

**HCBS Data Management and EVV RFP #xxxxx  
Procurement Library Exhibit #2: T-MSIS Data Elements (OAAS/ OCDD)**

**DISABILITY-TYPE-CODE**

| Code | Description  |
|------|--|
| 01   | Individual is deaf or has serious difficulty hearing.  |
| 02   | Individual is blind or has serious difficulty seeing, even when wearing glasses.   |
| 03   | Individual has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition. (Applicable only to people who are 5 years old or older.)             |
| 04   | Individual has serious difficulty walking or climbing stairs. (Applicable only to people who are 5 years old or older.)  |
| 05   | Individual has difficulty dressing or bathing. (Applicable only to people who are 5 years old or older.)   |
| 06   | Individual has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. (Applicable only to people who are 15 years old or older.) |
| 07   | Other  |
| 08   | None   |

| STATUS (Red Font: Question)   | Data Source                                       |
|---|---|
| <p><b>OAAS:</b> Information obtained from Telesys/MDS-HC; SRI and OAAS will develop a bridge/data transfer process so the data can be captured in the SRI system</p> <p><b>OCDD:</b> SRI will be added the data elements into the epoc. OCDD to identify the specific location in the epoc where they would like it to appear.</p> <p>Multiple items can be selected for OAAS and OCDD waiver populations</p> | <p><b>OAAS and OCDD:</b> SRI can provide data</p> |

**HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE**

| Code | Description (Determined by participant's waiver program) |
|------|--|
| 001  | Aged ( <b>OAAS</b> )                                     |
| 002  | Physical Disabilities ( <b>OAAS</b> )                    |
| 003  | Intellectual Disabilities ( <b>OCDD</b> )                |
| 004  | Autism Spectrum Disorder ( <b>OCDD</b> )                 |
| 005  | Developmental Disabilities ( <b>OCDD</b> )               |
| 006  | Mental Illness and/or Serious Emotional Disturbance      |
| 007  | Brain Injury   |
| 008  | HIV/AIDS   |
| 009  | Technology Dependent or Medically Fragile                |
| 010  | Disabled (other)   |

| STATUS (Red Font: Question)   | Data Source                                       |
|---|---|
| <p><b>OAAS:</b> Data will be identified by SRI based on the age of the OAAS participant (DOB/Age already in SRI system). Participants up to age 64 will be considered "Physical Disabilities" and those 65 and older will be considered "Aged."</p> <p><b>OCDD:</b> All OCDD participants will be considered "005: Developmental Disabilities." Additional Codes for 003: Intellectual Disabilities and "004: Autism" will be entered by the Support Coordinator in epoc within SRI data system. One or both of the additional codes (003 and 004) can be added if applicable</p> | <p><b>OAAS and OCDD:</b> SRI can provide data</p> |

**HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE**

**HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE**

| STATUS (Red Font: Question) | Data Source                                |
|-----------------------------|--|
| Begin Date of POC           | <b>OAAS and OCDD:</b> SRI can provide data |
| End Date of POC             | <b>OAAS and OCDD:</b> SRI can provide data |

**HCBS Data Management and EVV RFP #xxxxx  
Procurement Library Exhibit #2: T-MSIS Data Elements (OAAS/ OCDD)**

**LEVEL-OF-CARE-STATUS**

| Code | Description   |
|------|---|
| 001  | Hospital as defined in 42 CFR §440.10   |
| 002  | Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR § 440.160 |
| 003  | Nursing Facility (OAAS)   |
| 004  | ICF/IDD (OCDD)  |
| 005  | Other Type of Facility  |
| 888  | Not Applicable (Not in LTSS program)  |

| STATUS (Red Font: Question)           | Data Source                         |
|---------------------------------------|-------------------------------------|
| OAAS: 003 for all waiver participants | OAAS and OCDD: SRI can provide data |
| OCDD: 004 for all waiver participants |                                     |

**LTSS-LEVEL-CARE**

| Code | Description       |
|------|-------------------|
| 1    | Skilled Care      |
| 2    | Intermediate Care |
| 3    | Custodial Care    |

| STATUS (Red Font: Question)   | Data Source                         |
|---|-------------------------------------|
| OAAS and OCDD:<br><b>Skilled Care:</b> SRI to identify by PAd Proc Codes. Proc Codes to be all that are provided by licensed/certified professionals<br><b>Custodial Care:</b> participants who receive waiver services excluding professional services identified as Skilled Care. | OAAS and OCDD: SRI can provide data |

**MFP-LIVES-WITH-FAMILY**

| Code | Description          |
|------|----------------------|
| 0    | No                   |
| 1    | Yes                  |
| 2    | No MFP Participation |

| STATUS (Red Font: Question)               | Data Source                         |
|---|-------------------------------------|
| OAAS/OCDD: SRI already collects and codes | OAAS and OCDD: SRI can provide data |

**MFP-QUALIFIED-INSTITUTION**

| Code | Description   |
|------|---|
| 00   | Default- No MFP Participation   |
| 01   | Nursing Facility  |
| 02   | ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities) |
| 03   | IMD (Institution for Mental Diseases)   |
| 04   | Hospital  |
| 05   | Other   |

| STATUS (Red Font: Question)  | Data Source                         |
|--|-------------------------------------|
| OAAS/OCDD: SRI already collects and codes; All codes listed here are included in SRI's system. | OAAS and OCDD: SRI can provide data |

**HCBS Data Management and EVV RFP #xxxxx  
Procurement Library Exhibit #2: T-MSIS Data Elements (OAAS/ OCDD)**

| <b>MFP-QUALIFIED-RESIDENCE</b> |  |
|--------------------------------|--|
| Code                           | Description  |
| 00                             | Default - No MFP Participation                       |
| 01                             | Home owned by participant                            |
| 02                             | Home owned by family member                          |
| 03                             | Apartment leased by participant, not assisted living |
| 04                             | Apartment leased by participant, assisted living     |
| 05                             | Group home of no more than 4 people                  |

| <b>STATUS (Red Font: Question)</b>  | <b>Data Source</b>                         |
|---|--|
| <b>OAAS/OCDD:</b> SRI already collects and codes; All codes listed here are included in SRI's system. | <b>OAAS and OCDD:</b> SRI can provide data |

| <b>MFP-REASON-PARTICIPATION-ENDED</b> |                                     |
|---------------------------------------|-------------------------------------|
| Code                                  | Description                         |
| 00                                    | Default – No MFP Participation      |
| 01                                    | Completed 365 days of participation |
| 02                                    | Suspended eligibility               |
| 03                                    | Re-institutionalized                |
| 04                                    | Died                                |
| 05                                    | Moved                               |
| 06                                    | No longer needed services           |
| 07                                    | Other                               |

| <b>STATUS (Red Font: Question)</b>  | <b>Data Source</b>                         |
|---|--|
| <b>OAAS/OCDD:</b> SRI already collects and codes; All codes listed here are included in SRI's system. | <b>OAAS and OCDD:</b> SRI can provide data |

| <b>MFP-REINSTITUTIONALIZED-REASON</b> |   |
|---------------------------------------|---|
| Code                                  | Description   |
| 00                                    | Default- No MFP Participation                                   |
| 01                                    | Acute care hospitalization followed by long term rehabilitation |
| 02                                    | Deterioration in cognitive functioning                          |
| 03                                    | Deterioration in health   |
| 04                                    | Deterioration in mental health                                  |
| 05                                    | Loss of housing   |
| 06                                    | Loss of personal care giver                                     |
| 07                                    | By request of participant or guardian                           |
| 08                                    | Lack of sufficient community services                           |

| <b>STATUS (Red Font: Question)</b>  | <b>Data Source</b>                         |
|---|--|
| <b>OAAS/OCDD:</b> SRI already collects and codes; All codes listed here are included in SRI's system. | <b>OAAS and OCDD:</b> SRI can provide data |

| <b>MFP-ENROLLMENT-EFF-DATE</b> |
|--------------------------------|
| <b>MFP-ENROLLMENT-END-DATE</b> |

| <b>STATUS (Red Font: Question)</b>  | <b>Data Source</b>                         |
|---|--|
| SRI has and is already inputting these dates. SRI has Begin Date and Closure Date for all MFP Participants. This meets the requirement. | <b>OAAS and OCDD:</b> SRI can provide data |

**HCBS Data Management and EVV RFP #xxxxx  
Procurement Library Exhibit #2: T-MSIS Data Elements (OAAS/ OCDD)**

| <b>WAIVER-TYPE</b> |   |
|--------------------|---|
| <b>Code</b>        | <b>Description</b>  |
| 01                 | 1115 Other demonstration  |
| 02                 | 1915(b)(1) – These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.       |
| 03                 | 1915(b)(2) – These waivers allow states to use enrollment brokers.  |
| 04                 | 1915(b)(3) – These waivers allow states to use savings to provide additional services that are not in the State Plan. |
| 05                 | 1915(b)(4) – These waivers allow fee for service selective contracting.   |
| 06                 | 1915(c)—Aged and Disabled   |
| 07                 | 1915(c)— Aged   |
| 08                 | 1915(c)— Physical Disabilities  |
| 09                 | 1915(c)— Intellectual Disabilities  |
| 10                 | 1915(c)— Intellectual and Developmental Disabilities  |
| 11                 | 1915(c)— Brain Injury   |
| 12                 | 1915(c)— HIV/AIDS   |
| 13                 | 1915(c)— Technology Dependent or Medically Fragile  |
| 14                 | 1915(c)— Disabled (other)   |
| 15                 | 1915(c)— Enrolled in 1915(c) waiver for unspecified or unknown populations  |
| 16                 | 1915(c)— Autism/Autism spectrum disorder  |
| 17                 | 1915(c)— Developmental Disabilities   |
| 18                 | 1915(c)— Mental Illness—Age 18 or Older   |
| 19                 | 1915(c)— Mental Illness—Under Age 18  |
| 20                 | 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority  |
| 22                 | 1115 Pharmacy demonstration   |
| 23                 | 1115 Disaster-related demonstration   |
| 24                 | 1115 Family planning demonstration  |
| 25                 | 1115 Substance use demonstration  |
| 26                 | 1115 Premium Assistance demonstration   |
| 27                 | 1115 Beneficiary engagement demonstration   |
| 28                 | 1115 Former foster care youth from another state  |
| 29                 | 1115 Managed long term services and support   |
| 30                 | 1115 Delivery system reform   |
| 31                 | 1332 Demonstration  |
| 32                 | 1915(b) waiver  |
| 33                 | 1915(c) waiver  |

| <b>STATUS (Red Font: Question)</b> | <b>Data Source</b>                         |
|------------------------------------|--|
| <b>OAAS: 33-1915c</b>              | <b>OAAS and OCDD: SRI can provide data</b> |
| <b>OCDD: 33-1915c</b>              |  |

**HCBS Data Management and EVV RFP #xxxxx  
Procurement Library Exhibit #2: T-MSIS Data Elements (OAAS/ OCDD)**

|                                   |
|-----------------------------------|
| <b>WAIVER-ENROLLMENT-EFF-DATE</b> |
| <b>WAIVER-ENROLLMENT-END-DATE</b> |

| <b>STATUS (Red Font: Question)</b> | <b>Data Source</b>                         |
|------------------------------------|--|
| Date Waiver Starts                 | <b>OAAS and OCDD:</b> SRI can provide data |
| Date Waiver Ends                   | <b>OAAS and OCDD:</b> SRI can provide data |

| <b>1115A-DEMONSTRATION-IND</b> |                    |
|--------------------------------|--------------------|
| <b>Code</b>                    | <b>Description</b> |
| 0                              | No                 |
| 1                              | Yes                |

| <b>STATUS (Red Font: Question)</b> | <b>Data Source</b> |
|------------------------------------|--------------------|
| N/A                                | N/A                |