

KEPRO – WEST VIRGINIA

KEPRO *CareConnection*®

The West Virginia KEPRO CareConnection® for Socially Necessary Services Instructions and Definitions serve as a guide for providers in submitting data for processing prior authorization requests for the Socially Necessary Services provided to the consumers who are served by the Bureau for Children and Families (BCF).

It is expected that the individual gathering information regarding a consumer has training in the services being provided, experience in working with the Bureau for Children and Families, meets the stated credentialing criteria, and understands service plan integration.

The KEPRO CareConnection® for Socially Necessary Services is organized in a way that requires additional data elements as service intensity, duration or complexity increases. There are three (3) identified tiers of data and the selection of specific data elements is dependent on the tier of data required for the service(s) that meet a consumer's needs. Registration (Tier 1) is reserved for the lower-end services and requires completion of the fewest data elements. The more intense services are in Tier 2, and Tier 3, with the most data elements, is used for the Chafee transitional living services. The specific data tier that each service requires is described in the Utilization Management Guidelines for the Socially Necessary Services. The website is organized so that like items from all tiers are grouped; the required data elements are highlighted and the remaining elements appear but do not require completion.

A service group comprises all service requests attached to a specific KEPRO CareConnection® for Socially Necessary Services data set. If all services in a service group are considered registration, then Tier 1 data is required. If any service within a service group is a Tier 2 service, then Tier 2 data must be submitted. If any service within a service group is a Tier 3 service, then Tier 3 data must be submitted. In some instances, continued stay requests or requests for additional service units require a higher tier of data.

All data should reflect case information within the 90-day period prior to the request date.

**INSTRUCTIONS AND DEFINITIONS: FOR COMPLETING THE
KEPRO *CareConnection*®
for Socially Necessary Services**

Providers are encouraged to review the KEPRO website, particularly the Frequently Asked Questions (FAQs) section, for additional clarifications about the instructions and the authorization process. Web users will view the required items for submission (highlighted) and all items subject to validation must be completed before a record can be submitted. Additional items not required may be completed and will be subject to basic validation (allowable values).

Note: The validation standards, as outlined in the Data Elements/Validation Standards documents, for each field within the KEPRO Social CareConnection® for Socially Necessary Services and Service Request data sets will be applied to each record.

KEPRO CareConnection® for Socially Necessary Services data may be submitted through direct web entry or file transfer to KEPRO-West Virginia.

Note: The following data elements first appear in the Tier 1 Registration data set. These data elements must be completed to request prior authorization of services requiring registration. An authorization number will be issued for services authorized at this level.

BCF Provider ID (BCF_Provider_ID): This is your organization's unique ten-digit identification number assigned by KEPRO.

BCF Utilization Manager (BCF_UM_Manager): Complete this field with the last and first name of the person responsible for monitoring authorization and reauthorization requests at your agency. If the name were Helen Brake-Martin, you would complete the field as Brake-Martin, Helen. This individual will be the primary contact for any questions regarding the KEPRO Social CareConnection® for Socially Necessary Services data submitted by the agency. If your agency does not have a designated UM Manager, list the same staff name as in the BCF staff name field **or** the individual to be contacted if the KEPRO Care Manager has questions regarding the prior authorization request. Do not leave this field blank.

Utilization Manager Phone (BCF_UM_Phone): List the telephone number (including area code) of the utilization manager noted in the BCF Utilization Manager field.

BCF Staff Name (BCF_Staff_Name): Complete the field with the last and first name of the staff member completing the KEPRO Care Connection® for Socially Necessary Services. If the name were Helen Brake-Martin, you would complete the field as Brake-Martin, Helen. When multiple individuals complete portions of the data set, indicate the name of the individual who has primary responsibility for the implementation and tracking of the consumer's care.

BCF Staff Phone (BCF_Staff_Phone): List the telephone number (including area code) of the staff member noted in the BCF data element field.

BCF Consumer ID (BCF_Consumer_ID): A unique identifier created by the provider that must be assigned to each consumer. This identifier follows the consumer throughout the provision of services with the organization. If the consumer is discharged and then returns, the same identifier is to be assigned to the consumer. This identifier cannot be reassigned to any other consumer receiving services from you at any time.

BCF FACTS Client Number (BCF_FACTS_Client_ID): Place the unique ten-digit number assigned by WV DHHR FACTS in this field. This number serves to identify the client within the data system utilized by the department. An incorrect FACTS Client Number may lead to a delay in payment as this number is required to process claims. This item may be pre-populated based upon the referral file received from BCF.

BCF FACTS Referral/Case Number (BCF_FACTS_Case_ID): Indicate the unique eight-digit identifier assigned by WV DHHR FACTS for this item. This identifier represents the entire group of clients associated with a family receiving service. An incorrect FACTS Referral/Case Number may lead to a delay in payment as this number is required to process claims. This item may be pre-populated based upon the referral file received from BCF.

BCF Request Date (BCF_Request_Date): The date the provider completes the KEPRO Social CareConnection® for Socially Necessary Services. The information submitted must reflect the consumer's condition and accurately report the demographic information as it was on the date reported in the Request Date.

BCF Case Status (BCF_Case_Status): Report the most applicable status:

New Admission: Individual has never been a consumer at your agency prior to this visit. When this status is selected a unique provider-assigned consumer identification number is entered in the **BCF_Consumer_ID** field.

Readmission of Closed Case: Consumer has previously received service or was admitted to your organization, but is not an active case. When this status is selected, the unique provider-assigned consumer identification number previously utilized at first admission is entered in the **BCF_Consumer_ID** field.

Update/Reassessment of Open Case: Consumer is an active case and is presenting for an update/reassessment of case status and/or service plan being implemented. When this status is selected, the unique provider-assigned consumer identification number previously utilized at first admission is entered in the **BCF_Consumer_ID** field.

Crisis: If a consumer receives Family Crisis Response services only, report the Case Status as Crisis. The Crisis case status is best used when a consumer is not an active case and is not likely to receive any further service from the provider.

Note: All KEPRO Social CareConnection® for Socially Necessary Services records, regardless of the case status reported, are subject to all validation standards as described in the KEPRO Social CareConnection® for Socially Necessary Services Data Elements/Validation Standards document available @ www.KEPRO.com.

BCF Consumer Last Name (BCF_Consumer_Last_Name): Report the consumer's last name as printed on the WV DHHR Referral for Socially Necessary Services in this field. If the consumer has a hyphenated name, include both names with the hyphen in the field. (Example: Smith-Jones). This item may be pre-populated based upon the referral file received from BCF.

BCF Consumer First Name (BCF_Consumer_First_Name): Report the consumer's first name, as printed on the WV DHHR Referral for Socially Necessary Services. Avoid the use of any nicknames and/or abbreviations of names.

BCF Consumer Middle Name (BCF_Consumer_Middle_Name): Report the consumer's middle name as printed on the WV DHHR Referral for Socially Necessary Services. Leave blank if unknown or none.

BCF Consumer Birth Date (BCF_Consumer_Birth_Date): Report the consumer's date of birth as documented on the WV DHHR Referral for Socially Necessary Services.

BCF Consumer's Gender (BCF_Consumer_Gender): Indicate whether the consumer is a male or female.

BCF County of Residence (BCF_Consumer_County_Residence): The intent of this item is to specify the youth's county of origin or the county where the consumer is currently residing.

County Code

Barbour 01
 Berkeley 02
 Boone 03
 Braxton 04
 Brooke 05
 Cabell 06
 Calhoun 07
 Clay 08
 Doddridge 09
 Fayette 10
 Gilmer 11
 Grant 12
 Greenbrier 13
 Hampshire 14
 Hancock 15
 Hardy 16

Harrison 17
Jackson 18
Jefferson 19
Kanawha 20
Lewis 21
Lincoln 22
Logan 23
McDowell 24
Marion 25
Marshall 26
Mason 27
Mercer 28
Mineral 29
Mingo 30
Monongalia 31
Monroe 32
Morgan 33
Nicholas 34
Ohio 35
Pendleton 36
Pleasants 37
Pocahontas 38
Preston 39
Putnam 40
Raleigh 41
Randolph 42
Ritchie 43
Roane 44
Summers 45
Taylor 46
Tucker 47
Tyler 48
Upshur 49
Wayne 50
Webster 51
Wetzel 52
Wirt 53
Wood 54
Wyoming 55
Out of state 56

Child's Current Living Arrangement (BCF_Consumer_Living_Arrangement): Enter the response that best describes the child's current living arrangement. Choose one of the following allowed responses:

- **Own or Rent House/Apartment:** the individual lives independently in a home or apartment. **Note:** This living situation is only for those youth receiving Chafee Transitional Living Services.
- **Home of Biological Parent(s):** the individual lives with one or both of his/her biological parents.
- **Adoptive Home:** the individual lives with an adoptive parent(s). The adoption has been finalized.
- **Home of Relative:** the individual lives in the home of a person(s) that is related by virtue of blood or marriage.
- **Home of Friend:** the individual lives in the home of a person who is not a relative.
- **Homeless Shelter:** the individual is staying in a facility that provides shelter and/or services to homeless persons or the individual is currently homeless and has no residence; this includes persons living in condemned buildings, living on the streets, or staying briefly with friends or relatives but having no permanent address. Youth not in DHHR custody, residing in a shelter specifically serving runaways and homeless youth, should be included in this living arrangement.

- **Family Emergency Shelter:** the individual resides with one or more family members in a facility that provides shelter to families that are victims of disaster, domestic violence or other circumstances that have resulted in a disruption in the living environment.
- **Youth Emergency Shelter:** the individual resides in a facility that provides shelter to youth who are in need of a temporary living arrangement due to a disruption in their living situation.
- **DHHR Foster Care Home:** the individual is placed in an approved foster home and has minimal need for behavioral health treatment. Required treatment services are provided from resources in the community. **Exception:** Foster Care Homes through WVU CED mark this item.
- **Therapeutic Foster Care:** the individual is placed in an approved foster home, which provides specialized treatment within the home setting as well as accessing behavioral health treatment resources and professionals from the foster care agency.
- **Specialized Family Foster Care Home:** the individual resides in the home of a provider who cares for one or more individuals with mental retardation/developmental delays or specific medical problems. Care and support are provided in a family-like environment and behavioral health treatment services are provided either on or off site.
- **Residential Group Treatment:** the individual resides in a 24-hour supervised group setting where behavioral health treatment is provided as part of the daily program. Targeted Case Management, Clinic or Rehabilitation services may be provided depending on the level of care and services included in the rates.
- **ICF-MR Group Home:** the individual resides in a licensed Intermediate Care Facility for those with Mental Retardation.
- **Medical Hospital:** the individual is currently in a medical hospital for an illness or injury that requires an inpatient stay.
- **Acute Care Psychiatric Facility:** the individual is currently placed in a short-term psychiatric facility.
- **Psychiatric Residential Treatment Facility (21 Years and Less):** the youth resides in a facility that is classified as a psychiatric residential treatment facility (PRTF).
- **Youth Drug/Alcohol Rehabilitation Center:** the individual is 0-17 years of age and is currently placed in a 24-hour setting providing treatment for drug and alcohol abuse/dependence.
- **Youth Correction Facility:** the youth is currently placed in a Correctional Facility after being adjudicated a delinquent (e.g. Industrial Home for Youth/Salem).
- **Youth Detention Facility:** the youth is currently placed in a detention facility awaiting adjudication of a delinquent offense (e.g.: "Tiger" Morton Juvenile Center).
- **Pre-adoptive Placement (foster care):** the individual lives with a foster parent(s) who intends to pursue adoption.
- **Other:** this includes any living arrangement not specified above.

BCF DHHR County of Jurisdiction (BCF_DHHR_Worker_County): Indicate the county that the WV DHHR Worker/Supervisor is representing. If the WV DHHR Office serves more than one county, choose the county in which the child/family is residing. **NOTE:** For children in WV DHHR custody, who may be placed in a county different from their home county, please report the County from which the Youth's DHHR worker is assigned or county of jurisdiction.

County Code

Barbour 01
 Berkeley 02
 Boone 03
 Braxton 04
 Brooke 05
 Cabell 06
 Calhoun 07
 Clay 08
 Doddridge 09
 Fayette 10

Gilmer 11
Grant 12
Greenbrier 13
Hampshire 14
Hancock 15
Hardy 16
Harrison 17
Jackson 18
Jefferson 19
Kanawha 20
Lewis 21
Lincoln 22
Logan 23
McDowell 24
Marion 25
Marshall 26
Mason 27
Mercer 28
Mineral 29
Mingo 30
Monongalia 31
Monroe 32
Morgan 33
Nicholas 34
Ohio 35
Pendleton 36
Pleasants 37
Pocahontas 38
Preston 39
Putnam 40
Raleigh 41
Randolph 42
Ritchie 43
Roane 44
Summers 45
Taylor 46
Tucker 47
Tyler 48
Upshur 49
Wayne 50
Webster 51
Wetzel 52
Wirt 53
Wood 54
Wyoming 55
Out of state 56
DHHR State Office 57

BCF Referral Source (BCF_Consumer_Referral_Source): Identify the choice that best describes the agency or person who referred the consumer to your agency. Please note the Utilization Management Guidelines criteria for service provision. Some services are only available if a formal documented referral has been made by the correct entity. (Choose only **one** (1) from the following list.)

- WV DHHR
- Multi-Disciplinary Team (MDT)
- Juvenile Probation Officer
- Court or Correction Agency

Waiver ICF Recipient (BCF_Waiver_ICF_Recipient): Mark Yes or No to indicate whether the consumer is currently a recipient of Title XIX Home and Community Based Waiver-MR/DD

benefits/funding, living in an Intermediate Care Facility for the Mentally Retarded or receiving Aged / Disabled Waiver.

Medicaid Coverage (BCF_Medicaid_Coverage): Medicaid Coverage is to be marked Yes if the identified client is receiving Medicaid. If the individual is not financially eligible for Medicaid but is receiving a "Special Medical Card" through the Bureau for Children and Families, mark this item Yes. **NOTE: If this field response is "Yes", a Medicaid Beneficiary Number must be listed in the data element field or the record will result in error.**

Consumer Medicaid Number (BCF_Consumer_Medicaid_Number): This is the consumer's eleven (11) digit Medicaid number. Do not include any hyphens or the decimal point before the suffix. It is the Provider's responsibility to verify that the Medicaid number listed is correct and currently valid. **Note: If a Medicaid Number is reported, Medicaid coverage must be reported "Yes" in the data element field or the record will result in error. If Medicaid Coverage response is "Yes", a Medicaid Number must be reported or the record will result in a status of error.**

Service Plan: For the following items choose the area below that best describes problems addressed on the consumer's current service plan.

- Safety Services
- Maintaining Community Placement
- Independent Living Skills
- Family Relationships
- Educational Support
- Maladaptive/Antisocial Behaviors
- Reunification
- Crisis Resolution
- Transition to Adulthood
- Accessing/Maintaining Employment
- Activities of Daily Living
- Parent Training
- Respite/Emergency Respite
- Case Management Services
- No Additional Service Areas

Up to three (3) problem areas can be coded. If there are not three (3) problem areas addressed on the service plan, code No Additional Service Areas in fields that are not needed. The problem areas identified should correlate with the presenting problems identified and the functional impairments that are most prominent. Specific goals and objectives on the client's service plan should relate to the areas and needs identified in the KEPRO CareConnection® for Socially Necessary Services.

BCF Service Plan Summary 1 (BCF_Service_Plan_Summary_1): Indicate the primary problem area that is addressed on the consumer's service plan. This area should highly correlate with primary problem, identified and communicated through the KEPRO CareConnection® for Socially Necessary Services.

BCF Service Plan Summary 2 (BCF_Service_Plan_Summary_2): Indicate the secondary focus on the consumer's service plan. If there is no secondary problem, code No Additional Service Area.

BCF Service Plan Summary 3 (BCF_Service_Plan_Summary_3): Indicate the tertiary focus on the consumer's service plan. If there is no tertiary problem, code No Additional Service Area.

Education Status (BCF_Educ_Status): If consumer is in school, indicate the choice that most accurately describes the current schooling being received.

- Preschool Program
- Headstart
- Regular Education
- Special Education
- GED Program
- Homebound
- Trade, Vocational or Technical
- College-Part Time
- College- Full Time
- Not in School

BCF Failing Grade (BCF_Failing_Grade): Indicate the most appropriate choice regarding the child/youth's academic performance related to the subject(s) being failed and for which tutoring is required:

- English
- Arithmetic (Math)
- Science
- Social Studies
- Not Failing a Core Subject

Please note: If the request is for any other service than tutoring and the information is not known by the WV DHHR worker, the provider may indicate the following responses for the previous three to four items: No (IEP), Not in School and Not Failing a Core Subject.

BCF Individual Education Program (IEP) (BCF_Ind_Ed_Plan): Indicate if the child/youth has an Individualized Education Program (IEP). This is defined as a written plan for the education of an educationally disabled child that has been developed by a school district in accordance with rules adopted by the state board of education and that provides necessary special education or special education and educationally related services within an approved program.

BCF IEP Date (BCF_IEP_Date): Denote the date the Individual Education Plan (IEP) was implemented or last updated.

BCF Case Discussion (BCF_Case_Discussion): Free text field for discussion of case. Indicate if there are other problem areas not addressed previously, or any other information about the consumer that needs to be conveyed to the care manager. When requesting a service that may be granted additional units, place the total number of units desired here. If the service pends for care manager review, the additional units may be authorized at that time. This notation will assist the care manager in making a determination on case status if the request pends, possibly for authorization, without contact with the provider. **Note:** This field may be left blank.

Note: The following elements first appear in the Tier 2 data set for all providers. These data elements must be completed to request prior authorization of services requiring Tier 2 data.

Last Grade Completed (BCF_Grade_Level): Choose the entry that correctly reflects the highest number of total years currently completed in school. Indicate only one selection. (If consumer has completed 4½ years of school, for example, “Four Years” would be the correct response.) For Preschool, Headstart and Kindergarten, code as Zero Years.

- Zero Years
- One Year
- Two Years
- Three Years
- Four Years
- Five Years
- Six Years
- Seven Years
- Eight Years
- Nine Years
- Ten Years
- Eleven Years
- Twelve Years
- Thirteen Years
- Fourteen Years
- Fifteen Years
- Sixteen Years
- Seventeen Years
- Eighteen Years
- Nineteen Years
- Twenty Years
- Greater Than Twenty Years

Days Absent: (BCF_Absent_Truancy): Note the number of days the consumer was absent from school due to behavior problems in the last three months. For example, if the data is being collected during October, then count September, May and April. If the data is being collected in January, count October, November, and December. If the consumer is not in school, and/or the days absent cannot be determined, code 00.

Protective Services (BCF_Protective_Services): Select the choice that accurately describes if the consumer has ever been involved with Child Protective Services or Youth Services.

- Never
- Currently
- In the Past

BCF Consumer Legal Status: (BCF_Consumer_Legal_Status): This field is designed to reflect the child/youth's current legal status.

- Adjudicated Delinquent
- Adjudicated Status Offender
- Non-Adjudicated Delinquent
- Non-Adjudicated Status Offender
- No Legal Problems
- Charged as an Adult

Adjudicated Delinquent refers to those youth who have committed an act that would be considered a crime if committed by an adult and have been adjudicated. Examples are drug offenses, shoplifting, or malicious wounding.

Adjudicated Status Offender refers to youth who have been convicted of a crime only applicable to a minor. These offenses are incorrigibility, runaway, truancy and/or underage drinking.

Non-adjudicated Delinquent refers to those youth involved with the juvenile justice system who have not been adjudicated for an act that if committed by an adult would be considered a crime. These youth may be involved at any level of the juvenile justice system from informal prevention programs to awaiting a hearing.

Non-adjudicated Status Offender refers to those juveniles involved with the juvenile justice system who have not been adjudicated for an act that if committed by an adult would not be considered a crime. These youth may be involved at any level of the juvenile justice system, from informal prevention programs to awaiting a hearing.

No legal problems indicates that the youth has had no contact with juvenile court.

Charged as an Adult indicates that the youth (age 14 and above) has been transferred to adult criminal jurisdiction under certain circumstances of delinquent acts.

Guardianship Description (BCF_Guardianship_Description): Identify the person(s) who has current legal custody of the consumer by selecting one of the following choices:

- Both Parents
- Mother Only
- Father Only
- Adoptive Parent(s)
- Relative
- Court Appointed Guardian
- Temporary State Custody
- State Ward
- Legal Guardianship
- Legal Custody of State / Physical Custody of Parent

Loss of Living Arrangement (BCF_Loss_Live_Arrange): Indicate the choice that most accurately describes the consumer's risk of losing his/her current living arrangements.

- Not at Risk
- At Risk
- Currently Out of Home Placement

For child welfare cases, the youth is At Risk if it is possible that the youth's caregiver will not be able to continue to care for the youth. This may be due to abuse, neglect, abandonment or because the caregiver is physically unable to care for the youth. For juvenile justice cases, the youth will be identified as At Risk if determined a risk to the community when placed in his/her home. The DHHR worker must identify the youth is at risk of being placed out of the home. If the youth is in custody and currently placed out of home, response "Currently Out of Home Placement" is appropriate.

BCF Permanency Plan (BCF_Permanency_Plan): This is a formal written part of the WV DHHR Child's Case Plan that determines the permanent placement for a child in the state's custody. Please identify the primary permanency plan identified by the WV DHHR.

- Adoption
- Emancipation
- Legal Guardianship
- Independence
- Relative Placement
- Reunification

- Maintain Child(ren) in the home

BCF Permanency Concurrent (BCF_Permanency_Concurrent): Please indicate the secondary option for the permanency plan for this item.

- Adoption
- Emancipation
- Legal Guardianship
- Independence
- Relative Placement
- Reunification
- Maintain Child(ren) in the home

BCF Petitions Filed (BCF_Petitions_Filed): Enter the number of petitions filed. For Child Protective Services cases, enter the number of abuse/neglect petitions that have been filed. For Youth Services Cases, enter the number of petitions regarding status or delinquent behaviors.

BCF Court Ordered (BCF_Court_Ordered): Mark Yes if the specific service(s) requested have been ordered by the court.

BCF Multi-Disciplinary Team Involvement (MDT) (BCF_MDT_Involvement): Mark Yes if an MDT has been held. An MDT is a team designed to assess, plan and implement a comprehensive individualized service plan for a child who is involved in court proceedings either because of child abuse and neglect, or status offense or delinquency proceedings. The team may include the child's custodial parent(s) or guardian(s), other immediate family members, the attorney(s) representing the parent(s) of the child, the child if over the age of twelve (12) or the child's participation is deemed appropriate, the Guardian Ad Litem, the prosecuting attorney, and any other person who may contribute to the team's efforts to assist the child and the family.

BCF Multi-Disciplinary Team Date (BCF_MDT_Date): Enter the month, day and year in which the last MDT was held. The MDT must have occurred prior to the date this information is being entered.

BCF DHHR Worker Name (BCF_DHHR_Worker_Name): Place the first and last name of the WV DHHR Worker/Supervisor who is assigned to the case in this field. This item may be pre-populated based upon the referral file received from BCF.

BCF DHHR Worker Phone (BCF_DHHR_Worker_Phone): Enter the WV DHHR Worker/Supervisor's telephone number with area code in this item. This item may be pre-populated based upon the referral file received from BCF.

BCF Consumer Social Security Number (BCF_Consumer_SSN) is the consumer's social security number as noted on the WV DHHR Referral for Socially Necessary Services.

BCF Consumer Race (BCF_Consumer_Race): Report the race of the consumer. Mark the ONE category that best reflects the consumer's representation of his/her race. Please choose from the following:

- **Alaskan Native** if the consumer's origin is in any of the original people of Alaska;
- **American Native/American Indian** if the consumer's origin is in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition;
- **Asian** when the origin is of the original people of the Far East, the Indian Subcontinent, Southeast Asia and which also includes Orientals;
- **Native Hawaiian/ Other Pacific Islander** when the origin is of the original people of the Pacific Islands;

- **Black/African American** if the consumer identifies their origin in the black racial groups of Africa;
- **White/Caucasian** when it refers to individuals with origins in any of the peoples of Europe (including Portugal), North Africa or the Middle East;
- **Other** is the race category for an individual not classified in an above group or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories. If the consumer identifies their race as biracial and does not indicate affiliation with a particular race, then classify them as other.

Consumer's Ethnicity (BCF_Consumer_Ethnicity): Select the option that best represents how the consumer describes their ethnicity:

- Hispanic or Latino
- Not of Hispanic origin

If the consumer is not Hispanic or Latino, then choose "Not of Hispanic Origin."

BCF Primary Presenting Problem (BCF_Primary_Presenting_Problem_1): Many consumers have a number of identified problems. Record the primary problem that is the major focus of treatment at this time. A primary presenting problem must be identified. The primary presenting problem identified must relate to the service plan as identified during the assessment. **NOTE:** Presenting problems should be noted in order of priority. The primary focus of the service plan at this time should be identified as the primary presenting problem. Please include specific information in the BCF Case Discussion Field to further clarify the problem if needed.

- Abandonment
- Abuse: Physical, Psychological, and/or Sexual
- Acting Out: Aggression
- Acting Out: Sexual
- Behavioral Problems
- Change in Family Circumstances
- Death/Bereavement/Grief
- MR/DD Developmental Disability
- Divorce/Marital Problems
- Domestic Violence
- Fire Setting
- Housing
- Job/Loss of Job/ Work-Related
- Legal Reason/Problem
- Mental Illness
- Mental Retardation/ Developmental Delay
- Neglect
- Parenting Skills
- Parent/Child Problem
- Relationship/ Trust/ Bonding Issues
- Residual Effects of Abuse/Neglect
- Runaway
- School/Educational Problems
- Sibling Conflict
- Social Problems
- Status Offense
- Substance Abuse
- Transition to Adulthood
- Truancy
- No Additional Problem

Presenting Problem 2 (BCF_Primary_Presenting_Problem_2): Indicate the secondary presenting problem on the consumer's service plan. If there are no additional problems, code No Additional Problem.

Presenting Problem 3 (BCF_Primary_Presenting_Problem_3): Place the tertiary presenting problem identified on the service plan in this data element field. The additional presenting problems must relate to issues identified during the assessment. If there are no problems identified other than the primary presenting problem, the appropriate response to Presenting Problems 2 and 3 is No Additional Problem.

For Social Service History data elements indicate the total number of lifetime days the consumer has received the service. Response choices are listed below:

- Never Received This Service
- 1-90 Days
- 91-180 Days
- 181-365 Days
- 365 Days+

If the consumer is a long-term recipient of services and has had multiple episodes of a service by history (e.g. multiple inpatient admissions), choose the response that best reflects the aggregate number of days when all admissions are totaled. If the consumer has never received the service respond "Never Received This Service." In instances where the treatment history is reported for a new admission, the information should represent the best available information from client report, collateral interviews and any other relative available reports.

Family Support/ Family Options Initiative (BCF_SSHx_Fam_Sup_Options): These programs represent interventions provided through DHHR or contracted agents intended to prevent full entrance into CPS and Youth Services.

Family Preservation/ Safety Services (BCF_Fam_Pres_Safety): This program targets families at imminent risk of having a child placed in out of home care due to abuse and neglect or juvenile court involvement.

Foster Care/ Family, Therapeutic, or Specialized: (BCF_SSHx_FC_Fam_Ther_Spec): The three levels of foster care services are provided by families for children who are in need of care outside of their parents' home.

Foster Care/ Group (BCF_SSHx_FC_Group): This level of foster care takes place in a group residential setting where behavioral health treatment is provided on site.

Youth Emergency Shelter (BCF_SSHx_Youth_Emerg_Shelter): These facilities provide shelter to youth who are in need of emergency placement in a temporary living arrangement due to a disruption in their living situation. Behavioral health services are provided on site.

Psychiatric Inpatient (BCF_SSHx_Psych_Inpatient): These facilities provide short-term psychiatric intervention and treatment for acute stabilization.

Psychiatric Residential Treatment Facility (BCF_SSHx_Psych_Res_Tx_Center): Facilities that provide long-term mental health treatment for those with chronic and persistent mental illnesses that require physician certification of psychiatric need (MCM-1).

CAPS Assessment: (BCF_SSHx_CAPS_Assessment): This is the Comprehensive Assessment and Planning Service completed by certified DHHR providers.

Level of Functioning-The following items relate to the consumer's level of functioning and ability to perform activities of daily living. Indicate the consumer's level of functioning using the following choices:

- **No History of Functional Deficit/Not Applicable:** Individual has no history of a functional deficit in this area. If a consumer's age or functional level precludes the expectation to perform the activity choose **Not Applicable**.
- **Independent with Past History of Functional Deficit:** Individual has had difficulties with performing this activity in the past, but currently functions independently.
- **With Minimal Assistance:** The individual requires minimal assistance to perform the activity (assistance includes direct verbal prompts, reminders, intermittent help in completing or performing the task).
- **With Direct Assistance:** The individual requires ongoing supervision and assistance in order to perform the activity or task, and without this supervision, is unable to complete the activity or task.

Areas of functional impairment identified should correlate to the measure of functional impairment relevant to the consumer's service needs. This should be identified as a focus in service planning when the condition directly impacts the client's ability to function in these areas or to perform activities of daily living that were previously able to be performed. Ratings reflect the 90-day period prior to completion of the KEPRO CareConnection® for Socially Necessary Services. The consumer's age and functional limitations, not related to a behavioral health condition, must be taken into account when rating items. Functional items are evaluated based upon appropriate age and developmental expectations. A consumer may not be expected to perform all activities within a functional area, only those that are age appropriate. For example, when evaluating a five-year old relevant to Activities of Daily Living, make the rating based on age appropriate activities of daily living for a five-year old, such as dressing, brushing teeth, walking, feeding self, etc. and the degree of assistance required to perform these tasks. Do not take into account activities the child would not be expected to perform independently such as caring for living space, shopping, finances, etc. Functional impairments are evaluated relevant to the identified service needs. Functional deficits are only noted once by choosing the item that best characterizes the deficit area.

BCF Functional Status School (BCF_Functional_Status_School): Indicate the level of assistance the consumer requires to maintain school attendance. For adults not in school, indicate the level of assistance the adult needs to perform work-related functions. If the consumer is not part of the work force by choice or has been judged not employable or the consumer is in a sheltered work setting and is unlikely to qualify or be capable of employment outside this setting, mark "Not Applicable." Persons in supported work, employment training, or who previously had competitive work and are not employed now, but are looking, or not in the labor force as a result of a Behavioral Health condition, should be classified as "Needs minimal assistance" or "Needs direct assistance" (depending on the level of assistance needed to qualify for the type of employment targeted or previously performed). Persons currently in competitive employment, who are referred for treatment around previous or current job-related problems, should be rated as independent with past history of functional deficit unless continued employment is contingent upon receiving treatment (e.g. referred for substance abuse treatment or on a plan of correction for deficits in performance related to a behavior health condition). In these instances "Needs minimal assistance" or "Needs direct assistance" should be indicated.

BCF Functional Status of Activities of Daily Living (BCF_Functional_Status_DayLive): Indicate the level of assistance the consumer requires to perform activities of daily living. These activities include hygiene and grooming, maintaining a healthy diet, organizing and carrying out daily routines and activities, performing household chores, caring for living space, managing finances, shopping, preparing or obtaining meals or other activities of daily living that are age and

functionally appropriate and are not specifically addressed in this section (e.g. school, work, relationships, medication, personal safety and accessing other services in the community).

BCF Functional Status Maintains Relationship (BCF_Functional_Status_Maintains_Rel):

Indicate the level of assistance the consumer requires to maintain interpersonal relationships. This item includes ability to communicate clearly, reflect wants and needs, form and maintain a social network, engage in social activities, maintain relationships with family or significant others, manage child care responsibilities, handle conflict, demonstrate appropriate assertiveness and request help when needed.

BCF Functional Status Personal Safety (BCF_Functional_Status_Pers_Safety):

Indicate the level of assistance the consumer requires to maintain personal safety. This item relates to ability to recognize and avoid common dangers (traffic, fire, etc), respond appropriately in emergency situations (fire, etc.) and obtain assistance in an emergency. This item also relates to engaging in dangerous behavior that place health or safety at risk, despite knowledge of the hazards of such behavior (mixing alcohol with prescription medications where contraindicated, runaway behavior). This also includes failure to take necessary medications for health conditions (e.g. hypertension, insulin).

BCF Functional Status Community Safety (BCF_Functional_Status_Community_Safety):

Indicate the level of assistance the consumer requires to maintain community safety. This item relates to the consumer engaging in willful behavior that places the public's safety and well being at risk. This would include activities that may result in the consumer being charged with a crime that would endanger others (i.e. reckless driving, public intoxication, sexual offenses, possession of drugs or firearms, arson, brandishing a weapon, etc.)

BCF Functional Status Access Other (BCF_Functional_Status_Access_Other):

Indicate the level of assistance the consumer requires to access other services (transportation, recreation, etc.). This item relates to accessing transportation, arranging transportation to appointments and activities, ability to travel to and from residence as needed, accessing cultural, social and recreational opportunities and other community services such as shopping, banking, restaurants, medical services, etc.

Note: The following data elements first appear in the Tier 3 data set for Chafee service requests. These data elements must be completed to request prior authorization of services requiring Tier 3 data. The symptom acuity items are only required for those providers requesting Chafee Services.

Employment Status (BCF_Employment_Status): Report the response that describes the consumer's primary current employment status:

- Competitive Employment- Full Time
- Competitive Employment- Part Time
- Supported Work
- Sheltered Work
- In Employment Training
- Student
- Job Services
- Not Employed

Employment Hours (BCF_Employment_Hours): If any choice except Not Employed is previously marked, report the number of hours the consumer normally works or performs the specified activity each week.

BCF Phillip Roy (BCF_Phillip_Roy): Indicate the level of completion for the Phillip Roy, Inc. Life Skills Curriculum. This item relates to the formal instruction in life skills that is required for children ages 14 or older that reside in foster care or group/residential care settings.

Symptom Acuity

It is expected that the individual gathering information regarding a consumer's symptom acuity has training and experience with clinical interviewing, the DSM-IV TR, rendering diagnosis or diagnostic impression, conducting a mental status examination and developing appropriate treatment plans. In instances where the symptom acuity is reported for a new admission, the information should represent the best available information from client report, collateral interviews and reports. Operational definitions of most symptoms can be found in the DSM diagnostic criteria and the DSM Glossary of Technical Terms. The intent of this section is to get some indication of the presence of specific symptoms. The consumer's age, developmental level, environmental factors and substance use/abuse problems play a significant role in evaluating symptoms.

The following items describe a variety of symptoms. For each symptom listed in a category, indicate the level of the symptom/behavior severity **during the past 90 days** by choosing from the following list:

- **Not Present During Past Ninety (90) Days**
- **Mild**
- **Moderate**
- **Severe**
- **Acute/Crisis**

NOTE: Code "Not Present During Past Ninety (90) Days" if the symptom/behavior has not presented in the past ninety (90) days even if the consumer has exhibited the symptom/behavior by history.

BCF AES Depression Acuity (BCF_AES_Depression_Acuity): If the symptom is present, indicate the level of symptom/behavior severity the consumer has exhibited during the past ninety (90) days: **Depression** refers to a prolonged period of depressed mood or a mood disorder characterized as depressive. Depression is characterized by feelings of sadness, loneliness, despair, low self-esteem, apathy, withdrawal, psychomotor agitation or retardation and vegetative signs such as sleep or eating problems. Rating this symptom as present indicates a behavioral health disorder in the mood and affective realm should be present (or under evaluation) and that other symptoms relevant to mood disorders characterized as depressive are also present (e.g. hi/low appetite, hi/low energy, hi/low sleep, lethargy, apathy, loss of interest in activities, etc.). The degree to which the depressive symptoms have been present and have impaired functioning in the past 90 days is the basis of the rating.

BCF Thought Hallucinations Acuity (BCF_Thought_Hallucinations_Acuity): If the symptom is present, indicate the level of symptom/behavior severity the consumer has exhibited during the past ninety (90) days: **Hallucinations** are defined as false sensory perceptions not associated with real external stimuli of the sensory modality involved. All types of hallucinations are evaluated here, but the specific sensory modalities may be indicated in the blank text field (e.g. visual, gustatory etc.). Hallucinations are considered a severe symptom and should be coded from mild to severe based on the frequency, longevity, and level of impairment caused by the symptom in the past 90 days.

BCF Thought Delusions Acuity (BCF_Thought_Delusions_Acuity): If the symptom is present, indicate the level of symptom/behavior severity the consumer has exhibited during the past ninety (90) days: **Delusions** are false beliefs that are firmly held, despite objective and obvious contradictory proof or evidence, and despite the fact that other members of the culture do not share the belief. Delusions should be coded from mild to severe based on the frequency, longevity, and level of functional impairment caused by the symptom in the past 90 days.

BCF Thought Paranoia Acuity (BCF_Thought_Paranoia_Acuity): If the symptom is present, indicate the level of symptom/behavior severity the consumer has exhibited during the past ninety (90) days: **Paranoia** is marked by the presence of a complex delusional system, generally involving persecutory or grandiose delusions, with few other signs of personality disorganization or thought disorder. Paranoia should be coded when documented and/or known to have affected the consumer's functioning. Paranoid ideation (ideation of less than delusional proportions, involving suspiciousness or the belief that one is being harassed, persecuted, or unfairly treated) should not be coded except as mild. This symptom should be coded from mild to severe based on the intensity of the symptom and the level of functional impairment associated with the presence of the symptom.

BCF Safety Suicidal Acuity (BCF_Safety_Suicidal_Acuity): If the symptom is present, indicate the level of symptom/behavior severity the consumer has exhibited during the past ninety (90) days: **Suicidal.** Rate this item relative to the degree suicidal behavior (gestures or attempts) or ideation has been present in the last 90 days. Infrequent suicidal ideation would be rated mild whereas a suicide attempt(s) would be rated severe. Occasional thoughts of being tired of living with no overt suicidal thoughts are not rated as suicidal. If a suicide attempt has prompted the request for service/change in treatment plan, Acute/Crisis should be indicated. This symptom should be coded from mild to severe based on the intensity of the symptom and the level of functional impairment associated with the presence of the symptom.

BCF Safety Homicidal Acuity (BCF_Safety_Homicidal_Acutiy): If the symptom is present, indicate the level of symptom/behavior severity the consumer has exhibited during the past ninety (90) days: **Homicidal.** This rating includes homicidal ideation and attempts in the past 90 days. Ideations are rated as mild to moderate and overt actions/attempts are rated as moderate/severe depending on the nature of the behavior. If homicidal behavior has prompted the request for

service/change in service plan, Acute/Crisis should be indicated. Fleeting thoughts of wishing someone were not here with no overt homicidal thoughts are not rated as homicidal.

BCF Safety Violent Acuity (BCF_Safety_Violent_Acuity): If the symptom is present, indicate the level of symptom/behavior severity the consumer has exhibited during the past ninety (90) days: **Violent/ Aggressive Behavior** include acts of physical aggression. Mild violence includes slapping, biting and other physical acts which do not seriously harm the victim; severe violence includes acts that cause physical harm. Assault with a weapon or physical aggression that causes severe harm or death is rated as serious/crisis. Verbal aggression is not classified under this item.