

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.