

**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.