (PDE-1224)
- Informal Caregiver – Help Level (PDE-1225)
- Informal Caregiver – Burden Level (PDE-1226)
- Informal Caregiver – Continuation Comments (PDE-1227)
- Preferences – Member's Comments (PDE-1228)
- Preferences – Family's Comments (PDE-1229)
- Preferences – Physician's Comments (PDE-1230)
- Case Summary Comments (PDE-1231)
- Unmet Needs – Finances Ind (PDE-1232)
- Unmet Needs – Home/Physical Environment Ind (PDE-1233)
- Unmet Needs – ADLS Ind (PDE-1234)
- Unmet Needs – IADLS Ind (PDE-1235)
- Unmet Needs – Med Equip Ind (PDE-1236)
- Unmet Needs – Health Ind (PDE-1237)
- Unmet Needs – Nutrition Ind (PDE-1238)
- Unmet Needs – Emotional Ind(PDE-1239)
- Unmet Needs – Caregiver Ind (PDE-1240)
- Sections Completed (PDE-1241)
- Case Assignment Name (PDE-1242)
- Case Assignment Code (PDE-1243)
- PAS Request Date (PDE-1244)
- Responsible CSB Name (PDE-1245)
- Nursing Facility Criteria Met Ind (PDE-1246)
- Plan of Care Ind (PDE-1247)
- Mental Illness Ind (PDE-1248)
- Mental Disorder - Diagnosable Ind (PDE-1249)
- Mental Disorder – Recent Limitations Ind (PDE-1250)
- Mental Disorder – Treatment History Ind (PDE-1251)
- Mental Disorder – Age Ind (PDE-1252)
- Mental Disorder – Related Condition Ind (PDE-1253)
- Mental Disorder – Other Condition Attributable Ind (PDE-1254)
- Mental Disorder – Indefinitely Ind (PDE-1255)
- Mental Disorder – Life Limitation Ind (PDE-1256)
- Recommendation – Secondary Assessment Ind (PDE-1257)
- Recommendation – MI Ind (PDE-1258)
- Recommendation – MR/RC Ind (PDE-1259)
- Recommendation – Dual Diagnosis Ind (PDE-1260)
- No Referral – Ind (PDE-1261)
- No Referral – Criteria Not Met Ind (PDE-1262)

- No Referral – Dementia No MR Ind (PDE-1263)
- No Referral – Dementia With MI Ind (PDE-1264)
- No Referral – Physical Illness Ind (PDE-1265)
- No Referral – Terminal Illness Ind (PDE-1266)
- Steering Committee Name (PDE-1267)
- Screener's Address (PDE-1268)
- Screener's Phone Number (PDE-1269)
- Screening Placement Recommendation (PDE-1270)
- Evaluation/Assessment – Neurological Ind (PDE-1271)
- Evaluation/Assessment – Psychological Ind (PDE-1272)
- Evaluation/Assessment – Psychiatric Ind (PDE-1273)
- Evaluation/Assessment – Psychosocial Ind (PDE-1274)
- Evaluation/Assessment – History Ind (PDE-1275)
- Evaluation/Assessment – Other Ind (PDE-1276)
- Evaluation/Assessment – Other Description (PDE-1277)
- Specialized Services Recommendation Ind (PDE-1278)
- Recommendation Comments (PDE-1279)
- Referral Package Received Date (PDE-1280)
- Referral Package Sent Date (PDE-1281)
- QMHP Name (PDE-1282)
- QMHP Phone (PDE-1283)
- Psychologist Name (PDE-1284)
- Psychologist Phone (PDE-1285)
- Case Manager Name (PDE-1286)
- Case Manager Phone (PDE-1287)
- Referral Package – PAS Rep Ind (PDE-1288)
- Referral Package – CSB Ind (PDE-1289)
- Referral Package – NF Ind (PDE-1290)
- Referral Package – Discharge Hospital Ind (PDE-1291)
- Referral Package – Member Ind (PDE-1292)
- Referral Package – Member's Family Ind (PDE-1293)
- Referral Package – Legal Rep Ind (PDE-1294)
- Referral Package – Attending Physician Ind (PDE-1295)
- Referral Package – Representative's Name (PDE-1296)
- Psychiatric/Psychological Evaluation Needed Ind (PDE-1297)
- Prohibited Condition Ind (PDE-1298)
- Prohibited Condition Description (PDE-1299)
- Level of Care Approval Ind (PDE-1300)
- Nursing Facility Contact Name (PDE-1301)
- Nursing Facility Application Date (PDE-1302)
- Deterioration of Condition Description (PDE-1303)
- Unmet Needs Description (PDE-1304)
- Member Care Selection (PDE-1305)
- Medicaid Eligible Ind (PDE-1306)
- Medicaid Application Ind (PDE-1307)

- Auxiliary Grant Eligible Ind (PDE-1308)
- DSS – Eligibility Responsibility (PDE-1309)
- DSS – Services Responsibility (PDE-1310)
- Medicaid Auth – Level of Care Ind (PDE-1311)
- Targeted Case Mgmt Ind (PDE-1312)
- ALF Reassessment Type (PDE-1313)
- Service Availability Ind (PDE-1314)
- Length of Stay Ind (PDE-1315)
- Level II Referral Ind (PDE-1316)
- Member Expiration Ind (PDE-1317)
- Help Needed – Respite Ind (PDE-1318)
- Help Needed – Supervision Ind (PDE-1319)
- Help Needed – Personal Care Ind (PDE-1320)
- Help Needed – ADLS Ind (PDE-1321)
- Help Needed – PERS Ind (PDE-1322)
- Help Needed – Skilled/Private Duty Nursing Ind (PDE-1323)
- Ind Choice – Findings Ind (PDE-1324)
- Ind Choice – Facility Choice Ind (PDE-1325)
- Ind Choice – ME/MR Diagnosis Ind (PDE-1326)
- Ind Choice – Appeals Ind (PDE-1327)
- Ind Choice – Provider Choice Ind (PDE-1328)
- Ind Choice – Services Choice Ind (PDE-1329)
- Ind Choice – Potential Payment Ind (PDE-1330)
- Ind Choice - CDS Attendant Ind (PDE-1331)
- Ind Choice – Information Exchange Ind (PDE-1332)
- Ind Choice – At Risk Ind (PDE-1333)
- Family Member Name (PDE-1334)
- Family Applicable Designation (PDE-1335)
- ALF Placement Criteria Met Ind (PDE-1336)
- ALF Placement Change Ind (PDE-1337)
- ALF Placement Other Description (PDE-1338)
- Auxiliary Grant Eligibility Term Date (PDE-1339)
- Auxiliary Grant Eligibility Reason (PDE-1340)
- Initial Request Date (PDE-1341)
- Mental Disorder – Self-Care Ind (PDE-1342)
- Mental Disorder – Learning Ind (PDE-1343)
- Mental Disorder – Mobility Ind (PDE-1344)
- Mental Disorder – Self-Direction Ind (PDE-1345)
- Mental Disorder – Independent Living Ind (PDE-1346)
- Case Manager Title (PDE-1347)
- Appeals Info Ind (PDE-1348)
- No Services Reason (PDE-1349)
- Active Diagnosis Ind (PDE-1350)
- Pressure Ulcer – Stage (PDE-1351)
- Assessment Type (PDE-1352)

- Assessment Status (PDE-1353)
- PA Medicaid Authorization Code (PDE-1354)
- PAS Error Messages (PDE-1355)
- Signature Attestation Ind (PDE-1356)

## Data Elements Previously Defined

- Assessment Date (PDE - 0223)
- Last Name (existing – Member's Last Name PDE - 0013)
- First Name (existing – Member's First Name PDE - 0014)
- Middle Initial (existing – Member's Middle Initial PDE - 0015)
- SSN (existing – Member SSN PDE - 0419)
- Address (existing – Member's Address 1 PDE - 0045)
- City (existing – Member's City PDE - 0047)
- State (existing – Member's Sate PDE - 0048)
- Zip Code (existing – Member's Zip Code PDE - 0049)
- Member's Phone (PDE - 0853)
- City/County Code (existing – Search Provider City/County PDE - 0107)
- Date of Birth (existing – Member's Date of Birth PDE - 0051)
- Age (existing – PDE - 0406)
- Marital Status (existing – Member's Marital Status PDE - 0054)
- Gender (existing – Member Gender PDE - 0053)
- Race (PDE - 0229)
- Speech Needs Ind (PDE - 0255)
- Hearing Impairment Ind (PDE - 0256)
- Primary Physician Name (existing – Provider Org-Last Name PDE - 0011; Provider's First Name PDE - 0012)
- Primary Physician Phone (existing - Servicing Address – Office Phone PDE - 0629)
- Primary Physician Address (existing Servicing Address – Address 1 PDE - 0632)
- Primary Physician City (existing Servicing Address – City PDE - 0633)
- Primary Physician State (existing Servicing Address – State PDE - 0634)
- Primary Physician Zip (existing Servicing Address – Zip PDE - 0635)
- Primary Caregiver Name (existing Caregiver Name (PDE - 0232)
- Adult Day Care Ind (PDE - 0243)
- Adult Protective Ind (existing APS/CPS Referral Ind PDE - 0234)
- Home Delivered Meals Ind (PDE - 0246)
- Home Health/Rehabilitation Ind (existing Home Health Ind PDE - 0248)
- Personal Care Ind (PDE - 0237)
- Respite Care Ind (PDE - 0239)
- Substance Abuse History Ind (PDE - 0235)
- Medicaid Insured Ind (PDE - 0261)
- Medicare Insured Ind (PDE - 0262)
- Medicare Number (PDE - 0263)
- Private Insurance Ind (PDE - 0264)

- Medicaid Number (existing – Member's ID Number PDE - 0016)
- Public/Private Insurance Number (existing – Insured's Unique ID PDE - 0065)
- Housing Ind (PDE - 0231)
- Admission Date (existing – Date of Admission PDE - 0029)
- Provider Number (existing – Service Provider NPI PDE - 0216)
- ADL – Bathing (PDE - 0266)
- ADL – Dressing (PDE - 0267)
- ADL – Toileting (PDE - 0268)
- ADL – Transferring (PDE - 0269)
- ADL – Eating/Feeding (PDE - 0270)
- Continence – Bowel (PDE - 0271)
- Continence – Bladder (PDE - 0272)
- Ambulation – Walking (PDE - 0285)
- Ambulation – Wheeling (PDE - 0286)
- Ambulation – Stair Climbing (PDE - 0287)
- Ambulation – Mobility (PDE - 0288)
- IADL – Meal Prep (PDE - 0273)
- IADL – Housekeeping (PDE - 0274)
- IADL – Laundry (PDE - 0275)
- IADL – Money Mgmt (PDE - 0276)
- IADL – Transport (PDE - 0277)
- IADL – Shopping (PDE - 0278)
- IADL – Using Phone (PDE - 0279)
- IADL – Home Maint (PDE - 0280)
- Diagnosis (PDE - 0020)
- Medication Entry (PDE - 0776)
- Dose Frequency Route Entry (exists Daily Medication Level (PDE - 0844)
- Physical – Joint Motion (PDE - 0281)
- Pressure Ulcers Ind (PDE - 0792)
- Med Proc – Dialysis Ind (exists Dialysis Ind PDE - 0786)
- Med Proc – Dressing Ind (exists Aseptic Dressing Ind PDE - 0780)
- Med Proc – IV Therapy Ind (exists Infusion Therapy Ind PDE - 0789)
- Med Proc – Restraints Ind (exists Restraints Ind PDE - 0793)
- Med Proc – Trach Care Ind (exists Tracheotomy Care Ind PDE - 0788)
- Med Proc – Oxygen Ind (Oxygen Ind PDE - 0790)
- Med Proc – Ventilator Ind (exists Respiratory Therapy Ind PDE - 0782)
- Med Proc – ROM Ind (exists Therapeutic Exercise Ind PDE - 0783)
- Med Proc – Radiation/Chemo Ind (exists Chemotherapy Ind PDE - 0784)
- Med Proc – Other Ind (exists Other Medical Needs Ind PDE - 0799)
- Nursing Needs Ind (PDE - 0778)
- Current Nursing Needs (PDE - 0779)
- Cognitive – Orientation (exists Physical – Orientation PDE - 0283)
- Behavior Pattern (exists Physical – Behavior PDE - 0284)

# User ID (PDE-0006)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE-0006 |
| Page | Assessment Tracking Summary<br>Assessment Tracking Detail |
| Portlet Name | Assessment Tracking Summary<br>Assessment Tracking Detail |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Minimum of 6 characters
- Maximum of 16 characters
- Can include hyphens, underscores or periods
- Cannot start with special characters
- Cannot contain spaces

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-017 – Assessment Tracking Summary
- PAS-S-018 – Assessment Tracking Detail

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Primary Physician's Name (PDE-0011)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0011 |
| Page | UAI – Part A<br>UAI – Part B<br>DMAS96 |
| Portlet Name | UAI – Part A – Identification/ Background<br>UAI – Part B – Physical Health Assessment<br>DMAS96 – Pre-Admission Screening Information |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-003 – UAI – Part B
- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Primary Physician's Name (PDE-0012)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0012 |
| Page | UAI – Part A<br>UAI – Part B<br>DMAS96 |
| Portlet Name | UAI – Part A – Identification/ Background<br>UAI – Part B – Physical Health Assessment<br>DMAS96 – Pre-Admission Screening Information |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-003 – UAI – Part B
- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Last Name (PDE - 0013)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0013 |
| Page | • UAI – Part A<br>• UAI – Part B<br>• DMAS95 – MI/MR/RC<br>• DMAS95 – MI/MR Supplemental<br>• Public Pay<br>• DMAS96 – LTC Service Authorization<br>• Reassessment<br>• DMAS97-Individual Choice |
| Portlet Name | • UAI – Part A – Identification/ Background<br>• UAI – Part B – Physical Health Assessment<br>• DMAS95 – MI/MR/RC – Screening for mental Illness, mental Retardation/Intellectual Disability, or Related Conditions<br>• DMAS95 – MI/MR Supplemental<br>• Public Pay – Attachment to Public Pay Short Form Assessment<br>• DMAS96 – Member Information<br>• Reassessment - Eligibility Communication Document<br>• DMAS97-Individual Choice |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-003 – UAT – Part B
- PAS-S-004 – DMAS95 – MI-MR-RC
- PAS-S-006 – DMAS95 – MI-MR-SUPL
- PAS-S-008 – DMAS96
- PAS-S-010 – DMAS97
- PAS-S-012 – Reassessment
- PAS-S-014 – Public Pay Short

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# First Name (PDE - 0014)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0014 |
| Page | • UAI – Part A<br>• UAI – Part B<br>• DMAS95 – MI/MR/RC<br>• DMAS95 – MI/MR Supplemental<br>• Public Pay<br>• DMAS96 – LTC Service Authorization<br>• Reassessment<br>• DMAS97-Individual Choice |
| Portlet Name | • UAI – Part A – Identification/ Background<br>• UAI – Part B – Physical Health Assessment<br>• DMAS95 – MI/MR/RC – Screening for mental Illness, mental Retardation/Intellectual Disability, or Related Conditions<br>• DMAS95 – MI/MR Supplemental<br>• Public Pay – Attachment to Public Pay Short Form Assessment<br>• DMAS96 – Member Information<br>• Reassessment - Eligibility Communication Document<br>• DMAS97-Individual Choice |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-003 – UAT – Part B
- PAS-S-004 – DMAS95 – MI-MR-RC
- PAS-S-006 – DMAS95 – MI-MR-SUPL
- PAS-S-008 – DMAS96
- PAS-S-010 – DMAS97
- PAS-S-012 – Reassessment
- PAS-S-014 – Public Pay Short

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Middle Initial (PDE - 0015)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| Portal Data Element | PDE - 0015 |
|---|---|
| Page | • UAI – Part A<br>• UAI – Part B<br>• DMAS95 – MI/MR/RC<br>• DMAS95 – MI/MR Supplemental<br>• Public Pay<br>• DMAS96 – LTC Service Authorization<br>• Reassessment<br>• DMAS97-Individual Choice |
| Portlet Name | • UAI – Part A – Identification/ Background<br>• UAI – Part B – Physical Health Assessment<br>• DMAS95 – MI/MR/RC – Screening for mental Illness, mental Retardation/Intellectual Disability, or Related Conditions<br>• DMAS95 – MI/MR Supplemental<br>• Public Pay – Attachment to Public Pay Short Form Assessment<br>• DMAS96 – Member Information<br>• Reassessment - Eligibility Communication Document<br>• DMAS97-Individual Choice |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-003 – UAT – Part B
- PAS-S-004 – DMAS95 – MI-MR-RC
- PAS-S-006 – DMAS95 – MI-MR-SUPL
- PAS-S-008 – DMAS96
- PAS-S-010 – DMAS97
- PAS-S-012 – Reassessment
- PAS-S-014 – Public Pay Short

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Medicaid Number (PDE - 0016)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0016 |
| Page | UAI – Part A<br>DMAS96<br>Re-Assessment |
| Portlet Name | UAI – Part A – Identification/ Background<br>DMAS96 – LTC Service Authorization<br>Re-Assessment – Eligibility Communication Document |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-008 – DMAS96
- PAS-S-012 – Re-Assessment

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Diagnosis (PDE - 0020)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0020 |
| Page | UAI – Part A<br>UAI – Part B |
| Portlet Name | UAI – Part A – Identification/ Background<br>UAI – Part B – Physical Health Assessment |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Admission Date (PDE - 0029)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0029 |
| Page | UAI – Part A<br>UAI – Part B<br>DMAS96 |
| Portlet Name | UAI – Part A – Identification/ Background<br>UAI – Part B – Physical Health Assessment<br>DMAS96 – LTC SA Form |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-003 – UAI – Part B
- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Address (PDE - 0045)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0045 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# City (PDE - 0047)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0047 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# State (PDE - 0048)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0048 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Zip Code (PDE - 0049)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0049 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Date of Birth (PDE - 0051)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0051 |
| Page | • UAI – Part A<br>• DMAS96 – LTC SA |
| Portlet Name | • UAI – Part A – Identification/ Background<br>• DMAS96 – Member Information |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Date Format: MM/DD/YYYY

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Gender (PDE - 0053)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0053 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 – Male
- 1 - Female

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Marital Status (PDE - 0054)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0054 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 – Married
- 1 – Widowed
- 2 – Separated
- 3 – Divorced
- 4 – Single

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Public/Private Insurance Number (PDE - 0065)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0065 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# City/County Code (PDE - 0107)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0107 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Provider Number (PDE - 0216)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0216 |
| Page | UAI – Part A<br>DMAS95 – MI/MR/SUPL<br>Re-Assessment |
| Portlet Name | UAI – Part A – Identification/ Background<br>DMAS95 – MI/MR/SUPL – Level II<br>Re-Assessment – Eligibility Communication Document |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-006 – DMAS95 – MI/MR/SUPL
- PAS-S-012 – Re-Assessment

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Assessment Date (PDE - 0223)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0223 |
| Page | • UAI – Part A<br>• UAI – Part B<br>• Reassessment<br>• Public Pay<br>• DMAS95 – MI/MR/RC |
| Portlet Name | • UAI – Part A<br>• UAI – Part B – Assessment Summary<br>• Reassessment - Eligibility Communication Document<br>• Public Pay – Attachment to Public Pay Short Form Assessment<br>• DMAS95 – MI/MR/RC – Screening for Mental Illness, Mental Retard-ation/Intellectual Disability, or Related Conditions |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Date Format: MM/DD/YYYY

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 - UAI – Part A
- PAS-S-003 - UAI – Part B
  - PAS-S-004 - DMAS95 – MI/MR/RC
- PAS-S-012 - Reassessment
- PAS-S-014 - Public Pay

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Race (PDE - 0229)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0229 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 – White
- 1 – Black/African American
- 2 – American Indian
- 3 – Oriental/Asian
- 4 – Alaskan Native
- 9 - Unknown

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Housing Ind (PDE - 0231)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0231 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Primary Caregiver Name (PDE - 0232)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0232 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Adult Protective Ind (PDE - 0234)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0234 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Substance Abuse History Ind (PDE - 0235)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0235 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Personal Care Ind (PDE - 0237)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0237 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Respite Care Ind (PDE - 0239)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0239 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Adult Day Care Ind (PDE-0243)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE-0242 |
| Page | UAI – Part A<br>UAI – Part B |
| Portlet Name | UAI – Part A – Identification/ Background<br>UAI – Part B – Physical Health Assessment |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Home Delivered Meals Ind (PDE - 0246)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0246 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Home Health/Rehabilitation Ind (PDE - 0248)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0248 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Speech Needs Ind (PDE - 0255)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0255 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Hearing Impairment Ind (PDE - 0256)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0256 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Medicaid Insured Ind (PDE - 0261)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0261 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Medicare Insured Ind (PDE - 0262)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0262 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Medicare Number (PDE - 0263)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0263 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Private Insurance Ind (PDE - 0264)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0264 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# ADL - Bathing (PDE - 0266)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0266 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# ADL - Dressing (PDE - 0267)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0267 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# ADL - Toileting (PDE - 0268)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0268 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# ADL - Transferring (PDE - 0269)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0269 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# ADL – Eating/Feeding (PDE - 0270)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0270 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Continence - Bowel (PDE - 0271)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0271 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Continence - Bladder (PDE - 0272)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0272 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# IADL – Meal Prep (PDE - 0273)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0273 |
| Page | UAI – Part A<br>DMAS97 |
| Portlet Name | UAI – Part A – Identification/ Background<br>DMAS97 – Individual Choice – Institutional Care or Waiver Services Form |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# IADL – Housekeeping (PDE - 0274)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0274 |
| Page | UAI – Part A<br>DMAS97 |
| Portlet Name | UAI – Part A – Identification/ Background<br>DMAS97 – Individual Choice – Institutional Care or Waiver Services Form |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# IADL – Laundry (PDE - 0275)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0275 |
| Page | UAI – Part A<br>DMAS97 |
| Portlet Name | UAI – Part A – Identification/ Background<br>DMAS97 – Individual Choice – Institutional Care or Waiver Services Form |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# IADL – Money Mgmt (PDE - 0276)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0276 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# IADL – Transport (PDE - 0277)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0277 |
| Page | UAI – Part A<br>DMAS97 |
| Portlet Name | UAI – Part A – Identification/ Background<br>DMAS97 – Individual Choice – Institutional Care or Waiver Services Form |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# IADL – Shopping (PDE - 0278)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0278 |
| Page | UAI – Part A<br>DMAS97 |
| Portlet Name | UAI – Part A – Identification/ Background<br>DMAS97 – Individual Choice – Institutional Care or Waiver Services Form |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# IADL – Using Phone (PDE - 0279)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0279 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# IADL – Home Maint (PDE - 0280)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0280 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Physical – Joint Motion (PDE - 0281)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0281 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Cognitive - Orientation (PDE - 0283)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0283 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Behavior Pattern (PDE - 0284)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0284 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ambulation - Walking (PDE - 0285)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0285 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ambulation - Wheeling (PDE - 0286)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0286 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ambulation – Stair Climbing (PDE - 0287)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0287 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ambulation – Mobility (PDE - 0288)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0288 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Age (PDE - 0406)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE-0406 |
| Page | UAI - Part A |
| Portlet Name | UAI - Part A |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

• AS-F-010 - Inbound Electronic UAI Request

## Screens

• PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

• PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# SSN (PDE - 0419)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| Portal Data Element | PDE - 0419 |
|---|---|
| Page | • UAI – Part A<br>• UAI – Part B<br>• DMAS95 – MI/MR/RC<br>• Public Pay<br>• DMAS96 – LTC Service Authorization<br>• Reassessment |
| Portlet Name | • UAI – Part A – Identification/ Background<br>• UAI – Part B – Physical Health Assessment<br>• DMAS95 – MI/MR/RC – Screening for mental Illness, mental Retardation/Intellectual Disability, or Related Conditions<br>• Public Pay – Attachment to Public Pay Short Form Assessment<br>• DMAS96 – Member Information<br>• Reassessment - Eligibility Communication Document |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-003 – UAT – Part B
- PAS-S-004 – DMAS95 – MI-MR-RC
- PAS-S-008 – DMAS96
- PAS-S-012 – Reassessment
- PAS-S-014 – Public Pay Short

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Primary Physician Phone (PDE - 0629)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0629 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Primary Physician Address (PDE - 0632)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0632 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Primary Physician City (PDE - 0633)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0633 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Primary Physician State (PDE - 0634)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0634 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Primary Physician Zip (PDE - 0635)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0635 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Medication Entry (PDE - 0776)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0776 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Nursing Needs Ind (PDE - 0778)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0778 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Current Nursing Needs (PDE - 0779)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0779 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc - Dressing Ind (PDE - 0780)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0780 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Ventilator Ind (PDE - 0782)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0782 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – ROM Ind (PDE - 0783)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0783 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Radiation/Chemo Ind (PDE - 0784)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0784 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc - Dialysis Ind (PDE - 0786)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0786 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Trach Care Ind (PDE - 0788)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0788 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – IV Therapy Ind (PDE - 0789)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0789 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Oxygen Ind (PDE - 0790)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0790 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Pressure Ulcers Ind (PDE - 0792)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0792 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Restraints Ind (PDE - 0793)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0793 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Other Ind (PDE - 0799)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0799 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Dose Frequency Route Entry (PDE - 0844)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0844 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Member's Phone (PDE - 0853)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0853 |
| Page | UAI – Part A |
| Portlet Name | UAI – Part A – Identification/ Background |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Assessment Reference Number (PDE - 0854)

## General Information

This data element has previously been defined. The following information is how this data element is used within the Pre-Admission Screening functionality.

| | |
|---|---|
| Portal Data Element | PDE - 0854 |
| Page | Successful Submission<br>Assessment Tracking Summary<br>Assessment Tracking Detail |
| Portlet Name | Successful Submission<br>Assessment Tracking Summary<br>Assessment Tracking Detail |
| Element Type | N/A |
| Data Type | N/A |
| Field Type | N/A |
| Size | N/A |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-016 – Successful Submission
- PAS-S-017 – Assessment Tracking Summary
- PAS-S-018 – Assessment Tracking Detail

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Screen Date (PDE-1000)

## General Information

This is the date of the screening used for completing the pre-admission screening.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A - Dates |
| Element Type | Text Box |
| Data Type | Date |
| Field Type | Required |
| Size | 10 |
| MMIS Data Element | UAI-SCREEN-DATE |
| MMIS DE Number | DE1023 |

## Business Rules

- Date format – MM/DD/CCYY

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-003 – UAI – Part B
- PAS-S-004 – DMAS95-MI-MR-RC
- PAS-S-006 – DMAS95-MI-MR-SUPL
- PAS-S-008 – DMAS96
- PAS-S-010 – DMAS97
- PAS-S-012 – Re-Assessment
- PAS-S-014 – Public Pay Short

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Reassessment Date (PDE-1001)

## General Information

This is the date of the reassessment was completed for the pre-admission screening.

| | |
|---|---|
| Page | UAI - Part A<br>Reassessment |
| Portlet Name | UAI – Part A – Dates<br>Reassessment – Eligibility Communications |
| Element Type | Text Box |
| Data Type | Date |
| Field Type | Required |
| Size | 10 |
| MMIS Data Element | UAI-RE-ASSMNT-DATE |
| MMIS DE Number | DE1023 |

## Business Rules

- Date format – MM/DD/CCYY

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A
- PAS-S-012 - Reassessment

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Directions (PDE-1002)

## General Information

This field contains the directions to the member's residence. The screener enters this for informational purposes.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A - Member Name & Vital Information |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Optional |
| Size | 250 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Pets (PDE-1003)

## General Information

This field contains the information pertaining to any pets owned by the member.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A - Member Name & Vital Information |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Optional |
| Size | |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Education (PDE-1004)

## General Information

This field contains the education level completed by the member.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Demographics |
| Element Type | Drop Down |
| Data Type | Numeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-CLIENT-EDUCATION |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- Less than High School (0)
- Some High School (1)
- High School Graduate (2)
- Some College (3)
- College Graduate (4)
- Unknown (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB
- PAS-T-0002 – PAS Form Type Table – WP_PAS_FORM_TY_TB

# Education - Specify (PDE-1005)

## General Information

This field contains the specifics of the member's education if 'Unknown' was selected from the Education drop down options.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Demographics |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-CLIENT-EDUCATION-SPECIFY |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Ethnic Origin (PDE-1006)

## General Information

This field contains the ethnicity origin of the member if 'Unknown' was entered in the Race drop-down.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Demographics |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-CLIENT-ETHNIC-ORIGIN |
| MMIS DE Number | DE3253 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Primary Caregiver Address (PDE-1007)

## General Information

This field contains the building number and street address of the member's primary caregiver.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Primary Caregiver |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 40 |
| MMIS Data Element | UAI-PC-ADDRESS |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Primary Caregiver Phone (PDE-1008)

## General Information

This field contains the phone number (including area code) of the primary caregiver's home or work phone number.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Primary Caregiver |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required<br>(Either the home or work phone number is required) |
| Size | 10 |
| MMIS Data Element | UAI-PC-WORK-PHONE<br>UAI-PC-HOME-PHONE |
| MMIS DE Number | DE0000 |

## Business Rules

- Either the primary caregiver's work or home phone is required but both can be entered.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Relationship (PDE-1009)

## General Information

This field contains the relationship of the primary caregiver to the member and the emergency contact to the member.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Primary Caregiver<br>UAI – Part A – Emergency Contact |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 40 |
| MMIS Data Element | UAI-PC-RELATIONSHIPS<br>UAI-EC-RELATIONSHIPS<br>UAI-INIT-RELATION-TO-CLIENT |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Emergency Contact Last Name (PDE-1010)

## General Information

This field contains the member's emergency contact's last name.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Emergency Contact |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 19 |
| MMIS Data Element | UAI-EC-NAME |
| MMIS DE Number | DE0000 |

## Business Rules

- The emergency contact's last, first and middle initial are concatenated and submitted in the UAI-EC-NAME field.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Emergency Contact First Name (PDE-1011)

## General Information

This field contains the member's emergency contact's first name.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Emergency Contact |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 12 |
| MMIS Data Element | UAI-EC-NAME |
| MMIS DE Number | DE0000 |

## Business Rules

- The emergency contact's last, first and middle initial are concatenated and submitted in the UAI-EC-NAME field.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Emergency Contact Middle Initial (PDE-1012)

## General Information

This field contains the member's emergency contact's middle initial.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Emergency Contact |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Optional |
| Size | 1 |
| MMIS Data Element | UAI-EC-NAME |
| MMIS DE Number | DE0000 |

## Business Rules

- The emergency contact's last, first and middle initial are concatenated and submitted in the UAI-EC-NAME field.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Emergency Contact Address (PDE-1013)

## General Information

This field contains the member's emergency contact's building number and street address.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Emergency Contact |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 40 |
| MMIS Data Element | UAI-EC-ADDRESS |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Emergency Contact Phone (PDE-1014)

## General Information

This field contains the member's emergency contact's phone number, including area code. This is either their work or home phone number.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Emergency Contact |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 10 |
| MMIS Data Element | UAI-EC-HOME-PHONE<br>UAI-EC-WORK-PHONE |
| MMIS DE Number | DE0000 |

## Business Rules

- Either the emergency contact's work or home phone is required but both can be entered.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Initial Contact Name (PDE-1015)

## General Information

This field contains the name of the person who made the initial contact with the Commonwealth on behalf of the member

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Initial Contact – Who Called |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 40 |
| MMIS Data Element | UAI-INIT-WHO-CALLED-NAME |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Initial Contact Phone (PDE-1016)

## General Information

This field contains the phone number, including area code, of the person who made initial contact on behalf of the member.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Initial Contact – Who Called |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 10 |
| MMIS Data Element | UAI-INIT-PHONE-NUMBER |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Presenting Problem (PDE-1017)

## General Information

This field contains a description of the problem(s) or diagnosis that the member was exhibiting causing the initial contact on behalf of the member.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Initial Contact – Who Called |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 150 |
| MMIS Data Element | UAI-INIT-PRES-PROBLEM-DIAG |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Case Management Ind (PDE-1018)

## General Information

This field contains the yes/no response as to whether the member currently utilizes case management services.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-CASE-MANAGEMENT |
| MMIS DE Number | DE1282 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Current Services Frequency (PDE-1019)

## General Information

This field contains the frequency of utilization of the current services indicated.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 20 |
| MMIS Data Element | UAI-CURR-ADLT-DY-CARE-P-FQ<br>UAI-CURR-ADULT-PROT-P-FQ<br>UAI-CURR-CASE-MGMT-P-FQ<br>UAI-CURR-CHOR-COMP-HMKR-P-FQ<br>UAI-CURR-CONG-MEAL-SR-CTR-P-FQ<br>UAI-CURR-FIN-MGMT-COUNSEL-P-FQ<br>UAI-CURR-FRN-VIS-TEL-REAS-P-FQ<br>UAI-CURR-HAB-SUPP-EMP-P-FQ<br>UAI-CURR-HOME-DEL-MEALS-P-FQ<br>UAI-CURR-HOME-HLTH-REHAB-P-FQ<br>UAI-CURR-HOME-REP-WTHR-P-FQ<br>UAI-CURR-HOUSING-P-FQ<br>UAI-CURR-LEGAL-P-FQ<br>UAI-CURR-MENTAL-HEALTH-IO-P-FQ<br>UAI-CURR-MENTAL-RETARD-P-FQ<br>UAI-CURR-PERSONAL-CARE-P-FQ<br>UAI-CURR-RESPITE-P-FQ<br>UAI-CURR-SUBSTANCE-ABUSE-P-FQ<br>UAI-CURR-TRANSPORTATION-P-FQ<br>UAI-CURR-VOC-REHB-JB-COUN-P-FQ<br>UAI-CURR-OTHER-P-FQ |
| MMIS DE Number | DE000 |

## Business Rules

- This field is only required if the corresponding indicator is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Chore/Companion/Homemaker Ind (PDE-1020)

## General Information

This field contains the yes/no response as to whether the member currently utilizes services for chores, companionship or housework.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-CHORE-COMP-HMAKER |
| MMIS DE Number | DE1283 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Congregate Meals/Senior Center Ind (PDE-1021)

## General Information

This field contains the yes/no response as to whether the member currently utilizes congregate meals or service center services.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-CONG-MEAL-SR-CTR |
| MMIS DE Number | DE1284 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Financial Management/Counseling Ind (PDE-1022)

## General Information

This field contains the yes/no response as to whether the member currently utilizes financial management/counseling services.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-FIN-MGMT-COUNSELING |
| MMIS DE Number | DE1285 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Friendly Visitor/Telephone Reassurance Ind (PDE-1023)

## General Information

This field contains the yes/no response as to whether the member currently has phone calls or visits from friends.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-FRN-VIS-TEL-REAS |
| MMIS DE Number | DE1286 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Habilitation/Supported Employment Ind (PDE-1024)

## General Information

This field contains the yes/no response as to whether the member currently utilizes habilitation or supported employment services.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-HAB-SUPP-EMP |
| MMIS DE Number | DE1287 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Home Repairs/Weatherization Ind (PDE-1025)

## General Information

This field contains the yes/no response as to whether the member currently utilizes services for home repairs and/or weatherization.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-HOME-REP-WTHR |
| MMIS DE Number | DE1290 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Services Ind (PDE-1026)

## General Information

This field contains the yes/no response as to whether the member currently utilizes housing services.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-HOUSING |
| MMIS DE Number | DE1291 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Legal Ind (PDE-1027)

## General Information

This field contains the yes/no response as to whether the member currently utilizes legal services.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-LEGAL |
| MMIS DE Number | DE1292 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Mental Health Ind (PDE-1028)

## General Information

This field contains the yes/no response as to whether the member currently utilizes mental health services.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-MENTAL-HEALTH-IO |
| MMIS DE Number | DE1293 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Mental Retardation Ind (PDE-1029)

## General Information

This field contains the yes/no response as to whether the member currently utilizes mental retardation services.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-MENTAL-RETARD |
| MMIS DE Number | DE1294 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Vocational Rehab/Job Counseling Ind (PDE-1030)

## General Information

This field contains the yes/no response as to whether the member currently utilizes vocational rehab or job counseling services.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-VOC-REHB-JB-COUN |
| MMIS DE Number | DE1299 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Other Services Ind (PDE-1031)

## General Information

This field contains the yes/no response as to whether the member currently utilizes other services not previously noted.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Current Formal Services |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-CURR-OTHER |
| MMIS DE Number | DE1300 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Annual Gross Family Income (PDE-1032)

## General Information

This field contains the description of services not previously noted.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-ANU-FAM-INC |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- $20,000 or More /$1,667 or More (0)
- $15,000 - $19,999/$1250 - $1,666 (1)
- $11,000 - $14,999/$917 - $1,249 (2)
- $9,500 - $10,999/$792 - $916 (3)
- $7,000 - $9,499/$583 - $791 (4)
- $5,500 - $6,999/$458 - $582 (5)
- $5,499 or Less/$457 or Less (6)
- Unknown (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Number in Family Unit (PDE-1033)

## General Information

This field contains the number of people in the member's family.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 2 |
| MMIS Data Element | UAI-FINR-NO-FAM-UNIT |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Income Amount (PDE-1034)

## General Information

This field contains the number of people in the member's family.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 8 |
| MMIS Data Element | UAI-FINR-TOT-MTH-FAM-INC<br>UAI-FINR-BLACK-LUNG-AMOUNT<br>UAI-FINR-PENSION-AMOUNT<br>UAI-FINR-SOCIAL-SEC-AMOUNT<br>UAI-FINR-SSI-SSDI-AMOUNT<br>UAI-FINR-VA-BENEFITS-AMOUNT<br>UAI-FINR-WAGE-SALARY-AMOUNT<br>UAI-FINR-CURR-RECV-OTH-INC-AMT |
| MMIS DE Number | DE0000 |

## Business Rules

- Income amount includes decimal point and two decimal positions

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Black Lung Income Ind (PDE-1035)

## General Information

This field contains the yes/no response as to whether the member receives income from a black lung settlement.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-BLACK-LUNG |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Pension Income Ind (PDE-1036)

## General Information

This field contains the yes/no response as to whether the member receives income from a pension plan.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-PENSION |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Social Security Income Ind (PDE-1037)

## General Information

This field contains the yes/no response as to whether the member receives income from social security.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-PENSION |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# SSI/SSDI Income Ind (PDE-1038)

## General Information

This field contains the yes/no response as to whether the member receives income from SSI/SSDI.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-PENSION |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# VA Benefits Income Ind (PDE-1039)

## General Information

This field contains the yes/no response as to whether the member receives income from VA Benefits.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-PENSION |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Wages/Salary Income Ind (PDE-1040)

## General Information

This field contains the yes/no response as to whether the member receives income from wages or salary.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-PENSION |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Other Income Ind (PDE-1041)

## General Information

This field contains the yes/no response as to whether the member receives income from some other income source.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-PENSION |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Other Income Amount (PDE-1042)

## General Information

This field contains the amount of income the member receives from another source.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 8 |
| MMIS Data Element | UAI-FINR-CURR-RECV-OTH-INC-AMT |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Financial Assistance – Legal Guardian Ind (PDE-1043)

## General Information

This field contains the yes/no response as to whether the member receives help with financial matters from a legal guardian.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-LEGAL-GUARDIAN |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Legal Guardian Name (PDE-1044)

## General Information

This field contains the name of the person with legal guardianship assisting the member with financial matters.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 40 |
| MMIS Data Element | UAI-FINR-LEGAL-GUARDIAN-NAME |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required of the Legal Guardian Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Financial Assistance – Power of Attorney Ind (PDE-1045)

## General Information

This field contains the yes/no response as to whether the member receives help with financial matters from a power of attorney.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-POWER-OF-ATTORNEY |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Power of Attorney Name (PDE-1046)

## General Information

This field contains the name of the person with power of attorney assisting the member with financial matters.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 40 |
| MMIS Data Element | UAI-FINR-POWER-OF-ATTORNEY-NAM |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required of the Power of Attorney Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Financial Assistance – Representative Payer Ind (PDE-1047)

## General Information

This field contains the yes/no response as to whether the member receives help with financial matters from a representative payer.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-REPRESENT-PAYEE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Representative Payer Name (PDE-1048)

## General Information

This field contains the name of the person is representative payer assisting the member with financial matters.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 40 |
| MMIS Data Element | UAI-FINR-REPRESENT-PAYEE-NAME |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required of the Representative Payer Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Financial Assistance – Other Ind (PDE-1049)

## General Information

This field contains the yes/no response as to whether the member receives help with financial matters from another person.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-OTHER-MANAGE-BUS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Other Name (PDE-1050)

## General Information

This field contains the name of the other person who is assisting the member with financial matters.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 40 |
| MMIS Data Element | UAI-FINR-OTHER-MANAGE-BUS-NAME |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required of the Other Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Auxiliary Grant Ind (PDE-1051)

## General Information

This field contains the yes/no response as to whether the member receives benefits or entitlements from an Auxiliary Grant.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-AUXILLARY-GRANT |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Food Stamps Ind (PDE-1052)

## General Information

This field contains the yes/no response as to whether the member receives benefits or entitlements from Food Stamps.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-FOOD-STAMPS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Fuel Assistance Ind (PDE-1053)

## General Information

This field contains the yes/no response as to whether the member receives benefits or entitlements from Fuel Assistance.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-FUEL-ASSISTANCE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# General Relief Ind (PDE-1054)

## General Information

This field contains the yes/no response as to whether the member receives benefits or entitlements from General Relief.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-GENERAL-RELIEF |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# State/Local Hospitalization Ind (PDE-1055)

## General Information

This field contains the yes/no response as to whether the member receives benefits or entitlements from State/Local Hospitalization.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-STATE-LOCAL-HOSP |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Subsidized Housing Ind (PDE-1056)

## General Information

This field contains the yes/no response as to whether the member receives benefits or entitlements from Subsidized Housing.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-SUBSIDIZED-HOUSING |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Tax Relief Ind (PDE-1057)

## General Information

This field contains the yes/no response as to whether the member receives benefits or entitlements from Tax Relief.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-TAX-RELIEF |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Medicaid Pending Ind (PDE-1058)

## General Information

This field contains the yes/no response as to whether the member has filed for Medicaid and approval is pending.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-HEALTH-INS-PENDING |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# QMB/SLMB Ind (PDE-1059)

## General Information

This field contains the yes/no response as to whether the member QMB/SLMB eligible.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Financial Resources |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-FINR-HEALTH-INS-QMB-SLMB |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Residential Companion Ind (PDE-1060)

## General Information

This field indicates who (if anyone) lives with the member at their residence.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | Concatenate with residence:<br>……-LI-ALONE<br>……-LI-W-SPOUSE<br>……-LI-W-OTHER |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 1 = Alone
- 2 = Spouse
- 3 = Other

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Household Companion Name (PDE-1061)

## General Information

This field contains the name of the companion residing with the member.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 20 |
| MMIS Data Element | UAI-PHYE-N-OF-PRSN-HOUSE-HLD1<br>UAI-PHYE-N-OF-PRSN-HOUSE-HLD2<br>UAI-PHYE-N-OF-PRSN-HOUSE-HLD3<br>UAI-PHYE-N-OF-PRSN-HOUSE-HLD4<br>UAI-PHYE-N-OF-PRSN-HOUSE-HLD5<br>UAI-PHYE-N-OF-PRSN-HOUSE-HLD6 |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if Residential Companion Ind is 2 (Spouse) or 3 (Other).
- There can be up to 6 names entered.

## Valid Values

- 1 = Alone
- 2 = Spouse
- 3 = Other

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Access Barriers Ind (PDE-1062)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with access barriers.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-BARRIERS-ACCESS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Electrical Hazards Ind (PDE-1063)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with electrical hazards.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-ELECTRIC-HAZARDS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Fire Hazards Ind (PDE-1064)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with fire hazards.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-FIRE-HZ-N-SMOKE-ALARM |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Insufficient Heat/Air Ind (PDE-1065)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with insufficient heat and/or air.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-INSUFF-HEATAIR-COND |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Insufficient Water Ind (PDE-1066)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with insufficient water.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-INSUFF-HOT-WATER |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Toilet Facilities Ind (PDE-1067)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with toilet facilities.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-LACK-POOR-TOILET-FAC |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Major Appliance Ind (PDE-1068)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with the refrigerator and/or freezer.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-LACK-DEF-ST-REF-FR |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Washer Dryer Ind (PDE-1069)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with the washer and/or dryer.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-LACK-DEF-WAS-DRYR |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Bathing Facilities Ind (PDE-1070)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with the bathing facilities.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-LACK-POOR-BATH-FAC |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Structural Problems Ind (PDE-1071)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with the structural problems.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-STRUCTURAL-PROBLEMS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Telephone Accessibility Ind (PDE-1072)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with the accessibility to a telephone.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-TELEPHONE-NOT-ACCESS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Unsafe Neighborhood Ind (PDE-1073)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with being in an unsafe neighborhood.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-UNSAFE-NEIGHBORHOOD |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Poor Lighting Ind (PDE-1074)

## General Information

This field contains the yes/no response as to whether the member's residence has issues with unsafe or poor lighting.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-UNSAFE-POOR-LIGHT |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Unsanitary Conditions Ind (PDE-1075)

## General Information

This field contains the yes/no response as to whether the member is living in unsanitary conditions.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-UNSANITARY-COND |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Other Ind (PDE-1076)

## General Information

This field contains the yes/no response as to whether the member is dealing with any housing issues not already identified.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PHYE-OTHER-COND |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Other Description (PDE-1077)

## General Information

This field contains the description of any other housing issues not already identified that the member is dealing.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 20 |
| MMIS Data Element | UAI-PHYE-OTHER-DESCRIPTION |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required the Housing Issue – Other Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Housing Issue – Problem Description (PDE-1078)

## General Information

This field contains the detail description of any housing problems identified.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Physical Environment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 250 |
| MMIS Data Element | UAI-PHYE-DESCRIBE-PROBLEMS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if any Housing Issue is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# IADL - Comments (PDE-1079)

## General Information

This field contains any comments regarding the member's functional status.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Functional Status |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Optional |
| Size | 250 |
| MMIS Data Element | UAI-FUNS-COMMENTS |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Screener’s Name (PDE-1080)

## General Information

This field contains the first and last name of the person conducting the screening.

| | |
|---|---|
| Page | UAI - Part A<br>DMAS97<br>DMAS96 |
| Portlet Name | UAI – Part A – Functional Status<br>DMAS97 - Signatures<br>DMAS96 – Screening Certification |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 25 |
| MMIS Data Element | UAI-FUNS-SCREENER |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Screener's Agency (PDE-1081)

## General Information

This field contains name of the agency employing the person conducting the screening.

| | |
|---|---|
| Page | UAI - Part A |
| Portlet Name | UAI – Part A – Functional Status |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 25 |
| MMIS Data Element | UAI-FUNS-AGENCY |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-002 – UAI – Part A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Date of Doctor's Last Visit (PDE-1082)

## General Information

This field contains the date of the doctor's last visit.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Date |
| Field Type | Required |
| Size | 10 |
| MMIS Data Element | UAI-PYHA-DATE-OF-LAST-VISIT-1 through -3 |
| MMIS DE Number | DE0000 |

## Business Rules

- Date format – MM/DD/CCYY

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Last Visit Reason (PDE-1083)

## General Information

This field contains the reason for doctor's last visit.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 20 |
| MMIS Data Element | UAI-PYHA-RSN-FOR-LAST-VISIT-1 through -3 |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Hospital Admission Ind (PDE-1084)

## General Information

This field contains the yes/no response as to whether the member was admitted to the hospital.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-HOSPITAL |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Nursing Facility Admission Ind (PDE-1085)

## General Information

This field contains the yes/no response as to whether the member was admitted to the nursing facility.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-NURSING-FACILITY |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Adult Care Residence Admission Ind (PDE-1086)

## General Information

This field contains the yes/no response as to whether the member was admitted to the Adult Care Residence.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-ADULT-CARE-RESIDENCE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Facility Name (PDE-1087)

## General Information

This field contains the name of the facility the member was admitted in to.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 20 |
| MMIS Data Element | UAI-PYHA-HOSPITAL-NAME<br>UAI-PYHA-NURSING-FACILITY-NAME<br>UAI-PYHA-ADULT-CARE-RES-NAME |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if the associated indicator is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Length of Stay/Reason (PDE-1088)

## General Information

This field contains the reason for and length of the stay to the facility the member was admitted in to.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 25 |
| MMIS Data Element | UAI-PYHA-HOSPITAL-LEN-STAY-RSN UAI-PYHA-NUR-FAC-LEN-STAY-RSN UAI-PYHA-ADULT-CA-LEN-STAY-RSN |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if the associated indicator is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Living Will Ind (PDE-1089)

## General Information

This field contains the yes/no response as to whether the member has a living will.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-LIVING-WILL |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Living Will Location (PDE-1090)

## General Information

This field contains location and/or owner of the member's living will.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 25 |
| MMIS Data Element | UAI-PYHA-LIVING-WILL-DESC |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if the associated indicator is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Medical Power of Attorney Ind (PDE-1091)

## General Information

This field contains the yes/no response as to whether the member has a Medical Power of Attorney.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-D-PWR-ATTY-HLT-CARE |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Medical Power of Attorney Location (PDE-1092)

## General Information

This field contains location and/or owner of the member's Medical Power of Attorney.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 25 |
| MMIS Data Element | UAI-PYHA-D-PWR-ATTY-HLTCR-DESC |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if the associated indicator is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Other Advanced Directive Ind (PDE-1093)

## General Information

This field contains the yes/no response as to whether the member has an Other Advanced Directive not already mentioned.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-OTHER |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Other Advanced Directive Location (PDE-1094)

## General Information

This field contains the location and/or owner of the member's Other Advanced Directive.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 25 |
| MMIS Data Element | UAI-PYHA-OTHER-DESC |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if the associated indicator is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Current Diagnosis Description (PDE-1095)

## General Information

This field contains the description of the member's current diagnosis.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 30 |
| MMIS Data Element | UAI-PYHA-CURRENT-DIAGNOSIS-1<br>UAI-PYHA-CURRENT-DIAGNOSIS-2<br>UAI-PYHA-CURRENT-DIAGNOSIS-3<br>UAI-PYHA-CURRENT-DIAGNOSIS-4<br>UAI-PYHA-CURRENT-DIAGNOSIS-5 |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Date of Onset (PDE-1096)

## General Information

This is the onset date of the member's diagnosis.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Date |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 10 |
| MMIS Data Element | UAI-PYHA-DATE-ONSET-1<br>UAI-PYHA-DATE-ONSET-2<br>UAI-PYHA-DATE-ONSET-3<br>UAI-PYHA-DATE-ONSET-4<br>UAI-PYHA-DATE-ONSET-5 |
| MMIS DE Number | DE0000 |

## Business Rules

- Date format – MM/DD/CCYY
- This field is only required if the associated diagnosis is entered.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Prescription Reason (PDE-1097)

## General Information

This field contains the dosage, frequency and reason the member is taking the prescription and/or over-the-counter medication.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 50 |
| MMIS Data Element | UAI-PYHA-CDOSE-FQ-RSN-PRESC-1 UAI-PYHA-CDOSE-FQ-RSN-PRESC-2 UAI-PYHA-CDOSE-FQ-RSN-PRESC-3 UAI-PYHA-CDOSE-FQ-RSN-PRESC-4 UAI-PYHA-CDOSE-FQ-RSN-PRESC-5 UAI-PYHA-CDOSE-FQ-RSN-PRESC-6 UAI-PYHA-CDOSE-FQ-RSN-PRESC-7 UAI-PYHA-CDOSE-FQ-RSN-PRESC-8 UAI-PYHA-CDOSE-FQ-RSN-PRESC-9 UAI-PYHA-CDOSE-FQ-RSN-PRESC-10 |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if an associated medication entry is made.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Tranquilizer/Psychotropic Drug Count (PDE-1098)

## General Information

This field contains the total count of Tranquilizer/Psychotropic Drugs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 2 |
| MMIS Data Element | UAI-PYHA-TOT-NO-OF-TRAN-PSYC-D |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 - 10

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Medication Issue – Adverse Reactions/Allergies Ind (PDE-1099)

## General Information

This field contains the yes/no response as to whether the member has an issue with medications causing adverse or allergic reactions.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-ADVERSE-REACT-ALLGY |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Medication Issue – Cost Ind (PDE-1100)

## General Information

This field contains the yes/no response as to whether the member has an issue with medications due to cost.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-COST-OF-MEDICATION |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Medication Issue – Pharmacy Access Ind (PDE-1101)

## General Information

This field contains the yes/no response as to whether the member has an issue with medications due to access to the pharmacy.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-GET-TO-PHARMACY |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Medication Issue – Taking Medication Ind (PDE-1102)

## General Information

This field contains the yes/no response as to whether the member has an issue with taking medications as prescribed/instructed.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-TAKE-AS-INSTR-PRESC |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Medication Issue – Understanding Directions Ind (PDE-1103)

## General Information

This field contains the yes/no response as to whether the member has an issue with understanding directions on the medications.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-U-STND-DIRECT-SCH |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Medication Administration (PDE-1104)

## General Information

This field contains the drop down option indicating if the member needs any type of help with medication administration.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-HOW-U-TK-MEDICATION |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = Without Assistance
- 1 = Administered/Monitored by Lay Person
- 2 = Administered/Monitored by Professional Nursing Staff

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Medication Assistance Description (PDE-1105)

## General Information

This field contains a description of what type of help the member needs with medication administration.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 20 |
| MMIS Data Element | UAI-PYHA-DESCRIBE-HELP |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if Medication Administration option selected is either help from lay person (1) or help from professional nursing staff (2).

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Medication Assistant Name (PDE-1106)

## General Information

This field contains a name of the person assisting the member with medication administration.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 20 |
| MMIS Data Element | UAI-PYHA-NAME-OF-HELPER |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if Medication Administration option selected is either help from lay person (1) or help from professional nursing staff (2).

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Vision Function Level (PDE-1107)

## General Information

This field contains the drop down option indicating the member's vision function level.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-VISION |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No Impairment
- 1 = Impairment (Compensation)
- 2 = Impairment (No Compensation)
- 3 = Complete Loss

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Hearing Function Level (PDE-1108)

## General Information

This field contains the drop down option indicating the member's hearing function level.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-HEARING |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No Impairment
- 1 = Impairment (Compensation)
- 2 = Impairment (No Compensation)
- 3 = Complete Loss

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Speech Function Level (PDE-1109)

## General Information

This field contains the drop down option indicating the member's speech function level.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-SPEECH |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No Impairment
- 1 = Impairment (Compensation)
- 2 = Impairment (No Compensation)
- 3 = Complete Loss

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Fracture/Dislocations Level (PDE-1110)

## General Information

This field contains the drop down option indicating whether the member has fractures and/or dislocations.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 3 |
| MMIS Data Element | UAI-PYHA-FRACTURE-DISLOCATION |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 000 = None
- 1 = Hip Fracture
- 2 = Other Broken Bone(s)
- 3 = Dislocation(s)
- 4 = Combination

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Previous Rehab Ind (PDE-1111)

## General Information

This field contains the yes/no response as to whether the member has been in a rehab program for the fracture/dislocation.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Date of Fracture/Dislocation (PDE-1112)

## General Information

This is the date the member incurred the fracture or dislocation.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Date |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 10 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Date format – MM/DD/CCYY
- This field is only required if the Fracture/Dislocation Level is one of the following:
  - 1 = Hip Fracture
  - 2 = Other Broken Bone(s)
  - 3 = Dislocation(s)
  - 4 = Combination

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

N/A

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Missing Limbs Level (PDE-1113)

## General Information

This field contains the drop down option indicating whether the member has any missing limbs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 3 |
| MMIS Data Element | UAI-PYHA-MISSING-LIMBS |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 000 = None
- 1 = Finger(s)/Toes(s)
- 2 = Arm(s)
- 3 = Leg(s)
- 4 = Combination

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Date of Amputation (PDE-1114)

## General Information

This is the date the member had the amputation.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Date |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 10 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Date format – MM/DD/CCYY
- This field is only required if the Missing Limbs Level is one of the following:
  - 1 = Finger(s)/Toes(s)
  - 2 = Arm(s)
  - 3 = Leg(s)
  - 4 = Combination

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Paralysis/Paresis Level (PDE-1115)

## General Information

This field contains the drop down option indicating whether the member has sustained paralysis/paresis.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 3 |
| MMIS Data Element | UAI-PYHA-PARALYSIS-PARESIS |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 000 = None
- 1 = Partial
- 2 = Total

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Paralysis Description (PDE-1116)

## General Information

This field contains the description of the member's paralysis.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 100 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Required if Paralysis/Paresis Level is one of the following:
  - 1 = Partial
  - 2 = Total

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_FORM_TB

# Onset for Paralysis (PDE-1117)

## General Information

This is the date the member was paralyzed.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Date |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 10 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Date format – MM/DD/CCYY
- Required if Paralysis/Paresis Level is one of the following:
  - 1 = Partial
  - 2 = Total

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Member's Height (PDE-1118)

## General Information

This is the member's height, in inches.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 3 |
| MMIS Data Element | UAI-PYHA-HEIGHT |
| MMIS DE Number | N/A |

## Business Rules

- Entry must be numeric

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Member's Weight (PDE-1119)

## General Information

This is the member's weight, in pounds.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 3 |
| MMIS Data Element | UAI-PYHA-WEIGHT |
| MMIS DE Number | N/A |

## Business Rules

- Entry must be numeric

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Weight Gain/Loss Ind (PDE-1120)

## General Information

This is the indication if the member has gained or lost weight recently.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-WEIGHT-GAIN-LOSS |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 = No Weight Gain
- 1 = Weight Gain
- 2 = No Weight Loss
- 3 =  Weight Loss

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Weight Gain/Loss Description (PDE-1121)

## General Information

This is the description of the cause for the member's recent weight gain or loss.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 20 |
| MMIS Data Element | UAI-PYHA-DESCRIBE |
| MMIS DE Number | N/A |

## Business Rules

- This field is required if the Weight Gain/Loss Ind is one of the following:
  - 1 = Weight Gain
  - 3 = Weight Loss

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Medical Diet Type (PDE-1122)

## General Information

This field indicates whether the member is on any special type of diet.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-SPEC-DIET-MED-RSN |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No special diet
- 1 = Low Fat/Cholesterol
- 2 = No/Low Salt
- 3 = No/Low Sugar
- 4 = Combination/Other

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Dietary Supplement Level (PDE-1123)

## General Information

This field indicates whether the member is on any dietary supplements.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-DIETARY-SUPPLEMENTS |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = None
- 1 = Occasionally
- 2 = Daily – Not Primary Source
- 3 = Daily – Primary Source
- 4 = Daily – Sole Source

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Eating – Food Allergies Ind (PDE-1124)

## General Information

This field indicates whether the member has any eating issues associated to food allergies.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-FOOD-ALLERGIES |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Eating – Inadequate Food/Fluid Ind (PDE-1125)

## General Information

This field indicates whether the member has any eating issues associated to inadequate food or fluid.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-INADQ-FOOD-FLU-INTK |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Eating – Nausea/Vomiting/Diarrhea Ind (PDE-1126)

## General Information

This field indicates whether the member has any eating issues associated to nausea, vomiting and/or diarrhea.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-HRD-EAT-NAU-VOM-DIA |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Eating – Certain Foods Ind (PDE-1127)

## General Information

This field indicates whether the member has any eating issues associated with certain foods.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-HRD-EAT-CERT-FOOD |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Eating – Following Special Diets Ind (PDE-1128)

## General Information

This field indicates whether the member is following and special diet.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-HRD-EAT-SPEC-DIET |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Eating – Swallowing Ind (PDE-1129)

## General Information

This field indicates whether the member has any eating issues associated with swallowing.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-HRD-EAT-PROB-SWALL |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Eating – Taste Problems Ind (PDE-1130)

## General Information

This field indicates whether the member has any eating issues associated with taste.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-HRD-EAT-TASTE-PROB |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Eating – Tooth/Mouth Problems Ind (PDE-1131)

## General Information

This field indicates whether the member has any eating issues associated to problems with their teeth or mouth.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-HRD-EAT-TOOTH-MOUTH |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Eating – Other Ind (PDE-1132)

## General Information

This field indicates whether the member has any eating issues not previously listed.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-HRD-EAT-OTHER |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Eating – Other Description (PDE-1133)

## General Information

This field describes what type of other eating issues the member is dealing with.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 50 |
| MMIS Data Element | UAI-PYHA-HRD-EAT-OTHER-DESC |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Eating – Other Ind was checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Rehab – Occupational Ind (PDE-1134)

## General Information

This field indicates whether the member is currently undergoing occupational rehabilitation.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-OCCUPATIONAL |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Rehab – Occupational Freq (PDE-1135)

## General Information

This field indicates the frequency with which the member is undergoing occupational rehabilitation.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-OCCUPATIONAL-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Rehab – Occupational Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Rehab – Physical Ind (PDE-1136)

## General Information

This field indicates whether the member is currently undergoing physical rehabilitation.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-PHYSICAL |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B
-

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Rehab – Physical Freq (PDE-1137)

## General Information

This field indicates the frequency with which the member is undergoing physical rehabilitation.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-PHYSICAL-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Rehab – Physical Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Rehab – Reality Ind (PDE-1138)

## General Information

This field indicates whether the member is currently undergoing reality remotivation.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-REALITY-REMOTIVATION |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Rehab – Reality Freq (PDE-1139)

## General Information

This field indicates the frequency with which the member is undergoing reality remotivation.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-REALITY-REMOT-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Rehab – Reality Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Rehab – Respiratory Ind (PDE-1140)

## General Information

This field indicates whether the member is currently undergoing respiratory therapy.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-RESPIRATORY |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Rehab – Respiratory Freq (PDE-1141)

## General Information

This field indicates the frequency with which the member is undergoing respiratory therapy.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-RESPIRATORY-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Rehab – Respiratory Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Rehab – Speech Ind (PDE-1142)

## General Information

This field indicates whether the member is currently undergoing speech therapy.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-SPEECH1 |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Rehab – Speech Freq (PDE-1143)

## General Information

This field indicates the frequency with which the member is undergoing speech therapy.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-SPEECH-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Rehab – Speech Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Rehab – Other Ind (PDE-1144)

## General Information

This field indicates whether the member is currently undergoing any rehabilitation or therapy services not previously listed.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-OTHER1 |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Rehab – Other Freq (PDE-1145)

## General Information

This field indicates the frequency with which the member is undergoing the other rehabilitation or therapy.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-OTHER-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Rehab – Other Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Pressure Location Size (PDE-1146)

## General Information

This field notes the location and size of any pressure ulcers.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-PRESSURE-ULCER-LOC-SZ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member has pressure ulcers.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Bowel/Bladder Training Ind (PDE-1147)

## General Information

This field indicates whether the member receives any special medical services for bowel and/or bladder training.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-BOWEL-BLADDER-TRNG |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Bowel/Bladder Training Freq (PDE-1148)

## General Information

This field indicates the frequency with which the member receives special medical services for bowel and/or bladder training.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-BOWEL-BLADDER-TRNG-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Med Proc – Bowel/Bladder Training Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Dialysis Freq (PDE-1149)

## General Information

This field indicates the frequency with which the member receives special medical services for dialysis.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-DIALYSIS-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member is receiving special medical procedures for dialysis.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Wound Care Freq (PDE-1150)

## General Information

This field indicates the frequency with which the member receives special medical services for wound care.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-DRESS-WOUND-CARE-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member is receiving special medical procedures for wound care.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Eyecare Ind (PDE-1151)

## General Information

This field indicates whether the member receives any special medical services for eye care.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-EYE-CARE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Eyecare Freq (PDE-1152)

## General Information

This field indicates the frequency with which the member receives special medical services for eye care.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-EYE-CARE-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member is receiving special medical procedures for eye care.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Blood Sugar Ind (PDE-1153)

## General Information

This field indicates whether the member receives any special medical services for blood sugar.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PYHA-GLUCOSE-BLOOD-SUGAR |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Blood Sugar Freq (PDE-1154)

## General Information

This field indicates the frequency with which the member receives special medical services for blood sugar.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-GLUCOSE-BLD-SUGAR-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member is receiving special medical procedures for blood sugar.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Injections Freq (PDE-1155)

## General Information

This field indicates the frequency with which the member receives special medical services for injections and/or IV therapy.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-INFECTION-IV-THRPY-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member is receiving special medical procedures for blood sugar.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Oxygen Freq (PDE-1156)

## General Information

This field indicates the frequency with which the member receives special medical services for oxygen therapy.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-OXYGEN-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member is receiving special medical procedures for oxygen.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Radiation/Chemo Freq (PDE-1157)

## General Information

This field indicates the frequency with which the member receives special medical services for chemo or radiation therapy.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-RADIO-CHEMOTHRPY-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member is receiving special medical procedures for oxygen.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Restraints Freq (PDE-1158)

## General Information

This field indicates the frequency with which the member receives special medical services for restraints.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-RESTRAINT-PHY-CHEM-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member is receiving special medical procedures for restraints.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – ROM Freq (PDE-1159)

## General Information

This field indicates the frequency with which the member receives special medical services for range of motion exercises.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-ROM-EXERCISE-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member is receiving special medical procedures for range of motion exercises.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Trach Care Freq (PDE-1160)

## General Information

This field indicates the frequency with which the member receives special medical services for tracheotomy care.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-TH-SCTION-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member is receiving special medical procedures for tracheotomy care.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Ventilator Freq (PDE-1161)

## General Information

This field indicates the frequency with which the member receives special medical services for ventilator care.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-VENTILATOR-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member is receiving special medical procedures for ventilator care.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Med Proc – Other Freq (PDE-1162)

## General Information

This field indicates the frequency with which the member receives special medical services for something other than those already listed.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-OTHER-SPEC-MED-PRC-FQ |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if it's indicated that the member is receiving special medical procedures for something other than those already listed.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Other Screener's Name (PDE-1163)

## General Information

This field contains the name of any additional screener that participated in the assessment.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-MED-NUR-OTH-SIGN |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if there's another screener in addition to the physician.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Other Screener's Title (PDE-1164)

## General Information

This field contains the title of any additional screener that participated in the assessment.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PYHA-MED-NUR-OTH-SIGN |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if there's another screener in addition to the physician.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Signature Date (PDE-1165)

## General Information

This field contains the date in which the other screener completed their name and title on the form.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Physical Health Assessment |
| Element Type | Date |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 10 |
| MMIS Data Element | UAI-PYHA-MED-NUR-OTH-DATE |
| MMIS DE Number | DE0000 |

## Business Rules

- Date format is MM/DD/YYYY
- This field is required if there's another screener in addition to the physician.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Cognitive – Spheres Affected (PDE-1166)

## General Information

This field contains a description of the spheres affecting a member's cognitive ability.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 25 |
| MMIS Data Element | UAI-PSYC-SPHERES-AFFECTED |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Orientation selection is any of the following:
  - Disoriented Some spheres, some of the time (1)
  - Disoriented Some spheres, all of the time (2)
  - Disoriented All spheres, some of the time (3)
  - Disoriented All spheres, all of the time (4)
  - Comatose (5)

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Short-Term Memory Loss Ind (PDE-1167)

## General Information

This field indicates whether the member has any issues with short-term memory loss.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-SHORT-MEMORY-LOSS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Long-Term Memory Loss Ind (PDE-1168)

## General Information

This field indicates whether the member has any issues with long-term memory loss.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-LONG-MEMORY-LOSS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Judgment Problem Ind (PDE-1169)

## General Information

This field indicates whether the member has any problems with judgment.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-JUDGEMENT-PROBLEMS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Inappropriate Behavior Detail (PDE-1170)

## General Information

This field contains the description of the type of inappropriate behavior the member is displaying.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 100 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- This field is required if the answer to the question "Does this member every wander without purpose (trespass, get lost, go into traffic, etc.) or become agitated and abusive?" is any of the following:
  - Wandering/Passive – Less than weekly (1)
  - Wandering/Passive – Weekly or more (2)
  - Abusive/Aggressive/Disruptive – Less than weekly (3)
  - Abusive/Aggressive/Disruptive – Weekly or more (4)
  - Comatose (5)

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Inappropriate Behavior Source (PDE-1171)

## General Information

This field contains the name of the person reporting the member's inappropriate behavior.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 40 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- This field is required if the answer to the question "Does this member every wander without purpose (trespass, get lost, go into traffic, etc.) or become agitated and abusive?" is any of the following:
  - Wandering/Passive – Less than weekly (1)
  - Wandering/Passive – Weekly or more (2)
  - Abusive/Aggressive/Disruptive – Less than weekly (3)
  - Abusive/Aggressive/Disruptive – Weekly or more (4)
  - Comatose (5)

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Stressors – Work Ind (PDE-1172)

## General Information

This field indicates whether the member has been dealing with any recent life stressors due to changes in work/employment.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-CHG-WORK-EMPLOYMENT |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Stressors – Death Ind (PDE-1173)

## General Information

This field indicates whether the member has been dealing with any recent life stressors due to the death of someone close.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-DEATH-SOMEONE-CLOSE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Stressors – Family Conflict Ind (PDE-1174)

## General Information

This field indicates whether the member has been dealing with any recent life stressors due to conflict within the family.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-FAMILY-CONFLICT |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Stressors – Financial Ind (PDE-1175)

## General Information

This field indicates whether the member has been dealing with any recent life stressors due to financial problems.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-FINANCIAL-PROBLEMS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Stressors – Family/Friend Illness Ind (PDE-1176)

## General Information

This field indicates whether the member has been dealing with any recent life stressors due to a major illness with a family or friend.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-MAJOR-ILL-FAM-FRIEND |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Stressors – Relocation Ind (PDE-1177)

## General Information

This field indicates whether the member has been dealing with any recent life stressors due to a recent move or relocation.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-RECENT-MOVE-RELOC |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Stressors – Crime Victim Ind (PDE-1178)

## General Information

This field indicates whether the member has been dealing with any recent life stressors due to being a victim of a crime.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-VICTIM-OF-CRIME |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Stressors – Failing Health Ind (PDE-1179)

## General Information

This field indicates whether the member has been dealing with any recent life stressors due to failing health.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-FAILING-HEALTH |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Stressors – Other Ind (PDE-1180)

## General Information

This field indicates whether the member has been dealing with any recent life stressors not previously listed.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-OTHER-LIFE-STRESS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Stressors – Other Description (PDE-1181)

## General Information

This field describes the life stressor the member is dealing with that was not previously listed.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 25 |
| MMIS Data Element | UAI-PSYC-OTHER-DESC-LIFE-STR |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Stressors – Other Ind is checked

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Emotional – Anxiety Ind (PDE-1182)

## General Information

This field indicates if, in the last month, the member feels anxious or worries constantly about things.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-FEEL-ANXIOUS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- Rarely/Never (0)
- Some of the Time (1)
- Often (2)
- Most of the Time (3)
- Unable to Assess (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Emotional –Irritability Ind (PDE-1183)

## General Information

This field indicates if the member feels irritable, has crying spells or gets upset over little things in the past month.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-FEEL-IRRITABLE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- Rarely/Never (0)
- Some of the Time (1)
- Often (2)
- Most of the Time (3)
- Unable to Assess (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Emotional –Lonely Ind (PDE-1184)

## General Information

This field indicates if, in the last month, the member feels alone and that they don't have anyone to talk to.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-FEEL-ALONE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- Rarely/Never (0)
- Some of the Time (1)
- Often (2)
- Most of the Time (3)
- Unable to Assess (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Emotional –Isolation Ind (PDE-1185)

## General Information

This field indicates if, in the last month, the member feels like they don't want to be around other people.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-FEEL-AROUND-PEOPLE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- Rarely/Never (0)
- Some of the Time (1)
- Often (2)
- Most of the Time (3)
- Unable to Assess (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Emotional –Paranoia Ind (PDE-1186)

## General Information

This field indicates if, in the last month, the member is feeling afraid that something bad is going to happen to them and/or feels that others are trying to take things from them or trying to harm them.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-FEEL-AFRAID |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- Rarely/Never (0)
- Some of the Time (1)
- Often (2)
- Most of the Time (3)
- Unable to Assess (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Emotional –Sad/Hopeless Ind (PDE-1187)

## General Information

This field indicates if the member is feeling sad or hopeless in the past month.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-FEEL-SAD-HOPELESS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- Rarely/Never (0)
- Some of the Time (1)
- Often (2)
- Most of the Time (3)
- Unable to Assess (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Emotional –Suicidal Ind (PDE-1188)

## General Information

This field indicates if, in the last month, the member is feeling that life is not worth living or thinking of taking their life.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-FEEL-LIFE-NOT-WORTH |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- Rarely/Never (0)
- Some of the Time (1)
- Often (2)
- Most of the Time (3)
- Unable to Assess (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Emotional –Imaginary Ind (PDE-1189)

## General Information

This field indicates if, in the last month, the member is seeing or hearing things that other people do not see or hear.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-SEE-HEAR-OTHER-DO-NOT |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- Rarely/Never (0)
- Some of the Time (1)
- Often (2)
- Most of the Time (3)
- Unable to Assess (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Emotional – Special Powers Ind (PDE-1190)

## General Information

This field indicates if, in the last month, the member believes that they have special powers that others do not have.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-SPECIAL-POWERS-OTDN |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- Rarely/Never (0)
- Some of the Time (1)
- Often (2)
- Most of the Time (3)
- Unable to Assess (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Emotional – Sleeping Ind (PDE-1191)

## General Information

This field indicates if, in the last month, the member has had problems falling or staying asleep.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-FALLNG-STAYING-SLEEP |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- Rarely/Never (0)
- Some of the Time (1)
- Often (2)
- Most of the Time (3)
- Unable to Assess (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Emotional – Eating Ind (PDE-1192)

## General Information

This field indicates if, in the last month, the member has had problems with their appetite, eating too much or too little.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-PROBLEMS-APPETITE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- Rarely/Never (0)
- Some of the Time (1)
- Often (2)
- Most of the Time (3)
- Unable to Assess (9)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Emotional – Comments (PDE-1193)

## General Information

This field contains any additional comments regarding the member's emotional status.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 25 |
| MMIS Data Element | UAI-PSYC-COMMENTS-EMOTIONAL-ST |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Social – Solitary Activities Ind (PDE-1194)

## General Information

This field indicates if there are solitary activities that the member especially enjoys doing.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-SOLITARY-ACTIVITIES |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Social – Solitary Activities Description (PDE-1195)

## General Information

This field contains a description of the solitary activities that the member especially enjoys doing.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 25 |
| MMIS Data Element | UAI-PSYC-SOLITARY-ACTIV-DES |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if the Social – Solitary Activities Ind is checked.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Social – Friends/Family Ind (PDE-1196)

## General Information

This field indicates if there are activities with friends and/or family that the member especially enjoys doing.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-WITH-FRIENDS-FAMILY |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Social –Friends/Family Description (PDE-1197)

## General Information

This field contains a description of the activities that the member especially enjoys doing with friends and/or family.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 25 |
| MMIS Data Element | UAI-PSYC-WITH-FRIENDS-FAM-DESC |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if the Social – Friends/Family Ind is checked.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Social – Groups/Clubs Ind (PDE-1198)

## General Information

This field indicates if there are activities with groups and/or clubs that the member especially enjoys participating in.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-WITH-GROUPS-CLUBS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Social –Groups/Clubs Description (PDE-1199)

## General Information

This field contains a description of the activities that the member especially enjoys doing with groups and/or clubs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 25 |
| MMIS Data Element | UAI-PSYC-WITH-GROUPS-CLUB-DES |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if the Social – Groups/Clubs Ind is checked.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Social – Religious Activities Ind (PDE-1200)

## General Information

This field indicates if there are religious activities that the member especially enjoys participating in.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-RELIGIOUS-ACTIVITIES |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Social – Religious Activities Description (PDE-1201)

## General Information

This field contains a description of the religious activities that the member especially enjoys doing.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 25 |
| MMIS Data Element | UAI-PSYC-RELIGIOUS-ACTIV-DESC |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is only required if the Social – Religious Activities Ind is checked.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Phone Communication Level - Children (PDE-1202)

## General Information

This field indicates the frequency with which the member is in communication with their children.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-TALK-CHILDREN-FREQ |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No Children
- 1 = Daily
- 2 = Weekly
- 3 = Monthly
- 4 = Less Than Monthly
- 5 = Never

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Phone Communication Level – Other Family (PDE-1203)

## General Information

This field indicates the frequency with which the member is in communication with their family (other than with their children).

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-TALK-OTH-FAMILY-FREQ |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No Other Family
- 1 = Daily
- 2 = Weekly
- 3 = Monthly
- 4 = Less Than Monthly
- 5 = Never

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Phone Communication Level – Friends/Neighbors (PDE-1204)

## General Information

This field indicates the frequency with which the member is in communication with their friends and/or neighbors.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-TALK-FRND-NEIGH-FREQ |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No Friends/Neighbors
- 1 = Daily
- 2 = Weekly
- 3 = Monthly
- 4 = Less Than Monthly
- 5 = Never

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Contact Level – Children/Family/Friends Ind (PDE-1205)

## General Information

This field is the yes/no indication of whether the member is satisfied with how often they see or hear from their children, other family and/or friends.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-SATISFY-SEE-HEAR |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Hospitalization – Alcohol/Drug User Ind (PDE-1206)

## General Information

This field is the yes/no indication whether the member has been hospitalized or received inpatient/outpatient treatment in the last 2 years for nerves, emotional/mental health, alcohol or substance abuse problems.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-HOSPITALIZED |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Use/Tobacco - History Ind (PDE-1207)

## General Information

This field is the indicator of whether the member has ever drunk alcoholic beverages, use non-prescription, mood altering substances or smoke or use tobacco products.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-DRINK-ALCOHOL-BVRG<br>UAI-PSYC-ALTER-SUBSTCE-BVRG<br>UAI-PSYC-USE-TOBACCO-PRODUCTS |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = Never
- 1 = At One Time, But No Longer
- 2 = Currently

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Use/Tobacco - Amount (PDE-1208)

## General Information

This field describes the amount of alcohol, drugs and/or tobacco used.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PSYC-ALCOHOL-BVRG-HOW-MUCH<br>UAI-PSYC-SUBSTCE-BVRG-HOW-MUCH<br>UAI-PSYC-USE-TOBACCO-HOW-MUCH |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if Alcohol/Drug Use/Tobacco – History Ind = Currently (2)

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Use/Tobacco - Frequency (PDE-1209)

## General Information

This field describes the frequency with which the member uses alcohol, drugs and/or tobacco.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 15 |
| MMIS Data Element | UAI-PSYC-ALCOHOL-BVRG-HOW-OFTN<br>UAI-PSYC-SUBSTCE-BVRG-HOW-OFTN<br>UAI-PSYC-USE-TOBACCO-HOW-OFTEN |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if Alcohol/Drug Use/Tobacco – History Ind = Currently (2)

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Use - Concern Ind (PDE-1210)

## General Information

This field is the indicator of whether the member or someone close to them has ever been concerned about the member's use of alcohol/other mood altering substances.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-SOMEONE-CLOSE-CONCERN |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Use - Description (PDE-1211)

## General Information

This field describes the concern of either the member or someone close to them about the member's use of alcohol/other mood altering substances.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 40 |
| MMIS Data Element | UAI-PSYC-DESCRIBE-CONCERNS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Alcohol/Drug Use – Concern Ind = 1 (Yes)

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Use – Prescription Drug Combination (PDE-1212)

## General Information

This field indicates if the member ever used alcohol or other mood-altering substances with prescription drugs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-ALC-MOOD-PRESC-DRUGS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Alcohol/Drug Use/Tobacco – History Ind is either of the following:
  - 1 = At One Time, But No Longer
  - 2 = Currently

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Use – OTC Drug Combination (PDE-1213)

## General Information

This field indicates if the member ever used alcohol or other mood-altering substances with over-the-counter drugs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-ALC-MOOD-OTC-MEDICINE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Alcohol/Drug Use/Tobacco – History Ind is either of the following:
  - 1 = At One Time, But No Longer
  - 2 = Currently

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Use – Other Substance Combination (PDE-1214)

## General Information

This field indicates if the member ever used alcohol or other mood-altering substances in combination with other substances.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-ALC-MOOD-OTH-SUBSTAN |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Alcohol/Drug Use/Tobacco – History Ind is either of the following:
  - 1 = At One Time, But No Longer
  - 2 = Currently

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Use – Combination Description (PDE-1215)

## General Information

This field describes what and how often the member uses alcohol or other mood-altering substances in combination with prescription or OTC drugs or other substances.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 40 |
| MMIS Data Element | UAI-PSYC-DESC-WHAT-HOW-OFTN-1 |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if any of the following are checked:
  - Alcohol/Drug Use – Prescription Drug Combination
  - Alcohol/Drug Use – OTC Drug Combination
  - Alcohol/Drug Use – Other Substance Combination

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Help – Sleep Ind (PDE-1216)

## General Information

This field indicates whether the member uses alcohol or drugs to aid in sleep.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-ALC-MOOD-HLP-SLEEP |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Alcohol/Drug Use/Tobacco – History Ind is either of the following:
  - 1 = At One Time, But No Longer
  - 2 = Currently

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Help – Relax Ind (PDE-1217)

## General Information

This field indicates whether the member uses alcohol or drugs to aid in relaxation.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-ALC-MOOD-HLP-RELAX |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Alcohol/Drug Use/Tobacco – History Ind is either of the following:
  - 1 = At One Time, But No Longer
  - 2 = Currently

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Help – Energy Ind (PDE-1218)

## General Information

This field indicates whether the member uses alcohol or drugs to aid in gaining or retaining energy.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-ALC-MOOD-HLP-ENERGY |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Alcohol/Drug Use/Tobacco – History Ind is either of the following:
  - 1 = At One Time, But No Longer
  - 2 = Currently

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Help – Worry Relief Ind (PDE-1219)

## General Information

This field indicates whether the member uses alcohol or drugs to aid in relieving worry.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-ALC-MOOD-REL-WORRIES |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Alcohol/Drug Use/Tobacco – History Ind is either of the following:
  - 1 = At One Time, But No Longer
  - 2 = Currently

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Help – Pain Relief Ind (PDE-1220)

## General Information

This field indicates whether the member uses alcohol or drugs to aid in relieving pain.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-ALC-MOOD-PHYS-PAIN |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Alcohol/Drug Use/Tobacco – History Ind is either of the following:
  - 1 = At One Time, But No Longer
  - 2 = Currently

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Alcohol/Drug Help – Description (PDE-1221)

## General Information

This field describes what and how often the member uses alcohol or other mood-altering substances to assist with emotional issues.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 40 |
| MMIS Data Element | UAI-PSYC-DESC-WHAT-HOW-OFTN-2 |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if any of the following are checked:
  - Alcohol/Drug Help – Sleep Ind
  - Alcohol/Drug Help – Relax Ind
  - Alcohol/Drug Help – Energy Ind
  - Alcohol/Drug Help – Worry Relief Ind
  - Alcohol/Drug Help – Pain Relief Ind

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Additional Discussion Comments (PDE-1222)

## General Information

This field describes any additional comments the member might have wanted to discuss that had not previously been discussed..

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Psycho-Social Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 100 |
| MMIS Data Element | UAI-PSYC-NOT-TALKED-ABOUT-COMM |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the member indicated there were additional items to discuss that had not previously been discussed.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Informal Caregiver - Ind (PDE-1223)

## General Information

This field indicates whether the member has an informal caregiver.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment Summary |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-CLNT-INFORM-CAREGIVER |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Informal Caregiver - Residence (PDE-1224)

## General Information

This field indicates where the member's informal caregiver resides.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment Summary |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-WHERE-CAREGIVER-LIVE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Informal Caregiver – Ind = 1 (Yes)

## Valid Values

- 0 = With Member
- 1 = Separate residence, close proximity
- 2 = Separate residence, over 1 hour away

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Informal Caregiver – Help Level (PDE-1225)

## General Information

This field indicates the level of help the member receives from the informal caregiver.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment Summary |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-CAREGIVER-HELP |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Informal Caregiver – Ind = 1 (Yes)

## Valid Values

- 0 = Adequate to meet the member's needs
- 1 = Not adequate to meet the member's needs

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Informal Caregiver – Burden Level (PDE-1226)

## General Information

This field indicates if caring for the member has become a burden for the caregiver.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment Summary |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-BURDEN-FOR-CAREGIVER |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Informal Caregiver – Ind = 1 (Yes)

## Valid Values

- 0 = Not At All
- 1 = Somewhat
- 2 = Very Much

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Informal Caregiver – Continuation Comments (PDE-1227)

## General Information

This field describes any problems the informal caregiver has with continued caregiving.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment Summary |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 100 |
| MMIS Data Element | UAI-PSYC-PROB-CONT-CAREGV-DESC |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Informal Caregiver – Ind = 1 (Yes)

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Preferences – Member's Comments (PDE-1228)

## General Information

This field describes the member's preference for receiving needed care.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment Summary |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 75 |
| MMIS Data Element | UAI-PSYC-CLNT-PREF-RECV-N-CARE |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Preferences – Family's Comments (PDE-1229)

## General Information

This field describes the member's family's preference for the member's needed care.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment Summary |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 75 |
| MMIS Data Element | UAI-PSYC-FAM-REP-PRF-CLNT-CARE |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Preferences – Physician's Comments (PDE-1230)

## General Information

This field describes the member's physician's preference for the member's needed care.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment Summary |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Optional |
| Size | 75 |
| MMIS Data Element | UAI-PSYC-PHY-COMMENTS-IF-APPLY |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Case Summary Comments (PDE-1231)

## General Information

This field describes the member's physician's preference for the member's needed care.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment Summary |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Optional |
| Size | 1000 |
| MMIS Data Element | UAI-PSYC-CLNT-CASE-SUMMARY |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Unmet Needs - Finances Ind (PDE-1232)

## General Information

This field indicates whether the member has any unmet financial needs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment summary |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-UNMET-NEEDS-FINANCES |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Unmet Needs – Home/Physical Environment Ind (PDE-1233)

## General Information

This field indicates whether the member has any unmet home or physical environment needs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment summary |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-UNMET-NEEDS-HOME-ENV |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Unmet Needs – ADLS Ind (PDE-1234)

## General Information

This field indicates whether the member has any unmet ADL needs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment summary |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-UNMET-NEEDS-ADLS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Unmet Needs – IADLS Ind (PDE-1235)

## General Information

This field indicates whether the member has any unmet IADL needs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment summary |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-UNMET-NEEDS-IADLS |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Unmet Needs – Med Equip Ind (PDE-1236)

## General Information

This field indicates whether the member has any unmet assistive devices or medical equipment needs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment summary |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-UNMET-NEEDS-ASST-DEV |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Unmet Needs – Health Ind (PDE-1237)

## General Information

This field indicates whether the member has any unmet medical care or health needs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment summary |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-UNMET-NEEDS-MED-CARE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Unmet Needs – Nutrition Ind (PDE-1238)

## General Information

This field indicates whether the member has any unmet nutritional needs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment summary |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-UNMET-NEEDS-NUTRITION |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Unmet Needs – Emotional Ind (PDE-1239)

## General Information

This field indicates whether the member has any unmet cognitive or emotional needs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment summary |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-UNMET-NEEDS-COGNITIVE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Unmet Needs – Caregiver Ind (PDE-1240)

## General Information

This field indicates whether the member has any unmet caregiver support needs.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment summary |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | UAI-PSYC-UNMET-NEEDS-CAREGVR-S |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Sections Completed (PDE-1241)

## General Information

This field denotes the sections completed by the person listed in the 'Assessor's Name' section.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment summary |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 15 |
| MMIS Data Element | UAI-PSYC-ASSESSMT-SEC-COMP-1<br>UAI-PSYC-ASSESSMT-SEC-COMP-2<br>UAI-PSYC-ASSESSMT-SEC-COMP-3<br>UAI-PSYC-ASSESSMT-SEC-COMP-4<br>UAI-PSYC-ASSESSMT-SEC-COMP-5<br>UAI-PSYC-ASSESSMT-SEC-COMP-6 |
| MMIS DE Number | DE0000 |

## Business Rules

- A maximum of six assessors can complete the form but at least one is required.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Case Assignment Name (PDE-1242)

## General Information

This field notes the name of the caseworker the member's case is assigned to.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment summary |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Optional |
| Size | 40 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Case Assignment Code (PDE-1243)

## General Information

This field notes the case number assigned to the member's case.

| | |
|---|---|
| Page | UAI - Part B |
| Portlet Name | UAI – Part B – Assessment summary |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Optional |
| Size | 40 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# PAS Request Date (PDE-1244)

## General Information

This field contains the date the pre-admission screening was requested.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Date |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 10 |
| MMIS Data Element | DMAS95-MIMRRC-DATE-NHPAS-REQ |
| MMIS DE Number | DE0000 |

## Business Rules

- Enter in format MM/DD/YYYY

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Responsible CSB Name (PDE-1245)

## General Information

This field contains the name of the responsible Community Services Board.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 20 |
| MMIS Data Element | DMAS95-MIMRRC-RESP-CSB |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Nursing Facility Criteria Met Ind (PDE-1246)

## General Information

This field indicates whether the member meets the nursing facility criteria.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-IND-NUR-FAC-CR |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Plan of Care Ind (PDE-1247)

## General Information

This field indicates whether a safe and appropriate plan of care can be developed to meet all the member's medical/nursing/custodial care needs.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-PLN-MED-CUS-ND |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Illness Ind (PDE-1248)

## General Information

This field indicates whether the member has a current serious mental illness (MI).

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-CUR-MENTAL-ILL |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder - Diagnosable Ind (PDE-1249)

## General Information

This field indicates whether the member has a major mental disorder diagnosable under DSM-IV (e.g., schizophrenia, mood, paranoid, panic, or other serious anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or other mental disorder that may lead to a chronic disability).

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-MENT-DISOR-IV |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder – Recent Limitations Ind (PDE-1250)

## General Information

This field indicates whether the member's disorder resulted in functional limitations in major life activities within the past 3-6 months, particularly with regard to interpersonal functioning; concentration, persistence, or pace; and adaptation to change.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-DISOR-FUNC-LI |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder – Treatment History Ind (PDE-1251)

## General Information

This field denotes if the member's treatment history indicates that the member has experienced psychiatric treatment more intensive than outpatient care more than once in the past 2 years or the member has experienced within the last 2 years an episode of significant disruption to the normal living situation due to the mental disorder.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-TREATMNT-HIST |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder – Age Ind (PDE-1252)

## General Information

This field indicates if the member was diagnosed with Mental Retardation (MR) / Intellectual Disability (ID) which manifested before age 18 or age 22.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-MENT-RETD-B-18<br>DMAS95-MIMRRC-COND-MANF-B-22 |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder – Related Condition Ind (PDE-1253)

## General Information

This field indicates if the member has a related condition.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-INDV-REL-COND |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder – Other Condition Attributable Ind (PDE-1254)

## General Information

This field indicates if the member has a condition attributable to any other condition (e.g. cerebral palsy, epilepsy, autism, muscular dystrophy, multiple sclerosis, Frederick's ataxia, spina befida), other than MI, found to be closely related to MR/ID because this condition may result in impairment of general intellectual functioning or adaptive behavior similar to that of MR/ID persons and requires treatment of services similar to those for these people.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-COND-ATT-COND |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder – Indefinitely Ind (PDE-1255)

## General Information

This field indicates if the member's condition is likely to continue indefinitely.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-COND-CNT-UNLIKLY |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder – Life Limitation Ind (PDE-1256)

## General Information

This field indicates if the member's condition resulted in substantial limitations in 3 or more of the following areas of major life activity; self-care understanding and use of language, learning, mobility, self-direction, and capacity for independent living.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-LIMIT-3-MORE |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Recommendation – Secondary Assessment Ind (PDE-1257)

## General Information

This field indicates a secondary assessment recommendation is needed.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-REF-SEC-ASSMNT |
| MMIS DE Number | DE0000 |

## Business Rules

- At least one selection in the recommendation section is required.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Recommendation – MI Ind (PDE-1258)

## General Information

This field indicates the member received a mental illness recommendation.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-MI |
| MMIS DE Number | DE0000 |

## Business Rules

- At least one selection in the recommendation section is required.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Recommendation – MR/RC Ind (PDE-1259)

## General Information

This field indicates the member received a mental retardation or related condition recommendation.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-MR-RELATED-COND |
| MMIS DE Number | DE0000 |

## Business Rules

- At least one selection in the recommendation section is required.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Recommendation – Dual Diagnosis Ind (PDE-1260)

## General Information

This field indicates the member received a dual diagnosis – mental illness and mental retardation or related condition recommendation.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-DUAL-DIAGNOSIS |
| MMIS DE Number | DE0000 |

## Business Rules

- At least one selection in the recommendation section is required.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# No Referral - Ind (PDE-1261)

## General Information

This field indicates the member is not being referred for active treatment.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-NO-RFACTV-ASS-IN |
| MMIS DE Number | DE0000 |

## Business Rules

- At least one selection in the recommendation section is required.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# No Referral – Criteria Not Met Ind (PDE-1262)

## General Information

This field indicates the member does not meet the applicable criteria for serious MI or MR/ID or related condition.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-N-MET-APPL-CRT |
| MMIS DE Number | DE0000 |

## Business Rules

- At least one selection in the recommendation section is required.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# No Referral – Dementia No MR Ind (PDE-1263)

## General Information

This field indicates the member has a primary diagnosis of dementia (including Alzheimer's disease) and does not have a diagnosis of MR/ID.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-P-DEMT-N-DIAG-MR |
| MMIS DE Number | DE0000 |

## Business Rules

- At least one selection in the recommendation section is required.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# No Referral – Dementia With MI Ind (PDE-1264)

## General Information

This field indicates the member has a primary diagnosis of dementia (including Alzheimer's disease) AND has a secondary diagnosis of a serious MI.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-P-DEMT-SEC-DG-MI |
| MMIS DE Number | DE0000 |

## Business Rules

- At least one selection in the recommendation section is required.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# No Referral – Physical Illness Ind (PDE-1265)

## General Information

This field indicates the member has a severe physical illness (e.g. documented evidence of coma, functioning at brain-stern level, or other conditions which results in a level of impairment so severe that the individual could not be expected to benefit from specialized services).

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-SEV-PHY-ILLNESS |
| MMIS DE Number | DE0000 |

## Business Rules

- At least one selection in the recommendation section is required.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# No Referral – Terminal Illness Ind (PDE-1266)

## General Information

This field indicates the member is terminally ill (note: a physician must have documented that individual's life expectancy is six (6) months or less).

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRRC-TERMINALLY-ILL |
| MMIS DE Number | DE0000 |

## Business Rules

- At least one selection in the recommendation section is required.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Steering Committee Name (PDE-1267)

## General Information

This field contains the name of the Steering Committee associated with the assessor.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 20 |
| MMIS Data Element | DMAS95-MIMRRC-SCREEN-COMMITEE |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Screener’s Address (PDE-1268)

## General Information

This field contains the screener’s street address, city and state.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 40 |
| MMIS Data Element | DMAS95-MIMRRC-STREET-ADDRESS |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Screener’s Phone (PDE-1269)

## General Information

This field contains the screener’s phone number including area code.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 12 |
| MMIS Data Element | DMAS95-MIMRRC-TELEPHONE |
| MMIS DE Number | DE0000 |

## Business Rules

- Phone number entered in format 999-999-9999 (including area code).

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Screening Placement Recommendation (PDE-1270)

## General Information

This field contains the placement recommendation resulting from the screening.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 20 |
| MMIS Data Element | DMAS95-MIMRSP-SCR-PLACE-RECOMD |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Evaluation/Assessment - Neurological Ind (PDE-1271)

## General Information

This field indicates a neurological evaluation for the member has been submitted upon receipt of referral.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-NEURO-EVAL |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Evaluation/Assessment - Psychological Ind (PDE-1272)

## General Information

This field indicates a psychological assessment for the member has been submitted upon receipt of referral.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-PSYCHOLOGIC-ASSM |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Evaluation/Assessment – Psychiatric Ind (PDE-1273)

## General Information

This field indicates a psychiatric assessment for the member has been submitted upon receipt of referral.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-PSYCHIATRIC-ASSM |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Evaluation/Assessment – Psychosocial Ind (PDE-1274)

## General Information

This field indicates a psychosocial/functional assessment for the member has been submitted upon receipt of referral.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-PSYCHO-FUNC-ASSM |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Evaluation/Assessment – History Ind (PDE-1275)

## General Information

This field indicates a history and physical examination for the member has been submitted upon receipt of referral.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-HIST-PHY-EXAM |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Evaluation/Assessment – Other Ind (PDE-1276)

## General Information

This field indicates an assessment for the member has been submitted upon receipt of referral for something other than any previously listed.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-OTHER |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Evaluation/Assessment – Other Description (PDE-1277)

## General Information

This field describes the assessment for the member that has been submitted for something other than any previously listed.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 20 |
| MMIS Data Element | DMAS95-MIMRSP-OTHER-SPECIFY |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if Evaluation/Assessment – Other Ind is checked.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Specialized Services Recommendation Ind (PDE-1278)

## General Information

This field indicates whether specialized services are recommended for the member.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-SPEC-SVC-IND |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Specialized Services Recommendation Ind (PDE-1279)

## General Information

This field contains any comments associated with the recommendation(s) for the member.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 200 |
| MMIS Data Element | DMAS95-MIMRSP-COMMENTS-1 |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Referral Package Received Date (PDE-1280)

## General Information

This field contains the date the referral package was received.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Date |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 10 |
| MMIS Data Element | DMAS95-MIMRSP-DTE-REF-PKG-RECV |
| MMIS DE Number | DE0000 |

## Business Rules

- Date entered in the format MM/DD/YYYY

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Referral Package Sent Date (PDE-1281)

## General Information

This field contains the date the referral package was sent to DMRMRSAS.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Date |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 10 |
| MMIS Data Element | DMAS95-MIMRSP-DTE-PKG-DMRMRSAS |
| MMIS DE Number | DE0000 |

## Business Rules

- Date entered in the format MM/DD/YYYY

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# QMHP Name (PDE-1282)

## General Information

This field contains the name of the QMHP professional making the MI assessment.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 20 |
| MMIS Data Element | DMAS95-MIMRSP-QMHP-SIGNATURE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the member has a MI assessment.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# QMHP Phone (PDE-1283)

## General Information

This field contains the phone number of the QMHP professional making the MI assessment.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 12 |
| MMIS Data Element | DMAS95-MIMRSP-QMHP-TELEPHONE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the QMHP name is entered.
- Phone should be entered in the format 999-999-9999 (including area code)

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Psychologist Name (PDE-1284)

## General Information

This field contains the name of the psychologist making the MR assessment.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 20 |
| MMIS Data Element | DMAS95-MIMRSP-PSYC-SIGNATURE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the member has a MR assessment.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Psychologist Phone (PDE-1285)

## General Information

This field contains the phone number of the psychologist making the MR assessment.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 12 |
| MMIS Data Element | DMAS95-MIMRSP-PSYC-TELEPHONE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the psychologist name is entered.
- Phone should be entered in the format 999-999-9999 (including area code)

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Case Manager Name (PDE-1286)

## General Information

This field contains the name of the case manager associated with the member's case.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 20 |
| MMIS Data Element | DMAS95-MIMRSP-CMGR-SIGNATURE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the member has been assigned to a case worker.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Case Manager Phone (PDE-1287)

## General Information

This field contains the phone number of the case manager associated with the member's case.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 12 |
| MMIS Data Element | DMAS95-MIMRSP-CMGR-TELEPHONE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the case manager name is entered.
- Phone should be entered in the format 999-999-9999 (including area code)

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Referral Package – PAS Rep Ind (PDE-1288)

## General Information

This field indicates that copies of the referral package have been sent to the PAS Representative.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-PAS-REPRESENTATI |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Referral Package – CSB Ind (PDE-1289)

## General Information

This field indicates that copies of the referral package have been sent to the Community Services Board.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-COM-SRV-BOARD |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Referral Package – NF Ind (PDE-1290)

## General Information

This field indicates that copies of the referral package have been sent to the admitting and/or retaining nursing facility.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-ADM-NUR-FACILITY |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Referral Package – Discharge Hospital Ind (PDE-1291)

## General Information

This field indicates that copies of the referral package have been sent to the discharging hospital.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-DIS-HOSPITAL |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Referral Package – Member Ind (PDE-1292)

## General Information

This field indicates that copies of the referral package have been sent to the member being evaluated.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Referral Package – Member's Family Ind (PDE-1293)

## General Information

This field indicates that copies of the referral package have been sent to the member's family.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-IND-FAMILY |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Referral Package – Legal Rep Ind (PDE-1294)

## General Information

This field indicates that copies of the referral package have been sent to the member's legal representative.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-IND-LEGAL |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Referral Package – Attending Physician Ind (PDE-1295)

## General Information

This field indicates that copies of the referral package have been sent to the member's attending physician.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 1 |
| MMIS Data Element | DMAS95-MIMRSP-ATT-PHYSICIAN |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if applicable to the member.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Referral Package – Representative's Name (PDE-1296)

## General Information

This field contains the name of the member's legal representative that received copies of the referral package.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR Supplemental: Level II |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally required |
| Size | 40 |
| MMIS Data Element | DMAS95-MIMRSP-IND-LGL-REP-NAME |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Referral Package – Legal Rep Ind = 'Y'

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Psychiatric/Psychological Evaluation Needed Ind (PDE-1297)

## General Information

This field indicates whether the member needs a current psychiatric or psychological evaluation.

| | |
|---|---|
| Page | Public-Pay-Short |
| Portlet Name | Attachment to Public Pay Short Form Assessment |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | PPS-PSYCH-NEEDED |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- N = No
- Y = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-014 – Public Pay Short

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Prohibited Condition Ind (PDE-1298)

## General Information

This field indicates whether the member has a prohibited condition.

| | |
|---|---|
| Page | Public-Pay-Short |
| Portlet Name | Attachment to Public Pay Short Form Assessment |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | PPS-PROHIBITED-CONDITIONS |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- N = No
- Y = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-014 – Public Pay Short

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Prohibited Condition Description (PDE-1299)

## General Information

This field contains the description of the member's prohibited condition.

| | |
|---|---|
| Page | Public-Pay-Short |
| Portlet Name | Attachment to Public Pay Short Form Assessment |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 100 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Required if Prohibited Condition Ind = Yes

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-014 – Public Pay Short

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Level of Care Approval Ind (PDE-1300)

## General Information

This field indicates the member's approved level of care.

| | |
|---|---|
| Page | Public-Pay-Short |
| Portlet Name | Attachment to Public Pay Short Form Assessment |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | PPS-LEVEL-OF-CARE-APPROVED |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 1 = Residential Living
- 2 = Regular Assisted Living
- 3 = Intensive Assisted Living

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-014 – Public Pay Short

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Nursing Facility Contact Name (PDE-1301)

## General Information

This field contains the name of the nursing facility contact person.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care or Waiver Services Form |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 20 |
| MMIS Data Element | DMAS97-CONTACT |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the member meets the nursing facility criteria and an application has been made and accepted.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Nursing Facility Application Date (PDE-1302)

## General Information

This field contains the date the nursing facility application was made.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care or Waiver Services Form |
| Element Type | Date |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 10 |
| MMIS Data Element | DMAS97-DATE-APPL-MADE |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the member meets the nursing facility criteria and an application has been made and accepted.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Deterioration of Condition Description (PDE-1303)

## General Information

This field contains the description of the deterioration of the member's health care condition or changes in available supports that prevent former care arrangement from meeting the member's needs.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care or Waiver Services Form |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 40 |
| MMIS Data Element | DMAS97-DET-INDV-HLTH-CR-DESC |
| MMIS DE Number | DE0000 |

## Business Rules

- If deterioration in individual's health care condition or changes in available supports prevents former care arrangements from meeting needs indication is yes, this field is required.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Unmet Needs Description (PDE-1304)

## General Information

This field contains the description of what evidence is available that demonstrates the member's medical and nursing needs are not being met (e.g. recent physicians documentation of instability, findings from medical/social services manager).

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care or Waiver Services Form |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 40 |
| MMIS Data Element | DMAS97-EVIDENCE-AVAILABLE-DESC |
| MMIS DE Number | DE0000 |

## Business Rules

- If there is evidence available that demonstrates the member's medical and nursing needs are not being met (e.g. recent physicians documentation of instability, findings from medical/social services manager), then this field is required.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Member Care Selection (PDE-1305)

## General Information

This field contains the services the member has selected.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care or Waiver Services Form |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS97-INDV-NUR-FAC-SVC-OR<br>DMAS97-INDV-ELD-DIS-CON-WAV-OR<br>DMAS97-INDV-ALL-INCL-PACE-OR<br>DMAS97-INDV-ALZ-ASST-LIVG-OR<br>DMAS97-INDV-TEC-ASST-WAV-OR<br>DMAS97-INDV-ELD-CASE-MGMT-SVC |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- Nursing Facility Services
- Elderly or Disabled with Consumer Directed Waiver Services
- Program for the All Inclusive Care of the Elderly (PACE)
- Alzheimer's Assisted Living Waiver
- Technology-Assisted Waiver (for adults or children)
- Managed Care Organization (MCO) Choices

**Note:** Selection maps to individual input fields; 0 = Not selected; 1 = Selected

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Medicaid Eligible Ind (PDE-1306)

## General Information

This field indicates the member's Medicaid eligibility status.

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Medicaid Funded Long-Term Care Service Authorization Form |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS96-MEDICAID-ELIG |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 1 = Yes
- 2 = No, Anticipated within 180 days
- 3 = No, Not anticipated within in 180 days

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Medicaid Application Ind (PDE-1307)

## General Information

This field indicates whether the member has formally applied for Medicaid.

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Medicaid Funded Long-Term Care Service Authorization Form |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS96-MEDICAID-APPL |
| MMIS DE Number | DE0000 |

## Business Rules

- This field is required if the Medicaid Eligible Ind is either of the following:
    - 2 = No, Anticipated within 180 days
    - 3 = No, Not anticipated within in 180 days

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Auxiliary Grant Eligible Ind (PDE-1308)

## General Information

This field indicates whether the member is currently Auxiliary Grant eligible.

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Medicaid Funded Long-Term Care Service Authorization Form |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS96-AUXILLIARY-GRANT |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes/Has Applied
- 2 = No/But is Eligible

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# DSS – Eligibility Responsibility (PDE-1309)

## General Information

This field contains the name of the DSS group with eligibility responsibility.

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Medicaid Funded Long-Term Care Service Authorization Form |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 25 |
| MMIS Data Element | DMAS96-ELIG-RESPONSIBILTY |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member's case.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# DSS – Services Responsibility (PDE-1310)

## General Information

This field contains the name of the DSS group with services responsibility.

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Medicaid Funded Long-Term Care Service Authorization Form |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 25 |
| MMIS Data Element | DMAS96-SERV-RESPONSIBILTY |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member's case.

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Medicaid Auth – Level of Care Ind (PDE-1311)

## General Information

This field indicates the level of care that was authorized by Medicaid

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Medicaid Funded Long-Term Care Service Authorization Form |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 2 |
| MMIS Data Element | DMAS96-MCAID-AUTHORIZATION |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if member was authorized for Medicaid services.

## Valid Values

- 01 = Nursing Facility (NF) Services
- 02 = PACE
- 04 = Elderly or Disabled with Consumer Direction (EDCD) Waiver
- 11 = ALF Residential Living
- 12 = ALF Regular Assisted Living
- 14 = Individual/Family Development Disabilities Waiver
- 15 = Technology Assisted Waiver (Tech)
- 16 = Alzheimer's Assisted Living Waiver

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Targeted Case Mgmt Ind (PDE-1312)

## General Information

This field indicates if the member has targeted case management for an assisted living facility.

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Medicaid Funded Long-Term Care Service Authorization Form |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS96-TARGT-CASE-MGMT-ALF |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if Medicaid Auth – Level of Care Ind = 11 (ALF Residential Living) or 12 (ALF Regular Assisted Living)

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# ALF Reassessment Completed (PDE-1313)

## General Information

This field indicates what type of reassessment was completed for the member.

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Medicaid Funded Long-Term Care Service Authorization Form |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS96-TARGT-CASE-MGMT-ALF |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if Medicaid Auth – Level of Care Ind = 11 (ALF Residential Living) or 12 (ALF Regular Assisted Living)

## Valid Values

- 1 = Full Reassessment
- 2 = Short Reassessment

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Service Availability Ind (PDE-1314)

## General Information

This field indicates the availability of services for the member, if Medicaid services were authorized.

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Medicaid Funded Long-Term Care Service Authorization Form |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS96-SERVICE-AVAILABILITY |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if member was authorized for Medicaid services.

## Valid Values

- 1 = Member on waiting list for service authorization
- 2 = Desired service provider not available
- 3 = Service provider available, care to start immediately

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Length of Stay Ind (PDE-1315)

## General Information

This field indicates the availability of services for the member, if Medicaid services were authorized.

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Medicaid Funded Long-Term Care Service Authorization Form |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS96-LENGTH-OF-STAY |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if Medicaid Auth – Level of Care Ind = 1 (Nursing Facility Services)

## Valid Values

- 1 = Temporary (less than 3 months)
- 2 = Temporary (less than 6 months)
- 3 = Continuing (more than 6 months)
- 8 = N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Level II Referral Ind (PDE-1316)

## General Information

This field indicates the referral for a member with a Level II assessment.

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Medicaid Funded Long-Term Care Service Authorization Form |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS96-LVL-II-101B-ASMT |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if Level II Determination = Yes

## Valid Values

- 0 = Not referred for Level II Assessment
- 1 = Referred, Active Treatment Needed
- 2 = Referred, Active Treatment Not Needed
- 3 = Referred, Active Treatment Needed but Nursing Home Chosen

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Member Expiration Ind (PDE-1317)

## General Information

This field indicates whether the member expired after the PAS/ALF Screening decision but before services were received.

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Medicaid Funded Long-Term Care Service Authorization Form |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

N/A

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Help Needed - Respite Ind (PDE-1318)

## General Information

This field indicates whether the member needs help with respite care.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

N/A

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Help Needed - Supervision Ind (PDE-1319)

## General Information

This field indicates whether the member needs help with supervision.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS97-SUPERVISION |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Help Needed – Personal Care Ind (PDE-1320)

## General Information

This field indicates whether the member needs help with personal care.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

N/A

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Help Needed – ADLS Ind (PDE-1321)

## General Information

This field indicates whether the member needs help with ADLs.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS97-ADLS |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Help Needed – PERS Ind (PDE-1322)

## General Information

This field indicates whether the member needs help with a personal emergency response system.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS97-PERS |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Help Needed – Skilled/Private Duty Nursing Ind (PDE-1323)

## General Information

This field indicates whether the member needs help with Skilled and/or Private Duty Nursing.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS97-SKILLED-NURSING-NEEDS |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ind Choice - Findings Ind (PDE-1324)

## General Information

This field indicates whether the member received the findings and results of their evaluation and needs.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS97-FND-RES-INDV-EVAL-NDS |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ind Choice – Facility Choice Ind (PDE-1325)

## General Information

This field indicates whether the member received a choice between Institutional Care (nursing facility) and the appropriate Home- and Community- Care Based Waiver, PACE (if available in service area) or MCO (if available in service area).

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS97-CHO-INS-CARE-HCOM-WAV |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ind Choice – ME/MR Diagnosis Ind (PDE-1326)

## General Information

This field indicates whether the member understands when a diagnosis of mental illness, mental retardation/intellectual disabilities or related condition exists a secondary screening is required to determine if additional services are necessary. Services can not start until the completion of the secondary assessment. For NF = Level II Screening

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

N/A

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ind Choice – Appeals Ind (PDE-1327)

## General Information

This field indicates whether the member understands their right to a fair hearing and the appeal process.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS97-INDV-RHT-FAIR-HEAR-PR |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ind Choice – Provider Choice Ind (PDE-1328)

## General Information

This field indicates whether the member was given the right of choice of provider(s).

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

N/A

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ind Choice – Services Ind (PDE-1329)

## General Information

This field indicates whether the member was given the right of choice of service(s).

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS97-INDV-RHT-PROV-TYP-SVC |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ind Choice – Potential Payment Ind (PDE-1330)

## General Information

This field indicates whether the member was given notice about the potential to have a patient pay amount, based on his or her income, regardless of the amount of institutional or community-based care received.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS97-INDV-POT-PAT-PAY-AMT |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ind Choice – CDS Attendant Ind (PDE-1331)

## General Information

This field indicates whether the member understands that, by using Consumer-Directed Services, he or she bears the responsibilities associated with employing his or her own personal attendants. Note: DMAS is not the employer for Consumer-Directed Services

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS97-INDV-CON-D-SVC-P-ATTN |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ind Choice – Information Exchange Ind (PDE-1332)

## General Information

This field indicates whether the member's (or authorized representative's) consent to exchange information with the Department of Medical Assistance Services (DMAS) by signing and dating this form. This consent will remain in effect until revoked by the individual (or authorized representative) in writing.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | DMAS97-INDV-AUTH-REP-X-DMAS |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Ind Choice – At Risk Ind (PDE-1333)

## General Information

This field indicates that the member was given ‘at risk’ notification:  At Risk: for waiver service authorizations - members must also meet the 'at risk' definition in order to receive services. At risk is defined according to 42 CFR 4402(1): '...when there is a reasonable indication that a member might need the services in the near future (that is, a month or less) unless he or she receives home and community based services.'

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

N/A

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Family Member Name (PDE-1334)

## General Information

This field contains the name of the member's Family Member, Parent, Legal Guardian, or Authorized Representative.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 20 |
| MMIS Data Element | DMAS97-FAM-MEM-PRNT-LEGL-SIGN |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Family Applicable Designation (PDE-1335)

## General Information

This field contains the member's applicable designation.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 20 |
| MMIS Data Element | DMAS97-INDICATE-APPL-DESIGNA |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# ALF Placement Criteria Met Ind (PDE-1336)

## General Information

This field indicates if the member has met the criteria for ALF placement.

| | |
|---|---|
| Page | DMAS-97 |
| Portlet Name | Individual Choice – Institutional Care of Waiver Services Form |
| Element Type | Radio Buttons |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | DMAS97-INDV-NUR-FAC-CRIT |
| MMIS DE Number | DE0000 |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# ALF Placement Change Ind (PDE-1337)

## General Information

This field indicates that the member no longer resides in the ALF on record.

| | |
|---|---|
| Page | Re-assessment |
| Portlet Name | Eligibility Communication Document |
| Element Type | Radio Buttons |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | RE-ASSMT-RES-NO-LONGER-ACR |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if applicable to member

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# ALF Placement Other Description (PDE-1338)

## General Information

This field describes where the member now resides if not another ALF or the member's home.

| | |
|---|---|
| Page | Re-assessment |
| Portlet Name | Eligibility Communication Document |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 30 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Required if ALF Placement Change Ind = yes and Assessment Other Ind = yes

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Auxiliary Grant Eligibility Term Date (PDE-1339)

## General Information

This field contains the date the member's auxiliary grant eligibility was terminated.

| | |
|---|---|
| Page | Re-assessment |
| Portlet Name | Eligibility Communication Document |
| Element Type | Date |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 10 |
| MMIS Data Element | RE-ASSMT-EFFECTIVE-DATE |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if member's auxiliary grant eligibility is terminated
- Date format: MM/DD/YYYY

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Auxiliary Grant Eligibility Reason (PDE-1340)

## General Information

This field contains the reason the member's auxiliary grant eligibility was terminated.

| | |
|---|---|
| Page | Re-assessment |
| Portlet Name | Eligibility Communication Document |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 40 |
| MMIS Data Element | RE-ASSMT-REASON |
| MMIS DE Number | DE0000 |

## Business Rules

- Required if member's auxiliary grant eligibility is terminated

## Valid Values

N/A

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-010 – DMAS97

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Initial Request Date (PDE-1341)

## General Information

This field contains the date the initial pre-admission screening was requested.

| | |
|---|---|
| Page | Assessment Tracking Summary |
| Portlet Name | Assessment Tracking Summary |
| Element Type | Date |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 10 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Date format: MM/DD/YYYY

## Valid Values

N/A

## Outputs

- N/A

## Screens

- PAS-S-017 – Assessment Tracking Summary

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder – Self-Care Ind (PDE-1342)

## General Information

This field indicates that the member's condition resulted in substantial limitation in self-care understanding and use of language.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

N/A

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder – Learning Ind (PDE-1343)

## General Information

This field indicates that the member's condition resulted in substantial limitation in learning.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

N/A

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder – Mobility Ind (PDE-1344)

## General Information

This field indicates that the member's condition resulted in substantial limitation in mobility.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

N/A

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder – Self Direction Ind (PDE-1345)

## General Information

This field indicates that the member's condition resulted in substantial limitation in self-direction.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

N/A

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Mental Disorder – Independent Living Ind (PDE-1346)

## General Information

This field indicates that the member's condition resulted in substantial limitation in capacity for independent living.

| | |
|---|---|
| Page | DMAS95–MI/MR/RC |
| Portlet Name | DMAS95–MI/MR/RC – Screening For Mental Illness, Mental Retardation/ Intellectual Disability, or Related Conditions |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

N/A

## Screens

- PAS-S-004 – DMAS95 – MI-MR-RC

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Case Manager Title (PDE-1347)

## General Information

This field indicates that the case manager's title.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR/SUPL – MI/MR Supplement: Level II |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 30 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

N/A

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Appeals Info Ind (PDE-1348)

## General Information

This field indicates whether the appeals information was included with the referral package.

| | |
|---|---|
| Page | DMAS95–MI/MR/SUPL |
| Portlet Name | DMAS95–MI/MR/SUPL – MI/MR Supplement: Level II |
| Element Type | Check Box |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 = No – unchecked (default)
- 1 = Yes - checked

## Outputs

N/A

## Screens

- PAS-S-006 – DMAS95 – MI-MR-SUPL

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# No Services Reason (PDE-1349)

## General Information

This field indicates the reason why Medicaid services are not being authorized.

| | |
|---|---|
| Page | DMAS96 |
| Portlet Name | DMAS96 – LTC SA |
| Element Type | Drop Down |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 2 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 00 = No Other Services Authorized
- 08 = Other Services Recommended
- 09 = Active Treatment for MI/MR Condition

## Outputs

N/A

## Screens

- PAS-S-008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Active Diagnosis Ind (PDE-1350)

## General Information

This field indicates the whether the member has an active diagnosis.

| | |
|---|---|
| Page | UAI- B |
| Portlet Name | UAI – Part B |
| Element Type | Radio Button |
| Data Type | Alphanumeric |
| Field Type | Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- 0 = No
- 1 = Yes

## Outputs

N/A

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Pressure Ulcer - Stage (PDE-1351)

## General Information

This field indicates what stage the member's pressure ulcer is.

| | |
|---|---|
| Page | UAI- B |
| Portlet Name | UAI – Part B |
| Element Type | Drop Down List |
| Data Type | Alphanumeric |
| Field Type | Situationally Required |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

- Required if Pressure Ulcer Ind = 'Yes'

## Valid Values

- 0 = None
- 1 = Stage I
- 2 = Stage II
- 3 = Stage III
- 4 = Stage IV

## Outputs

N/A

## Screens

- PAS-S-003 – UAI – Part B

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Assessment Type (PDE-1352)

## General Information

This field indicates whether the assessment was short form (UAI-A) or long form (UAI-B).

| | |
|---|---|
| Page | Assessment Tracking Summary<br>Assessment Tracking Detail |
| Portlet Name | Assessment Tracking Summary<br>Assessment Tracking Detail |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Display Only |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

N/A

## Valid Values

- A = UAI-Part A (Short)
- B = UAI-Part B (Long)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request

## Screens

- PAS-S-017 – Assessment Tracking Summary
- PAS-S-018 – Assessment Tracking Detail

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Assessment Status (PDE-1353)

## General Information

This is the current status of the assessment.

| | |
|---|---|
| Page | Assessment Tracking Summary<br>Assessment Tracking Detail |
| Portlet Name | Assessment Tracking Summary<br>Assessment Tracking Detail |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Display Only |
| Size | 1 |
| MMIS Data Element | Assessment Approval Code |
| MMIS DE Number | DE1421 |

## Business Rules

N/A

## Valid Values

- A – Approved (Display as ‘Successfully Processed’)
- C – Convert (Not applicable)
- D – Denied (Display as ‘Denied’)
- P – Pended (Not applicable)
- V – Voided (Display as ‘Void’)
- I – Incomplete (Display as ‘Submitted for Processing’)

## Outputs

- AS-F-010 - Inbound Electronic UAI Request
- AS-O-010 – Outbound Electronic UAI Response to Web Interface

## Screens

- PAS-S-017 – Assessment Tracking Summary
- PAS-S-018 – Assessment Tracking Detail

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# PAS Medicaid Authorization Code (PDE-1354)

## General Information

This Medicaid Authorization Code assigned to the pre-admission screening detail.

| | |
|---|---|
| Page | Assessment Tracking Detail |
| Portlet Name | Assessment Tracking Detail |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Display Only |
| Size | 2 |
| MMIS Data Element | PAS Medicaid Authorization Code |
| MMIS DE Number | DE1157 |

## Business Rules

N/A

## Valid Values

- 00 – None
- 01 – Nursing Facility
- 02 – PACE/LTCPHP
- 04 – EDCD
- 08 – Other Service Recommended
- 09 – Active Treatment for MI/MR Condition
- 11 – Adult Care Residential Living
- 12 – Adult Care Regular Assisted Living
- 15 – Technology Assisted Waiver
- 16 – Alzheimer's Waiver

## Outputs

- AS-O-010 – Outbound Electronic UAI Response to Web Interface

## Screens

- PAS-S-018 – Assessment Tracking Detail

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# PAS Error Message (PDE-1355)

## General Information

The error messages produced after the UAI assessment process was complete on the MMIS. Any denied assessments will have error messages indicating why the denial.

| | |
|---|---|
| Page | Assessment Tracking Detail |
| Portlet Name | Assessment Tracking Detail |
| Element Type | Text Box |
| Data Type | Alphanumeric |
| Field Type | Display Only |
| Size | 75 (occurs up to 160 times) |
| MMIS Data Element | Error Message Text |
| MMIS DE Number | DE0026 |

## Business Rules

N/A

## Valid Values

N/A

## Outputs

- AS-O-010 – Outbound Electronic UAI Response to Web Interface

## Screens

- PAS-S-018 – Assessment Tracking Detail

## Tables – MMIS/DB2

N/A

## Tables - Portal

- PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Signature Attestation Ind (PDE-1356)

## General Information

The attestation checkbox confirming the user's entry of their electronic name serves as their signature.

| | |
|---|---|
| Page | DMAS-96 |
| Portlet Name | Pre-Admission Screening Certification |
| Element Type | Checkbox |
| Data Type | Alphanumeric |
| Field Type | Enterable |
| Size | 1 |
| MMIS Data Element | N/A |
| MMIS DE Number | N/A |

## Business Rules

This field is only required if signature is required.

## Valid Values

0 = No – unchecked (default)
1 = Yes - checked

## Outputs

N/A

## Screens

PAS-S-0008 – DMAS96

## Tables – MMIS/DB2

N/A

## Tables - Portal

PAS-T-0001 – PAS Form Table - WP_PAS_Form_TB

# Files/Outputs

- Inbound Electronic UAI Request (AS-F-010)
- Outbound Electronic UAI Response to Web Interface (AS-O-010)
- PAS Extract – Email Notification (PAS-O-001)
- PAS PDF Extract – Email Notification (PAS-O-002)
- PAS Status Extract – Email Notification (PAS-O-003)
- PAS Extract – Assessment PDFs (PAS-O-004)
- PAS XML Upload (PAS-O-005)
- PAS Offline Forms (PAS-O-006)

# Inbound Electronic UAI Request (AS-F-010)

## General Information

This file is the xml transactions of the pre-admission screening assessments submitted.  This file is input into the MMIS (ASD100) where the assessments are edited and if approved, sent to claims processing. The information is extracted from the PAS-T-001 - PAS Form Table (WP_PAS_FORM_TB)

## Data Elements

The data elements are in the MMIS copybook ASALLFRM.  For details, please see MMIS documentation.

# Outbound Electronic UAI Response to Web Interface (AS-O-010)

## General Information

This file is the status results of the submitted pre-admission screening assessments. This file is output from the MMIS (ASD100). It's an xml transaction containing up to 160 error messages and is input in to the PAS-T-001 - PAS Form Table (WP_PAS_FORM_TB).

## Data Elements

The following are the data elements that will be passed.

| Field Name | Data Element | Values |
|---|---|---|
| Electronic UAI - Vendor Id | DE1201 | |
| OUT-VENDOR-FILE-TRANS-DT | DE0000 | Incoming File Transmission Date |
| OUT-VENDOR-UNIQUE-IND | DE0000 | Unique Identifier per UAI (associated with the File Transmission Date) |
| OUT-RECPT-SSN | DE3955 | Member's SSN |
| OUT-ENROLL-ID | DE3955 | Member's Enrollment ID |
| OUT-ENROLL-NAME | DE0000 | Member's Name |
| OUT-ASSMT-DATE | DE1023 | Assessment Date |
| OUT-MEDICAID-AUTHRZ | DE1157 | PAS Medicaid Authorization Code |
| OUT-ASSMT-FLAG | DE0000 | |
| OUT-ASSMT-STATUS | DE1421 | Assessment Approval Code |
| OUT-ASSMT-CNTL-NUMBER | DE1279 | Assessment Control Number |
| OUT-LVL1-SCR-PROV-NUM1 | DE4700 | National Provider Identifier |
| OUT-LVL1-SCR-PROV-NUM2 | DE4700 | National Provider Identifier |
| OUT-LVL2-SCR-PROV-NUM1 | DE4700 | National Provider Identifier |
| OUT-NO-OF-ERROR-MSG | DE0000 | |
| OUT-ERROR-MSG-TEXT | DE0026 | Error Message Text; This occurs 160 times. |
| OUT-FUTURE-USE2 | DE0000 | |
| XSDValidationError | DE0000 | This field is present only on an outbound XML schema and its length is 400 bytes. |

# PAS Extract – Email Notification (PAS-O-001)

## General Information

An email is sent to a limited group daily. This email lists the specific number of assessments submitted and passed to the MMIS process.

## Data Elements

**From:** VirginiaMedicaid@xerox.com [mailto:VirginiaMedicaid@xerox.com]
**Sent:** Thursday, October 23, 2014 3:42 PM
**To:** [redacted]
**Subject:** VA WebPortal - TEST – PAS Status Batch Process executed

PAS Status Batch Process Execution results is as follows

Total Number of UAI Assessments processed : 2

Number of UAI Assessments that errored out : 0

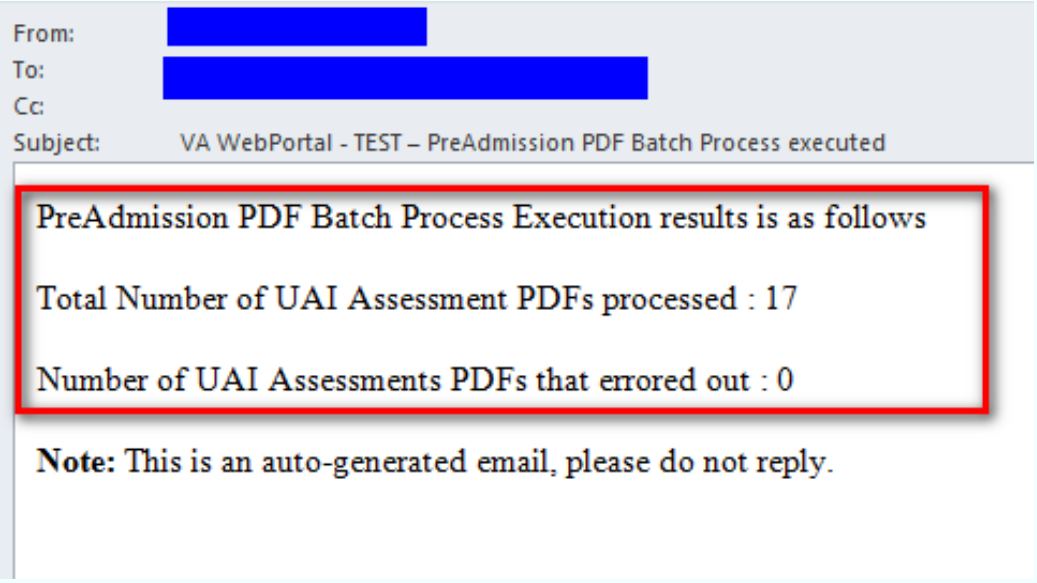
**Note:** This is an auto-generated email, please do not reply.

# PAS PDF Extract – Email Notification (PAS-O-002)

## General Information

An email is sent to a limited group daily. This email lists the specific number of assessment pdfs submitted and passed to the ECM.

## Data Elements



From: [redacted]
To: [redacted]
Cc:
Subject: VA WebPortal - TEST – PreAdmission PDF Batch Process executed

PreAdmission PDF Batch Process Execution results is as follows

Total Number of UAI Assessment PDFs processed : 17

Number of UAI Assessments PDFs that errored out : 0

**Note:** This is an auto-generated email, please do not reply.

# PAS Status Extract – Email Notification (PAS-O-003)

## General Information

An email is sent to a limited group daily. This email lists the specific number of assessments received from the MMIS to be used to update the PAS tables.

## Data Elements

From: [redacted]
To: [redacted]
Cc:
Subject: VA WebPortal - TEST – PAS Status Batch Process executed

PAS Status Batch Process Execution results is as follows

Total Number of UAI Assessments processed : 7

Number of UAI Assessments that errored out : 0

**Note:** This is an auto-generated email, please do not reply.

# PAS Extract – Assessment PDFs (PAS-O-004)

## General Information

The INP file is used to create a pdf of the submitted pre-admission screening to serve as the image of the assessment forms. This file details out the exact information that the user entered and can be used by the Level of Care group, systems support, etc. in research and problem resolution.

## Data Elements

| Data Element | Description |
|---|---|
| PDF Name | System Generated |
| FN_DOC_CLASS | Defaults to 'Claims' |
| DD_INPUT_TYPE | Defaults to 'W' |
| FN_DOC_TYPE | Defaults to 'Assessment' |
| FN_NATIONAL_PROVIDER_ID | Billing Provider NPI (PDE-0007) |
| FN_PROVIDER_NAME | Combination of Provider Org/Last Name (PDE-0011) and Provider First Name (PDE - 0012) |
| FN_SCANDATE | Date submitted |
| FN_DATERECEIVED | Date submitted |

# PAS XML Upload (PAS-O-005)

## General Information

The xml file created by the user to be uploaded into the portal screens for review and submission.

## Data Elements

| FORM | Field Name | Description | Len |
|---|---|---|---|
| | | | |
| | Vendor id | Vendor Supplied: Vendor Id is assigned by FHSC during the one-time vendor enrollment process and it needs to be submitted on each and every UAI request that vendor sent in on the inbound transaction | 5 |
| | File Transmission Date | Vendor Supplied: Identifier supplied by the Vendor is returned back for each UAI on the outbound trans-action | 8 |
| | Vendor unique identifier per UAI (associated with the File Transmission Date) | Vendor Supplied: Identifier supplied by the Vendor is returned back for each UAI on the outbound trans-action | 4 |
| | Whether it contains Re-assessment form? | | 1 |
| | Whether it contains DMAS-96 form? | | 1 |
| | Whether it contains UAI form? | | 1 |
| | Whether it contains Public Pay Short Form? | | 1 |
| | Whether it contains DMAS-95 MI/MR/Suppl form? | | 1 |
| | Whether it contains DMAS-97 form? | | 1 |
| | Whether it contains DMAS-95 MI//MR/RC form? | | 1 |
| | Whether it contains DMAS-101B ? | | 1 |
| | Future Use | | 25 |
| Re-assess-ment | TO/FROM | City/County Responsible for Aux-iliary Grant | 60 |
| Re-assess-ment | Address | City/County Responsible for Aux-iliary Grant | 80 |
| Re-assess-ment | TO/FROM | ACR Assessor/Case Manager | 60 |
| Re-assess-ment | Address | ACR Assessor/Case Manager | 80 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| Re-assess-ment | Assessor's provider number | | 10 |
| Re-assess-ment | Resident | Enrollee name | 40 |
| Re-assess-ment | SSN | | 9 |
| Re-assess-ment | ACR and Location | | 40 |
| Re-assess-ment | Medicaid Number | | 14 |
| Re-assess-ment | Annual Reassessment completed | | 1 |
| Re-assess-ment | Date of Reassessment | | 10 |
| Re-assess-ment | Resident Continues to Meet the Criteria for ACR | | 1 |
| Re-assess-ment | Residential Living | | 1 |
| Re-assess-ment | Assisted Living | | 1 |
| Re-assess-ment | Resident Does Not Meet Criteria for Res-idential or Assisted Living | | 1 |
| Re-assess-ment | Resident no longer resides in ACR | | 1 |
| Re-assess-ment | Another ACR | | 1 |
| Re-assess-ment | Last Date of Service in the ACR on Record: | | 10 |
| Re-assess-ment | Name of New ACR | | 40 |
| Re-assess-ment | Provider | | 10 |
| Re-assess-ment | Start of Care Date in New ACR: | | 10 |
| Re-assess-ment | Address of New ACR: | | 80 |
| Re-assess-ment | Home | | 1 |
| Re-assess-ment | Home - Last Date of Service in the ACR | | 10 |
| Re-assess-ment | Home - New Address | | 80 |
| Re-assess-ment | Other | | 1 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| Re-assess-ment | Other - Last Date of Service in the ACR | | 10 |
| Re-assess-ment | Other - New Address | | 80 |
| Re-assess-ment | Auxiliary Grant Eligibility Terminated | | 1 |
| Re-assess-ment | Effective Date | | 10 |
| Re-assess-ment | Reason | | 40 |
| Re-assess-ment | Name of Assessor/Case Manager Com-pleting Form | | 40 |
| Re-assess-ment | Date | | 10 |
| Re-assess-ment | Phone number | | 12 |
| Re-assess-ment | Phone number - ext | | 5 |
| Re-assess-ment | Name of Eligibility Worker Completing Form | | 40 |
| Re-assess-ment | Phone number | | 12 |
| Re-assess-ment | Phone number - ext | | 5 |
| Re-assess-ment | Future Use | | 50 |
| DMAS-96 | Last Name | Recipient Last Name | 19 |
| DMAS-96 | First Name | Recipient First Name | 12 |
| DMAS-96 | Birth Date | Recipient Birth Date | 10 |
| DMAS-96 | Social Security | Recipient SSN | 9 |
| DMAS-96 | Medicaid Id | Medicaid Id | 14 |
| DMAS-96 | Gender | Gender | 1 |
| DMAS-96 | Medicaid Eligible | Is Individual Currently Mediciad Eli-gible? | 1 |
| DMAS-96 | Medicaid Application | If not Medicaid eligible, has Indi-vidual formally applied for Medicaid? | 1 |
| DMAS-96 | Auxiliary Grant | Is Individual Currently Auxiliary Grant eligible? | 1 |
| DMAS-96 | Dept of Social Services: (Eligibility Respons-ibility) | | 25 |
| DMAS-96 | Dept of Social Services: (Services Respons-ibility) | | 25 |
| DMAS-96 | Medicaid Authorization | Level of Care | 2 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| DMAS-96 | Targeted Case Management for ALF | | 1 |
| DMAS-96 | Assessment Completed | | 1 |
| DMAS-96 | ALF provider name | | 40 |
| DMAS-96 | ALF provider number | | 10 |
| DMAS-96 | ALF admit date | | 10 |
| DMAS-96 | Service Availability | | 1 |
| DMAS-96 | Length of Stay | Pre-Admission Screening: Code indicating Length of Stay Authorized | 1 |
| DMAS-96 | Name of Level I/ALF Screener Agency | | 40 |
| DMAS-96 | Level 1/ALF Provider Number | | 10 |
| DMAS-96 | Name of Level I/ALF Screener Agency | | 40 |
| DMAS-96 | Level 1/ALF Provider Number | | 10 |
| DMAS-96 | Name of Level II or CSB Screener | | 40 |
| DMAS-96 | Level II Provider Number | | 10 |
| DMAS-96 | Level II or 101B assessment | | 1 |
| DMAS-96 | Did the Individual expire after the PAS/ALF Screening but not before services were received | | 1 |
| DMAS-96 | Level I/ALF Screener | | 40 |
| DMAS-96 | Title | | 40 |
| DMAS-96 | Date | | 10 |
| DMAS-96 | Level I/ALF Screener | | 40 |
| DMAS-96 | Title | | 40 |
| DMAS-96 | Date | | 10 |
| DMAS-96 | Level I Physician | | 40 |
| DMAS-96 | Title | | 40 |
| DMAS-96 | Date | | 10 |
| DMAS-96 | Future Use | This will be used for future use | 50 |
| UAI | Screen Date | | 10 |
| UAI | Assessment Date | | 10 |
| UAI | Re-assessment Date | | 10 |
| UAI | Initial Request Date | | 10 |
| UAI | Client Name | Recipient Name | 40 |
| UAI | Client SSN | Recipient SSN | 9 |
| UAI | Addl Name | | 40 |
| UAI | Street | | 40 |
| UAI | City | | 17 |
| UAI | State | | 2 |
| UAI | Zip | | 9 |
| UAI | Phone Number | | 10 |
| UAI | City/Country Code | | 3 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| UAI | Birth Date | Recipient Birth Date | 10 |
| UAI | Age | Recipient Age | 3 |
| UAI | Sex | Gender | 1 |
| UAI | Marital Status | | 1 |
| UAI | Race | | 1 |
| UAI | Ethnic Origin | | 15 |
| UAI | Education | | 1 |
| UAI | Education - Specify | | 15 |
| UAI | Communication of Needs | Can Patient Communicate in English, Other Language or Sign? | 1 |
| UAI | Communication of Needs - Specify | | 15 |
| UAI | Hearing Impaired? | | 1 |
| UAI | PC- NAME | | 40 |
| UAI | PC - Relationships | | 40 |
| UAI | PC - Address | | 40 |
| UAI | PC - Home Phone Number | | 10 |
| UAI | PC - Work Phone Number | | 10 |
| UAI | EC- NAME | | 40 |
| UAI | EC - Relationships | | 40 |
| UAI | EC - Address | | 40 |
| UAI | EC - Home Phone Number | | 10 |
| UAI | EC - Work Phone Number | | 10 |
| UAI | PP - Name | | 40 |
| UAI | PP - Home Phone Number | | 10 |
| UAI | PP - Work Phone Number | | 10 |
| UAI | PP - Address | | 40 |
| UAI | Who Called - Name | | 40 |
| UAI | Relation to Client | | 40 |
| UAI | Phone Number | | 10 |
| UAI | Presenting Problem/Diagnosis: | | 150 |
| UAI | Adult Day Care | | 1 |
| UAI | Adult Day Care - Provider/Frequency | | 20 |
| UAI | Adult Protective | | 1 |
| UAI | Adult Protective - Provider/Frequency | | 20 |
| UAI | Case Management | | 1 |
| UAI | Case Management - Provider/Frequency | | 20 |
| UAI | Chore/Companion/Homemaker | | 1 |
| UAI | Chore/Companion/Homemaker - Provider/Frequency | | 20 |
| UAI | Congregate Meals/Senior Center | | 1 |
| UAI | Congregate Meals/Senior Center - Provider/Frequency | | 20 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| UAI | Financial Management/Counseling | | 1 |
| UAI | Financial Management/Counseling- Provider/Frequency | | 20 |
| UAI | Friendly Visitor/Telephone Reassurance | | 1 |
| UAI | Friendly Visitor/Telephone Reassurance - Provider/Frequency | | 20 |
| UAI | Habilitation/Supported Employee | | 1 |
| UAI | Habilitation/Supported Employee - Provider/Frequency | | 20 |
| UAI | Home Delivered Meals | | 1 |
| UAI | Home Delivered Meals - Provider/Frequency | | 20 |
| UAI | Home Health/Rehabilitation | | 1 |
| UAI | Home Health/Rehabilitation - Provider/Frequency | | 20 |
| UAI | Home Repairs/Weatherization | | 1 |
| UAI | Home Repairs/Weatherization- Provider/Frequency | | 20 |
| UAI | Housing | | 1 |
| UAI | Housing - Provider/Frequency | | 20 |
| UAI | Legal | | 1 |
| UAI | Legal - Provider/Frequency | | 20 |
| UAI | Mental Health (Inpatient/outpatient) | | 1 |
| UAI | Mental Health (Inpatient/outpatient) - Provider/Frequency | | 20 |
| UAI | Mental Retardation | | 1 |
| UAI | Mental Retardation - Provider/Frequency | | 20 |
| UAI | Personal Care | | 1 |
| UAI | Personal Care- Provider/Frequency | | 20 |
| UAI | Respite | | 1 |
| UAI | Respite - Provider/Frequency | | 20 |
| UAI | Substance Abuse | | 1 |
| UAI | Substance Abuse - Provider/Frequency | | 20 |
| UAI | Transportation | | 1 |
| UAI | Transportation - Provider/Frequency | | 20 |
| UAI | Vocational Rehab/Job Counseling | | 1 |
| UAI | Vocational Rehab/Job Counseling -Provider/Frequency | | 20 |
| UAI | Other | | 1 |
| UAI | Other -Provider/Frequency | | 20 |
| UAI | Where are you on the scale for annual (monthly) family income before taxes? | | 1 |
| UAI | Number in Family Unit | | 2 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| UAI | Total monthly family income | | 8 |
| UAI | Legal Guardian | Does anyone cash your check, pay your bills or manage your business? | 1 |
| UAI | Legal Guardian - Name | Does anyone cash your check, pay your bills or manage your business? | 40 |
| UAI | Power of Attorney | Does anyone cash your check, pay your bills or manage your business? | 1 |
| UAI | Power of Attorney - Name | Does anyone cash your check, pay your bills or manage your business? | 40 |
| UAI | Representative Payee | Does anyone cash your check, pay your bills or manage your business? | 1 |
| UAI | Representative Payee - Name | Does anyone cash your check, pay your bills or manage your business? | 40 |
| UAI | Other | Does anyone cash your check, pay your bills or manage your business? | 1 |
| UAI | Other - Name | Does anyone cash your check, pay your bills or manage your business? | 40 |
| UAI | Auxiliary Grant | Do you receive any benefits or entitlements? | 1 |
| UAI | Food Stamps | Do you receive any benefits or entitlements? | 1 |
| UAI | Fuel Assistance | Do you receive any benefits or entitlements? | 1 |
| UAI | General Relief | Do you receive any benefits or entitlements? | 1 |
| UAI | State and Local Hospitalization | Do you receive any benefits or entitlements? | 1 |
| UAI | Subsidized Housing | Do you receive any benefits or entitlements? | 1 |
| UAI | Tax Relief | Do you receive any benefits or entitlements? | 1 |
| UAI | Blank Lung | Do you currently receive income from â€¦? | 1 |
| UAI | Blank Lung - Amount (optional) | Do you currently receive income from â€¦? | 8 |
| UAI | Pension | Do you currently receive income from â€¦? | 1 |
| UAI | Pension - Amount (optional) | Do you currently receive income from â€¦? | 8 |
| UAI | Social Security | Do you currently receive income from â€¦? | 1 |
| UAI | Social Security - Amount (optional) | Do you currently receive income from â€¦? | 8 |
| UAI | SSI/SSDI | Do you currently receive income | 1 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| | | from â€¦? | |
| UAI | SSI/SSDI - Amount (optional) | Do you currently receive income from â€¦? | 8 |
| UAI | VA Benefits | Do you currently receive income from â€¦? | 1 |
| UAI | VA Benefits - Amount (optional) | Do you currently receive income from â€¦? | 8 |
| UAI | Wages/Salary | Do you currently receive income from â€¦? | 1 |
| UAI | Wages/Salary - Amount ( optional) | Do you currently receive income from â€¦? | 8 |
| UAI | Other | Do you currently receive income from â€¦? | 1 |
| UAI | Other - Amount (optional) | Do you currently receive income from â€¦? | 8 |
| UAI | Medicare | What types of health insurance do you have | 1 |
| UAI | Medicare - Number | What types of health insurance do you have | 13 |
| UAI | Medicaid | What types of health insurance do you have | 1 |
| UAI | Medicaid - Number | What types of health insurance do you have | 15 |
| UAI | Pending | What types of health insurance do you have | 1 |
| UAI | QMB/SLMB | What types of health insurance do you have | 1 |
| UAI | All Other | What types of health insurance do you have | 1 |
| UAI | All Other Public/Private | What types of health insurance do you have | 40 |
| UAI | House: Own | Where do you usually live? Does anyone live with you? | 2 |
| UAI | House: Rent | Where do you usually live? Does anyone live with you? | 2 |
| UAI | House: Other | Where do you usually live? Does anyone live with you? | 2 |
| UAI | Apartment | Where do you usually live? Does anyone live with you? | 2 |
| UAI | Rented Room | Where do you usually live? Does anyone live with you? | 2 |
| UAI | Names of person in Household - | Where do you usually live? Does anyone live with you? | 20 |
| UAI | Names of person in Household - | Where do you usually live? Does | 20 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| | | anyone live with you? | |
| UAI | Names of person in Household - | Where do you usually live? Does anyone live with you? | 20 |
| UAI | Names of person in Household - | Where do you usually live? Does anyone live with you? | 20 |
| UAI | Names of person in Household - | Where do you usually live? Does anyone live with you? | 20 |
| UAI | Names of person in Household - | Where do you usually live? Does anyone live with you? | 20 |
| UAI | Adult Care Residence | Where do you usually live? Does anyone live with you? | 2 |
| UAI | Adult Care Residence - Name of the Provider ( Place) | Where do you usually live? Does anyone live with you? | 25 |
| UAI | Adult Care Residence - Admission Date | Where do you usually live? Does anyone live with you? | 10 |
| UAI | Adult Care Residence - Provider Number ( if applicable) | Where do you usually live? Does anyone live with you? | 10 |
| UAI | Adult Foster | Where do you usually live? Does anyone live with you? | 2 |
| UAI | Adult Foster - Name of the Provider ( Place) | Where do you usually live? Does anyone live with you? | 25 |
| UAI | Adult Foster - Admission Date | Where do you usually live? Does anyone live with you? | 10 |
| UAI | Adult Foster - Provider Number ( if applicable) | Where do you usually live? Does anyone live with you? | 10 |
| UAI | Nursing Facility | Where do you usually live? Does anyone live with you? | 2 |
| UAI | Nursing Facility - Name of the Provider ( Place) | Where do you usually live? Does anyone live with you? | 25 |
| UAI | Nursing Facility - Admission Date | Where do you usually live? Does anyone live with you? | 10 |
| UAI | Nursing Facility - Provider Number ( if applicable) | Where do you usually live? Does anyone live with you? | 10 |
| UAI | Mental Health/Retardation Facility | Where do you usually live? Does anyone live with you? | 2 |
| UAI | Mental Health/Retardation Facility - Name of the Provider ( Place) | Where do you usually live? Does anyone live with you? | 25 |
| UAI | Mental Health/Retardation Facility - Admission Date | Where do you usually live? Does anyone live with you? | 10 |
| UAI | Mental Health/Retardation Facility - Provider Number ( if applicable) | Where do you usually live? Does anyone live with you? | 10 |
| UAI | Other | Where do you usually live? Does anyone live with you? | 2 |
| UAI | Other - Name of the Provider ( Place) | Where do you usually live? Does | 25 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| | | anyone live with you? | |
| UAI | Other - Admission Date | Where do you usually live? Does anyone live with you? | 10 |
| UAI | Other - Provider Number ( if applicable) | Where do you usually live? Does anyone live with you? | 10 |
| UAI | Barriers to Access | Where you usually live are ther any problems? | 1 |
| UAI | Electric Hazards | Where you usually live are ther any problems? | 1 |
| UAI | Fire Hazards/No Smoke Alarm | Where you usually live are ther any problems? | 1 |
| UAI | Insufficient Heat/Air Conditioning | Where you usually live are ther any problems? | 1 |
| UAI | Insufficient Hot Water/Water | Where you usually live are ther any problems? | 1 |
| UAI | Lack of/Poor Toilet Facilities(Inside/Outside) | Where you usually live are ther any problems? | 1 |
| UAI | Lack of/Defective Stove, Refrigerator, Freezer | Where you usually live are ther any problems? | 1 |
| UAI | Lack of/Defective Washer/Dryer | Where you usually live are ther any problems? | 1 |
| UAI | Lack of/Poor Bathing Facilities | Where you usually live are ther any problems? | 1 |
| UAI | Structural Problems | Where you usually live are ther any problems? | 1 |
| UAI | Telephone Not Accessible | Where you usually live are ther any problems? | 1 |
| UAI | Unsafe Neighborhood | Where you usually live are ther any problems? | 1 |
| UAI | Unsafe/Poor Lighting | Where you usually live are ther any problems? | 1 |
| UAI | Unsanitary Conditions | Where you usually live are ther any problems? | 1 |
| UAI | Others | Where you usually live are ther any problems? | 1 |
| UAI | Others -Description | Where you usually live are ther any problems? | 20 |
| UAI | Describe Problems | Where you usually live are ther any problems? | 250 |
| UAI | Bathing | ADLS | 2 |
| UAI | Dressing | ADLS | 2 |
| UAI | Toileting | ADLS | 2 |
| UAI | Transferring | ADLS | 2 |
| UAI | Eating/Feeding | ADLS | 2 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| UAI | Bowel | Continence | 1 |
| UAI | Bladder | Continence | 1 |
| UAI | Walking | Ambulation | 2 |
| UAI | Wheeling | Ambulation | 2 |
| UAI | Stairclimbing | Ambulation | 2 |
| UAI | Mobility | Ambulation | 2 |
| UAI | Meal Preparation | IADLS | 1 |
| UAI | Housekeeping | IADLS | 1 |
| UAI | Laundry | IADLS | 1 |
| UAI | Money Mgmt | IADLS | 1 |
| UAI | Transportation | IADLS | 1 |
| UAI | Shopping | IADLS | 1 |
| UAI | Using Phone | IADLS | 1 |
| UAI | Home Maintenance | IADLS | 1 |
| UAI | Comments | | 250 |
| UAI | Outcome | Is this a short assessment | 1 |
| UAI | Screener | | 25 |
| UAI | Agency | | 25 |
| UAI | Doctor's Name | Professional Visits/Medical Admis-sions | 20 |
| UAI | Doctor's Phone | Professional Visits/Medical Admis-sions | 12 |
| UAI | Doctor's Phone - Extension | Professional Visits/Medical Admis-sions | 5 |
| UAI | Date of Last Visit | Professional Visits/Medical Admis-sions | 10 |
| UAI | Reason for Last Visit | Professional Visits/Medical Admis-sions | 20 |
| UAI | Doctor's Name | Professional Visits/Medical Admis-sions | 20 |
| UAI | Doctor's Phone | Professional Visits/Medical Admis-sions | 12 |
| UAI | Doctor's Phone - Extension | Professional Visits/Medical Admis-sions | 5 |
| UAI | Date of Last Visit | Professional Visits/Medical Admis-sions | 10 |
| UAI | Reason for Last Visit | Professional Visits/Medical Admis-sions | 20 |
| UAI | Doctor's Name | Professional Visits/Medical Admis-sions | 20 |
| UAI | Doctor's Phone | Professional Visits/Medical Admis-sions | 12 |
| UAI | Doctor's Phone - Extension | Professional Visits/Medical Admis- | 5 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| | | sions | |
| UAI | Date of Last Visit | Professional Visits/Medical Admissions | 10 |
| UAI | Reason for Last Visit | Professional Visits/Medical Admissions | 20 |
| UAI | Hospital | Admission: In the past 12 months have you been admitted to a .. For medical or rehabilitation reasons? | 1 |
| UAI | Hospital - Name | Admission: In the past 12 months have you been admitted to a .. For medical or rehabilitation reasons? | 20 |
| UAI | Hospital - Admit Date | Admission: In the past 12 months have you been admitted to a .. For medical or rehabilitation reasons? | 10 |
| UAI | Hospital - Length of Stay/Reason | Admission: In the past 12 months have you been admitted to a .. For medical or rehabilitation reasons? | 25 |
| UAI | Nursing Facility | Admission: In the past 12 months have you been admitted to a .. For medical or rehabilitation reasons? | 1 |
| UAI | Nursing Facility - Name | Admission: In the past 12 months have you been admitted to a .. For medical or rehabilitation reasons? | 20 |
| UAI | Nursing Facility- Admit Date | Admission: In the past 12 months have you been admitted to a .. For medical or rehabilitation reasons? | 10 |
| UAI | Nursing Facility - Length of Stay/Reason | Admission: In the past 12 months have you been admitted to a .. For medical or rehabilitation reasons? | 25 |
| UAI | Adult Care Residence | Admission: In the past 12 months have you been admitted to a .. For medical or rehabilitation reasons? | 1 |
| UAI | Adult Care Residence - Name | Admission: In the past 12 months have you been admitted to a .. For medical or rehabilitation reasons? | 20 |
| UAI | Adult Care Residence- Admit Date | Admission: In the past 12 months have you been admitted to a .. For medical or rehabilitation reasons? | 10 |
| UAI | Adult Care Residence - Length of Stay/Reason | Admission: In the past 12 months have you been admitted to a .. For medical or rehabilitation reasons? | 25 |
| UAI | Living Will | Do you have any advance directives such as .. ( Who has it.. Where is it..)? | 1 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| UAI | Living Will - Description | Do you have any advance directives such as .. ( Who has it.. Where is it..)? | 25 |
| UAI | Durable Power of Attorney for Health Care | Do you have any advance directives such as .. ( Who has it.. Where is it..)? | 1 |
| UAI | Durable Power of Attorney for Health Care - Description | Do you have any advance directives such as .. ( Who has it.. Where is it..)? | 25 |
| UAI | Other | Do you have any advance directives such as .. ( Who has it.. Where is it..)? | 1 |
| UAI | Other - Description | Do you have any advance directives such as .. ( Who has it.. Where is it..)? | 25 |
| UAI | Current Diagnosis | Diagnoses & Medication Profile | 30 |
| UAI | Date of Onset | Diagnoses & Medication Profile | 15 |
| UAI | Current Diagnosis | Diagnoses & Medication Profile | 30 |
| UAI | Date of Onset | Diagnoses & Medication Profile | 15 |
| UAI | Current Diagnosis | Diagnoses & Medication Profile | 30 |
| UAI | Date of Onset | Diagnoses & Medication Profile | 15 |
| UAI | Current Diagnosis | Diagnoses & Medication Profile | 30 |
| UAI | Date of Onset | Diagnoses & Medication Profile | 15 |
| UAI | Current Diagnosis | Diagnoses & Medication Profile | 30 |
| UAI | Date of Onset | Diagnoses & Medication Profile | 15 |
| UAI | Active Diagnoses (DX1) | Diagnoses & Medication Profile | 2 |
| UAI | Active Diagnoses (DX2) | Diagnoses & Medication Profile | 2 |
| UAI | Active Diagnoses (DX3) | Diagnoses & Medication Profile | 2 |
| UAI | Current Medication, Dose, Frequency, Route and Reason(s) Prescribed | Diagnoses & Medication Profile | 50 |
| UAI | Current Medication, Dose, Frequency, Route and Reason(s) Prescribed | Diagnoses & Medication Profile | 50 |
| UAI | Current Medication, Dose, Frequency, Route and Reason(s) Prescribed | Diagnoses & Medication Profile | 50 |
| UAI | Current Medication, Dose, Frequency, Route and Reason(s) Prescribed | Diagnoses & Medication Profile | 50 |
| UAI | Current Medication, Dose, Frequency, Route and Reason(s) Prescribed | Diagnoses & Medication Profile | 50 |
| UAI | Current Medication, Dose, Frequency, Route and Reason(s) Prescribed | Diagnoses & Medication Profile | 50 |
| UAI | Current Medication, Dose, Frequency, Route and Reason(s) Prescribed | Diagnoses & Medication Profile | 50 |
| UAI | Current Medication, Dose, Frequency, | Diagnoses & Medication Profile | 50 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| | Route and Reason(s) Prescribed | | |
| UAI | Current Medication, Dose, Frequency, Route and Reason(s) Prescribed | Diagnoses & Medication Profile | 50 |
| UAI | Current Medication, Dose, Frequency, Route and Reason(s) Prescribed | Diagnoses & Medication Profile | 50 |
| UAI | Total No. of Medications | Diagnoses & Medication Profile | 2 |
| UAI | Total No of Transuilizer/Psychotropic Drug | Diagnoses & Medication Profile | 2 |
| UAI | Adverse reactions/allergies | Do you have any problems with medicines(s)..? | 1 |
| UAI | Cost of medication | Do you have any problems with medicines(s)..? | 1 |
| UAI | Getting to the pharmacy | Do you have any problems with medicines(s)..? | 1 |
| UAI | Taking them as instructed/prescribed | Do you have any problems with medicines(s)..? | 1 |
| UAI | Understanding directions/schedule | Do you have any problems with medicines(s)..? | 1 |
| UAI | How do you take your Medications | | 1 |
| UAI | Describe help | | 20 |
| UAI | Name of helper | | 20 |
| UAI | Vision | Sensory Functions | 1 |
| UAI | Vision - Date of Last Exam | Sensory Functions | 10 |
| UAI | Hearing | Sensory Functions | 1 |
| UAI | Hearing - Date of Last Exam | Sensory Functions | 10 |
| UAI | Speech | Sensory Functions | 1 |
| UAI | Speech - Date of Last Exam | Sensory Functions | 10 |
| UAI | Joint Motion | Physical Status | 1 |
| UAI | Fractures/Dislocation | Physical Status | 3 |
| UAI | Height | Nutrition | 3 |
| UAI | Weight | Nutrition | 3 |
| UAI | Recent Weight Gain/Loss | Nutrition | 1 |
| UAI | Describe | Nutrition | 20 |
| UAI | Are you on any special diet(s) for medical reasons | Nutrition | 1 |
| UAI | Do you take dietary supplements? | Nutrition | 1 |
| UAI | Do you have any problems that make it hard to eat? - Food Allergies | Nutrition | 1 |
| UAI | Do you have any problems that make it hard to eat? - Inadequate Food/Fluid Intake | Nutrition | 1 |
| UAI | Do you have any problems that make it hard to eat? - Nausea/Vomiting/Diarrhea | Nutrition | 1 |
| UAI | Do you have any problems that make it hard to eat? - Problems Eating Certain Foods | Nutrition | 1 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| UAI | Do you have any problems that make it hard to eat? - Problems Following Special Diets | Nutrition | 1 |
| UAI | Do you have any problems that make it hard to eat? - Problem Swallowing | Nutrition | 1 |
| UAI | Do you have any problems that make it hard to eat? - Taste Problems | Nutrition | 1 |
| UAI | Do you have any problems that make it hard to eat? - Tooth or Mouth Problems | Nutrition | 1 |
| UAI | Do you have any problems that make it hard to eat? - Other | Nutrition | 1 |
| UAI | Do you have any problems that make it hard to eat? - Other Description | Nutrition | 50 |
| UAI | Occupational | Current Medical Services - Rehab-ilitation Therapies | 1 |
| UAI | Occupational - Frequency | Current Medical Services - Rehab-ilitation Therapies | 15 |
| UAI | Physical | Current Medical Services - Rehab-ilitation Therapies | 1 |
| UAI | Physical - Frequency | Current Medical Services - Rehab-ilitation Therapies | 15 |
| UAI | Reality/Remotivation | Current Medical Services - Rehab-ilitation Therapies | 1 |
| UAI | Reality/Remotivation - Frequency | Current Medical Services - Rehab-ilitation Therapies | 15 |
| UAI | Respiratory | Current Medical Services - Rehab-ilitation Therapies | 1 |
| UAI | Respiratory - Frequency | Current Medical Services - Rehab-ilitation Therapies | 15 |
| UAI | Speech | Current Medical Services - Rehab-ilitation Therapies | 1 |
| UAI | Speech - Frequency | Current Medical Services - Rehab-ilitation Therapies | 15 |
| UAI | Other | Current Medical Services - Rehab-ilitation Therapies | 1 |
| UAI | Other - Frequency | Current Medical Services - Rehab-ilitation Therapies | 15 |
| UAI | Bowel/Bladder Training | Current Medical Services - Special Medical Procedures | 1 |
| UAI | Bowel/Bladder Training - Site, Type and Fre-quency | Current Medical Services - Special Medical Procedures | 15 |
| UAI | Dialysis | Current Medical Services - Special Medical Procedures | 1 |
| UAI | Dialysis - Site, Type and Frequency | Current Medical Services - Special Medical Procedures | 15 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| UAI | Dressing/Wound Care | Current Medical Services - Special Medical Procedures | 1 |
| UAI | Dressing/Wound Care - Site, Type and Frequency | Current Medical Services - Special Medical Procedures | 15 |
| UAI | Eye Care | Current Medical Services - Special Medical Procedures | 1 |
| UAI | Eye Care - Site, Type and Frequency | Current Medical Services - Special Medical Procedures | 15 |
| UAI | Glucose/Blood Sugar | Current Medical Services - Special Medical Procedures | 1 |
| UAI | Glucose/Blood Sugar - Site, Type and Frequency | Current Medical Services - Special Medical Procedures | 15 |
| UAI | Infections/IV Therapy | Current Medical Services - Special Medical Procedures | 1 |
| UAI | Infections/IV Therapy - Site, Type and Frequency | Current Medical Services - Special Medical Procedures | 15 |
| UAI | Oxygen | Current Medical Services - Special Medical Procedures | 1 |
| UAI | Oxygen - Site, Type and Frequency | Current Medical Services - Special Medical Procedures | 15 |
| UAI | Radiation/Chemotherapy | Current Medical Services - Special Medical Procedures | 1 |
| UAI | Radiation/Chemotherapy - Site, Type and Frequency | Current Medical Services - Special Medical Procedures | 15 |
| UAI | Restraints(Physical/Chemical) | Current Medical Services - Special Medical Procedures | 1 |
| UAI | Restraints(Physical/Chemical) - Site, Type and Frequency | Current Medical Services - Special Medical Procedures | 15 |
| UAI | ROM Exercise | Current Medical Services - Special Medical Procedures | 1 |
| UAI | ROM Exercise - Site, Type and Frequency | Current Medical Services - Special Medical Procedures | 15 |
| UAI | Trach Care/Suctioning | Current Medical Services - Special Medical Procedures | 1 |
| UAI | Trach Care/Suctioning- Site, Type and Frequency | Current Medical Services - Special Medical Procedures | 15 |
| UAI | Ventilator | Current Medical Services - Special Medical Procedures | 1 |
| UAI | Ventilator - Site, Type and Frequency | Current Medical Services - Special Medical Procedures | 15 |
| UAI | Other | Current Medical Services - Special Medical Procedures | 1 |
| UAI | Other - Site, Type and Frequency | Current Medical Services - Special Medical Procedures | 15 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| UAI | Do you have pressure ulcers | Current Medical Services | 1 |
| UAI | Do you have pressure ulcers - Location/Size | Current Medical Services | 15 |
| UAI | Are the ongoing medical/nursing needs? | Medical/Nursing Needs | 1 |
| UAI | Comments | Medical/Nursing Needs | 75 |
| UAI | Optional: Physician's Signature | Medical/Nursing Needs | 15 |
| UAI | Optional: Date | Medical/Nursing Needs | 10 |
| UAI | Optional: Others Signature | Medical/Nursing Needs | 15 |
| UAI | Others: Date | Medical/Nursing Needs | 10 |
| UAI | Orientation | Cognitive Function | 1 |
| UAI | Spheres affected | Cognitive Function | 25 |
| UAI | Short-Term Memory Loss? | Cognitive Function | 1 |
| UAI | Long -Term Memory Loss? | Cognitive Function | 1 |
| UAI | Judgement Problems | Cognitive Function | 1 |
| UAI | Optional: MMSE Score | Cognitive Function | 2 |
| UAI | Does the client ever wander without purpose | Behaviour Pattern | 1 |
| UAI | Other - description | Life Stressors | 25 |
| UAI | Feel anxious or worry constantly about things | Emotional Status | 1 |
| UAI | Feel irritable, have crying spells or get upset over little things | Emotional Status | 1 |
| UAI | Feel alone and that you don't have anyone to talk to? | Emotional Status | 1 |
| UAI | Feel like you didn't want to be around the other people | Emotional Status | 1 |
| UAI | Feel afraid that something bad was going to happen | Emotional Status | 1 |
| UAI | Feel sad or hopeless | Emotional Status | 1 |
| UAI | Feel that life is not worth living | Emotional Status | 1 |
| UAI | See or hear things that other people did not see or hear | Emotional Status | 1 |
| UAI | Believe that you have special powers that others do not have | Emotional Status | 1 |
| UAI | Have problems falling or staying asleep | Emotional Status | 1 |
| UAI | Have problems with your appetite | Emotional Status | 1 |
| UAI | Comments | Emotional Status | 25 |
| UAI | Solitary Activities | Social Status | 1 |
| UAI | Solitary Activities - Describe | Social Status | 25 |
| UAI | With Friends/Family | Social Status | 1 |
| UAI | With Friends/Family - Describe | Social Status | 25 |
| UAI | With Groups/Clubs | Social Status | 1 |
| UAI | With Groups/Clubs - Describe | Social Status | 25 |
| UAI | Religious Activities | Social Status | 1 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| UAI | Religious Activities - Describe | Social Status | 25 |
| UAI | How often do you talk with your - Children | Social Status | 1 |
| UAI | How often do you talk with your - Other Family | Social Status | 1 |
| UAI | How often do you talk with your - Friends/Neighbors | Social Status | 1 |
| UAI | Are you satisfied with how often you see or hear from your children other family and.or friends | Social Status | 1 |
| UAI | Have you been hospitalized | Hospitalization/Alocohol - Drug Use | 1 |
| UAI | Name of Place | Hospitalization/Alocohol - Drug Use | 30 |
| UAI | Admit Date | Hospitalization/Alocohol - Drug Use | 10 |
| UAI | Length of Stay/Reason | Hospitalization/Alocohol - Drug Use | 30 |
| UAI | Name of Place | Hospitalization/Alocohol - Drug Use | 30 |
| UAI | Admit Date | Hospitalization/Alocohol - Drug Use | 10 |
| UAI | Length of Stay/Reason | Hospitalization/Alocohol - Drug Use | 30 |
| UAI | Do (did) you ever drink alcoholic beverages? | Hospitalization/Alocohol - Drug Use | 1 |
| UAI | How much | Hospitalization/Alocohol - Drug Use | 15 |
| UAI | How often | Hospitalization/Alocohol - Drug Use | 15 |
| UAI | Do (did) you ever use non-prescription, mood altering substances | Hospitalization/Alocohol - Drug Use | 1 |
| UAI | How much | Hospitalization/Alocohol - Drug Use | 15 |
| UAI | How often | Hospitalization/Alocohol - Drug Use | 15 |
| UAI | Have you or someone close to you ever concerned | Hospitalization/Alocohol - Drug Use | 1 |
| UAI | describe concerns: | Hospitalization/Alocohol - Drug Use | 40 |
| UAI | Do (did) you ever use alcohol/other mood-alterning substances with - Prescription drugs? | Hospitalization/Alocohol - Drug Use | 1 |
| UAI | Do (did) you ever use alcohol/other mood-alterning substances with - OTC medicine? | Hospitalization/Alocohol - Drug Use | 1 |
| UAI | Do (did) you ever use alcohol/other mood-alterning substances with - Other substances? | Hospitalization/Alocohol - Drug Use | 1 |
| UAI | describe what and how often: | Hospitalization/Alocohol - Drug Use | 40 |
| UAI | Do (did) you ever use alcohol/other mood-alterning substances to help you - Sleep? | Hospitalization/Alocohol - Drug Use | 1 |
| UAI | Do (did) you ever use alcohol/other mood-alterning substances to help you - Relax? | Hospitalization/Alocohol - Drug Use | 1 |
| UAI | Do (did) you ever use alcohol/other mood-alterning substances to help you - Get more energy? | Hospitalization/Alocohol - Drug Use | 1 |
| UAI | Do (did) you ever use alcohol/other mood- | Hospitalization/Alocohol - Drug Use | 1 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| | alterning substances to help you - Relieve worries? | | |
| UAI | Do (did) you ever use alcohol/other mood-alterning substances to help you - Relieve physical pain? | Hospitalization/Alocohol - Drug Use | 1 |
| UAI | describe what and how often: | Hospitalization/Alocohol - Drug Use | 40 |
| UAI | Do (did) you ever smoke or use tobacco products? | Hospitalization/Alocohol - Drug Use | 1 |
| UAI | How much | Hospitalization/Alocohol - Drug Use | 20 |
| UAI | How often | Hospitalization/Alocohol - Drug Use | 20 |
| UAI | Is there anything we have not talked about that you would like to discuss? - comments | Hospitalization/Alocohol - Drug Use | 100 |
| UAI | Does the client have an informal caregiver? | Assessment Summary | 1 |
| UAI | Where does the caregiver live? | Assessment Summary | 1 |
| UAI | Is the cargiver's help | Assessment Summary | 1 |
| UAI | Has providing care to client become a burden for the caregiver? | Assessment Summary | 1 |
| UAI | Describe any problems with continued cargiving | Assessment Summary | 100 |
| UAI | Client's preference for receiving needed care | Assessment Summary | 75 |
| UAI | Family/Representative's preference for client's care: | Assessment Summary | 75 |
| UAI | Physician's comments (if applicable) | Assessment Summary | 75 |
| UAI | Client Case Summary | Assessment Summary | 300 |
| UAI | Unmet Needs - Finances | Assessment Summary | 1 |
| UAI | Unmet Needs - Home/Physical Enviornment | Assessment Summary | 1 |
| UAI | Unmet Needs - ADLS | Assessment Summary | 1 |
| UAI | Unmet Needs - IADLS | Assessment Summary | 1 |
| UAI | Unmet Needs - Assistive Devices/Medical Equipment | Assessment Summary | 1 |
| UAI | Unmet Needs - Medical Care/Health | Assessment Summary | 1 |
| UAI | Unmet Needs - Nutrition | Assessment Summary | 1 |
| UAI | Unmet Needs - Cognitive/Emotional | Assessment Summary | 1 |
| UAI | Unmet Needs - Cargiver Support | Assessment Summary | 1 |
| UAI | Assessment Completed by - Assessor's Name | Assessment Summary | 20 |
| UAI | Assessment Completed by -Signature | Assessment Summary | 20 |
| UAI | Assessment Completed by -Agency/Provider Name | Assessment Summary | 20 |
| UAI | Assessment Completed by - Provider # | Assessment Summary | 10 |
| UAI | Assessment Completed by - Section(s) Completed | Assessment Summary | 15 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| UAI | Assessment Completed by - Assessor's Name | Assessment Summary | 20 |
| UAI | Assessment Completed by -Signature | Assessment Summary | 20 |
| UAI | Assessment Completed by -Agency/Provider Name | Assessment Summary | 20 |
| UAI | Assessment Completed by - Provider # | Assessment Summary | 10 |
| UAI | Assessment Completed by - Section(s) Completed | Assessment Summary | 15 |
| UAI | Assessment Completed by - Assessor's Name | Assessment Summary | 20 |
| UAI | Assessment Completed by -Signature | Assessment Summary | 20 |
| UAI | Assessment Completed by -Agency/Provider Name | Assessment Summary | 20 |
| UAI | Assessment Completed by - Provider # | Assessment Summary | 10 |
| UAI | Assessment Completed by - Section(s) Completed | Assessment Summary | 15 |
| UAI | Assessment Completed by - Assessor's Name | Assessment Summary | 20 |
| UAI | Assessment Completed by -Signature | Assessment Summary | 20 |
| UAI | Assessment Completed by -Agency/Provider Name | Assessment Summary | 20 |
| UAI | Assessment Completed by - Provider # | Assessment Summary | 10 |
| UAI | Assessment Completed by - Section(s) Completed | Assessment Summary | 15 |
| UAI | Assessment Completed by - Assessor's Name | Assessment Summary | 20 |
| UAI | Assessment Completed by -Signature | Assessment Summary | 20 |
| UAI | Assessment Completed by -Agency/Provider Name | Assessment Summary | 20 |
| UAI | Assessment Completed by - Provider # | Assessment Summary | 10 |
| UAI | Assessment Completed by - Section(s) Completed | Assessment Summary | 15 |
| UAI | Assessment Completed by - Assessor's Name | Assessment Summary | 20 |
| UAI | Assessment Completed by -Signature | Assessment Summary | 20 |
| UAI | Assessment Completed by -Agency/Provider Name | Assessment Summary | 20 |
| UAI | Assessment Completed by - Provider # | Assessment Summary | 10 |
| UAI | Assessment Completed by - Section(s) Completed | Assessment Summary | 15 |
| UAI | Future Use | This will be used for future use | 290 |
| Public Pay Short Form | Client Name | | 40 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| Public Pay Short Form | Client SSN | | 9 |
| Public Pay Short Form | How can you take Medicine? | | 1 |
| Public Pay Short Form | Describe Help/Name of helper; | | 40 |
| Public Pay Short Form | Behaviour Pattern | | 1 |
| Public Pay Short Form | Type of inappropriate behaviour | | 100 |
| Public Pay Short Form | Orientation | | 1 |
| Public Pay Short Form | Spheres affected | | 100 |
| Public Pay Short Form | Current psychiatric or psychological needed? | | 1 |
| Public Pay Short Form | Prohibited Conditions | Does applicant/resident have a prohibited condition? | 1 |
| Public Pay Short Form | Describe | | 150 |
| Public Pay Short Form | Level of Care Approved | | 1 |
| Public Pay Short Form | Assessor's Name | Assessment Completed | 25 |
| Public Pay Short Form | Signature | Assessment Completed | 20 |
| Public Pay Short Form | Agency | Assessment Completed | 30 |
| Public Pay Short Form | Provider Number | Assessment Completed | 10 |
| Public Pay Short Form | Date | Assessment Completed | 10 |
| Public Pay Short Form | Assessor's Name | Assessment Completed | 25 |
| Public Pay Short Form | Signature | Assessment Completed | 20 |
| Public Pay Short Form | Agency | Assessment Completed | 30 |
| Public Pay Short Form | Provider Number | Assessment Completed | 10 |
| Public Pay Short Form | Date | Assessment Completed | 10 |
| Public Pay Short Form | Assessor's Name | Assessment Completed | 25 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| Public Pay Short Form | Signature | Assessment Completed | 20 |
| Public Pay Short Form | Agency | Assessment Completed | 30 |
| Public Pay Short Form | Provider Number | Assessment Completed | 10 |
| Public Pay Short Form | Date | Assessment Completed | 10 |
| Public Pay Short Form | Assessor's Name | Assessment Completed | 25 |
| Public Pay Short Form | Signature | Assessment Completed | 20 |
| Public Pay Short Form | Agency | Assessment Completed | 30 |
| Public Pay Short Form | Provider Number | Assessment Completed | 10 |
| Public Pay Short Form | Date | Assessment Completed | 10 |
| Public Pay Short Form | comments | | 150 |
| Public Pay Short Form | Future Use | This will be used for future use | 50 |
| DMAS-95 MI/MR/RC | Name | | 40 |
| DMAS-95 MI/MR/RC | Date of Birth | | 10 |
| DMAS-95 MI/MR/RC | Date NHPAS Request Received | | 10 |
| DMAS-95 MI/MR/RC | Social Security Number | | 9 |
| DMAS-95 MI/MR/RC | Medicaid Number | | 12 |
| DMAS-95 MI/MR/RC | Responsible CSB | | 20 |
| DMAS-95 MI/MR/RC | 1. Does the individual meet nursing facility criteria | If yes, DMAS-95 needs to be completed. If no, do not complete Level I screening and do not refer for Level II evaluation Individual cannot be admitted to a Medicaid-enrolled nursing facility | 1 |
| DMAS-95 MI/MR/RC | 1.a. Can a safe and appropriate plan of care be developed to meet all medical/nursing/custodial care needs? | If 'Yes", this form must be completed AND the DMAS-96 form authorization is for Nursing Facility | 1 |
| DMAS-95 | 2. Does the individual have a current serious | "Yes" only if a,b and c below are | 1 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| MI/MR/RC | mental illness(MI)? | checked "yes" if "no", do not refer for Level II PAS for MI Diagnosis | |
| DMAS-95 MI/MR/RC | 2a. Is this major mental disorder diagnosable under DSM-IV | | 1 |
| DMAS-95 MI/MR/RC | 2b. Has the disorder resulted in functional limitations | | 1 |
| DMAS-95 MI/MR/RC | 2c. Treatment History | | 1 |
| DMAS-95 MI/MR/RC | 3. Does the individual have a diagnosis of mental retardation(MR) which was manifested before age 18? | | 1 |
| DMAS-95 MI/MR/RC | 4. Does the individual have a related condition | "Yes" only if each of the item below a,b,c,d is checked "Yes" "No", do not refer to Level II PAS for related condition | 1 |
| DMAS-95 MI/MR/RC | 4a. Is the condition attributable to any other condition | | 1 |
| DMAS-95 MI/MR/RC | 4b. Has the condition manifested before age 22? | | 1 |
| DMAS-95 MI/MR/RC | 4c. Is the condition likely to continue inidefinitely | | 1 |
| DMAS-95 MI/MR/RC | 4d. Limitations in 3 or more: selfcare, understanding etc., | | 1 |
| DMAS-95 MI/MR/RC | 5.a Recommendation | | 1 |
| DMAS-95 MI/MR/RC | 5.a.i. Refer for secondary assessment for ** | NF Placement = Level II Waiver Placement = 101B | 1 |
| DMAS-95 MI/MR/RC | 5.a.ii. MI | # 2 above is checked "Yes" | 1 |
| DMAS-95 MI/MR/RC | 5.a.iii. MR or Related Condition | # 3 or # 4 is checked "Yes" | 1 |
| DMAS-95 MI/MR/RC | 5.a.iv. Dual diagnosis | MI and MR/Related Condition categories are checked | 1 |
| DMAS-95 MI/MR/RC | 5.b.i. NO referral for active treatment needs assessment required because individual: | | 1 |
| DMAS-95 MI/MR/RC | 5.b.ii. Does not meet the applicable criteria for serious MI or MR or related condition | | 1 |
| DMAS-95 MI/MR/RC | 5.b.iii. Has a primary diagnosis of dementia (including Alzheimer's disease) and does not have a diagnosis of MR | | 1 |
| DMAS-95 MI/MR/RC | 5.b.iv. Has a primary diagnosis of dementia (including Alzheimer's disease) AND has a secondary diagnosis of a serious MI | | 1 |
| DMAS-95 | 5.b.v. Has a severe physical illness (e.g. doc- | | 1 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| MI/MR/RC | umented evidence of coma, functioning at brian-stern level, or other conditions which results in a level of impairement so sever that the individual could not be expected to bene-fit from specialized services.) | | |
| DMAS-95 MI/MR/RC | 5.b.vi. Is terminally ill (note: a physician must have documented that individual's life expect-ancy is six (6) months or less) | | 1 |
| DMAS-95 MI/MR/RC | Signature & Title | | 20 |
| DMAS-95 MI/MR/RC | Screening Committee | | 20 |
| DMAS-95 MI/MR/RC | Date | | 10 |
| DMAS-95 MI/MR/RC | Telephone Number | | 12 |
| DMAS-95 MI/MR/RC | Street Address | | 40 |
| DMAS-95 MI/MR/RC | Future Use | This will be used for future use | 50 |
| DMAS-95 MI/MR Suppl | Name | | 40 |
| DMAS-95 MI/MR Suppl | Screening Placement Recommendation | | 20 |
| DMAS-95 MI/MR Suppl | Neurological Evaluation | | 1 |
| DMAS-95 MI/MR Suppl | Psychological Assessment | | 1 |
| DMAS-95 MI/MR Suppl | Psychiatric Assessment | | 1 |
| DMAS-95 MI/MR Suppl | Psychosocial/Functional Assessment | | 1 |
| DMAS-95 MI/MR Suppl | History and Physical Examination | | 1 |
| DMAS-95 MI/MR Suppl | Other | | 1 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| DMAS-95 MI/MR Suppl | Other (Please specify) | | 20 |
| DMAS-95 MI/MR Suppl | Specialized services are not indicated | | 1 |
| DMAS-95 MI/MR Suppl | Specialized services are indicated | | 1 |
| DMAS-95 MI/MR Suppl | Comments | | 200 |
| DMAS-95 MI/MR Suppl | Date referral package received | | 10 |
| DMAS-95 MI/MR Suppl | Date package sent to DMRMRSAS | | 10 |
| DMAS-95 MI/MR Suppl | QMHP Signature (MI diagnosis) | | 20 |
| DMAS-95 MI/MR Suppl | Date | | 10 |
| DMAS-95 MI/MR Suppl | Telephone Number | | 12 |
| DMAS-95 MI/MR Suppl | Psychologist Signature (MR diagnosis) | | 20 |
| DMAS-95 MI/MR Suppl | Date | | 10 |
| DMAS-95 MI/MR Suppl | Telephone Number | | 12 |
| DMAS-95 MI/MR Suppl | Case Manager Signature/Title | | 20 |
| DMAS-95 MI/MR Suppl | Date | | 10 |
| DMAS-95 MI/MR Suppl | Telephone Number | | 12 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| DMAS-95 MI/MR Suppl | Agency / Facility Name | | 40 |
| DMAS-95 MI/MR Suppl | Agency / Facility Name ID # (if applicable) | | 10 |
| DMAS-95 MI/MR Suppl | Mailing Address | | 120 |
| DMAS-95 MI/MR Suppl | Date referral package reveived | | 10 |
| DMAS-95 MI/MR Suppl | Concur with recommendations of specialized services | | 1 |
| DMAS-95 MI/MR Suppl | Comments | | 200 |
| DMAS-95 MI/MR Suppl | PAS Representative | | 1 |
| DMAS-95 MI/MR Suppl | PAS Representative Name | | 40 |
| DMAS-95 MI/MR Suppl | PAS Date Package Sent | | 10 |
| DMAS-95 MI/MR Suppl | Community Services Board | | 1 |
| DMAS-95 MI/MR Suppl | Community Services Board Representative Name | | 40 |
| DMAS-95 MI/MR Suppl | Community Services Board Data Package Sent | | 10 |
| DMAS-95 MI/MR Suppl | Admitting/retaining nursing facility | | 1 |
| DMAS-95 MI/MR Suppl | Admitting/retaining nursing facility Representative Name | | 40 |
| DMAS-95 MI/MR Suppl | Admitting/retaining nursing facility Representative Date Package Sent | | 10 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| DMAS-95 MI/MR Suppl | Discharging hospital (if applicable) | | 1 |
| DMAS-95 MI/MR Suppl | Discharging hospital (if applicable) Representative Name | | 40 |
| DMAS-95 MI/MR Suppl | Discharging hospital (if applicable) Date Package Sent | | 10 |
| DMAS-95 MI/MR Suppl | Individual's family | | 1 |
| DMAS-95 MI/MR Suppl | Individual's family Representative Name | | 40 |
| DMAS-95 MI/MR Suppl | Individual's family Date Package Sent | | 10 |
| DMAS-95 MI/MR Suppl | Individuals legal Representative (if any) | | 1 |
| DMAS-95 MI/MR Suppl | Individuals legal Representative (if any) Name | | 40 |
| DMAS-95 MI/MR Suppl | Individuals legal Representative Date Package Sent | | 10 |
| DMAS-95 MI/MR Suppl | Attending physician | | 1 |
| DMAS-95 MI/MR Suppl | Attending physician name | | 40 |
| DMAS-95 MI/MR Suppl | Attending physician Date Package Sent | | 10 |
| DMAS-95 MI/MR Suppl | Signature of State MH/MRA | | 20 |
| DMAS-95 MI/MR Suppl | Title | | 20 |
| DMAS-95 MI/MR Suppl | Date | | 10 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| DMAS-95 MI/MR Suppl | Telephone Number | | 10 |
| DMAS-95 MI/MR Suppl | | | 100 |
| DMAS-97 | Individual Being Screened | | 40 |
| DMAS-97 | Medicaid ID# | | 12 |
| DMAS-97 | I.A.i. Individual Meets Nursing Facility Criteria | Screening Team Determination | 1 |
| DMAS-97 | I.A.ii. Application for the individual to a nursing facility has been made and accepted | Screening Team Determination | 1 |
| DMAS-97 | I.A.iii. Date application was made | Screening Team Determination | 10 |
| DMAS-97 | I.A.iv. Facility | Screening Team Determination | 30 |
| DMAS-97 | I.A.v. Contact | Screening Team Determination | 20 |
| DMAS-97 | I.B.i. Deterioration in individual's health care condition or changes in available support prevents former care arrangements from meeting needs | Screening Team Determination | 1 |
| DMAS-97 | I.B.ii. Deterioration in individual's health care condition or changes in available support prevents former care arrangements from meeting needs - Describe | Screening Team Determination | 40 |
| DMAS-97 | I.B.iii Evidence is available | Screening Team Determination | 1 |
| DMAS-97 | I.B.iv. Evidence is available - Describe | Screening Team Determination | 40 |
| DMAS-97 | C.i. Individual has selected - Nursing Facility Services; OR | Screening Team Determination | 1 |
| DMAS-97 | C.ii. Individual has selected - Elderly or Disabled with Consumer Direction Waiver Services; OR | Screening Team Determination | 1 |
| DMAS-97 | C.iii. Individual has selected - HIV/AIDS Waiver Services; OR | Screening Team Determination | 1 |
| DMAS-97 | C.iv. Individual has selected - Program for the All-Inclusive Care of the Elderly (PACE); OR | Screening Team Determination | 1 |
| DMAS-97 | C.v. Individual has selected - Alzheimer's Assisted Living Waiver; OR | Screening Team Determination | 1 |
| DMAS-97 | C.vi. Individual has selected - Technology-Assisted Waiver (for adults); OR | Screening Team Determination | 1 |
| DMAS-97 | C.vii. Individual has selected - Elderly Case Management Services (if available in service area) | Screening Team Determination | 1 |
| DMAS-97 | ADLS | Choice and Payment Responsibility | 1 |

| FORM | Field Name | Description | Len |
|---|---|---|---|
| DMAS-97 | Housekeeping | Choice and Payment Responsibility | 1 |
| DMAS-97 | Meal Preparation | Choice and Payment Responsibility | 1 |
| DMAS-97 | Shopping | Choice and Payment Responsibility | 1 |
| DMAS-97 | Laundry | Choice and Payment Responsibility | 1 |
| DMAS-97 | Supervision | Choice and Payment Responsibility | 1 |
| DMAS-97 | PERS | Choice and Payment Responsibility | 1 |
| DMAS-97 | Transportation | Choice and Payment Responsibility | 1 |
| DMAS-97 | Skilled Nursing Needs | Choice and Payment Responsibility | 1 |
| DMAS-97 | The findings and results of the individual's evaluation and stated needs | Documentation of Individual Choice | 1 |
| DMAS-97 | A Choice between Institutional Care (nursing facility) and the appropriate Home and Community-Care Base Waiver | Documentation of Individual Choice | 1 |
| DMAS-97 | The Individual's right to a fair hearing and the appear process | Documentation of Individual Choice | 1 |
| DMAS-97 | The Individual's right to choose provider(s) related to the type of service required | Documentation of Individual Choice | 1 |
| DMAS-97 | The individual's potential to have a patient pay amount, based on his or her income, regardless of the amount of institutional or community-based care received | Documentation of Individual Choice | 1 |
| DMAS-97 | The individual's understanding that, by using Consumer-Directed Services, he or she bears the responsibilities associated with employing his or her own personal attendants | Documentation of Individual Choice | 1 |
| DMAS-97 | The individual's (or authorized representative's) consent to exchange information with the Department of Medical Assistance Services (DMAS) by signing and dating this form | Documentation of Individual Choice | 1 |
| DMAS-97 | Individual's Signature | Signatures | 20 |
| DMAS-97 | Date | Signatures | 10 |
| DMAS-97 | Screener's Signature | Signatures | 20 |
| DMAS-97 | Date | Signatures | 10 |
| DMAS-97 | Family Member, Parent, Legal Guardian, or Authorized Representative | Signatures | 20 |
| DMAS-97 | Date | Signatures | 10 |
| DMAS-97 | Indicate Applicable Designation | Signatures | 20 |
| DMAS-97 | Future Use | This will be used for future use | 50 |

# PAS Offline Forms (PAS-O-006)General Information

## General Information

The Excel version of the pre-admission screening forms for use offline and to later upload to the portal screens.

## Data Elements

*Required

VIRGINIA UNIFORM ASSESSMENT INSTRUMENT

Dates Screening:* Assessment: Reassessment: Initial Request:*

1. IDENTIFICATION/ BACKGROUND

Entry is required

Name & Vital Information

Member's Name: Last:* First:* MI: SSN:*
Address: Street:* City:* State:* Zip Code:*
Phone Number:* City/County Code:* Zip Code Ext:
Directions to House:
Pets?

Demographics

Member's Date of Birth:* Age*: Sex:* Hearing Impaired*
Marital Status:* Race:* (If Race-Unknown, enter Ethnic Origin):
Communication of Needs:* Other Lanugage, Specify:
Education:* (If Education - Unknown, please Specify):

Primary Caregiver

Caregiver's Name: Last:* First:* MI: Relationship:*
Address: Street:* City:* State:* Zip Code:*
Phone Number* (Home): (Work):

Emergency Contact

☐ Check here to populate with Primary Caregiver information (valid if no entry has been made to the Emergency Contact field)

UAI-A | UAI-B | Reassessment | DMAS-95 MI-MR-RC | DMAS-95 MI-MR-SUPL | DMAS-96 | DMAS-97 | Public Short Pay

Data Elements are the same as the portal online forms.

# Programs

- PAS – Extract Program (PAS-P-0001)
- PAS Status – Extract Program (PAS-P-0002)

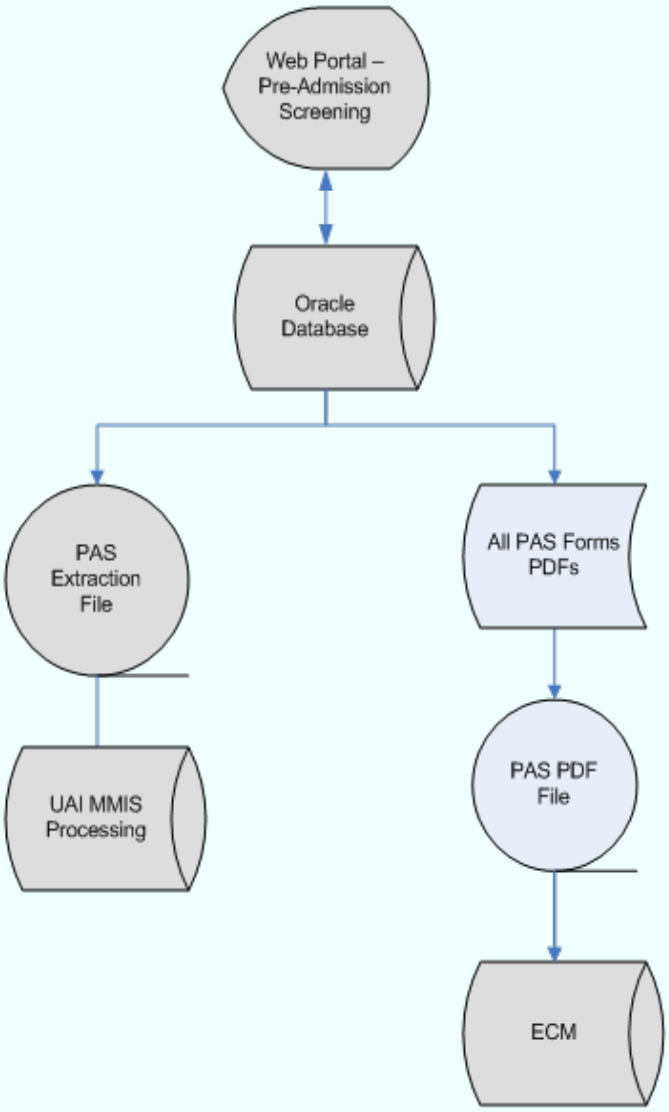
# PAS – Extract Program (PAS-P-0001)

## General Information

This is a batch program that is initiated nightly. The Pre-Admission Batch Initializer executes this program as scheduled. Within this program the job will read the PAS Form Table (WP_PAS_FORM_TB) and extract all the transaction information residing there.

The program will then take the transaction information and format it in to two files – the Inbound Electronic UAI Request (AS-F-010) file and a pdf file containing the corresponding Assessment Form PDF Outputs – PAS Extract – Assessment PDFs (PAS-O-004). The PAS extract file will be forwarded to the MMIS for processing and the pdf file will be loaded into the ECM for retrieval and research purposes.

## Process



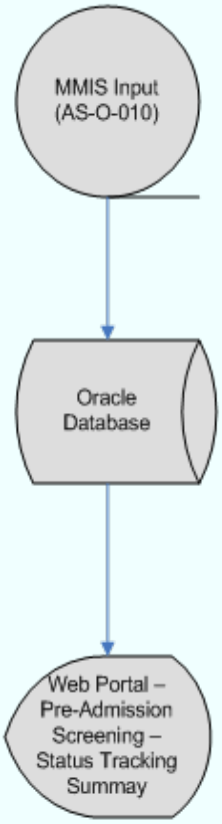

# PAS Status – Extract Program (PAS-P-0002)

## General Information

This is a batch program that is initiated nightly. The PAS Batch Job Initializer executes this program as scheduled. This program will take the updated assessment file from the MMIS – Outbound Electronic UAI Response to Web Interface (AS-O-010) and utilize it to update the status for the approved, denied or voided assessments processed in the MMIS.

The program will then take the transaction information and update the PAS Form Table (WP_PAS_FORM_TB).

## Process


MMIS Input
(AS-O-010)
Oracle
Database
Web Portal –
Pre-Admission
Screening –
Status Tracking
Summay

# Screens

- PAS Menu (PAS-S-001)
- UAI – Part A (PAS-S-002)
- UAI – Part B (PAS-S-003)
- DMAS95-MI-MR-RC (PAS-S-004)
- DMAS95-MI-MR-RC Instructions (PAS-S-005)
- DMA95-MI-MR-SUPL (PAS-S-006)
- DMA95-MI-MR-SUPL Instructions (PAS-S-007)
- DMAS96 (PAS-S-008)
- DMAS96 Instructions (PAS-S-009)
- DMAS97 (PAS-S-010)
- DMAS97 Instructions (PAS-S-011)
- Re-Assessment (PAS-S-012)
- Re-Assessment Instructions (PAS-S-013)
- Public Pay Short (PAS-S-014)
- Public Pay Short Instructions (PAS-S-015)
- Successful Submission (PAS-S-016)
- PAS Status Tracking – Summary (PAS-S-017)
- PAS Status Tracking – Detail (PAS-S-018)
- Pre-Admission Screening File Upload (PAS-S-019)
- Assessment Search (PAS-S-020)
- Assessment Search Detail (PAS-S-021)
- Superuser Entry (PAS-S-022)
- Download Offline Forms (PAS-S-023)

# PAS Menu (PAS-S-001)

## General Information

If a user wants to submit a pre-admission screening, track existing assessments or upload an xml version of the assessment, this is the initial entry.

This form consists of a series options.

| Screen Name | Pre-Admission Screening Menu |
|---|---|
| Source/Originator | Provider Portal Secured Welcome Page |
| Usage | Pre-Admission Screening options |

## Screen Sample – PAS-S-001

## Data Elements

| Data Element Name (ID) | Instructions |
| --- | --- |
| N/A | |

## Navigation

| Button/Link | Action | Link |
| --- | --- | --- |
| UAI-A | Navigates the user to the short assessment form | PAS-S-002 |
| Pre-Admission Screening Tracking Screen | Navigates the user to the PAS Tracking Screen | PAS-S-017 |
| Pre-Admission Screening File Upload | Navigates the user to the PAS File Upload screen to upload an xml file into the PAS Screens | PAS-S-019 |
| Assessment Search | Navigates the user to the Assessment Search screen for the entry of search criteria | PAS-S-020 |
| Download Offline Forms | Navigates the user to the screen to download the offline Excel version of the forms. | PAS-S-023 |

## Error Messages

| Description | Resolution |
| --- | --- |
| N/A | |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections

# UAI – Part A (PAS-S-002)

## General Information

Selection of this option is the initial point for entry for the pre-admission screening. All assessments must include this form and from this form

After completion of the UAI – Part A, the user is given the option of submitting the assessment, continuing with UAI – Part B or electing one for the following additional screening forms:

- Reassessment
- Public Pay Short
- DMAS95 – MI/MR/RC
- DMAS95 – MI/MR/SUPL
- DMAS96
- DMAS97

This form consists of a series of required, situationally required and optional fields.

| Screen Name | UAI – Part A |
|---|---|
| Source/Originator | Pre-Admission Screening menu |
| Usage | Entry of UAI – Part A assessment information and navigate to any additional forms. |

## Screen Sample – PAS-S-002

For ease of reading the screen has been broken up in sections.

UAI-A

**Virginia Uniform Assessment Instrument**
**Part A**

**For instructions, please click here:** VA Uniform Assessment Instrument (UAI) User's Manual

**Dates:** Screen Date (MM/DD/YYYY) * Assessment Date (MM/DD/YYYY) * Re-Assessment Date (MM/DD/YYYY) * Initail Request Date (MM/DD/YYYY) *

**Identification/Background**

**Member Name & Vital Information**

Last Name* First Name* MI SSN*

Address* City* State* Zip*

Phone* City/County Code*

Directions to House*

250 Characters Remaining

Pets?

**Demographics**

DOB (MM/DD/YYYY)* Age Sex* Male Female

Marital Status:* Race:* Education:* Communication of Needs:*

Hearing Impaired?* Yes No

**Primary Caregiver**

Last Name* First Name* MI Relationship*

Address* City* State* Zip*

Phone*

Home Work

**Emergency Contact**

Last Name* First Name* MI Relationship*

Address* City* State* Zip*

Phone*

Home Work

**Primary Physician**

Last Name* | First Name* | MI | Phone*

Address* | City* | State* | Zip*

**Initial Contact - Who called**

Last Name* | First Name* | MI | Relationship*

Address* | City* | State* | Zip*

Phone*

Home | Work

Presenting Problem/Diagnosis*

150 Characters Remaining

**Current Formal Services**

**Do you currently use any of the following types of services?** (Check all services that apply)

- [ ] Adult Day Care
- [ ] Adult Protective
- [ ] Case Management
- [ ] Chore/Companion/Homemaker
- [ ] Congregate Meals/Senior Center
- [ ] Financial Management Counseling
- [ ] Friendly Visitor/Telephone Reassurance
- [ ] Habilitation/Supported Employment
- [ ] Home Delivered Meals
- [ ] Home Health/Rehabilitation
- [ ] Home Repairs/Weatherization
- [ ] Housing
- [ ] Legal
- [ ] Mental Health(Inpatient/Outpatient)
- [ ] Mental Retardation
- [ ] Personal Care
- [ ] Respite
- [ ] Substance Abuse

**Do you currently use any of the following types of services?** (Check all services that apply)

- [ ] Adult Day Care
- [ ] Adult Protective
- [ ] Case Management
- [ ] Chore/Companion/Homemaker
- [ ] Congregate Meals/Senior Center
- [ ] Financial Management Counseling
- [ ] Friendly Visitor/Telephone Reassurance
- [ ] Habilitation/Supported Employment
- [ ] Home Delivered Meals
- [ ] Home Health/Rehabilitation
- [ ] Home Repairs/Weatherization
- [ ] Housing
- [ ] Legal
- [ ] Mental Health(Inpatient/Outpatient)
- [ ] Mental Retardation
- [ ] Personal Care
- [ ] Respite
- [ ] Substance Abuse
- [ ] Subsidized Housing
- [ ] Tax Relief

**Do you currently receive income from.....?** (Check all that apply)

- [ ] Black Lung
- [ ] Pension
- [ ] Social Security
- [ ] SSI/SSDI
- [ ] VA Benefits
- [ ] Wages/Salary
- [ ] Other

**What type of helath insurance do you have?***

- [ ] Medicare Insured
- [ ] Medicaid Insured
- [ ] All Other Public/Private

## Physical Environment

**Where do you usually live?** *

**Where you usually live are there any problems?** (Check all problems that apply)

- [ ] Barriers to Access
- [ ] Electrical Hazards
- [ ] Fire Hazards/No Smoke Alarm
- [ ] Insufficient Heat/Air Conditioning
- [ ] Insufficient Hot Water/Water
- [ ] Lack of/Poor Toilet Facilities (Inside/Outside)
- [ ] Lack of/Defective Stove, Refrigerator, Freezer
- [ ] Lack of/Defective Washer/Dryer
- [ ] Lack of/Poor Bathing Facilities
- [ ] Structural Problems
- [ ] Telephone Not Accessible
- [ ] Unsafe Neighborhood
- [ ] Unsafe/Poor Lighting
- [ ] Unsanitary Conditions
- [ ] Other

**Functional Status**

## ADLs

Select Appropriate Level:

Bathing*

Dressing*

Toileting*

Transferring*

Eating/Feeding*

## Continence (Bowel/Bladder)

Bowel*

Bladder*

## Ambulation

Walking*

Wheeling*

Stair Climbing*

Mobility*

**Comments**

250 Characters Remaining

IADLs

Meal Preparation*
No Yes

Housekeeping*
No Yes

Laundry*
No Yes

Money Mgmt*
No Yes

Transport*
No Yes

Shopping:*
No Yes

Using Phone*
No Yes

Home Maintenance*
No Yes

**Screener Name***

Agency

**Outcome: Is this a short assessment?** *

No, Continue with the long assessment

Yes, Ready for Submission

Yes, Additional Forms Needed Before Submission.

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| Screen Date<br>(PDE-1000) | Enter the date of the screening in the MM/DD/YYYY format.<br><br>This field is enterable and required. |
| Assessment Date<br>(PDE - 0223) | Enter the date of the screening in the MM/DD/YYYY format.<br><br>This field is enterable and either the Assessment Date or Reassessment Date is required. |
| Reassessment Date<br>(PDE-1001) | Enter the date of the screening in the MM/DD/YYYY format.<br><br>This field is enterable and either the Assessment Date or Reassessment Date is required. |
| Initial Request Date<br>(PDE-1341) | Enter the date of the initial request for screening in the MM/DD/YYYY format.<br><br>This field is enterable and required. |
| Last Name<br>(PDE - 0013) | Enter the member's last name.<br><br>This field is enterable and required. |
| First Name<br>(PDE - 0014) | Enter the member's first name.<br><br>This field is enterable and required. |
| Middle Initial | Enter the member's middle initial. |

| | |
|---|---|
| (PDE - 0015) | This field is enterable and optional. |
| Social Security Number<br>(PDE - 0419) | Enter the member's social security number in the format 999-99-9999.<br><br>This field is enterable and required. |
| Address<br>(PDE - 0045) | Enter the member's building number and street address.<br><br>This field is enterable and required. |
| City<br>(PDE - 0047) | Enter the member's city of residence.<br><br>This field is enterable and required. |
| State<br>(PDE - 0048) | Enter the member's state of residence.<br><br>This field is selected from a drop down list and required. |
| Zip<br>(PDE - 0049) | Enter the member's zip code, either the 5 or 9 digit zip and extension (no dash).<br><br>This field is enterable and required. |
| Phone<br>(PDE - 0853) | Enter the member's phone number in the format 999-999-9999.<br><br>This field is enterable and required. |
| City/County<br>(PDE - 0107) | Enter the member's city/county code.<br><br>This field is enterable and required. |
| Directions to House<br>(PDE-1002) | Enter the directions to the member's residence.<br><br>This field is enterable and optional. |
| Pets?<br>(PDE-1003) | Note if the member has any pets.<br><br>This field is enterable and optional. |
| Date of Birth<br>(PDE - 0051) | Enter the member's date of birth in the format MM/DD/YYYY.<br><br>This field is enterable and required. |
| Age<br>(PDE - 0406) | Member's age based on current date and date of birth.<br><br>This is a calculated field and is display only. |
| Sex<br>(PDE - 0053) | Select appropriate radio button indicating member's gender.<br><br>Selection is required. |
| Marital Status | Select the member's marital status from the drop |

| | |
|---|---|
| (PDE - 0054) | down options.<br><br>Selection is required. |
| Race<br>(PDE - 0229) | Select the member's race from the drop down options.<br><br>Selection is required. |
| Ethnic Origin<br>(PDE-1006) | If Race selection is 'Other' this field will display.<br><br>This field is enterable and required if displayed. |
| Education<br>(PDE-1004) | Select the member's education level from the drop down options.<br><br>Selection is required. |
| Education – Specify<br>(PDE-1005) | If Education level is 'Other' this field will display.<br><br>This field is enterable and required if displayed. |
| Communication of Needs<br>(PDE - 0255) | Select the member's level of communication from the drop down options.<br><br>Selection is required. |
| Hearing Impaired<br>(PDE - 0256) | Select appropriate radio button indicating whether member has a hearing impairment.<br><br>Selection is required. |
| Primary Caregiver – Last Name<br>(PDE - 0232) | Enter the last name of the primary caregiver.<br><br>This field is enterable and required. |
| Primary Caregiver – First Name<br>(PDE - 0232) | Enter the first name of the primary caregiver.<br><br>This field is enterable and required. |
| Primary Caregiver – Middle Initial<br>(PDE - 0232) | Enter the middle initial of the primary caregiver.<br><br>This field is enterable and optional. |
| Relationship<br>(PDE-1009) | Enter the relationship the primary caregiver has to the member.<br><br>This field is enterable and required. |
| Primary Caregiver – Address<br>(PDE-1007) | Enter the building number and street address of the primary caregiver.<br><br>This field is enterable and required. |
| Primary Caregiver – City<br>(PDE - 0633) | Enter the city of the primary caregiver.<br><br>This field is enterable and required. |
| Primary Caregiver - State<br>(PDE - 0634) | Select the state abbreviation of the primary caregiver from the drop down list. |

| | |
|---|---|
| | This field is selectable and required. |
| Primary Caregiver - Zip<br>(PDE - 0635) | Enter the 5 digit zip code or 9 digit zip code and extension of the primary caregiver.<br><br>This field is enterable and required. |
| Primary Caregiver – Home Phone<br>(PDE-1008) | Enter the primary caregiver's home phone number in the format 999-999-9999.<br><br>This field is enterable and either the primary caregiver's home or work phone is required. |
| Primary Caregiver – Work Phone<br>(PDE-1008) | Enter the primary caregiver's work phone number in the format 999-999-9999.<br><br>This field is enterable and either the primary caregiver's home or work phone is required. |
| Emergency Contact – Last Name<br>(PDE-1010) | Enter the last name of the emergency contact.<br><br>This field is enterable and required. |
| Emergency Contact – First Name<br>(PDE-1011) | Enter the first name of the emergency contact.<br><br>This field is enterable and required. |
| Emergency Contact – Middle Initial<br>(PDE-1012) | Enter the middle initial of the emergency contact.<br><br>This field is enterable and optional. |
| Relationship<br>(PDE-1009) | Enter the relationship the emergency contact has to the member.<br><br>This field is enterable and required. |
| Emergency Contact – Address<br>(PDE-1013) | Enter the building number and street address of the emergency contact.<br><br>This field is enterable and required. |
| Emergency Contact – City<br>(PDE - 0633) | Enter the city of the emergency contact.<br><br>This field is enterable and required. |
| Emergency Contact - State<br>(PDE - 0634) | Select the state abbreviation of the emergency contact from the drop down list.<br><br>This field is selectable and required. |
| Emergency Contact - Zip<br>(PDE - 0635) | Enter the 5 digit zip code or 9 digit zip code and extension of the emergency contact.<br><br>This field is enterable and required. |
| Emergency Contact – Home Phone<br>(PDE-1014) | Enter the emergency contact's home phone number in the format 999-999-9999. |

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| | This field is enterable and either the emergency contact's home or work phone is required. |
| Emergency Contact – Work Phone (PDE-1014) | Enter the emergency contact's work phone number in the format 999-999-9999.<br><br>This field is enterable and either the emergency contact's home or work phone is required. |
| Primary Physician – Last Name (PDE-0011) | Enter the primary physician's last name.<br><br>This field is enterable and required. |
| Primary Physician – First Name (PDE - 0012) | Enter the primary physician's first name.<br><br>This field is enterable and required. |
| Primary Physician – Middle Initial (PDE - 0015) | Enter the primary physician's middle initial.<br><br>This field is enterable and optional. |
| Primary Physician – Phone (PDE - 0629) | Enter the primary physician's phone number in the format 999-999-9999.<br><br>This field is enterable and required. |
| Primary Physician – Address (PDE - 0632) | Enter the building number and street address of the primary physician.<br><br>This field is enterable and required. |
| Primary Physician – City (PDE - 0633) | Enter the city of the primary physician.<br><br>This field is enterable and required. |
| Primary Physician – State (PDE - 0634) | Select the state abbreviation of the primary physician from the drop down list.<br><br>This field is selectable and required. |
| Primary Physician – Zip (PDE - 0635) | Enter the 5 digit zip code or 9 digit zip code and extension of the primary physician.<br><br>This field is enterable and required. |
| Initial Contact – Who Called? (PDE-1015) | Enter the name of the initial person who called (last name, first name and middle initial).<br><br>This field is enterable and required. |
| Relationship to Client (PDE-1009) | Enter the relationship the initial contact has to the member.<br><br>This field is enterable and required. |
| Initial Contact – Phone (PDE-1016) | Enter the initial contact's phone number in the format 999-999-9999.<br><br>This field is enterable and required. |

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| Presenting Problem/Diagnosis (PDE-1017) | Enter the diagnosis or problem member was presenting causing the contact to call.<br><br>This field is enterable and required. |
| Adult Day Care (PDE - 0243) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Adult Protective Ind (PDE - 0234) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Case Management (PDE-1018) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Chore/Champion/ Homemaker (PDE-1020) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Congregate Meals/ Senior Center (PDE-1021) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Financial Management Counseling (PDE-1022) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Friendly Visitor/ Telephone Reassurance (PDE-1023) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Habilitation/ Supported Employment (PDE-1024) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Home Delivered Meals (PDE - 0246) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Home Health/ Rehabilitation (PDE - 0248) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Home Repairs/ Weatherization (PDE-1025) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if |

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| | applicable) |
| Housing<br>(PDE-1026) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Legal<br>(PDE-1027) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Mental Health (Inpatient/Outpatient)<br>(PDE-1028) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Mental Retardation<br>(PDE-1029) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Personal Care<br>(PDE - 0237) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Respite Care<br>(PDE - 0239) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Substance Abuse<br>(PDE - 0235) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Transportation<br>(PDE - 0277) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Vocational Rehabilitation/ Counseling<br>(PDE-1030) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Other Services<br>(PDE-1031) | Check any/all current formal services.<br><br>This field is a check box and situationally required (if applicable) |
| Other Description<br>(PDE-1077) | Enter a description of any services utilized not already listed.<br><br>This field is enterable and is required if displayed. |
| Provider/ Frequency<br>(PDE-1019) | Enter the provider or frequency of the current services indicated. |

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| | This field is enterable and is required if displayed. |
| Annual Gross Family Income (PDE-1032) | Select the member's family's annual gross income from the drop down options.<br><br>This field is selectable and is required. |
| Number in Family Unit (PDE-1033) | Enter the number of people in the member's family unit.<br><br>This field is enterable and required. |
| Income Amount (PDE-1034) | Enter the member's monthly income amount.<br><br>This field is enterable and optional. |
| Legal Guardian (PDE-1043) | Check any/all people assisting the member with financial matters.<br><br>This field is a check box and situationally required (if applicable) |
| Legal Guardian Name (PDE-1044) | Enter the name of the member's legal guardian.<br><br>This field is enterable and is required if displayed. |
| Power of Attorney (PDE-1045) | Check any/all people assisting the member with financial matters.<br><br>This field is a check box and situationally required (if applicable) |
| Power of Attorney Name (PDE-1046) | Enter the name of the member's power of attorney.<br><br>This field is enterable and is required if displayed. |
| Representative Payee (PDE-1047) | Check any/all people assisting the member with financial matters.<br><br>This field is a check box and situationally required (if applicable) |
| Representative Payee Name (PDE-1048) | Enter the name of the member's representative payee.<br><br>This field is enterable and is required if displayed. |
| Other (PDE-1049) | Check any/all people assisting the member with financial matters.<br><br>This field is a check box and situationally required (if applicable) |
| Other Name (PDE-1050) | Enter the name of any other person assisting the member with financial matters.<br><br>This field is enterable and is required if displayed. |

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| Auxiliary Grant<br>(PDE-1051) | Check any/all benefits or entitlements received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| Food Stamps<br>(PDE-1052) | Check any/all benefits or entitlements received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| Fuel Assistance<br>(PDE-1053) | Check any/all benefits or entitlements received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| General Relief<br>(PDE-1054) | Check any/all benefits or entitlements received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| State & Local Hospitalization<br>(PDE-1055) | Check any/all benefits or entitlements received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| Subsidized Housing<br>(PDE-1056) | Check any/all benefits or entitlements received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| Tax Relief<br>(PDE-1057) | Check any/all benefits or entitlements received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| Black Lung<br>(PDE-1035) | Check any/all means of income received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| Black Lung – Income Amount<br>(PDE-1034) | Enter the amount of income the member receives.<br><br>This field is enterable and is required if displayed. |
| Pension<br>(PDE-1036) | Check any/all means of income received by the member.<br><br>This field is a checkbox and situationally required (if |

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| | applicable). |
| Pension – Income Amount<br>(PDE-1034) | Enter the amount of income the member receives.<br><br>This field is enterable and is required if displayed. |
| Social Security<br>(PDE-1037) | Check any/all means of income received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| Social Security – Income Amount<br>(PDE-1034) | Enter the amount of income the member receives.<br><br>This field is enterable and is required if displayed. |
| SSI/SSDI<br>(PDE-1038) | Check any/all means of income received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| SSI/SSDI – Income Amount<br>(PDE-1034) | Enter the amount of income the member receives.<br><br>This field is enterable and is required if displayed. |
| VA Benefits<br>(PDE-1039) | Check any/all means of income received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| VA Benefits – Income Amount<br>(PDE-1034) | Enter the amount of income the member receives.<br><br>This field is enterable and is required if displayed. |
| Wages/Salary<br>(PDE-1040) | Check any/all means of income received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| Wages/Salary – Income Amount<br>(PDE-1034) | Enter the amount of income the member receives.<br><br>This field is enterable and is required if displayed. |
| Other<br>(PDE-1041) | Check any/all means of income received by the member.<br><br>This field is a checkbox and situationally required (if applicable). |
| Other – Income Amount<br>(PDE-1042) | Enter the amount of income the member receives.<br><br>This field is enterable and is required if displayed. |
| Medicare Insured<br>(PDE - 0262) | Check any/all applicable health insurance the member has. |

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| | This field is a checkbox and situationally required (if applicable). |
| Medicare Number<br>(PDE - 0263) | Enter the member's Medicare number.<br><br>This field is enterable and is required if displayed. |
| Medicaid Insured<br>(PDE - 0261) | Check any/all applicable health insurance the member has.<br><br>This field is a checkbox and situationally required (if applicable). |
| Medicaid Number<br>(PDE - 0016) | Enter the member's Medicaid number.<br><br>This field is enterable and is required if displayed. |
| Medicaid – Pending<br>(PDE-1058) | Check any/all applicable health insurance the member has.<br><br>This field is a checkbox and situationally required (if applicable). |
| Medicaid – QMB/SLMB<br>(PDE-1059) | Check any/all applicable health insurance the member has.<br><br>This field is a checkbox and situationally required (if applicable). |
| All Other Public/Private<br>(PDE - 0264) | Check any/all applicable health insurance the member has.<br><br>This field is a checkbox and situationally required (if applicable). |
| Public/Private – Specify<br>(PDE - 0065) | Enter the specifics of the member's public/private insurance.<br><br>This field is enterable and is required if displayed. |
| Housing Indicator<br>(PDE - 0231) | Select the appropriate option from the drop down list indicating where the member usually lives.<br><br>This field is selectable and required. |
| Residential Companion<br>(PDE-1060) | Select the appropriate option from the drop down list indicating whether anyone lives with the member.<br><br>This field is selectable and required. |
| Household Companion Name<br>(PDE-1061) | Enter the name(s) of anyone that lives with the member.<br><br>This field is enterable and is required if displayed. |
| Access Barriers<br>(PDE-1062) | Check any/all problems the member has with their current residence. |

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| | This field is a checkbox and situationally required (if applicable). |
| Electrical Hazards (PDE-1063) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Fire Hazards (PDE-1064) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Insufficient Heat/Air (PDE-1065) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Insufficient Water (PDE-1066) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Toilet Facilities (PDE-1067) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Major Appliance (PDE-1068) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Washer/Dryer (PDE-1069) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Bathing Facilities (PDE-1070) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Structural Problems (PDE-1071) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if |

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| | applicable). |
| Telephone Accessibility<br>(PDE-1072) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Unsafe Neighborhood<br>(PDE-1073) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Poor Lighting<br>(PDE-1074) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Unsanitary Conditions<br>(PDE-1075) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Other<br>(PDE-1076) | Check any/all problems the member has with their current residence.<br><br>This field is a checkbox and situationally required (if applicable). |
| Other Description<br>(PDE-1077) | Enter the specifics of the other issues the member has with their residence.<br><br>This field is enterable and is required if displayed. |
| Problem Description<br>(PDE-1078) | Describe the other problem the member has with their residence.<br><br>This field is enterable and is required if displayed. |
| ADL – Bathing<br>(PDE - 0266) | Select the appropriate option from the drop down list indicating the member's level.<br><br>This field is selectable and required. |
| ADL – Dressing<br>(PDE - 0267) | Select the appropriate option from the drop down list indicating the member's level.<br><br>This field is selectable and required. |
| ADL – Toileting<br>(PDE - 0268) | Select the appropriate option from the drop down list indicating the member's level.<br><br>This field is selectable and required. |
| ADL – Transferring | Select the appropriate option from the drop down |

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| (PDE - 0269) | list indicating the member's level.<br><br>This field is selectable and required. |
| ADL – Eating/Feeding<br>(PDE - 0270) | Select the appropriate option from the drop down list indicating the member's level.<br><br>This field is selectable and required. |
| Continence – Bowel<br>(PDE - 0271) | Select the appropriate option from the drop down list indicating the member's level.<br><br>This field is selectable and required. |
| Continence – Bladder<br>(PDE - 0272) | Select the appropriate option from the drop down list indicating the member's level.<br><br>This field is selectable and required. |
| Ambulation – Walking<br>(PDE - 0285) | Select the appropriate option from the drop down list indicating the member's level.<br><br>This field is selectable and required. |
| Ambulation – Wheeling<br>(PDE - 0286) | Select the appropriate option from the drop down list indicating the member's level.<br><br>This field is selectable and required. |
| Ambulation – Stair Climbing<br>(PDE - 0287) | Select the appropriate option from the drop down list indicating the member's level.<br><br>This field is selectable and required. |
| Ambulation – Mobility<br>(PDE - 0288) | Select the appropriate option from the drop down list indicating the member's level.<br><br>This field is selectable and required. |
| IADL – Meal Prep<br>(PDE - 0273) | Select the appropriate radio button indicating if the member needs assistance.<br><br>This field is selectable and required. |
| IADL – Housekeeping<br>(PDE - 0274) | Select the appropriate radio button indicating if the member needs assistance.<br><br>This field is selectable and required. |
| IADL – Laundry<br>(PDE - 0275) | Select the appropriate radio button indicating if the member needs assistance.<br><br>This field is selectable and required. |
| IADL – Money Management<br>(PDE - 0276) | Select the appropriate radio button indicating if the member needs assistance.<br><br>This field is selectable and required. |

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| IADL – Transport<br>(PDE - 0277) | Select the appropriate radio button indicating if the member needs assistance.<br><br>This field is selectable and required. |
| IADL – Shopping<br>(PDE - 0278) | Select the appropriate radio button indicating if the member needs assistance.<br><br>This field is selectable and required. |
| IADL – Using Phone<br>(PDE - 0279) | Select the appropriate radio button indicating if the member needs assistance.<br><br>This field is selectable and required. |
| IADL – Home Maint<br>(PDE - 0280) | Select the appropriate radio button indicating if the member needs assistance.<br><br>This field is selectable and required. |
| Screener's Name<br>(PDE-1080) | Enter the screener's first and last name.<br><br>This field is enterable and required. |
| Screener's Agency<br>(PDE-1081) | Enter the agency the screener is affiliated with.<br><br>This field is enterable and optional. |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Continue to Long Form | Auto-saves the UAI-A form and transfers the user to the UAI-B form. | PAS-S-003 |
| Submit Short Assessment | Activates the 'Submit' button for processing of the UAI-A | See Submit |
| Submit Additional Forms | Activates the buttons for each form. | PAS-S-003,<br>PAS-S-004,<br>PAS-S-005,<br>PAS-S-006,<br>PAS-S-008,<br>PAS-S-010,<br>PAS-S-012,<br>PAS-S-014 |
| Save | Saves the current form the user is on and gives them the option to continue with the form or return to the screen at a later time. | PAS-S-002,<br>PRV-S-0001 |
| Submit | Submit the UAI-A form for processing. Submit triggers the edit- | PAS-S-002,<br>PAS-S-016 |

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| | ing of the page and if successful transfers the user to the successful submission page. | |
| Reset | Removes any data entered on the screen and lets the user re-enter. | PAS-S-002 |
| Cancel | Resets all the entered fields and returns the user to the Provider Secured portal. | PRV-S-0001 |

## Error Messages

| Description | Resolution |
|---|---|
| Member Information – Screen Date is required | Enter valid screening date in the format MM/DD/YYYY or MM-DD-YYYY |
| Member Information – Either Assessment or Readirecssessment Date is required. | Enter either a valid assessment or reassessment date in the format MM/DD/YYYY or MM-DD-YYYY |
| Member Information – Initial Request Date is required. | Enter valid initial request date in the format MM/DD/YYYY or MM-DD-YYYY |
| Member Information – Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter valid date in the format MM/DD/YYYY or MM-DD-YYYY |
| Member Information – Member's Last Name is required | Enter the member's last name. |
| Member Information – Member's First Name is required | Enter the member's first name. |
| Member Information – Member's SSN is required | Enter member's social security number in the format 999999999 or 999-99-9999 |
| Member Information – Please enter valid SSN as 999999999 or 999-99-9999 | Enter member's social security number in the format 999999999 or 999-99-9999 |
| Member Information – Member's Address is required. | Enter the member's building number and street address. |
| Member Information – Member's City is required. | Enter the member's city of residence. |
| Member Information – Member's State is required. | Select the member's state of residence from the drop down. |
| Member Information – Member's Zip Code is required. | Enter the member's zip code in the format 99999 or 999999999. |
| Member Information – Please enter either 5 or 9 digit zip code. | Enter the member's zip code in the format 99999 or 999999999. |
| Member Information – Member's phone number is required. | Enter the member's phone number in the format 9999999999 or 999-999-9999. |
| Member Information – Please enter valid home phone number as 9999999999 or | Enter the member's phone number in the format 9999999999 or 999-999-9999. |

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| 999-999-9999 | |
| Member Information – Directions to member's house is required | Enter directions to the member residence. |
| Demographics Information – Member's DOB is required | Enter the member's date of birth in the format MM/DD/YYYY or MM-DD-YYYY. |
| Demographics Information – Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the member's date of birth in the format MM/DD/YYYY or MM-DD-YYYY. |
| Demographics Information – Sex of member is required | Select the member's gender from the appropriate radio button. |
| Demographics Information – Member's marital status is required | Select the member's marital status from the drop down. |
| Demographics Information – Member's race is required | Select the member's race/ethnicity from the drop down. |
| Demographics Information – Member's education level is required | Select the member's level of education from the drop down. |
| Demographics Information – Member's communication needs is required | Select the member's level communication needs from the drop down. |
| Demographics Information – Please specify language spoken by member | Enter the other language spoken by the member. |
| Demographics Information – Whether member is hearing impaired is required | Select whether the member has a hearing impairment from the appropriate radio button. |
| Caregiver Information – Caregiver's Last Name is required | Enter the caregiver's last name. |
| Caregiver Information – Caregiver's First Name is required | Enter the caregiver's first name. |
| Caregiver Information – Caregiver's relationship to member is required | Enter the caregiver's relationship to the member. |
| Caregiver Information – Caregiver's address is required | Enter caregiver's building number and street. |
| Caregiver Information – Caregiver's city is required | Enter caregiver's city of residence. |
| Caregiver Information – Caregiver's state is required | Select the caregiver's state of residence from the drop down. |
| Caregiver Information – Caregiver's zip code is required | Enter the caregiver's residential zip code in the format 99999 or 999999999. |
| Caregiver Information – Please enter either 5 or 9 digit zip code | Enter the caregiver's residential zip code in the format 99999 or 999999999. |
| Caregiver Information – Either caregiver's work or home phone number is required. | Enter the caregiver's work or home phone number in the format 9999999999 or 999-999-9999. |
| Caregiver Information – Please enter valid home phone number as 9999999999 or 999-999-9999 | Enter the caregiver's home phone number in the format 9999999999 or 999-999-9999. |
| Caregiver Information – Please enter valid work phone number as 9999999999 or 999-999-9999 | Enter the caregiver's work phone number in the format 9999999999 or 999-999-9999. |

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| Emergency Information – Emergency Contact's Last Name is required | Enter the emergency contact's last name. |
| Emergency Information – Emergency Contact's First Name is required | Enter the emergency contact's first name. |
| Emergency Information – Emergency Contact's relationship to member is required | Enter the emergency contact's relationship to the member. |
| Emergency Information – Emergency Contact's address is required | Enter emergency contact's building number and street. |
| Emergency Information – Emergency Contact's city is required | Enter emergency contact's city of residence. |
| Emergency Information – Emergency Contact's state is required | Select the emergency contact's state of residence from the drop down. |
| Emergency Information – Emergency Contact's zip code is required | Enter the emergency contact's residential zip code in the format 99999 or 999999999. |
| Emergency Information – Please enter either 5 or 9 digit zip code | Enter the emergency contact's residential zip code in the format 99999 or 999999999. |
| Emergency Information – Either Emergency Contact's work or home phone number is required. | Enter the emergency contact's work or home phone number in the format 9999999999 or 999-999-9999. |
| Emergency Information – Please enter valid home phone number as 9999999999 or 999-999-9999 | Enter the emergency contact's home phone number in the format 9999999999 or 999-999-9999. |
| Emergency Information – Please enter valid work phone number as 9999999999 or 999-999-9999 | Enter the emergency contact's work phone number in the format 9999999999 or 999-999-9999. |
| Physician Information – Primary Physician's Last Name is required | Enter the primary physician's last name. |
| Physician Information – Primary Physician's First Name is required | Enter the primary physician's first name. |
| Physician Information – Primary Physician's phone is required | Enter the primary physician's phone number in the format 9999999999 or 999-999-9999. |
| Physician Information – Please enter valid phone number as 9999999999 or 999-999-9999 | Enter the primary physician's phone number in the format 9999999999 or 999-999-9999. |
| Physician Information – Primary Physician's address is required | Enter the primary physician's building number and street address. |
| Physician Information – Primary Physician's city is required | Enter the primary physician's city. |
| Physician Information – Primary Physician's state is required | Select the primary physician's state from the drop down list. |
| Physician Information – Primary Physician's zip code is required | Enter the primary physician's zip code in the format 99999 or 999999999. |
| Physician Information – Please enter either 5 or 9 digit zip code | Enter the primary physician's zip code in the format 99999 or 999999999. |
| Initial Contact Information – Initial Contact's | Enter the initial contact's first and last name and |

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| Name is required | middle initial. |
| Initial Contact Information – Initial Contact's relationship to member is required | Enter the initial contact's relationship to the member. |
| Initial Contact Information – Initial Contact's phone number is required | Enter the initial contact's phone number in the format 9999999999 or 999-999-9999. |
| Initial Contact Information – Please enter valid phone number as 9999999999 or 999-999-9999 | Enter the initial contact's phone number in the format 9999999999 or 999-999-9999. |
| Initial Contact Information – Presenting Problem/Diagnosis is required | Enter the diagnosis or problem presenting itself that caused the initial contact to make contact. |
| Formal Services Information – The Provider and Frequency associated to the services is required. | Enter the provider or frequency associated to the service checked. |
| Financial Resources – Family's annual/monthly income is required. | Enter the member's family gross annual/monthly income. |
| Financial Resources – Number is member's family unit is required | Enter the number of people in the member's family unit. |
| Financial Resources – The name(s) of the person involved in the member's finances is required. | Enter the name(s) of any people involved with the member's finances. |
| Financial Resources – At least one health insurance option is required. | Check at least one health insurance option. |
| Financial Resources – Medicare # is required. | Enter the member's 10 digit Medicare number. |
| Financial Resources – Medicaid # is required. | Enter the member's 12 digit Medicaid number. |
| Financial Resources – Please specify the Other Insurance or Private Pay | Enter the member's other insurance or if they are paying themselves. |
| Physical Environment – Member's place of residence is required. | Select appropriate option reflecting member's place of residence from the drop down list. |
| Physical Environment – Other Living Problem is required. | Enter the other problem with the member's living facility. |
| Physical Environment – Problem Description is required. | Describe the problem specified in the 'Other Living Problem' entry. |
| ADL – Bathing level is required | Select member's appropriate ADL bathing level. |
| ADL – Dressing level is required | Select member's appropriate ADL dressing level. |
| ADL – Toileting level is required | Select member's appropriate ADL toileting level. |
| ADL – Transferring is required | Select member's appropriate ADL transferring level. |
| ADL – Eating/Feeding level is required | Select member's appropriate ADL eating/feeding level. |
| Continence – Bowel level is required | Select the member's appropriate bowel continence level. |
| Continence – Bladder level is required | Select the member's appropriate bladder con- |

| | |
|---|---|
| | tinence level. |
| Ambulation – Walking level is required | Select the member's walking ambulation level. |
| Ambulation – Wheeling level is required | Select the member's wheeling ambulation level. |
| Ambulation – Stair Climbing level is required | Select the member's walking ambulation level. |
| Ambulation – Mobility level is required | Select the member's mobility ambulation level. |
| Functional Status – Please indicate if assistance with meal preparation is needed | Please select the appropriate radio button indicating whether the member needs assistance with meal preparation. |
| Functional Status – Please indicate if assistance with housekeeping is needed | Please select the appropriate radio button indicating whether the member needs assistance with housekeeping. |
| Functional Status – Please indicate if assistance with laundry is needed | Please select the appropriate radio button indicating whether the member needs assistance with laundry. |
| Functional Status – Please indicate if assistance with money management is needed | Please select the appropriate radio button indicating whether the member needs assistance with money management. |
| Functional Status – Please indicate if assistance with transportation is needed | Please select the appropriate radio button indicating whether the member needs assistance with transportation. |
| Functional Status – Please indicate if assistance with shopping is needed | Please select the appropriate radio button indicating whether the member needs assistance with shopping. |
| Functional Status – Please indicate if assistance with using phone is needed | Please select the appropriate radio button indicating whether the member needs assistance with using the phone. |
| Functional Status – Please indicate if assistance with home maintenance is needed | Please select the appropriate radio button indicating whether the member needs assistance with home maintenance. |
| Functional Status – Screener's Name is required | Enter the first and last name of the person who conducted the screening. |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'UAI-A' and screen displays.

# UAI – Part B (PAS-S-003)

## General Information

This form is used in long assessment screening for members.

This form consists of a series of required, situationally required and optional fields.

| Screen Name | |
|---|---|
| Source/Originator | Any of the following Pre-Admission Screens:<br>UAI – A<br>DMAS95 – MI-MR-RC<br>DMAS95 – MI-MR-SUPL<br>DMAS96<br>DMAS97<br>Re-assessment<br>Public Pay Short |
| Usage | Entry of MI/MR Level II assessment information and navigate to any additional forms. |

## Screen Sample – PAS-S-003

For ease of reading the screen has been broken up in sections.

UAI-B

**Virginia Uniform Assessment Instrument**
**Part B**

**For instructions, please click here:** VA Uniform Assessment Instrument (UAI) User's Manual

**Member Information**

Last Name * | First Name * | MI | SSN *

**Physical Health Assessment**

**Professional Visits/Medical Admissions**

| | Doctor's Name | Phone | Phone Ext | Date of Last Visit | Reason for Last Visit | |
|---|---|---|---|---|---|---|
| 1 | | | | | | Save |

Add Additional Visit/Admission

Admissions: In the past 12 months, have you been admitted to a . . . for medical or rehabilitation reasons? (Check all services that apply)

- [ ] Hospital
- [ ] Nursing Facility
- [ ] Adult Care Residence

Do you have any advanced directives such as . . . (Who has it . . . Where is it . . .)? (Check all services that apply)

- [ ] Living Will
- [ ] Durable Power of Attorney for Health Care
- [ ] Other

## Diagnoses & Medication Profile

Do you have any current medical problems, or a known or suspected diagnosis of mental retardation or related conditions? (Refer to the list of Diagnosis)

| | Current Diagnosis : | Date of Onset : | |
|---|---|---|---|
| 1 | | | Save |

Add Additional Diagnosis

Active Diagnoses:*

No Yes (Enter up to 3 major active diagnoses)

Current Medications (include Over-the-Counter)

| | Current Medications,Dose, Frequency, Route and Reason(s) Prescribed : | |
|---|---|---|
| 1 | | Save |

Add Additional Medication

Total Number of Medications: 0

Total Number of Tranquilizer/Psychotropic Drugs:

Do you have any problems with medicine(s) . . .? (Check all that apply)

- Adverse reactions/allergies
- Getting to the pharmacy
- Understanding directions/schedule
- Cost of medication
- Taking them as instructed/prescribed

How do you take your medicine(s)?*

## Sensory Functions

How is your vision, hearing and speech?

Vision*

No Impairment Impairment - Compensation Impairment - No Compensation Complete Loss Unknown

Date of Last Exam

Hearing*

No Impairment Impairment - Compensation Impairment - No Compensation Complete Loss Unknown

Date of Last Exam

Speech*

No Impairment Impairment - Compensation Impairment - No Compensation Complete Loss Unknown

Date of Last Exam

## Physical Status

Joint Motion: How is your ability to move your arms, fingers and legs?

Have you ever broken or dislocated any bones.... Ever had an amputation or lost any limbs.... Lost voluntary movement of any part of your body?

No Yes

**Nutrition**

Height (inches)*

Weight (lbs)*

Recent Weight Gain/Loss*

Gain No Gain Yes Loss No Loss Yes

Are you on any special diet(s) for medical reasons?*

Do you take dietary supplements?*

Do you have any problems that make it hard to eat? (Check all that apply)

- Food Allergies
- Inadequate Food/Fluid Intake
- Nausea/Vomiting/Diarrhea
- Problems Eating Certain Foods
- Problems Following Special Diets
- Problems Swallowing
- Taste Problems
- Tooth or Mouth Problems
- Others

## Current Medical Services

Rehabilitation Therapies: Do you get any therapy prescribed by a doctor, such as . . . . ? (Check all services that apply)

- [ ] Occupational
- [ ] Physical
- [ ] Reality/Remotivation
- [ ] Respiratory
- [ ] Speech
- [ ] Other

Do you have any pressure ulcers?*

( ) No ( ) Yes

Special Medical Procedures: Do you receive any special nursing care, such as . . . ? (Check all services that apply)

- [ ] Bowel/Bladder Training
- [ ] Dialysis
- [ ] Dressing/Wound Care
- [ ] Eyecare
- [ ] Glucose/Blood Sugar
- [ ] Injections/IV Therapy
- [ ] Oxygen
- [ ] Radiation/Chemotherapy
- [ ] Restraints
- [ ] ROM Exercise
- [ ] Trach Care/Suctioning
- [ ] Ventilator
- [ ] Other

## Medical/Nursing Needs

Based on member's overall condition, assessor should evaluate medical and/or nursing needs.
Are there ongoing medical/nursing needs?

( ) No ( ) Yes

## Psycho-Social Assessment

### Cognitive Function

Orientation (Note: Information in italics is optional and can be used to give a MMSE Score)

Person: Please tell me your full name (so that I can be sure our record is correct)

Place: Where are we now (state, county, town, street/route number, street name/box number)?
Give the member 1 point for each correct response

MMSE Score: 0

Time: Would you tell me the date today (year, season, date, day, month)?

MMSE Score: 0

Orientation*

### Recall/Memory/Judgment

Recall: I am going to say three words, and I want you to repeat them after I'm done. ( House, Bus, Dog ). * Ask the member to repeat them. Give the member 1 point for each correct response on the first trial. * Repeat up to 6 trials until member can name all 3 words. Tell the member to hold them in his/her mind because you will ask them again in a minute or so what they were.

MMSE Score: 0

Attention/Concentration: Spell the word "WORLD". Then ask the client to spell it backwards. Give 1 point for each correctly placed letter (DLROW).

MMSE Score: 0

Total Score: 0 Note: Score of 14 or below implies cognitive impairment

Short-Term: * Ask the member to recall the 3 words he/she was to remember
Long-Term: Where were you born (What is your date of birth)?
Judgment: If you need help at night, what would you do?

- [ ] Short-Term Memory Loss?
- [ ] Long-Term Memory Loss?
- [ ] Judgment Problem?

## Behavior Pattern

Does the member ever wander without purpose (trespass, get lost, go into traffic, etc.) or become agitated and abusive?*

## Life Stressors

Are there any stressful events that currently affect your life, such as. . .? (Check all that apply)

- [ ] Change in work/employment
- [ ] Financial problems
- [ ] Victim of a crime
- [ ] Death of someone close
- [ ] Major illness - family/friend
- [ ] Failing health
- [ ] Family conflict
- [ ] Recent move/relocation
- [ ] Other

## Emotional Status

In the past month, how often did you . . .?

| | |
|---|---|
| Feel anxious or worry constantly about things? | |
| Feel irritable, have crying spells or get upset over little things? | |
| Feel alone and that you didn't have anyone to talk to? | |
| Feel like you didn't want to be around other people? | |
| Feel afraid that something bad was going to happen to you and/or feel that others were trying to take things from you or trying to harm you? | |
| Feel sad or hopeless? | |
| Feel that life is not worth living or think of taking your life? | |
| See or hear things that other people did not see or hear? | |
| Believe that you have special powers that other do not have? | |
| Have problems falling or staying asleep? | |
| Have problems with your appetite that is, eat too much or too little? | |

Comments*

## Social Status

Are there some things that you do that you especially enjoy? (Check all services that apply)

- [ ] Solitary Activities
- [ ] With Friends/Family
- [ ] With Groups/Clubs
- [ ] Religious Activities

How often do you talk with your children, family or friends, either during a visit or over the phone?

Children*

Other family*

Friends/Neighbors*

Are you satisfied with how often you see or hear from your children, other family and/or friends?*

No Yes

## Hospitalization/Alcohol - Drug Use

Have you been hospitalized or received inpatient/outpatient treatment in the last 2 years for nerves, emotional/mental health, alcohol or substance abuse problems.?*

No Yes

Do (did) you ever drink alcoholic beverages?*

Do (did) you ever use non-prescription, mood altering substances?*

Do (did) you smoke or use tobacco products?*

Is there anything we have not talked about that you would like to discuss?*

No Yes

**Assessment Summary**

Indicators of Adult Abuse and Neglect: While completing the assessment, if you suspect abuse, neglect or exploitation, you are required by Virginia law, Section 63.1 , 55.3 to report this to the local Department of Social Services, Adult Protective Services.

**Caregiver Assessment**

Does the member have an informal caregiver?*

No Yes

**Preferences**

Member's preferences for receiving needed care*

75 Characters Remaining

Family/Representative's preferences for member's care*

75 Characters Remaining

Physician's comments (if applicable):

75 Characters Remaining

**Member's Case Summary**

1000 Characters Remaining

**Unmet Needs**

Unmet Needs ... (Check all that apply)

- Finances
- Assistive Devices/Medical Equipment
- Home/Physical Environment
- Medical Care/Health
- ADLS
- Nutrition
- IADLS
- Cognitive/Emotional
- Caregiver Support

**Assessment Completed By**

| | Assessor's Name | Section(s) Completed | Agency/Provider's Name | Provider's NPI | |
|---|---|---|---|---|---|
| 1 | | | | | Save |

Add Additional Assessors

Case assigned to

Code #

Forms need to be added/reviewed to complete this assessment

The assessment is ready for submission, no additional forms needed

Save Submit Reset Cancel

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| Last Name<br>(PDE - 0013) | Enter the member's last name.<br><br>This field is enterable and required. |
| First Name<br>(PDE - 0014) | Enter the member's first name.<br><br>This field is enterable and required. |
| Middle Initial<br>(PDE - 0015) | Enter the member's middle initial.<br><br>This field is enterable and optional. |
| SSN<br>(PDE - 0419) | Enter the member's social security number in the format MM/DD/YYYY.<br><br>This field is enterable and required. |
| Provider's Name<br>(PDE-0011; PDE - 0012) | Enter the doctor's name.<br><br>This field is enterable and situationally required (if applicable). |
| Provider's Phone<br>(PDE - 0629) | Enter the doctor's phone number in the format 9999999999 or 999-999-9999.<br><br>This field is enterable and situationally required (if applicable). |
| Provider's Phone Ext<br>(PDE-0630) | Enter the doctor's 4-digit phone extension.<br><br>This field is enterable and situationally required (if applicable). |
| Date of Last Visit<br>(PDE-1082) | Enter the date of the doctor's last visit in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required (if applicable). |
| Reason for Last Visit<br>(PDE-1083) | Enter the reason for the doctor's last visit.<br><br>This field is enterable and situationally required (if applicable). |
| Hospital Admission Ind<br>(PDE-1084) | Check the indicator if the member was admitted to the hospital.<br><br>This field is selectable and situationally required (if applicable). |
| Hospital Name | Enter the name of the hospital the member was |

| | |
|---|---|
| (PDE-1087) | admitted in to.<br><br>This field is enterable and required if displayed. |
| Admission Date<br>(PDE - 0029) | Enter the date the member was admitted in to the hospital in the format MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |
| Admit Reason<br>(PDE-1088) | Enter the reason the member was admitted in to the hospital.<br><br>This field is enterable and required if displayed. |
| Nursing Facility Admission Ind<br>(PDE-1085) | Check the indicator if the member was admitted to the nursing facility.<br><br>This field is selectable and situationally required (if applicable). |
| Nursing Facility Name<br>(PDE-1087) | Enter the name of the nursing facility the member was admitted in to.<br><br>This field is enterable and required if displayed. |
| Admission Date<br>(PDE - 0029) | Enter the date the member was admitted in to the nursing facility in the format MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |
| Admit Reason<br>(PDE-1088) | Enter the reason the member was admitted in to the nursing facility.<br><br>This field is enterable and required if displayed. |
| Adult Care Residence Admission Ind<br>(PDE-1086) | Check the indicator if the member was admitted to the adult care residence.<br><br>This field is selectable and situationally required (if applicable). |
| Adult Care Residence Name<br>(PDE-1087) | Enter the name of the adult care residence the member was admitted in to.<br><br>This field is enterable and required if displayed. |
| Admission Date<br>(PDE - 0029) | Enter the date the member was admitted in to the adult care residence in the format MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |
| Admit Reason<br>(PDE-1088) | Enter the reason the member was admitted in to the adult care residence.<br><br>This field is enterable and required if displayed. |
| Living Will Ind<br>(PDE-1089) | Check the indicator if the member has a living will. |

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| | This field is enterable and situationally required (if applicable). |
| Living Will Location (PDE-1090) | Enter the location of the member's living will.<br><br>This field is enterable and required if displayed. |
| Medical Power of Attorney Ind (PDE-1091) | Check the indicator if the member has a medical power of attorney.<br><br>This field is enterable and situationally required (if applicable). |
| Medical Power of Attorney Location (PDE-1092) | Enter the location of the member's medical power of attorney.<br><br>This field is enterable and required if displayed. |
| Other Advanced Directive Ind (PDE-1093) | Check the indicator if the member has any other advanced directive.<br><br>This field is enterable and situationally required (if applicable). |
| Other Advanced Directive Location (PDE-1094) | Enter the location of the member's other advanced directive.<br><br>This field is enterable and required if displayed. |
| Current Diagnosis Description (PDE-1095) | Enter the member's current diagnosis/diagnoses.<br><br>This field is enterable and situationally required (if applicable). |
| Date of Onset (PDE-1096) | Enter the date of the onset of the member's diagnosis in the format MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |
| Active Diagnosis Ind (PDE-1350) | Select the appropriate radio button indicating if the member has any active diagnosis/diagnoses.<br><br>This field is selectable and required. |
| Diagnosis 1 (PDE - 0020) | Enter the member's active diagnosis.<br><br>This field is enterable and required if displayed. |
| Diagnosis 2 (PDE - 0020) | Enter the member's active diagnosis.<br><br>This field is enterable and situationally required (if applicable). |
| Diagnosis 3 (PDE - 0020) | Enter the member's active diagnosis.<br><br>This field is enterable and situationally required (if applicable). |
| Prescription Reason | Enter any medications the member is currently |

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| (PDE-1097) | taken along with the dosage, frequency, administration and reason.<br><br>This field is enterable and situationally required (if applicable). |
| Tranquilizer/Psychotropic Drug Count<br>(PDE-1098) | Enter the total number (even if zero) of the medications listed that are tranquilizers or psychotropic drugs.<br><br>This field is required. |
| Medication Issue – Adverse Reactions/Allergies Ind<br>(PDE-1099) | Check to indicate if member has adverse reactions or allergies<br><br>This field is selectable and situationally required (if applicable). |
| Medication Issue – Cost Ind<br>(PDE-1100) | Check to indicate if member has financial issues inhibiting their access to medication.<br><br>This field is selectable and situationally required (if applicable). |
| Medication issue – Pharmacy Access Ind<br>(PDE-1101) | Check to indicate if member has access issues getting to the pharmacy inhibiting their access to medication.<br><br>This field is selectable and situationally required (if applicable). |
| Medication issue – Taking Medication Ind<br>(PDE-1102) | Check to indicate if member has issues taking their medication.<br><br>This field is selectable and situationally required (if applicable). |
| Medication Issue – Understanding Directions Ind<br>(PDE-1103) | Check to indicate if member has issues understanding the directions on their medicine.<br><br>This field is selectable and situationally required (if applicable). |
| Medication Administration<br>(PDE-1104) | Select the appropriate level from the drop down list indicating how the member's medication is administered.<br><br>This field is selectable and required. |
| Medication Assistance Description<br>(PDE-1105) | Enter a description of the assistance the member gets with their medications.<br><br>This field is enterable and required if displayed. |
| Medication Assistant Name<br>(PDE-1106) | Enter the name of the person assisting the member with their medication. |

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| | This field is enterable and required if displayed. |
| Vision Function Level<br>(PDE-1107) | Select the appropriate level from the drop down list indicating the member's vision level.<br><br>This field is selectable and required. |
| Date of Onset<br>(PDE-1096) | Enter the date of onset of any issues the member has with their vision in the format of MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |
| Type of Impairment<br>(PDE-1303) | Enter the type of impairment the member is experiencing with their vision.<br><br>This field is enterable and required if displayed. |
| Last Exam Date<br>(PDE-1082) | Enter the date of the member's last vision exam in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required (if applicable). |
| Hearing Function Level<br>(PDE-1108) | Select the appropriate level from the drop down list indicating the member's hearing level.<br><br>This field is selectable and required. |
| Date of Onset<br>(PDE-1096) | Enter the date of onset of any issues the member has with their hearing in the format of MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |
| Type of Impairment<br>(PDE-1303) | Enter the type of impairment the member is experiencing with their hearing.<br><br>This field is enterable and required if displayed. |
| Last Exam Date<br>(PDE-1082) | Enter the date of the member's last hearing exam in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required (if applicable). |
| Speech Function Level<br>(PDE-1109) | Select the appropriate level from the drop down list indicating the member's speech level.<br><br>This field is selectable and required. |
| Date of Onset<br>(PDE-1096) | Enter the date of onset of any issues the member has with their speech in the format of MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |

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|---|---|
| Type of Impairment<br>(PDE-1303) | Enter the type of impairment the member is experiencing with their speech.<br><br>This field is enterable and required if displayed. |
| Last Exam Date<br>(PDE-1082) | Enter the date of the member's last speech exam in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required (if applicable). |
| Joint Motion Ind<br>(PDE - 0281) | Select the appropriate option from the drop down list indicating the member's joint motion level.<br><br>This field is selectable and required. |
| Fracture/Dislocations Level<br>(PDE-1110) | Select the appropriate option from the drop down list indicating the location the member's fracture(s) or dislocation(s).<br><br>This field is selectable and required if displayed. |
| Previous Rehab Ind<br>(PDE-1111) | Chose the appropriate radio button indicating if the member was previously in rehab.<br><br>This field is selectable and required if displayed. |
| Date of Fracture/Dislocation<br>(PDE-1112) | Select the appropriate radio button indicating the time frame of the member's fracture/dislocation.<br><br>This field is selectable and required if displayed. |
| Missing Limbs Level<br>(PDE-1113) | Select the appropriate option from the drop down list indicating the location the member's missing limb(s).<br><br>This field is selectable and required if displayed. |
| Previous Rehab Ind<br>(PDE-1111) | Chose the appropriate radio button indicating if the member was previously in rehab.<br><br>This field is selectable and required if displayed. |
| Date of Amputation<br>(PDE-1114) | Select the appropriate radio button indicating the time frame of the member's amputation.<br><br>This field is selectable and required if displayed. |
| Paralysis/Paresis Level<br>(PDE-1115) | Select the appropriate option from the drop down list indicating if the member has any paralysis or paresis.<br><br>This field is selectable and required if displayed. |
| Paralysis Description<br>(PDE-1116) | Enter a description of the member's paralysis or paresis. |

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| | This field is enterable and required if displayed. |
| Previous Rehab Ind<br>(PDE-1111) | Chose the appropriate radio button indicating if the member was previously in rehab.<br><br>This field is selectable and required if displayed. |
| Onset of Paralysis<br>(PDE-1117) | Select the appropriate radio button indicating the time frame of the member's paralysis.<br><br>This field is selectable and required if displayed. |
| Member's Height<br>(PDE-1118) | Enter the member's height in inches.<br><br>This field is enterable and required. |
| Member's Weight<br>(PDE-1119) | Enter the member's weight in pounds.<br><br>This field is enterable and required. |
| Weight Gain/Loss Ind<br>(PDE-1120) | Select the appropriate radio button indicating if the member has gained or lost weight.<br><br>This field is selectable and required. |
| Weight Gain/Loss Description<br>(PDE-1121) | Enter the description/reason for the weight loss/-gain.<br><br>This field is enterable and required if displayed. |
| Medical Diet Type<br>(PDE-1122) | Select the appropriate level from the drop down list indicating if the member is on any special diet(s) for medical reasons.<br><br>This field is selectable and required. |
| Dietary Supplement Level<br>(PDE-1123) | Select the appropriate level from the drop down list indicating if the member takes any dietary supplements.<br><br>This field is selectable and required. |
| Eating – Food Allergies Ind<br>(PDE-1124) | Check if the member has issues with eating due to food allergies.<br><br>This field is selectable and situationally required (if applicable). |
| Eating – Inadequate Food/Fluid Ind<br>(PDE-1125) | Check if the member has issues with eating due to inadequate food or fluid.<br><br>This field is selectable and situationally required (if applicable). |
| Eating – Nausea/Vomiting/Diarrhea Ind<br>(PDE-1126) | Check if the member has issues with eating due to nausea, vomiting or diarrhea.<br><br>This field is selectable and situationally required (if |

| | |
|---|---|
| | applicable). |
| Eating – Eating Certain Foods Ind (PDE-1127) | Check if the member has issues eating certain foods.<br><br>This field is selectable and situationally required (if applicable). |
| Eating – Following Special Diets Ind (PDE-1128) | Check if the member has issues following special diets.<br><br>This field is selectable and situationally required (if applicable). |
| Eating – Swallowing Ind (PDE-1129) | Check if the member has issues with eating due to issues with swallowing.<br><br>This field is selectable and situationally required (if applicable). |
| Eating – Taste Problems Ind (PDE-1130) | Check if the member has issues with eating due to issues with taste.<br><br>This field is selectable and situationally required (if applicable). |
| Eating – Tooth/Mouth Problems Ind (PDE-1131) | Check if the member has issues with eating due to issues with their teeth or mouth.<br><br>This field is selectable and situationally required (if applicable). |
| Eating – Other Ind (PDE-1132) | Check if the member has issues with eating due to something not previously listed.<br><br>This field is selectable and situationally required (if applicable). |
| Eating – Other Description (PDE-1133) | Enter the issue that the member is experiencing with eating.<br><br>This field is selectable and required if displayed. |
| Rehab – Occupational Ind (PDE-1134) | Check if a doctor has prescribed that the member has occupational therapy.<br><br>This field is selectable and situationally required (if applicable). |
| Rehab – Occupational Freq (PDE-1135) | Enter the frequency with which the member under-goes occupational therapy.<br><br>This field is enterable and required if displayed. |
| Rehab – Physical Ind (PDE-1136) | Check if a doctor has prescribed that the member has physical therapy. |

| | |
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| | This field is selectable and situationally required (if applicable). |
| Rehab – Physical Freq (PDE-1137) | Enter the frequency with which the member undergoes physical therapy.<br><br>This field is enterable and required if displayed. |
| Rehab – Reality Ind (PDE-1138) | Check if a doctor has prescribed that the member has reality/remotivation therapy.<br><br>This field is selectable and situationally required (if applicable). |
| Rehab – Reality Freq (PDE-1139) | Enter the frequency with which the member undergoes reality/remotivation therapy.<br><br>This field is enterable and required if displayed. |
| Rehab – Respiratory Ind (PDE-1140) | Check if a doctor has prescribed that the member has respiratory therapy.<br><br>This field is selectable and situationally required (if applicable). |
| Rehab – Respiratory Freq (PDE-1141) | Enter the frequency with which the member undergoes respiratory therapy.<br><br>This field is enterable and required if displayed. |
| Rehab – Speech Ind (PDE-1142) | Check if a doctor has prescribed that the member has speech therapy.<br><br>This field is selectable and situationally required (if applicable). |
| Rehab – Speech Freq (PDE-1143) | Enter the frequency with which the member undergoes speech therapy.<br><br>This field is enterable and required if displayed. |
| Rehab – Other Ind (PDE-1144) | Check if a doctor has prescribed that the member has some other therapy.<br><br>This field is selectable and situationally required (if applicable). |
| Rehab – Other Freq (PDE-1145) | Enter the frequency with which the member undergoes some other therapy.<br><br>This field is enterable and required if displayed. |
| Pressure Ulcers Ind (PDE - 0792) | Select the appropriate radio button indicating if the member has pressure ulcers.<br><br>This field is selectable and required. |
| Pressure Ulcer – Stage | Select the appropriate level from the drop down list |

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| (PDE-1351) | of the member's pressure ulcer.<br><br>This field is selectable and required if displayed. |
| Pressure Location Size<br>(PDE-1146) | Enter the location and/or size of the member's pressure ulcers.<br><br>This field is enterable and required if displayed. |
| Med Proc – Bowel/Bladder Training Ind<br>(PDE-1147) | Check if the member has any special medical needs and care for bowel/bladder training.<br><br>This field is selectable and situationally required (if applicable). |
| Med Proc – Bowel/Bladder Training Freq<br>(PDE-1148) | Enter the site, type and/or frequency of the member's bowel/bladder training.<br><br>This field is enterable and required if displayed. |
| Med Proc – Dialysis Ind<br>(PDE - 0786) | Check if the member has any special medical needs and care for dialysis.<br><br>This field is selectable and situationally required (if applicable). |
| Med Proc – Dialysis Freq<br>(PDE-1149) | Enter the site, type and/or frequency of the member's dialysis.<br><br>This field is enterable and required if displayed. |
| Med Proc – Dressing Ind<br>(PDE - 0780) | Check if the member has any special medical needs and care for dressing/wound care.<br><br>This field is selectable and situationally required (if applicable). |
| Med Proc – Wound Care Freq<br>(PDE-1150) | Enter the site, type and/or frequency of the member's dressing/wound care.<br><br>This field is enterable and required if displayed. |
| Med Proc – Eyecare Ind<br>(PDE-1151) | Check if the member has any special medical needs and care for eye care.<br><br>This field is selectable and situationally required (if applicable). |
| Med Proc – Eyecare Freq<br>(PDE-1152) | Enter the site, type and/or frequency of the member's eye care.<br><br>This field is enterable and required if displayed. |
| Med Proc – Blood Sugar Ind<br>(PDE-1153) | Check if the member has any special medical needs and care for glucose/blood sugar.<br><br>This field is selectable and situationally required (if |

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| | applicable). |
| Med Proc – Blood Sugar Freq (PDE-1154) | Enter the site, type and/or frequency of the member's glucose/blood sugar care.<br><br>This field is enterable and required if displayed. |
| Med Proc – IV Therapy Ind (PDE - 0789) | Check if the member has any special medical needs and care for injections/IV therapy.<br><br>This field is selectable and situationally required (if applicable). |
| Med Proc – Injections Freq (PDE-1155) | Enter the site, type and/or frequency of the member's injections/IV therapy care.<br><br>This field is enterable and required if displayed. |
| Med Proc – Oxygen Ind (PDE - 0790) | Check if the member has any special medical needs and care for injections/IV therapy.<br><br>This field is selectable and situationally required (if applicable). |
| Med Proc – Oxygen Freq (PDE-1156) | Enter the site, type and/or frequency of the member's injections/IV therapy care.<br><br>This field is enterable and required if displayed. |
| Med Proc – Radiation/Chemo Ind (PDE - 0784) | Check if the member has any special medical needs and care for radiation/chemo.<br><br>This field is selectable and situationally required (if applicable). |
| Med Proc – Radiation/Chemo Freq (PDE-1157) | Enter the site, type and/or frequency of the member's radiation/chemo care.<br><br>This field is enterable and required if displayed. |
| Med Proc – Restraints Ind (PDE - 0793) | Check if the member has any special medical needs and care for restraints.<br><br>This field is selectable and situationally required (if applicable). |
| Med Proc – Restraints Freq (PDE-1158) | Enter the site, type and/or frequency of the member's restraint care.<br><br>This field is enterable and required if displayed. |
| Med Proc – ROM Ind (PDE - 0783) | Check if the member has any special medical needs and care for ROM Exercise.<br><br>This field is selectable and situationally required (if applicable). |
| Med Proc – ROM Freq | Enter the site, type and/or frequency of the mem- |

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| (PDE-1159) | ber's ROM exercises.<br><br>This field is enterable and required if displayed. |
| Med Proc – Trach Care Ind<br>(PDE - 0788) | Check if the member has any special medical needs and care for Trach Care/Suctioning.<br><br>This field is selectable and situationally required (if applicable). |
| Med Proc – Trach Care Freq<br>(PDE-1160) | Enter the site, type and/or frequency of the member's trach care/suctioning care.<br><br>This field is enterable and required if displayed. |
| Med Proc – Ventilator Ind<br>(PDE - 0782) | Check if the member has any special medical needs and care for a ventilator.<br><br>This field is selectable and situationally required (if applicable). |
| Med Proc – Ventilator Freq<br>(PDE-1161) | Enter the site, type and/or frequency of the member's ventilator care.<br><br>This field is enterable and required if displayed. |
| Med Proc – Other Ind<br>(PDE - 0799) | Check if the member has any special medical needs and care for other medical needs.<br><br>This field is selectable and situationally required (if applicable). |
| Med Proc – Other Freq<br>(PDE-1162) | Enter the site, type and/or frequency of the member's care for other medical needs.<br><br>This field is enterable and required if displayed. |
| Nursing Needs Ind<br>(PDE - 0778) | Select the appropriate radio button indicating if the member has current nursing needs.<br><br>This field is selectable and required. |
| Current Nursing Needs<br>(PDE - 0779) | Enter the specifics of the member's current nursing needs.<br><br>This field is enterable and required if displayed. |
| Physician's Name/Title<br>(PDE-0011;PDE - 0012) | Enter the name and title of the provider who had input in to the member's assessment.<br><br>This field is enterable and situationally required. |
| Signature Date<br>(PDE-1165) | Enter the date the provider completed the assessment in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required. |
| Other's Name/Title | Enter the name and title of the other screener who |

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| (PDE-1163; PDE-1164) | had input in to the member's assessment.<br><br>This field is enterable and situationally required. |
| Signature Date<br>(PDE-1165) | Enter the date the other screener completed the assessment in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required. |
| Cognitive – Orientation<br>(PDE - 0283) | Select the appropriate drop down list option indicating the member's orientation level.<br><br>This field is selectable and required. |
| Short-Term Memory Loss Ind<br>(PDE-1167) | Select this indicator if the member shows signs of short-term memory loss.<br><br>This field is selectable and situationally required (if applicable). |
| Long-Term Memory Loss Ind<br>(PDE-1168) | Select this indicator if the member shows signs of long-term memory loss.<br><br>This field is selectable and situationally required (if applicable). |
| Judgment Problems Ind<br>(PDE-1169) | Select this indicator if the member shows signs of judgment problems.<br><br>This field is selectable and situationally required (if applicable). |
| Behavior Pattern<br>(PDE - 0284) | Select the appropriate option from the drop down list indicating the pattern of behavior the member exhibits.<br><br>This field is selectable and required. |
| Inappropriate Behavior Detail<br>(PDE-1170) | Enter the specifics of the member's inappropriate behavior.<br><br>This field is enterable and required if displayed. |
| Inappropriate Behavior Source<br>(PDE-1171) | Enter the source of the member's inappropriate behavior.<br><br>This field is enterable and required if displayed. |
| Stressors – Work Ind<br>(PDE-1172) | Select this indicator if the member is dealing with life stressors due to a change in work/employment.<br><br>This field is selectable and situationally required (if applicable). |
| Stressor – Financial Ind<br>(PDE-1175) | Select this indicator if the member is dealing with life stressors due to financial problems. |

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| | This field is selectable and situationally required (if applicable). |
| Stressor – Crime Victim Ind (PDE-1178) | Select this indicator if the member is dealing with life stressors due to being a victim of a crime.<br><br>This field is selectable and situationally required (if applicable). |
| Stressor – Death Ind (PDE-1173) | Select this indicator if the member is dealing with life stressors due to the death of someone close.<br><br>This field is selectable and situationally required (if applicable). |
| Stressor – Family/Friend Illness Ind (PDE-1176) | Select this indicator if the member is dealing with life stressors due to a major illness of a family/friend.<br><br>This field is selectable and situationally required (if applicable). |
| Stressor – Failing Health Ind (PDE-1179) | Select this indicator if the member is dealing with life stressors due to failing health.<br><br>This field is selectable and situationally required (if applicable). |
| Stressor – Family Conflict Ind (PDE-1174) | Select this indicator if the member is dealing with life stressors due to a family conflict.<br><br>This field is selectable and situationally required (if applicable). |
| Stressor – Relocation Ind (PDE-1177) | Select this indicator if the member is dealing with life stressors due to a recent move/relocation.<br><br>This field is selectable and situationally required (if applicable). |
| Stressor – Other Ind (PDE-1180) | Select this indicator if the member is dealing with life stressors due to something not previously listed.<br><br>This field is selectable and situationally required (if applicable). |
| Stressor – Other Description (PDE-1181) | Enter the description of the member's life stressor not previously listed.<br><br>This field is enterable and required if displayed. |
| Emotional – Anxiety Ind (PDE-1182) | Select the appropriate option from the drop down list indicating if during the past month the member has felt anxious or worried constantly about things. |

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| | This field is selectable and situationally required (if applicable). |
| Emotional – Irritability Ind (PDE-1183) | Select the appropriate option from the drop down list indicating if during the past month the member has felt irritable, had crying spells or got upset over little things.<br><br>This field is selectable and situationally required (if applicable). |
| Emotional – Lonely Ind (PDE-1184) | Select the appropriate option from the drop down list indicating if during the past month the member has felt alone and that that didn't have anyone to talk to.<br><br>This field is selectable and situationally required (if applicable). |
| Emotional – Isolation Ind (PDE-1185) | Select the appropriate option from the drop down list indicating if during the past month the member has felt like they didn't want to be around other people.<br><br>This field is selectable and situationally required (if applicable). |
| Emotional – Paranoia Ind (PDE-1186) | Select the appropriate option from the drop down list indicating if during the past month the member has felt afraid that something bad was going to happen to them and/or feel that others were trying to take things from them or trying to harm them.<br><br>This field is selectable and situationally required (if applicable). |
| Emotional – Sad/Hopeless Ind (PDE-1187) | Select the appropriate option from the drop down list indicating if during the past month the member has felt sad or hopeless.<br><br>This field is selectable and situationally required (if applicable). |
| Emotional – Suicidal Ind (PDE-1188) | Select the appropriate option from the drop down list indicating if during the past month the member has felt that life was not worth living or think of taking their life.<br><br>This field is selectable and situationally required (if applicable). |
| Emotional – Imaginary Ind (PDE-1189) | Select the appropriate option from the drop down list indicating if during the past month the member has seen or heard things that other people did not |

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| | see or hear.<br><br>This field is selectable and situationally required (if applicable). |
| Emotional – Special Powers Ind (PDE-1190) | Select the appropriate option from the drop down list indicating if during the past month the member believed that they had special powers that others do not have.<br><br>This field is selectable and situationally required (if applicable). |
| Emotional – Sleeping Ind (PDE-1191) | Select the appropriate option from the drop down list indicating if during the past month the member has had problems falling or staying asleep.<br><br>This field is selectable and situationally required (if applicable). |
| Emotional – Eating Ind (PDE-1192) | Select the appropriate option from the drop down list indicating if during the past month the member has had problems with their appetite that is, eat too much or too little.<br><br>This field is selectable and situationally required (if applicable). |
| Emotional – Comments (PDE-1193) | Enter any comments about the member's emotional state.<br><br>This field is enterable and required. |
| Social – Solitary Activities Ind (PDE-1194) | Select this field indicating if the member enjoys solitary activities.<br><br>This field is selectable and situationally required (if applicable). |
| Social – Solitary Activities Description (PDE-1195) | Describe the solitary activities the member enjoys.<br><br>This field is enterable and required if displayed. |
| Social – Friends/Family Ind (PDE-1196) | Select this field indicating if the member enjoys activities with friends and/or family.<br><br>This field is selectable and situationally required (if applicable). |
| Social – Friends/Family Description (PDE-1197) | Describe the activities the member enjoys with their friends and family.<br><br>This field is enterable and required if displayed. |
| Social – Groups/Clubs Ind (PDE-1198) | Select this field indicating if the member enjoys activities with groups or clubs. |

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| | This field is selectable and situationally required (if applicable). |
| Social – Groups/Clubs Description (PDE-1199) | Describe the activities the member enjoys with their groups or clubs.<br><br>This field is enterable and required if displayed. |
| Social – Religious Activities Ind (PDE-1200) | Select this field indicating if the member enjoys religious activities.<br><br>This field is selectable and situationally required (if applicable). |
| Social – Religious Activities Description (PDE-1201) | Describe the religious activities the member enjoys.<br><br>This field is enterable and required if displayed. |
| Phone Communication Level – Children (PDE-1202) | Select the appropriate level from the drop down list indicating how often the member hears from their children.<br><br>This field is selectable and required. |
| Phone Communication Level – Other Family (PDE-1203) | Select the appropriate level from the drop down list indicating how often the member hears from their family members.<br><br>This field is selectable and required. |
| Phone Communication Level – Friends/Neighbors (PDE-1204) | Select the appropriate level from the drop down list indicating how often the member hears from their friends or neighbors.<br><br>This field is selectable and required. |
| Contact Level – Children/Family/Friends Ind (PDE-1205) | Select the appropriate radio button indicating if the member is satisfied with the level of communication the member with children, family and/or friends.<br><br>This field is selectable and required. |
| Hospitalization – Alcohol/Drug User Ind (PDE-1206) | Select the appropriate radio button indication if the member has been hospitalized or received inpatient/outpatient treatment in the last 2 years for nerves, emotional/mental health, and alcohol or substance abuse problems.<br><br>This field is selectable and required. |
| Hospital Name (PDE-0011) | Enter the name of the hospital the member was admitted in to. |

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| | This field is enterable and required if displayed. |
| Admit Date<br>(PDE - 0029) | Enter the date of admission in the format MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |
| Length of Stay/Reason<br>(PDE-1088) | Enter the length of stay/reason the member was admitted to the hospital.<br><br>This field is enterable and required if displayed. |
| Alcohol – History Ind<br>(PDE-1207) | Select the appropriate level from the drop down list indicating the member's level of alcohol use.<br><br>This field is selectable and required. |
| Alcohol – Amount<br>(PDE-1208) | Enter the amount of alcohol consumed by the member.<br><br>This field is enterable and required if displayed. |
| Alcohol – Frequency<br>(PDE-1209) | Enter the frequency with which the member consumes alcohol.<br><br>This field is enterable and required if displayed. |
| Drug Use – History Ind<br>(PDE-1207) | Select the appropriate level from the drop down list indicating the member's level of drug use.<br><br>This field is selectable and required. |
| Drug Use – Amount<br>(PDE-1208) | Enter the amount of drugs consumed by the member.<br><br>This field is enterable and required if displayed. |
| Drug Use – Frequency<br>(PDE-1209) | Enter the frequency with which the member consumes drugs.<br><br>This field is enterable and required if displayed. |
| Alcohol/Drug Use – Concern Ind<br>(PDE-1210) | Select the appropriate radio button indicating if concern has been indicated by the member or other people about the member's alcohol and/or drug use.<br><br>This field is selectable and required. |
| Alcohol/Drug Use – Concern Description<br>(PDE-1211) | Describe the issues of concern indicated by the member or other people about the member's alcohol and/or drug use.<br><br>This field is enterable and required if displayed. |
| Alcohol/Drug Use – Prescription Drug Combination<br>(PDE-1212) | Check to indicate if the member used alcohol or drugs with prescription drugs. |

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| | This field is selectable and situationally required (if applicable). |
| Alcohol/Drug Use – OTC Drug Combination<br>(PDE-1213) | Check to indicate if the member used alcohol or drugs with OTC drugs.<br><br>This field is selectable and situationally required (if applicable). |
| Alcohol/Drug Use – Other Substance Combination<br>(PDE-1214) | Check to indicate if the member used alcohol or drugs with other substances.<br><br>This field is selectable and situationally required (if applicable). |
| Alcohol/Drug Use – Combination Description<br>(PDE-1215) | Describe what combinations and how often the member uses them.<br><br>This field is enterable and required if displayed. |
| Alcohol/Drug Help – Sleep Ind<br>(PDE-1216) | Check to indicate if the member used alcohol or drugs to help them sleep.<br><br>This field is selectable and situationally required (if applicable). |
| Alcohol/Drug Help – Relax Ind<br>(PDE-1217) | Check to indicate if the member used alcohol or drugs to help them relax.<br><br>This field is selectable and situationally required (if applicable). |
| Alcohol/Drug Help – Energy Ind<br>(PDE-1218) | Check to indicate if the member used alcohol or drugs to help give them energy.<br><br>This field is selectable and situationally required (if applicable). |
| Alcohol/Drug Help – Worry Relief Ind<br>(PDE-1219) | Check to indicate if the member used alcohol or drugs to help them deal with worry.<br><br>This field is selectable and situationally required (if applicable). |
| Alcohol/Drug Help – Pain Relief Ind<br>(PDE-1220) | Check to indicate if the member used alcohol or drugs to help them deal with pain.<br><br>This field is selectable and situationally required (if applicable). |
| Alcohol/Drug Help – Description<br>(PDE-1221) | Describe what combinations and how often the member uses them.<br><br>This field is enterable and required if displayed. |
| Tobacco – History Ind<br>(PDE-1207) | Select the appropriate level from the drop down list indicating the member's level of tobacco use. |

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| | This field is selectable and required. |
| Tobacco – Amount<br>(PDE-1208) | Enter the amount of tobacco used by the member.<br><br>This field is enterable and required if displayed. |
| Tobacco – Frequency<br>(PDE-1209) | Enter the frequency with which the member uses tobacco.<br><br>This field is enterable and required if displayed. |
| Additional Discussion Comments<br>(PDE-1222) | Enter any other discussion items the member wanted to go over.<br><br>This field is enterable and required if displayed. |
| Informal Caregiver – Ind<br>(PDE-1223) | Select the appropriate radio button indicating if the member has an informal caregiver.<br><br>This field is selectable and situationally required (if applicable). |
| Informal Caregiver – Residence<br>(PDE-1224) | Select the appropriate option from the drop down list indicating the caregiver's residence.<br><br>This field is selectable and required if displayed. |
| Informal Caregiver – Help Level<br>(PDE-1225) | Select the appropriate level from the drop down list indicating the adequacy of the member's caregiver.<br><br>This field is selectable and required if displayed. |
| Informal Caregiver – Burden Level<br>(PDE-1226) | Select the appropriate level from the drop down list indicating the burden to the member's caregiver.<br><br>This field is selectable and required if displayed. |
| Informal Caregiver – Continuation Comments<br>(PDE-1227) | Enter any comments summarizing issues the caregiver might have with continued caregiving.<br><br>This field is enterable and required if displayed. |
| Preferences – Member's Comments<br>(PDE-1228) | Enter any preferences the member might have for care placement.<br><br>This field is enterable and required. |
| Preferences – Family's Comments<br>(PDE-1229) | Enter any preferences the member's family might have for care placement.<br><br>This field is enterable and required. |
| Preferences – Physician's Comments<br>(PDE-1230) | Enter any preferences the member's physician might have for care placement.<br><br>This field is enterable and situationally required (if applicable). |

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| Case Summary Comments (PDE-1231) | Enter any comments the screener might have regarding the assessment.<br><br>This field is enterable and optional. |
| Unmet Needs – Finances Ind (PDE-1232) | Check this field to indicate if the member has any unmet financial needs.<br><br>This field is selectable and situationally required (if applicable). |
| Unmet Needs – Home/Physical Environment Ind (PDE-1233) | Check this field to indicate if the member has any unmet home or physical environment needs.<br><br>This field is selectable and situationally required (if applicable). |
| Unmet Needs – ADLS Ind (PDE-1234) | Check this field to indicate if the member has any unmet ADLs needs.<br><br>This field is selectable and situationally required (if applicable). |
| Unmet Needs – IADLS Ind (PDE-1235) | Check this field to indicate if the member has any unmet IADLs needs.<br><br>This field is selectable and situationally required (if applicable). |
| Unmet Needs – Med Equip Ind (PDE-1236) | Check this field to indicate if the member has any unmet medical equipment needs.<br><br>This field is selectable and situationally required (if applicable). |
| Unmet Needs – Health Ind (PDE-1237) | Check this field to indicate if the member has any unmet health needs.<br><br>This field is selectable and situationally required (if applicable). |
| Unmet Needs – Nutrition Ind (PDE-1238) | Check this field to indicate if the member has any unmet nutrition needs.<br><br>This field is selectable and situationally required (if applicable). |
| Unmet Needs – Emotional Ind (PDE-1239) | Check this field to indicate if the member has any unmet emotional needs.<br><br>This field is selectable and situationally required (if applicable). |
| Unmet Needs – Caregiver Ind (PDE-1240) | Check this field to indicate if the member has any unmet caregiver needs. |

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| | This field is selectable and situationally required (if applicable). |
| Assessor's Name (PDE-1080) | Enter the first & last name of the assessor completing the screening.<br><br>This field is enterable and at least one entry is required. |
| Sections Completed (PDE-1241) | Enter the pre-admission screening sections completed by the assessor.<br><br>This field is required for every assessor's name entered. |
| Agency/Provider's Name (PDE-0011) | Enter the name of the agency the assessor is associated with.<br><br>This field is required for every assessor's name entered. |
| Provider's NPI (PDE - 0216) | Enter the 10 digit NPI associated with the agency/-provider.<br><br>This field is required for every assessor's name entered. |
| Case Assignment Name (PDE-1242) | Enter the name of the caseworker assigned to the member's case.<br><br>This field is enterable and situationally required (if applicable). |
| Case Assignment Code (PDE-1243) | Enter the code assigned to the member's case.<br><br>This field is enterable and situationally required (if applicable). |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Submit Additional Forms | Activates the buttons for each form. | PAS-S-002,<br>PAS-S-004,<br>PAS-S-006,<br>PAS-S-008,<br>PAS-S-010,<br>PAS-S-012,<br>PAS-S-014 |
| Save | Saves the current form the user is on and gives them the option to continue with the form or return to the screen | PAS-S-003,<br>PRV-S-0001 |
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| | at a later time. | |
| Submit | Submit the Pre-Admission Screening for processing. Submit triggers the editing of the page and if successful transfers the user to the successful submission page. | PAS-S-003, PAS-S-016 |
| Reset | Removes any data entered on the screen and lets the user re-enter. | PAS-S-003 |
| Cancel | Resets all the entered fields and returns the user to the Provider Secured portal. | PRV-S-0001 |

## Error Messages

| Description | Resolution |
|---|---|
| Member Information - Last Name is required | Enter the member's last name. |
| Member Information - First Name is required | Enter the member's first name. |
| Member Information - SSN is required | Enter the member's social security number in the format 999999999 or 999-99-9999. |
| Member Information - Invalid SSN | Enter the member's social security number in the format 999999999 or 999-99-9999. |
| Professional Visits/Medical Admissions - Provider Name is required | Enter the name of the provider who conducted the member's medical visit. |
| Professional Visits/Medical Admissions - Provider Phone number is required | Enter the provider's phone number in the format 9999999999 or 999-999-9999. |
| Professional Visits/Medical Admissions - Provider Date of visit is required | Enter the date the provider visited the member in the format MM/DD/YYYY. |
| Professional Visits/Medical Admissions - Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the date the provider visited the member in the format MM/DD/YYYY. |
| Professional Visits/Medical Admissions - Provider Reason is required | Enter the reason the member was admitted or saw the provider. |
| Admissions - Hospital Name is required | Enter the name of the hospital the member was admitted in to. |

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| Admissions - Hospital Date is required | Enter the admission date in the format MM/DD/YYYY. |
| Admissions - Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the admission date in the format MM/DD/YYYY. |
| Admissions - Hospital Reason is required | Enter the reason that the member was admitted in to the hospital. |
| Admissions - Nursing Facility Name is required | Enter the name of the nursing facility the member was admitted in to. |
| Admissions - Nursing Facility Date is required | Enter the admission date in the format MM/DD/YYYY. |
| Admissions - Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the admission date in the format MM/DD/YYYY. |
| Admissions - Nursing Facility Reason is required | Enter the reason that the member was admitted in to the nursing facility. |
| Admissions - Adult Care Residence Name is required | Enter the name of the adult care residence the member was admitted in to. |
| Admissions - Adult Care Residence Date is required | Enter the admission date in the format MM/DD/YYYY. |
| Admissions - Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the admission date in the format MM/DD/YYYY. |
| Admissions - Adult Care Residence Reason is required | Enter the reason that the member was admitted in to the adult care residence. |
| Advanced directives - Living Will Location is required | Enter location of member's living will. |
| Advanced directives - Power of Attorney Location is required | Enter the location of the member's power of attorney location. |
| Advanced directives - Other Location is required | Enter the location of the member's other advanced directive. |
| Diagnoses & Medication Profile – Current Diagnosis Date is required | Enter the date the member was diagnosis or first started taking the medication in the format MM/DD/YYYY. |
| Diagnoses & Medication Profile – Current Diagnosis Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the date the member was diagnosis or first started taking the medication in the format MM/DD/YYYY. |
| Diagnoses & Medication Profile - Active Diagnosis is required | Select appropriate radio button indicating whether the member has any active diagnoses. |
| Diagnoses & Medication Profile - One Active Diagnosis is required | Select the active diagnosis from the drop down list. |
| Diagnoses & Medication Profile - Medicine Intake is required | Select the appropriate level from the drop down list indicating how the member takes their medicine. |
| Sensory Functions - Vision is required | Select the appropriate radio button indicating the member's vision capacity. |
| Sensory Functions - Vision Onset Date is required | Enter the date the member's vision issue begin in the format MM/DD/YYYY |
| Sensory Functions - Vision Onset Date format | Enter the date the member's vision issue begin in |

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| should be MM/DD/YYYY or MM-DD-YYYY | the format MM/DD/YYYY |
| Sensory Functions - Vision Impairment is required | Enter the type of vision impairment the member is experiencing. |
| Sensory Functions - Vision Last Exam Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the date of the member's last vision exam in the format MM/DD/YYYY. |
| Sensory Functions - Hearing is required | Select the appropriate radio button indicating the member's hearing capacity. |
| Sensory Functions - Hearing Onset Date is required | Enter the date the member's hearing issue begin in the format MM/DD/YYYY |
| Sensory Functions - Hearing Onset Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the date the member's hearing issue begin in the format MM/DD/YYYY |
| Sensory Functions - Hearing Impairment is required | Enter the type of hearing impairment the member is experiencing. |
| Sensory Functions - Hearing Last Exam Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the date of the member's last hearing exam in the format MM/DD/YYYY. |
| Sensory Functions - Speech is required | Select the appropriate radio button indicating the member's speech capacity. |
| Sensory Functions - Speech Onset Date is required | Enter the date the member's speech issue begin in the format MM/DD/YYYY |
| Sensory Functions - Speech Onset Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the date the member's speech issue begin in the format MM/DD/YYYY |
| Sensory Functions - Speech Impairment is required | Enter the type of speech impairment the member is experiencing. |
| Sensory Functions - Speech Last Exam Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the date of the member's last speech exam in the format MM/DD/YYYY. |
| Physical Status - Dislocation is required | Select the appropriate option from the drop down list indicating if the member has had any broken bones or dislocations. |
| Physical Status – Fracture/Dislocation Rehab Program is required | Select the appropriate radio button indicating if the member has been in rehab for the fracture/dislocation. |
| Physical Status – Fracture/Dislocation Date is required | Select the appropriate radio button indicating when the member experienced the last fracture/dislocation. |
| Physical Status - Missing Limbs is required | Select the appropriate option from the drop down list indicating if the member has had any missing limbs. |
| Physical Status – Missing Limbs Rehab Program is required | Select the appropriate radio button indicating if the member has been in rehab for the missing limbs. |
| Physical Status – Missing Limbs Date is | Select the appropriate radio button indicating when |

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|---|---|
| required | the member experienced the missing limb. |
| Physical Status - Paralysis is required | Select the appropriate option from the drop down list indicating if the member has had any paralysis. |
| Physical Status – Paralysis Description is required | Enter the description of the member's paralysis. |
| Nutrition - Height is required | Enter the member's height in inches. |
| Nutrition - Height is numeric | Enter the member's height in inches. |
| Nutrition - Weight is required | Enter the member's weight in inches. |
| Nutrition - Weight is numeric | Enter the member's weight in inches. |
| Nutrition – Recent Weight Loss Gain is required | Select the appropriate radio button indicating if the member has recently lost or gained weight. |
| Nutrition – Reason for Gain/Loss is required | Enter the reason for the member's recent weight gain or loss. |
| Nutrition - Nutrition Diet is required | Select the appropriate level from the drop down list indicating if the member is on a special diet. |
| Nutrition - Nutrition Supplement is required | Select the appropriate level from the drop down list indicating if the member takes nutrition supplements. |
| Current Medical Services – Occupational Frequency is required | Enter the frequency with which the member receives occupational therapy. |
| Current Medical Services – Physical Frequency is required | Enter the frequency with which the member receives physical therapy. |
| Current Medical Services - Reality Remotivation Frequency is required | Enter the frequency with which the member receives reality/remotivation therapy. |
| Current Medical Services - Respiratory Frequency is required | Enter the frequency with which the member receives respiratory therapy. |
| Current Medical Services - Speech Frequency is required | Enter the frequency with which the member receives speech therapy. |
| Current Medical Services - Other Frequency is required | Enter the frequency with which the member receives any other therapy. |
| Current Medical Services - Pressure Ulcers is required | Select the appropriate radio button indicating whether the member has pressure ulcers. |
| Current Medical Services - Ulcer Stage is required | Select the appropriate stage of the pressure ulcer from the drop down list. |
| Current Medical Services - Ulcer Location is required | Enter the location of the member's pressure ulcer (s). |
| Current Medical Services – Bowel Bladder Training Frequency is required | Enter the site/location/frequency the member is undergoing bowel/bladder training. |
| Current Medical Services - Dialysis Frequency is required | Enter the site/location/frequency the member is undergoing dialysis. |
| Current Medical Services – Dressing Wound Care Frequency is required | Enter the site/location/frequency the member receives dressing/wound care. |
| Current Medical Services – Eye care Frequency is required | Enter the site/location/frequency the member receives eye care. |
| Current Medical Services – Glucose Blood | Enter the site/location/frequency the member |

| | |
|---|---|
| Sugar Frequency is required | receives glucose blood sugar monitoring. |
| Current Medical Services – Injections Therapy Frequency is required | Enter the site/location/frequency the member receives injections/IV therapy. |
| Current Medical Services - Oxygen Frequency is required | Enter the site/location/frequency the member receives oxygen therapy. |
| Current Medical Services - Radiation Frequency is required | Enter the site/location/frequency the member receives radiation therapy. |
| Current Medical Services - Restraints Frequency is required | Enter the site/location/frequency the member is restrained. |
| Current Medical Services – ROM Exercise Frequency is required | Enter the site/location/frequency the member receives ROM exercises. |
| Current Medical Services – Trach Care Frequency is required | Enter the site/location/frequency the member receives trach care. |
| Current Medical Services - Ventilator Frequency is required | Enter the site/location/frequency the member receives ventilator treatments. |
| Current Medical Services - Other Frequency is required | Enter the site/location/frequency the member receives other therapy/ treatments. |
| Medical/Nursing Needs - Comment is required | Enter any comments on the member's overall medical condition. |
| Medical/Nursing Needs – Physician Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the date the provider completed the screening information in the format MM/DD/YYYY. |
| Medical/Nursing Needs – Other Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the date the provider completed the screening information in the format MM/DD/YYYY. |
| Cognitive Function - Orientation is required | Select the appropriate option from the drop down list indicating the member's orientation level. |
| Cognitive Function - Spheres Affected is required | Enter the spheres affected causing the member's disorientation. |
| Behavior Pattern - Behavior pattern is required | Select the appropriate option from the drop down list indicating the member's behavior pattern. |
| Behavior Pattern - Type of inappropriate behavior is required | Enter the type of inappropriate behavior being displayed by the member. |
| Behavior Pattern - Information Source is required | Enter the name of the person reporting the member's inappropriate behavior. |
| Emotional Status - Comment is required | Enter any comments on the member's emotional state. |
| Social Status – Solitary Activities Description is required | Enter a description of the solitary activities the member enjoys. |
| Social Status – Description of Activities with Friends is required | Enter a description of the activities with friends the member enjoys. |
| Social Status –Description of Activities with Groups is required | Enter a description of the group/club activities the member enjoys. |
| Social Status – Religious Activities Description is required | Enter a description of the religious activities the member enjoys. |
| Social Status - Children is required | Select the appropriate option from the drop down |

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| | list indicating if the member is satisfied with the frequency with which they talk to their children. |
| Social Status - Family is required | Select the appropriate option from the drop down list indicating if the member is satisfied with the frequency with which they talk to their other family members. |
| Social Status - Friend is required | Select the appropriate option from the drop down list indicating if the member is satisfied with the frequency with which they talk to their friends. |
| Social Status - See or Hear is required | Select the appropriate radio button indicating if the member is satisfied with how often they see or hear from their family or friends. |
| Hospitalization/Alcohol Drug Use - Hospitalized is required | Select the appropriate radio button indicating if the member has been hospitalized or received inpatient/outpatient treatment in the last 2 years for nerves, emotional/mental health, alcohol or substance abuse problems |
| Hospitalization/Alcohol Drug Use - Hospitalized Name is required | Enter the name of the hospital the member was admitted in to. |
| Hospitalization/Alcohol Drug Use – Hospitalized Admit Date is required | Enter the date the member was admitted to the hospital in the format MM/DD/YYYY. |
| Hospitalization/Alcohol Drug Use – Hospitalized Admit Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the date the member was admitted to the hospital in the format MM/DD/YYYY. |
| Hospitalization/Alcohol Drug Use – Hospitalized Reason is required | Enter the reason the member was hospitalized. |
| Hospitalization/Alcohol Drug Use - Alcohol is required | Select the appropriate option from the drop down list indicating the level of the member's alcohol consumption. |
| Hospitalization/Alcohol Drug Use - Alcohol Quantity is required | Enter the amount of alcohol the member consumes. |
| Hospitalization/Alcohol Drug Use - Alcohol Frequency is required | Enter the frequency with which the member consumes alcohol. |
| Hospitalization/Alcohol Drug Use – Non-prescription substance is required | Select the appropriate option from the drop down list indicating the level of the member's non-prescription substance usage. |
| Hospitalization/Alcohol Drug Use – Non-prescription substance Quantity is required | Enter the amount of non-prescription substances the member consumes. |
| Hospitalization/Alcohol Drug Use – Non-prescription substance Frequency is required | Enter the frequency with which the member uses non-prescription substances. |
| Hospitalization/Alcohol Drug Use – Concerns Description is required | Enter the description of any concerns voiced by the member or family/friends. |
| Hospitalization/Alcohol Drug Use - What and how often and is required | Enter what and how often the member used alcohol/non-prescription substances combined. |
| Hospitalization/Alcohol Drug Use - What and | Enter what and how often the member used alco- |

| | |
|---|---|
| how often and is required | hol/non-prescription substances to assist with life activities. |
| Hospitalization/Alcohol Drug Use - Tobacco is required | Select the appropriate option from the drop down list indicating the level with which the member uses tobacco products. |
| Hospitalization/Alcohol Drug Use - Tobacco Quantity is required | Enter the amount of tobacco products uses by the member |
| Hospitalization/Alcohol Drug Use - Tobacco Frequency is required | Enter the frequency with which the member uses tobacco product. |
| Hospitalization/Alcohol Drug Use - Other Discussion is required | Select the appropriate radio button indicating if the member has any other things to discuss. |
| Hospitalization/Alcohol Drug Use – Other Discussion Comment is required | Enter any other items discussed by the member. |
| Caregiver Assessment - Care Giver is required | Select the appropriate radio button indicating if the member has an information caregiver. |
| Caregiver Assessment - Care Giver Live is required | Select the appropriate option from the drop down list indicating where the member's caregiver resides. |
| Caregiver Assessment - Care Giver Help is required | Select the appropriate option from the drop down list indicating whether the caregiver's help is adequate. |
| Caregiver Assessment - Care Giver Burden is required | Select the appropriate option from the drop down list indicating whether the taking care of the member has become a burden for the caregiver. |
| Caregiver Assessment - Care Giver Problem is required | Enter the reason continuing care of the member is a problem. |
| Preferences - Member Preferences is required | Enter any preferences expressed by the member for their care. |
| Preferences - Preferences Representative is required | Enter any preferences expressed by the member's legal representative for the member's care. |
| Assessment Completed By – Assessor Name is required | Enter the first & last name of the assessor completing the screener. |
| Assessment Completed By – Section Completed is required | Enter the sections completed by the assessor. |
| Assessment Completed By – Provider Name is required | Enter the first & last name of the provider or organization associated with the assessor. |
| Assessment Completed By – Provider NPI is required | Enter the 10-digit NPI associated with the provider/organization associated with the assessor. |
| Assessment Completed By – Provider NPI should be numeric and of length 10 | Enter the 10-digit NPI associated with the provider/organization associated with the assessor. |

## Access

This screen is accessed through the secured provider portal utilizing the ‘Pre-Admission Screening’ tab

1. Log in to secured provider portal.
2. Hover over ‘Pre-Admission Screening’ navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select ‘UAI-A’ and screen displays.
5. After completion of UAI-A, select option to enter additional forms.
6. Form buttons display
7. Select ‘UAI-B’ button and screen displays.

# DMAS95 – MI/MR/RC (PAS-S-004)

## General Information

This form is used in screening the member for mental illness, mental retardation/intellectual disability or related conditions.

| Screen Name | DMAS95 – MI/MR/RC |
|---|---|
| Source/Originator | Any of the following Pre-Admission Screens:<br>UAI – A<br>UAI – B<br>DMAS95 – MI-MR-Supl<br>DMAS96<br>DMAS97<br>Re-assessment<br>Public Pay Short |
| Usage | Entry or MI/MR/RC assessment information and navigate to any additional forms. |

## Screen Sample – PAS-S-004

For ease of reading the screen has been broken up in sections.

DMAS95-MI-MR-RC

Print | Help

**SCREENING FOR MENTAL ILLNESS, MENTAL RETARDATION/INTELLECTUAL DISABILITY, OR RELATED CONDITIONS**

**For instructions, please click here:** Mental Illness, Mental Retardation/Intellectual Disability, or Related Conditions Instructions

A. This section is to be completed by the Pre-admission Screening Committee. **This form applies to NF Admissions ONLY.**

Name *

Date of Birth *

Date PAS Request Received *

Social Security No. *

Medicaid No. *

Responsible CSB *

1. Does the Individual meet nursing facility criteria? *

   Yes No (If NO< see DMAS-95 MI/MR/ID/RC Instructions.)

   a. Can a safe and appropriate plan of care be developed to meet all medical/nursing/custodial care needs?

      Yes No

      If 'Yes', this form must be completed AND the DMAS-96 form authorization is for Nursing Facility, this form **MUST BE COMPLETED.**

2. Does the Individual have a current serious mental illness (MI)?*

   Yes No

   (Check 'Yes' only if answers a, b, and c below are 'Yes'. If 'No', do not refer for assessment of active treatment needs for MI Diagnosis.)

   a. Is this major mental disorder diagnosable under DSM-IV (e.g., schizophrenia, mood, paranoid, panic, or other serious anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or other mental disorder that may lead to a chronic disability)?

      Yes No

   b. Has the disorder resulted in functional limitations in major life activities within the past 3-6 months, particularly with regard to interpersonal functioning; concentration, persistence, or pace; and adaptation to change?

      Yes No

   c. Does the treatment history indicate that the individual has experienced psychiatric treatment more intensive than outpatient care more than once in the past 2 years or the individual has experienced within the last 2 years an episode of significant disruption to the normal living situation due to the mental disorder?

      Yes No

3. Does the Individual have a diagnosis of Mental Retardation (MR) / Intellectual Disability (ID) which was manifested before age 18? *

Yes No

4. Does the Individual have a related condition?*

Yes No

(Check 'Yes' only if answers a, b, and c below are 'Yes'. If 'No', do not refer for assessment of active treatment needs for MI Diagnosis.)

a. Is the condition attributable to any other condition (e.g. cerebral palsy, epilepsy, autism, muscular dystrophy, multiple sclerosis, Frederick's ataxia, spina befida), other than MI, found to be closely related to MR/ID because this condition may result in impairment of general intellectual functioning or adaptive behavior similar to that of MR/ID persons and requires treatment of services similar to those for these persons?

Yes No

b. Has the condition manifested before age 22?

Yes No

c. Is the condition likely to continue indefinitely?

Yes No

d. Has the condition resulted in substantial limitations in 3 or more of the following areas of major life activity; self-care understanding and use of language, learning, mobility, self-direction, and capacity for independent living?

Yes No

5. Recommendation (Either 'a' or 'b' must be checked.)*

a

- [ ] Refer for secondary assessment. (NF Placement = Level II refer to DDM Ascend) (Waiver Placement = 101B refer to Local CSB)
- [ ] MI (# 2 above is checked 'Yes')
- [ ] MR or Related Condition (# 3 or # 4 is checked 'Yes')
- [ ] Dual diagnosis (MI and MR/ID or Related Condition categories are checked)

** NOTE: If 5a is checked, the individual may NOT be authorized for Medicaid-funded LTC until the secondary assessment has been completed.

b

- [ ] No referral for active treatment needs assessment required because individual:
- [ ] Does not meet the applicable criteria for serious MI or MR/ID or related condition
- [ ] Has a primary diagnosis of dementia (including Alzheimer's disease) and does not have a diagnosis of MR/ID
- [ ] Has a primary diagnosis of dementia (including Alzheimer's disease) AND has a secondary diagnosis of a serious MI
- [ ] Has a severe physical illness (e.g. documented evidence of coma, functioning at brain-stern level, or other conditions which results in a level of impairment so sever that the individual could not be expected to benefit from specialized services.)
- [ ] Is terminally ill (note: a physician must have documented that individual's life expectancy is six (6) months or less)

Name & Title*

Screening Committee:*

Date:*

Telephone #:*

Street Address:*

Additional forms are needed to complete this assessment

The assessment is ready for submission, no additional forms needed.

Submit Reset Cancel

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| Name<br>(PDE - 0013, PDE - 0014, PDE - 0015) | Enter the member's first & last name.<br><br>This field is enterable and required. |
| Date of Birth<br>(PDE - 0051) | Enter the member's date of birth in the format MM/DD/YYYY.<br><br>This field is enterable and required. |
| Date PAS Request Received<br>(PDE-1244) | Enter the date a request for a secondary assessment was made in the format MM/DD/YYYY.<br><br>This field is enterable and required. |
| Social Security Number<br>(PDE - 0419) | Enter the member's social security number in the format 999999999 or 999-99-9999.<br><br>This field is enterable and required. |
| Medicaid Number<br>(PDE - 0016) | Enter the member's 12 digit Medicaid ID number.<br><br>This field is enterable and required. |
| Responsible CSB Name<br>(PDE-1245) | Enter the name of the responsible Community Services Board in the locality in when the member resides.<br><br>This field is enterable and required. |
| Nursing Facility Criteria Met Ind<br>(PDE-1246) | Using the appropriate radio button, indicate whether the member meets nursing facility criteria as described in the VA Medicaid Pre-Admission Screening Manual.<br><br>This field is selectable and required. |
| Plan of Care Ind<br>(PDE-1247) | Using the appropriate radio button, indicate whether a save and appropriate plan of care can be developed to meet all medical/nursing/custodial care needs.<br><br>This field is selectable and required. |
| Mental Illness Ind<br>(PDE-1248) | Using the appropriate radio button, indicate if the member has a current mental illness.<br><br>This field is selectable and required. |
| Mental Disorder – Diagnosable Ind | Using the appropriate radio button, indicate if the |

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| (PDE-1249) | member has a major mental disorder diagnosable under DMS-IV.<br><br>This field is selectable and required. |
| Mental Disorder – Recent Limitations Ind<br>(PDE-1250) | Using the appropriate radio button, indicate if the member has a disorder that resulted in functional limitations in major life activities within the last 3 – 6 months.<br><br>This field is selectable and required. |
| Mental Disorder – Treatment History Ind<br>(PDE-1251) | Using the appropriate radio button, indicate if the member has a treatment history having experienced psychiatric treatment more intensive than outpatient care and more than once in the past 2 years.<br><br>This field is selectable and required. |
| Mental Disorder – Age Ind<br>(PDE-1252) | Using the appropriate radio button, indicate if the member has a diagnosis of mental retardation, intellectual disability which manifested before age 18.<br><br>This field is selectable and required. |
| Mental Disorder – Related Condition Ind<br>(PDE-1253) | Using the appropriate radio button, indicate if the member has a related condition.<br><br>This field is selectable and required. |
| Mental Disorder – Other Condition Attributable Ind<br>(PDE-1254) | Using the appropriate radio button, indicate if the member's condition is attributable to any other condition other than MI.<br><br>This field is selectable and required. |
| Mental Disorder – Age Ind<br>(PDE-1252) | Using the appropriate radio button, indicate if the member's condition manifested before age 22.<br><br>This field is selectable and required. |
| Mental Disorder – Indefinitely Ind<br>(PDE-1255) | Using the appropriate radio button, indicate if the member's condition is likely to continue indefinitely.<br><br>This field is selectable and required. |
| Mental Disorder – Life Limitation Ind<br>(PDE-1256) | Using the appropriate radio button, indicate if the member's condition resulted in substantial limitations in 3 or more areas of major life activity.<br><br>This field is selectable and required. |
| Mental Disorder – Self-Care Ind<br>(PDE-1342) | If the Mental Disorder – Life Limitation Ind is 'yes', check if one of the major life activities is self-care. |

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| | This field is selectable and situationally required (if applicable). |
| Mental Disorder – Learning Ind (PDE-1343) | If the Mental Disorder – Life Limitation Ind is 'yes', check if one of the major life activities is learning.<br><br>This field is selectable and situationally required (if applicable). |
| Mental Disorder – Mobility Ind (PDE-1344) | If the Mental Disorder – Life Limitation Ind is 'yes', check if one of the major life activities is mobility.<br><br>This field is selectable and situationally required (if applicable). |
| Mental Disorder – Self-Direction Ind (PDE-1345) | If the Mental Disorder – Life Limitation Ind is 'yes', check if one of the major life activities is self-direction.<br><br>This field is selectable and situationally required (if applicable). |
| Mental Disorder – Independent Living Ind (PDE-1346) | If the Mental Disorder – Life Limitation Ind is 'yes', check if one of the major life activities is the capacity for independent living.<br><br>This field is selectable and situationally required (if applicable). |
| Recommendation – Secondary Assessment Ind (PDE-1257) | Check if the recommendation is to refer the member for secondary assessment.<br><br>This field is selectable and situationally required (if applicable). |
| Recommendation – MI Ind (PDE-1258) | Check if the recommendation is for the member to be considered mentally intellectually deficient.<br><br>This field is selectable and situationally required (if applicable). |
| Recommendation – MR/RC Ind (PDE-1259) | Check if the recommendation is for the member to be considered mentally retarded or having a related condition.<br><br>This field is selectable and situationally required (if applicable). |
| Recommendation – Dual Diagnosis Ind (PDE-1260) | Check if the recommendation is for the member to be considered with a dual diagnosis (MI and MR/ID or Related Conditions).<br><br>This field is selectable and situationally required (if applicable). |
| No Referral – Ind | Check if member is not being referred for active |

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| (PDE-1261) | treatment.<br><br>This field is selectable and situationally required (if applicable). |
| No Referral – Criteria Not Met Ind<br>(PDE-1262) | If No Referral – Ind is 'yes', check if the reason is because the member does not meet the criteria for serious MI or MR/ID or related condition.<br><br>This field is selectable and situationally required (if applicable). |
| No Referral – Dementia No MR Ind<br>(PDE-1263) | If No Referral – Ind is 'yes', check if the reason is because the member has a primary diagnosis of dementia and does not have a diagnosis for MR/ID.<br><br>This field is selectable and situationally required (if applicable). |
| No Referral – Dementia With MI Ind<br>(PDE-1264) | If No Referral – Ind is 'yes', check if the reason is because the member has a primary diagnosis of dementia and has a secondary diagnosis of a serious MI.<br><br>This field is selectable and situationally required (if applicable). |
| No Referral – Physical Illness Ind<br>(PDE-1265) | If No Referral – Ind is 'yes', check if the reason is because the member has a physical illness so severe that the member would not benefit from specialized services.<br><br>This field is selectable and situationally required (if applicable). |
| No Referral – Terminal Illness Ind<br>(PDE-1266) | If No Referral – Ind is 'yes', check if the reason is because the member has a terminal illness with a life expectancy of 6 months or less.<br><br>This field is selectable and situationally required (if applicable). |
| Name & Title<br>(PDE-1080) | Enter the name (first and last) and title of the person conducting the screening.<br><br>This field is enterable and required. |
| Screening Committee Name<br>(PDE-1267) | Enter the name of the steering committee the screener is associated with.<br><br>This field is enterable and required. |
| Date<br>(PDE-1000) | Enter the date the screening was entered in the format MM/DD/YYYY. |

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| | This field is enterable and required. |
| Telephone # (PDE-1269) | Enter the phone number of the screener in the format 9999999999 or 999-999-9999.<br><br>This field is enterable and required. |
| Street Address (PDE-1268) | Enter the screener's building number and street address.<br><br>This field is enterable and required. |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Submit Additional Forms | Activates the buttons for each form. | PAS-S-002, PAS-S-003, PAS-S-005, PAS-S-006, PAS-S-008, PAS-S-010, PAS-S-012, PAS-S-014 |
| Save | Saves the current form the user is on and gives them the option to continue with the form or return to the screen at a later time. | PAS-S-004, PRV-S-0001 |
| Submit | Submit the Pre-Admission Screening for processing. Submit triggers the editing of the page and if successful transfers the user to the successful submission page. | PAS-S-004, PAS-S-016 |
| Reset | Removes any data entered on the screen and lets the user re-enter. | PAS-S-004 |
| Cancel | Resets all the entered fields and returns the user to the Provider Secured portal. | PRV-S-0001 |

## Error Messages

| Description | Resolution |
|---|---|
| Recipient's Full Name is required | Enter the member's full name (first and last names). |
| Recipient's DOB is required | Enter the member's date of birth in the format |

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|---|---|
| | MM/DD/YYYY. |
| Recipient's DOB format should be MM/DD/YYYY | Enter the member's date of birth in the format MM/DD/YYYY. |
| Date PAS Request Received is required | Enter the date the PAS request was received in the format MM/DD/YYYY. |
| Date PAS Request Received format should be MM/DD/YYYY | Enter the date the PAS request was received in the format MM/DD/YYYY. |
| SSN is required | Enter the member's social security number in the format 999999999 or 999-99-9999. |
| SSN is invalid | Enter the member's social security number in the format 999999999 or 999-99-9999. |
| Medicaid is invalid | Enter the member's 12-digit Medicaid ID. |
| Responsible CSB is required | Enter the responsible Committee Steering Board the screener is associated with. |
| Nursing facility criteria is required | Select the appropriate yes/no radio button indicating if the member has met the nursing facility criteria. |
| Current serious mental illness (MI) is required | Select the appropriate yes/no radio button indicating if the member has a current serious mental illness (MI). |
| Diagnosis of mental retardation (MR)/intellectual disability (ID) is required | Select the appropriate yes/no radio button indicating if the member has a diagnosis of mental retardation (MR)/ intellectual disability (ID) which manifested itself before age 18. |
| Related condition is required | Select the appropriate yes/no radio button indicating if the member has a related condition. |
| Either A or B needs to be selected | Enter a recommendation from either section A or section B. |
| Name and title is required | Enter the name (first and last) and title of the person conducting the screening. |
| Screening Committee is required | Enter the name of the steering committee the screener is associated with. |
| Signed Date is required | Enter the date the screening was entered in the format MM/DD/YYYY. |
| Signed Date format should be MM/DD/YYYY | Enter the date the screening was entered in the format MM/DD/YYYY. |
| Telephone is required | Enter the phone number of the screener in the format 9999999999 or 999-999-9999. |
| Invalid phone number | Enter the phone number of the screener in the format 9999999999 or 999-999-9999. |
| Street Address is required | Enter the screener's building number and street address. |

## Access

This screen is accessed through the secured provider portal utilizing the ‘Pre-Admission Screening’ tab

8. Log in to secured provider portal.
9. Hover over ‘Pre-Admission Screening’ navigation tab.
10. Pre-Admission Screening options display as drop down selections
11. Select ‘UAI-A’ and screen displays.
12. After completion of UAI-A, select option to enter additional forms.
13. Form buttons display
14. Select ‘DMAS95-MI/MR/RC’ button and screen displays.

# DMAS95 – MI/MR/RC – Instructions (PAS-S-005)

## General Information

This page contains instructions to assist users in completing the screening for member with mental illness, mental retardation/intellectual disability or related conditions.

| Screen Name | DMAS95 – MI/MR/RC - Instructions |
|---|---|
| Source/Originator | DMAS95 – MI/MR/RC |
| Usage | Display only – instructions on the completing of the DMAS95 – MI/MR/RC form |

## Screen Sample – PAS-S-005

For ease of reading the screen has been broken up in sections.

**SCREENING FOR MENTAL ILLNESS, MENTAL RETARDATION/INTELLECTUAL DISABILITY, OR RELATED CONDITIONS**

**INSTRUCTIONS FOR COMPLETION**

IDENTIFYING DATA

**NAME:** Enter the Recipient's Full Name
**SOCIAL SECURITY NUMBER:** Enter the 9-digit number
**RESPONSIBLE CSB:** Enter the Community Services Board in the locality in which the individual resides
**DATE PAS REQUEST RECEIVED:** Enter the date that a request for a secondary assessment was made
**DATE OF BIRTH:** MM/DD/YYYY
**MEDICAID NUMBER:** Enter the 12-digit number

1. Indicate whether the individual meets nursing facility criteria as described in the Virginia Medicaid Pre Admission Screening Manual. If "yes" is checked, complete the screening, If the individual does NOT meet nursing facility criteria, do not complete Level I screening and do not refer for a secondary assessment. If criteria is not met, the individual cannot be admitted to Long-Term Care Services.

2. **Determination of Serious Mental Illness (MI):** Check "yes" (that the individual has a current diagnosis of serious MI) only if 2 a, b, and c are checked "yes". Indicate the diagnosis if "yes" is checked. If "no" is checked for either a, b, or e below, **do not refer** for Level II for MI.

   a. Check "yes" if the individual has a major mental disorder diagnosable under DSM-lll-R (c g, schizophrenia (including disorganized. catatonic, and paranoid types), mood (including bipolar disorder (mixed manic, depressed, seasonal. NOS). major depression (single episode/recurrent, chronic, melancholic or seasonal), depressive disorder MOS, cyclothymia, dysthymia (primary/secondary or early/late onset). Paranoid (including delusional, erotomanic, grandiose, jealous, persecutory, somatic, unspecified, or induced psychotic disorder), panic or other severe anxiety disorder (including panic disorder with agoraphobia. agoraphobia with or without history of panic disorder, social phobia general wed anxiety disorder, obsessive compulsive disorder, past-traumatic stress disorder), somatoform disorder (includes somatization disorder. conversion disorder somatoform pain disorder, hypochondriasis. body dysmorphic disorder, undifferentiated somatotorm disorder, somatoform disorder NOS). Personality disorder (includes paranoid. schizoid. sehizotypal. histrionic, narcissistic, antisocial, borderline. avoidant, dependent. obsessive compulsive, passive aggressive, and NOS), other psychotic disorder (includes schizophreniform disorder. schtizoaffective disorder (bipolar/depressive), brief reactive psychosis, atypical, NOS) or other mental disorder that may lead to a chronic disability)

   b. Check "yes" if the individual has a mental disorder that has resulted in functional limitations in major life activities within the past 3-6 months, particularly with regard to interpersonal functioning concentration, persistence, and pact, arid adaptation to change

   c. Cheek "yes" if the individual's treatment history indicates that he or she has experienced (I) psychiatric treatment more intense than outpatient care more than once in the past 2 years or (2) within the last 2 years, an episode of significant disruption to the normal living situation due to the mental disorder

3. **Determination of Mental Retardation/Intellectual Disability (MR/ID): Check "yes" if the individual** has a level of retardation or disability (mild, moderate, severe, or profound) described in the American Association on Mental Retardation's Manual on Classification In Mental Retardation (19S3) that was manifested before **age 18**

4. **Determination of Related Conditions:** Check "yes" only if each item in 4 a-d below is checked. If "no" is checked, do not refer for Level II PAS forrelated conditions

   a. Check "yes" if the condition is attributable to any other condition (e g, cerebral palsy, epilepsy, autism, muscular dystrophy, multiple sclerosis, Frederick's ataxia, spina bifida), other than Ml. found to be closely related to MR because this condition may result in impairment of general intellectual functioning or adaptive behavior similar to that of **MR/ID** persons and requires treatment or services similar to those for these persons

   b. Check "yes" if the condition has manifested before **age 22**

   c. Cheek "yes" if the condition is likely to continue indefinitely

   d. Check "yes" ii the condition has resulted in substantial limitations in 3 or more of the following areas of major life activity self-care understanding and use of language, learning, mobility, self-direction, and capacity for independent living Circle the applicable areas

5. **RECOMMENDATION** (Either 5a or b MUST be checked)

   a. Cheek this category if Question 2 is checked "yes" AND/OR either Question 3 or 4 is checked "yes" Indicate whether referral is for MI, MR or RC, the date the package is referred to the appropriate secondary screener, and where and to whom the package is sent. An individual for whom 5a has been checked may NOT he admitted to a LTC Services until the secondary assessments is completed.

   b. Check this "no referral needed" category ONLY if there is documented evidence as follows

      - Does not meet the "applicable criteria" For MI, MR or a related condition.
      - Has a primary diagnosis of dementia (including Alzheimer's disease, (If there is a diagnosis of MR this category does not apply).
      - Has a primary diagnosis of dementia (including Alzheimer's disease) AND a secondary diagnosis of MI.
      - Has a severe physical illness (e.g. documented evidence of coma, functioning at brain-stem level, or other diagnoses, which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services. If the answer determines that an illness not listed here is so severe that the individual could not he expected to benefit from specialized services, documentation describing the severe illness must be attached for review).
      - Is terminally ill (note' a physician must have documented that individual's life expectancy is less than 6 months.

   **NOTE: WHEN A SCREENING HAS NOT BEEN PERFORMED PRIOR TO AN INDIVIDUAL'S ADMISSION TO A NF IN A TIMELY MANNER, FEDERAL FINANCIAL PARTICIPATION (FFP) IS AVAILABLE ONLY FOR SERVICES FURNISHED AFTER THE SCREENING', HAS BEEN PERFORMED**

## ASSESSOR INFORMATION

| | |
|---|---|
| **SIGNATURE:** | First Name, Middle initial, and Last Name |
| **TITLE:** | Professional title of the assessor |
| **SCREENING COMMITTEE:** | Name/Locality of screening committee |
| **DATE:** | Date screening was completed |
| **TELEPHONE NUMBER:** | Telephone number, including area code |
| **STREET ADDRESS:** | Complete Street address, including city-state and zip code |

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| N/A | N/A |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| N/A | N/A | N/A |

## Error Messages

| Description | Resolution |
|---|---|
| N/A | N/A |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'UAI-A' and screen displays.
5. After completion of UAI-A, select option to enter additional forms.
6. Form buttons display
7. Select 'DMAS95-MI/MR/RC' button and screen displays.
8. Select link from : For instructions, please click here: Mental Illness, Mental Retardation/Intellectual Disability, or Related Conditions Instructions

# DMAS95 – MI/MR/SUPL (PAS-S-006)

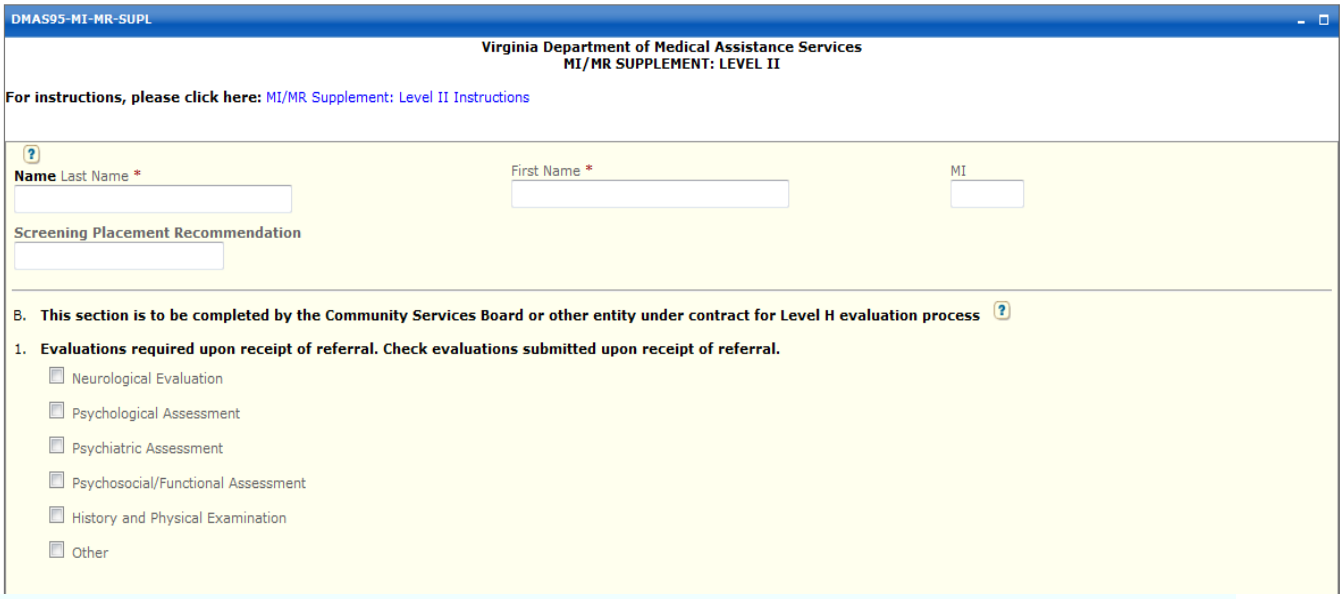
## General Information

This form is used in level II screening for members with a mental illness/ mental retardation condition.

| Screen Name | DMAS95 – MI/MR/SUPL |
|---|---|
| Source/Originator | Any of the following Pre-Admission Screens:<br>UAI – A<br>UAI – B<br>DMAS95 – MI-MR-RC<br>DMAS96<br>DMAS97<br>Re-assessment<br>Public Pay Short |
| Usage | Entry of MI/MR Level II assessment information and navigate to any additional forms. |

## Screen Sample – PAS-S-006

For ease of reading the screen has been broken up in sections.



2. **Recommendation**

Specialized services are not indicated. Specialized services are indicated.

Comments

3. Date referral package received: (MM/DD/YYYY)

Date package sent to DMRMRSAS: (MM/DD/YYYY)

QMHP Name (MI diagnosis):

Last Name | First Name

Date: (MM/DD/YYYY) | Phone

Psychologist Name (MR diagnosis):

Last Name | First Name

Date: (MM/DD/YYYY) | Phone

Case Manager Name:

Last Name | First Name | Title

Date: (MM/DD/YYYY) | Phone

Agency / Facility Name | Agency/Facility ID#(if applicable)

Mailing Address | City | State | Zip

C. **This section is to be completed only by the department of mental health, mental retardation and substance abuse services.**

Date referral package received: (MM/DD/YYYY)

Concur with recommendations of specialized services?

Yes No

Comments:

| **Copies of referral package sent to:** | **Representatives Name** | **Date Package Sent** |
|---|---|---|
| PAS representative | | |
| Community Services Board | | |
| Admitting/retaining nursing facility | | |
| Discharging hospital (if applicable) | | |
| Individual being evaluated | | |
| Individual's family | | |
| Individuals legal Representative (if any) | | |
| Attending physician | | |
| Appeals information included | | |

Name of Commonwealth MH/MRA

Title

Date: (MM/DD/YYYY)

Phone

Forms need to be added/reviewed to complete this assessment

The assessment is ready for submission, no additional forms needed

Save Submit Reset Cancel

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| Last Name (PDE - 0013) | Enter the member's last name.<br><br>This field is enterable and required. |
| First Name (PDE - 0014) | Enter the member's first name.<br><br>This field is enterable and required. |
| Middle Initial (PDE - 0015) | Enter the member's middle initial.<br><br>This field is enterable and optional. |
| Screening Placement Recommendation (PDE-1270) | Enter the screener's placement recommendation for the member.<br><br>This field is enterable and optional. |
| Evaluation/Assessment – Neurological Ind (PDE-1271) | Check if the neurological evaluation was submitted upon receipt of referral.<br><br>This field is selectable and situationally required (if applicable). |
| Evaluation/Assessment – Psychological Ind (PDE-1272) | Check if the psychological evaluation was submitted upon receipt of referral.<br><br>This field is selectable and situationally required (if applicable). |
| Evaluation/Assessment – Psychiatric Ind (PDE-1273) | Check if the psychiatric evaluation was submitted upon receipt of referral.<br><br>This field is selectable and situationally required (if applicable). |

| | |
|---|---|
| Evaluation/Assessment – Psychosocial Ind (PDE-1274) | Check if the psychosocial evaluation was submitted upon receipt of referral.<br><br>This field is selectable and situationally required (if applicable). |
| Evaluation/Assessment – History Ind (PDE-1275) | Check if the history assessment was submitted upon receipt of referral.<br><br>This field is selectable and situationally required (if applicable). |
| Evaluation/Assessment – Other Ind (PDE-1276) | Check if the any other evaluation or assessment was submitted upon receipt of referral.<br><br>This field is selectable and situationally required (if applicable). |
| Evaluation/Assessment – Other Description (PDE-1277) | If the Evaluation/Assessment – Other Ind is checked, enter a description of what the other evaluation or assessment is.<br><br>This field is enterable and required if displayed. |
| Specialized Services Recommendation Ind (PDE-1278) | Select the appropriate radio button indicating if specialized services are recommended or not.<br><br>This field is enterable and situationally required (if applicable). |
| Recommendation Comments (PDE-1279) | Enter any appropriate comments as to why specialized services are recommended or not recommended.<br><br>This field is enterable and situationally required (if applicable). |
| Referral Package Received Date (PDE-1280) | Enter the date the referral package was received in the MM/DD/YYYY format.<br><br>This field is enterable and situationally required (if applicable). |
| Referral Package Sent Date (PDE-1281) | Enter the date the referral package was sent in the MM/DD/YYYY format.<br><br>This field is enterable and situationally required (if applicable). |
| QMHP Last Name (PDE-1282) | Enter the last name of the QMHP assessor of the MI diagnosis.<br><br>This field is enterable and situationally required (if applicable). |
| QMHP First Name | Enter the first name of the QMHP assessor of the |

| | |
|---|---|
| (PDE-1282) | MI diagnosis.<br><br>This field is enterable and situationally required (if applicable). |
| Signature Date<br>(PDE-1165) | Enter the date the QMHP completed the assessment in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required (if applicable). |
| QMHP Phone<br>(PDE-1283) | Enter the phone number of the QMHP assessor of the MI diagnosis in the format 999-999-9999.<br><br>This field is enterable and situationally required (if applicable). |
| Psychologist Last Name<br>(PDE-1284) | Enter the last name of the psychologist assessor of the MR diagnosis.<br><br>This field is enterable and situationally required (if applicable). |
| Psychologist First Name<br>(PDE-1284) | Enter the first name of the psychologist assessor of the MR diagnosis.<br><br>This field is enterable and situationally required (if applicable). |
| Signature Date<br>(PDE-1165) | Enter the date the psychologist completed the assessment in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required (if applicable). |
| Psychologist Phone<br>(PDE-1285) | Enter the phone number of the psychologist assessor of the MR diagnosis in the format 999-999-9999.<br><br>This field is enterable and situationally required (if applicable). |
| Case Manager Last Name<br>(PDE-1286) | Enter the last name of the case manager assigned to the member's case.<br><br>This field is enterable and situationally required (if applicable). |
| Case Manager First Name<br>(PDE-1286) | Enter the first name of the case manager assigned to the member's case.<br><br>This field is enterable and situationally required (if applicable). |
| Case Manager Title<br>(PDE-1347) | Enter the title of the case manager assigned to the member's case. |

| | |
|---|---|
| | This field is enterable and situationally required (if applicable). |
| Signature Date (PDE-1165) | Enter the date the case manager completed the assessment in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required (if applicable). |
| Case Manager Phone (PDE-1287) | Enter the phone number of the case manager assigned to the member's case in the format 999-999-9999.<br><br>This field is enterable and situationally required (if applicable). |
| Agency/Facility Name (PDE-0011) | Enter the name of the agency or facility.<br><br>This field is enterable and situationally required (if applicable). |
| Agency/Facility Name ID# (PDE - 0216) | Enter the 10 digit NPI associated with the agency or facility.<br><br>This field is enterable and situationally required (if applicable). |
| Mailing Address (PDE - 0632) | Enter the correspondence address of the agency/-facility.<br><br>This field is enterable and situationally required (if applicable). |
| City | Enter the correspondence city of the agency/facility.<br><br>This field is enterable and situationally required (if applicable). |
| State | Select the correspondence state of the agency/-facility from the drop down list.<br><br>This field is enterable and situationally required (if applicable). |
| Zip | Enter the correspondence zip code of the agency/-facility.<br><br>This field is enterable and situationally required (if applicable). |
| Referral Package Received Date (PDE-1280) | Enter the date the referral package was received in the MM/DD/YYYY format.<br><br>This field is enterable and situationally required (if applicable). |

| | |
|---|---|
| Specialized Services Recommendation Ind (PDE-1278) | Select the appropriate radio button indicating concurrence with specialized services recommendation or not.<br><br>This field is enterable and situationally required (if applicable). |
| Recommendation Comments (PDE-1279) | Enter any appropriate comments as to why the specialized services recommendation is agreed with.<br><br>This field is enterable and situationally required (if applicable). |
| Referral Package – PAS Rep Ind (PDE-1288) | If the PAS Rep was issued a copy of the referral package, this field is checked.<br><br>This field is selectable and situationally required (if applicable) |
| Referral Package – Representative's Name (PDE-1296) | If the PAS Rep was sent a referral package, enter the name of that representative.<br><br>This field is enterable and required if displayed. |
| Referral Package Sent Date (PDE-1281) | Enter the date the referral package was sent in the MM/DD/YYYY format.<br><br>This field is enterable and required if displayed. |
| Referral Package – CSB Ind (PDE-1289) | If the CSB was issued a copy of the referral package, this field is checked.<br><br>This field is selectable and situationally required (if applicable) |
| Referral Package – Representative's Name (PDE-1296) | If the CSB was sent a referral package, enter the name of that representative.<br><br>This field is enterable and required if displayed. |
| Referral Package Sent Date (PDE-1281) | Enter the date the referral package was sent in the MM/DD/YYYY format.<br><br>This field is enterable and required if displayed. |
| Referral Package – NF Ind (PDE-1290) | If the nursing facility was issued a copy of the referral package, this field is checked.<br><br>This field is selectable and situationally required (if applicable) |
| Referral Package – Representative's Name (PDE-1296) | If the nursing facility was sent a referral package, enter the name of that representative.<br><br>This field is enterable and required if displayed. |
| Referral Package Sent Date | Enter the date the referral package was sent in the |

| | |
|---|---|
| (PDE-1281) | MM/DD/YYYY format.<br><br>This field is enterable and required if displayed. |
| Referral Package – Discharge Hospital Ind<br>(PDE-1291) | If the discharging hospital was issued a copy of the referral package, this field is checked.<br><br>This field is selectable and situationally required (if applicable) |
| Referral Package – Representative's Name<br>(PDE-1296) | If the discharging hospital was sent a referral package, enter the name of that representative.<br><br>This field is enterable and required if displayed. |
| Referral Package Sent Date<br>(PDE-1281) | Enter the date the referral package was sent in the MM/DD/YYYY format.<br><br>This field is enterable and required if displayed. |
| Referral Package – Member Ind<br>(PDE-1292) | If the member was issued a copy of the referral package, this field is checked.<br><br>This field is selectable and situationally required (if applicable) |
| Referral Package – Representative's Name<br>(PDE-1296) | If the member was sent a referral package, enter the name of that representative.<br><br>This field is enterable and required if displayed. |
| Referral Package Sent Date<br>(PDE-1281) | Enter the date the referral package was sent in the MM/DD/YYYY format.<br><br>This field is enterable and required if displayed. |
| Referral Package – Member's Family Ind<br>(PDE-1293) | If the member's family was issued a copy of the referral package, this field is checked.<br><br>This field is selectable and situationally required (if applicable) |
| Referral Package – Representative's Name<br>(PDE-1296) | If the member's family was sent a referral package, enter the name of that representative.<br><br>This field is enterable and required if displayed. |
| Referral Package Sent Date<br>(PDE-1281) | Enter the date the referral package was sent in the MM/DD/YYYY format.<br><br>This field is enterable and required if displayed. |
| Referral Package – Legal Rep Ind<br>(PDE-1294) | If the member's legal representative was issued a copy of the referral package, this field is checked.<br><br>This field is selectable and situationally required (if applicable) |

| | |
|---|---|
| Referral Package – Representative's Name (PDE-1296) | If the member's legal representative was sent a referral package, enter the name of that representative.<br><br>This field is enterable and required if displayed. |
| Referral Package Sent Date (PDE-1281) | Enter the date the referral package was sent in the MM/DD/YYYY format.<br><br>This field is enterable and required if displayed. |
| Referral Package – Attending Physician Ind (PDE-1295) | If the attending physician was issued a copy of the referral package, this field is checked.<br><br>This field is selectable and situationally required (if applicable) |
| Referral Package – Representative's Name (PDE-1296) | If the attending physician was sent a referral package, enter the name of that representative.<br><br>This field is enterable and required if displayed. |
| Referral Package Sent Date (PDE-1281) | Enter the date the referral package was sent in the MM/DD/YYYY format.<br><br>This field is enterable and required if displayed. |
| Appeals Info Ind (PDE-1348) | Check if the appeals information was included.<br><br>This field is selectable and situationally required (if applicable). |
| Name of MH/MRA (PDE-1080) | Enter the name of the MH/MRA completing the assessment.<br><br>This field is enterable able situationally required (if applicable) |
| MH/MRA Title (PDE-1164) | Enter the title of the MH/MRA completing the assessment.<br><br>This field is enterable able situationally required (if applicable) |
| Signature Date (PDE-1165) | Enter the date the MH/MRA completed the assessment in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required (if applicable). |
| MH/MRA Phone (PDE-1269) | Enter the phone number associated with the MH/MRA in the format 999-999-9999. |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Submit Additional Forms | Activates the buttons for each form. | PAS-S-002, PAS-S-003, PAS-S-004, PAS-S-008, PAS-S-010, PAS-S-012, PAS-S-014 |
| Save | Saves the current form the user is on and gives them the option to continue with the form or return to the screen at a later time. | PAS-S-006, PRV-S-0001 |
| Submit | Submit the Pre-Admission Screening for processing. Submit triggers the editing of the page and if successful transfers the user to the successful submission page. | PAS-S-006, PAS-S-016 |
| Reset | Removes any data entered on the screen and lets the user re-enter. | PAS-S-006 |
| Cancel | Resets all the entered fields and returns the user to the Provider Secured portal. | PRV-S-0001 |

## Error Messages

| Description | Resolution |
|---|---|
| Last Name is Required | Enter the member's last name. |
| First Name is Required | Enter the member's first name. |
| Referral Package Received – Date should be MM/DD/YYYY or MM-DD-YYYY. | Enter the date the referral package was received in the format MM/DD/YYYY or MM-DD-YYYY. |
| Referral Package Sent – Date should be MM/DD/YYYY or MM-DD-YYYY. | Enter the date the referral package was sent in the format MM/DD/YYYY or MM-DD-YYYY. |
| QMHP Signature Date – Date should be MM/DD/YYYY or MM-DD-YYYY. | Enter the QMHP's signature date in the format MM/DD/YYYY or MM-DD-YYYY. |
| QMHP Phone – Please enter valid phone number as 9999999999 or 999-999-9999. | Enter the QMHP's phone number in the format 9999999999 or 9999-999-9999. |
| Psychologist Signature Date – Date should be MM/DD/YYYY or MM-DD-YYYY. | Enter the Psychologist's signature date in the format MM/DD/YYYY or MM-DD-YYYY. |
| Psychologist Phone – Please enter valid phone number as 9999999999 or 999-999- | Enter the Psychologists' phone number in the format 9999999999 or 9999-999-9999. |

| | |
|---|---|
| 9999. | |
| Case Manager Signature Date – Date should be MM/DD/YYYY or MM-DD-YYYY. | Enter the case manager's signature date in the format MM/DD/YYYY or MM-DD-YYYY. |
| Case Manager Phone – Please enter valid phone number as 9999999999 or 999-999-9999. | Enter the case manager's phone number in the format 9999999999 or 9999-999-9999. |
| Referral Package Received – Date should be MM/DD/YYYY or MM-DD-YYYY. | Enter the date the referral package was received in the format MM/DD/YYYY or MM-DD-YYYY. |
| PAS Rep - Representative name is required. | If the PAS Rep was sent a referral package, enter the name of that representative. |
| PAS Rep - Date is required. | Enter the date the referral package was sent to the PAS Rep in the MM/DD/YYYY format. |
| CSB Rep - Representative name is required. | If the CSB Rep was sent a referral package, enter the name of that representative. |
| CSB Rep - Date is required. | Enter the date the referral package was sent to the CSB Rep in the MM/DD/YYYY format. |
| Nursing Facility - Representative name is required. | If the Nursing Facility was sent a referral package, enter the name of that representative. |
| Nursing Facility - Date is required. | Enter the date the referral package was sent to the Nursing Facility in the MM/DD/YYYY format. |
| Discharge Hospital - Representative name is required. | If the Discharge Hospital was sent a referral package, enter the name of that representative. |
| Discharge Hospital - Date is required. | Enter the date the referral package was sent to the Discharge Hospital in the MM/DD/YYYY format. |
| Member - Representative name is required. | If the Member was sent a referral package, enter the name of that representative. |
| Member - Date is required. | Enter the date the referral package was sent to the Member in the MM/DD/YYYY format. |
| Member's family - Representative name is required. | If the Member's family was sent a referral package, enter the name of that representative. |
| Member's family - Date is required. | Enter the date the referral package was sent to the Member's family in the MM/DD/YYYY format. |
| Legal representative - Representative name is required. | If the member's legal representative was sent a referral package, enter the name of that representative. |
| Legal representative - Date is required. | Enter the date the referral package was sent to the member's legal representative in the MM/DD/YYYY format. |
| Attending Physician - Representative name is required. | If the Attending Physician was sent a referral package, enter the name of that representative. |
| Attending Physician - Date is required. | Enter the date the referral package was sent to the Attending Physician in the MM/DD/YYYY format. |

| | |
|---|---|
| MH/MRA Signature Date - Date format should be MM/DD/YYYY or MM-DD-YYYY. | Enter the MH/MRA signature date in the format MM/DD/YYYY or MM-DD-YYYY. |
| MH/MRA Phone – Phone format should be 9999999999 or 999-999-9999. | Enter the MH/MRA phone number in the format 9999999999 or 999-999-9999. |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'UAI-A' and screen displays.
5. After completion of UAI-A, select option to enter additional forms.
6. Form buttons display
7. Select 'DMAS95-MI/MR/SUPL' button and screen displays.

# DMAS95 – MI/MR/SUPL – Instructions (PAS-S-007)

## General Information

This page contains instructions to assist users in completing the screening for member with mental illness/mental retardation supplemental – level II form.

| Screen Name | DMAS95 – MI/MR/SUPL - Instructions |
|---|---|
| Source/Originator | DMAS95 – MI/MR/SUPL |
| Usage | Display only – instructions on the completing of the DMAS95 – MI/MR/SUPL form |

## Screen Sample – PAS-S-007

For ease of reading the screen has been broken up in sections.

**Virginia Department of Medical Assistance Services**

**MI/MR SUPPLEMENT: LEVEL II Instructions**

I. **Member Information**

1. **Name:** Enter the member's last name, first name and middle initial. The last and first name are required

2. **Screening Placement Recommendation:** Enter the screening placement recommendation for this member. This is a required field.

**Section B is to be completed by the Community Services Board or other entity under contract for Level H evaluation process.**

1. **Evaluations Required Upon Receipt of Referral:** Check all evaluations submitted upon receipt of referral. At least one is required. If 'Other' is checked, please specify the evaluation.
2. **Recommendation:** Enter the screening placement recommendation for this member. This is a required field.

- **Recommendation Comments:** Enter any recommendation comments relevant to this member's evaluation. This entry is optional.

3. **Date referral package receive:** Enter the date the referral package was received. Please enter the date in MM/DD/YYYY format. This is a required field.

- **Date package sent to DMHMRSAS:** Enter the date the referral package was sent to DMHMRSAS. Please enter the date in MM/DD/YYYY format. This is a required field.
- **QMHP Name (MI diagnosis):** Enter the last and first name of the QMHP that determined the MI diagnosis. Either the QMHP or Psychologist information is required.
- **Date:** Enter the date the QMHP determined the MI diagnosis. Please enter the date in the MM/DD/YYYY format.
- **Phone:** Enter the phone number of the QMHP that determined the MI diagnosis. Please include area code and enter the phone number in the 999-999-9999.
- **Psychologist Name (MR diagnosis):** Enter the last and first name of the Psychologist that determined the MR diagnosis. Either the QMHP or Psychologist information is required.
- **Date:** Enter the date the QMHP determined the MI diagnosis. Please enter the date in the MM/DD/YYYY format.
- **Phone:** Enter the phone number of the QMHP that determined the MI diagnosis. Please include area code and enter the phone number in the 999-999-9999.
- **Case Manager Name:** Enter the last and first name of the Case Manager. These fields are required.
- **Case Manager's Title :** Enter the title of the Case Manager. This field is required.
- **Date::** Enter the date of the Case Manager's review. Please enter the date in the MM/DD/YYYY format. This is a required field.
- **Phone::** Enter the phone number of Case Manager. Please include area code and enter the phone number in the 999-999-9999. This is a required field.
- **Agency/Facility Name:** Enter the name of the agency or facility. This field is required.
- **Agency/Facility ID#:** Enter the Agency/Facility's NPI/API. This field is optional.
- **Mailing Address:** Enter the street address, city, state and 5 digit zip code of the Agency/Facility?s correspondence address.

---

**Section C is to be completed only by the Department of Mental Health, Mental Retardation and Substance Abuse Services.**

- **Date referral package received:** Enter the date the referral package was received by DMHMRSAS. Please enter the date in MM/DD/YYYY format. This is a required field.
- **Concur with recommendations of specialized services?:** Select appropriate answer (yes/no). This is a required field..
- **Comments:** Enter any comments relevant to this member?s evaluation. This entry is optional.
- **Copies of referral package sent to:** Check any entity receiving copies of the referral package. For any selection made, also enter the name of the representative from the selected entity, as well as the date the package was sent in the format MM/DD/YYYY. For any selection made, the representative?s name and the date sent are required.
- **Name of Commonwealth MH/MRA:** Enter the name of the MH/MRA. This field is required.
- **Title:** Enter the title of the MH/MRA. This field is required.
- **Date:** Enter the date of the MH/MRA's review. Please enter the date in the MM/DD/YYYY format. This is a required field.
- **Phone:** Enter the phone number of the MH/MRA. Please include area code and enter the phone number in the 999-999-9999. This is a required field.

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| N/A | N/A |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| N/A | N/A | N/A |

## Error Messages

| Description | Resolution |
|---|---|
| N/A | N/A |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'UAI-A' and screen displays.
5. After completion of UAI-A, select option to enter additional forms.
6. Form buttons display
7. Select 'DMAS95-MI/MR/SUPL' button and screen displays.
8. Select link from : For instructions, please click here: MI/MR Supplement: Level II Instructions

# DMAS96 (PAS-S-008)

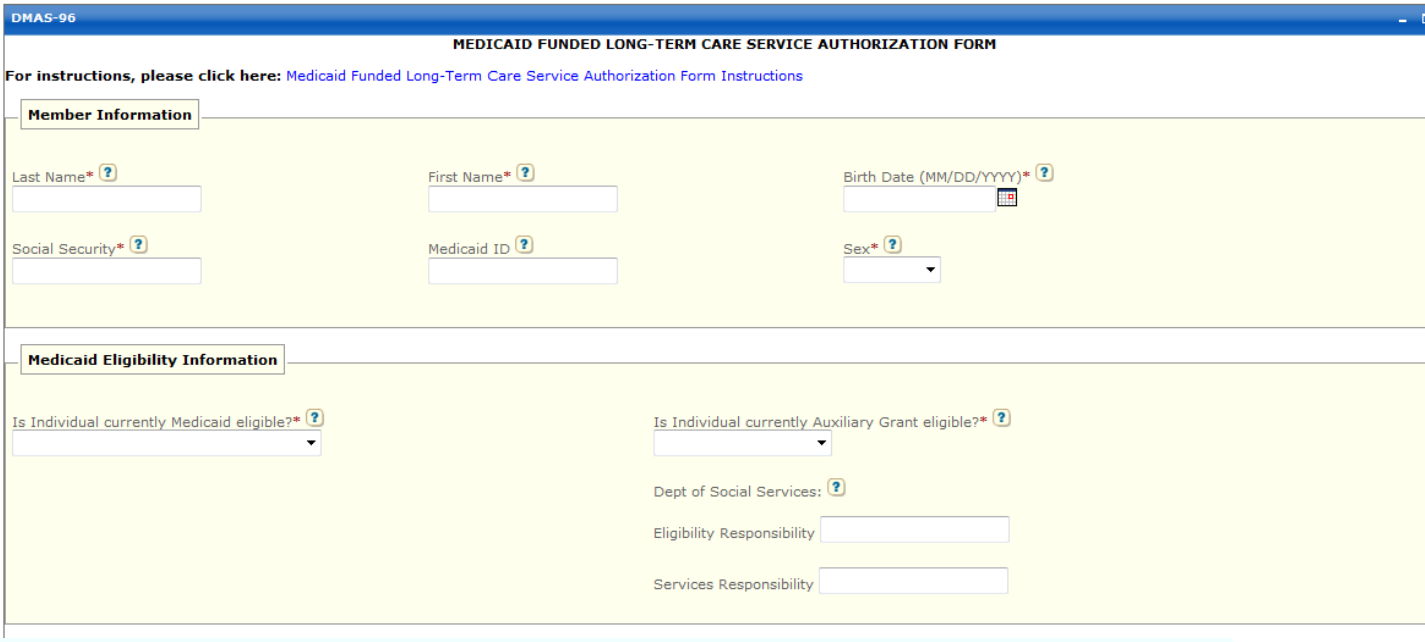
## General Information

This form is used in completion of the Medicaid funded Long-Term Care Service Authorization.

| Screen Name | DMAS95 – MI/MR/SUPL |
|---|---|
| Source/Originator | Any of the following Pre-AdmissionScreens:<br>UAI – A<br>UAI – B<br>DMAS95 – MI-MR-RC<br>DMAS95 – MI-MR-SUPL<br>DMAS97<br>Re-assessment<br>Public Pay Short |
| Usage | Entry of LTC Service Authorization information and navigate to any additional forms. |

## Screen Sample – PAS-S-008

For ease of reading the screen has been broken up in sections.



**Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners)**

**Medicaid Authorization**

Medicaid Services Authorized?* ?

Yes No

Level I/ALF Screening Identification?* ?

Yes No

Level II Assessment Determination?* Note: For NF Authorizations Only - Does Not Apply to Waivers ?

Yes No

Did the individual expire after the PAS/ALF Screening decision but before services were received?* ?

Yes No

**Screening Certification:**

This authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member.

☐ By checking this box and entering your name as the Level 1/ALF screener below, you attest that this authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member. Any person who knowingly submits this form containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.*

Level I/ALF Screener* ? | Level I/ALF Screener Title* | Date:

☐ By checking this box and entering your name as the Level 1/ALF screener below, you attest that this authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member. Any person who knowingly submits this form containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Level I/ALF Screener ? | Level I/ALF Screener Title | Date:

☐ By checking this box and entering your name as the Level 1/Physician below, you attest that this authorization is appropriate to adequately meet the individual's needs and assures that all other resources have been explored prior to Medicaid authorization for this member. Any person who knowingly submits this form containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.*

Level I Physician* ? | Date:

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| Last Name<br>(PDE - 0013) | Enter the member's last name.<br><br>This field is enterable and required. |
| First Name<br>(PDE - 0014) | Enter the member's first name.<br><br>This field is enterable and required. |
| Birthdate<br>(PDE - 0051) | Enter the member's date of birth in the format MM/DD/YYYY.<br><br>This field is enterable and required. |

| | |
|---|---|
| Social Security Number<br>(PDE - 0419) | Enter the member's SSN in the format 999-99-9999.<br><br>This field is enterable and required. |
| Medicaid ID<br>(PDE - 0016) | Enter the member's 12-digit Medicaid ID.<br><br>This field is enterable and situationally required (if applicable). |
| Sex<br>(PDE - 0053) | Select the member's gender from the drop down list.<br><br>This field is selectable and required. |
| Medicaid Eligible Ind<br>(PDE-1306) | Select the appropriate response from the drop down list indicating if the member is Medicaid Eligible.<br><br>This field is selectable and required. |
| Medicaid Application Ind<br>(PDE-1307) | Select the appropriate radio button indicating if the member has applied for Medicaid.<br><br>This field is selection and required if displayed. |
| Auxiliary Grant Eligible Ind<br>(PDE-1308) | Select the appropriate response from the drop down list indicating if the member is Auxiliary Grant Eligible.<br><br>This field is selectable and required. |
| DSS – Eligibility Responsibility<br>(PDE-1309) | Enter the name of the person at DSS responsible for eligibility.<br><br>This field is enterable and situationally required (if applicable). |
| DSS – Services Responsibility<br>(PDE-1310) | Enter the name of the person at DSS responsible for services.<br><br>This field is enterable and situationally required (if applicable). |
| Medicaid Auth – Level of Care<br>(PDE-1311) | Select the appropriate level of care the member is being authorized for from the drop down list.<br><br>This field is selectable and required if displayed. |
| Targeted Case Mgmt Ind<br>(PDE-1312) | Select the appropriate radio button indicating whether this is a targeted case management scenario.<br><br>This field is selectable and situationally required (if applicable). |
| ALF Reassessment Type | Select the appropriate radio button indicating if this |

| | |
|---|---|
| (PDE-1313) | is a full or short reassessment.<br><br>This field is selectable and situationally required (if applicable). |
| ALF Provider Name<br>(PDE-0011, PDE - 0012) | Enter the ALF provider's name.<br><br>This field is enterable and situationally required (if applicable). |
| ALF Provider ID<br>(PDE - 0216) | Enter the ALF providers 10 digit NPI.<br><br>This field is enterable and situationally required (if applicable). |
| ALF Admit Date<br>(PDE - 0029) | Enter the date the member was admitted to the ALF in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required (if applicable). |
| Service Availability Ind<br>(PDE-1314) | Select the appropriate level of service ability from the drop down list.<br><br>This field is selectable and required if displayed. |
| No Services Reason<br>(PDE-1349) | Select the appropriate reason services are not authorized from the drop down list.<br><br>This field is selectable and required if displayed. |
| Attestation Ind (PDE-1356) | Check to confirm entry of signature serves as an electronic signature. |
| Level 1/ALF Screener Agency<br>(PDE-1080) | Enter the name of the Level 1/ALF Screener Agency.<br><br>This field is enterable and situationally required (if applicable). |
| Level 1/ALF Screener Provider Number<br>(PDE - 0216) | Enter the Level 1/ALF Screener Agency's NPI.<br><br>This field is enterable and situationally required (if applicable). |
| Attestation Ind (PDE-1356) | Check to confirm entry of signature serves as an electronic signature. |
| Additional Level 1/ALF Screener Agency<br>(PDE-1081) | Enter the name of the Level 1/ALF Screener Agency.<br><br>This field is enterable and situationally required (if applicable). |
| Additional Level 1/ALF Screener Provider Number<br>(PDE - 0216) | Enter the Level 1/ALF Screener Agency's NPI.<br><br>This field is enterable and situationally required (if applicable). |

| | |
|---|---|
| Attestation Ind (PDE-1356) | Check to confirm entry of signature serves as an electronic signature. |
| Level II Screener<br>(PDE-1080) | Enter the name of the Level II Screener.<br><br>This field is enterable and situationally required (if applicable). |
| Level II Screener Provider Number<br>(PDE - 0216) | Enter the Level II Screener's NPI.<br><br>This field is enterable and situationally required (if applicable). |
| Level II Referral Ind<br>(PDE-1316) | Select the appropriate referral level from the drop down list.<br><br>This field is enterable and situationally required (if applicable). |
| Member Expiration Ind<br>(PDE-1317) | Select the appropriate radio button indicating whether the member has expired.<br><br>This field is selectable and required. |
| Attestation Ind (PDE-1356) | Check to confirm entry of signature serves as an electronic signature. |
| Level 1/ALF Screener<br>(PDE-1080) | Enter the name of the Level 1/ALF Screener.<br><br>This field is enterable and required. |
| Level 1/ALF Screener Title<br>(PDE-1164) | Enter the Level 1/ALF Screener's Title.<br><br>This field is enterable and required. |
| Signature Date<br>(PDE-1165) | Enter the date the Level 1/ALF screener completed the assessment in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required (if applicable). |
| Attestation Ind (PDE-1356) | Check to confirm entry of signature serves as an electronic signature. |
| Additional Level 1/ALF Screener Agency<br>(PDE-1163) | Enter the name of the Level 1/ALF Screener Agency.<br><br>This field is enterable and situationally required (if applicable). |
| Additional Level 1/ALF Screener Title<br>(PDE-1164) | Enter the Level 1/ALF Screener's Title<br><br>This field is enterable and situationally required (if applicable). |
| Signature Date<br>(PDE-1165) | Enter the date the Additional Level 1/ALF screener completed the assessment in the format MM/DD/YYYY. |

| | |
|---|---|
| | This field is enterable and situationally required (if applicable). |
| Attestation Ind (PDE-1356) | Check to confirm entry of signature serves as an electronic signature. |
| Level 1 Physician (PDE-0011, PDE - 0012) | Enter the name of the Level 1 Physician.<br><br>This field is enterable and situationally required (if applicable). |
| Signature Date (PDE-1165) | Enter the date the Level 1 physician completed the assessment in the format MM/DD/YYYY.<br><br>This field is enterable and situationally required (if applicable). |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Submit Additional Forms | Activates the buttons for each form. | PAS-S-002, PAS-S-003, PAS-S-004, PAS-S-006, PAS-S-010, PAS-S-012, PAS-S-014 |
| Save | Saves the current form the user is on and gives them the option to continue with the form or return to the screen at a later time. | PAS-S-008, PRV-S-0001 |
| Submit | Submit the Pre-Admission Screening for processing. Submit triggers the editing of the page and if successful transfers the user to the successful submission page. | PAS-S-008, PAS-S-016 |
| Reset | Removes any data entered on the screen and lets the user re-enter. | PAS-S-008 |
| Cancel | Resets all the entered fields and returns the user to the Provider Secured portal. | PRV-S-0001 |

## Error Messages

| Description | Resolution |
|---|---|

| | |
|---|---|
| Member Information - Last Name is Required | Enter the member's last name. |
| Member Information - First Name is Required | Enter the member's first name. |
| Member Information – Date of Birth is Required | Enter the member's date of birth in the format MM/DD/YYYY. |
| Member Information – Birthdate format should be MM/DD/YYYY or MM-DD-YYYY. | Enter the member's date of birth in the format MM/DD/YYYY. |
| Member Information – Social Security is Required. | Enter member's social security number in the format 999-99-9999. |
| Member Information – Please enter valid social security as 999999999 or 999-99-9999 | Enter member's social security number in the format 999-99-9999. |
| Member Information – Enter the member's 12-digit Medicaid ID number. | Enter the member's 12-digit Medicaid ID number. |
| Member Information – Sex is required. | Select the member's gender from the drop down list. |
| Medicaid Eligibility Information: Medicaid eligible is required | Select the appropriate indication of the member's Medicaid eligibility from the drop down list. |
| Medicaid Eligibility Information: Auxiliary Grant eligible is required | Select the appropriate indication of the member's Auxiliary Grant eligibility from the drop down list. |
| Pre-Admission Screening Information: Level of Care is required | Select the appropriate level of care indication from the drop down list. |
| Pre-Admission Screening Information: Service Availability is required | Select the appropriate level of service availability from the drop down list. |
| Pre-Admission Screening Information: Level I/ALF screener agency is required | Enter the Level I/ALF screener's agency. |
| Pre-Admission Screening Information: Level 1/ALF screener provider number is required | Enter the Level I/ALF screener's agency 10-digit NPI. |
| Pre-Admission Screening Information: Please enter valid 10 digit 1/ALF screener provider number is required | Enter the Level I/ALF screener's agency 10-digit NPI. |
| Pre-Admission Screening Information: Please enter valid 10 digit Additional 1/ALF screener provider number is required | Enter the Additional Level I/ALF screener's agency 10-digit NPI. |
| Pre-Admission Screening Information: Level II Assessment Determination is required | Select the appropriate radio button indicating if Level II Assessment Determination has been made. |
| Pre-Admission Screening Information: Name of Level II screener is required | Enter the name of the Level II screener. |
| Pre-Admission Screening Information: Please enter valid 10 digit Level II screener provider number is required | Enter the Level II screener's 10-digit provider number. |
| Pre-Admission Screening Information: Level II Assessment is required | Select the appropriate selection from the drop down list indicating the Level II Assessment. |

| | |
|---|---|
| Pre-Admission Screening Information: PAS/ALF Screening Decision is required. | Select the appropriate radio button indicating if the member passed before the PAS/ALF screening decision was made. |
| Level 1/ALF Screener Attestation and Signature are required. | Check the attestation box and enter the name of the Level I/ALF screener. |
| Pre-Admission Screening Information: Level I/ALF Screener is required | Enter the name of the Level 1/ALF screener. |
| Pre-Admission Screening Information: Level I/ALF Screener Title is required | Enter the title of the Level 1/ALF screener. |
| Level 1Physician Attestation and Signature are required. | Check the attestation box and enter the name of the Level I Physician. |
| Pre-Admission Screening Information: Level I Physician is required | Enter the name of the Level 1 Physician. |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'UAI-A' and screen displays.
5. After completion of UAI-A, select option to enter additional forms.
6. Form buttons display
7. Select 'DMAS96' button and screen displays.

# DMAS96 –Instructions (PAS-S-009)

## General Information

This page contains instructions to assist users in completing the screening for member with mental illness/mental retardation supplemental – level II form.

| Screen Name | DMAS96 – Instructions |
|---|---|
| Source/Originator | DMAS96 – LTC SA |
| Usage | Display only – instructions on the completing of the DMAS96 – LTC SA form |

## Screen Sample – PAS-S-009

For ease of reading the screen has been broken up in sections.

**Instructions for Completing the DMAS-96**

**Medicaid Funded Long-Term Care Service Authorization Form**

I. **Member Information**

1. **Last Name:** Enter the member's last name (required).
2. **First Name:** Enter the member's first name (required).
3. **Date of Birth:** Enter the member's date of birth in the format MM/DD/YYYY (required).
4. **Social Security:** Enter the member's 9 digit social security number (required).
5. **Medicaid ID:** Enter the member's 12-digit Medicaid ID number.
6. **Sex:** Select the appropriate response from the drop down list (required).

II. **Medicaid Eligibility Information**

1. **Is Individual currently Medicaid eligible?:**Select the appropriate response from the drop down list (required).

   If either "Not currently Medicaid eligible, anticipated within 180 days of nursing facility admission OR within 45 days of application or when personal care begins " OR "Not currently Medicaid eligible,not anticipated within 180 days of nursing facility admission" is selected from the drop down the following question will display:

2. **If no, has Individual formally applied for Medicaid?:** Select Yes/No (situationally required).

   **Note:** Formal application for Medicaid is made when the Individual or a family member has taken the required financial information to the local Eligibility Department and completed forms needed to apply for the benefits. The authorization for long-term care can be made regardless of whether the Individual has been determined Medicaid-eligible, but placement may not be available until the provider is assured of the Individual's Medicaid status.

3. **Is Individual currently Auxiliary Grant eligible?:** Select the appropriate response from the drop down list (required).
4. **Dept of Social Services:** : The Departments of Social Services with service and eligibility responsibility may not always be the same agency. Please enter, if known, the departments for each in the areas provided.

III. **Pre-Admission Screening Information**

1. **Medicaid Services Authorized?:** Select the appropriate response from the drop down list (required).

   **Exceptions:**Authorizations for NF, PACE, Tech or the EDCD Waivers are interchangeable. Screening updates are not required for individuals to move between the services because the alternate institutional placement is a NF. **NF = EDCD, Tech, or PACE.**Alzheimer's Assisted Living Waiver?s alternate institutional placement is a NF; however, the individual must also have a diagnosis of Alzheimer's OR Alzheimer's Related Dementia and meet the nursing facility criteria to qualify. **NF = Alzheimer's ALF**

- **Nursing Facility**-authorize only if Individual meets the Nursing Facility (NF) criteria and community-based care is not an option.
- **PACE**-authorize only if Individual meets NF criteria (pre-NF criteria does not qualify) and requires a community-based service to prevent institutionalization.
- **Elderly or Disable with Consumer Direction Waiver**-authorize only if Individual meets NF criteria and requires a community-based service to prevent institutionalization.
- **ALF Residential Living**-authorize only if Individual has dependency in either 1 ADL, 1 IADL or medication administration.
- **ALF Regular Assisted Living**-authorize only if Individual has dependency in either 2 ADLs or behavior.
- **Individual/Family Developmental Disabilities**-authorize only if the Individual meets the criteria for admission into an ICFR/MR facility and meets the Level of Functioning screening criteria.
- **Technology Assisted Waiver**-authorize only if the Individual meets the criteria for admission criteria to a NF level of care; has extensive medical/nursing needs and requires a community-based service to prevent institutionalization.
- **Alzheimer's Assisted Living Waiver**-authorization only if the Individual meets the criteria for admission to a NF and requires a community-based service to prevent NF institutionalization. Authorize only if the individual has a medical diagnosis of Alzheimer's disease.**If ALF is authorized**, enter, if known, the provider name and provider number of the ALF that will admit the Individual. Enter the date the Individual will be admitted to that ALF (in the format MM/DD/YYYY). The authorization for AAL is valid if any of the following screening authorizations levels are approved on the DMAS-96 form: 01, 11, 12 or 16.
- **No Other Services Recommended**-use when the screening team recommends no services or the Individual refuses services.
- **Other Services Recommended** -includes information social support systems or any service excluding Medicaid-funded long-term care (such as companion services, meals on wheels, MR waiver, rehab, services, etc.)
- **Active Treatment For MI/MR Condition**-applies to those Individuals who meet Nursing Facility Level of Care but require active treatment for a condition of mental illness or mental retardation and cannot appropriately receive such treatment in a Nursing Facility.

2. **Targeted Case management for ALF:**If ALF services are authorized; you much indicate whether Targeted Case management for ALF (quarterly visits) is also being authorized. The Individual must require coordination of multiple services and the ALF or other support must not be available to assist in the coordination/access of these services.

   ALF Targeted Case management Services includes the annual reassessment.

3. **ALF Reassessment:**Select the appropriate code for reassessment length.

4. **ALF Provider Name:** Enter the name of the ALF in which the Individual was placed. Otherwise leave blank.
5. **ALF Provider Number:** Enter the NPI of the ALF in which the Individual was placed. Otherwise leave blank.
6. **ALF Admit Date:** Enter the date the Individual entered at ALF in the format MM/DD/YYYY. Otherwise leave blank.
7. **Service Availability:** If a Medicaid-funded long-term care service is authorized, indicate whether there is a waiting list or that there is no available provider, or whether the service can be started immediately.
8. **Length of Stay:** If approval of Nursing Facility care is made, please indication how long it is felt that these services will be needed by the Individual. The entry of the physician's name certifies expected length of stay as well as Level of Care.

   **Note: Physician's my enter progress notes to address the length of stay for individuals moving between Nursing Facility, PACE, Tech or the EDCD Waiver. The progress notes should be provided to the local departments of social services Eligibility workers.**

9. **Level I/ALF Screening Identification:** Enter the name of the Level I screening agency or facility (for example, Hospital, local DSS, local Health, Area Agency on Aging, CSB, State MH/MR facility, CIL), followed by the provider's NPI/API. Please enter the 10-digit numeric NPI/API.

   For Medicaid to make prompt payments to Pre-Admission Screening committees, all the information in this section must be completed. Failure to complete any part of this section will delay reimbursement.

   If the Pre-Admission Screening is completed in the locality, there should be two Level I screens, both the local DSS and local Health departments. Otherwise, there will only be one Level I screener identification entered.

10. **Level II Assessment Determination:** If a Level II assessment was performed (MI, MR/ID or Dual), enter the name of the assessor followed by the provider's NPI/API. Please enter the 10-digit numeric NPI/API. Level II assessments apply to nursing facility authorizations **ONLY**.
11. **Type of Referral:** Select the appropriate response from the drop down list.
12. **Did the individual expire after the PAS/ALF Screening decision but before services were received?:** Select the appropriate option.
13. **Level I/ALF Screener:** Enter the Name and title of the Level I/ALF Screener and the current date, in the format MM/DD/YYYY. Required.
14. **Level I/ALF Screener (second):** A second screener's information is required for all services except ALF placement, which does not include Alzheimer's Assisted Living Waiver.
15. **Level I Physician:** The Level I physician's name must be entered along with the current date in the format MM/DD/YYYY. The physician's name is required as acknowledgement for all services except ALF placement.

    Once the pre-admission screening has been completed, the screening team should supply a copy to the member?s provider of choice.

    The screening team must maintain a complete copy of the pre-admission screening in their files for a period of not less than five (5) years from the date of screening. File may be in either paper or electronic format.

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| N/A | N/A |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| N/A | N/A | N/A |

## Error Messages

| Description | Resolution |
|---|---|
| N/A | N/A |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'UAI-A' and screen displays.
5. After completion of UAI-A, select option to enter additional forms.
6. Form buttons display
7. Select 'DMAS96' button and screen displays.
8. Select link from : For instructions, please click here: Medicaid Funded Long-Term Care Service Authorization Form Instructions

# DMAS97 (PAS-S-010)

## General Information

This form is used in completion of the Individual Choice – Institutional Care or Waiver Services form.

| Screen Name | DMAS95 – MI/MR/SUPL |
|---|---|
| Source/Originator | Any of the following Pre-Admission Screens:<br>UAI – A<br>UAI – B<br>DMAS95 – MI-MR-RC<br>DMAS95 – MI-MR-SUPL<br>DMAS96<br>Re-assessment<br>Public Pay Short |
| Usage | Entry of Individual Choice – Institutional Care or Waiver Services information and navigate to any additional forms. |

## Screen Sample – PAS-S-010

For ease of reading the screen has been broken up in sections.

DMAS-97

**Virginia Department of Medical Assistance Services**
**Individual Choice - Institutional Care or Waiver Services Form**

**For instructions, please click here:** Individual Choice - Institutional Care or Waiver Services Form

**Member Information**

Individual Being Screened:

Last Name * | First Name * | Medicaid ID

**Screening Team Determination**

A. Individual Meets Nursing Facility Criteria (Functional Dependency level and Medical/Nursing Needs Present): *

Yes No

B. Deterioration in individual's health care condition or changes in available supports prevents former care arrangements from meeting needs *

Yes No

Evidence is available that demonstrates individual's medical and nursing needs are not being met (e.g. recent physicians documentation of instability, findings from medical/social services manager *

Yes No

C. Services individual has selected: *

Is Nursing Facility Criteria and Risk of Waiver Services Placement Met? *

Yes No

**Signatures**

The above information has been discussed with me. I understand that the provider will develop a Plan of Care with my assistance based on my needs and my available support. Provider staff is responsible to provider continuous and reliable care. I understand that when there is a lapse in service I am responsible to provide back-up support. *

Individual's Name: | Date Reviewed

Screener's Name: | Date Reviewed

Family Member, Parent, Legal Guardian, or Authorized Representative : | Date Reviewed | Indicate Applicable Designation :

Forms need to be added/reviewed to complete this assessment

The assessment is ready for submission, no additional forms needed

Save | Submit | Reset | Cancel

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| Last Name<br>(PDE - 0013) | Enter the member's last name.<br><br>This field is enterable and required. |
| First Name<br>(PDE - 0014) | Enter the member's first name.<br><br>This field is enterable and required. |
| Medicaid ID<br>(PDE - 0016) | Enter the member's 12-digit Medicaid ID.<br><br>This field is enterable and situationally required (if applicable). |
| Nursing Needs Ind<br>(PDE - 0778) | Select the appropriate radio button indicating if the member meets the criteria for a nursing facility.<br><br>This field is selectable and required. |
| Medicaid Application Ind<br>(PDE-1307) | Select the appropriate radio button indicating whether an application has been made for the member and accepted.<br><br>This field is selectable and required if displayed. |
| Nursing Facility Application Date<br>(PDE-1302) | Enter the date the nursing facility application was submitted in the format MM/DD/YYYY.<br><br>This field is enterable and optional. |
| Nursing Facility Name<br>(PDE-1087) | Enter the name of the nursing facility application was made to.<br><br>This field is enterable and optional. |
| Nursing Facility Contact Name<br>(PDE-1301) | Enter the contact name at the nursing facility.<br><br>This field is enterable and optional. |
| Unmet Needs – Caregiver Ind<br>(PDE-1240) | Select the appropriate radio button indicating if deterioration in individual's health care condition or changes in available supports prevents former care arrangements from meeting needs.<br><br>This field is selectable and required. |
| Deterioration of Condition Description<br>(PDE-1303) | Enter the description of the member's condition deterioration.<br><br>This field is enterable and situationally required. |

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| Nursing Needs Ind<br>(PDE - 0778) | Select the appropriate radio button indicating if evidence is available that demonstrates member's medical and nursing needs are not being met.<br><br>This field is selectable and required. |
| Unmet Needs Description<br>(PDE-1304) | Enter the description of the member's needs not being met.<br><br>This field is enterable and situationally required (if applicable). |
| Member Care Selection<br>(PDE-1305) | Select the services the member has selected from the drop down list.<br><br>This field is selectable and required. |
| Nursing Facility Criteria Met Ind<br>(PDE-1246) | Select the appropriate radio button indicating if the Nursing Facility Criteria and Risk of Waiver Services Placement Met.<br><br>This field is selectable and required. |
| Help Needed – Respite Ind<br>(PDE-1318) | In order for the member to stay in their home, if respite care is needed this box is checked.<br><br>This field is selectable and situationally required (if applicable). |
| Help Needed – Housekeeping Ind<br>(PDE - 0274) | In order for the member to stay in their home, if housekeeping support is needed this box is checked.<br><br>This field is selectable and situationally required (if applicable). |
| Help Needed – Meal Preparation Ind<br>(PDE - 0273) | In order for the member to stay in their home, if meal preparation help is needed this box is checked.<br><br>This field is selectable and situationally required (if applicable). |
| Help Needed – Shopping Ind<br>(PDE - 0278) | In order for the member to stay in their home, if shopping help is needed this box is checked.<br><br>This field is selectable and situationally required (if applicable). |
| Help Needed – Laundry Ind<br>(PDE - 0275) | In order for the member to stay in their home, if laundry help is needed this box is checked.<br><br>This field is selectable and situationally required (if applicable). |
| Help Needed – Supervision Ind | In order for the member to stay in their home, if |

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| (PDE-1319) | supervision is needed this box is checked.<br><br>This field is selectable and situationally required (if applicable). |
| Help Needed – Personal Care Ind (PDE-1320) | In order for the member to stay in their home, if personal care support is needed this box is checked.<br><br>This field is selectable and situationally required (if applicable). |
| Help Needed – ADLs Ind (PDE-1321) | In order for the member to stay in their home, if ADL support is needed this box is checked.<br><br>This field is selectable and situationally required (if applicable). |
| Help Needed – PERS Ind (PDE-1322) | In order for the member to stay in their home, if PERS help is needed this box is checked.<br><br>This field is selectable and situationally required (if applicable). |
| Help Needed – Transportation Ind (PDE - 0277) | In order for the member to stay in their home, if transportation is needed this box is checked.<br><br>This field is selectable and situationally required (if applicable). |
| Help Needed – Skilled Nursing Needs/Private Duty Nursing Ind (PDE-1323) | In order for the member to stay in their home, if skilled/private duty nursing needs is needed this box is checked.<br><br>This field is selectable and situationally required (if applicable). |
| Ind Choice – Findings Ind (PDE-1324) | Check for member acknowledgement of receipt of: The findings and results of the member's evaluation and needs<br><br>This field is selectable and situationally required (if applicable). |
| Ind Choice – Facility Choice Ind (PDE-1325) | Check for member acknowledgement of receipt of: A choice between Institutional Care (nursing facility) and the appropriate Home- and Community-Care Based Waiver, PACE (if available in service area) or MCO (if available in service area<br><br>This field is selectable and situationally required (if applicable). |
| Ind Choice – ME/MR Diagnosis Ind (PDE-1326) | Check for member acknowledgement of receipt of: The member understands when a diagnosis of mental illness, mental retardation/intellectual disabilities |

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| | or related condition exists a secondary screening is required to determine if additional services are necessary. Services can not start until the completion of the secondary assessment. For NF = Level II Screening<br><br>This field is selectable and situationally required (if applicable). |
| Ind Choice – Appeals Ind (PDE-1327) | Check for member acknowledgement of receipt of: The member's right to a fair hearing and the appeal process.<br><br>This field is selectable and situationally required (if applicable). |
| Ind Choice – Provider Choice Ind (PDE-1328) | Check for member acknowledgement of receipt of: The member's right to choice of provider(s).<br><br>This field is selectable and situationally required (if applicable). |
| Provider's Name (PDE-0011) | Enter the name of the provider the member has chosen.<br><br>This field is selectable and situationally required (if applicable). |
| Ind Choice – Services Choice Ind (PDE-1329) | Check for member acknowledgement of receipt of: The member's right of choice of service(s). |
| Ind Choice – Potential Payment Ind (PDE-1330) | Check for member acknowledgement of receipt of: The member's potential to have a patient pay amount, based on his or her income, regardless of the amount of institutional or community-based care received.<br><br>This field is selectable and situationally required (if applicable). |
| Ind Choice – CDS Attendant Ind (PDE-1331) | Check for member acknowledgement of receipt of: The member understands that, by using Consumer-Directed Services, he or she bears the responsibilities associated with employing his or her own personal attendants. Note: DMAS is not the employer for Consumer-Directed Services.<br><br>This field is selectable and situationally required (if applicable). |
| Ind Choice – Information Exchange Ind (PDE-1332) | Check for member acknowledgement of receipt of: The member's (or authorized representative's) consent to exchange information with the Department of Medical Assistance Services (DMAS) by signing |

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| | and dating this form. This consent will remain in effect until revoked by the individual (or authorized representative) in writing.<br><br>This field is selectable and situationally required (if applicable). |
| Ind Choice – At Risk Ind<br>(PDE-1333) | Check for member acknowledgement of receipt of: At Risk: for waiver service authorizations - individuals must also meet the 'at risk' definition in order to receive services. At risk is defined according to 42 CFR 4402(1): '...when there is a reasonable indication that a member might need the services in the near future (that is, a month or less) unless he or she receives home and community based services.'<br><br>This field is selectable and situationally required (if applicable). |
| Plan of Care Ind<br>(PDE-1247) | Check to acknowledge that the information has been discussed with the member. The member understands that the provider will develop a Plan of Care with the member's assistance based on their needs and available support. Provider staff is responsible to provider continuous and reliable care. The member understands that when there is a lapse in service they are responsible to provide back-up support<br><br>This field is selectable and required. |
| Member's Name<br>(PDE - 0013, PDE - 0014) | Enter the member's last and first name.<br><br>This field is enterable and required. |
| Date Reviewed<br>(PDE-1165) | Enter the date the member reviewed the documents in the MM/DD/YYYY format.<br><br>This field is enterable and situationally required (if applicable). |
| Screener's Name<br>(PDE-1080) | Enter the screener's last and first name.<br><br>This field is enterable and required. |
| Date Reviewed<br>(PDE-1165) | Enter the date the member reviewed the documents in the MM/DD/YYYY format.<br><br>This field is enterable and situationally required (if applicable). |
| Family Member's Name<br>(PDE-1334) | Enter the name of the Family Member, Parent, Legal Guardian, or Authorized Representative. |

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| | This field is enterable and situationally required (if applicable). |
| Date Reviewed (PDE-1165) | Enter the date the member reviewed the documents in the MM/DD/YYYY format.<br><br>This field is enterable and situationally required (if applicable). |
| Indicate Applicable Designation (PDE-1335) | Enter the designation the family member, parent, legal guardian or authorized representative has chosen.<br><br>This field is enterable and situationally required (if applicable). |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Submit Additional Forms | Activates the buttons for each form. | PAS-S-002,<br>PAS-S-003,<br>PAS-S-004,<br>PAS-S-006,<br>PAS-S-008,<br>PAS-S-012,<br>PAS-S-014 |
| Save | Saves the current form the user is on and gives them the option to continue with the form or return to the screen at a later time. | PAS-S-010,<br>PRV-S-0001 |
| Submit | Submit the Pre-Admission Screening for processing. Submit triggers the editing of the page and if successful transfers the user to the successful submission page. | PAS-S-010,<br>PAS-S-016 |
| Reset | Removes any data entered on the screen and lets the user re-enter. | PAS-S-010 |
| Cancel | Resets all the entered fields and returns the user to the Provider Secured portal. | PRV-S-0001 |

## Error Messages

| Description | Resolution |
|---|---|

| | |
|---|---|
| Last Name is Required. | Enter the member's last name. |
| First Name is Required. | Enter the member's first name. |
| Date Application was made is Required. | Enter the Date the Application was made in the format MM/DD/YYYY. |
| Application Date format should be MM/DD/YYYY. | Enter the Date the Application was made in the format MM/DD/YYYY. |
| Facility Name is required. | Enter the Nursing Facility Name. |
| Contact Name is required. | Enter the Nursing Facility Contact Name. |
| Deterioration in health – Description is required. | Enter description of deterioration in member's health care condition or changes in available supports that prevent former care arrangements from meeting the member's needs. |
| Evidence – Description is required. | Enter description that evidence is available that demonstrates member's medical and nursing needs are not being met. |
| Select a service from the drop down. | Indicate the services the member has selected from the drop down list. |
| Select all the services under Documentation of individual choice | Check that all services under Documentation of Individual Choice have been reviewed with the member. |
| Acknowledgement is required. | Check acknowledgement that all information associated with the member's rights to individual choice has been reviewed with the member. |
| Individual's Name is Required. | Enter member's first and last name. |
| Individual's Reviewed Date is Required. | Enter the date the form was reviewed by the member in the format MM/DD/YYYY |
| Individual date format should be MM/DD/YYYY | Enter the date the form was reviewed by the member in the format MM/DD/YYYY |
| Screener's Name is Required. | Enter the screener's first and last name. |
| Screener's Reviewed Date is Required. | Enter the date the form was reviewed by the screener in the format MM/DD/YYYY |
| Screener's date format should be MM/DD/YYYY | Enter the date the form was reviewed by the screener in the format MM/DD/YYYY |
| Guardian's date format should be MM/DD/YYYY | Enter the date the form was reviewed by the family member/guardian in the format MM/DD/YYYY |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over ‘Pre-Admission Screening’ navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select ‘UAI-A’ and screen displays.
5. After completion of UAI-A, select option to enter additional forms.
6. Form buttons display
7. Select ‘DMAS97’ button and screen displays.

# DMAS97 – Instructions (PAS-S-011)

## General Information

This page contains instructions to assist users in completing the screening for member with the Individual Choice – Institutional Care or Waiver Service form.

| Screen Name | DMAS97 – Instructions |
|---|---|
| Source/Originator | DMAS97 – Individual Choice – Institutional Care or Waiver Services Form |
| Usage | Display only – instructions on the completing of the DMAS97 – Individual Choice – Institutional Care or Waiver Services Form |

## Screen Sample – PAS-S-011

For ease of reading the screen has been broken up in sections.

**Instructions for Completing the DMAS-97**

**INDIVIDUAL CHOICE - Institutional Care or Waiver Services Form**

IDENTIFYING DATA

**Individual Being Screened:** Enter the Individual Full Name **MEDICAID ID:** Enter the 12-digit number

**Section I: Screening Determination**

Item A - Select 'Yes' or 'No' to indicate if nursing facility placement is authorized.

Item A OR at least one of the conditions in Item B must be completed if authorizing home- and community-based care services.

Item C must be completed to document the individual's choice of institutional services versus waiver services.

**Section II: Community-Based Care Choice and Payment Responsibility**

Section II must be completed in its entirety if community-based care criteria are met, and the individual chooses home- and community-based care services.

The screener must check services that the individual will need in order to remain at home.

The screening committee must explain to the individual that the screening committee does not authorize the amount of services or times of day or days of week on which services will be provided. The provider agency will make that decision with the individual based on their needs and wishes identified during the screening.

**Section III: Documentation of Individual Choice**

Section III must be completed in its entirety regardless of whether institutional care or home- and community-based care is chosen by the individual. Please be sure that each item is discussed with the individual

**Section IV: Signatures**

Review the statement of understanding with the individual and ensure that all applicable names are entered.

Please remember to enter the individual's name confirming the individual was given a choice of providers and was advised of his or her possible patient pay responsibility.

Please remember to obtain the individual's family member, parent, legal guardian or authorized representative's name indicating the applicable designation for the individual.

**AT RISK:**

For waiver services authorization - individuals must also meet the 'at risk' definition in order to receive services. At risk is defined according to 42 CFR 441.302 (1):"....when there is a reasonable indication that a individual might need the services in the near future (that is, a month or less) unless he or she receives home and community based services."

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
| --- | --- |
| N/A | N/A |

## Navigation

| Button/Link | Action | Link |
| --- | --- | --- |
| N/A | N/A | N/A |

## Error Messages

| Description | Resolution |
| --- | --- |
| N/A | N/A |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'UAI-A' and screen displays.
5. After completion of UAI-A, select option to enter additional forms.
6. Form buttons display
7. Select 'DMAS97' button and screen displays.
8. Select link from : For instructions, please click here: Individual Choice - Institutional Care or Waiver Services Form

# Re-Assessment (PAS-S-012)

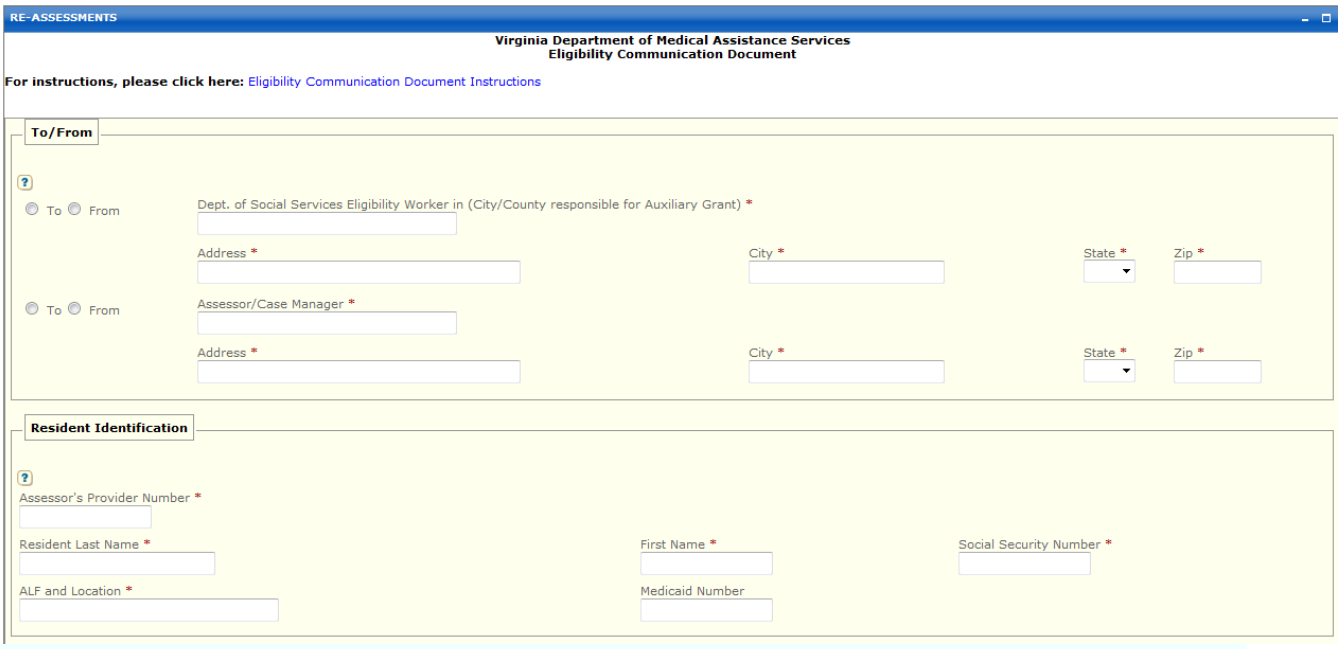
## General Information

This form is used in completion of the Eligibility Communication Document.

| Screen Name | DMAS95 – MI/MR/SUPL |
|---|---|
| Source/Originator | Any of the following Pre-Admission Screens:<br>UAI – A<br>UAI – B<br>DMAS95 – MI-MR-RC<br>DMAS95 – MI-MR-SUPL<br>DMAS96<br>DMAS97<br>Public Pay Short |
| Usage | Entry of the Eligibility Communication Document information and navigate to any additional forms. |

## Screen Sample – PAS-S-012

For ease of reading the screen has been broken up in sections.



**Purpose of Communication**

Purpose of Communication (select one) *

- Annual Reassessment Completed
- Resident No Longer Resides in ALF on Record
- Auxiliary Grant Eligibility Terminated

**Signatures**

Name of Assessor/Case Manager Completing Form:

Last Name * First Name *

Date * Phone *

Name of Eligibility Worker Completing Form:

Last Name * First Name *

Date * Phone *

- Forms need to be added/reviewed to complete this assessment
- The assessment is ready for submission, no additional forms needed

Save Submit Reset Cancel

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| City/County Code (PDE - 0107) | Enter the 3-digit numeric city/county code.<br><br>This field is enterable and required. |
| Eligibility Worker's Address (PDE-1268) | Enter the eligibility worker's street address.<br><br>This field is enterable and required. |
| Eligibility Worker's City | Enter the eligibility worker's city. |

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| (PDE-1268) | This field is enterable and required. |
| Eligibility Worker's State<br>(PDE-1268) | Select the eligibility worker's state from the drop down list.<br><br>This field is enterable and required. |
| Eligibility Worker's Zip Code<br>(PDE-1268) | Enter the eligibility worker's 5 digit zip code.<br><br>This field is enterable and required. |
| ALF Assessor/Case Manager<br>(PDE-1286) | Enter the name of the ALF Assessor/Case Manager.<br><br>This field is enterable and required. |
| Case Manager's Address<br>(PDE-1268) | Enter the case manager's street address.<br><br>This field is enterable and required. |
| Case Manager's City<br>(PDE-1268) | Enter the case manager's city.<br><br>This field is enterable and required. |
| Case Manager's State<br>(PDE-1268) | Select the case manager's state from the drop down list.<br><br>This field is selectable and required. |
| Case Manager's Zip<br>(PDE-1268) | Enter the case manager's 5-digit numeric zip code.<br><br>This field is enterable and required. |
| Assessor's Provider #<br>(PDE - 0216) | Enter the 10 digit NPI/API associated with the agency represented by the assessor.<br><br>This field is enterable and required. |
| Member's Last Name<br>(PDE - 0013) | Enter the member's last name.<br><br>This field is enterable and required. |
| Member's First Name<br>(PDE - 0014) | Enter the member's first name.<br><br>This field is enterable and required. |
| SSN<br>(PDE - 0419) | Enter the member's social security number in the format 999999999 or 999-99-9999.<br><br>This field is enterable and required. |
| ALF and Location<br>(PDE-0011; PDE - 0632) | Enter the name and location of the assisted living facility.<br><br>This field is enterable and required. |
| Medicaid ID<br>(PDE - 0016) | Enter the member's 12-digit Medicaid ID.<br><br>This field is enterable and situationally required (if |

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| | applicable). |
| Reassessment Type<br>(PDE-1313) | Select the appropriate radio button indicating the purpose of the communication.<br><br>This field is selectable and required. |
| Date of Reassessment<br>(PDE-1001) | Enter the date of the reassessment in the format MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |
| ALF Placement Criteria Met Ind<br>(PDE-1336) | Select the appropriate radio button indicating if the member has met the ALF placement criteria.<br><br>This field is selectable and required if displayed. |
| ALF Placement Change Ind<br>(PDE-1337) | Select the appropriate radio button indicating where the member has been discharged to.<br><br>This field is selectable and required if displayed. |
| Last Date in ALF<br>(PDE-0236) | Enter the member's discharge date from the assisted living facility in the format MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |
| Name of New ALF<br>(PDE-0011) | Enter the name of the member's new assisted living facility.<br><br>This field is enterable and required if displayed. |
| ALF Provider #<br>(PDE - 0216) | Enter the 10-digit NPI associated with the assisted living facility.<br><br>This field is enterable and required if displayed. |
| Start of Care Date<br>(PDE - 0029) | Enter the date the member started receiving care in the new facility in the format MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |
| New ALF – Street Address<br>(PDE - 0632) | Enter the address of the member's new assisted living facility.<br><br>This field is enterable and required if displayed. |
| New ALF – City<br>(PDE - 0633) | Enter the city of the member's new assisted living facility.<br><br>This field is enterable and required if displayed. |
| New ALF – State<br>(PDE - 0634) | Select the state of the member's new assisted living facility from the drop down list.<br><br>This field is selectable and required if displayed. |
| New ALF – Zip Code<br>(PDE - 0635) | Enter the 5-digit zip code of the member's new assisted living facility. |

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| | This field is enterable and required if displayed. |
| Last Date in ALF<br>(PDE-0236) | Enter the member's discharge date from the assisted living facility in the format MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |
| Home – Street Address<br>(PDE - 0045) | Enter the street address of the member's home.<br><br>This field is enterable and required if displayed. |
| Home – City<br>(PDE - 0047) | Enter the city of the member's home.<br><br>This field is enterable and required if displayed. |
| Home – State<br>(PDE - 0048) | Select the state of the member's home from the drop down list.<br><br>This field is selectable and required if displayed. |
| Home – Zip Code<br>(PDE - 0049) | Enter the 5-digit zip code of the member's home.<br><br>This field is enterable and required if displayed. |
| ALF Placement Other Description<br>(PDE-1338) | Enter the description of the place the member was moved to after leaving the ALF if not a new ALF or their home.<br><br>This field is enterable and required if displayed. |
| Last Date in ALF<br>(PDE-0236) | Enter the member's discharge date from the assisted living facility in the format MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |
| Other – Street Address<br>(PDE - 0045) | Enter the street address of the member's residence.<br><br>This field is enterable and required if displayed. |
| Other – City<br>(PDE - 0047) | Enter the city of the member's residence.<br><br>This field is enterable and required if displayed. |
| Other – State<br>(PDE - 0048) | Select the state of the member's residence from the drop down list.<br><br>This field is selectable and required if displayed. |
| Other – Zip Code<br>(PDE - 0049) | Enter the 5-digit zip code of the member's residence.<br><br>This field is enterable and required if displayed. |
| Auxiliary Grant Eligibility Termination Date<br>(PDE-1339) | Enter the date that the member lost auxiliary grant eligibility in the format MM/DD/YYYY.<br><br>This field is enterable and required if displayed. |

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| Auxiliary Grant Eligibility Reason (PDE-1340) | Enter the reason that the member lost auxiliary grant eligibility.<br><br>This field is enterable and required if displayed. |
| Assessor/Case Manager – Last Name (PDE-1286) | Enter the last name of the assessor/case manager.<br><br>This field is enterable and required. |
| Assessor/Case Manager – First Name (PDE-1286) | Enter the first name of the assessor/case manager.<br><br>This field is enterable and required. |
| Signature Date (PDE-1165) | Enter the date the assessor/case manager signed off on the assessor in the format MM/DD/YYYY.<br><br>This field is enterable and required. |
| Assessor/Case Manager – Phone (PDE-1287) | Enter the assessor/case manager's phone number in the format 9999999999 or 999-999-9999.<br><br>This field is enterable and required. |
| Eligibility Worker – Last Name (PDE-1309) | Enter the eligibility worker's last name.<br><br>This field is enterable and required. |
| Eligibility Worker – First Name (PDE-1309) | Enter the eligibility worker's first name.<br><br>This field is enterable and required. |
| Signature Date (PDE-1165) | Enter the date the eligibility worker signed off on the assessor in the format MM/DD/YYYY.<br><br>This field is enterable and required. |
| Eligibility Worker – Phone (PDE-1269) | Enter the eligibility worker's phone number in the format 9999999999 or 999-999-9999.<br><br>This field is enterable and required. |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Submit Additional Forms | Activates the buttons for each form. | PAS-S-002,<br>PAS-S-003,<br>PAS-S-004,<br>PAS-S-006,<br>PAS-S-008,<br>PAS-S-010,<br>PAS-S-014 |
| Save | Saves the current form the user is on | PAS-S-012,<br>PRV-S-0001 |

| | | |
|---|---|---|
| | and gives them the option to continue with the form or return to the screen at a later time. | |
| Submit | Submit the Pre-Admission Screening for processing. Submit triggers the editing of the page and if successful transfers the user to the successful submission page. | PAS-S-012, PAS-S-016 |
| Reset | Removes any data entered on the screen and lets the user re-enter. | PAS-S-012 |
| Cancel | Resets all the entered fields and returns the user to the Provider Secured portal. | PRV-S-0001 |

## Error Messages

| Description | Resolution |
|---|---|
| To/From - City/County responsible for DSS Worker is required | Enter the 3-digit city/county code of the DSS worker. |
| To/From - Address for DSS Worker is required | Enter the street address of the DSS worker. |
| To/From - City for DSS Worker is required | Enter the city of the DSS worker. |
| To/From - State for DSS Worker is required | Select the state of the DSS worker from the drop down list. |
| To/From - Zip for DSS Worker is required | Enter the 5-digit zip code of the DSS worker. |
| To/From - Invalid Zip for DSS Worker | Enter the 5-digit zip code of the DSS worker. |
| To/From - Assessor/Case Manager is required | Enter the name of the Assessor/Case Manager. |
| To/From - Address for Assessor/Case Manager is required | Enter the street address of the assessor/case manager. |
| To/From - City for Assessor/Case Manager is required | Enter the city of the assessor/case manager. |
| To/From - State for Assessor/Case Manager is required | Select the state from the assessor/case manager from the drop down list. |
| To/From - Zip for Assessor/Case Manager is required | Enter the assessor/case manager's 5-digit zip code. |
| To/From - Invalid Zip for Assessor/Case Manager | Enter the assessor/case manager's 5-digit zip code. |
| Resident Identification - Assessor Provider Number is required | Enter the assessor's 10-digit NPI. |
| Resident Identification - Invalid Assessor Provider Number | Enter the assessor's 10-digit NPI. |
| Resident Identification - Last name is required | Enter the member's last name. |

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|---|---|
| Resident Identification - First name is required | Enter the member's first name. |
| Resident Identification – SSN is required | Enter the member's social security number in the format 999999999 or 999-99-9999. |
| Resident Identification - Invalid SSN | Enter the member's social security number in the format 999999999 or 999-99-9999. |
| Resident Identification - ALF & Location is required | Enter the name and location of the member's assisted living facility. |
| Resident Identification - Invalid Medicaid Number | Enter the member's 12-digit Medicaid ID number. |
| Purpose of Communication – Communication is required | Select the appropriate radio button to indicate the reason for the communication. |
| Purpose of Communication - Date of Reassessment is required | Enter the date the reassessment was completed in the format MM/DD/YYYY. |
| Purpose of Communication - Invalid Date of Reassessment | Enter the date the reassessment was completed in the format MM/DD/YYYY. |
| Purpose of Communication - Criteria is required | Select the appropriate radio button indicating if the member meets the required criteria. |
| Purpose of Communication - Discharge is required | Select the appropriate radio button indicating where the member was discharged to. |
| Purpose of Communication - Effective Date is required | Enter the effective date the member lost auxiliary grant eligibility in the format MM/DD/YYYY. |
| Purpose of Communication - Invalid Effective Date | Enter the effective date the member lost auxiliary grant eligibility in the format MM/DD/YYYY. |
| Purpose of Communication - Reason is required | Enter the reason the member lost auxiliary grant eligibility. |
| Signatures - Assessor's Last name is required | Enter the Assessor's last name. |
| Signatures - Assessor's First name is required | Enter the Assessor's first name. |
| Signatures – Assessor's Date is required | Enter the date the Assessor completed the reassessment in the format MM/DD/YYYY. |
| Signatures - Invalid Assessor's Date | Enter the date the Assessor completed the reassessment in the format MM/DD/YYYY. |
| Signatures – Assessor's phone is required | Enter the Assessor's phone number in the format 9999999999 or 999-999-9999. |
| Signatures - Invalid Assessor's phone | Enter the Assessor's phone number in the format 9999999999 or 999-999-9999. |
| Signatures - Eligibility Worker's Last name is required | Enter the Eligibility Worker's last name. |
| Signatures - Eligibility Worker's First name is required | Enter the Eligibility Worker's first name. |
| Signatures – Eligibility Worker's Date is required | Enter the date the Eligibility Worker completed the reassessment in the format MM/DD/YYYY. |
| Signatures - Invalid Eligibility Worker's Date | Enter the date the Eligibility Worker completed |

| | |
|---|---|
| | the reassessment in the format MM/DD/YYYY. |
| Signatures – Eligibility Worker's Phone is required | Enter the Eligibility Worker's phone number in the format 9999999999 or 999-999-9999. |
| Signatures - Invalid Eligibility Worker's phone | Enter the Eligibility Worker's phone number in the format 9999999999 or 999-999-9999. |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'UAI-A' and screen displays.
5. After completion of UAI-A, select option to enter additional forms.
6. Form buttons display
7. Select 'Re-Assessment' button and screen displays.

# Re-Assessment – Instructions (PAS-S-013)

## General Information

This page contains instructions to assist users in completing the screening for member with the Eligibility Communication Document form.

| Screen Name | Re-Assessment – Instructions |
|---|---|
| Source/Originator | Re-Assessment – Eligibility Communication Document Form |
| Usage | Display only – instructions on the completing of the Re-Assessment – Eligibility Communication Document Form |

## Screen Sample – PAS-S-013

For ease of reading the screen has been broken up in sections.

**Re-Assessment Instructions**

**Virginia Department of Medical Assistance Services**
**Eligibility Communication Document Instructions**

| | |
|---|---|
| **To/From: Dept. of Social Services Eligibility Worker in:** | Enter City/County responsible for the Auxiliary Grant. This field is required. |
| **Address:** | Enter the street address, city, state and 5 digit zip associated with the Dept. of Social Services Eligibility Worker. These are required fields. |
| **To/From:** | Enter the name of the Assisted Living Facility (ALF) Assessor/Case Manager. This field is required. |
| **Address:** | Enter the street address, city, state and 5 digit zip associated with the ALF Assessor/Case Manager. These are required fields. |
| **Assessor's Provider Number:** | Enter the Assessor's 10 digit NPI/API. This is a required field. |
| **Resident: Name -** | Enter the Assessor's 10 digit NPI/API. This is a required field. |
| **Social Security Number -** | Enter the member's social security number in the format 999-99-9999. This is a required field. |
| **ALF -** | Enter the name of the Assisted Living Facility. This is a required field. |
| **Location -** | Enter the location of the ALF.This is a required field. |
| **Medicaid Number -** | Enter the member's 12 digit Medicaid ID.This is a required field. |
| **Purpose of Communication (select one):** | Annual Reassessment Completed, Resident No Longer Resides in ALF on Record or Auxiliary Grant Eligibility Terminated. |

**If Annual Reassessment Completed selected:**

| | |
|---|---|
| **Date of Reassessment** | Enter the reassessment date in the format MM/DD/YYYY. This is a required field if this Purpose of Communication selection is made. |
| **Select appropriate option** | regarding resident's criteria for ALF placement for residential or assisted living. One selection is required. |

**If Resident No Longer Resides in ALF on Record selected:**

| | |
|---|---|
| **Resident has been discharged to:** | Select one of the following: Another ALF, Home or Other |
| **If Another ALF selected:** | |
| **Last Date of Service in the ALF -** | Enter the last date in the ALF in the format MM/DD/YYY. This is a required field if this Purpose of Communication selection is made. |
| **Name of the New ALF -** | Enter the name of the New ALF. This is a required field if this Purpose of Communication selection is made. |
| **Provider # -** | Enter the NPI/API for the new ALF. This is a required field if this Purpose of Communication selection is made. |
| **Start of Care Date in New ALF -** | Enter the start of care date in the new ALF in the format MM/DD/YYY. This is a required field if this Purpose of Communication selection is made. |
| **New ALF Address -** | Enter the street address, city, state and 5 digit zip code for the new ALF. This is a required field if this Purpose of Communication selection is made. |
| **If Home selected:** | |
| **Last Date of Service in the ALF -** | Enter the last date in the ALF in the format MM/DD/YYY. This is a required field if this Purpose of Communication selection is made. |
| **New Address -** | Enter the street address, city, state and 5 digit zip code for the member's home. This is a required field if this Purpose of Communication selection is made. |
| **If Other selected:** | |
| **Please Specify -** | Specify the member's current type of residence This is a required field if this Purpose of Communication selection is made. |
| **Last Date of Service in the ALF -** | Enter the last date in the ALF in the format MM/DD/YYY. This is a required field if this Purpose of Communication selection is made. |
| **New Address -** | Enter the street address, city, state and 5 digit zip code for the member's residence. This is a required field if this Purpose of Communication selection is made. |

**If Auxiliary Grant Eligibility Terminated selected:**

| | |
|---|---|
| **Effective Date -** | Enter the date the auxiliary grant was terminated in the format MM/DD/YYY. This is a required field if this Purpose of Communication selection is made |
| **Reason -** | Enter the reason the auxiliary grant was terminated. This is a required field if this Purpose of Communication selection is made |

**Name of Assessor/Case Manager Completing Form:**

| | |
|---|---|
| **Name: -** | Enter the last and first name of the Assessor/Case Manager completing the form. These are required fields. |
| **Date: -** | Enter the date the form was completed in the format MM/DD/YYY. This is a required field |
| **Phone: -** | Enter the phone number of Assessor/Case Manager including area code in the format 999-999-9999. This is a required field. |

**Name of Eligibility Worker Completing Form:**

| | |
|---|---|
| **Name: -** | Enter the last and first name of the Eligibility Worker completing the form. These are required fields. |
| **Date: -** | Enter the date the form was completed in the format MM/DD/YYY. This is a required field |
| **Phone: -** | Enter the phone number of Eligibility Worker including area code in the format 999-999-9999. This is a required field. |

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| N/A | N/A |

## Navigation

| Button/Link | Action | Link |
| --- | --- | --- |
| N/A | N/A | N/A |

## Error Messages

| Description | Resolution |
| --- | --- |
| N/A | N/A |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'UAI-A' and screen displays.
5. After completion of UAI-A, select option to enter additional forms.
6. Form buttons display
7. Select 'Re-Assessment' button and screen displays.
8. Select link from : For instructions, please click here: Eligibility Communication Document Instructions

# Public Pay Short Assessment (PAS-S-014)

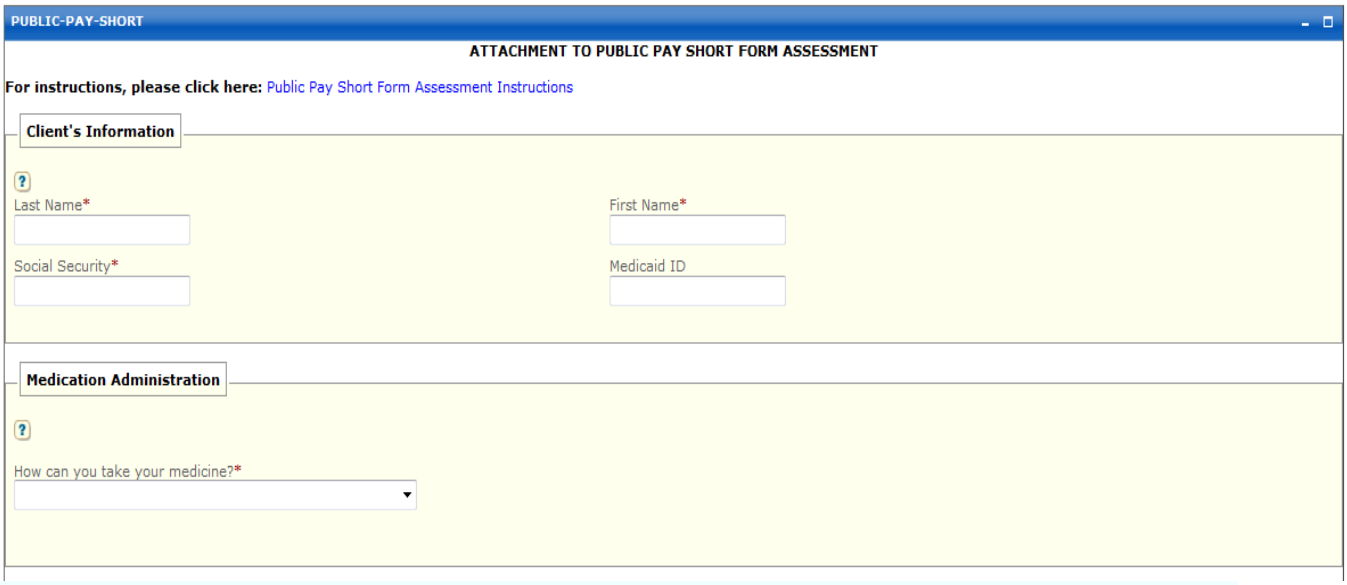
## General Information

This form is used in completion of the Public Pay Short Form Assessment form.

| Screen Name | DMAS95 – MI/MR/SUPL |
|---|---|
| Source/Originator | Any of the following Pre-Admission Screens:<br>UAI – A<br>UAI – B<br>DMAS95 – MI-MR-RC<br>DMAS95 – MI-MR-SUPL<br>DMAS96<br>DMAS97<br>Re-Assessment |
| Usage | Entry of the Public Pay Short Form Assessment form information and navigate to any additional forms. |

## Screen Sample – PAS-S-014

For ease of reading the screen has been broken up in sections.



## Psycho-Social Status

Behavior Pattern*

Orientation*

Current Psychiatric or Psychological Evaluation Needed?*

Yes No

## Assessment Summary

Does Applicant/Resident have a Prohibited Condition?*

Yes No

Level of Care Approved*

**Assessment Completed By:***

| | Last Name | First Name | Agency | Provider Number | Date (MM/DD/YYYY) | |
|---|---|---|---|---|---|---|
| 1 | | | | | | Save |

Add Additional Assessors

Comments

Forms need to be added/reviewed to complete this assessment

The assessment is ready for submission, no additional forms needed

Save Submit Reset Cancel

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| Last Name<br>(PDE - 0013) | Enter the member's last name.<br><br>This field is enterable and required. |
| First Name<br>(PDE - 0014) | Enter the member's first name.<br><br>This field is enterable and required. |
| SSN<br>(PDE - 0419) | Enter the member's social security number in the format 999999999 or 999-99-9999.<br><br>This field is enterable and required. |
| Medicaid ID<br>(PDE - 0016) | Enter the member's 12-digit Medicaid ID.<br><br>This field is enterable and situationally required (if applicable). |
| Medication Administration<br>(PDE - 0776) | Select the appropriate level for how the member takes their medication from the drop down list.<br><br>This field is selectable and required. |
| Medication Assistant Name<br>(PDE-1106) | Enter the name of the person who assists the member with their medication.<br><br>This field is enterable and required if displayed. |
| Behavior Pattern<br>(PDE - 0284) | Select the appropriate level from the drop down list, indicating the member's behavior level.<br><br>This field is selectable and required. |
| Inappropriate Behavior Type<br>(PDE-1170) | Enter the type of inappropriate behavior displayed by the member.<br><br>This field is enterable and required if displayed. |
| Orientation<br>(PDE - 0283) | Select the member's level of orientation from the drop down list.<br><br>This field is selectable and required. |
| Spheres Affected<br>(PDE-1166) | Enter the member's affected spheres.<br><br>This field is enterable and required if displayed. |
| Psychiatric/Psychological Evaluation Needed Ind<br>(PDE-1297) | Select the appropriate radio button indicating if the member needs a psychiatric or psychological evaluation. |

| | |
|---|---|
| | This field is selectable and required. |
| Prohibited Condition Ind (PDE-1298) | Select the appropriate radio button indicating if the member has a prohibited condition.<br><br>This field is selectable and required. |
| Prohibited Condition Description (PDE-1299) | Enter a description of the member's prohibitive condition.<br><br>This field is enterable and required if displayed. |
| Level of Care Approval Ind (PDE-1300) | Select the appropriate level of care approved for the member from the drop down list.<br><br>This field is selectable and required. |
| Assessor's Last Name (PDE-1080) | Enter the last name of the assessor.<br><br>This field is enterable and required. |
| Assessor's First Name (PDE-1080) | Enter the first name of the assessor.<br><br>This field is enterable and required. |
| Assessor's Agency (PDE-1081) | Enter the name of the agency represented by the assessor.<br><br>This field is enterable and required. |
| Agency's Provider ID (PDE - 0216) | Enter the 10 digit NPI/API associated with the agency represented by the assessor.<br><br>This field is enterable and required. |
| Assessment Date (PDE - 0223) | Enter the date the assessor signed off on the assessor in the format MM/DD/YYYY.<br><br>This field is enterable and required. |
| Assessment Comments (PDE-1231) | Enter any comments associated with the assessment.<br><br>This field is enterable and optional. |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Submit Additional Forms | Activates the buttons for each form. | PAS-S-002,<br>PAS-S-003,<br>PAS-S-004,<br>PAS-S-006, |

| | | |
|---|---|---|
| | | PAS-S-008,<br>PAS-S-010,<br>PAS-S-012 |
| Save | Saves the current form the user is on and gives them the option to continue with the form or return to the screen at a later time. | PAS-S-014,<br>PRV-S-0001 |
| Submit | Submit the Pre-Admission Screening for processing. Submit triggers the editing of the page and if successful transfers the user to the successful submission page. | PAS-S-014,<br>PAS-S-016 |
| Reset | Removes any data entered on the screen and lets the user re-enter. | PAS-S-014 |
| Cancel | Resets all the entered fields and returns the user to the Provider Secured portal. | PRV-S-0001 |

## Error Messages

| Description | Resolution |
|---|---|
| Client Information: Last Name is required | Enter the member's last name. |
| Client Information: First Name is required | Enter the member's first name. |
| Client Information: Social Security is required | Enter the member's social security number in the format 999999999 or 999-99-9999. |
| Client Information: Please enter valid Social Security as 999999999 or 999-99-9999 | Enter the member's social security number in the format 999999999 or 999-99-9999. |
| Client Information: Please enter valid Medicaid ID | Enter the member's valid 12-digit Medicaid ID. |
| Medication Administration: Medicine is required | Select the appropriate level from the drop down list indicating how member takes their medicine. |
| Medication Administration: Name of Helper is required | Enter the name of the person assisting the member with their medicine administration. |
| Psycho-Social Status: Behavior is required | Select the appropriate level from the drop down list indicating the member's behavior level. |
| Psycho-Social Status: Behavior Type is required | Enter a description of the type of behavior the member is experiencing. |
| Psycho-Social Status: Orientation is required | Select the appropriate level from the drop down list indicating the member's orientation level. |
| Psycho-Social Status: Spheres Affected is required | Enter a description of the member's sphere(s) affected. |

| | |
|---|---|
| Psycho-Social Status: Psychological Evaluation Needed is required | Select the appropriate radio button indicating if the member needs a psychological evaluation. |
| Assessment Summary: Prohibited Conditions required | Select the appropriate radio button indicating if the member is experiencing any prohibitive conditions. |
| Assessment Summary: Describe is required | Enter the description of the member's prohibitive condition. |
| Assessment Summary: Level of Care Approved is required | Select the appropriate level from the drop down list indicating the level of care approved for the member. |
| Assessor Last Name is required | Enter the assessor's last name. |
| Assessor First Name is required | Enter the assessor's first name. |
| Agency Name is required | Enter the name of the agency the assessor is associated with. |
| Provider Number is required | Enter the 10-digit NPI assigned to the assessor's agency. |
| Please enter valid 10 digit Provider Number | Enter the 10-digit NPI assigned to the assessor's agency. |
| Date is required | Enter the assessment date in the format MM/DD/YYY. |
| Assessment Date format should be MM/DD/YYYY or MM-DD-YYYY | Enter the assessment date in the format MM/DD/YYY. |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'UAI-A' and screen displays.
5. After completion of UAI-A, select option to enter additional forms.
6. Form buttons display
7. Select 'Public Pay Short' button and screen displays.

# Public Pay Short – Instructions (PAS-S-015)

## General Information

This page contains instructions to assist users in completing the screening for member with the Public Pay Short Form Assessment form.

| Screen Name | Public Pay Short – Instructions |
|---|---|
| Source/Originator | Public Pay Short Form Assessment form |
| Usage | Display only – instructions on the completing of the Public Pay Short Form Assessment form |

## Screen Sample – PAS-S-015

For ease of reading the screen has been broken up in sections.

**Instructions for Attachment to Public Pay Short Form Assessment**

I. **Client's Information**

1. **Last Name:** Enter the member's last name (required).
2. **First Name:** Enter the member's first name (required).
3. **Social Security:** Enter the member's social security number. Please enter in the format 999-99-9999. This is a required field.
4. **Medicaid ID:** Enter the member's 12 digit Medicaid ID. This is a required field.

---

II. **Medication Administration**

1. **How can you take your medicine?:** Select the appropriate option from the drop down box. This is a required field.
2. **Describe Help / Name of Helper:** Describe the nature of any help the member received for medication administration and the name of any person assisting in that administration. This is an optional field.

---

III. **Psycho-Social Status**

1. **Behavior Pattern:** Select the appropriate option from the drop down box. This is a required field.
2. **Type of Inappropriate Behavior:** Describe any type of inappropriate behavior.
3. **Orientation:** Select the appropriate option from the drop down box. This is a required field.
4. **Spheres Affected:** Describe the spheres affected in any orientation issues.
5. **Current Psychiatric or Psychological Evaluation Needed?:** Select the appropriate answer (yes/no). This is a required answer.

---

IV. **Assessment Summary**

1. < **Does Applicant/Resident have a Prohibited Condition?:** Select the appropriate answer (yes/no). This is a required answer.
2. **Describe:** Describe the applicant/resident's prohibited. This field will display and be required if the previous question is answered 'Yes'.
3. **Level of Care Approved:** Select the appropriate option from the drop down box. This is a required field.

- **Assessment Completed by:**

1. **Assessor's Name:** Enter the Assessor's last and first names. These are required fields.
2. **Agency:** Enter the name of the agency the assessor is employed by.
3. **Provider Number:** Enter the NPI/API associated with the assessor's agency.
4. **Date:** Enter the date the assessment was completed. Please enter the date in the MM/DD/YYYY format. This is a required field.
5. **Comments:** Enter any comments relevant to this assessment. This entry is optional

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| N/A | N/A |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| N/A | N/A | N/A |

## Error Messages

| Description | Resolution |
| --- | --- |
| N/A | N/A |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'UAI-A' and screen displays.
5. After completion of UAI-A, select option to enter additional forms.
6. Form buttons display
7. Select 'Public Pay Short' button and screen displays.
8. Select link from : For instructions, please click here: Public Pay Short Form Assessment Instructions

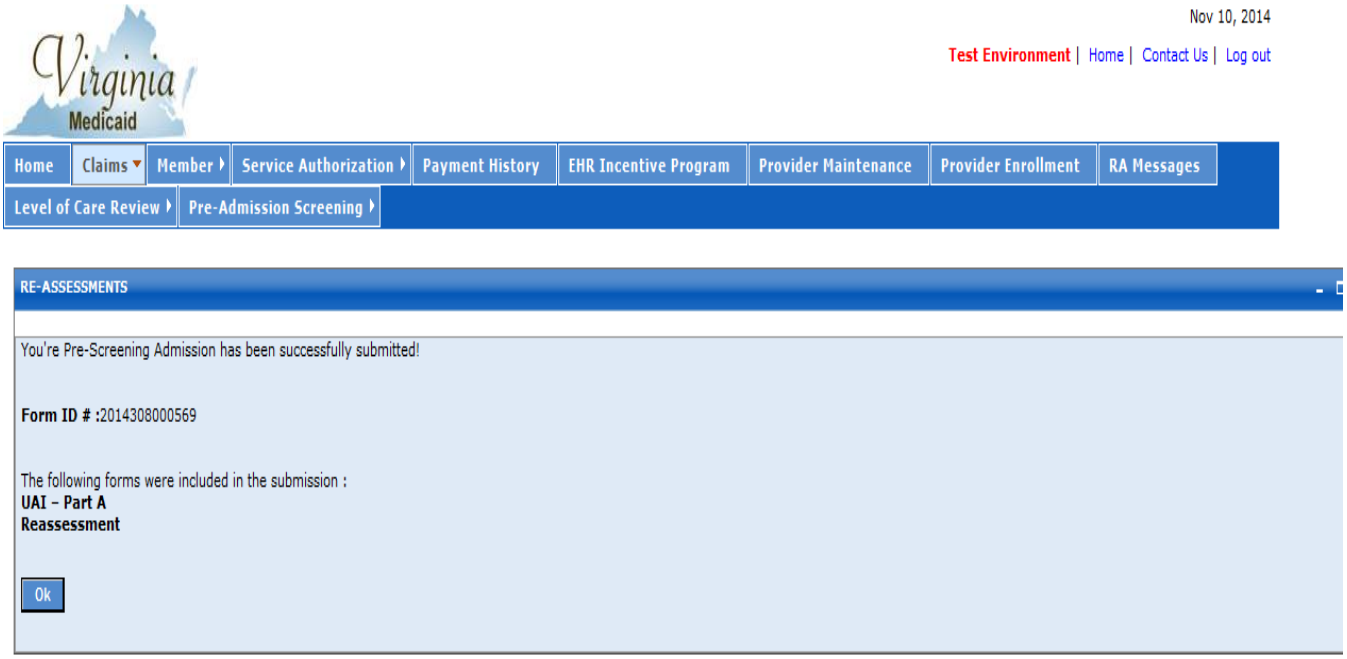
# Successful Submission (PAS-S-016)

## General Information

This page contains a summary of the forms submitted as part of the assessment.

| Screen Name | Successful Submission |
|---|---|
| Source/Originator | Any of the following Pre-AdmissionScreens:<br>UAI – A<br>UAI - B<br>DMAS95 – MI-MR-RC<br>DMAS95 – MI-MR-SUPL<br>DMAS96<br>DMAS97<br>Re-assessment<br>Public Pay Short |
| Usage | Display only – Successful Submission |

## Screen Sample – PAS-S-016



## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| N/A | N/A |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| OK | Navigates the user to the Assessment Tracking Summary screen | PAS-S-017 |

## Error Messages

| Description | Resolution |
|---|---|
| N/A | N/A |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'UAI-A' and screen displays.
5. After completion of UAI-A, select option to submit.
6. Select 'Submit' button and screen displays.

# Assessment Tracking Summary (PAS-S-017)

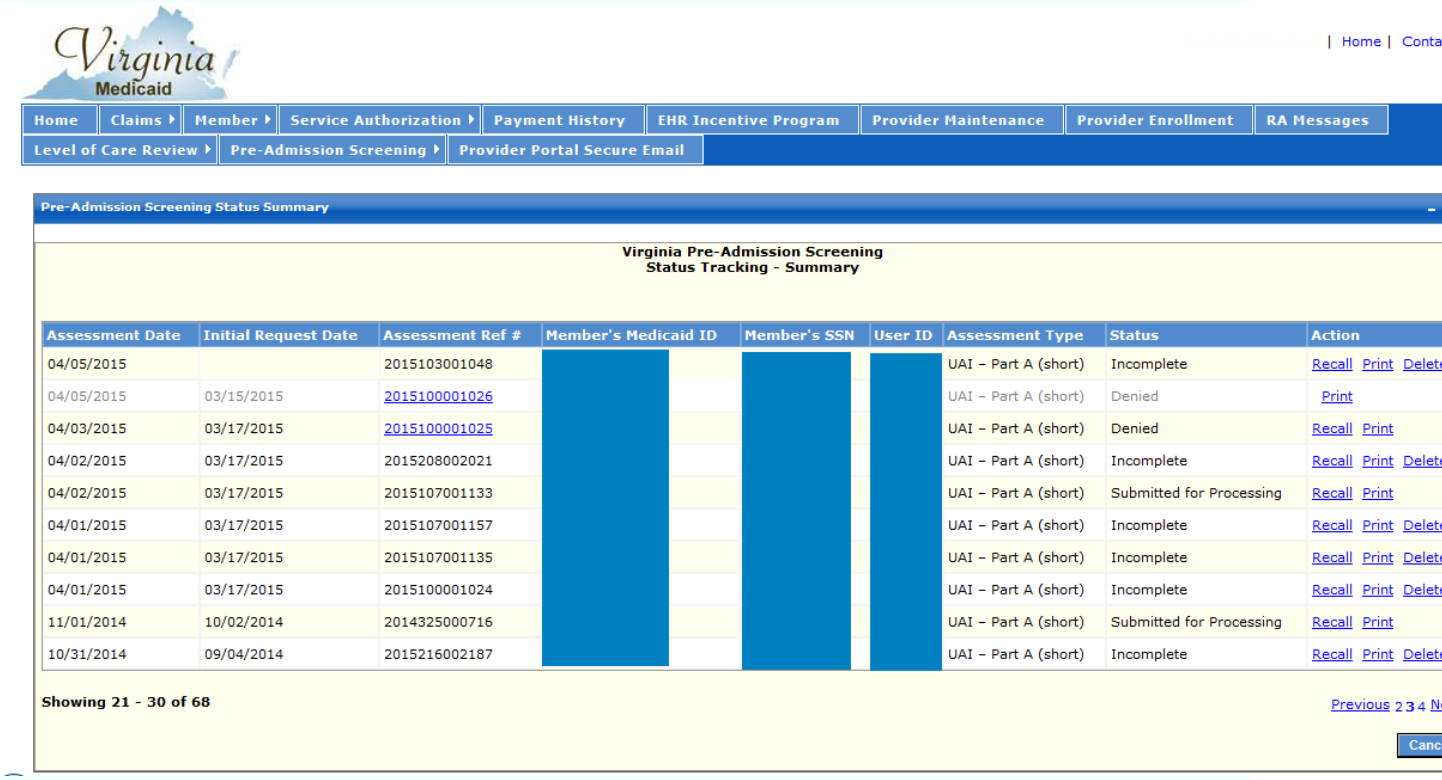
## General Information

The Pre-Admission Screening Tracking - Summary is a display screen reflecting all screenings submitted by the user.

From this screen the user can retrieve detail on individual assessments.

| Screen Name | Assignment Tracking Summary |
|---|---|
| Source/Originator | Pre-Admission Screening Menu |
| Usage | Review the status of all assessments both incomplete and submitted. Processed assessments can be drilled down to the detail level. |

## Screen Sample – PAS-S-017



Virginia Medicaid

| Home | Conta

Home | Claims | Member | Service Authorization | Payment History | EHR Incentive Program | Provider Maintenance | Provider Enrollment | RA Messages | Level of Care Review | Pre-Admission Screening | Provider Portal Secure Email

Pre-Admission Screening Status Summary

Virginia Pre-Admission Screening
Status Tracking - Summary

| Assessment Date | Initial Request Date | Assessment Ref # | Member's Medicaid ID | Member's SSN | User ID | Assessment Type | Status | Action |
|---|---|---|---|---|---|---|---|---|
| 04/05/2015 | | 2015103001048 | | | | UAI - Part A (short) | Incomplete | Recall Print Delete |
| 04/05/2015 | 03/15/2015 | 2015100001026 | | | | UAI - Part A (short) | Denied | Print |
| 04/03/2015 | 03/17/2015 | 2015100001025 | | | | UAI - Part A (short) | Denied | Recall Print |
| 04/02/2015 | 03/17/2015 | 2015208002021 | | | | UAI - Part A (short) | Incomplete | Recall Print Delete |
| 04/02/2015 | 03/17/2015 | 2015107001133 | | | | UAI - Part A (short) | Submitted for Processing | Recall Print |
| 04/01/2015 | 03/17/2015 | 2015107001157 | | | | UAI - Part A (short) | Incomplete | Recall Print Delete |
| 04/01/2015 | 03/17/2015 | 2015107001135 | | | | UAI - Part A (short) | Incomplete | Recall Print Delete |
| 04/01/2015 | 03/17/2015 | 2015100001024 | | | | UAI - Part A (short) | Incomplete | Recall Print Delete |
| 11/01/2014 | 10/02/2014 | 2014325000716 | | | | UAI - Part A (short) | Submitted for Processing | Recall Print |
| 10/31/2014 | 09/04/2014 | 2015216002187 | | | | UAI - Part A (short) | Incomplete | Recall Print Delete |

Showing 21 - 30 of 68

Previous 2 3 4 N

Canc

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| Assessment Date (PDE - 0223) | Display only – The date the assessment was conducted is displayed in the format MM/DD/YYYY |
| Initial Request Date (PDE-1341) | Display only – The date the initial request was made is displayed in the format MM/DD/YYYY |
| Assessment Reference # (PDE-0854) | Hyperlink/Display – The unique reference number assigned to the assessment. For incomplete & assessments submitted for processing, this field is display only. For submitted assessments, this field is a hyperlink that can be used to navigate the user to the detail associated with the assessment's processing. |
| Member's Medicaid ID (PDE - 0016) | Display only – The member's 12 digit Medicaid ID, if entered on the assessment. |
| Member's SSN (PDE - 0419) | Display only – The member's 9 digit social security ID, if entered on the assessment. |
| User ID (PDE-0006) | Display only – The unique user id associated with the registered user. |
| Assessment Type (PDE-1352) | Display only – Indicates whether the assessment was a long or short assessment |
| Assessment Status (PDE-1353) | Display only – The current status of the assessment |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Assessment Reference # | On processed assessments, navigates the user to the Status Tracking – Detail | PAS-S-018 |
| Recall | Recalls the assessment. For incomplete assessments it recalls the saved assessment. For completed assessments, it creates a copy of the completed assessment.<br><br>Note: This link is removed on denied | PAS-S-002<br>PAS-S-003<br>PAS-S-004<br>PAS-S-006<br>PAS-S-008<br>PAS-S-010<br>PAS-S-012<br>PAS-S-014 |

| | | |
|---|---|---|
| | assessments that have been recalled and a new assessment created. | |
| Delete | Removes the incomplete assessment | PAS-S-017 |
| Print | Allows the user to open a pdf copy of the assessment in a new window for saving to a local machine or printing. | PAS-S-017 |
| Back to Search | Navigates the user to the Assessment Search screen | PAS-S-020 |
| Cancel | Resets all the entered fields and returns the user to the Provider Secured portal. | PRV-S-0001 |

## Error Messages

| Description | Resolution |
|---|---|
| N/A | N/A |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'Pre-Admission Screening Tracking Summary' and screen displays.

# Assessment Tracking Detail (PAS-S-018)

## General Information

The Pre-Admission Screening Tracking - Detail is a display screen reflecting all detail associated with the selected screening from the Pre-Admission Screening Tracking - Summary.

From this screen the user can review the status of the assessment and any error messages that might be associated.

| Screen Name | Assignment Tracking Detail |
|---|---|
| Source/Originator | Assessment Tracking Summary |
| Usage | Review the detail of the assessment submission including status and any error messages. |

## Screen Sample – PAS-S-018

Nov 11, 2014

Test Environment | Home | Contact Us | Log out

Home | Claims | Member | Service Authorization | Payment History | EHR Incentive Program | Provider Maintenance | Provider Enrollment | RA Messages

Level of Care Review | Pre-Admission Screening

Pre-Admission Screening Status Summary

Virginia Pre-Admission Screening
Status Tracking - Detail

**Assessment Ref #:** [redacted]

**Assessment Date:** 09/15/2014

**Assessment Approval Code:** Denied

**Assessment Type:** UAI – Part B (long)

**PAS Medicaid Authorization Code:** 01

**NPI(s):** [redacted]

**Member's Information**

**Medicaid ID:** [redacted]

**SSN:** [redacted]

**Name:** [redacted]

**Error Messages:**

MEDICAID AUTHORIZATION CODE IS INVALID IN CROSS EDIT VALIDATION.

Back | Back to Search | Cancel

## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| Assessment Reference # (PDE-0854) | Hyperlink/Display – The unique reference number assigned to the assessment. For incomplete & assessments submitted for processing, this field is display only. For submitted assessments, this field is a hyperlink that can be used to navigate the user to the detail associated with the assessment's processing. |
| Assessment Date (PDE - 0223) | Display only – The date the assessment was conducted is displayed in the format MM/DD/YYYY |
| Assessment Approval Code (PDE-1353) | Display only – The current status of the assessment |
| Assessment Type | Display only – Indicates whether the assessment |

| | |
|---|---|
| (PDE-1352) | was a long or short assessment |
| PAS Medicaid Authorization Code (PDE-1354) | Display only – This reflects the Pre-Admission Screening Medicaid Authorization Code applicable to the assessment |
| NPI(s) (PDE - 0216) | Display – This is the 10-digit number associated with the provider. Up to three different NPIs can be displayed based on what was entered on the assessments |
| Member's Medicaid ID (PDE - 0016) | Display only – The member's 12 digit Medicaid ID, if entered on the assessment. |
| Member's SSN (PDE - 0419) | Display only – The member's 9 digit social security ID, if entered on the assessment. |
| Member's Name (PDE - 0013; PDE - 0014) | Display only –The member's first and last name. |
| Error Messages (PDE-1355) | Display only - This section will contain any error messages associated with the submitted assessment. There can be a maximum of 160 messages, each up to 75 characters. |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Back | Navigates the user to the Assessment Tracking Summary | PAS-S-017 |
| Back to Search | Navigates the user to the Assessment Search screen | PAS-S-020 |
| Cancel | Resets all the entered fields and returns the user to the Provider Secured portal. | PRV-S-0001 |

## Error Messages

| Description | Resolution |
|---|---|
| N/A | N/A |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over ‘Pre-Admission Screening’ navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select ‘Pre-Admission Screening Tracking Summary’ and screen displays.
5. Click on Assessment Reference # hyperlink
6. The ‘Pre-Admission Screening Tracking Detail’ screen displays.

# Pre-Admission Screening File Upload (PAS-S-019)

## General Information

Providers are able to upload a single assessment file in xml format or xls format to be loaded into the assessment screens. From there they can be reviewed, modified and ultimately submitted.

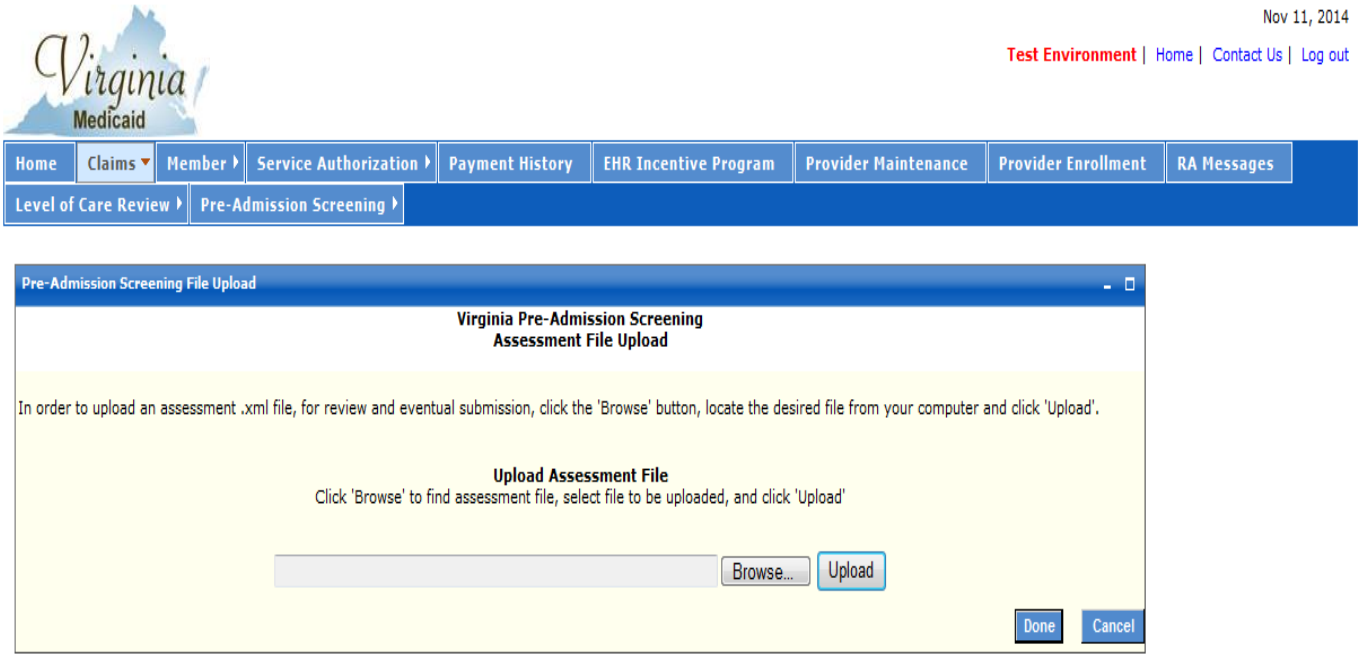
To upload the file the user will click the 'Browser' button and locate the desired file on their personal hard drive. Once located, click the 'Upload' button to upload the file to the portal's databases.

Once the upload is complete, the user will be able to recall the assessment from the Assessment Tracking Screen, where it will be in an 'Incomplete' status.

Recalling the assessment will let the user review and modify the assessment, save and or submit the assessment.

| Screen Name | Pre-Admission Screening File Upload |
|---|---|
| Source/Originator | Pre-Admission Screening Menu |
| Usage | Uploads single xml or xls files into the assessment screens for review and submission. |

## Screen Sample – PAS-S-019




## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| N/A | N/A |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Browse | Navigates the user to the documents on their hard drive for file selection | N/A |
| Upload | User selects the desired xml file from their hard drive, clicking this button uploads the file and displays on the Pre-Admission Screening File Upload screen | PAS-S-0019 |
| Done | Once the desired file has been uploaded from the user's hard drive, clicking 'Done' uploads the file to the databases and makes them available in the assessment Screens. User is | PAS-S-017 |

| | | |
|---|---|---|
| | navigated to the Assessment Tracking Summary for selection, review and submission. | |
| Cancel | Resets all the entered fields and returns the user to the Provider Secured portal. | PRV-S-0001 |

## Error Messages

| Description | Resolution |
|---|---|
| Invalid File Name | Select a valid xml file from the user's hard drive and click 'Upload' |
| Invalid File Extension | Select a valid xml file from the user's hard drive and click 'Upload' |
| Please upload the file and Click 'Done' otherwise click 'Cancel' | Select a valid xml from the user's hard drive and click 'Upload'. After file is reflected on the screen, click 'Done' to upload the files to the databases. |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal.
2. Hover over 'Pre-Admission Screening' navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select 'Pre-Admission Screening File Upload' option and screen displays.

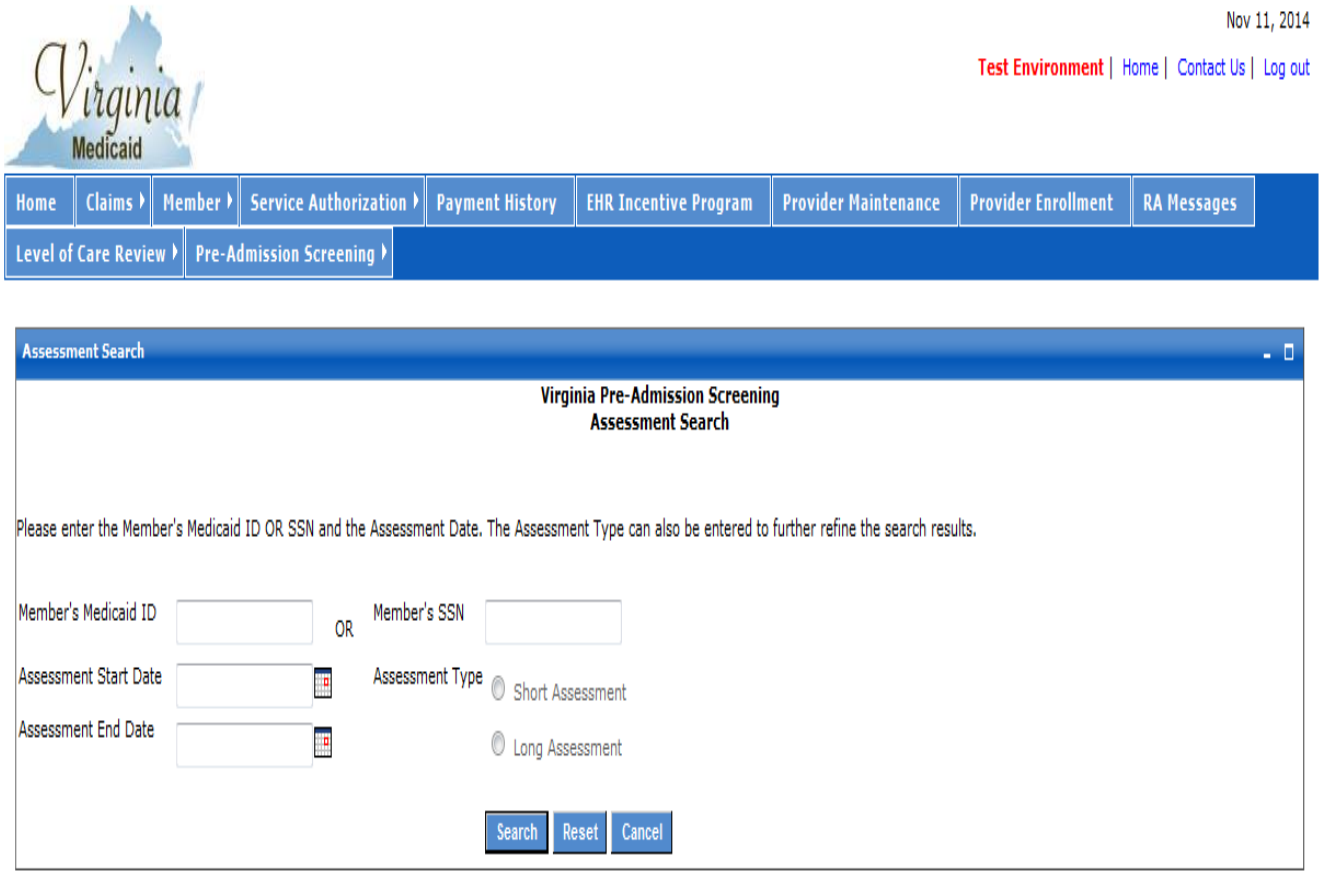
# Assessment Search (PAS-S-020)

## General Information

The Pre-Admission Screening Assessment Search enables the user to enter search criteria in order to retrieve assessments that are in process or were previously submitted (including both approved and denied assessments).

| Screen Name | Assessment Search |
|---|---|
| Source/Originator | Pre-Admission Screening Menu |
| Usage | Enter search criteria for desired assessments |

## Screen Sample – PAS-S-020



## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| Member's Medicaid ID<br>(PDE - 0016) | Enter the member's 12-digit Medicaid ID as a search criterion.<br><br>This field is enterable and optional but either the member's Medicaid ID or SSN are required. |
| Member's SSN<br>(PDE - 0419) | Enter the member's 9-digit social security number as a search criterion.<br><br>This field is enterable and optional but either the member's Medicaid ID or SSN are required. |
| Assessment Start Date<br>(PDE - 0223) | Enter the assessment start date to be used to limit the search results in the format MM/DD/YYYY.<br><br>This field is enterable and required. |
| Assessment End Date<br>(PDE - 0223) | Enter the assessment end date to be used to limit the search results in the format MM/DD/YYYY. End date must be equal to or greater than the Assessment Start Date.<br><br>This field is enterable and required. |
| Assessment Type<br>(PDE-1352) | Select the appropriate radio button to further limit the search results.<br><br>This field is selectable and options. |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Search | Initiates the search process with the search criteria entered and navigates the user the Assessment Search Detail screen. | PAS-S-0021 |
| Reset | Removes any data entered on the screen and lets the user re-enter. | PAS-S-0020 |
| Cancel | Resets all the entered fields and returns the user to the Provider Secured portal. | PRV-S-0001 |

## Error Messages

| Description | Resolution |
|---|---|
| Either SSN or Medicaid Number is required | Enter the member's SSN in the format 999999999 or 999-99-9999 and/or the member's 12-digit Medicaid ID. |
| Invalid SSN | Enter the member's SSN in the format 999999999 or 999-99-9999. |
| Invalid Medicaid Number | Enter the member's 12-digit Medicaid ID. |
| Assessment Start Date is required | Enter the assessment date to be used to begin the search criteria in the format MM/DD/YYYY. |
| Assessment Start date format should be MM/DD/YYYY | Enter the assessment date to be used to begin the search criteria in the format MM/DD/YYYY. |
| Assessment End Date is required | Select a valid xml from the user's hard drive and click 'Upload'. After file is reflected on the screen, click 'Done' to upload the files to the databases. |
| Assessment End date format should be MM/DD/YYYY | Enter the assessment end date to be used to limit the search results in the format MM/DD/YYYY. End date must be equal to or greater than the Assessment Start Date and 31 days or less from the Start Date.<br><br>This field is enterable and required. |
| Assessment End date should be equal to or greater than Assessment Start date. | Enter the assessment end date to be used to limit the search results in the format MM/DD/YYYY. End date must be equal to or greater than the Assessment Start Date and 31 days or less from the Start Date.<br><br>This field is enterable and required. |
| Dates must be within 1-month range | Enter the assessment end date to be used to limit the search results in the format MM/DD/YYYY. End date must be equal to or greater than the Assessment Start Date and 31 days or less from the Start Date.<br><br>This field is enterable and required. |
| No results found for this search criteria. Please click 'Reset' and enter different search criteria | Click 'Reset' and enter new search criteria. |

## Access

This screen is accessed through the secured provider portal utilizing the ‘Pre-Admission Screening’ tab

1. Log in to secured provider portal.
2. Hover over ‘Pre-Admission Screening’ navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select ‘Assessment Search’ option and screen displays.

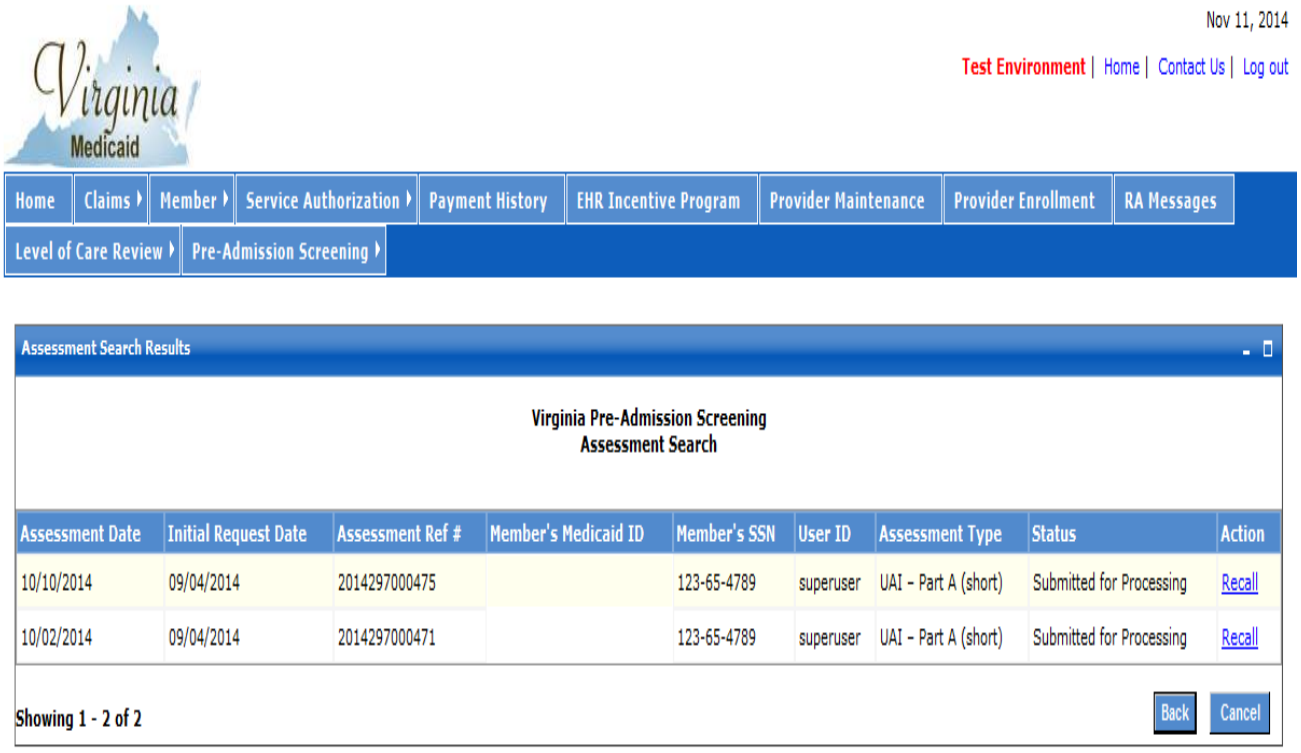
# Assessment Search Detail (PAS-S-021)

## General Information

The Pre-Admission Screening Assessment Search - Results is a display screen reflecting all screenings submitted by the user that meet the previously entered search criteria.

| Screen Name | Assessment Search Detail |
|---|---|
| Source/Originator | Assessment Search |
| Usage | Display of assessments meeting the search criteria. From this screen the user can review, recall or delete the results. |

## Screen Sample – PAS-S-021



## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|
| Assessment Date (PDE - 0223) | Display only – The date the assessment was conducted is displayed in the format MM/DD/YYYY |
| Initial Request Date (PDE-1341) | Display only – The date the initial request was made is displayed in the format MM/DD/YYYY |
| Assessment Reference # (PDE-0854) | Display only– The unique reference number assigned to the assessment. |
| Member's Medicaid ID (PDE - 0016) | Display only – The member's 12 digit Medicaid ID, if entered on the assessment. |
| Member's SSN (PDE - 0419) | Display only – The member's 9 digit social security ID, if entered on the assessment. |
| User ID (PDE-0006) | Display only – The unique user id associated with the registered user. |
| Assessment Type (PDE-1352) | Display only – Indicates whether the assessment was a long or short assessment |
| Assessment Status (PDE-1353) | Display only – The current status of the assessment |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Recall | Recalls the assessment. For incomplete assessments it recalls the saved assessment. For completed assessments, it creates a copy of the completed assessment. | PAS-S-002<br>PAS-S-003<br>PAS-S-004<br>PAS-S-006<br>PAS-S-008<br>PAS-S-010<br>PAS-S-012<br>PAS-S-014 |
| Delete | Removes the incomplete assessment | PAS-S-021 |
| Print | Allows the user to open a pdf copy of the assessment in a new window for saving to a local machine or printing. | PAS-S-021 |
| Back | Navigates the user to the Assessment Search screen | PAS-S-020 |
| Cancel | Resets all the entered fields and returns the user to the Provider | PRV-S-0001 |

| | | |
|---|---|---|
| | Secured portal. | |

## Error Messages

| Description | Resolution |
|---|---|
| N/A | N/A |

## Access

This screen is accessed through the secured provider portal utilizing the ‘Pre-Admission Screening’ tab

1. Log in to secured provider portal.
2. Hover over ‘Pre-Admission Screening’ navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select ‘Assessment Search’ option and screen displays.
5. Enter search criteria and click ‘Search’
6. The ‘Assessment Search Detail’ displays

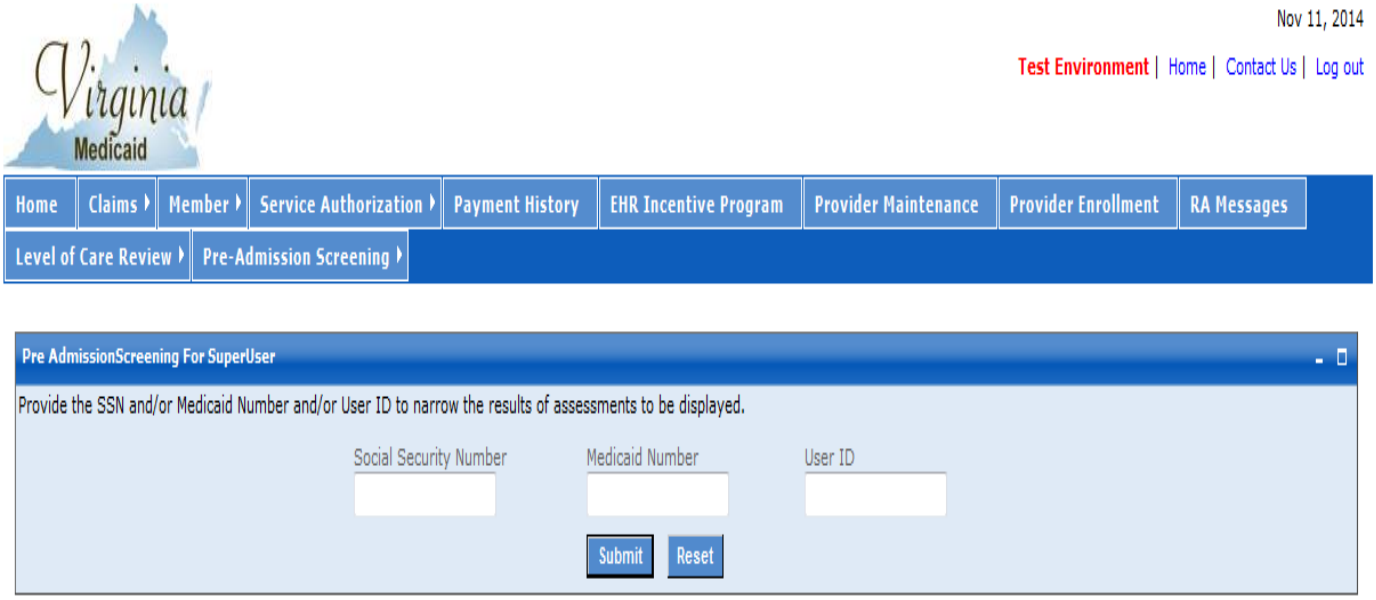
# Superuser Entry (PAS-S-022)

## General Information

The Superuser Entry Screens gives internal users (DMAS and Xerox) the ability to enter specific information to retrieve information that will let them view the information as the provider community would. This aids the user in research and provider assistance.

| Screen Name | Superuser Entry |
|---|---|
| Source/Originator | Pre-Admission Screening Status Tracking |
| Usage | Entry of member or provider specifics to display information. Available to internal users only. |

## Screen Sample – PAS-S-022




## Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements section.

| Data Element Name (ID) | Instructions |
|---|---|

| | |
|---|---|
| Member's SSN<br>(PDE - 0419) | The member's 9 digit social security ID, if entered on the assessment.<br><br>This field is enterable and optional. But at least field entry is required. |
| Member's Medicaid ID<br>(PDE - 0016) | The member's 12 digit Medicaid ID, if entered on the assessment.<br><br>This field is enterable and optional. But at least field entry is required. |
| User ID<br>(PDE-0006) | The unique user id associated with the registered user.<br><br>This field is enterable and optional. But at least field entry is required. |

## Navigation

| Button/Link | Action | Link |
|---|---|---|
| Submit | Uses the criterion entered by the user and builds the assessment tracking summary with the data provided. | PAS-S-017 |
| Reset | Removes the data entered and redisplays the screen | PAS-S-022 |

## Error Messages

| Description | Resolution |
|---|---|
| Either SSN or Medicaid Number or User ID is required. | Enter member's 9-digit social security number or the member's 12-digit Medicaid ID or the user's login ID. |
| Enter valid SSN | Enter member's social security number in the format 999999999 or 999-99-9999. |
| Enter valid Medicaid ID | Enter the member's 12-digit Medicaid ID. |

## Access

This screen is accessed through the secured provider portal utilizing the 'Pre-Admission Screening' tab

1. Log in to secured provider portal with the superuser ID.
2. Hover over ‘Pre-Admission Screening’ navigation tab.
3. Pre-Admission Screening options display as drop down selections
4. Select ‘Pre-Admission Tracking Summary’ option.
5. The ‘Superuser Entry’ screen displays.

# Tables - MMIS/DB2

| Table Name | Description | Access |
| --- | --- | --- |
| ps_npi_xref | NPI XREF Table | Inquiry |

# Tables – Portal

- PAS Form Table - WP_PAS_FORM_TB (PAS-T-0001)
- PAS Form Type Table - WP_PAS_FORM_TY_TB (PAS-T-0002)

# PAS Form Table (PAS-T-0001)

## General Information

The WP_PAS_FORM_TB table houses the information associated with the Pre-Admission Screening entry forms.

## Data Elements

| Data Element Name | Field Length | Description |
|---|---|---|
| PAS Form SK | 10 | Surrogate Key - Assessment Form; Valid Values -<br>• Long<br>• Short |
| PAS Form ID | 16 | System Generated Confirmation |
| PAS Form Type Code | 50 | Number of forms contained in the assessment |
| User ID – Surrogate Key | 10 | Surrogate Key - User Log In ID |
| SSN<br>(PDE - 0419) | 11 | Member's social security number in the format 999-99-9999 |
| Medicaid ID<br>(PDE - 0016) | 12 | Member's numeric Medicaid ID |
| Assessment Date<br>(PDE - 0223) | 10 | Date assessment was completed in the format MM/DD/YYYY. |
| PAS Form Creation Date | 10 | Date assessment was initially created in the system, in the format MM/DD/YYYY. |
| PAS Form Submission Date | 10 | Date form was submitted in the format MM/DD/YYYY |
| PAS Form Data BLOB | Open | All data captured from the PAS forms and used in the batch extract process |
| PAS File Status Code | 2 | The status of the file after its input into the MMIS. |
| PAS PDF Status Code | 2 | Indicates if the PDF has been created and loaded in to the ECM |
| Hibernate Version Number | 9 | Hibernate Version number, default value is '1' |

| | | |
|---|---|---|
| Audit Timestamp | 6 | Audit Modified Time Stamp |
| Audit User ID | 30 | Audit Modified User ID |
| Audit Additional Timestamp | 6 | Audit Added Timestamp |
| Audit Additional User ID | 30 | Audit Additional User ID |
| ORG Surrogate Key | 10 | Org Surrogate key |
| UAI ID | 4 | UAI unique ID assigned by the portal to pass to the MMIS |
| Member Name<br>(PDE - 0013, PDE - 0014, PDE - 0015) | 40 | Concatenation of Member's Last & First Name and Middle Initial |
| Medicaid Authorization Code | 2 | PAS Medicaid Authorization Code. Valid Values:<br>00 – None<br>01 – Nursing Facility<br>02 – PACE/LTCPHP<br>04 – EDCD<br>08 – Other Service Recommended<br>09 – Active Treatment for MI/MR Condition<br>11 – Adult Care Residential Living<br>12 – Adult Care Regular Assisted Living<br>15 – Technology Assisted Waiver<br>16 – Alzheimer's Waiver |
| Assessment Flag | 1 | Indicates if the assessment is saved, submitted, etc. |
| Assessment Status Code | 2 | The status of the file after it was processed from the MMIS; Valid Values:<br>• A – Approved<br>• C – Convert<br>• D – Denied<br>• P – Pended<br>• V – Voided |
| Assessment Control Number | 13 | Assessment Control Number from the MMIS |
| Level 1 Screener Provider ID#1<br>(PDE - 0216) | 10 | Level 1 Screener's NPI |
| Level 1 Screener Provider ID#2<br>(PDE - 0216) | 10 | Level 1 Screener's NPI |
| Level 2 Screener Provider ID<br>(PDE - 0216) | 10 | Level 2 Screener's NPI |
| Error Message Texts | Open | Error message text associated with any processed assessment. |
| Validation Errors | 400 | Error message IDs returned on a pro- |

| | | |
|---|---|---|
| | | cessed assessment |
| UAI Vendor ID | 5 | Portal Assigned ‘01002’ |
| Portal User ID | 30 | User Log In ID |
| XML Data Upload | Open | XML input by the user via the xml upload process. |
| Initial Request Date (PDE-1341) | 8 | Initial Request Date in the format MMDDYYYY |
| PAS User XML Data | Open | XML data used as output by the system upon submission |
| PAS Form SK | 10 | PAS Form Surrogate Key |

# PAS Form Type Table (PAS-T-0002)

## General Information

The WP_PAS_FORM_TY_TB table houses the information used to populate the Pre-Admission Screening entry forms.

## Data Elements

| Data Element Name | Field Length | Description |
|---|---|---|
| PAS Form Type Code | 10 | Valid value code |
| PAS Description | 100 | Valid value description |
| Hibernate Version Number | 9 | Hibernate Version number, default value is ‘1’ |
| Audit User ID | 30 | Audit Modified User ID |
| Audit Timestamp | 6 | Audit Modified Time Stamp |
| Audit Additional User ID | 30 | Audit Additional Modified User ID |
| Audit Additional Timestamp | 6 | Audit Added Timestamp |