

General Information

The Level of Care Review functionality lets the provider community file level of care reviews.

The DMAS-99 forms have been consolidated into the Community-Based Care Level of Care Review Instrument. This form accommodates the Alzheimer's Assisted Living Waiver, EDC Waiver, Technology Assisted Waiver and PACE Programs.

In addition to the DMAS-99 forms, there are two Technology Assisted Waiver screens that are determined by the member's birthdate. The Adult Referral form (DMAS-108) and the Pediatric Referral form (DMAS-109).

After successful completion of the forms, the user will receive a submission screen recapping all the information that was entered.

There is a download capability that will let the user download a pdf version of the forms to their machine. A copy of the pdf will also be loaded into the ECM for follow-up and research purposes. Both the submission page and the pdf contain a unique assigned transaction number that can be used for research.

An extract of all entered information will be sent daily to the TAG team for loading into an existing LOCERI Oracle database and subsequently to the existing Oracle front end application.

In a future phase, the information will be processed directly to the MMIS and new portal screens will be developed.

Data Elements

Data Elements Not Previously Defined

- Assessment Date (PDE-0223)
- Program Type (PDE-0224)
- Service Delivery Method (PDE-0225)
- PACE Assessment Period (PDE-0226)
- PACE Enrollment Agreement Date (PDE-0227)
- UAI Completion Date (PDE-0228)
- Race (PDE-0229)
- Housing (PDE-0231)
- Caregiver Name (PDE-0232)
- Advance Directive Ind (PDE-0233)
- APS/CPS Referral Ind (PDE-0234)
- Substance Abuse History Ind (PDE-0235)
- Discharge Date (PDE-0236)
- Personal Care Ind (PDE-0237)
- Personal Care Hours (PDE-0238)
- Respite Care Ind (PDE-0239)
- Respite Care Hours (PDE-0240)
- Private Duty Nursing Ind (PDE-0241)
- Private Duty Nursing Days (PDE-0242)
- Adult Day Care Ind (PDE-0243)
- Adult Day Care Days (PDE-0244)
- DME Ind (PDE-0245)
- Home Delivered Meals Ind (PDE-0246)
- PERS Ind (PDE-0247)

- Home Health Ind (PDE-0246)
- Nursing Ind (PDE-0249)
- Speech Ind (PDE-0250)
- OT Ind (PDE-0251)
- PT Ind (PDE-0252)
- Other Ind (PDE-0253)
- Rehab at Center Ind (PDE-0254)
- Speech Needs Ind (PDE-0255)
- Hearing Impairment Ind (PDE-0256)
- Visual Impairment Ind (PDE-0257)
- Language – English Ind (PDE-0258)
- Language – Other Ind (PDE-0259)
- Language – Other (PDE-0260)
- Medicaid Insured Ind (PDE-0261)
- Medicare Insured Ind (PDE-0262)
- Medicare Number (PDE-0263)
- Private Insurance Ind (PDE-0264)
- Private Pay Ind (PDE-0265)
- 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)
- 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)
- Physical – Joint Motion (PDE-0281)
- Physical – Med Admin (PDE-0282)
- Physical – Orientation (PDE-0283)
- Physical – Behavior (PDE-0284)
- Ambulation – Walking (PDE-0285)
- Ambulation – Wheeling (PDE-0286)
- Ambulation – Stair Climbing (PDE-0287)
- Ambulation – Mobility (PDE-0288)
- Diagnosis Indication (PDE-0289)
- Diabetes Ind (PDE-0290)
- COPD Ind (PDE-0291)
- Cancer Ind (PDE-0292)
- Congestive Heart Failure Ind (PDE-0293)
- Dementia Ind (PDE-0294)
- Alzheimer’s Ind (PDE-0295)
- ID/DD Ind (PDE-0296)
- Mental Health Ind (PDE-0297)
- Other Diagnosis Ind (PDE-0298)
- Other Diagnosis Entry (PDE-0299)
- Medication Entry (PDE-0776)
- Current Health Status (PDE-0777)

- Nursing Needs Ind (PDE-0778)
- Current Nursing Needs (PDE-0779)
- Aseptic Dressing Ind (PDE-0780)
- Catheter Care Ind (PDE-0781)
- Respiratory Therapy Ind (PDE-0782)
- Therapeutic Exercise Ind (PDE-0783)
- Chemotherapy Ind (PDE-0784)
- Radiation Ind (PDE-0785)
- Dialysis Ind (PDE-0786)
- Suctioning Ind (PDE-0787)
- Tracheotomy Care Ind (PDE-0788)
- Infusion Therapy Ind (PDE-0789)
- Oxygen Ind (PDE-0790)
- Skin Care Ind (PDE-0791)
- Pressure Ulcers Ind (PDE-0792)
- Restraints Ind (PDE-0793)
- Impairment Mgmt Ind (PDE-0794)
- Colostomy Care Ind (PDE-0795)
- Nutrition Supervision Ind (PDE-0796)
- Observation Ind (PDE-0797)
- Multiple Conditions Ind (PDE-0798)
- Other Medical Needs Ind (PDE-0799)
- Other Medical Needs Detail (PDE-0800)
- Individual's Name (PDE-0801)
- Form Completed By (PDE-0802)
- Acknowledgement Ind (PDE-0803)
- Referral Source (PDE-0804)

- Referral's Phone (PDE-0805)
- Completer's Phone (PDE-0806)
- Ventilator Ind (PDE-0807)
- Ventilator Orders (PDE-0808)
- Complex Trach Ind (PDE-0809)
- Nebulizer Treatments Ind (PDE-0810)
- Nebulizer Treatment Orders (PDE-0811)
- Plus Oximetry Monitoring Ind (PDE-0812)
- Plus Oximetry Monitoring Orders (PDE-0813)
- Respiratory Assessment Ind (PDE-0814)
- Respiratory Assessment Orders (PDE-0815)
- Oxygen Therapy Ind (PDE-0816)
- Oxygen Therapy Orders (PDE-0817)
- Trach Care Ind (PDE-0818)
- Trach Care Orders (PDE-0819)
- Trach Suctioning Ind (PDE-0820)
- Mechanical Ventilation Risk Ind (PDE-0821)
- Ventilator Level (PDE-0822)
- Trach/Ventilator Dependent Ind (PDE-0823)
- C-PAP/BIPAP Ind (PDE-0824)
- Continuous Oxygen Ind (PDE-0825)
- Continuous Unstable Oxygen Ind (PDE-0826)
- Unstable Oxygen – Diuretics Ind (PDE-0827)
- Unstable Oxygen – Albuterol Ind (PDE-0828)
- Unstable Oxygen – Weight Ind (PDE-0829)
- Unstable Oxygen – Hospitalization Ind (PDE-0830)
- Unstable Oxygen –Desaturation Ind (PDE-0831)

- Unstable Oxygen – Fluid Restrictions Ind (PDE-0832)
- Peritoneal Dialysis Ind (PDE-0833)
- J/G Tube Ind (PDE-0834)
- J/G Tube – Reflux Ind (PDE-0835)
- J/G Tube – Swallow Study Ind (PDE-0836)
- J/G Tube – Aspiration Pneumonia Ind (PDE-0837)
- J/G Tube – Suctioning Need Ind (PDE-0838)
- NG Tube Level (PDE-0839)
- IV Therapy Ind (PDE-0840)
- Technology Score (PDE-0841)
- Tracheal Suctioning Level (PDE-0842)
- Enteral Feedings Level (PDE-0843)
- Daily Medication Level (PDE-0844)
- Intermittent Catheter Level (PDE-0845)
- Sterile Dressings Level (PDE-0846)
- Nursing Trach Care Ind (PDE-0847)
- IV/Hyperal Level (PDE-0848)
- Special Treatments Level (PDE-0849)
- I/O Monitoring Ind (PDE-0850)
- Nursing Score (PDE-0851)
- Total Technology/Nursing Score (PDE-0852)
- Member's Phone (PDE-0853)
- LOCERI Form ID (PDE-0854)
- PACE Enrollment Date (PDE-0855)
- Discharge Date (PDE-0856)

Data Elements Previously Defined

- Provider Name (existing – Provider Org-Last Name pde-0011; Provider’s First Name pde-0012)
- Provider ID (existing – Service Provider NPI pde-0216)
- Provider’s Phone (existing - Servicing Address – Office Phone pde-0629)
- Provider’s Email (existing – Servicing Address – Email pde-0641)
- 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)
- 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)
- 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)
- Medicaid Number (existing – Member’s ID Number pde-0016)
- Service Authorization Number (existing - Service Authorization ID (pde-0439)
- Private Insurance Company (existing – TPL Carrier Name pde-0426)
- Private Insurance Policy Number (existing – Insured’s Unique ID pde-0065)

Provider's Name

General Information

This data element has previously been defined. The following information is how this data element is used within the LOCERI functionality.

Portal Data Element	Concatenation of: PDE-0011 PDE-0012
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual's Information DMAS-109 – Individual's Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Provider's Name

This data element has previously been defined. The following information is how this data element is used within the LOCERI functionality.

Portal Data Element	Concatenation of: PDE-0011 PDE-0012
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual's Information DMAS-109 – Individual's Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_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 LOCERI functionality.

Portal Data Element	PDE-0013
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual’s Information DMAS-109 – Individual’s Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_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 LOCERI functionality.

Portal Data Element	PDE-0014
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual’s Information DMAS-109 – Individual’s Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_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 LOCERI functionality.

Portal Data Element	PDE-0015
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual’s Information DMAS-109 – Individual’s Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Medicaid ID (PDE-0016)

General Information

This data element has previously been defined. The following information is how this data element is used within the LOCERI functionality.

Portal Data Element	PDE-0016
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual’s Information DMAS-109 – Individual’s Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_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 LOCERI functionality.

Portal Data Element	PDE-0045
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual’s Information DMAS-109 – Individual’s Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_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 LOCERI functionality.

Portal Data Element	PDE-0047
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual’s Information DMAS-109 – Individual’s Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_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 LOCERI functionality.

Portal Data Element	PDE-0048
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual’s Information DMAS-109 – Individual’s Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_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 LOCERI functionality.

Portal Data Element	PDE-0049
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual’s Information DMAS-109 – Individual’s Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_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 LOCERI functionality.

Portal Data Element	PDE-0051
Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	DMAS-99 – Provider Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_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 LOCERI functionality.

Portal Data Element	PDE-0053
Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	DMAS-99 – Provider Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_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 LOCERI functionality.

Portal Data Element	PDE-0054
Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	DMAS-99 – Provider Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Private Insurance Policy Number (PDE-0065)

General Information

This data element has previously been defined. The following information is how this data element is used within the LOCERI functionality.

Portal Data Element	PDE-0065
Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	DMAS-99 – Provider Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Provider ID (PDE-0216)

General Information

This data element has previously been defined. The following information is how this data element is used within the LOCERI functionality.

Portal Data Element	PDE-0216
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual’s Information DMAS-109 – Individual’s Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Assessment Date (PDE-0223)

General Information

This is the date of the last six-month assessment used for completing the Level of Care review.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual’s Information DMAS-109 – Individual’s Information
Element Type	DMAS-99 – Text Box; DMAS-108 – Display; DMAS-109 - Display
Data Type	Date
Field Type	Required
Size	10
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Date format – MM/DD/CCYY

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – LOCERI Adult Technical Waiver PDF
- LOC-O-0003 – LOCERI Pediatric Technical Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Tech Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Tech Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Program Type (PDE-0224)

General Information

This is the indication of what type waiver program the Level of Care Review Instrument is for.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Provider Information
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Required
Size	6
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- ALZHMR – Alzheimer’s Assisted Living Waiver
- EDCCD – EDCCD Waiver
- CCC - Commonwealth Coordinated Care
- PACE - PACE
- TECH – Technology Assisted Waiver
- TECHAD – Technology Assisted Waiver – Adult
- TECHPD – Technology Assisted Waiver - Pediatric

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Service Delivery Method (PDE-0225)

General Information

This indicates the service delivery for the EDCD waiver program.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Provider Information
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required if EDCD Program Type is selected

Valid Values

- A – Agency Directed
- C – Consumer Directed
- B - Both

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

PACE Assessment Period (PDE-0226)

General Information

This is the indication of what assessment period the PACE waiver form is for.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Provider Information
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	6
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required if PACE Program Type is selected

Valid Values

- Initial – Initial Assessment
- Unschd – Unscheduled Assessment
- 6Month – 6 Month Assessment
- Annual – Annual Assessment

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

PACE Enrollment Agreement Date (PDE-0227)

General Information

This is the date the PACE enrollment agreement was signed

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Provider Information
Element Type	Text Box
Data Type	Date
Field Type	Situationally required (See Business Rules)
Size	10
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required if PACE Program Type is selected
- Date format – MM/DD/CCYY

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

UAI Completion Date (PDE-0228)

General Information

This is the date the PACE unified assessment instrument was completed

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Provider Information
Element Type	Text Box
Data Type	Date
Field Type	Situationally required (See Business Rules)
Size	10
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required if PACE Program Type is selected
- Date format – MM/DD/CCYY

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Race (PDE-0229)

General Information

This is the member's race.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Personal Information/Demographics
Element Type	Drop Down
Data Type	Alphanumeric
Field Type	Required
Size	17
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- African American
- Asian American
- Hispanic American
- White American
- Other

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Housing (PDE-0231)

General Information

This is the member's housing/residential arrangements.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Personal Information/Demographics
Element Type	Drop Down
Data Type	Alphanumeric
Field Type	Required
Size	6
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- ALF - ALF
- Apart - Apartment
- Family – Living with Family
- NursFc – Nursing Facility
- Other – Other
- Own – Own House
- RentHs – Rent House
- RentRm – Rented Room

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Caregiver Name (PDE-0232)

General Information

This is the name of the member's unpaid caregiver.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Personal Information/Demographics
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	50
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required for all program waivers with the exception of Alzheimer's Assisted Living Waiver

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Advance Directive Ind (PDE-0233)

General Information

This is an indication of whether or not the member has established a living will.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Personal Information/Demographics
Element Type	Radio button
Data Type	Alphanumeric
Field Type	Required
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- N – No
- Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

APS/CPS Referral Ind (PDE-0234)

General Information

This is an indication of whether or not the member is an Adult Protective Services (APS) or Child Protective Services (CPS) referral.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Personal Information/Demographics
Element Type	Radio button
Data Type	Alphanumeric
Field Type	Required
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- N – No
- Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Substance Abuse History Ind (PDE-0235)

General Information

This is an indication of whether or not the member has a history of substance abuse.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Personal Information/Demographics
Element Type	Radio button
Data Type	Alphanumeric
Field Type	Required
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- N – No
- Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Discharge Date (PDE-0236)

General Information

This is the date the member was either discharged, passed away or was transferred,

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Discharge Information
Element Type	Text Box
Data Type	Date
Field Type	Situationally required (See Business Rules)
Size	10
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required if member has been discharged, passed away or transferred and is no longer in need of services from this provider
- Date format – MM/DD/CCYY

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Personal Care Ind (PDE-0237)

General Information

This is an indication of whether or not the member requires personal care.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Personal Care Hours (PDE-0238)

General Information

If the member requires personal care, this is the number of hours of care needed per day.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Text box
Data Type	Numeric
Field Type	Situationally required (See Business Rules)
Size	5
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required if Personal Care indicator is checked

Valid Values

- 1 through 24

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Respite Care Ind (PDE-0239)

General Information

This is an indication of whether or not the member requires respite care.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Respite Care Hours (PDE-0240)

General Information

If the member requires respite care, this is the number of hours of care needed per day.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Text box
Data Type	Numeric
Field Type	Situationally required (See Business Rules)
Size	5
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required if Respite Care indicator is checked

Valid Values

- 1 through 24

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Private Duty Nursing Ind (PDE-0241)

General Information

This is an indication of whether or not the member requires private duty nursing care.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Private Duty Nursing Days (PDE-0242)

General Information

If the member requires private duty nursing care, this is the number of days of care needed per week.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Text box
Data Type	Numeric
Field Type	Situationally required (See Business Rules)
Size	5
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required if Respite Care indicator is checked

Valid Values

- 1 through 7

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Adult Day Care Ind (PDE-0243)

General Information

This is an indication of whether or not the member requires care in an adult day care facility.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Adult Day Care Days (PDE-0244)

General Information

If the member requires adult day care, this is the number of days of care needed per week.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Text box
Data Type	Numeric
Field Type	Situationally required (See Business Rules)
Size	5
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required if Respite Care indicator is checked

Valid Values

- 1 through 7

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

DME Ind (PDE-0245)

General Information

This is an indication of whether or not the member requires any durable medical equipment (DME).

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Home Delivered Meals Ind (PDE-0246)

General Information

This is an indication of whether or not the member requires home delivered meals.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Home Health Ind (PDE-0246)

General Information

This is an indication of whether or not the member requires home health care.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

PERS Ind (PDE-0247)

General Information

This is an indication of whether or not the member requires the use of a personal emergency response system.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Nursing Ind (PDE-0249)

General Information

This is an indication of whether or not the member requires nursing care at the home health center or rehab facility

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Speech Ind (PDE-0250)

General Information

This is an indication of whether or not the member requires speech therapy at the home health center or rehab facility

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

OT Ind (PDE-0251)

General Information

This is an indication of whether or not the member requires occupational therapy at the home health center or rehab facility

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

PT Ind (PDE-0252)

General Information

This is an indication of whether or not the member requires physical therapy at the home health center or rehab facility

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Other Ind (PDE-0253)

General Information

This is an indication of whether or not the member requires some other specialized care at the home health center or rehab facility

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Rehab at Center Ind (PDE-0254)

General Information

This is an indication of whether or not the member requires rehabilitation at a rehab facility

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Speech Needs Ind (PDE-0255)

General Information

This is an indicator that the member has communication issues with speech.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Hearing Impairment Ind (PDE-0256)

General Information

This is an indicator that the member has communication issues with hearing.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Visual Impairment Ind (PDE-0257)

General Information

This is an indicator that the member has communication issues with sight.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Language - English Ind (PDE-0258)

General Information

This is an indicator that the member speaks English.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one language – English or other is required

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Language - Other Ind (PDE-0259)

General Information

This is an indicator that the member speaks a language other than/in addition to English.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one language – English or other is required

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Language - Other (PDE-0260)

General Information

If a member speaks a language other than/in addition to English, the language is specified here.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Service Information
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	15
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Must be entered if Language – Other is checked

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Medicaid Insured Ind (PDE-0261)

General Information

This is an indicator that the member has Medicaid coverage.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Financial Resources
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Medicare Insured Ind (PDE-0262)

General Information

This is an indicator that the member has Medicare coverage.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Financial Resources
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Medicare Number (PDE-0263)

General Information

If the member has Medicare coverage, the number is listed here.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Financial Resources
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	15
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- If Medicare Insurance is checked, entry is required

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Private Insurance Ind (PDE-0264)

General Information

This is an indicator that the member has other third party insurance coverage.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Financial Resources
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Private Pay Ind (PDE-0265)

General Information

This is an indicator that the member has no insurance and will take of any balance personally.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Financial Resources
Element Type	Check box
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

ADL - Bathing (PDE-0266)

General Information

This is the level of care needed for bathing.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	ADLs
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Needs No Help
- 10 – Mechanical Help Only
- 21 – Human Supervision
- 22 – Human Physical Assistance
- 31 – Mechanical and Human Supervision
- 32 – Mechanical and Human Physical Assistance
- 40 – Performed by Others

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

ADL - Dressing (PDE-0267)

General Information

This is the level of care needed for dressing.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	ADLs
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Needs No Help
- 10 – Mechanical Help Only
- 21 – Human Supervision
- 22 – Human Physical Assistance
- 31 – Mechanical and Human Supervision
- 32 – Mechanical and Human Physical Assistance
- 40 – Always Performed by Others
- 50 – Is Not Performed At All

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

ADL - Toileting (PDE-0268)

General Information

This is the level of care needed for using the rest room.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	ADLs
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Needs No Help
- 10 – Mechanical Help Only
- 21 – Human Supervision
- 22 – Human Physical Assistance
- 31 – Mechanical and Human Supervision
- 32 – Mechanical and Human Physical Assistance
- 40 – Always Performed by Others
- 50 – Is Not Performed At All

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

ADL - Transferring (PDE-0269)

General Information

This is the level of care needed for transferring the member.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	ADLs
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Needs No Help
- 10 – Mechanical Help Only
- 21 – Human Supervision
- 22 – Human Physical Assistance
- 31 – Mechanical and Human Supervision
- 32 – Mechanical and Human Physical Assistance
- 40 – Always Performed by Others
- 50 – Is Not Performed At All

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

ADL – Eating/Feeding (PDE-0270)

General Information

This is the level of care needed for the member to eat or be fed.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	ADLs
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Needs No Help
- 10 – Mechanical Help Only
- 21 – Human Supervision
- 22 – Human Physical Assistance
- 31 – Mechanical and Human Supervision
- 32 – Mechanical and Human Physical Assistance
- 40 – Spoon Fed
- 50 – Syringe/Tube Fed
- 60 – Fed by IV

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Continence - Bowel (PDE-0271)

General Information

This is the level of care needed for the member's bowel movements.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Continence (Bowel/Bladder)
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Continent
- 01 – Incontinent (less than weekly)
- 02 – External Device (self-care)
- 03 – Incontinent (weekly or more)
- 06 - Ostomy

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Continence - Bladder (PDE-0272)

General Information

This is the level of care needed for the member's bladder control.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Continence (Bowel/Bladder)
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Continent
- 01 – Incontinent (less than weekly)
- 02 – External Device (self-care)
- 03 – Incontinent (weekly or more)
- 06 - Ostomy

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

IADL – Meal Prep (PDE-0273)

General Information

This is an indicator whether the member needs assistance with meal preparation.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	IADLs
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- N - No
- Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

IADL – Housekeeping (PDE-0274)

General Information

This is an indicator whether the member needs assistance with housekeeping.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	IADLs
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- N - No
- Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

IADL – Laundry (PDE-0275)

General Information

This is an indicator whether the member needs assistance with laundry.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	IADLs
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- N - No
- Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

IADL – Money Mgmt (PDE-0276)

General Information

This is an indicator whether the member needs assistance with managing money.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	IADLs
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- N - No
- Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

IADL – Transport (PDE-0277)

General Information

This is an indicator whether the member needs assistance with transportation.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	IADLs
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- N - No
- Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

IADL – Shopping (PDE-0278)

General Information

This is an indicator whether the member needs assistance with shopping.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	IADLs
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- N - No
- Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

IADL – Using Phone (PDE-0279)

General Information

This is an indicator whether the member needs assistance with using the phone.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	IADLs
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- N - No
- Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

IADL – Home Maint (PDE-0280)

General Information

This is an indicator whether the member needs assistance with home maintenance.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	IADLs
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Optional
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- N - No
- Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Physical – Joint Motion (PDE-0281)

General Information

This indicates the member's level of joint motion.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Physical Health Assessment
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Within normal limits
- 01 – Limited motion
- 02 – Instability/Immobile

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Physical – Med Admin (PDE-0282)

General Information

This indicates the physical assessment of the member's level capability for medicine administration/taking medicine.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Physical Health Assessment
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Without Assistance
- 01 – Administered/Monitored by a Lay Person
- 02 – Administered/Monitored by a Professional

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Physical – Orientation (PDE-0283)

General Information

This indicates the physical assessment of the member's level of orientation.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Physical Health Assessment
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Oriented
- 01 – Disoriented (Some Spheres/Sometimes)
- 02 – Disoriented (Some Spheres/All Times)
- 03 – Disoriented (All Spheres/Sometimes)
- 04 – Disoriented (All Spheres/All Times)
- 05 – Semi-Comatose/Comatose

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Physical – Behavior (PDE-0284)

General Information

This indicates the physical assessment of the member's behavior.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Physical Health Assessment
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Appropriate
- 01 – Wandering/Passive (Less than weekly)
- 02 – Wandering/Passive (More than weekly)
- 03 – Abusive/Disruptive (Less than weekly)
- 04 – Abusive/Disruptive (More than weekly)
- 05 – Semi-Comatose/Comatose

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Ambulation - Walking (PDE-0285)

General Information

This indicates the member's ambulation assessment for walking.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Ambulation
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Needs No Help
- 10 – Mechanical Help Only
- 21 – Human Help - Supervision
- 22 – Human Help – Physical Assistance
- 31 – Mechanical & Human Help - Supervision
- 32 – Mechanical & Human Help – Physical Assistance
- 50 – Not Performed At All

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Ambulation - Wheeling (PDE-0286)

General Information

This indicates the member's ambulation assessment for operating a wheelchair.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Ambulation
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Needs No Help
- 10 – Mechanical Help Only
- 21 – Human Help - Supervision
- 22 – Human Help – Physical Assistance
- 31 – Mechanical & Human Help - Supervision
- 32 – Mechanical & Human Help – Physical Assistance
- 40 – Always Performed By Others
- 50 – Not Performed At All

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Ambulation – Stair Climbing (PDE-0287)

General Information

This indicates the member's ambulation assessment for climbing stairs.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Ambulation
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Needs No Help
- 10 – Mechanical Help Only
- 21 – Human Help - Supervision
- 22 – Human Help – Physical Assistance
- 31 – Mechanical & Human Help - Supervision
- 32 – Mechanical & Human Help – Physical Assistance
- 50 – Not Performed At All

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Ambulation – Mobility (PDE-0288)

General Information

This indicates the member's ambulation assessment for mobility.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Ambulation
Element Type	Drop Down
Data Type	Numeric
Field Type	Required
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- 00 – Needs No Help
- 10 – Mechanical Help Only
- 21 – Human Help - Supervision
- 22 – Human Help – Physical Assistance
- 31 – Mechanical & Human Help - Supervision
- 32 – Mechanical & Human Help – Physical Assistance
- 40 – Confined Moves About
- 50 – Confined Does Not Move About

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Diagnosis Indication (PDE-0289)

General Information

This indicates the diagnosis/ses related to the member

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Numeric
Field Type	Situationally required (see Business Rules)
Size	27 (3 bytes with up to 9 occurrences)
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required

Valid Values

- 001 - Diabetes
- 002 – COPD
- 003 – Cancer
- 004 – Congestive Heart Failure
- 005 – Dementia
- 006 – Alzheimer's
- 007 – ID/DD
- 008 – Mental Health
- 009 – Other Diagnosis

Outputs

- LOC-O-0004 – LOCERI Tag Extract

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Diabetes Ind (PDE-0290)

General Information

This is an indication of whether or not the member has been diagnosed with diabetes.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one diagnosis is required
- If checked/yes, 001 will be added in the diagnosis field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

COPD Ind (PDE-0291)

General Information

This is an indication of whether or not the member has been diagnosed with COPD.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one diagnosis is required
- If checked/yes, 002 will be added in the diagnosis field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Cancer Ind (PDE-0292)

General Information

This is an indication of whether or not the member has been diagnosed with cancer.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one diagnosis is required
- If checked/yes, 003 will be added in the diagnosis field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Congestive Heart Failure Ind (PDE-0293)

General Information

This is an indication of whether or not the member has been diagnosed with cancer.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one diagnosis is required
- If checked/yes, 004 will be added in the diagnosis field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Dementia Ind (PDE-0294)

General Information

This is an indication of whether or not the member has been diagnosed with dementia.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one diagnosis is required
- If checked/yes, 005 will be added in the diagnosis field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Alzheimer's Ind (PDE-0295)

General Information

This is an indication of whether or not the member has been diagnosed with Alzheimer's.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one diagnosis is required
- If checked/yes, 006 will be added in the diagnosis field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

ID/DD Ind (PDE-0296)

General Information

This is an indication of whether or not the member has been diagnosed with ID/DD.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one diagnosis is required
- If checked/yes, 007 will be added in the diagnosis field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Mental Health Ind (PDE-0297)

General Information

This is an indication of whether or not the member has been diagnosed with mental health issues.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one diagnosis is required
- If checked/yes, 008 will be added in the diagnosis field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Other Diagnosis Ind (PDE-0298)

General Information

This is an indication of whether or not the member has been diagnosed with any other diagnosis not previously listed.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one diagnosis is required
- If checked/yes, 009 will be added in the diagnosis field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Other Diagnosis Entry (PDE-0299)

General Information

If there is an indication of a diagnosis, other than the ones listed, this field will contain the details of the other diagnosis.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	100
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required if 'Other Diagnosis' is checked

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_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 LOCERI functionality.

Portal Data Element	PDE-0406
Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	DMAS-99 – Provider Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Calculated field using Assessment Date (or current date if no assessment date entered) and Date of Birth

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_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 LOCERI functionality.

Portal Data Element	PDE-0419
Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	DMAS-99 – Provider Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Private Insurance Company (PDE-0426)

General Information

This data element has previously been defined. The following information is how this data element is used within the LOCERI functionality.

Portal Data Element	PDE-0426
Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	DMAS-99 – Provider Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Service Authorization Number (PDE-0439)

General Information

This data element has previously been defined. The following information is how this data element is used within the LOCERI functionality.

Portal Data Element	PDE-0439
Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	DMAS-99 – Provider Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Provider's Phone (PDE-0629)

General Information

This data element has previously been defined. The following information is how this data element is used within the LOCERI functionality.

Portal Data Element	PDE-0629
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual's Information DMAS-109 – Individual's Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Provider's Email (PDE-0641)

General Information

This data element has previously been defined. The following information is how this data element is used within the LOCERI functionality.

Portal Data Element	PDE-0641
Page	Community-Based Care Level of Care Review Instrument (DMAS-99) Adult Referral Form – Technology Assisted Waiver (DMAS-108) Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	DMAS-99 – Provider Information DMAS-108 – Individual's Information DMAS-109 – Individual's Information
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0002 – Adult Technology Waiver PDF

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission
- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Medication Entry (PDE-0776)

General Information

Contains a list of any and all medications the member is currently on.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Required
Size	100
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Current Health Status (PDE-0777)

General Information

The member's current health status, any conditions of note or any additional comments associated with this member.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Required
Size	450
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Nursing Needs Ind (PDE-0778)

General Information

This indicates whether or not the member currently has nursing needs.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Required
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y - Yes
- N - No

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Current Nursing Needs (PDE-0779)

General Information

This indicates the current nursing needs of the member

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Numeric
Field Type	Situationally required (see Business Rules)
Size	60 (3 bytes with up to 20 occurrences)
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'

Valid Values

- 001 – Application of aseptic dressing
- 002 – Routine catheter care
- 003 – Respiratory therapy
- 004 – Therapeutic exercise
- 005 – Chemotherapy
- 006 – Radiation
- 007 – Dialysis
- 008 – Suctioning
- 009 – Tracheotomy Care
- 010 – Infusion Therapy
- 011 – Oxygen
- 012 – Routine skin care
- 013 – Care of small pressure ulcers
- 014 – use of physical restraints
- 015 – Management of those with impairment
- 016 – Routine of a colostomy

- 017 – Supervision for nutrition
- 018 – Medical condition requires observation
- 019 – Multiple, interrelated conditions
- 020 – Other

Outputs

- LOC-O-0004 – LOCERI Tag Extract

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Aseptic Dressing Ind (PDE-0780)

General Information

This is an indication of whether or not the member needs help with the application of aseptic dressing.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 001 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Catheter Care Ind (PDE-0781)

General Information

This is an indication of whether or not the member needs help with routine catheter care.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 002 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Respiratory Therapy Ind (PDE-0782)

General Information

This is an indication of whether or not the member needs respiratory therapy.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 003 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Therapeutic Exercise Ind (PDE-0783)

General Information

This is an indication of whether or not the member needs therapeutic exercise.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 004 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Chemotherapy Ind (PDE-0784)

General Information

This is an indication of whether or not the member needs chemotherapy.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 005 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Radiation Ind (PDE-0785)

General Information

This is an indication of whether or not the member needs radiation.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 006 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Dialysis Ind (PDE-0786)

General Information

This is an indication of whether or not the member needs dialysis.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 007 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Suctioning Ind (PDE-0787)

General Information

This is an indication of whether or not the member needs suctioning.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 008 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Tracheotomy Care Ind (PDE-0788)

General Information

This is an indication of whether or not the member needs tracheotomy care.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 009 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Infusion Therapy Ind (PDE-0789)

General Information

This is an indication of whether or not the member needs infusion therapy.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 010 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Oxygen Ind (PDE-0790)

General Information

This is an indication of whether or not the member needs oxygen.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 011 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Skin Care Ind (PDE-0791)

General Information

This is an indication of whether or not the member needs routine skin care.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 012 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Pressure Ulcers Ind (PDE-0792)

General Information

This is an indication of whether or not the member needs assistance with the care of small pressure ulcers.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 013 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Restraints Ind (PDE-0793)

General Information

This is an indication of whether or not the member requires the use of physical restraints.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 014 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Impairment Mgmt Ind (PDE-0794)

General Information

This is an indication of whether or not the member requires help with managing their impairment.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 015 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Colostomy Care Ind (PDE-0795)

General Information

This is an indication of whether or not the member requires help with the routine care of a colostomy.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 016 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Nutrition Supervision Ind (PDE-0796)

General Information

This is an indication of whether or not the member requires supervision for nutrition.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 017 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Observation Ind (PDE-0797)

General Information

This is an indication of whether or not the member has a medical condition that requires observation.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 018 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Multiple Conditions Ind (PDE-0798)

General Information

This is an indication of whether or not the member has multiple, interrelated conditions.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 019 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Other Medical Needs Ind (PDE-0799)

General Information

This is an indication of whether or not the member has other nursing needs not previously listed.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- At least one occurrence is required if the Nursing Needs Ind is 'yes'
- If checked/yes, 020 will be added in the current nursing needs field on the LOC-O-0004 - LOCERI Tag Extract file

Valid Values

- Unchecked – N - No
- Checked – Y - Yes

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Other Medical Needs Detail (PDE-0800)

General Information

If the member has other nursing needs not previously listed, it will be detailed here.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Medical/Nursing Needs
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Situationally required (See Business Rules)
Size	50
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required if the Other Medical Needs Ind is 'yes'

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Individual's Name (PDE-0801)

General Information

The combination of the member's first and last names.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	N/A
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Display Only
Size	32
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Display created from member's first name, middle initial and last name.
- Format last name, first name, middle initial

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Form Completed By (PDE-0802)

General Information

This is the name of the RN completing the LOCERI form.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	N/A
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Required
Size	30
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Acknowledgement Ind (PDE-0803)

General Information

This indicator acknowledges that by entering the name in the Completed by Name field that all information entered is accurate and true.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	N/A
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Required
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Checked – Y – Yes
- Unchecked – N - No

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Referral Source (PDE-0804)

General Information

This is the name of the person referring the member for level of care services.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	N/A
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Required
Size	52
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Referral's Phone (PDE-0805)

General Information

This is the phone number of the person referring the member for level of care services.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	N/A
Element Type	Text Box
Data Type	Alphanumeric (Screen) Numeric (File)
Field Type	Required
Size	12 – Screen; 10 - File
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

Screen Format: 999-999-9999

Table Format: 9999999999

Valid Values

N/A

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Completer's Phone (PDE-0806)

General Information

This is the phone number of the person completing the LOCERI form.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	N/A
Element Type	Text Box
Data Type	Alphanumeric (Screen) Numeric (File)
Field Type	Required
Size	12 – Screen; 10 - File
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

Screen Format: 999-999-9999

Table Format: 9999999999

Valid Values

N/A

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Ventilator Ind (PDE-0807)

General Information

This is the indicator whether the member is dependent on a ventilator at least part of the day.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group A Ventilator
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Either Group A – Ventilation is required to be 'yes' OR at least one of Group B is required to be 'yes'

Valid Values

- Y – Yes
- N – No (file default)

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Ventilator Orders (PDE-0808)

General Information

If the member requires a ventilator, the orders associated to the usage are documented in this field.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group A Ventilator
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	100
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- If Group A – Ventilator Ind is 'yes' this field displays on the screen and is required

Valid Values

NA

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Complex Trach Ind (PDE-0809)

General Information

This is the indicator whether the member has a tracheostomy with the potential for weaning or has documentation of the inability to wean.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B – Complex Tracheostomy
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Either Group A – Ventilation is required to be 'yes' OR at least one of Group B is required to be 'yes'

Valid Values

- Y – Yes
- N – No (file default)

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Nebulizer Treatments Ind (PDE-0810)

General Information

This is the indicator whether the member requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day provided by a licensed nurse or respiratory therapist.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B – Complex Tracheostomy
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Either Group A – Ventilation is required to be 'yes' OR at least one of Group B is required to be 'yes'

Valid Values

- Y – Yes
- N – No (file default)

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Nebulizer Treatment Orders (PDE-0811)

General Information

If the member requires nebulizer treatments, the orders associated to the usage are documented in this field.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B Complex Tracheostomy
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	100
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- If Nebulizer Treatments Ind is 'yes' this field displays on the screen and is required

Valid Values

NA

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Plus Oximetry Monitoring Ind (PDE-0812)

General Information

This is the indicator whether the member requires plus oximetry monitoring at least every shift due to demonstrated unstable oxygen saturation levels.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B – Complex Tracheostomy
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Either Group A – Ventilation is required to be 'yes' OR at least one of Group B is required to be 'yes'

Valid Values

- Y – Yes
- N – No (file default)

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Plus Oximetry Monitoring Orders (PDE-0813)

General Information

If the member requires plus oximetry monitoring, the orders associated to the usage are documented in this field.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B Complex Tracheostomy
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	100
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- If Plus Oximetry Monitoring Ind is 'yes' this field displays on the screen and is required

Valid Values

NA

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Respiratory Assessment Ind (PDE-0814)

General Information

This is the indicator whether the member requires respiratory assessment and documentation every shift by a licensed nurse or respiratory therapist.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B – Complex Tracheostomy
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Either Group A – Ventilation is required to be 'yes' OR at least one of Group B is required to be 'yes'

Valid Values

- Y – Yes
- N – No (file default)

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Respiratory Assessment Orders (PDE-0815)

General Information

If the member requires respiratory assessment, the orders associated to the usage are documented in this field.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B Complex Tracheostomy
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	100
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- If Respiratory Assessment Ind is 'yes' this field displays on the screen and is required

Valid Values

NA

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Oxygen Therapy Ind (PDE-0816)

General Information

This is the indicator whether the member has a physician's order for oxygen therapy with documented usage.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B – Complex Tracheostomy
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Either Group A – Ventilation is required to be 'yes' OR at least one of Group B is required to be 'yes'

Valid Values

- Y – Yes
- N – No (file default)

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Oxygen Therapy Orders (PDE-0817)

General Information

If the member requires oxygen therapy, the orders associated to the usage are documented in this field.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B Complex Tracheostomy
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	100
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- If Oxygen Therapy Ind is 'yes' this field displays on the screen and is required

Valid Values

NA

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Trach Care Ind (PDE-0818)

General Information

This is the indicator whether the member requires tracheostomy care at least daily.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B – Complex Tracheostomy
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Either Group A – Ventilation is required to be ‘yes’ OR at least one of Group B is required to be ‘yes’

Valid Values

- Y – Yes
- N – No (file default)

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Trach Care Orders (PDE-0819)

General Information

If the member requires trach care, the orders associated to the usage are documented in this field.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B Complex Tracheostomy
Element Type	Text Box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	100
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- If Oxygen Therapy Ind is 'yes' this field displays on the screen and is required

Valid Values

NA

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Trach Suctioning Ind (PDE-0820)

General Information

This is the indicator whether the member has a physician's order for tracheal suctioning as needed.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B – Complex Tracheostomy
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Either Group A – Ventilation is required to be 'yes' OR at least one of Group B is required to be 'yes'

Valid Values

- Y – Yes
- N – No (file default)

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Mechanical Ventilation Risk Ind (PDE-0821)

General Information

This is the indicator whether the member is deemed at risk of requiring subsequent mechanical ventilation.

Page	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Portlet Name	Technology/Skilled Care – Criteria Group B – Complex Tracheostomy
Element Type	Radio Button
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Either Group A – Ventilation is required to be ‘yes’ OR at least one of Group B is required to be ‘yes’

Valid Values

- Y – Yes
- N – No (file default)

Outputs

- LOC-O-0002 – Adult Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0004 – Technology Waiver – Adult Referral
- LOC-S-0005 – LOCERI Adult Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Ventilator Level (PDE-0822)

General Information

This is the level of ventilation the member utilizes.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Drop Down
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- 40 - Intermittent
- 50 - Continuous

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Trach/Ventilator Dependent Ind (PDE-0823)

General Information

This is the indicator of whether or not the member is tracheostomy and/or ventilator dependent.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- Checked – 43 – Member is tracheostomy and/or ventilator dependent
- Unchecked – 0 – Member is not tracheostomy and/or ventilator dependent

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

C-PAP/BIPAP Ind (PDE-0824)

General Information

This is the indicator of whether or not the member utilizes C-PAP or BIPAP.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- Checked – 25 – Member utilizes C-PAP/BIPAP
- Unchecked – 0 – Member does not utilize C-PAP/BIPAP

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Continuous Oxygen Ind (PDE-0825)

General Information

This is the indicator of whether or not the member requires continuous oxygen a minimum of 8 out of 24 hours.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- Checked – 15 – Member requires continuous oxygen for a minimum of 8 out of 24 hours
- Unchecked – 0 – Member does not require continuous oxygen

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Continuous Unstable Oxygen Ind (PDE-0826)

General Information

This is the indicator of whether or not the member is dependent on oxygen 24 hours/day.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- Checked – 35 – Member is dependent on oxygen 24 hours/day
- Unchecked – 0 – Member is not dependent on oxygen

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Unstable Oxygen – Diuretics Ind (PDE-0827)

General Information

This is the indicator of whether or not the member is on diuretics.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver
- Minimum of two continuous unstable oxygen conditions are required for qualifying as continuous unstable.

Valid Values

- Checked – 01
- Unchecked – 00

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Unstable Oxygen – Albuterol Ind (PDE-0828)

General Information

This is the indicator of whether or not the member needs albuterol treatments at least 24 hours/day around the clock.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver
- Minimum of two continuous unstable oxygen conditions are required for qualifying as continuous unstable.

Valid Values

- Checked – 02
- Unchecked – 00

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Unstable Oxygen – Weight Ind (PDE-0829)

General Information

This is the indicator of whether or not the member's weight is below the 15th percentile for age and gain does not follow normal curve for height.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver
- Minimum of two continuous unstable oxygen conditions are required for qualifying as continuous unstable.

Valid Values

- Checked – 03
- Unchecked – 00

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Unstable Oxygen – Hospitalization Ind (PDE-0830)

General Information

This is the indicator of whether or not the member has had greater than three (3) hospitalizations in the last six (6) months for respiratory problems.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver
- Minimum of two continuous unstable oxygen conditions are required for qualifying as continuous unstable.

Valid Values

- Checked – 04
- Unchecked – 00

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Unstable Oxygen – Desaturation Ind (PDE-0831)

General Information

This is the indicator of whether or not the member has daily oxygen desaturation below physician ordered parameters requiring nursing intervention.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver
- Minimum of two continuous unstable oxygen conditions are required for qualifying as continuous unstable.

Valid Values

- Checked – 05
- Unchecked – 00

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Unstable Oxygen – Fluid Restrictions Ind (PDE-0832)

General Information

This is the indicator of whether or not the member has physician ordered fluid intake restrictions.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver
- Minimum of two continuous unstable oxygen conditions are required for qualifying as continuous unstable.

Valid Values

- Checked – 06
- Unchecked – 00

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Peritoneal Dialysis Ind (PDE-0833)

General Information

This is the indicator of whether or not the member requires peritoneal dialysis.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- Checked – 45 – Member requires peritoneal dialysis
- Unchecked – 0 – Member does not require peritoneal dialysis

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

J/G Tube Ind (PDE-0834)

General Information

This is the indicator of whether or not the member has continuous J/G tube feedings.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver
- If checked, J/B Tube – Reflux Ind is disabled

Valid Values

- Checked – 15 – Member requires continuous J/G tube feedings
- Unchecked – 0 – Member does not need continuous J/G tube feedings

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

J/G Tube – Reflux Ind (PDE-0835)

General Information

This is the indicator of whether or not the member has continuous J/G tube feedings with reflux.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver
- If checked J/B Tube Ind is disabled

Valid Values

- Checked – 35 – Member requires continuous J/G tube feedings with reflux
- Unchecked – 0 – Member does not need continuous J/G tube feedings

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

J/G Tube – Swallow Study Ind (PDE-0836)

General Information

This is the indicator of whether or not the member has had a swallow study within the last six (6) month that demonstrated reflux.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver
- Minimum of one condition is required for qualifying as 'with reflux'

Valid Values

- Checked – 01
- Unchecked – 00

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

J/G Tube – Aspiration Pneumonia Ind (PDE-0837)

General Information

This is the indicator of whether or not the member has had aspiration pneumonia within the last twelve (12) months.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver
- Minimum of one condition is required for qualifying as 'with reflux'

Valid Values

- Checked – 02
- Unchecked – 00

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

J/G Tube – Suctioning Need Ind (PDE-0838)

General Information

This is the indicator of whether or not the member needs suctioning due to reflux on a daily basis (not oral secretions).

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver
- Minimum of one condition is required for qualifying as 'with reflux'

Valid Values

- Checked – 03
- Unchecked – 00

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

NG Tube Level (PDE-0839)

General Information

If the member requires an NG Tube, this indicates the level.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Drop down
Data Type	Alphanumeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- 00 – Not applicable
- 25 – Bolus
- 40 - Continuous

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

IV Therapy Ind (PDE-0840)

General Information

Indicates whether or not the member requires IV therapy.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	2
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- Unchecked – 0 – Not applicable
- Checked – 40 - Continuous

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Technology Score (PDE-0841)

General Information

Total score for all selections within the Technology section.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Text Box
Data Type	Numeric
Field Type	Calculated – Display only
Size	3
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Calculated total of all selections in the technology section

Valid Values

N/A

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Tracheal Suctioning Level (PDE-0842)

General Information

If the member requires assistance by a nurse for tracheal suctioning, this indicates the level.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Drop down
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- 0 – Not applicable
- 2 – Q4 hours
- 3 – Q1 – 4 hours
- 5 – Greater than Q1 hr

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Enteral Feedings Level (PDE-0843)

General Information

If the member requires assistance by a nurse for enteral feedings, this indicates the level.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Drop down
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- 0 – Not applicable
- 2 – Q4 hours
- 3 – Q3 hours
- 4 – Q2 hours
- 5 – Continuous

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Daily Medication Level (PDE-0844)

General Information

The level of daily medications the member requires (Excluding nebulizers, ointments, vitamins and mineral supplements).

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- 0 – Not applicable
- 2 – Simple medication - 3 or less meds
- 4 – Moderate medication - 4 – 5 meds
- 8 – Complete medication - 6 or more meds

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Intermittent Catheter Level (PDE-0845)

General Information

If the member requires assistance by a nurse for an intermittent catheter, this indicates the level.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Drop down
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- 0 – Not applicable
- 2 – Q Day or PRN
- 4 – Q12
- 6 – Q8
- 8 – Q4

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Sterile Dressings Level (PDE-0846)

General Information

If the member requires assistance by a nurse with sterile dressings/wound care (Stage 3 or 4 wounds), this indicates the level.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Drop down
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- 0 – Not applicable
- 2 – > Q8 hrs
- 3 – Q8 hrs or less

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Nursing Trach Care Ind (PDE-0847)

General Information

This indicates whether or not the member requires assistance, by a nurse, for tracheostomy care.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- Unchecked - 0 – Not applicable
- Checked - 5 – Requires assistance for trach care

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

IV/Hyperal Level (PDE-0848)

General Information

If the member requires assistance by a nurse with IV/Hyperal, this indicates the level.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Drop down
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- 0 – Not applicable
- 2 – Less than 4 hours
- 4 – 4 – 7 hours
- 6 – 8 – 16 hours
- 8 - Continuous

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Special Treatments Level (PDE-0849)

General Information

If the member requires assistance by a nurse with special treatments (skilled procedures such as nebulizers, chest PT), this indicates the level.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Drop down
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- 0 – Not applicable
- 2 – Q Day
- 4 – BID
- 6 – TID
- 8 - QID

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

I/O Monitoring Ind (PDE-0850)

General Information

This indicates whether or not the member has I and O results that require action by a nurse to make adjustments in tube feeding amounts or IV fluid rate.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Check box
Data Type	Numeric
Field Type	Situationally Required (See Business Rules)
Size	1
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Member needs a minimum of 50 total technology points in order to qualify for the waiver

Valid Values

- Unchecked - 0 – Not applicable
- Checked - 5 – Requires assistance

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Nursing Score (PDE-0851)

General Information

Total score for all selections within the Nursing section.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Text Box
Data Type	Numeric
Field Type	Calculated – Display only
Size	3
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Calculated total of all selections in the nursing section

Valid Values

N/A

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Total Technology/Nursing Score (PDE-0852)

General Information

Total score for both the Technology and Nursing sections.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	Technology/Nursing Needs
Element Type	Text Box
Data Type	Numeric
Field Type	Calculated – Display only
Size	3
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Calculated total of both the technology and nursing sections

Valid Values

N/A

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Member's Phone (PDE-0853)

General Information

This field is the member's phone number.

Page	Pediatric Referral Form – Technology Assisted Waiver (DMAS-109)
Portlet Name	N/A
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	10
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Includes area code

Valid Values

N/A

Outputs

- LOC-O-0003 – Pediatric Technology Waiver PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0006 – Technology Waiver – Pediatric Referral
- LOC-S-0007 – LOCERI Pediatric Technology Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

LOCERI Form ID (PDE-0854)

General Information

This is the unique ID assigned to a submitted form for research and documentation purposes.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	N/A
Element Type	Text Box; Display Only
Data Type	Numeric
Field Type	System Generated
Size	16
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF

Screens

- LOC-S-0003 – CBC LOCERI Submission
- LOC-S-0005 – LOCERI Adult Tech Waiver Submission
- LOC-S-0007 – LOCERI Pediatric Tech Waiver Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

PACE Enrollment Date (PDE-0855)

General Information

This is the date the PACE enrollment goes in to affect; the first of the month following the PACE Enrollment Agreement Date.

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Provider Information
Element Type	Text Box
Data Type	Date
Field Type	Situationally required (See Business Rules)
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required if PACE Program Type is selected
- Date format – MM/DD/CCYY

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Discharge Comments (PDE-0856)

General Information

This is the reason or any associated comments as to why the member was either discharged, passed away or was transferred,

Page	Community-Based Care Level of Care Review Instrument (DMAS-99)
Portlet Name	Discharge Information
Element Type	Text Box
Data Type	Entry
Field Type	Situationally required (See Business Rules)
Size	500
MMIS Data Element	N/A for Phase I
MMIS DE Number	N/A

Business Rules

- Required if member has been discharged, passed away or transferred and is no longer in need of services from this provider

Valid Values

N/A

Outputs

- LOC-O-0001 – LOCERI Form PDF
- LOC-O-0004 – LOCERI Tag Extract

Screens

- LOC-S-0002 – CBC LOCERI Entry
- LOC-S-0003 – CBC LOCERI Submission

Tables – MMIS/DB2

N/A

Tables - Portal

- LOC-T-0001 – LOCERI Form Table - WP_LOCERI_Form_TB

Outputs

- LOCERI Form PDF (LOC-O-0001)
- LOCERI Adult Tech Waiver PDF (LOC-O-0002)
- LOCERI Pediatric Tech Waiver PDF (LOC-O-0003)
- LOCERI TAG Extract (LOC-O-0004)

LOCERI Form PDF (LOC-O-0001)

General Information

All LOCERI transactions are stored in Oracle table LOCERI Form Table (LOC-T-0001).

When the DMAS-99 LOCERI form is entered via the CBC LOCERI Entry (LOC-S-0002) screen and is successfully submitted, a PDF version of the completed form is available to the provider for immediate download as well as included in the LOCERI Form PDF file. The pdf records serve as an audit trail and are loaded into the ECM for reporting and research purposes.

Data Elements

The following is an example of one of the pages of the report pulled from ECM.

CBC Level of Care Review Instrument (DMAS-99 series)

FORM ID:2014037000654099

1. Provider Information

- a. Assessment Date: 01/12/2014
- b. Provider Name: DR DMAS
- c. Provider ID#: [REDACTED]
- d. Provider's Phone: 8045551212
- e. Provider's Street Address: 123 DOCTORS DRIVE
- f. Provider's City: RICHMOND
- g. Provider's State: VA
- h. Provider's Zip: 23219
- i. Provider's Email Address: DMAS@DOC.COM
- j. Program Type: PACE
- k. For PACE Enrollments ONLY: 6-month Reassessment
- l. Enrollment Agreement Signed: 10/02/2013
- m. UAI Completion Date: 01/12/2014

2. Personal Information

- a. Last Name: [REDACTED]
- b. First Name: [REDACTED] MI: L
- c. SSN [REDACTED]
- d. DOB: [REDACTED] Age: 17
- e. Phone: [REDACTED]
- f. Marital Status: Single
- g. Race: White American
- h. Gender: Female
- i. Address: 456 MAIN ST
- j. City: RICHMOND
- k. State: VA
- l. Zip: 23219

LOCERI Adult Tech Waiver PDF (LOC-O-0002)

General Information

All LOCERI transactions are stored in Oracle table LOCERI Form Table (LOC-T-0001).

When the DMAS-108 LOCERI form is entered via the Technology Waiver – Adult Referral (LOC-S-0004) screen and is successfully submitted, a PDF version of the completed form is available to the provider for immediate download as well as included in the LOCERI Form PDF file. The pdf version contains both the DMAS-99 form as well as the Adult Technology Waiver Form (DMAS-108). The pdf records serve as an audit trail and are loaded into the ECM for reporting and research purposes.

Data Elements

The following is an example of one of the pages of the report pulled from ECM (Technology Waiver section).

**Adult Referral Form
Technology Assisted Waiver (DMAS-108)**

FORM ID:2014037000659108

12. Adults age 21 years or older must meet all criteria from either group A or group B, to qualify for the Technology Assisted Waiver.

a) Date:
02/06/2014

b) Individual's Name:
[REDACTED]

c) Individual's Phone:
8045556658

d) Provider's Email Address:
BROWN@DOC.COM

e) Address:
456 FOREST WAY, RICHMOND, VA-23219

f) Medicaid ID#:
[REDACTED]

g) Referral Source:
[REDACTED]

h) Referral's Phone:
8045556655

i) Form Completed By:
[REDACTED]

j) Completer's Phone:
8045551212

Technology/Skilled Care

13. Criteria Group A – Ventilator

a) Ventilator Dependent at least a portion of the day ?

14. Criteria Group B - Complex Tracheostomy

Please select at least one or more criteria under the Adult Complex Trach section. Individuals must meet all criteria under the Adult Complex Trach category in order to qualify for Tech Waiver. Please note that if criteria are not met, this document will be forwarded to DMAS for higher level review.

a) Has a tracheostomy with the potential for weaning or documentation of the inability to wean :

LOCERI Pediatric Tech Waiver PDF (LOC-O-0003)

General Information

All LOCERI transactions are stored in Oracle table LOCERI Form Table (LOC-T-0001).

When the DMAS-109 LOCERI form is entered via the Technology Waiver – Pediatric Referral (LOC-S-0006) screen and is successfully submitted, a PDF version of the completed form is available to the provider for immediate download as well as included in the LOCERI Form PDF file. The pdf version contains both the DMAS-99 form as well as the Pediatric Technology Waiver Form (DMAS-109). The pdf records serve as an audit trail and are loaded into the ECM for reporting and research purposes.

Data Elements

The following is an example of one of the pages of the report pulled from ECM (Technology Waiver section).

**Pediatric Referral Form
Technology Assisted Waiver (DMAS-109)**

FORM ID:2014037000660109

12. Score daily nursing and technology needs to determine eligibility for the waiver

a) Date:

02/06/2014

b) Child's Last Name:

[REDACTED]

c) Child's First Name:

[REDACTED]

d) Child's Middle Name:

e) Child's Phone:

[REDACTED]

f) Address:

[REDACTED]

g) Medicaid ID#:

[REDACTED]

h) Provider's Email Address:

[REDACTED]

i) Referral Source:

[REDACTED]

j) Referral's Phone:

8045559878

k) Form Completed By:

[REDACTED]

l) Completer's Phone:

8045551235

13. Technology Needs

a) Ventilator:

Intermittent (45 points)

b) Tracheostomy (43 points):

Tracheostomy and/or Ventilator Dependent

c) C-PAP, BIPAP (25 points):

Applicable

LOCERI TAG Extract (LOC-O-0004)

General Information

All LOCERI transactions are stored in Oracle table LOCERI Form Table (LOC-T-0001).

The batch program extracts the transactions from the LOCERI Form Table and generates an input file that will be passed to the TAG team for processing.

Data Elements

The following are the data elements that will be passed.

Field Name	Data Element	Values
Assessment Date	PDE-0223	Assessment Date MMDDCCYY
Provider Name	pde-0011	Provider Organization or
	pde-0012	Individual provider last name & first name
Provider ID#1	pde-0216	Provider's NPI/API
Provider's Street Address	PDE-0632	Provider's Street Address
Provider's City	PDE-0633	Provider's City
Provider's State	PDE-0634	Default value is VA
Provider's Zip	PDE-0635	Provider's Zip
Provider Phone Number	pde-0629	Area Code and 7 digit number
Provider Email	pde-0641	Provider's email address
Waiver Type	PDE-0224	Alzhr = Alzheimer's Assisted Living Waiver
		EDCD = ECDE Waiver
		CCC = Commonwealth Coordinated Care
		Tech = Technology Assisted Waiver
		PACE = PACE
		TechAd = Technology Assisted Waiver - Adult
		TechPd = Technology Assisted Waiver - Pediatrics

Service Delivery Method	PDE-0225	A = Agency Directed
		C = Consumer Directed
		B = Both
Assessment Type	PDE-0226	Initial = Initial Enrollment
		Unschd = Unscheduled Assessment
		6Month = 6 Month Assessment
		Annual = Annual Assessment
PACE Enrollment Agreement Date	PDE-0227	MMDDCCYY
PACE Enrollment Date	PDE-0855	MMDDCCYY
PACE UAI Completion Date	PDE-0228	MMDDCCYY
Provider ID# 2	pde-0216	Provider NPI/API only exist for ED CD Waiver type
Member Last Name	pde-0013	Member's last name
Member First Name	pde-0014	Member's first name
Member Middle Initial	pde-0015	Member's MI
Member's SSN	pde-0419	Members SSN; no dashes
Member's Date of Birth	pde-0051	MMDDCCYY
Member's Age	pde-0406	Calculated from member's dob - assessment date
Member's Phone Number	PDE-0853	Area Code and 7 digit number
Member's Marital Status	pde-0054	
Member's Race	PDE-0229	
Member's Gender	pde-0053	M = Male
		F = Female
Member's Street Address	pde-0045	
Member's City	pde-0047	
Member's State	pde-0048	
Member's Zip Code	pde-0049	
Primary Caregiver Name	PDE-0232	Name
Housing	PDE-0231	Own = Own House
		RentHs = Rent House
		Apart = Apartment
		RentRm = Rented Room
		Family = Living with Family
		ALF = ALF
		NursFc = Nursing Facility
		Other = Other
Advance Directive	PDE-0233	Y (yes) or N (no)
APS/CPS Referral	PDE-0234	Y (yes) or N (no)
History of Drug Abuse	PDE-0235	Y (yes) or N (no)
Discharge Termination Date	PDE-0236	MMDDCCYY

Discharge Comments	PDE-0856	
Service Authorization Number 1	pde-0439	
Service Authorization Number 2	pde-0439	
Personal Care	PDE-0237	1st byte = Y (yes) or N (no)
	PDE-0238	2nd - 6th bytes = Hours
Home Health	PDE-0246	Y (yes) or N (no)
Nursing	PDE-0249	Y (yes) or N (no)
Speech	PDE-0250	Y (yes) or N (no)
OT	PDE-0251	Y (yes) or N (no)
PT	PDE-0252	Y (yes) or N (no)
Other	PDE-0253	Y (yes) or N (no)
Respite Care	PDE-0239	1st byte = Y (yes) or N (no)
	PDE-0240	2nd - 6th bytes = Hours
Private Duty Nursing	PDE-0241	1st byte = Y (yes) or N (no)
	PDE-0242	2nd - 6th bytes = Hours
Rehab at Center	PDE-0254	Y (yes) or N (no)
Nursing	PDE-0249	Y (yes) or N (no)
Speech	PDE-0250	Y (yes) or N (no)
OT	PDE-0251	Y (yes) or N (no)
PT	PDE-0252	Y (yes) or N (no)
Other	PDE-0253	Y (yes) or N (no)
Adult Day Care	PDE-0243	1st byte = Y (yes) or N (no)
	PDE-0244	2nd - 6th bytes = Hours
DME	PDE-0245	Y (yes) or N (no)
Member's Language (Up to 2 occurrences)	PDE-0258	
	PDE-0259	
Speech Impaired	PDE-0255	Y (yes) or N (no)
Hearing Impaired	PDE-0256	Y (yes) or N (no)
Visually Impaired	PDE-0257	Y (yes) or N (no)
Home Delivered Meals	PDE-0246	Y (yes) or N (no)
PERS	PDE-0247	Y (yes) or N (no)
Medicaid Insured	PDE-0261	Y (yes) or N (no)
Member ID	pde-0016	Medicaid ID
Medicare Insured	PDE-0262	Y (yes) or N (no)
Medicare Number	PDE-0263	Space = no Medicare
		Medicare number
Private Insurance	PDE-0264	Y (yes) or N (no)
Insurance Name	pde-0426	Space = no Private Pay
		Insurance Name
Insurance Number	pde-0065	Space = no Private Pay
		Insurance Number

Private Pay	PDE-0265	Y (yes) or N (no)
Bathing	PDE-0266	00 = Needs No Help
		10 = Mechanical Help Only
		21 = Human - Supervise
		22 = Human - Physical Assistance
		31 = Mech & Human - Supervise
		32 = Mech & Human - Physical Asst
		40 = Performed by others
Dressing	PDE-0267	Same as Bathing
Toileting	PDE-0268	Same as Bathing
Transferring	PDE-0269	Same as Bathing
Eating Feeding	PDE-0270	Same as Bathing
Bowel	PDE-0271	00 = Continent
		01 = Incontinent (less than weekly)
		02 = Ext Device (self-care)
		03 = Incontinent (weekly or more)
		06 = Ostomy
Bladder	PDE-0272	Same as Bowel
Meal Preparation	PDE-0273	Y (yes) or N (no)
Housekeeping	PDE-0274	Y (yes) or N (no)
Laundry	PDE-0275	Y (yes) or N (no)
Money Mgmt	PDE-0276	Y (yes) or N (no)
Transport	PDE-0277	Y (yes) or N (no)
Shopping	PDE-0278	Y (yes) or N (no)
Using Phone	PDE-0279	Y (yes) or N (no)
Home Maintenance	PDE-0280	Y (yes) or N (no)
Joint Motion	PDE-0281	00 = Within normal limits
		01 = Limited motion
		02 = Instability/Immobile
Medicine Administration	PDE-0282	00 = Without Assistance
		01 = Administered/Monitored - Lay Person
		02 = Administered/Monitored - Professional
Orientation	PDE-0283	00 = Oriented
		01 = Disoriented (Some Spheres/Sometimes)
		02 = Disoriented (Some Spheres/All Times)
		03 = Disoriented (All Spheres/Sometimes)
		04 = Disoriented (All Spheres/All

		Times)
		05 = Semi-Comatose/Comatose
Behavior	PDE-0284	00 = Appropriate
		01 = Wandering/Passive (Less than weekly)
		02 = Wandering/Passive (More than weekly)
		03 = Abusive/Disruptive (Less than weekly)
		04 = Abusive/Disruptive (More than weekly)
		05 = Semi-Comatose/Comatose
Walking	PDE-0285	Same as Bathing
Wheeling	PDE-0286	Same as Bathing
Stair Climbing	PDE-0287	Same as Bathing
Mobility	PDE-0288	00 = Needs No Help
		10 = Mechanical Help Only
		21 = Human Help - Supervise
		22 = Human Help - Phys Assist
		31 = Mechanical & Human Help - Supervise
		32 = Mechanical & Human Help - Phys Asst
		40 = Confined - Moves About
		50 = Confined - Does Not Move About
Diagnosis (Up to 9 occurrences)	PDE-0290	001 = Diabetes 002 = COPD 003 = Cancer 004 = Congestive Heart Failure 005 = Dementia 006 = Alzheimer's 007 = ID/DD 008 = Mental Health 009 = Other Diagnosis
	PDE-0291	
	PDE-0292	
	PDE-0293	
	PDE-0294	
	PDE-0295	
	PDE-0296	
	PDE-0297	
	PDE-0298	
Diagnosis - Other	PDE-0299	
Medications	PDE-0776	

Current Health Status/Comments	PDE-0777	Current Health Status/Condition/Comments
Medical Nursing Needs	PDE-0778	Y = Current medical nursing needs checked yes
		N = Current medical nursing needs checked no
Medical Nursing Needs	PDE-0780	001 = Application of aseptic dressing (a)
(up to 20 occurrences)	PDE-0781	002 = Routine catheter care (b)
	PDE-0782	003 = Respiratory therapy ©
	PDE-0783	004 = Therapeutic exercise (d)
	PDE-0784	005 = Chemotherapy (e)
	PDE-0785	006 = Radiation (f)
	PDE-0786	007 = Dialysis (g)
	PDE-0787	008 = Suctioning (h)
	PDE-0788	009 = Tracheotomy Care (i)
	PDE-0789	010 = Infusion Therapy (j)
	PDE-0790	011 = Oxygen (k)
	PDE-0791	012 = Routine skin care (l)
	PDE-0792	013 = Care of small pressure ulcers (m)
	PDE-0793	014 = Use of physical restraints (n)
	PDE-0794	015 = Mgmt of those with impairment (o)
	PDE-0795	016 = Routine care of colostomy (p)
	PDE-0796	017 = Supervision for nutrition (q)
	PDE-0797	018 = Medical condition requires observation ®
	PDE-0798	019 = Multiple, interrelated conditions (s)
	PDE-0799	020 = Other
Medical Nursing Needs - Other	PDE-0800	When Medical Nursing Needs is 'Other' this field will be populated
Form Completed By	PDE-0802	
Form Completion Date	Current Date	MMDDCCYY
Signature Acknowledgement	PDE-0803	Y (yes) or N (no)
Form Completed by Phone	PDE-0806	Area Code and 7 digit number
Review ID		System Generated Confirmation
Portal User ID		User Log In ID
Creation Date		MMDDCCYY - System Date
Referral Source	PDE-0804	
Referral Phone Number	PDE-0805	Area Code and 7 digit number

Group A - Ventilator	PDE-0807	Y (yes) or N (no)
Group A - Ventilator Orders	PDE-0808	
Group B - Tracheostomy - Weaning	PDE-0809	Y (yes) or N (no)
Group B - Nebulizer	PDE-0810	Y (yes) or N (no)
Group B - Nebulizer Treatment Orders	PDE-0811	
Group B - Pulse Oximetry Monitoring	PDE-0812	Y (yes) or N (no)
Group B - Pulse Oximetry Treatment Orders	PDE-0813	
Group B - Respiratory Assessment	PDE-0814	Y (yes) or N (no)
Group B - Respiratory Assessment Treatment Orders	PDE-0815	
Group B - Oxygen Therapy	PDE-0816	Y (yes) or N (no)
Group B - Oxygen Therapy Treatment Orders	PDE-0817	
Group B - Daily Trach Care	PDE-0818	Y (yes) or N (no)
Group B - Daily Trach Care Treatment Orders	PDE-0819	
Group B - Tracheal Suctioning	PDE-0820	Y (yes) or N (no)
Group B - Mechanical Ventilation Ventilator	PDE-0821	Y (yes) or N (no)
Tech - Tracheostomy	PDE-0822	50 = Continuous 40 = Intermittent
Tech - C-PAP - BIPAP	PDE-0823	0 or 43
Tech - Oxygen - Cont	PDE-0824	0 or 25
Tech - Oxygen Cont - Unstable	PDE-0825	0 or 15
Tech - Oxygen Cont - Unstable - Conditions (Up to 6 occurrences)	PDE-0826	0 or 35
	PDE-0827	00 = Diuretics
	PDE-0828	01 = Albuterol treatments at least 24 hours/day
	PDE-0829	02 = Weight is below 15th percentile for age
	PDE-0830	03 = Greater than three (3) hospitalizations
	PDE-0831	04 = Daily oxygen desaturation
	PDE-0832	05 = Physician ordered fluid intake restrictions
Tech - Peritoneal Dialysis	PDE-0833	0 or 45
Tech - JG Tube - Cont	PDE-0834	0 or 15
Tech - JG Tube Cont - W Reflux	PDE-0835	0 or 35
Tech - JG Tube W Reflux Qualify (Up to 3 occurrences)	PDE-0836	00 = Swallow study within the last six
	PDE-0837	01 = Aspiration pneumonia within the last 12 months
	PDE-0838	02 = Need for suctioning due to

		reflux on a daily basis
Tech - NG Tube	PDE-0839	00 = Non/Applicable 40 = Continuous 25 = Bolus
Tech - IV Therapy	PDE-0840	0 or 40
Nursing - Tracheal Suctioning	PDE-0842	0 = Non/Applicable
		5 = Greater Q 1 Hr
		3 = Q 1 - 4 Hrs
		2 = Q 4 Hrs
Nursing - Enteral Feedings	PDE-0843	0 = Non/Applicable
		5 = Continuous
		4 = Q 2 Hrs
		3 = Q 3 Hrs
		2 = Q 4 Hrs
Nursing - Daily Meds	PDE-0844	0 = Non/Applicable
		2 = 3 or less meds
		4 = 4 - 5 meds
		8 = 6 or more meds
Nursing - Intermittent Catheter	PDE-0845	0 = Non/Applicable
		8 = Q 4 Hours
		6 = Q 8 Hours
		4 = Q 12 Hours
		2 = Q Day or PRN
Nursing - Dressings	PDE-0846	0 = Non/Applicable
		3 = Q 8 Hrs or less
		2 = Greater than Q 8 Hrs
Nursing - Trach Care	PDE-0847	0 or 5
Nursing - IV - Hyperal	PDE-0848	0 = Non/Applicable
		8 = Continuous
		6 = 8 - 16 Hours
		4 = 4 - 7 Hours
		2 = Less than 4 Hours
Nursing - Special Treatments	PDE-0849	0 = Non/Applicable
		8 = QID
		6 = TID
		4 = BID
		2 = Q Day
Nursing - Special Monitor	PDE-0850	0 or 5
Technology Score	PDE-0841	
Nursing Score	PDE-0851	
Total Score	PDE-0852	Total technology & Nursing score

Programs

- LOCERI Extract Creation (LOC-P-0001)

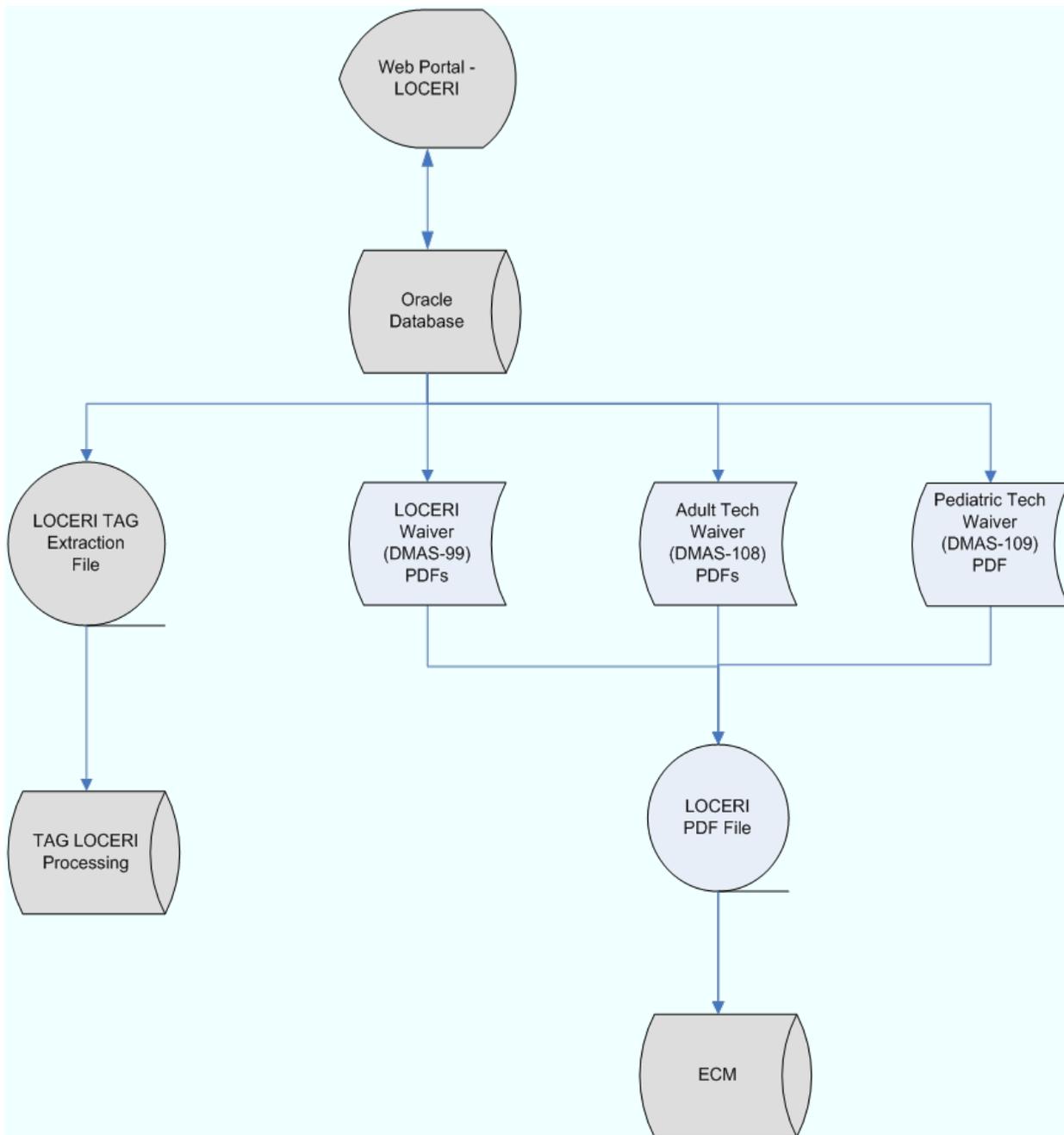
LOCERI Extract Creation (LOC-P-0001)

General Information

This is a batch program that is initiated nightly. The LocriDDE.Java executes this program as scheduled. Within this program the job will read the LOCERI Form Table (WP_LOCERI_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 LOCERI TAG extract file and a pdf file containing the corresponding LOCERI Form PDF, Adult Technology Waiver PDF and Pediatric Technology Waiver PDF outputs. The TAG extract file will be forwarded to the TAG team for processing and the pdf field will be loaded into the ECM for retrieval and research purposes.

Process



Screens

- CBC LOCERI Entry (LOC-S-0001)
- CBC LOCERI Submission (LOC-S-0002)
- Technology Waiver – Adult Referral (LOC-S-0003)
- LOCERI Adult Tech Waiver Submission (LOC-S-0004)
- Technology Waiver – Pediatric Referral (LOC-S-0005)
- LOCERI Pediatric Tech Waiver Submission (LOC-S-0006)

CBC LOCERI Entry (LOC-S-0001)

General Information

If a user wants to submit a Level of Care Review Instrument, this screen is the initial entry.

This screen replaces all the existing DMAS-99 forms (DMAS-99, DMAS-99P, DMAS-99T, DMAS-99C).

The screen captures the various medical needs, and dependency levels.

All individuals receiving, or to receive services, must complete this page. If the individual also participates in the technology waiver program, then another form will become available based on the member's age.

This form consists of a series of required, situationally required and optional fields.

Screen Name	CBC Level of Care Review Instrument (DMAS-99 series)
Source/Originator	Provider Portal Secured Welcome Page
Usage	Entry of level of care review instrument for all program types

Screen Sample – LOC-S-0001

For ease of reading the screen has been broken up in sections.



- 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

CBC Level of Care Review Instrument (DMAS-99 series) Print | Help

Community-Based Care Level of Care Review Instrument

Provider Information

Assessment Date (MM/DD/YYYY) * ?

Provider Name * ? Provider ID# * ?

Provider's Phone * ? Provider's Street Address * ? Provider's City * ? Provider's State * ? Provider's Zip * ? Provider's Email Address * ?
 VA

Program Type * ?
 Alzheimer's Assisted Living Waiver EDCD Waiver Technology Assisted Waiver PACE Commonwealth Coordinated Care (CCC)

Personal Information/Demographics

Last Name * ? First Name * ? MI ?

SSN ? DOB (MM/DD/YYYY) * ? Age ?

Phone * ? Marital Status * ? Race * ? Gender * ?
 Male Female

Address * ? City * ? State * ? Zip * ?
 VA

Housing * ? Name of Unpaid Primary Caregiver * ?

Advance Directive * ? APS/CPS Referral * ? History of Substance Abuse * ?
 Yes No Yes No Yes No

Discharge Information

If the individual has been discharged, expired or transferred-please enter the last date of service

Service Information

Check all that apply: [?](#)

Personal Care

Respite Care

Private Duty Nursing

Adult Day Care

DME

Home Delivered Meals

Personal Emergency Response System (PERS)

Home Health

Rehab At Center

Communication Of Needs

Speech Hearing Impaired Visually Impaired

Language Spoken*

English Other

Financial Resources

Check all that apply: [?](#)

Medicaid Insured

Medicaid ID#*

Medicare Insured

Private Insurance

Private Pay

Functional Status

ADLs

Select Appropriate Level: [?](#)

Bathing*

Dressing*

Toileting*

Transferring*

Eating/Feeding*

Continence (Bowel/Bladder)

Bowel*

Bladder*

IADLs

Check all the apply (Yes = needs assistance)

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

Physical Health Assessment

Select Appropriate Level: [?](#)

Joint Motion*

Medicine Administration/Take Medicine*

Orientation*

Behavior*

Physical Health Assessment

Select Appropriate Level: [?](#)

Joint Motion*

Medicine Administration/Take Medicine*

Orientation*

Behavior*

Ambulation

Walking*

Wheeling*

Stair Climbing*

Mobility*

Medical/Nursing Needs

Diagnosis*

Please check all that apply:

Diabetes COPD Cancer Congestive Heart Failure Dementia Alzheimer's ID/DD Mental Health Other Diagnosis

Complete all sections: [?](#)

Medication(s)*

100 Characters Remaining

Current Health Status/Condition/Comments*

450 Characters Remaining

Current Medical Nursing Need(s)*

No Yes

Individual's Name *

Completed By * [?](#)

 Name of RN completing form

Date

02/10/2014

I acknowledge that by entering my name as the RN completing this form it will be considered an official signature attesting that all information entered is accurate and correct.

Submit

Go to DMAS-108

Go to DMAS-109

Reset

Cancel

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see section 2 Data Elements.

Data Element Name (ID)	Instructions
Assessment Date (PDE-0223)	Enter the date of the member's assessment in MM/DD/YYYY format. This field is enterable and required. Defaults to current date if nothing entered.
Provider Name (pde-0011; pde-0012)	Enter the name of the provider's first & last name or the name of the organization. This field is enterable and required.
Provider ID# (pde-0216)	Enter provider's 12 digit NPI. For EDCD program type, up to 2 IDs can be entered; All other program types allow 1. This field is enterable and at least one is required
Provider's Phone (pde-0629)	Enter the provider's phone number associated to the servicing address, in the format 999-999-9999. This field is enterable and required.
Provider's Street Address (PDE-0632)	Enter the provider's street address associated with the provider's servicing address. This field is enterable and required.
Provider's City (PDE-0633)	Enter the city associated with the provider's servicing address. This field is enterable and required.
Provider's State (PDE-0634)	The two character state abbreviation will display. This field is protected and defaults to 'VA'.
Provider's Zip (PDE-0635)	Enter the 5 digit zip code associated with the provider's servicing address.

	This field is enterable and required.
Provider's Email Address (pde-0641)	Enter the provider's email address, including the @ sign and valid domain. This field is enterable and required.
Program Type (PDE-0224)	Select the appropriate radio button associated with the program/waiver the form is being completed for. This field is selectable and required.
Service Delivery Method (PDE-0225)	EDCD only – Select the appropriate delivery method for the EDCCD program. This field is selectable and situationally required (only if EDCCD is the selected program type).
Assessment Period (PDE-0226)	PACE only – Select the appropriate assessment period for the PACE program. This field is selectable and situationally required (only if PACE is the selected program type).
Enrollment Agreement Signed (PDE-0227)	PACE only – Enter the date the enrollment agreement was signed, in the format MM/DD/YYYY. This field is enterable and situationally required (only if PACE is the selected program type).
Enrollment Date (PDE-0855)	PACE only – Enter the date of the PACE enrollment in the format MM/DD/YYYY. This field is enterable and situationally required (only if PACE is the selected program type).
UAI Completion Date (PDE-0228)	PACE only – Enter the date the UAI was completed, in the format MM/DD/YYYY. This field is enterable and situationally required (only if PACE is the selected program type).
Last Name (pde-0013)	Enter the member's last name. This field is enterable and required.
First Name	Enter the member's first name.

(pde-0014)	This field is enterable and required.
Middle Initial (pde-0015)	Enter the member's middle initial. This field is enterable but optional.
SSN (pde-0419)	Enter the member's social security number in the format 999-99-9999. This field is enterable and situationally required. Either the member's SSN or Medicaid ID needs to be submitted on the form.
Date of Birth (pde-0051)	Enter the member's date of birth in the format MM/DD/YYYY. Enterable (text or via the calendar widget) and required.
Age (pde-0406)	Calculated field using the assessment date and the member's birthdate. This field is protected and always displays.
Phone (PDE-0853)	Enter the member's phone number in the format 999-999-9999. This field is enterable and required.
Marital Status (pde-0054)	Select the member's marital status from the drop down list. This field is selectable and required.
Race (PDE-0229)	Select the member's race from the drop down list. This field is selectable and required.
Gender (pde-0053)	Select the appropriate radio button indicating the member's gender. This field is selectable and required.
Address (pde-0045)	Enter the member's street address associated with the provider's address.

	This field is enterable and required.
City (pde-0047)	Enter the city associated with the member's address. This field is enterable and required.
State (pde-0048)	The two character state abbreviation will display. This field is protected and defaults to 'VA'.
Zip (pde-0049)	Enter the 5 digit zip code associated with the member's address. This field is enterable and required.
Housing (PDE-0231)	Select the member's housing situation from the drop down list. This field is selectable and required.
Name of Unpaid Care Giver (PDE-0232)	Not applicable to Alzheimer's Assisted Living Waiver; Enter the name of the unpaid caregiver. This field is enterable and situationally required. Required for all program types except Alzheimer's Waiver where it's not displayed.
Advance Directive (PDE-0233)	Select the appropriate radio button indicating if the member has an advance directive in place. This field is selectable and required.
APS/CPS Referral (PDE-0234)	Select the appropriate radio button indicating if the member was referred by either APS or CPS. This field is selectable and required.
History of Substance Abuse (PDE-0235)	Select the appropriate radio button indicating if the member has a history of substance abuse. This field is selectable and required.
Discharge Date (PDE-0236)	If the member has been discharged, transferred or passed, enter the date in the format MM/DD/YYYY.

	This field is enterable and situationally required (if member is discharged, transferred or deceased).
Discharge Service Authorization Number (pde-0439)	Up to 2 SAs for EDCD; All other program types allow 1. Enter the 11 digit numeric Service Authorization(s) for this member issued to the provider. Field is enterable and optional
Discharge Comments (PDE-0856)	If the member has been discharged, transferred or passed, enter any relevant comments. This field is enterable and required (if discharge date is entered).
Personal Care (PDE-0237)	Check box if member requires personal care. Field is enterable and optional.
Number of Hours per Day (PDE-0238)	Enter number of hours per day member requires personal care. This field is enterable and situationally required. Required if Personal Care is checked.
Respite Care (PDE-0239)	Check box if member requires respite care. Field is enterable and optional.
Number of Hours per Day (PDE-0240)	Enter number of hours per day member requires personal care. This field is enterable and situationally required. Required if Respite Care is checked.
Private Duty Nursing (PDE-0241)	Check box if member requires private duty nursing care. Field is enterable and optional.
Number of Hours per Day (PDE-0242)	Enter number of hours per day member requires a private duty nurse. This field is enterable and situationally required.

	Required if Private Duty Nursing is checked.
Adult Day Care (PDE-0243)	Check box if member requires adult day care. Field is enterable and optional.
Number of Days per Week (PDE-0244)	Enter number of days per week member needs adult day care. This field is enterable and situationally required. Required if Adult Day Care is checked.
DME (PDE-0245)	Check if member needs DME. This field is enterable and optional.
Home Delivered Meals (PDE-0246)	Check if member needs home delivered meals. This field is enterable and optional.
Personal Emergency Response System (PERS) (PDE-0247)	Check if member requires personal emergency response system. This field is enterable and optional.
Home Health (PDE-0246)	Check if member needs home health assistance. This field is enterable and optional.
Nursing (PDE-0249)	Check if member needs home health nursing assistance. This field is enterable and optional. It only displays when Home Health is checked.
Speech (PDE-0250)	Check if member needs home health speech assistance. This field is enterable and optional. It only displays when Home Health is checked.
OT (PDE-0251)	Check if member needs home health occupational therapy. This field is enterable and optional. It only displays when Home Health is checked.

<p>PT (PDE-0252)</p>	<p>Check if member needs home health physical therapy.</p> <p>This field is enterable and optional. It only displays when Home Health is checked.</p>
<p>Other (PDE-0253)</p>	<p>Check if member needs home health assistance other than previously noted.</p> <p>This field is enterable and optional. It only displays when Home Health is checked.</p>
<p>Rehab at Center (PDE-0254)</p>	<p>Check if member is going to rehab at a Rehab Center.</p> <p>This field is enterable and optional.</p>
<p>Nursing (PDE-0249)</p>	<p>Check if member needs rehab center nursing assistance.</p> <p>This field is enterable and optional. It only displays when Rehab center is checked.</p>
<p>Speech (PDE-0250)</p>	<p>Check if member needs rehab center speech assistance.</p> <p>This field is enterable and optional. It only displays when Rehab center is checked.</p>
<p>OT (PDE-0251)</p>	<p>Check if member needs rehab center occupational therapy.</p> <p>This field is enterable and optional. It only displays when Rehab center is checked.</p>
<p>PT (PDE-0252)</p>	<p>Check if member needs rehab center physical therapy.</p> <p>This field is enterable and optional. It only displays when Rehab center is checked.</p>
<p>Other (PDE-0253)</p>	<p>Check if member needs rehab center assistance other than previously noted.</p>

	This field is enterable and optional. It only displays when Rehab center is checked.
Communication – Speech (PDE-0255)	Check if member has communication issues with speech. This field is enterable and optional.
Communication – Hearing Impaired (PDE-0256)	Check if member has communication issues with hearing. This field is enterable and optional.
Communication – Visually Impaired (PDE-0257)	Check if member has communication issues with vision. This field is enterable and optional.
English (PDE-0258)	Check if member speaks English. This field is enterable and situationally required. At least one language option is required.
Other Language (PDE-0259)	Check if member speaks a language other than or in addition to English. This field is enterable and situationally required. At least one language option is required.
Other Language (Specify) (PDE-0259)	Enter language, other than English that member speaks. This field is enterable and situationally required. Required if 'Other Language' is checked.
Medicaid Insurance (PDE-0261)	Check if member has Medicaid. This field is enterable and situationally required. Either the SSN or the Medicaid ID is required.
Medicaid ID (pde-0016)	Enter member's 12 digit Medicaid ID. This field is enterable and situationally required. Either the SSN or the Medicaid ID is required. This field displays when the Medicaid Insurance is checked or if the SSN was not populated.

Medicare Insurance (PDE-0262)	Check if member has Medicare. This field is enterable and optional.
Medicare ID (PDE-0263)	Enter member's Medicare ID. This field is enterable and situationally required. This field displays and is required if 'Medicare Insurance' is checked.
Private Insurance (PDE-0264)	Check if member has other third party insurance. This field is enterable and optional.
Company (pde-0426)	Enter the name of the third party insurance company. This field is enterable and situationally required. This field displays and is required if 'Private Insurance' is checked.
Policy # (pde-0065)	Enter the policy number of the third party insurance company. This field is enterable and situationally required. This field displays and is required if 'Private Insurance' is checked.
Private Pay (PDE-0265)	Check if member will be making personal payments. This field is enterable and optional.
ADL – Bathing (PDE-0266)	Select the level of assistance member requires for bathing. This field is selectable and required.
ADL – Dressing (PDE-0267)	Select the level of assistance member requires for dressing. This field is selectable and required.
ADL – Toileting (PDE-0268)	Select the level of assistance member requires for using the rest room.

	This field is selectable and required.
ADL – Transferring (PDE-0269)	Select the level of assistance member requires for transferring from one location to another. This field is selectable and required.
ADL – Eating/Feeding (PDE-0270)	Select the level of assistance member requires for eating or being fed. This field is selectable and required.
Continence – Bowel (PDE-0271)	Select the member’s level of bowel continence. This field is selectable and required.
Continence – Bladder (PDE-0272)	Select the member’s level of bladder continence. This field is selectable and required.
IADL – Meal Prep (PDE-0273)	Select the appropriate radio button indicating if the member requires assistance with meal preparation. This field is selectable and required.
IADL – Housekeeping (PDE-0274)	Select the appropriate radio button indicating if the member requires assistance with housekeeping. This field is selectable and required.
IADL – Laundry (PDE-0275)	Select the appropriate radio button indicating if the member requires assistance with laundry. This field is selectable and required.
IADL – Money Mgmt (PDE-0276)	Select the appropriate radio button indicating if the member requires assistance with money management. This field is selectable and required.
IADL – Transport (PDE-0277)	Select the appropriate radio button indicating if the member requires assistance with transportation.

	This field is selectable and required.
IADL – Shopping (PDE-0278)	Select the appropriate radio button indicating if the member requires assistance with shopping. This field is selectable and required.
IADL – Using Phone (PDE-0279)	Select the appropriate radio button indicating if the member requires assistance with phone usage. This field is selectable and required.
IADL – Home Maint (PDE-0280)	Select the appropriate radio button indicating if the member requires assistance with home maintenance. This field is selectable and required.
Joint Motion (PDE-0281)	Select the member’s appropriate level of joint motion. This field is selectable and required.
Medication Administration (PDE-0282)	Select the member’s ability to administer/take medication. This field is selectable and required.
Orientation (PDE—759)	Select the member’s appropriate level of orientation. This field is selectable and required.
Behavior (PDE-0284)	Select the member’s appropriate level of orientation. This field is selectable and required.
Walking (PDE-0285)	Select the member’s level/ability to walk. This field is selectable and required.
Wheeling (PDE-0286)	Select the member’s level/ability to wheel him/herself. This field is selectable and required.

<p>Stair Climbing (PDE-0287)</p>	<p>Select the member's level/ability to climb stairs.</p> <p>This field is selectable and required.</p>
<p>Mobility (PDE-0288)</p>	<p>Select the member's level of mobility.</p> <p>This field is selectable and required.</p>
<p>Diabetes (PDE-0290)</p>	<p>Check if member has a diagnosis of diabetes.</p> <p>This field is selectable and situationally required. At least one diagnosis is required.</p>
<p>COPD (PDE-0291)</p>	<p>Check if member has a diagnosis of COPD.</p> <p>This field is selectable and situationally required. At least one diagnosis is required.</p>
<p>Cancer (PDE-0292)</p>	<p>Check if member has a diagnosis of cancer.</p> <p>This field is selectable and situationally required. At least one diagnosis is required.</p>
<p>Congestive Heart Failure (PDE-0293)</p>	<p>Check if member has been diagnosed with congestive heart failure.</p> <p>This field is selectable and situationally required. At least one diagnosis is required.</p>
<p>Dementia (PDE-0294)</p>	<p>Check if member has been diagnosed with dementia.</p> <p>This field is selectable and situationally required. At least one diagnosis is required.</p>
<p>Alzheimer's (PDE-0295)</p>	<p>Check if member has been diagnosed with Alzheimer's.</p> <p>This field is selectable and situationally required. At least one diagnosis is required.</p>
<p>ID/DD (PDE-0296)</p>	<p>Check if member has been diagnosed with ID/DD.</p> <p>This field is selectable and situationally required. At</p>

	least one diagnosis is required.
Mental Health (PDE-0297)	<p>Check if member has been diagnosed with mental health issues.</p> <p>This field is selectable and situationally required. At least one diagnosis is required.</p>
Other Diagnosis (PDE-0298)	<p>Check if member has been diagnosed with something other than the diagnoses previously listed.</p> <p>This field is selectable and situationally required. At least one diagnosis is required.</p>
Other Diagnosis Entry (PDE-0299)	<p>Enter member's diagnosis(ses) other than those previously noted.</p> <p>This field is enterable and situationally required. This is required if the Other Diagnosis is checked.</p>
Medication Entry (PDE-0776)	<p>Enter any medications the member currently takes.</p> <p>This field is enterable and required.</p>
Current Health Status (PDE-0777)	<p>Enter any health status, conditions or comments the member currently has.</p> <p>This field is enterable and required.</p>
Current Nursing Needs (PDE-0779)	<p>Select radio button indicating whether the member has current nursing needs.</p> <p>This field is selectable and required.</p>
Aseptic Dressing (PDE-0780)	<p>Check if member needs nursing assistance with the application of aseptic dressing.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
Catheter Care (PDE-0781)	<p>Check if member needs nursing assistance with routine catheter care.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Cur-</p>

	rent Nursing Needs indicator is 'yes'.
Respiratory Therapy (PDE-0782)	<p>Check if member needs nursing assistance with respiratory therapy.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
Therapeutic Exercise (PDE-0783)	<p>Check if member needs nursing assistance with therapeutic exercise.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
Chemotherapy (PDE-0784)	<p>Check if member needs nursing assistance with chemotherapy.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
Radiation (PDE-0785)	<p>Check if member needs nursing assistance with radiation.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
Dialysis (PDE-0786)	<p>Check if member needs nursing assistance with dialysis.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
Suctioning (PDE-0787)	<p>Check if member needs nursing assistance with suctioning.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
Tracheotomy Care (PDE-0788)	<p>Check if member needs nursing assistance with tracheotomy care.</p>

	<p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
<p>Infusion Therapy (PDE-0789)</p>	<p>Check if member needs nursing assistance with infusion therapy.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
<p>Oxygen (PDE-0790)</p>	<p>Check if member needs nursing assistance with oxygen.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
<p>Skin Care (PDE-0791)</p>	<p>Check if member needs nursing assistance with routine skin care to prevent pressure ulcers for individuals who are immobile.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
<p>Pressure Ulcers (PDE-0792)</p>	<p>Check if member needs nursing assistance with care of small uncomplicated pressure ulcers, and local skin rashes.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
<p>Restraints (PDE-0793)</p>	<p>Check if member needs nursing assistance with use of physical (e.g., side rails, poseys, and locked doors in the ADC and/or chemical restraints).</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
<p>Impairment Mgmt (PDE-0794)</p>	<p>Check if member needs nursing assistance with management of those with sensory, metabolic, or circulatory impairment with demonstrated clinical evidence of medical instability.</p>

	<p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
<p>Colostomy Care (PDE-0795)</p>	<p>Check if member needs nursing assistance with routine care of colostomy or ileostomy or management of neurogenic bowel and bladder.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
<p>Nutrition Supervision (PDE-0796)</p>	<p>Check if member needs nursing assistance with supervision for adequate nutrition and hydration for individuals who show clinical evidence of malnourishment or dehydration or have a recent history of weight loss or inadequate hydration which, if not supervised would be expected to result in malnourishment or dehydration.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
<p>Observation (PDE-0797)</p>	<p>Check if the member 's medical condition requires observation and assessment to assure evaluation of the person's need for modification of treatment or additional medical procedures to prevent destabilization, and the person has demonstrated an inability to self-observe or evaluate the need to contact skilled medical professionals.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
<p>Multiple Conditions (PDE-0798)</p>	<p>Check if member needs nursing assistance due to the complexity created by the person's multiple, interrelated medical conditions; the potential for the individual's medical instability is high or exists.</p> <p>This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.</p>
<p>Other Medical Needs (PDE-0799)</p>	<p>Check if member needs nursing assistance with other medical needs not previously listed.</p>

	This field is enterable and situationally required. At least one nursing need should be checked if the Current Nursing Needs indicator is 'yes'.
Other Medical Needs Detail (PDE-0800)	Enter details of member's other medical needs not previously listed. This field is enterable and situationally required. Required if Other Medical Needs indicator is 'yes'.
Individual's Name (PDE-0801)	This is the concatenation of the member's name in the format LN, FN MI. This field is populated automatically from the previously entered member information, is display only and required.
Form Completed By (PDE-0802)	Enter the name of RN completing form. This field is enterable and required.
Acknowledgement Ind (PDE-0803)	Check to acknowledge that by entering my name as the RN completing this form it will be considered an official signature attesting that all information entered is accurate and correct. This field is selectable and is required.

Navigation

Button/Link	Action	Link
Submit	Takes all the information entered in the screen and processes it. If the necessary information is entered the user will be directed to the submission page.	LOC-S-0002 (CBC LOCERI Submission)
Go To DMAS-108	Opens and routes the user to the Adult Technology Waiver form, if the program type is Technology Waiver and age is over 21 years. If program type is not Technology Waiver this field is disabled.	LOC-S-0003

Go To DMAS-109	Opens and routes the user to the Pediatric Technology Waiver form, if the program type is Technology Waiver and age is 21 years or younger. If program type is not Technology Waiver this field is disabled.	LOC-S-0005
Reset	Resets all the entered fields and stays on the same page	LOC-S-0001
Cancel	Resets all the entered fields and returns the user to the Provider Secured portal.	PRV-S-0001

Error Messages

Description	Resolution
Assessment Date is required	Enter date in valid format of MM/DD/CCYY or MMDDCCYY.
Invalid date, format should be MM/DD/CCYY or MMDDCCYY	Enter date in valid format of MM/DD/CCYY or MMDDCCYY.
Provider Name is required	Enter servicing provider's name.
Provider's ID# is required	Enter provider's valid 10 digit NPI.
Provider's ID# must be numeric and 10 digits	Enter provider's valid 10 digit NPI.
Provider's phone is required	Enter valid phone number in the format 9999999999 or 999-999-9999.
Phone number format should be 9999999999 or 999-999-9999	Enter valid phone number in the format 9999999999 or 999-999-9999.
Provider's street address is required	Enter the provider's building number and street.
Provider's city is required	Enter the provider's city.
Provider's state is required	Enter valid 2 character state abbreviation.
Provider's zip is required	Enter valid 5 digit zip code in the format 99999.
Individual's zip format should be 99999	Enter valid 5 digit zip code in the format 99999.
Provider's email address is required	Enter valid email address including domain.
Email address invalid, should contain valid domain (i.e. .com)	Enter valid email address including domain.
The Program Type is required	Select program type associated with the member.
The Service Delivery Method is required	If EDCCD, select valid service delivery method.
Enrollment/Assessment type is required for	If PACE, select valid assessment period.

individuals in the PACE program	
Enrollment Agreement Signed date is required for individuals in the PACE program	Enter valid date in format MM/DD/YYYY or MMDDYYYY
Enrollment Date is required for individuals in the PACE program	Enter valid date in format MM/DD/YYYY or MMDDYYYY
Invalid date, format should be MM/DD/CCYY or MMDDCCYY	Enter valid date in format MM/DD/YYYY or MMDDYYYY
UAI Completion Date is required for individuals in the PACE program	Enter valid date in format MM/DD/YYYY or MMDDYYYY
Invalid date, format should be MM/DD/CCYY or MMDDCCYY	Enter valid date in format MM/DD/YYYY or MMDDYYYY
Individual's last name is required	Enter member's last name.
Individual's first name is required	Enter member's first name.
Individual's SSN should be 999999999 or 999-99-9999	Enter valid SSN in the format 999999999 or 999-99-9999.
Individual's birthdate is required	Enter valid date in format MM/DD/YYYY or MMDDYYYY
Invalid date, format should be MM/DD/CCYY or MMDDCCYY	Enter valid date in format MM/DD/YYYY or MMDDYYYY
Individual's phone is required	Enter valid phone number in the format 9999999999 or 999-999-9999.
Phone number format should be 9999999999 or 999-999-9999	Enter valid phone number in the format 9999999999 or 999-999-9999.
Individual's marital status is required	Select marital status from drop down list.
Individual's race is required	Select race from drop down list.
Individual's gender is required	Select gender from radio buttons.
Individual's street address is required	Enter valid building number and street address.
Individual's city is required	Enter valid city.
Individual's state is required	Enter valid 2 character state abbreviation.
Individual's zip is required	Enter valid 5 digit zip code in the format 99999.
Individual's zip format should be 99999	Enter valid 5 digit zip code in the format 99999.
Type of housing the individual resides in is required	Select housing option from drop down list.
Name of unpaid primary caregiver is required	Enter name of member's caregiver
Advance Directive is required	Select whether member has an advance directive.
APS/CPS Referral is required	Select whether member was referred by APS or CPS.
History of Substance Abuse is required	Select whether member has a history of substance abuse.
If individual is discharged/expired/transferred and service	Informational only

authorizations entered, no further form information is needed. Please submit form	
Service Authorization should be numeric and 11 digits	Enter valid 11 digit service authorization number.
Discharge Comments is required	Enter any reason or comments associated with the discharged/expired/transferred member.
Number of personal care hours requested is required	Enter number from 1 – 24
Number of respite care hours requested is required	Enter number from 1 – 24
Number of private duty hours requested is required	Enter number from 1 – 24
Number of adult day care days requested is required	Enter number from 1 - 7
Language used by the individual to communicate is required	Select radio button representing member's language.
Other language spoken by individual is required	Enter valid language (not English).
Medicaid ID is required	Enter valid 12 digit numeric Medicaid ID
Either SSN or Medicaid ID is required	Enter valid 12 digit numeric Medicaid ID or valid 9 digit SSN in the format 999999999 or 999-99-9999.
Medicaid ID should be numeric	Enter valid 12 digit numeric Medicaid ID
Medicaid ID should be 12 digits	Enter valid 12 digit numeric Medicaid ID
Individual's Medicare ID is required	Enter valid 15 digit numeric Medicare ID
The name of the insurance company is required	Enter name of valid insurance company
Policy # of private insurance is required	Enter valid policy number of private insurance.
Bathing assessment is required	Select appropriate option from drop down list.
Dressing assessment is required	Select appropriate option from drop down list.
Toileting assessment is required	Select appropriate option from drop down list.
Transferring assessment is required	Select appropriate option from drop down list.
Eating/Feeding assessment is required	Select appropriate option from drop down list.
Bowel assessment is required	Select appropriate option from drop down list.
Bladder assessment is required	Select appropriate option from drop down list.
Rather individual can prepare meals is required	Select appropriate option from radio buttons.
Rather individual can perform house-keeping duties is required	Select appropriate option from radio buttons.
Rather individual can perform laundry duties is required	Select appropriate option from radio buttons.
Rather individual can manage money is required	Select appropriate option from radio buttons.
Rather individual can transport themselves is	Select appropriate option from radio buttons.

required	
Rather individual can perform shopping duties is required	Select appropriate option from radio buttons.
Rather individual can utilize the phone is required	Select appropriate option from radio buttons.
Rather individual can perform home maintenance is required	Select appropriate option from radio buttons.
Joint motion assessment is required	Select appropriate option from drop down list.
Medicine administration assessment is required	Select appropriate option from drop down list.
Orientation assessment is required	Select appropriate option from drop down list.
Behavior assessment is required	Select appropriate option from drop down list.
Walking assessment is required	Select appropriate option from drop down list.
Wheeling assessment is required	Select appropriate option from drop down list.
Stair climbing assessment is required	Select appropriate option from drop down list.
Mobility assessment is required	Select appropriate option from drop down list.
Diagnoses are required	Select at least one diagnosis in the list or 'other diagnosis'
Medications are required	Enter member's medications
Health status/condition/comments is required	Enter member's health status, conditions or other relative comments
Rather individual has current medical nursing needs is required	Select appropriate radio button
At least one medical nursing need is required	Select at least one application requiring nursing assistance
Name of RN completing this form is required	Enter RN name
Acknowledgement of signature and form validity is required	Check acknowledgment of signature and form validity

Access

This screen is accessed through the secured provider portal utilizing the 'Level of Care Review' tab via the 'CBC Level of Care Review Instrument (DMAS-99 series).

1. Log in to secured provider portal.
2. Hover over 'Level of Care Review' navigation tab.
3. Select drop down option 'CBC Level of Care Review Instrument (DMAS-99 series).

4. The Community-Based Care Level of Care Review. Instrument screen will appear.

CBC LOCERI Submission (LOC-S-0002)

General Information

After a user successfully completes the CBC LOCERI Entry screen, the provider's entries are captured and redisplayed on this screen. From here the user receives a unique form ID for reference purposes and can save the submitted information to the computer.

There are no entries on this screen, it's strictly a recap of the information entered.

Screen Name	CBC Level of Care Review Instrument (DMAS-99 series)
Source/Originator	CBC Level of Care Review Instrument (DMAS-99 series)
Usage	Display all criteria entered on the CBC Level of Care Review Instrument form for reference and downloading.

Screen Sample – LOC-S-0002

For ease of reading the screen has been broken up in sections.



Home	Claims ▶	Member ▶	Service Authorization ▶	Payment History	EHR Incentive Program	Provider Maintenance	Provider Enrollment	RA Messages	
Level of Care Review ▶	EFT	EFT-ERA	DME Pharmacy Audit						

CBC Level of Care Review Instrument (DMAS-99 series) Print | Help

Community-Based Care Level of Care Review Instrument

Form successfully submitted. If you wish to print this form, please click 'Print'. To Submit another Form click Submit another Form button

FORM ID: 2014044000664099

Provider Information

Assessment Date (MM/DD/YYYY)
01/12/2014

Provider Name
DR SUESS

Provider ID#
1234567890

Provider's Phone 8045551212	Provider's Street Address 123 DOCTOR'S DRIVE	Provider's City RICHMOND	Provider's State VA	Provider's Zip 23219	Provider's Email Address DRSUESS@DOC.COM
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Program Type
EDCD

Service Delivery Method
Consumer Directed

Personal Information/Demographics

Last Name DOE	First Name JANE	MI 		
SSN 123456789	DOB (MM/DD/YYYY) 10/02/1981	Age 32		
Phone 8045551212	Marital Status Married	Race Hispanic American	Gender Female	
Address 123 MAIN ST	City RICHMONC	State VA	Zip 23219	
Housing: Own House	Name of Unpaid Primary Caregiver JOHN DOE			
Advance Directive Yes	APS/CPS Referral No	History of Substance Abuse No		

Discharge Information

If the individual has been discharged, expired or transferred-please enter the last date of service

Please provide the service authorization number(s) issued for your Provider ID

Service Information

Check all that apply:

Personal Care	Number of hours per day 8
Private Duty Nursing	Number of hours per day 3
Home Delivered Meals	

Language Spoken

English
Other

Please Specify

SPANISH

Financial Resources (Check all that apply)

Medicaid Insured
Yes

Medicaid ID#
987654321079

Medicare Insured

Private Insurance

Private Pay

Functional Status**ADLs****Bathing**

Needs No Help

Dressing

Human Help - Phys Asst

Toileting

Needs No Help

Transferring

Human Help - Supervise

Eating/Feeding

Human Help - Supervise

Continence(Bowel/Bladder)**Bowel**

Continent

Bladder

Incontinent (Less Than Weekly)

IADLs**Meal Prepare**

No

Housekeeping

Yes

Laundry

Yes

Money Mgmt

No

Transport

Yes

Shopping:

Yes

Using Phone

No

Home Maintenance

Yes

Physical Health Assessment**Joint Motion**

Within normal limits or instability corrected (0)

Medicine Administration/Take Medicine

Without assistance (0)

Orientation

Disoriented - Some Spheres/Sometimes

Behavior

Appropriate

Ambulation**Walking**

Human Help - Phys Asst

Wheeling

Human Help - Phys Asst

Stair Climbing

Human Help - Phys Asst

Mobility

Human Help - Phys Asst

Medical/Nursing Needs**Diagnosis**Diabetes
COPD**Medication(s)**

INSULIN

Current Health Status/Condition/Comments

TYPE 2 DIABETES

Current Medical Nursing Need(s)

Yes

If Yes, check all items that apply:Application of aseptic dressing (a)
Dialysis (g)
Oxygen (k)**Individual's Name**

DOE, JANE

Completed By

NURSE NANCY

Date

02/13/2014

Acknowledgement

Yes

[Download Form](#)[Submit Another Form](#)[Cancel](#)

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see section 2 Data Elements.

Data Element Name (ID)	Instructions
LOCERI Form ID (PDE-0854)	Display only; system generated
Assessment Date (PDE-0223)	Display only; if selection or entry made
Provider Name (pde-0011; pde-0012)	Display only; if selection or entry made
Provider ID# (pde-0216)	Display only; if selection or entry made
Provider's Phone (pde-0629)	Display only; if selection or entry made
Provider's Street Address (PDE-0632)	Display only; if selection or entry made
Provider's City (PDE-0633)	Display only; if selection or entry made
Provider's State (PDE-0634)	Display only; if selection or entry made
Provider's Zip (PDE-0635)	Display only; if selection or entry made
Provider's Email Address (pde-0641)	Display only; if selection or entry made
Program Type (PDE-0224)	Display only; if selection or entry made
Service Delivery Method (PDE-0225)	Display only; if selection or entry made
Assessment Period (PDE-0226)	Display only; if selection or entry made
Enrollment Agreement Signed	Display only; if selection or entry made

(PDE-0227)	
PACE Enrollment Date (PDE-0855)	Display only; if selection or entry made
UAI Completion Date (PDE-0228)	Display only; if selection or entry made
Last Name (pde-0013)	Display only; if selection or entry made
First Name (pde-0014)	Display only; if selection or entry made
Middle Initial (pde-0015)	Display only; if selection or entry made
SSN (pde-0419)	Display only; if selection or entry made
Date of Birth (pde-0051)	Display only; if selection or entry made
Age (pde-0406)	Display only; if selection or entry made
Phone (PDE-0853)	Display only; if selection or entry made
Marital Status (pde-0054)	Display only; if selection or entry made
Race (PDE-0229)	Display only; if selection or entry made
Gender (pde-0053)	Display only; if selection or entry made
Address (pde-0045)	Display only; if selection or entry made
City (pde-0047)	Display only; if selection or entry made
State (pde-0048)	Display only; if selection or entry made
Zip	Display only; if selection or entry made

(pde-0049)	
Housing (PDE-0231)	Display only; if selection or entry made
Name of Unpaid Care Giver (PDE-0232)	Display only; if selection or entry made
Advance Directive (PDE-0233)	Display only; if selection or entry made
APS/CPS Referral (PDE-0234)	Display only; if selection or entry made
History of Substance Abuse (PDE-0235)	Display only; if selection or entry made
Discharge Date (PDE-0236)	Display only; if selection or entry made
Discharge Service Authorization Number (pde-0439)	Display only; if selection or entry made
Discharge Comments (PDE-0856)	Display only; if selection or entry made
Personal Care (PDE-0237)	Display only; if selection or entry made
Number of Hours per Day (PDE-0238)	Display only; if selection or entry made
Respite Care (PDE-0239)	Display only; if selection or entry made
Number of Hours per Day (PDE-0240)	Display only; if selection or entry made
Private Duty Nursing (PDE-0241)	Display only; if selection or entry made
Number of Hours per Day (PDE-0242)	Display only; if selection or entry made
Adult Day Care (PDE-0243)	Display only; if selection or entry made

Number of Days per Week (PDE-0244)	Display only; if selection or entry made
DME (PDE-0245)	Display only; if selection or entry made
Home Delivered Meals (PDE-0246)	Display only; if selection or entry made
Personal Emergency Response System (PERS) (PDE-0247)	Display only; if selection or entry made
Home Health (PDE-0246)	Display only; if selection or entry made
Nursing (PDE-0249)	Display only; if selection or entry made
Speech (PDE-0250)	Display only; if selection or entry made
OT (PDE-0251)	Display only; if selection or entry made
PT (PDE-0252)	Display only; if selection or entry made
Other (PDE-0253)	Display only; if selection or entry made
Rehab at Center (PDE-0254)	Display only; if selection or entry made
Nursing (PDE-0249)	Display only; if selection or entry made
Speech (PDE-0250)	Display only; if selection or entry made
OT (PDE-0251)	Display only; if selection or entry made
PT (PDE-0252)	Display only; if selection or entry made
Other	Display only; if selection or entry made

(PDE-0253)	
Communication – Speech (PDE-0255)	Display only; if selection or entry made
Communication – Hearing Impaired (PDE-0256)	Display only; if selection or entry made
Communication – Visually Impaired (PDE-0257)	Display only; if selection or entry made
English (PDE-0258)	Display only; if selection or entry made
Other Language (PDE-0259)	Display only; if selection or entry made
Other Language (Specify) (PDE-0259)	Display only; if selection or entry made
Medicaid Insurance (PDE-0261)	Display only; if selection or entry made
Medicaid ID (pde-0016)	Display only; if selection or entry made
Medicare Insurance (PDE-0262)	Display only; if selection or entry made
Medicare ID (PDE-0263)	Display only; if selection or entry made
Private Insurance (PDE-0264)	Display only; if selection or entry made
Company (pde-0426)	Display only; if selection or entry made
Policy # (pde-0065)	Display only; if selection or entry made
Private Pay (PDE-0265)	Display only; if selection or entry made
ADL – Bathing (PDE-0266)	Display only; if selection or entry made

ADL – Dressing (PDE-0267)	Display only; if selection or entry made
ADL – Toileting (PDE-0268)	Display only; if selection or entry made
ADL – Transferring (PDE-0269)	Display only; if selection or entry made
ADL – Eating/Feeding (PDE-0270)	Display only; if selection or entry made
Continence – Bowel (PDE-0271)	Display only; if selection or entry made
Continence – Bladder (PDE-0272)	Display only; if selection or entry made
IADL – Meal Prep (PDE-0273)	Display only; if selection or entry made
IADL – Housekeeping (PDE-0274)	Display only; if selection or entry made
IADL – Laundry (PDE-0275)	Display only; if selection or entry made
IADL – Money Mgmt (PDE-0276)	Display only; if selection or entry made
IADL – Transport (PDE-0277)	Display only; if selection or entry made
IADL – Shopping (PDE-0278)	Display only; if selection or entry made
IADL – Using Phone (PDE-0279)	Display only; if selection or entry made
IADL – Home Maint (PDE-0280)	Display only; if selection or entry made
Joint Motion (PDE-0281)	Display only; if selection or entry made
Medication Administration	Display only; if selection or entry made

(PDE-0282)	
Orientation (PDE—759)	Display only; if selection or entry made
Behavior (PDE-0284)	Display only; if selection or entry made
Walking (PDE-0285)	Display only; if selection or entry made
Wheeling (PDE-0286)	Display only; if selection or entry made
Stair Climbing (PDE-0287)	Display only; if selection or entry made
Mobility (PDE-0288)	Display only; if selection or entry made
Diabetes (PDE-0290)	Display only; if selection or entry made
COPD (PDE-0291)	Display only; if selection or entry made
Cancer (PDE-0292)	Display only; if selection or entry made
Congestive Heart Failure (PDE-0293)	Display only; if selection or entry made
Dementia (PDE-0294)	Display only; if selection or entry made
Alzheimer's (PDE-0295)	Display only; if selection or entry made
ID/DD (PDE-0296)	Display only; if selection or entry made
Mental Health (PDE-0297)	Display only; if selection or entry made
Other Diagnosis (PDE-0298)	Display only; if selection or entry made
Other Diagnosis Entry	Display only; if selection or entry made

(PDE-0299)	
Medication Entry (PDE-0776)	Display only; if selection or entry made
Current Health Status (PDE-0777)	Display only; if selection or entry made
Current Nursing Needs (PDE-0779)	Display only; if selection or entry made
Aseptic Dressing (PDE-0780)	Display only; if selection or entry made
Catheter Care (PDE-0781)	Display only; if selection or entry made
Respiratory Therapy (PDE-0782)	Display only; if selection or entry made
Therapeutic Exercise (PDE-0783)	Display only; if selection or entry made
Chemotherapy (PDE-0784)	Display only; if selection or entry made
Radiation (PDE-0785)	Display only; if selection or entry made
Dialysis (PDE-0786)	Display only; if selection or entry made
Suctioning (PDE-0787)	Display only; if selection or entry made
Tracheotomy Care (PDE-0788)	Display only; if selection or entry made
Infusion Therapy (PDE-0789)	Display only; if selection or entry made
Oxygen (PDE-0790)	Display only; if selection or entry made
Skin Care (PDE-0791)	Display only; if selection or entry made
Pressure Ulcers	Display only; if selection or entry made

(PDE-0792)	
Restraints (PDE-0793)	Display only; if selection or entry made
Impairment Mgmt (PDE-0794)	Display only; if selection or entry made
Colostomy Care (PDE-0795)	Display only; if selection or entry made
Nutrition Supervision (PDE-0796)	Display only; if selection or entry made
Observation (PDE-0797)	Display only; if selection or entry made
Multiple Conditions (PDE-0798)	Display only; if selection or entry made
Other Medical Needs (PDE-0799)	Display only; if selection or entry made
Other Medical Needs Detail (PDE-0800)	Display only; if selection or entry made
Individual's Name (PDE-0801)	Display only; if selection or entry made
Form Completed By (PDE-0802)	Display only; if selection or entry made
Acknowledgement Ind (PDE-0803)	Display only; if selection or entry made

Navigation

Button/Link	Action	Link
Download Form	Allows the user to load a copy of the submission in pdf format on their computer.	N/A
Submit Another Form	Routes the user back to the CBC LOCERI Entry screen	LOC-S-0001

Cancel	Resets all the entered fields and returns the user to the Provider Secured portal.	PRV-S-0001
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Error Messages

N/A

Access

This screen is accessed through the secured provider portal utilizing the 'Level of Care Review' tab via the 'CBC Level of Care Review Instrument (DMAS-99 series).

1. Log in to secured provider portal.
2. Hover over 'Level of Care Review' navigation tab.
3. Select drop down option 'CBC Level of Care Review Instrument (DMAS-99 series).
4. The CBC LOCERI Entry screen will display.
5. Enter valid data and submit.
6. The CBC LOCERI Submission screen will display

Technology Waiver – Adult Referral (LOC-S-0003)

General Information

If a user enters a Level of Care Review Instrument and indicates the user is associated with the Technology Assisted Waiver program and is 21 years of age or over, this screen is used for program specific information.

This screen replaces the existing DMAS-108.

The screen captures the various medical needs, and dependency levels.

All adults on the technology assisted waiver program receiving, or to receive services, must complete this page.

This form consists of a series of required, situationally required and optional fields.

To qualify for the Technology Assisted Waiver the member must have a positive answer to Group A or a minimum of one selection in Group B of the form. The form can be submitted with at least one negative response in either Group A or B for record purposes.

Screen Name	Adult Referral Form – Technology Assisted Waiver
Source/Originator	CBC Level of Care Review Instrument (DMAS-99 series)
Usage	Entry of Technology Assisted Waiver information for an adult

Screen Sample – LOC-S-0003

For ease of reading the screen has been broken up in sections. This screen appends to the Community-Based Care Level of Care Review Instrument (CBC LOCERI Entry screen LOC-S-0001)

**Adult Referral Form
Technology Assisted Waiver (DMAS-108)**

Adults age 21 years or more must meet all criteria from either group A or group B, to qualify for the Technology Assisted Waiver.

Date
02/13/2014

Individual's Name*

Individual's Phone*

Address*
 , VA

Medicaid ID#*

Provider's Email Address

Referral Source*

Referral's Phone*

Form Completed By*

Completer's Phone *

Technology/Skilled Care

Criteria Group A - Ventilator

Ventilator Dependent at least a portion of the day?* [?](#)

Yes No

OR

Criteria Group B - Complex Tracheostomy

Please select at least one or more criteria under the Adult Complex Trach section. Individuals must meet all criteria under the Adult Complex Trach category in order to qualify for Tech Waiver. Please note that if criteria are not met, this document will be forwarded to DMAS for higher level review.

Has a tracheostomy with the potential for weaning or documentation of the inability to wean?* [?](#)
 Yes No

Requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day provided by a licensed nurse or respiratory therapist?* [?](#)
 Yes No

Requires pulse oximetry monitoring at least every shift due to demonstrated unstable oxygen saturation levels?* [?](#)
 Yes No

Requires respiratory assessment and documentation every shift by a licensed nurse or respiratory therapist?* [?](#)
 Yes No

Has a physician's order for oxygen therapy with documented usage?* [?](#)
 Yes No

Requires tracheostomy care at least daily?* [?](#)
 Yes No

Has a physician's order for tracheal suctioning as needed?* [?](#)
 Yes No

Is deemed at risk of requiring subsequent mechanical ventilation?* [?](#)
 Yes No

Submit

Go to DMA5-108

Go to DMA5-109

Reset

Cancel

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see section 2 Data Elements.

Data Element Name (ID)	Instructions
Assessment Date (PDE-0223)	Date of assessment from the CBC LOCERI Entry screen. Display only
Member's Name (PDE-0801)	This is the concatenation of the member's previously entered name in the format LN, FN MI.

	This field is populated automatically from the previously entered member information, is display only and required.
Member's Phone (PDE-0853)	The member's previously entered phone number in the format 999-999-9999 from the CBC LOCERI Entry screen. Display only
Address (pde-0045, pde-0047, pde-0048, pde-0049)	Concatenation of member's previously entered street address, city, state and zip. Display only
Medicaid ID# (pde-0016)	The member's previously entered Medicaid ID in the format 999999999999. Display only
Provider's Email	The provider's previously entered email address. Display only
Referral Source (PDE-0804)	Enter the name of the person referring this member for care. This field is enterable and required.
Referral's Phone (PDE-0805)	Enter the phone number of the person referring this member for care in the format 999-999-9999. This field is enterable and required.
Form Completed By	The previously entered name of the nurse completing the form. Display only
Completer's Phone	The previously entered phone number of the nurse completing the form in the format 999-999-9999. Display only.
Ventilator Ind (PDE-0807)	Select appropriate radio button indicating if the member is ventilator dependent at least a portion of the day.

	<p>This field is selectable and situationally required. There must be one positive response in either Group A or Group B.</p>
<p>Ventilator Orders (PDE-0808)</p>	<p>Enter ventilation orders associated with the member.</p> <p>This field is enterable and situationally required. Required if Ventilator Ind is 'yes'.</p>
<p>Complex Trach Ind (PDE-0809)</p>	<p>Select appropriate radio button indicating if the member has a tracheostomy with the potential for weaning or documentation of the inability to wean.</p> <p>This field is selectable and situationally required. There must be one positive response in either Group A or Group B.</p>
<p>Nebulizer Treatments Ind (PDE-0810)</p>	<p>Select appropriate radio button indicating if the member requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day provided by a licensed nurse or respiratory therapist.</p> <p>This field is selectable and situationally required. There must be one positive response in either Group A or Group B.</p>
<p>Nebulizer Treatment Orders (PDE0811)</p>	<p>Enter nebulizer treatment orders associated with the member.</p> <p>This field is enterable and situationally required. Required if Nebulizer Treatment Ind is 'yes'.</p>
<p>Plus Oximetry Monitoring Ind (PDE-0812)</p>	<p>Select appropriate radio button indicating if the member requires plus oximetry monitoring at least every shift due to demonstrated unstable oxygen saturation levels.</p> <p>This field is selectable and situationally required. There must be one positive response in either Group A or Group B.</p>
<p>Plus Oximetry Monitoring Orders</p>	<p>Enter plus oximetry monitoring orders associated with the member.</p>

(PDE-0813)	<p>This field is enterable and situationally required. Required if Plus Oximetry Monitoring Ind is 'yes'.</p>
Respiratory Assessment Ind (PDE-0814)	<p>Select appropriate radio button indicating if the member requires respiratory assessment and documentation every shift by a licensed nurse or respiratory therapist.</p> <p>This field is selectable and situationally required. There must be one positive response in either Group A or Group B.</p>
Respiratory Assessment Orders (PDE-0815)	<p>Enter respiratory assessment orders associated with the member.</p> <p>This field is enterable and situationally required. Required if Respiratory Assessment Ind is 'yes'.</p>
Oxygen Therapy Ind (PDE-0816)	<p>Select appropriate radio button indicating if the member has a physician's order for oxygen therapy with documented usage.</p> <p>This field is selectable and situationally required. There must be one positive response in either Group A or Group B.</p>
Oxygen Therapy Orders (PDE-0817)	<p>Enter oxygen therapy orders associated with the member.</p> <p>This field is enterable and situationally required. Required if Oxygen Therapy Ind is 'yes'.</p>
Trach Care Ind (PDE-0818)	<p>Select appropriate radio button indicating if the member requires tracheostomy care at least daily.</p> <p>This field is selectable and situationally required. There must be one positive response in either Group A or Group B.</p>
Trach Care Orders (PDE-0819)	<p>Enter trach care orders associated with the member.</p> <p>This field is enterable and situationally required. Required if Trach Care Ind is 'yes'.</p>

Trach Suctioning Ind (PDE-0820)	Select appropriate radio button indicating if the member has a physician's order for tracheal suctioning as needed. This field is selectable and situationally required. There must be one positive response in either Group A or Group B.
Mechanical Ventilation Risk Ind (PDE-0821)	Select appropriate radio button indicating if the member is deemed at risk of requiring subsequent mechanical ventilation. This field is selectable and situationally required. There must be one positive response in either Group A or Group B.

Navigation

Button/Link	Action	Link
Submit	Takes all the information entered in the screen and processes it. If the necessary information is entered the user will be directed to the submission page.	LOC-S-0004 (Adult Tech Waiver Submission)
Reset	Resets all the entered fields and stays on the same page	LOC-S-0003
Cancel	Resets all the entered fields and returns the user to the Provider Secured portal.	PRV-S-0001

Error Messages

Description	Resolution
Individual's name is required	Enter member's last name, first name, middle initial if not previously entered and carried from CBC LOCERI Entry screen.
Individual's phone is required	Enter member's phone number in the format 9999999999 or 999-999-9999 if not previously entered and carried from CBC LOCERI Entry screen.

Phone number format should be 9999999999 or 999-999-9999	Enter member's phone number in the format 9999999999 or 999-999-9999 if not previously entered and carried from CBC LOCERI Entry screen.
Address is required	Enter member's street address, city, state and zip if not previously entered and carried from CBC LOCERI Entry screen.
Medicaid ID is required	Enter member's 12 digit numeric Medicaid ID if not previously entered and carried from CBC LOCERI Entry screen.
Medicaid ID should be numeric	Enter member's 12 digit numeric Medicaid ID if not previously entered and carried from CBC LOCERI Entry screen.
Medicaid ID should be 12 digits	Enter member's 12 digit numeric Medicaid ID if not previously entered and carried from CBC LOCERI Entry screen.
Email address invalid, should contain valid domain (i.e. .com)	Enter member's valid email address including domain if not previously entered and carried from CBC LOCERI Entry screen.
Referral source is required	Enter the name of the person referring the member for services.
Referral's phone is required	Enter referral's phone number in the format 9999999999 or 999-999-9999.
Phone number format should be 9999999999 or 999-999-9999	Enter referral's phone number in the format 9999999999 or 999-999-9999.
Form completed by is required	Enter name of nurse completing the form if not previously entered and carried from CBC LOCERI Entry screen.
Completer's phone is required	Enter completer's phone number in the format 9999999999 or 999-999-9999 if not previously entered and carried from CBC LOCERI Entry screen.
Phone number format should be 9999999999 or 999-999-9999	Enter completer's phone number in the format 9999999999 or 999-999-9999 if not previously entered and carried from CBC LOCERI Entry screen.
Whether individual is ventilator dependent is required	Select appropriate radio button for whether member is ventilator dependent.
Ventilation orders are required	Enter member's ventilation orders.
Whether the individual has a tracheostomy with potential for weaning is required	Select appropriate radio button for whether member has a tracheostomy with potential for weaning is required.
Whether individual requires nebulizer treatments is required	Select appropriate radio button for whether member requires nebulizer treatments is required
Treatment orders are required	Enter member's treatment orders.

Whether individual requires pulse oximetry is required	Select appropriate radio button for whether member requires pulse oximetry is required
Treatment orders are required	Enter member's treatment orders.
Whether individual requires respiratory assessment is required	Select appropriate radio button for whether member requires respiratory assessment is required
Whether individual has a physician's order is required	Select appropriate radio button for whether member has a physician's order is required
Treatment orders are required	Enter member's treatment orders.
Whether individual requires tracheostomy daily is required	Select appropriate radio button for whether member requires tracheostomy daily is required
Treatment orders are required	Enter member's treatment orders.
Whether individual has a physician's order is required	Select appropriate radio button for whether member has a physician's order is required
Whether individual is deemed a risk is required	Select appropriate radio button for whether member is deemed a risk is required
At least one selection must be made in Group A or Group B.	Enter at least one response (positive or negative) in either Group A or Group B.
Form successfully submitted. If you wish to print this form, please click 'Print'	Informational only

Access

This screen is accessed through the secured provider portal utilizing the 'Level of Care Review' tab via the 'CBC Level of Care Review Instrument (DMAS-99 series).

1. Log in to secured provider portal.
2. Hover over 'Level of Care Review' navigation tab.
3. Select drop down option 'CBC Level of Care Review Instrument (DMAS-99 series).
4. The Community-Based Care Level of Care Review. Instrument screen will appear.
5. Enter all required data including the Technology Assisted Waiver program type and the member's birthdate, resulting in a calculated age over 21.
6. Select 'Go to DMAS-108' button
7. Technology Waiver – Adult Referral screen will display, appended to the bottom of the CBC LOCERI Entry screen

LOCERI Adult Tech Waiver Submission (LOC-S-0004)

General Information

After a user successfully completes the CBC LOCERI Entry and Technology Waiver – Adult Waiver screens, the provider’s entries are captured and redisplayed on this screen. From here the user receives a unique form ID for reference purposes and can save the submitted information to the computer.

There are no entries on this screen, it’s strictly a recap of the information entered.

Screen Name	Adult Referral Form – Technology Assisted Waiver
Source/Originator	Adult Referral Form – Technology Assisted Waiver (DMAS-108)
Usage	Display all criteria entered on the CBC Level of Care Review Instrument form and Adult Referral Form – Technology Assisted Waiver for reference and downloading.

Screen Sample – LOC-S-0004

For ease of reading the screen has been broken up in sections. This screen appends to the Community-Based Care Level of Care Review Instrument (CBC LOCERI Entry screen LOC-S-0001)

**Adult Referral Form
Technology Assisted Waiver (DMAS-108)**

Technology Assisted Waiver Adult Referral

Adults age 21 years or older must meet all criteria from either group A or group B, to qualify for the Technology Assisted Waiver

Date
02/14/2014

Individual's Name
DOE, JOHN
Provider's Email Address
DOOLITTLE@DOC.COM
Address
123 MAIN ST, RICHMOND, VA-23219
Referral Source
JANE DOE
Form Completed By
NURSE NOONE

Individual's Phone
8045553232

Medicaid ID#
123456789012

Referral's Phone
8045553232
Completer's Phone
8045551212

Technology/Skilled Care

Criteria Group A - Ventilator

Ventilator Dependent at least a portion of the day?
No

Criteria Group B - Complex Tracheostomy

Please select at least one or more criteria under the Adult Complex Trach section. Individuals must meet all criteria under the Adult Complex Trach category in order to qualify for Tech Waiver. Please note that if criteria are not met, this document will be forwarded to DMAS for higher level review.

Has a tracheostomy with the potential for weaning or documentation of the inability to wean?

Requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day provided by a licensed nurse or respiratory therapist?

Requires plus oximetry monitoring at least every shift due to demonstrated unstable oxygen saturation levels?

Yes

Document Treatment Orders

DOC TREATMENT ORDERS

Requires respiratory assessment and documentation every shift by a licensed nurse or respiratory therapist?

Has a physician's order for oxygen therapy with documented usage?

Requires tracheostomy care at least daily?

Has a physician's order for tracheal suctioning as needed?

Yes

Is deemed at risk of requiring subsequent mechanical ventilation?

Yes

Download Form

Submit Another Form

Cancel

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see section 2 Data Elements.

Data Element Name (ID)	Instructions
Assessment Date (PDE-0223)	Display only
Member's Name	Display only

(PDE-0801)	
Member's Phone (PDE-0853)	Display only
Address (pde-0045, pde-0047, pde-0048, pde-0049)	Display only
Medicaid ID# (pde-0016)	Display only
Provider's Email	Display only
Referral Source (PDE-0804)	Display only
Referral's Phone (PDE-0805)	Display only
Form Completed By	Display only
Completer's Phone	Display only
Ventilator Ind (PDE-0807)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Ventilator Orders (PDE-0808)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Complex Trach Ind (PDE-0809)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Nebulizer Treatments Ind (PDE-0810)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Nebulizer Treatment Orders (PDE0811)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Plus Oximetry Monitoring Ind (PDE-0812)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Plus Oximetry Monitoring Orders (PDE-0813)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Respiratory Assessment Ind (PDE-0814)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Respiratory Assessment Orders (PDE-0815)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen

Oxygen Therapy Ind (PDE-0816)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Oxygen Therapy Orders (PDE-0817)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Trach Care Ind (PDE-0818)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Trach Care Orders (PDE-0819)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Trach Suctioning Ind (PDE-0820)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen
Mechanical Ventilation Risk Ind (PDE-0821)	Display only; if entered on the Technology Assisted Waiver – Adult Referral screen

Navigation

Button/Link	Action	Link
Download Form	Allows the user to load a copy of the submission in pdf format on their computer.	N/A
Submit Another Form	Routes the user back to the CBC LOCERI Entry screen	LOC-S-0001
Cancel	Resets all the entered fields and returns the user to the Provider Secured portal.	PRV-S-0001

Error Messages

N/A

Access

This screen is accessed through the secured provider portal utilizing the 'Level of Care Review' tab via the 'CBC Level of Care Review Instrument (DMAS-99 series).'

1. Log in to secured provider portal.
2. Hover over 'Level of Care Review' navigation tab.
3. Select drop down option 'CBC Level of Care Review Instrument (DMAS-99 series).
4. The Community-Based Care Level of Care Review. Instrument screen will appear.
5. Enter all required data including the Technology Assisted Waiver program type and the member's birthdate, resulting in a calculated age over 21.
6. Select 'Go to DMAS-108' button
7. Technology Waiver – Adult Referral screen will display, appended to the bottom of the CBC LOCERI Entry screen
8. Enter valid data and submit
9. If submission is successful, this screen will display

Technology Waiver – Pediatric Referral (LOC-S-0005)

General Information

If a user enters a Level of Care Review Instrument and indicates the user is associated with the Technology Assisted Waiver program and is under 21 years of age, this screen is used for program specific information.

This screen replaces the existing DMAS-109.

The screen captures the various medical needs, and dependency levels.

All minors on the technology assisted waiver program receiving, or to receive services, must complete this page.

This form consists of a series of required, situationally required and optional fields.

To qualify for the Technology Assisted Waiver the member must have a total technology score of 50 points or more. Form can be submitted with a total of less than 50 points for record purposes.

Screen Name	Pediatric Referral Form – Technology Assisted Waiver
Source/Originator	CBC Level of Care Review Instrument (DMAS-99 series)
Usage	Entry of Technology Assisted Waiver information for a minor

Screen Sample – LOC-S-0005

For ease of reading the screen has been broken up in sections. This screen appends to the Community-Based Care Level of Care Review Instrument (CBC LOCERI Entry screen LOC-S-0001)

**Pediatric Referral Form
Technology Assisted Waiver (DMAS-109)**

Score daily nursing and technology needs to determine eligibility for the waiver

Date
02/14/2014

Child's Last Name*

Child's First Name*

Child's MI

Child's Phone*

Address*
 , VA

Medicaid ID#*

Provider's Email Address

Referral Source*

Referral's Phone*

Form Completed By*

Completer's Phone*

Technology/Nursing Needs

Technology

Ventilator 

Tracheostomy (43 points)

Tracheostomy and/or Ventilator Dependent

C-PAP, BIPAP (25 points)

Applicable

Continuous Oxygen (15 points) 

Child requires continuous oxygen a minimum of 8 out of 24 hours

Continuous Unstable Oxygen (35 points)

Child is dependent on oxygen 24 hours/day

Peritoneal Dialysis (45 points)

Applicable

J/G Tube (15 points) 

Child has continuous J/G tube feedings

J/G Tube with reflux (35 points)

J/G Tube with reflux (35 points)

NG Tube

IV Therapy

Continuous (40 points)

Technology Score

Nursing Needs

Tracheal Suctioning ?

Enteral Feedings

Daily Medications (Excluding nebulizers, ointments, vitamins and mineral supplements) ?

Simple Medication - 1 or 2 routine medications not requiring dosage adjustment based on the child's condition (2 points)

Moderate Medication - More than 2 medications, 1 or more requiring close monitoring of dosage and side effects (4 points)

Complex Medication - Greater than 6 medications given on different frequency schedules for children who require close monitoring of dosage or side effects of more than 4 medications (8 points)

Intermittent Catheter

Sterile Dressings/Wound Care (Stage 3 or 4 Wounds) ?

Tracheostomy Care (5 points)

Applicable

IV / Hyperal

Special Treatments (Skilled procedures such as nebulizers, chest PT) ?

Specialized I/O Monitoring (5 points) ?

I and O results require action by a nurse to make adjustments in tube feeding amounts or IV fluid rate

Note: Children with needs that are not covered within this form should be discussed with a DMAS staff. Please contact the VA Medicaid Technology Assisted Waiver Services Unit at 804-225-4222.

Nursing Score

Total Technology and Nursing Score

[Submit](#) [Go to DMAS-108](#) [Go to DMAS-109](#) [Reset](#) [Cancel](#)

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see Data Elements.

Data Element Name (ID)	Instructions
Assessment Date (PDE-0223)	Date of assessment from the CBC LOCERI Entry screen. Display only
Member's Name (PDE-0801)	This is the concatenation of the member's previously entered name in the format LN, FN MI.

	This field is populated automatically from the previously entered member information, is display only and required.
Member's Phone (PDE-0853)	The member's previously entered phone number in the format 999-999-9999 from the CBC LOCERI Entry screen. Display only
Address (PDE-0045, PDE-0047, PDE-0048, PDE-0049)	Concatenation of member's previously entered street address, city, state and zip. Display only
Medicaid ID# (PDE-0016)	The member's previously entered Medicaid ID in the format 999999999999. Display only
Provider's Email	The provider's previously entered email address. Display only
Referral Source (PDE-0804)	Enter the name of the person referring this member for care. This field is enterable and required.
Referral's Phone (PDE-0805)	Enter the phone number of the person referring this member for care in the format 999-999-9999. This field is enterable and required.
Form Completed By	The previously entered name of the nurse completing the form. Display only
Completer's Phone	The previously entered phone number of the nurse

	<p>completing the form in the format 999-999-9999.</p> <p>Display only.</p>
Ventilator Level (PDE-0822)	<p>If applicable, select the member's appropriate ventilator level from the drop down options.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
Trach/Ventilator Dependent Ind (PDE-0823)	<p>Check if member is Tracheostomy and/or Ventilator Dependent</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
C-PAP/BIPAP (PDE-0824)	<p>Check if member is on C-PAP/BIPAP.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
Continuous Oxygen (PDE-0825)	<p>Check if member requires continuous oxygen a minimum of 8 out of 24 hours.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50</p>

	points for record purposes.
Continuous Unstable Oxygen (PDE-0826)	<p>Check if member is dependent on oxygen 24 hours/day.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
Unstable Oxygen - Diuretics (PDE-0827)	<p>Check if member is utilizing diuretics.</p> <p>This field is selectable and situationally required. A minimum of two options should be selected if Continuous Unstable Oxygen indicator is checked.</p>
Unstable Oxygen - Albuterol (PDE-0828)	<p>Check if member utilizes albuterol treatments at least 24 hours/day around the clock.</p> <p>This field is selectable and situationally required. A minimum of two options should be selected if Continuous Unstable Oxygen indicator is checked.</p>
Unstable Oxygen - Weight (PDE-0829)	<p>Check if member's weight is below 15th percentile for age and gain does not follow normal curve for height.</p> <p>This field is selectable and situationally required. A minimum of two options should be selected if Continuous Unstable Oxygen indicator is checked.</p>
Unstable Oxygen - Hospitalization (PDE-0830)	<p>Check if member has had greater than three (3) hospitalizations in the last six (6) months for respiratory problems.</p>

	<p>This field is selectable and situationally required. A minimum of two options should be selected if Continuous Unstable Oxygen indicator is checked.</p>
<p>Unstable Oxygen - Desaturation (PDE-0831)</p>	<p>Check if member utilizes daily oxygen desaturation below physician ordered parameters requiring nursing intervention.</p> <p>This field is selectable and situationally required. A minimum of two options should be selected if Continuous Unstable Oxygen indicator is checked.</p>
<p>Unstable Oxygen - Fluid Restrictions (PDE-0832)</p>	<p>Check if member's physician ordered fluid intake restrictions.</p> <p>This field is selectable and situationally required. A minimum of two options should be selected if Continuous Unstable Oxygen indicator is checked.</p>
<p>Peritoneal Dialysis (PDE-0833)</p>	<p>Check if member is on peritoneal dialysis.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
<p>J/G Tube (PDE-0834)</p>	<p>Check if member has continuous J/G tube feedings.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be</p>

	submitted with less than 50 points for record purposes.
J/G Tube - Reflux (PDE-0835)	<p>Check if member has continuous J/G tube feedings with reflux.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
J/G Tube - Swallow Study (PDE-0836)	<p>Check if member has had a swallow study within the last six (6) month that demonstrated reflux.</p> <p>This field is selectable and situationally required. A minimum of 1 is required to qualify as 'with reflux'.</p>
J/G Tube - Aspiration Pneumonia (PDE-0837)	<p>Check is member has had aspiration pneumonia within the last twelve (12) months.</p> <p>This field is selectable and situationally required. A minimum of 1 is required to qualify as 'with reflux'.</p>
J/G Tube - Suctioning Need (PDE-0838)	<p>Check if member has a need for suctioning due to reflux on a daily basis (not oral secretions).</p> <p>This field is selectable and situationally required. A minimum of 1 is required to qualify as 'with reflux'.</p>
NG Tube Level (PDE-0839)	<p>If applicable, select the member's appropriate NG Tube level from the drop down options.</p> <p>This field is selectable and situationally required. Total</p>

	<p>score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
IV Therapy (PDE-0840)	<p>Check if member is on continuous IV therapy.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
Technology Score (PDE-0841)	<p>This is a calculated field totaling all points associated with the options selected within the Technology area.</p> <p>This field is system generated and display only.</p>
Tracheal Suctioning level (PDE-0842)	<p>If applicable, select the member's appropriate Tracheal Suctioning level from the drop down options.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
Enteral Feedings Level (PDE-0843)	<p>If applicable, select the member's appropriate Enteral Feedings level from the drop down options.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
Daily Medication Level	<p>If applicable, select mem-</p>

(PDE-0844)	<p>ber's appropriate level of daily medications (Excluding nebulizers, ointments, vitamins and mineral supplements).</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
Intermittent Catheter level (PDE-0845)	<p>If applicable, select the member's appropriate Intermittent Catheter level from the drop down options.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
Sterile Dressings Level (PDE-0846)	<p>If applicable, select the member's appropriate sterile dressings level from the drop down options.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
Nursing Trach Care Ind (PDE-0847)	<p>If applicable, check the member needs nursing trach care.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50</p>

	points for record purposes.
IV/Hyperal Level (PDE-0848)	<p>If applicable, select the member's appropriate IV/Hyperal level from the drop down options.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
Special Treatments Level (PDE-0849)	<p>If member requires special treatments (Skilled procedures such as nebulizers, chest PT), select appropriate level from the drop down.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
I/O Monitoring Ind (PDE-0850)	<p>Check if member's I and O results require action by a nurse to make adjustments in tube feeding amounts or IV fluid rate.</p> <p>This field is selectable and situationally required. Total score must be a minimum of 50 points to qualify for the waiver. Assessment can be submitted with less than 50 points for record purposes.</p>
Nursing Score (PDE-0851)	<p>This is a calculated field totaling all points associated with the options selected within the Nursing area.</p> <p>This field is system generated and display only.</p>

Total Technology/Nursing Score (PDE-852)	<p>This is a calculated field totaling the Technology and Nursing scores.</p> <p>This field is system generated and display only.</p>
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Navigation

Button/Link	Action	Link
Submit	Takes all the information entered in the screen and processes it. If the necessary information is entered the user will be directed to the submission page.	LOC-S-0006 (Pediatric Tech Waiver Submission)
Reset	Resets all the entered fields and stays on the same page	LOC-S-0005
Cancel	Resets all the entered fields and returns the user to the Provider Secured portal.	PRV-S-0001

Error Messages

Description	Resolution
Individual's name is required	Enter member's last name, first name, middle initial if not previously entered and carried from CBC LOCERI Entry screen.
Individual's phone is required	Enter member's phone number in the format 9999999999 or 999-999-9999 if not previously entered and carried from CBC LOCERI Entry screen.
Phone number format should be 9999999999 or 999-999-9999	Enter member's phone number in the format 9999999999 or 999-999-9999 if not previously entered and carried from CBC LOCERI Entry screen.
Address is required	Enter member's street address, city, state and zip if not previously entered and carried from CBC LOCERI Entry screen.
Medicaid ID is required	Enter member's 12 digit numeric Medicaid ID if not previously entered and carried from CBC LOCERI Entry screen.

Medicaid ID should be numeric	Enter member's 12 digit numeric Medicaid ID if not previously entered and carried from CBC LOCERI Entry screen.
Medicaid ID should be 12 digits	Enter member's 12 digit numeric Medicaid ID if not previously entered and carried from CBC LOCERI Entry screen.
Email address invalid, should contain valid domain (i.e. .com)	Enter member's valid email address including domain if not previously entered and carried from CBC LOCERI Entry screen.
Referral source is required	Enter the name of the person referring the member for services.
Referral's phone is required	Enter referral's phone number in the format 9999999999 or 999-999-9999.
Phone number format should be 9999999999 or 999-999-9999	Enter referral's phone number in the format 9999999999 or 999-999-9999.
Form completed by is required	Enter name of nurse completing the form if not previously entered and carried from CBC LOCERI Entry screen.
Completer's phone is required	Enter completer's phone number in the format 9999999999 or 999-999-9999 if not previously entered and carried from CBC LOCERI Entry screen.
Phone number format should be 9999999999 or 999-999-9999	Enter completer's phone number in the format 9999999999 or 999-999-9999 if not previously entered and carried from CBC LOCERI Entry screen.
Continuous unstable oxygen selected. A minimum of 2 conditions required.	Select at least two conditions to qualify as continuous unstable oxygen or remove check to be considered 'continuous'.
Continuous J/G Tube selected. A minimum of 1 condition required.	Select at least one condition to qualify as continuous unstable oxygen or remove check to be considered 'continuous'.
Child must receive a score greater than zero in the technology section to qualify for waiver services.	Select at least one option within the technology section or cancel application.
Form successfully submitted. If you wish to print this form, please click 'Print'	Informational only

Access

This screen is accessed through the secured provider portal utilizing the 'Level of Care Review' tab via the 'CBC Level of Care Review Instrument (DMAS-99 series).

1. Log in to secured provider portal.
2. Hover over 'Level of Care Review' navigation tab.
3. Select drop down option 'CBC Level of Care Review Instrument (DMAS-99 series).
4. The Community-Based Care Level of Care Review. Instrument screen will appear.
5. Enter all required data including the Technology Assisted Waiver program type and the member's birthdate, resulting in a calculated age under21.
6. Select 'Go to DMAS-109' button
7. Technology Waiver – Pediatric Referral screen will display, appended to the bottom of the CBC LOCERI Entry screen

LOCERI Pediatric Tech Waiver Submission (LOC-S-0006)

General Information

After a user successfully completes the CBC LOCERI Entry and Technology Waiver – Pediatric Waiver screens, the provider’s entries are captured and redisplayed on this screen. From here the user receives a unique form ID for reference purposes and can save the submitted information to the computer.

There are no entries on this screen, it’s strictly a recap of the information entered.

Screen Name	Pediatric Referral Form – Technology Assisted Waiver
Source/Originator	Adult Referral Form – Technology Assisted Waiver (DMAS-109)
Usage	Display all criteria entered on the CBC Level of Care Review Instrument form and Pediatric Referral Form – Technology Assisted Waiver for reference and downloading.

Screen Sample – LOC-S-0006

For ease of reading the screen has been broken up in sections. This screen appends to the Community-Based Care Level of Care Review Instrument (CBC LOCERI Entry screen LOC-S-0001)

**Pediatric Referral Form
Technology Assisted Waiver (DMAS-109)**

Score daily nursing and technology needs to determine eligibility for the waiver

Date
08/11/2015

Child's Last Name*
MOUSE

Child's First Name*
MINNIE

Child's MI

Child's Phone*
8045552323

Address*
123 MAIN ST, RICHMOND, VA

Medicaid ID#
123456789012

Provider's Email Address
WDISNEY@DISNEYDOC

Referral Source*

Referral's Phone*

Form Completed By*
NURSE NORA

Completer's Phone *
8045551212

Technology/Nursing Needs

Technology

Ventilator ?

Tracheostomy (43 points)
 Tracheostomy and/or Ventilator Dependent

C-PAP, BIPAP (25 points)
 Applicable

Continuous Oxygen (15 points) ?
 Child requires continuous oxygen a minimum of 8 out of 24 hours

Continuous Unstable Oxygen (35 points)
 Child is dependent on oxygen 24 hours/day

Peritoneal Dialysis (45 points)
 Applicable

J/G Tube (15 points) ?
 Child has continuous J/G tube feedings

J/G Tube with reflux (35 points)
 J/G Tube with reflux (35 points)

NG Tube

IV Therapy
 Continuous (40 points)

Technology Score

Nursing Needs

Tracheal Suctioning ?

Enteral Feedings

Daily Medications (Excluding nebulizers, ointments, vitamins and mineral supplements) ?

Simple Medication - 1 or 2 routine medications not requiring dosage adjustment based on the child's condition (2 points)

Moderate Medication - More than 2 medications, 1 or more requiring close monitoring of dosage and side effects (4 points)

Complex Medication - Greater than 6 medications given on different frequency schedules for children who require close monitoring of dosage or side effects of more than 4 medications (8 points)

Intermittent Catheter

Sterile Dressings/Wound Care (Stage 3 or 4 Wounds) ?

Tracheostomy Care (5 points)

Applicable

IV / Hyperal

Special Treatments (Skilled procedures such as nebulizers, chest PT) ?

Specialized I/O Monitoring (5 points) ?

I and O results require action by a nurse to make adjustments in tube feeding amounts or IV fluid rate

Note: Children with needs that are not covered within this form should be discussed with a DMAS staff. Please contact the VA Medicaid Technology Assisted Waiver Services Unit at 804-225-4222.

Nursing Score

Total Technology and Nursing Score

Submit Go to DMAS-108 Go to DMAS-109 Reset C

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see section 2 Data Elements.

Data Element Name (ID)	Instructions
Assessment Date (PDE-0223)	Display only
Member's Name (PDE-0801)	Display only
Member's Phone (PDE-0853)	Display only
Address (pde-0045, pde-0047, pde-0048, pde-0049)	Display only
Medicaid ID# (pde-0016)	Display only

Provider's Email	Display only
Referral Source (PDE-0804)	Display only
Referral's Phone (PDE-0805)	Display only
Form Completed By	Display only
Completer's Phone	Display only
Ventilator Level (PDE-0822)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Trach/Ventilator Dependent Ind (PDE-0823)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
C-PAP/BIPAP (PDE-0824)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Continuous Oxygen (PDE-0825)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Continuous Unstable Oxygen (PDE-0826)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Unstable Oxygen – Diuretics (PDE-0827)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Unstable Oxygen – Albuterol (PDE-0828)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Unstable Oxygen – Weight (PDE-0829)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Unstable Oxygen – Hospitalization (PDE-0830)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Unstable Oxygen – Desaturation (PDE-0831)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Unstable Oxygen – Fluid Restrictions (PDE-0832)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Peritoneal Dialysis (PDE-0833)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
J/G Tube	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen

(PDE-0834)	
J/G Tube – Reflux (PDE-0835)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
J/G Tube – Swallow Study (PDE-0836)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
J/G Tube – Aspiration Pneumonia (PDE-0837)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
J/G Tube – Suctioning Need (PDE-0838)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
NG Tube Level (PDE-0839)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
IV Therapy (PDE-0840)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Technology Score (PDE-0841)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Tracheal Suctioning level (PDE-0842)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Enteral Feedings Level (PDE-0843)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Daily Medication Level (PDE-0844)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Intermittent Catheter level (PDE-0845)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Sterile Dressings Level (PDE-0846)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Nursing Trach Care Ind (PDE-0847)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
IV/Hyperal Level (PDE-0848)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Special Treatments Level (PDE-0849)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
I/O Monitoring Ind	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen

(PDE-0850)	
Nursing Score (PDE-0851)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen
Total Technology/Nursing Score (PDE-852)	Display only; if entered on the Technology Assisted Waiver – Pediatric Referral screen

Navigation

Button/Link	Action	Link
Download Form	Allows the user to load a copy of the submission in pdf format on their computer.	N/A
Submit Another Form	Routes the user back to the CBC LOCERI Entry screen	LOC-S-0002
Cancel	Resets all the entered fields and returns the user to the Provider Secured portal.	PRV-S-0001

Error Messages

N/A

Access

This screen is accessed through the secured provider portal utilizing the 'Level of Care Review' tab via the 'CBC Level of Care Review Instrument (DMAS-99 series).

1. Log in to secured provider portal.
2. Hover over 'Level of Care Review' navigation tab.
3. Select drop down option 'CBC Level of Care Review Instrument (DMAS-99 series).
4. The Community-Based Care Level of Care Review. Instrument screen will appear.

5. Enter all required data including the Technology Assisted Waiver program type and the member's birthdate, resulting in a calculated age under 21.
6. Select 'Go to DMAS-109' button
7. Technology Waiver – Pediatric Referral screen will display, appended to the bottom of the CBC LOCERI Entry screen
8. Enter valid data and submit
9. If submission is successful, this screen will display

Tables – MMIS/DB2

N/A

Tables - Portal

- LOCERI Form Table - WP_LOCERI_FORM_TB (LOC-T-0001)

LOCERI Form Table (LOC-T-0001)

General Information

The WP_LOCERI_FORM_TB table houses the information associated with the Level of Care entry forms for Community-Base Care Level of Care Review Instrument, the Technology Waiver – Adult Referral and the Technology Waiver – Pediatric Referral.

Data Elements

Data Element Name	Field Length	Description
Assessment Date (PDE-0223)	8	Assessment Date MMDDCCYY
Provider Name (pde-0011; pde-0012)	52	Provider Organization or Individual provider last name & first name
Provider ID#1 (pde-0216)	10	Provider's NPI/API
Provider's Street Address (PDE-0632)	40	Provider's Street Address
Provider's City (PDE-0633)	17	Provider's City
Provider's State (PDE-0634)	2	Default value is VA
Provider's Zip (PDE-0635)	5	Provider's Zip
Provider Phone Number (pde-0629)	10	Area Code and 7 digit number
Provider Email (pde-0641)	40	Provider's email address

Waiver Type (PDE-0224)	6	Alzhmr = Alzheimer's Assisted Living Waiver CCC = Commonwealth Coordinated Care EDCD = ECDE Waiver Tech = Technology Assisted Waiver PACE = PACE TechAd = Technology Assisted Waiver – Adult TechPd = Technology Assisted Waiver - Pediatrics
Service Delivery Method (PDE-0225)	1	A = Agency Directed C = Consumer Directed B = Both
Assessment Type (PDE-0226)	6	Initial = Initial Enrollment Unschd = Unscheduled Assessment 6Month = 6 Month Assessment Annual = Annual Assessment
PACE Enrollment Agreement Date (PDE-0227)	8	MMDDCCYY
PACE Enrollment Date (PDE-0855)	8	MMDDCCYY
PACE UAI Completion Date (PDE-0228)	8	MMDDCCYY
Provider ID# 2 (pde-0216)	10	Provider NPI/API only exist for EDCD Waiver type
Member Last Name (pde-0013)	19	Member's last name
Member First Name (pde-0014)	12	Member's first name
Member Middle Initial (pde-0015)	1	Member's MI
Member's SSN	9	Members SSN; no dashes

(pde-0419)		
Member's Date of Birth	8	MMDDCCYY
(pde-0051)		
Member's Age	3	Calculated from member's dob - assessment date
(pde-0406)		
Member's Phone Number	10	Area Code and 7 digit number
(PDE-0853)		
Member's Marital Status	9	Member's Marital Status
(pde-0054)		
Member's Race	17	Member's Race
(PDE-0229)		
Member's Gender	1	M = Male F = Female
(pde-0053)		
Member's Street Address	40	Street Address
(pde-0045)		
Member's City	17	City
(pde-0047)		
Member's State	2	State Abbreviation
(pde-0048)		
Member's Zip Code	5	Zip Code
(pde-0049)		
Primary Caregiver Name	50	Name of Primary Unpaid Caregiver
(PDE-0232)		
Housing	6	Own = Own House RentHs = Rent House Apart = Apartment RentRm = Rented Room Family = Living with Family ALF = Assisted Living Facility NursFc = Nursing Facility
(PDE-0231)		

		Other = Other
Advance Directive (PDE-0233)	1	Y (yes) or N (no)
APS/CPS Referral (PDE-0234)	1	Y (yes) or N (no)
History of Drug Abuse (PDE-0235)	1	Y (yes) or N (no)
Discharge Termination Date (PDE-0236)	8	MMDDCCYY
Discharge Comments (PDE-0856)	500	Discharge Reason/Comments
Service Authorization Number 1 (pde-0439)	11	Service Authorization Number
Service Authorization Number 2 (pde-0439)	11	Service Authorization Number
Personal Care (PDE-0237; PDE-0238)	6	1st byte = Y (yes) or N (no) 2nd – 6th bytes = Hours
Home Health (PDE-0246)	1	Y (yes) or N (no)
Nursing (PDE-0249)	1	Y (yes) or N (no)
Speech (PDE-0250)	1	Y (yes) or N (no)
OT (PDE-0251)	1	Y (yes) or N (no)
PT (PDE-0252)	1	Y (yes) or N (no)
Other (PDE-0253)	1	Y (yes) or N (no)
Respite Care (PDE-0239; PDE-0240)	6	1st byte = Y (yes) or N (no) 2nd – 6th bytes = Hours
Private Duty Nursing	6	1st byte = Y (yes) or N (no) 2nd – 6th bytes = Hours

(PDE-0241; PDE-0242)		
Rehab at Center (PDE-0254)	1	Y (yes) or N (no)
Nursing (PDE-0249)	1	Y (yes) or N (no)
Speech (PDE-0250)	1	Y (yes) or N (no)
OT (PDE-0251)	1	Y (yes) or N (no)
PT (PDE-0252)	1	Y (yes) or N (no)
Other (PDE-0253)	1	Y (yes) or N (no)
Adult Day Care (PDE-0243; PDE-0244)	6	1st byte = Y (yes) or N (no) 2nd – 6th bytes = Hours
DME (PDE-0245)	1	Y (yes) or N (no)
Member's Language (Up to 2 occurrences) (PDE-0258; PDE-0259; PDE-0260)	15/30	Languages spoken by member
Speech Impaired (PDE-0255)	1	Y (yes) or N (no)
Hearing Impaired (PDE-0256)	1	Y (yes) or N (no)
Visually Impaired (PDE-0257)	1	Y (yes) or N (no)
Home Delivered Meals (PDE-0246)	1	Y (yes) or N (no)
PERS (PDE-0247)	1	Y (yes) or N (no)
Medicaid Insured (PDE-0261)	1	Y (yes) or N (no)

Member ID (pde-0016)	12	Member's Medicaid ID
Medicare Insured (PDE-0262)	1	Y (yes) or N (no)
Medicare Number (PDE-0263)	15	Space = No Medicare Number Medicare Number
Private Insurance (PDE-0264)	1	Y (yes) or N (no)
Insurance Name (pde-0426)	100	Space = No Private Insurance Insurance Name
Insurance Number (pde-0065)	30	Space = No Private Insurance Insurance Number
Private Pay (PDE-0265)	1	Y (yes) or N (no)
Bathing (PDE-0266)	2	00 = Needs No Help 10 = Mechanical Help Only 21 = Human – Supervise 22 = Human - Physical Assistance 31 = Mech & Human – Supervise 32 = Mech & Human - Physical Asst 40 = Always Performed by Others
Dressing (PDE-0267)	2	00 = Needs No Help 10 = Mechanical Help Only 21 = Human – Supervise 22 = Human - Physical Assistance 31 = Mech & Human – Supervise 32 = Mech & Human - Physical Asst 40 = Always Performed by Others 50 = Not Performed At All

Toileting (PDE-0268)	2	Same as dressing
Transferring (PDE-0269)	2	Same as dressing
Eating Feeding (PDE-746)	2	Same as dressing
Bowel (PDE-0271)	2	00 = Continent 01 = Incontinent (less than weekly) 02 = Ext Device/Indwelling/Ostomy (self-care) 03 = Incontinent (weekly or more) 06 = Ostomy (Not Self Care)
Bladder (PDE-0272)	2	00 = Continent 01 = Incontinent (less than weekly) 02 = Ext Device/Indwelling/Ostomy (self-care) 03 = Incontinent (weekly or more) 04 = Ext Device (not self-care) 05 = Indwelling Catheter (not self-care) 06 = Ostomy (Not Self Care)
Meal Preparation (PDE-0273)	1	Y (yes) or N (no)
Housekeeping (PDE-0274)	1	Y (yes) or N (no)
Laundry (PDE-0275)	1	Y (yes) or N (no)
Money Mgmt (PDE-0276)	1	Y (yes) or N (no)
Transport (PDE-0277)	1	Y (yes) or N (no)
Shopping	1	Y (yes) or N (no)

(PDE-0278)		
Using Phone	1	Y (yes) or N (no)
(PDE-0279)		
Home Maintenance	1	Y (yes) or N (no)
(PDE-0280)		
Joint Motion	2	00 = Within normal limits/instability corrected
(PDE-0281)		01 = Limited motion
		02 = Instability uncorrected/Immobile
Medicine Administration	2	00 = Without Assistance
(PDE-0282)		01 = Administered/Monitored - Lay Person
		02 = Administered/Monitored - Professional nursing staff
Orientation	2	00 = Oriented
(PDE-0283)		01 = Disoriented (Some Spheres/Sometimes)
		02 = Disoriented (Some Spheres/All Times)
		03 = Disoriented (All Spheres/Sometimes)
		04 = Disoriented (All Spheres/All Times)
		05 = Semi-Comatose/Comatose
Behavior	2	00 = Appropriate
(PDE-0284)		01 = Wandering/Passive (Weekly or less than)
		02 = Wandering/Passive (More than weekly)
		03 = Abusive/Disruptive (Weekly or less than)
		04 = Abusive/Disruptive (More than weekly)
		05 = Semi-Comatose/Comatose
Walking	2	00 = Needs No Help
(PDE-0285)		10 = Mechanical Help Only
		21 = Human – Supervise
		22 = Human - Physical Assistance
		31 = Mech & Human – Supervise

		32 = Mech & Human - Physical Asst 50 = Not Performed At All
Wheeling (PDE-0286)	2	Same as Dressing
Stair Climbing (PDE-0287)	2	Same as Walking
Mobility (PDE-0288)	2	00 = Needs No Help 10 = Mechanical Help Only 21 = Human Help – Supervise 22 = Human Help - Phys Assist 31 = Mechanical & Human Help – Supervise 32 = Mechanical & Human Help - Phys Asst 40 = Confined - Moves About 50 = Confined - Does Not Move About
Diagnosis (Up to 9 occurrences) (PDE-0289 thru PDE-0298)	3/27	001 = Diabetes 002 = COPD 003 = Cancer 004 = Congestive Heart Failure 005 = Dementia 006 = Alzheimer's 007 = ID/DD 008 = Mental Health 009 = Other Diagnosis
Diagnosis – Other (PDE-0299)	100	Other Diagnoses
Medications (PDE-0776)	100	Medications List
Current Health Status/Comments (PDE-0777)	450	Current Health Status/Condition/Comments
Medical Nursing Needs	1	Y = Current medical nursing needs checked yes

(PDE-0778)		N = Current medical nursing needs checked no
Medical Nursing Needs (Up to 20 occurrences) (PDE-0780 thru PDE-0799)	3/60	001 = Application of aseptic dressing (a) 002 = Routine catheter care (b) 003 = Respiratory therapy © 004 = Therapeutic exercise (d) 005 = Chemotherapy (e) 006 = Radiation (f) 007 = Dialysis (g) 008 = Suctioning (h) 009 = Tracheotomy Care (i) 010 = Infusion Therapy (j) 011 = Oxygen (k) 012 = Routine skin care (l) 013 = Care of small pressure ulcers (m) 014 = Use of physical restraints (n) 015 = Mgmt of those with impairment (o) 016 = Routine care of colostomy (p) 017 = Supervision for nutrition (q) 018 = Medical condition requires observation ® 019 = Multiple, interrelated conditions (s) 020 = Other
Medical Nursing Needs – Other (PDE-0800)	50	When Medical Nursing Needs is 'Other' this field will be populated
Form Completed By (PDE-0802)	30	Name of Nurse Completing Form
Form Completion Date	8	Current Date; MMDDCCYY
Signature Acknowledgement	1	Y (yes) or N (no)

(PDE-0803)		
Form Completed by Phone	10	Area Code and 7 digit number
(PDE-0806)		
Review ID	16	System Generated Confirmation
Portal User ID	15	User Log In ID
Creation Date	8	MMDDCCYY - System Date
Referral Source	52	Referral Source's Name
(PDE-0804)		
Referral Phone Number	10	Area Code and 7 digit number
(PDE-0805)		
Group A – Ventilator	1	Y (yes) or N (no)
(PDE-0807)		
Group A - Ventilator Orders	100	Treatment Orders
(PDE-0808)		
Group B - Tracheostomy – Weaning	1	Y(yes) or N (no)
(PDE-0809)		
Group B – Nebulizer	1	Y (yes) or N (no)
(PDE-0810)		
Group B - Nebulizer Treatment Orders	100	Treatment Orders
(PDE-0811)		
Group B - Pulse Oximetry Monitoring	1	Y (yes) or N (no)
(PDE-0812)		
Group B - Pulse Oximetry Treatment Orders	100	Treatment Orders
(PDE-0813)		
Group B - Respiratory Assessment	1	Y (yes) or N (no)
(PDE-0814)		
Group B - Respiratory Assessment Treatment Orders	100	Treatment Orders
(PDE-0815)		
Group B - Oxygen Therapy	1	Y (yes) or N (no)
(PDE-0816)		

Group B - Oxygen Therapy Treatment Orders (PDE-0817)	100	Treatment Orders
Group B - Daily Trach Care (PDE-0818)	1	Y (yes) or N (no)
Group B - Daily Trach Care Treatment Orders (PDE-0819)	100	Treatment Orders
Group B - Tracheal Suctioning (PDE-0820)	1	Y (yes) or N (no)
Group B - Mechanical Ventilation (PDE-0821)	1	Y (yes) or N (no)
Ventilator (PDE-0822)	2	50 = Continuous 40 = Intermittent
Tech – Tracheostomy (PDE-0823)	2	0 or 43
Tech - C-PAP – BIPAP (PDE-0824)	2	0 or 25
Tech - Oxygen – Cont (PDE-0825)	2	0 or 15
Tech - Oxygen Cont – Unstable (PDE-0826)	2	0 or 35
Tech - Oxygen Cont - Unstable - Conditions (Up to 6 occurrences) (PDE-0827 thru PDE-0832)	2/12	00 = Diuretics 01 = Albuterol treatments at least 24 hours/day 02 = Weight is below 15th percentile for age 03 = Greater than three (3) hospitalizations 04 = Daily oxygen desaturation 05 = Physician ordered fluid intake restrictions
Tech - Peritoneal Dialysis (PDE-0833)	2	0 or 45
Tech - JG Tube – Cont (PDE-0834)	2	0 or 15
Tech - JG Tube Cont - W Reflux (PDE-0835)	2	0 or 35

Tech - JG Tube W Reflux Qualify (Up to 3 occurrences) (PDE-0836 thru PDE-0838)	2/6	00 = Swallow study within the last six months 01 = Aspiration pneumonia within the last 12 months 02 = Need for suctioning due to reflux on a daily basis
Tech - NG Tube (PDE-0839)	2	00 = Non/Applicable 40 = Continuous 25 = Bolus
Tech - IV Therapy (PDE-0840)	2	0 or 40
Nursing - Tracheal Suctioning (PDE-0842)	1	0 = Non/Applicable 5 = Greater Q 1 Hr 3 = Q 1 - 4 Hrs 2 = Q 4 Hrs
Nursing - Enteral Feedings (PDE-0843)	1	0 = Non/Applicable 5 = Continuous 4 = Q 2 Hrs 3 = Q 3 Hrs 2 = Q 4 Hrs
Nursing - Daily Meds (PDE-0844)	1	0 = Non/Applicable 2 = 3 or less meds 4 = 4 - 5 meds 8 = 6 or more meds
Nursing - Intermittent Catheter (PDE-0845)	1	0 = Non/Applicable 8 = Q 4 Hours 6 = Q 8 Hours 4 = Q 12 Hours 2 = Q Day or PRN
Nursing – Dressings (PDE-0846)	1	0 = Non/Applicable 3 = Q 8 Hrs or less 2 = Greater than Q 8 Hrs

Nursing - Trach Care (PDE-0847)	1	0 or 5
Nursing - IV – Hyperal (PDE-0848)	1	0 = Non/Applicable 8 = Continuous 6 = 8 - 16 Hours 4 = 4 - 7 Hours 2 = Less than 4 Hours
Nursing - Special Treatments (PDE-0849)	1	0 = Non/Applicable 8 = QID 6 = TID 4 = BID 2 = Q Day
Nursing - Special Monitor (PDE-0850)	1	0 or 5
Technology Score (PDE-0841)	3	Total Technology Score
Nursing Score (PDE-0851)	3	Total Nursing Score
Total Score (PDE-0852)	3	Total Technology & Nursing score