

# Questionnaire: Behavioral Health Homes (BHH)

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## Behavioral Health Homes (BHH)

1. *What tool was completed?*

(Please select one.)

CANS  ASQ  CAFAS  YOQ  LOCUS  PECFAS

**If you answered "CANS" on question 1**

1.1.1. *Date of CANS assessment:*

1.1.2. *Indicate scores two or higher in both of the following sections: Child Behavioral/Emotional Needs AND Life Domain Functioning:*

**If you answered "ASQ" on question 1**

1.1.1. *ASQ Score:*

1.1.2. *Date ASQ completed:*

**If you answered "CAFAS" on question 1**

1.2.1. *Date CAFAS completed:*

1.2.2. *CAFAS Score:*

**If you answered "LOCUS" on question 1**

**Instructions:** REQUIRED - LOCUS composite score must be a numerical value between 0-35. Only numbers should be entered in this box.

1.4.1. *LOCUS Composite Score:*  
Min/Max - 0/35; No decimal places allowed

**Instructions:** REQUIRED – Date LOCUS Completed must be a date in the following format MM/DD/YYYY. Please do not enter a date in any other format.

1.4.2. *Date LOCUS Completed:*

1.4.3. *LOCUS Level of Care:*  
Min/Max - 0/10; No decimal places allowed

1.4.4. *LOCUS Rater ID#:*

1.4.5. *Name and credentials of who completed the LOCUS assessment:*

**If you answered "PECFAS" on question 1**

1.5.1. *PECFAS Score:*

1.5.2. *Date PECFAS completed:*

2. *What covered services have been provided during the last review period?*

- Care Coordination
- Comprehensive Case Management
- Comprehensive Transitional Care
- Health Promotion
- Individual and Family Support Services

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**Adult Service Only**

**INSTRUCTIONS:** For Community Integration Services, providers must conduct an initial face-to-face intake or initial assessment visit within seven (7) calendar days of referral, regardless of source of referral.

1. *Is this your first CSR?*

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 1**

1.1.1. *Date of referral:*

1.1.2. *Date Case Worker assigned:*

1.1.3. *Date seen face to face:*

2. *Does the member receive Vocational Rehabilitation Services?*

(Please select one.)

- Yes
- No

3. *Does the member currently have a rent subsidy or live in subsidized housing?*

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 3**

3.1.1. *Please indicate what type of rent subsidy or subsidized housing:*

(Please select one.)

- Bridging Rental Assistance Program (B.R.A.P.)
  - Building is subsidized
  - Section 8
  - Shelter Plus Care
  - Veteran's Housing
  - Other
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