

Grouping	Data Element Name	Data Element Definition (includes examples and expected list of values where applicable)	Data Element Value Datatype / Format
Beneficiary Demographics	Person Name	The name of the person whom the plan is for.	String / First Name, MI, Last Name
Beneficiary Demographics	Person Identifier	A string of character(s) used to identify the person whom the plan is for. This may be the Medicaid ID number where applicable.	String / Free Text
Beneficiary Demographics	Person Identifier Type	The type of unique identifier (e.g., Medicaid Number, State ID, Social Security Number) used to identify the person whom the plan is for.	String / Free Text
Beneficiary Demographics	Person Date of Birth	The birth date of the person whom the plan is for.	Date / MM/DD/YYYY
Beneficiary Demographics	Person Phone Number	The primary phone number of the person whom the plan is for, or his/her legal representative, where applicable.	Number / 111-111-1111
Beneficiary Demographics	Person Address	The address of the person whom the plan is for.	String / Street Address, City, State, Zip Code, County
Emergency Backup Plan	Emergency Backup Name	The name of the individual or entity identified to provide necessary services and supports to the person in the event of an emergency or interruption to scheduled critical services as reflected in the Emergency Backup Plan.	String / First Name, MI, Last Name
Emergency Backup Plan	Non-Paid Emergency Backup Relationship Type	The relationship (e.g., spouse, neighbor, guardian, daughter) of the individual identified to provide necessary services and supports to the person in the event of an emergency or interruption to scheduled critical services as reflected in the Emergency Backup Plan.	String / Free Text
Emergency Backup Plan	Emergency Backup Phone Number	The primary phone number of the individual or entity identified to provide necessary services and supports to the person in the event of an emergency or interruption to scheduled critical services as reflected in the Emergency Backup Plan.	Number / 111-111-1111
Emergency Backup Plan	Emergency Backup Plan Text	The free text description of how to address unforeseen events, emergency health events, emergency events, problems with medical equipment and supplies, and unavailable staffing situations for critical services that put the person's health and safety at risk.	String / Free Text
Financial Information	Plan Funding Source	The source(s) of payment for the plan.	String / Text
Financial Information	Program Name	The state-administered funding source (e.g., Medicaid) in which the person is enrolled.	String / Free Text
Financial Information	Total Plan Budget	The total allotment of funds for services and supports approved or authorized for a plan.	Number / \$
Financial Information	Total Plan Cost	The estimated total cost of all services and supports for a plan.	Number / \$
Goals & Strengths	Assessed Needs	The clinical and/or community-based necessity or desire as identified through an assessment that should be addressed by a service.	String / Free Text

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Goals & Strengths	Goal	A statement of a desired result that the person wants to achieve.	String / Free Text
Goals & Strengths	Step or Action	A planned measurable step or action that needs to be taken to accomplish a goal identified by the person.	String / Free Text
Goals & Strengths	Strengths	A favorable attribute of oneself, his/her support network, environment and/or elements of his/her life as depicted by the person.	String / Free Text
Plan Period / Plan Effective Dates	Plan Effective Date	The date upon which the plan goes into effect. Start date is required, end date is optional.	Interval of Dates / MM/DD/YYYY - MM/DD/YYYY
Plan Signatures	Person Signature	The depiction of the person's signature as proof of identity and intent for the plan.	String / Signature
Plan Signatures	Person Printed Name	The printed or typed name of the person.	String / Free Text
Plan Signatures	Person Signature Date	The date the person signed the plan.	Date / MM/DD/YYYY
Plan Signatures	Guardian / Legal Representative Signature	The depiction of the guardian or legal representative's signature as proof of identity and intent for the plan.	String / Signature
Plan Signatures	Guardian / Legal Representative Printed Name	The printed or typed name of the guardian/legal representative.	String / Free Text
Plan Signatures	Guardian / Legal Representative Signature Date	The date the guardian/legal representative signed the plan.	Date / MM/DD/YYYY
Plan Signatures	Support Planner Signature	The depiction of the support planner's signature as proof of identity and intent for the plan.	String / Signature
Plan Signatures	Support Planner Printed Name	The printed or typed name of the support planner.	String / Free Text
Plan Signatures	Support Planner Signature Date	The date the support planner signed the plan.	Date / MM/DD/YYYY
Risks	Identified Risk	An aspect of a person's life, behavior, environmental exposure, personal characteristic, or barrier that increases the likelihood of disease, condition, injury to self or others, or interaction with the criminal justice system.	String / Free Text
Service Information	Service Name	Identifies the paid and/or non-paid service provided to a person. Include the code and display name plus any modifiers when a coding system (e.g., Healthcare Common Procedure Coding System (HCPCS), Home Health Revenue Codes) is used.	Text / display name, code, modifier
Service Information	Service Start Date	The start date of the service being provided.	Date / MM/DD/YYYY

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Service Information	Service End Date	The end date of the service being provided.	Date / MM/DD/YYYY
Service Information	Service Comment	Additional information related to the service being provided. This field could capture additional information of the frequency of the service, how the person wants the service delivered and only used when the comment provides additional detail of the service not already handled by another element.	String / Free Text
Service Information	Service Funding Source	The source of payment for the service.	String / Free Text
Service Information	Service Unit Quantity	The numerical amount of the service unit being provided for a frequency. This element is slated to be used in conjunction with Service Quantity Interval and Unit of Service Type elements to form a full description of how often a service is provided. For example, a service being provided 7 units per week, the Service Unit Quantity = "7". For a service being provided 8 hours a day, the Service Unit Value = "8".	Number / Numeric
Service Information	Unit of Service Type	A named quantity in terms of which services are measured or specified, used as a standard measurement of like services. Values include: unit(s), minute(s), 8 hour(s), quarter hour(s), hour(s), half day(s), full day(s), day(s), week(s), month(s), dollar(s), meal(s), mile(s), visit(s)/session(s), installation(s), none, other (free text). This element is slated to be used in conjunction with Service Unit Quantity interval and Service Unit Quantity elements to form a full description of how often a service is provided. For example, a service being provided 7 units per week, the Unit of Service Type = "units". For a service being provided 8 hours a day, the Unit of Service Type = "hours".	String / List of Values
Service Information	Service Unit Quantity Interval	A period of time corresponding to the quantity of service(s) indicated. Values include: per day, per week, per month, per year, one time only, other (free text). This element is slated to be used in conjunction with Unit of Service Type and Service Unit Quantity elements to form a full description of how often a service is provided. For example, a service being provided 7 units per week, the Service Unit Quantity Interval = "per week". For a service being provided 8 hours a day, the Service Unit Quantity Interval = "per day".	String / List of Values
Service Information	Service Rate per Unit	The rate of one unit for a service.	Number / \$

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Service Information	Service Total Units	The total number of units for each service for the duration of the plan.	Number / Numeric
Service Information	Total Cost of Service	The total cost of a service for the plan.	Number / \$
Service Preferences	Person Service Agreement Indicator	States whether or not the person was given a choice of services and participated in the selection of and agrees to the services outlined in the plan.	Boolean / Yes, No
Service Preferences	Person Service Provider Choice Indicator	States whether or not the person was offered a choice of providers and made an informed choice in selecting the provider for each service.	Boolean / Yes, No
Service Provider Name & Other Identifiers	Support Planner Name	The name of the person (e.g., Case Manager, Care Coordinator, Plan Coordinator) who helped develop the plan.	String / First Name, MI, Last Name
Service Provider Name & Other Identifiers	Support Planner Phone Number	The primary phone number of the support planner.	Number / 111-111-1111
Service Provider Name & Other Identifiers	Service Provider Name	The name of the entity or individual providing the service. For paid services use the organization/agency name, for non-paid services use the first and last name of the individual providing the service.	String / Free Text
Service Provider Name & Other Identifiers	Non-Paid Service Provider Relationship Type	The relationship (e.g., spouse, neighbor, guardian, daughter) of the individual providing a non-paid service or support to the person.	String / Free Text
Service Provider Name & Other Identifiers	Service Provider Phone Number	The primary phone number of the service provider.	Number / 111-111-1111