

**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.