

Behavioral Health CareConnection®
Tier I (Core+) Data Collection Form

MEMBER DEMOGRAPHIC INFORMATION

Member Name: _____ Member ID: _____
 Request Created By _____
 Clinician Name _____ Clinician Phone Number: _____

REQUEST INFORMATION

Is this a Retrospective Auth Request? Yes No

MEMBER INFORMATION

Member ID: _____ Medicaid Number _____

CareConnection®

Completion Date _____ Case Status: New Admission Discharge
 Update Readmission of A Discharged Case
 Change in Level of Care Crisis

Member's
 First Name _____ Middle _____ Last Name _____

Member Mailing Address: _____ City: _____ State: _____ Zip Code _____ - _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____
 M M D D Y Y Y Y

Member's County: _____ Marital Status: Single Divorced Unknown/Not Available
 of Residence: _____ Married Widow/Widower
 Separated Never Married

Member Referral Source:

- | | | |
|---|---|--|
| <input type="checkbox"/> Advocacy Agency | <input type="checkbox"/> Homeless/Abuse Shelter | <input type="checkbox"/> Other Referral Source |
| <input type="checkbox"/> Alcohol Inpatient/Residential Program | <input type="checkbox"/> Individual / Self | <input type="checkbox"/> Outpatient Alcohol Program |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Information and Referral Agency | <input type="checkbox"/> Outpatient Drug Program |
| <input type="checkbox"/> Community Residential Organization | <input type="checkbox"/> Inpatient Residential Organization | <input type="checkbox"/> Outpatient Psychiatric Agency |
| <input type="checkbox"/> Court or Correction Agency | <input type="checkbox"/> Mental Hygiene | <input type="checkbox"/> Partial Day Organization |
| <input type="checkbox"/> Developmental Disabilities Program | <input type="checkbox"/> Multi-Disciplinary Team (MDT) | <input type="checkbox"/> Police |
| <input type="checkbox"/> Drug Abuse Inpatient Residential Program | <input type="checkbox"/> Multi-Service Mental Health Agency | <input type="checkbox"/> Private Psychiatrist |
| <input type="checkbox"/> Drug Court | <input type="checkbox"/> Nursing Home / Extended Care | <input type="checkbox"/> School System or Education Agency |
| <input type="checkbox"/> Employer/Employee Assistance Program | <input type="checkbox"/> Other Inpatient/Residential Program | <input type="checkbox"/> Social Services Agency |
| <input type="checkbox"/> Family or Friend | <input type="checkbox"/> Other Physician | <input type="checkbox"/> State or County Psychiatric Program |
| <input type="checkbox"/> General Hospital Psychiatric Program | <input type="checkbox"/> Other Private Pay Mental Health Practitioner | <input type="checkbox"/> WV DHHR |

Gender: Male Female

Member Participation Status: Voluntary Involuntary Emergent Court Ordered Observation

RESOURCES

Financial and Household Information (for BHHF Eligibility Only)

Gross Monthly Income: _____ Household Dependents: _____

CLINICAL INFORMATION: EVALUATION AND ASSESSMENT

Disability Group

<input type="checkbox"/> 1=Mental Health	<input type="checkbox"/> 5=Mental Health & IID/DD
<input type="checkbox"/> 2=Substance Abuse	<input type="checkbox"/> 6=Substance Abuse & ID/DD
<input type="checkbox"/> 3=Intellect. Disability/Dev. Disability (ID/DD)	<input type="checkbox"/> 7=Mental Health &Sub. Abuse & ID/DD
<input type="checkbox"/> 4=Mental Health & Substance Abuse	<input type="checkbox"/> 8=Early Childhood/Intervention
	<input type="checkbox"/> 9=Public Inebriate

Diagnoses: Diagnosis One _____ Diagnosis Two _____ Diagnosis Three _____
 Diagnosis Four _____ Diagnosis Five _____

TREATMENT PLAN SUMMARY

Indicate the areas that best describe the problems on the member's current treatment plan.

TX Plan Summary:

<input type="checkbox"/> ADL Skill Building	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Assessment/Evaluation Only	<input type="checkbox"/> Psychiatric Symptoms
<input type="checkbox"/> Co-Occurring MH and Sub. Abuse Problems	<input type="checkbox"/> Psychological Distress
<input type="checkbox"/> Interpersonal relations	<input type="checkbox"/> Sexualized behaviors
<input type="checkbox"/> Maintaining ADL	<input type="checkbox"/> Self-injurious or suicidal behaviors
<input type="checkbox"/> Maladaptive, antisocial behaviors	<input type="checkbox"/> Substance abuse behaviors

TREATMENT PLAN STATUS

Indicate the current treatment/service plan status

Treatment Plan Type: Initial Plan Master Plan

Treatment Plan Status: Recent admission, initial plan
 Current plan maintained with no progress
 Current plan modified with changes in intensity of service.
 Current plan modified with changes in service array.
 Current plan modified with changes in both services and intensity
 Current plan maintained, Progress but goals not met

CASE DISCUSSION

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DEMOGRAPHICS

Ethnicity	<input type="checkbox"/> Not of Hispanic Origin	Race	<input type="checkbox"/> American Indian
	<input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Alaska Native
	<input type="checkbox"/> Mexican		<input type="checkbox"/> Asian
	<input type="checkbox"/> Cuban		<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Other Specific Hispanic		<input type="checkbox"/> Native Hawaiian/Pacific Islander
	<input type="checkbox"/> Hispanic--Specific Origin Not Collected		<input type="checkbox"/> White
<input type="checkbox"/> Not Available/Unknown/Not Collected	<input type="checkbox"/> More:	<input type="checkbox"/> Other Race Not Listed Above	

Developmentally Disabled without a a DSM-5 Diagnosis NO YES

Current Level of Education:

Grade Level:	<input type="checkbox"/> 0 Zero Years	<input type="checkbox"/> 11 Eleven Years	Type of School:	<input type="checkbox"/> Alternative School
	<input type="checkbox"/> 1 One Year	<input type="checkbox"/> 12 Twelve Years		<input type="checkbox"/> College (2 or 4 year program)
	<input type="checkbox"/> 2 Two Years	<input type="checkbox"/> 13 Thirteen Years		<input type="checkbox"/> GED Program
	<input type="checkbox"/> 3 Three Years	<input type="checkbox"/> 14 Fourteen Years		<input type="checkbox"/> Graduate School
	<input type="checkbox"/> 4 Four Years	<input type="checkbox"/> 15 Fifteen Years		<input type="checkbox"/> Headstart
	<input type="checkbox"/> 5 Five Years	<input type="checkbox"/> 16 Sixteen Years		<input type="checkbox"/> Homebound
	<input type="checkbox"/> 6 Six Years	<input type="checkbox"/> 17 Seventeen Years		<input type="checkbox"/> Not in School
	<input type="checkbox"/> 7 Seven Years	<input type="checkbox"/> 18 Eighteen Years		<input type="checkbox"/> Post Graduate School
	<input type="checkbox"/> 8 Eight Years	<input type="checkbox"/> 19 Nineteen Years		<input type="checkbox"/> Preschool Program
	<input type="checkbox"/> 9 Nine Years	<input type="checkbox"/> 20 Twenty Years		<input type="checkbox"/> Regular Education
	<input type="checkbox"/> 10 Ten Years	<input type="checkbox"/> 21 > Twenty Years		<input type="checkbox"/> Special Education

Employment Information

Employment Status	<input type="checkbox"/> Supportive Work	<input type="checkbox"/> Not Employed, But Looking
	<input type="checkbox"/> Sheltered Work	<input type="checkbox"/> Volunteer
	<input type="checkbox"/> In Employment Training	<input type="checkbox"/> Competitive Employment--full time
	<input type="checkbox"/> Not In Labor Force--Homemaker	<input type="checkbox"/> Competitive Employment--part time
	<input type="checkbox"/> Not In Labor Force--Student	<input type="checkbox"/> Not In Labor Force--Inmate of Institution
	<input type="checkbox"/> Not In Labor Force--Retired	<input type="checkbox"/> Not In Labor Force--Disabled
	<input type="checkbox"/> Not In Labor Force--Physically Impaired	<input type="checkbox"/> Not In Labor Force--Other
	<input type="checkbox"/> Not Employed, Not Looking	

Current Living Arrangement: Indicate the Member's Current Living Arrangement.

<input type="checkbox"/> Acute Care Psychiatric Facility	<input type="checkbox"/> Other
<input type="checkbox"/> Adoptive Home	<input type="checkbox"/> Own or Rent Non-Subsidized House/Apt
<input type="checkbox"/> Adult Correctional Facility	<input type="checkbox"/> Personal Care Home
<input type="checkbox"/> Adult Drug/Alcohol Rehabilitation Center	<input type="checkbox"/> Private Boarding House
<input type="checkbox"/> Adult Family Care Home	<input type="checkbox"/> Psychiatric Residential TX Facility (<22yrs)
<input type="checkbox"/> Dependent Living (includes Halfway Houses)	<input type="checkbox"/> Regular Foster Home
<input type="checkbox"/> Family Emergency Shelter	<input type="checkbox"/> Residential Group Treatment
<input type="checkbox"/> Home of Biological Parents	<input type="checkbox"/> Rest Home
<input type="checkbox"/> Home of Friend	<input type="checkbox"/> Rooming House - Hotel - YMCA
<input type="checkbox"/> Home of Relative	<input type="checkbox"/> Small Group Board & Care Home (≤ 8)
<input type="checkbox"/> Homeless/Homeless Shelter	<input type="checkbox"/> Specialized Family Care Home
<input type="checkbox"/> ICF-IID Group Home	<input type="checkbox"/> Subsidized Rental House/Apartment
<input type="checkbox"/> Independent Living Group Home	<input type="checkbox"/> Supported Housing - Staff Supported
<input type="checkbox"/> Inpatient Psychiatric Facility	<input type="checkbox"/> Treatment Foster Home
<input type="checkbox"/> Individual Support Setting (ISS)	<input type="checkbox"/> Wilderness Camp
<input type="checkbox"/> Large Group Board & Care Home (>8)	<input type="checkbox"/> Youth Correctional Facility
<input type="checkbox"/> Long-Term Psychiatric Facility	<input type="checkbox"/> Youth Drug/Alcohol Rehabilitation Center
<input type="checkbox"/> Medical Hospital	<input type="checkbox"/> Youth Emergency Shelter
<input type="checkbox"/> Nursing Home	

Months in Current Living Arrangement _____ Risk of Losing Current Living Arrangement: At Risk Currently Out of Home Placement Not at Risk

Legal Information

Member Protective Services _____ Does the Member have a Legal Guardian? _____