KEPRO
Behavioral Health CareConnection® INSTRUCTIONS AND DEFINITIONS IN EDI FILE NUMERIC ORDER for Clinic, Rehabilitation, and Targeted Case Management Providers

CHANGE LOG

Replace	Changes	Date of Change
DSM IV-TR, ICD-9 and Axis References (except in field names)	Current DSM identification	October 1, 2015
MR/DD references in field options	ICF-IID	October 1, 2015

KEPRO

Behavioral Health CareConnection®

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INTRODUCTION

KEPRO utilizes the Behavioral Health CareConnection® to obtain clinical information necessary for the prior authorization of WV Medicaid Behavioral Health Services. The following instructions serve as a guide for Clinic, Rehabilitation, and Targeted Case Management Providers on the submission of data related to Medicaid Behavioral Health Services.

The Behavioral Health CareConnection® https://careconnectionwv.kepro.com is an electronic, web -based application that is organized in a way that requires additional data elements as service intensity, duration or complexity increases. Various levels of data requirements are dependent upon the service(s) selected for prior authorization to meet a member's identified needs. All data elements demanded by the service selected must be completed for submission. In addition to submission via the web, completed requests may be sent through direct file transfer (i.e. EDI) to KEPRO.

These instructions are numerically organized by data elements as they appear within the EDI file layout. For providers using a file transfer (EDI) process the field number corresponding to the field as it appears on the Data Element/Validation Standards is noted for ease of cross-walking items in the data set.

The specific data level required for a service is described in provider-specific Utilization Management Guidelines that can be located at http://wvaso.kepro.com, under the Resources tab, Manuals and Reference section, for each provider type seeking prior authorizations for WV Medicaid Behavioral Health Services. Services are categorized related to the following data levels (Tiers):

1. Core Elements (formerly Tier 1)
2. Outpatient data requirements (formerly Tier 2)
3. Assessments (formerly Tier 3)
4. High Intensity Services

Services requested determine the data level required to complete a submission. Low intensity services require Core elements while high intensity services require more clinical information for medical necessity determination. Continued stay requests or requests for additional service units may require a higher data demand than originally provided. These higher requirements are indicated in the Utilization Management Guidelines.

Discharge data elements have been included for all provider types. These elements will assist in a uniform means of reporting discharges from your organization. The discharge data elements are not related to any specific service, rather it is available for completion for any service being provided.

Providers are encouraged to review the KEPRO website, particularly the Frequently Asked Questions (FAQ's), for additional clarifications about the instructions and the authorization process. All data entered onto the Behavioral Health CareConnection® with the exception of those noted should reflect the current clinical presentation of the member. Individuals gathering information regarding a member should have the appropriate behavioral health related training required to present complete and accurate clinical information.

The Behavioral Health CareConnection® for Behavioral Health Services is also utilized by providers contracting with the Bureau for Behavioral Health and Health Facilities (BHHF) to receive Block Grant funds for members not eligible for Medicaid services (charity care) or those Medicaid members requiring services not reimbursed by Medicaid. Specific data elements are located within this listing to satisfy requirements related to this funding source.

Please note:

- By utilizing these instructions, completion of the demographic and clinical data elements will enable accurate and timely processing of the submitted request.
- Validation standards, as outlined in the Data Elements/Validation Standards document, for each field within the Behavioral Health CareConnection® data set will be applied to each record.

1. Behavioral Health CareConnection® Completion Date: (Agency_Request_Date)
The date the provider completes the Behavioral Health CareConnection® data for submission for prior authorization. The information submitted must reflect the member's clinical and demographic information at the point in time the Behavioral Health CareConnection® is completed. The only exception to this rule is for retrospective requests. In those circumstances, the completion date should reflect a current date although the clinical information presented should be reflected as it was on the start date of the service request.

2. Case Status of Member: (Case_Status) Report the most applicable status from the options below. Retrospective requests may be submitted by checking 'Yes' to the question, "Is this a retrospective request?" on the initial submission screen.

- **New Admission:** Individual has never been a member at your provider organization prior to this visit. When this status is selected, a unique provider assigned member identification number is entered in the Member ID field. This ID number will remain the same for member throughout the span of services from your organization.

- **Readmission of a Discharged Case:** Member is returning for services following a past discharge from your organization. When this status is selected, the previous member identification number utilized at first admission is entered in the Member ID field. This status will also automatically end all active auths for the member currently in the system under your organization. The end date of those auths will be one day prior to the identified Agency Request Date (field #1) of the new request.

- **Update:** Member is a current recipient of services and an authorization request is being submitted to continue or modify services within the current level of care provided through your organization. The member ID should remain the same as previously entered at first admission.

- **Discharge:** Member is no longer receiving services from your organization. Indicate DISCHARGE as the case status if the Behavioral Health CareConnection® data completion is part of the requirement by the Bureau for Behavioral Health and Health Facilities (BBHHF) that information be updated at discharge (for contracted agencies receiving Federal Block Grant funding).

- **Crisis:** The Crisis case status is used for either of the following: A member receives a Crisis Intervention (H2011) service from any funding source (Medicaid or BHHF) and a formal case has not been opened with the provider **OR** a Member is receiving a BHHF funded crisis services (H2011; H0036) and Medicaid will not be billed for a Clinic, Rehabilitation or Targeted Case Management service.

- **Change in Level of Care:** Change in the member's services that are more or less intensive than those most recently received by the member. The change in service mix is based upon a change in the clinical presentation of the member (i.e., step down from intensive program to outpatient or increase in intensity such as moving from outpatient to crisis stabilization). This status will also automatically end all active auths for the member currently in the system under your organization. The end date of those auths will be one day prior to the identified Agency Request Date (field #1) of the new request.

Note: All Behavioral Health CareConnection® records, regardless of the case status reported, are subject to all validation standards as outlined in the Behavioral Health CareConnection® Data Elements/Validation Standards document available at http://wvaso.kepro.com under the Resources tab, Data Submission section.

6. Clinician's Last and First Names: (Clinician_Name) Complete the field with the last and first name of the clinician completing the Behavioral Health CareConnection®. If the last name is hyphenated, include both in the field for last name. 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 member's care.

7. Clinician's Phone Number: (Clinician_Phone) List the telephone number (including area code) of the clinician noted in the Clinician Last and First Name field.

8. Last Name of Member: (Consumer_Last_Name) Report the member's last name in this field. If the member has a hyphenated name include both names with the hyphen in the field.

9. First Name of Member: (Consumer_First_Name) Report the member's name as it would appear on his/her WV Medicaid card. Avoid the use of any nicknames and/or abbreviations of names.

10. Middle Name of Member: (Consumer_Middle_Name) Report the member's middle name. Leave blank if unknown or none.

11. Provider-Assigned Member Identification Number: (Consumer_ID) This is a unique identifier for the member that follows him/her throughout their course of treatment with your organization. If the member is discharged and then returns, the same unique identifier is to be used for the member. This identifier cannot be reassigned to any other member receiving services from you at any time.

12. Medicaid Beneficiary Number: (Consumer_Medicaid_Number) This is the member's eleven (11) digit Medicaid number. Do not include any hyphens or the decimal point before the suffix.

NOTE: KEPRO conducts Medicaid eligibility verification. Behavioral Health Services provided to members with Special Medical cards are subject to prior authorization. These services are submitted for prior authorization like any Medicaid services and are subject to the same validation and clinical review standards to establish medical necessity.

19. Gross Monthly Household Income: (Gross_Monthly_Household_Income) This is the total gross monthly income for the member (rounded to the nearest dollar). For example, if the total monthly income is $495.51, report as $496 (do not use decimals or commas). Round using conventional rounding rules, to the nearest dollar (e.g. fifty cents and above is rounded up to the next dollar, forty-nine cents and below is rounded down to the previous dollar). This field requires completion from BHHF providers only.

NOTE: For children in custody (ages 0 – 21) of the Department of Health and Human Resources (DHHR), count the child as a family of one and count only income received by the child. For children living with the natural family, include the total monthly income for the family.

20. Employment Status: (Employment_Status) Report the response that describes the member's current employment status:

- **Competitive Employment, Full-Time**
- **Competitive Employment, Part-Time**
- **Disabled: Not In Labor Force**
- **Homemaker: Not In Labor Force**
- **In Employment Training**
- **Inmate in Institution: Not in Labor Force**
- **Not Employed, But Looking**
- **Not Employed, Not Looking**
- **Not in Labor Force—Other**
- **Physically Impaired: Not In Labor Force**
- **Retired: Not In Labor Force**
- **Sheltered Work**
- **Student: Not In Labor Force**
- **Supported Work**
- **Volunteer**

21. Member's County of Residence: (Consumer_County) The County which the member currently resides is represented by a 2-digit code.

NOTE: For children in DHHR custody, who may be placed in a county different from their home county, please code the child's county of origin. This is the county where the case originated. (Report the County where the Youth's DHHR worker is assigned.)

County	Code	County	Code	County	Code
Barbour	01	Kanawha	20	Putnam	40
Berkeley	02	Lewis	21	Raleigh	41
Boone	03	Lincoln	22	Randolph	42
Braxton	04	Logan	23	Ritchie	43
Brooke	05	McDowell	24	Roane	44
Cabell	06	Marion	25	Summers	45
Calhoun	07	Marshall	26	Taylor	46
Clay	08	Mason	27	Tucker	47
Doddridge	09	Mercer	28	Tyler	48
Fayette	10	Mineral	29	Upshur	49
Gilmer	11	Mingo	30	Wayne	50
Grant	12	Monongalia	31	Webster	51
Greenbrier	13	Monroe	32	Wetzel	52
Hampshire	14	Morgan	33	Wirt	53
Hancock	15	Nicholas	34	Wood	54
Hardy	16	Ohio	35	Wyoming	55
Harrison	17	Pendleton	36	Out of state	56
Jackson	18	Pleasants	37		
Jefferson	19	Pocahontas	38		
		Preston	39		

22. Member's Verified Social Security Number: (SSN) This is the member's nine-digit social security number. If the social security number is not known, all nines may be entered.

23. Member's Birth Date: (Consumer_Birth_Date) Report the member's date of birth in mm/dd/yyyy format.

24. Member's Gender: (GENDER) Indicate whether the member is a male or female.

25. Member's Source of Referral to Provider: (Consumer_Referral_Source) Identify the choice that best describes the provider or person who referred the member to your organization. (Choose one (1) from the following list.)

- **Alcohol/Drug Abuse Care Provider**
- **Court or Correction Provider**
- **Diversionary Program**
- **DUI/DWI**
- **Drug Court**
- **Employer/EAP**
- **Family or Friend**
- **Individual/Self**
- **Mental Hygiene**
- **Mental Health Care Provider**
- **Not Collected**
- **Other Health Care Provider**
- **Other Community Referral**
- **Police**
- **Prison**
- **Probation/Parole**
- **School (Educational)**
- **State/Federal Court**
- **Unknown**

Member's Race: Please select from one or more categories based on the member's designation of his/her own race. At least one race designation must be made.

26. American Indian (Race_American_Indian) A person having origins in any of the original peoples of North and South America (including Central America and excluding Alaska), and who maintains tribal affiliation or community attachment.

27. Alaska Native (Race_Alaska_Native) A person having origins in any of the original peoples of Alaska and who maintains tribal affiliation or community attachment.

28. Asian (Race_Asian) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam.

29. Black/African American (Race_Black_African_American) A person having origins in any of the black racial groups of Africa.

30. Hawaiian/Pacific Islander (Race_Hawaiian_Pacific_Islander) A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

31. White (Race_White) A person having origins in any other original peoples of Europe, the Middle East or North Africa.

32. Other Race (Race_Other) A person having origins not included in the six race designations above or a person with origins in multiple race designations listed above.

33. Member's Ethnicity: (Consumer_Ethnicity) Indicate the member's ethnicity from the following choices.

- **Puerto Rican**
- **Mexican**

- **Cuban**
- **Other Specific Hispanic**
- **Not of Hispanic Origin**
- **Hispanic—Specific Origin Not Collected**
- **Not Available/Unknown/Not Collected**

34. Member's Current Living Arrangement: (Consumer_Living_Arrangement)
Choose one of the following allowed responses that best describes the member's current living arrangement:

Note: Typically, individuals younger than 18 years old should not be classified as "Own or Rent Non-Subsidized House/Apt." If they are living with biological parents, relative or foster family, please select from those options.

- **Acute Care Psychiatric Facility***:* the individual is currently placed in a short-term psychiatric facility. The member may be eligible for Targeted Case Management services depending on whether the facility's rate includes case management. Persons placed in Acute Care Psychiatric Facilities are ineligible for Clinic and Rehabilitation Services.

- **Adoptive Home:** the individual lives with an adoptive parent(s).

- **Adult Correction Facility***:* the adult is currently placed in an adult correctional facility (prison or jail).

- **Adult Drug/Alcohol Rehabilitation Center***:* the individual is an adult and is currently placed in a 24-hour treatment setting that provides treatment for drug and alcohol abuse/dependence.

- **Adult Family Care Home***:* The adult resides in the home of a provider who cares for one or more individuals with care and support needs. Care and support are provided in a family-like environment. The individual generally has minimal need for behavioral health treatment. Required treatment services are provided from resources in the community.

- **Dependent Living (Includes Halfway House):** the individual requires specific support and is in a living setting with individuals who require like support to maintain activities of daily living. The nature of the support is not specific treatment but is provided in the milieu (e.g. Halfway House for recovering alcoholics). Necessary behavioral health treatment services are provided from resources in the community.

- **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, homelessness or other circumstances that have resulted in a disruption in the living environment.

- **Home of Biological Parents:** the individual lives with one or both of their biological parents.

- **Home of Friend:** the individual lives in the home of a person who is not a relative.

- **Home of Relative:** - the individual lives in the home of a person(s) that is related by virtue of blood or marriage.

- **Homeless/Homeless Shelter***:* the individual is staying in a facility set up to provide 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 residing in a shelter specifically serving runaways and homeless youth not in DHHR custody should be included in this living arrangement.

- **ICF/IID Group Home:** the individual resides in a licensed Intermediate Care Facility for individuals with intellectual disabilities (ICF/IID). Persons in ICF/IID settings are ineligible for Targeted Case Management, Clinic, and Rehabilitation Services.

- **Independent Living Group Home***:* the individual resides in a facility with other individuals who perform the activities of daily living with minimal supervision and support. The individual generally has minimal need for behavioral health treatment. Required treatment services are provided from resources in the community.

- **Individualized Staff Setting (ISS)***:* staff is assigned to the individual to provide treatment, supervision and support up to 24 hours day due to specific behaviors or needs of the individual. The staff support can be provided in a variety of living settings. This option should not be chosen for individuals in 24-hour residential settings who may require 1:1 staff for periods of time due to specific behaviors. Necessary behavioral health treatment services are provided from resources in the community.

- **Inpatient Psychiatric Facility (Behavioral Medicine Unit):** the individual resides in a hospital based distinct unit. These units are identified as Behavioral Medicine Units (BMU) and have a separate provider number than the hospital.

- **Large Group Board & Care Home:** a supervised setting of more than eight (8) persons where room, board, supervision and assistance with activities of daily living are provided. Necessary behavioral health treatment services are provided from resources in the community.

- **Long-Term Psychiatric Facility***:* the individual is currently placed in a psychiatric facility that provides long-term care. Persons in Long-Term Psychiatric Facilities are ineligible for Targeted Case Management, Clinic and Rehabilitation Services.

- **Medical Hospital***:* the individual is currently in a medical hospital for an illness or injury that requires an inpatient stay. Necessary behavioral health treatment services are provided from resources in the community.

- **Nursing Home**: the individual resides in a setting that provides care for persons (as the aged or chronically ill) who are unable to care for themselves. Individuals in Nursing Homes are not eligible to receive Targeted Case Management, Clinic or Rehabilitation services except 90862 Pharmacologic Management and 90801 Psychiatric Diagnostic Interview.

- **Other***:* this includes any living arrangement not specified in this list. If this response is chosen, please identify the living arrangement in the free text field.

- **Own or Rent Non-Subsidized House/Apartment:** the individual lives independently in a home or apartment and does not receive federal or state assistance to pay rent or mortgage.

- **Personal Care Home***:* the individual resides in a setting licensed as a personal care home. Necessary behavioral health services may be provided off-site but are targeted in areas where the individual can achieve independence or to reduce specific symptoms to maintain the individual in personal care.

- **Private Boarding House:** the individual pays rent at a private boarding house (this living arrangement generally includes a provision for board or includes access to cooking facilities).

- **Psychiatric Residential Treatment Facility (21 Years and Less)***:* the youth resides in a facility that is classified as a psychiatric residential treatment facility (PRTF). Persons in PRTF are ineligible for Targeted Case Management, Clinic and Rehabilitation Services.

- **Regular Foster 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.

- **Residential Group Treatment***:* the individual resides in a 24-hour, group, supervised 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.

- **Rest Home***:* the individual resides in a setting that provides care for the aged or convalescent. Necessary behavioral health treatment services are provided from resources in the community.

- **Rooming House, Hotel, and YMCA:** the individual pays rent on a single room in a boarding house, hotel, or YMCA on a regular basis (e.g. weekly, monthly).

- **Small Group Board & Care Home:** a supervised setting of eight (8) or less persons where room, board, supervision and assistance with activities of daily living are provided. Necessary behavioral health treatment services are provided from resources in the community.

- **Specialized Family Care Home***:* the individual resides in the home of a provider who cares for one or more individuals with specific medical or behavioral health care needs. Care and support are provided in a family-like environment and behavioral health treatment services are provided either on or off site.

- **Subsidized Rental House/Apartment:** the individual lives independently in a home or apartment and receives federal or state assistance with rent or mortgage payments (e.g. HUD subsidy).

- **Supported Housing – Staff Supported:** the individual lives in their own home or apartment but paid staff are assigned up to eight (8) hours per day to assist the member in completing activities of daily living.

- **Treatment Foster Home***:* the individual is placed in an approved foster home that provides specialized treatment within the home setting as well as accessing behavioral health treatment resources and professionals from the foster care provider.

- **Wilderness Camp:** the individual is placed in a therapeutic wilderness program. Necessary behavioral health services are included in the service.

- **Youth Correction Facility:** the youth is currently placed in a Correctional Facility (e.g. Salem) or a Detention Facility.

- **Youth Drug/Alcohol Rehabilitation Center:** the individual is 0-17 years of age and is currently placed in a 24-hour treatment setting that provides treatment for drug and alcohol abuse/dependence.

- **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.

35. Length of Current Living Arrangement: (Length_Live_Arrange) Indicate the number of months the member has lived in the living arrangement indicated in the Living Arrangement field above. If the member is currently homeless, list the number of months he/she has been homeless, if known. For children who have a history of placement out-of-home and are currently at home indicate the length of stay since the current reunification (not total length of time in the home since birth).

Note: Convert years to months and report the total number of months in this field. If the member has been in their current residence less than one month, code as 1.

36. Risk of Losing Living Arrangement: (Loss_Live_Arrange) Indicate the choice that most accurately describes the member's risk of losing his/her current living arrangement.

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

NOTE: Risk is determined differently for each type of case and the assessment is based on the stability/permanency of the member's present placement.

For children and youth: If the case is a child welfare case, 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.

If the youth is a juvenile justice case, the youth will be identified as at risk if he/she is a risk to the community when placed in his/her home. The probation officer must identify that the youth is at risk of being placed out of the home. If the youth is receiving mental health services, the psychological must state that 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. If an individual is homeless and there is little likelihood for placement, indicate "Not at Risk."

37. Dependents Household: (Dependents_Household) Identify the number of dependents, including the member, which currently reside in the household. Dependents are defined as individuals who are claimed on the same income tax return as the member. If the member lives alone or files as single with no dependents, indicate one (1). This field applies to BBHHF providers only.

For children and youth in custody or whose guardian is the Department of Health and Human Services, indicate one (1).

38. Grade Level: (Grade_Level) Select one that reflects the member's grade level completed. (If member has completed 4 ½ years of school, for example, "Four Years" would be the correct response.)

- **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**
- **Twenty Years +**

39. School Type: (Educ_Status) If member is in school, indicate the choice that most accurately describes the current schooling being received. If not in school, select that option.

- **Preschool Program**
- **Headstart**
- **Regular Education**
- **Special Education**
- **Alternative School**
- **GED Program**
- **Homebound**
- **Trade, Vocational or Technical**
- **College (2 or 4 Year Program)**
- **Graduate School**
- **Post Graduate**
- **Not in School**

40. Member Legal Status: (Consumer_Legal_Status) This field is designed to reflect the legal status of both adults and children. Indicate the current legal status of the member. If there are no current legal issues, indicate No Legal Problems—Youth or Adult.

Some responses are designated for youth only and others for adults only. "No legal problems" is a valid response for both adults and youth. If a choice is made that is not valid for the member's age group, it will result in an error.

Choices for **both** age groups are listed below. Please select which best categorizes the legal issues relative to the member's age.

- **Non-Adjudicated (Delinquent or Status Offender)- *Youth Only***
- **Dependent (DHHR custody due to abuse, neglect or abandonment)- *Youth Only***
- **Adjudicated Delinquent- *Youth Only***
- **Adjudicated Status Offender- *Youth Only***

- **No Legal Problems-** ***YOUTH or ADULT***
- **One or More Arrests-** ***Adults Only***
- **Involuntary Commitment (Civil)-** ***YOUTH or ADULT***
- **Involuntary Commitment (Criminal Justice)-** ***YOUTH or ADULT***
- **MH/Drug Court-** ***YOUTH or ADULT***

Non-adjudicated youth (delinquent or status offender) are those juveniles involved with the juvenile justice system who have not been convicted of an actual crime. These youth may be involved at any level from informal prevention programs to awaiting a hearing.

Dependent refers to those juveniles who are in West Virginia Department of Health and Human Resources custody for issues not related to a crime. These include, but are not limited to: abuse, neglect, and/or abandonment. Custody may also be given to WVDHHR when the family cannot meet a youth's treatment needs.

Adjudicated Delinquent refers to those youth who have committed an act that would be considered a crime if committed by an adult. 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.

No legal problems indicate that the youth or adult has had no contact with the court for delinquency or dependency proceedings.

Involuntary Commitment (Civil) are effected under Article 5 of Chapter 27 of the West Virginia Code in a civil proceeding whereby a person is found to suffer from addiction or a mental illness and, if not confined, is likely to cause harm to self or others.

Involuntary Commitment (Criminal Justice) results from a finding under Article 6A of Chapter 27 of the West Virginia Code that the defendant in a criminal action as a result of mental illness or addiction is either incapable of standing trial or not responsible for the actions which constitute the conduct which led to criminal charges being filed against him/her.

MH/Drug Court: Treatment-based alternatives to prisons, detention facilities, jails, and probation. These courts make extensive use of comprehensive supervision, drug testing, treatment services, immediate sanctions, and incentives.

One or more arrests If an adult has been arrested on any legal charge choose this selection and identify if the offense was within current treatment or lifetime.

41. Guardianship: (Guardianship) Indicate by responding Yes or No whether the member has a legal guardian.

A legal guardian must be indicated for persons under the age of eighteen (18) unless the individual is an emancipated minor. The guardian is the person(s) who has legal responsibility for the individual or has been appointed by the court.

In the case of an adult, guardian refers to a person appointed by the court who is responsible for the personal affairs of a protected person and (where the order clearly indicates) the guardian may mean a limited guardian.

When the member does not have a legal guardian and the response to this item is "No" the guardian description and guardian information fields do not need to be completed. When the field is required as part of Tier I by a BHHF Contract Provider and is "Yes" or "No", the guardian description and guardian information fields are not required.

42. Guardianship Description: (Guardian_Description) Identify person(s) who has current legal custody of the member by selecting one of the following choices:

- **Both Parents**
- **Mother Only**
- **Father Only**
- **Relative**
- **Court Appointed Guardian**
- **Temporary State Custody – Youth**
- **State Ward – Youth Only**
- **Other**

43. Guardian's Last Name: (Guardian_Last_Name) The last name of the member's current guardian is noted here. If both parents are guardians, choose one. If one parent is custodial, list the custodial parent.

44. Guardian's First Name: (Guardian_Firstname) The first name of the member's current guardian is indicated here.

45. Guardian's Full Street or P.O. Box Address: (Guardian_Address) Indicate the member's current guardian's full street or post office box address.

46. Guardian's City Address: (Guardian_City) Report the city in which the member's legal guardian resides.

47. Guardian's State Address: (Guardian_State) Note the 2-digit code representing the state in which the member's current guardian resides.

48. Guardian Zip Code: (Guardian_ZipCode) This is the guardian's zip code of his/her current residence. (Numeric 10 digits) If the +4 zip code is known, please include a hyphen after the first 5 digits and then code the +4.

49. Guardian's Phone Number: (Guardian_Phone_Number) List the telephone number (including area code) of the member's current guardian.

50. Protective Services: (Protective_Services) Select the choice that accurately describes if the member is currently or has previously been involved with Child or Adult Protective Services.

- **Never**
- **Currently**
- **In the Past**

Youth Services recipients are not considered CPS involved unless there have been child abuse or neglect complaints and/or findings.

51. Member's Disability Group: (Consumer_Disability_Group) Select the group that reflects all the diagnostic categories of the member's diagnoses. For example, the provider would select "Mental Health & Substance Abuse" disability group if the member had both a mental health and substance abuse diagnosis.

Note: Public Inebriate (PI) Services are primarily funded by the Bureau of Behavioral Health and Health Facilities (BBHHF). If any Medicaid service is required for a PI member, a prior authorization request for that specific service must be submitted.

All Behavioral Health CareConnection® records, regardless of the disability group reported, are subject to all validation standards as outlined in the Behavioral Health CareConnection® Data Elements/Validation Standards document available at http://wvaso.kepro.com under the Resources tab, Data Submission section.

Children ages 0 -3: Prior Authorization is not required for young children (age zero to three) who have been determined Part H Early Intervention eligible by the Office of Maternal, Child and Family Health and who receive Clinic, Rehabilitation or Targeted Case Management Service(s). Any child who has not been determined eligible for this program requires prior authorization for any Clinic, Rehabilitation, Targeted Case Management or outpatient psychologist or psychiatrist service(s) provided for Medicaid reimbursement. The Office of Maternal, Child, and Family Health submits a listing of eligible children who are exempt from the individual service prior authorization process. Any child not on this listing must have the relevant services listed on their IFSP and must have a prior authorization for the individual service **(see Appendix I of the KEPRO Utilization Management Guidelines Version 4.0 for more information regarding determining medical necessity for this population)**. The disability group for these children should be designated as Early Childhood/ Intervention.

- **Mental Health**
- **Substance Abuse**
- **Intellectual Disability/Developmental Disability**
- **Mental Health & Substance Abuse**
- **Mental Health & ID/DD**
- **Substance Abuse & ID/DD**
- **Mental Health & Substance Abuse & ID/DD**
- **Early Childhood/Intervention**
- **PI (Public Inebriate)**

54. Primary Presenting Problem: (Primary_Presenting_Problem) Record the primary problem that is the major focus of treatment at this time. A member may seek services as a result of multiple problems; however, select the highest priority problem from the following list.

NOTE: If Other: Mental Health Problem or Other: Substance Abuse Problem is chosen, please include specific information in the free text field to further clarify the problem.

- **Abandonment**
- **Abuse: Physical, Psychological, and/or Sexual**
- **Acting Out: Aggression**
- **Acting Out: Sexual**
- **Behavioral Problems**
- **Catastrophic Loss (i.e., Theft, Flood, Fire)**
- **Change in Family Circumstances**
- **Criminal Charges: Drug Related**
- **Criminal Charges: other, Non-Drug Related**
- **Death/Bereavement**
- **Developmental Disability: Non-ID**
- **Divorce/ Marital Problems**
- **Fire Setting**
- **Housing**
- **Intellectual Disabilities**
- **Job /Loss of Job/ Work-Related problems**
- **Legal Reason/Problem**
- **Mental Illness**
- **Moved to New Residence**
- **Neglect**
- **Physical Health Problems: Non Substance Abuse Related**

- **Physical Health Problems: Substance Abuse Related**
- **Physical Disability/Handicap**
- **Pregnancy**
- **Relationship Problems**
- **School/Educational Problems**
- **Serious Illness Diagnosed**
- **Sibling Conflict**
- **Social Problems**
- **Substance Abuse: Drugs**
- **Substance Abuse: Alcohol**
- **Substance Abuse During Pregnancy**
- **Suicidal/Suicide Attempt**
- **Other: Mental Health Problem**
- **Other: Substance Abuse Problem**
- **No Additional presenting problem**
- **Co-Occurring Mental Illness and Substance Abuse**
- **Parent/Child Conflict**
- **Concern about Sexual Identity/ Orientation.**

The two (2) fields below are Presenting Problems 2 and 3 and may be used for reporting additional problems identified on the treatment plan. If there are no problems identified other than the primary presenting problem, the appropriate response to Presenting Problem 2 and Presenting Problem 3 is "No Additional Presenting Problem."

55. Present Problem 2: (Presenting_Problem2) If present, identify a secondary presenting problem from the list above.

56. Present Problem 3: (PROB3) If present, identify a tertiary presenting problem from the list above.

57. Axis 1: (AXIS1) Report the primary DSM/ICD diagnosis. The diagnosis must be reported as it is presented in the DSM/ICD Manual. This will be the diagnosis which is reported with the Medicaid billing. If the member has no diagnosis, report the code for no diagnosis in this field.

At the time of admission, a diagnosis may not be known; therefore, entries of either no diagnosis or diagnosis deferred are permitted when requesting initial evaluation services.

58. Axis 1 secondary: (AXIS12) Complete when a member has more than one diagnosis. Indicate one additional (secondary) diagnosis in this field. The diagnosis must be reported as it is presented in the DSM/ICD Manual. If there is no secondary diagnosis, report no diagnosis.

59. Axis 2: (AXIS2) Include a third diagnosis if present. The diagnosis must be reported as it is presented in the DSM/ICD Manual. If there is no tertiary diagnosis, report no diagnosis.

NOTE: Any Rule Out diagnosis or clinical impression should not be coded. These may be noted in the free text field as appropriate.

60. Axis 2 secondary: (AXIS22) Report the Member's diagnosis in this field. If the member has no diagnosis, record the code for no diagnosis.

61. Axis 3: (AXIS3) Report another diagnosis or medical issue that is potentially relevant to understanding and/or managing the individual's mental disorder. You may include a text description a code. It may be left blank if no relevant condition exists.

62. Axis 4: (AXIS4) The field represents other factors/diagnosis that affect their functioning. DSM 5 identifies the use of V codes to complete this field. Choose any code or indicate None.

0 = No Identified Stressor
1 = Problems with Primary Support Group
2 = Problems Related to the Social Environment
3 = Educational Problems
4 = Occupational Problems
5 = Housing Problems
6 = Economic Problems
7 = Problems with Access to Health Care
8 = Problems Related to Interactions with Legal System
9 = Other Psychosocial and Environmental Problems
10 = NONE No other factors
11 = V15.41 Personal history of abuse in childhood or Spousal/partner violence
12 = V15.49 other personal history of psychological trauma
13 = V15.59 personal history of self-harm
14 = V15.89 other personal risk factors
15 = V15.81 Noncompliance with medical treatment
16 = V40.31 Wandering associated with a mental disorder
17 = V60.0 homelessness
18 = V60.1 inadequate housing
19 = V60.2 Lack of adequate food or safe drinking water, extreme poverty, low income, insufficient social insurance or welfare support
20 = V60.3 problem related to living alone
21 = V60.89 Discord with Neighbor, Lodger, or Landlord
22 = V60.6 Problem related to living in a residential institution
23 = V60.9 Unspecified Housing or economic problems
24 = V61.03 Disruption of Family by separation or divorce
25 = V61.10 Relationship Distress with Spouse or Intimate Partner
26 = V61.11 Counseling for victim of spousal and partner abuse (physical, sexual, neglect, psychological)
27 = V61.12 Counseling for perpetrator of spousal and partner abuse (physical, sexual, neglect, psychological)
28 = V61.20 Parent-child Relational problem
29 = V61.21 Encounter for MH services for victim of child physical, sexual, psychological abuse or neglect by parent or non-parent
30 = V61.22 Counseling for perpetrator of parent child abuse (physical, sexual, neglect, psychological)
31 = V61.29 Child Affected by Parental Relationship Distress
32 = V61.5 Multiparity
33 = V61.7 problems related to unwanted pregnancy
34 = V61.8 Sibling Relational problem / Upbringing Away from Parents / High Expressed Emotion Level within family
35 = V62.21 problem related to Current Military Deployment Status
36 = V62.22 Exposure to disaster, war, or other hostilities OR personal history of military deployment
37 = V62.29 Other problem related to employment
38 = V62.3 Academic or Educational problem
39 = V62.4 Acculturation difficulty, social exclusion or rejection, target of (perceived) adverse discrimination or persecution
40 = V62.5 Problems related to conviction with or without imprisonment, legal circumstances or release from prison.
41 = V62.82 Bereavement, uncomplicated

42 = V62.83 Counseling for perpetrator of nonparental (child) or nonspousal (adult) physical/sexual abuse/neglect/psychological abuse
43 = V62.89 Borderline Intellectual Functioning or Other Problems Related Psychosocial circumstances
44 = V62.9 Unspecified problem related to social environment or psychosocial circumstances
45 = V63.8 unavailability or inaccessibility of other helping agencies
46 = V63.9 unavailability or inaccessibility of other health care facilities
47 = V65.2 Malingering
48 = V65.40 other counseling or consultation
49 = V65.49 Other circumstances to Adult Abuse by Nonspouse or Nonpartner; Sex counseling;
50 = V69.9 problems related to lifestyle
51 = V71.01 Adult antisocial behavior
52 = V71.02 Childhood and adolescent antisocial behavior

63. Axis 5: (AXIS5) This field is not required as of 10/1/2015.

64. ID/DD without DSM or ICD Diagnosis: (ID/DD_WO_DSM/ICD_Diag) If the member meets the State's definition of Developmental Disability, but does not have a DSM diagnosis, choose yes. If the member does not meet the State's definition of Developmental Disability and does not have a DSM diagnosis, indicate no.

66. Medication: Indicate if the member is currently on any psychotropic medications. Indicate "Yes" or "No." If this field is answered "No," specific medication fields, medication efficacy and medication compliance require no response.

If this field is answered "Yes," please indicate the psychotropic medication(s) the member is prescribed in the appropriate fields below. If a psychotropic is used for a purpose other than the one the category suggests (e.g. an anticonvulsant such as Neurontin is being used as an anti-anxiety agent), record the medication in the category in which it appears on the listings (e.g., not under anti-anxiety in the above example).

If multiple medications are prescribed in a given category and bear discussion, these can be discussed in the free text field.

Medication Dosage amounts are required if you are requesting Inpatient Psychiatric, Partial Hospitalization, PRTF and Crisis Stabilization services. Fields related to dosage amounts are voluntary for all other services. Dosage amounts may be indicated as prescribed.

67. Antidepressants: (Med_Antidepressant) Make a selection from the following list if the member's current medications include an antidepressant.

- **Amitriptyline (Elavil)**
- **Bupropion (Wellbutrin)**
- **Citalopram (Celexa)**
- **Clomipramine (Anafranil)**
- **Desipramine (Norpramin)**
- **Doxepin (Sinequan)**
- **Escitalopram (Lexapro)**
- **Fluoxetine (Prozac)**
- **Fluvoxamine (Luvox)**
- **Imipramine (Tofranil)**
- **Maprotiline (Ludiomil)**
- **Mirtazadine (Remeron)**
- **Nefazodone (Serzone)**
- **Nortriptyline (Pamelor)**
- **Paroxetine (Paxil)**
- **Phenelzine (Nardil)**

- **Protriptyline (Vivactil)**
- **Sertraline (Zoloft)**
- **Trazodone (Desyrel)**
- **Venlafaxine (Effexor)**
- **Desvenlafaxine (Pristiq)**
- **Duloxetine HCl (Cymbalta)**

68. Antidepressant (Other): (Med_Antidepressant_Other) Note the name of the antidepressant the member is prescribed if not listed above.

69. Anticholinergic: (Med_Anticholinergics) Make a selection from the following list if the member's current medications include an anticholinergic.

- **Amantadine (Symmetrel)**
- **Benztropine (Cogentin)**
- **Diphenhydramine (Benadryl)**
- **Levodopa/Carbidopa (Sinemet)**
- **Trihexyphenidyl (Artane)**

70. Anticholinergic (Other): (Med_Anticholinergic_Other) Note the name of the anticholinergic the member is prescribed if not listed above.

71. MoodStabilizer: (MEDS_MoodStabilizer) Make a selection from the following list if the member's current medications include a mood stabilizer.

- **Carbamazepine (Tegretol)**
- **Divalproex (Depakote)**
- **Lithium (Eskalith)**
- **Propanolol (Inderal)–(Beta Blocker used for Aggression)**
- **Valproic Acid (Depakene)**

72. Mood Stabilizer (Other): (MEDS_Mood_Other) Note the name of the mood stabilizer the member is prescribed if not listed above.

73. Antipsychotic: (MEDS_AntiPsychotic) Make a selection from the following list if the member's current medications include an antipsychotic.

- **Aripiprazole (Abilify)**
- **Chlorpromazine (Thorazine)**
- **Clozapine (Clozaril)**
- **Fluphenazine (Prolixin)**
- **Haloperidol (Haldol)**
- **Loxapine (Loxitane)**
- **Mesoridazine (Serentil)**
- **Olanzapine (Zyprexa)**
- **Perphenazine (Trilafon)**
- **Quetiapine Fumarate (Seroquel)**
- **Risperidone (Risperdal)**
- **Thioridazine (Mellaril)**
- **Thiothixene (Navane)**
- **Trifluoperazine (Stelazine)**
- **Ziprasidone (Geodon)**
- **Paliperidone (Invega)**
- **Iloperidone (Fauapt)**
- **Asenapine (Saphris)**

74. AntiPsychotic (Other): (MEDS_Psychotic_Other) Note the name of the antipsychotic the member is prescribed if not listed above.

75. AntiAnxiety: (MEDS_Antianxiety) Make a selection from the following list if the member's current medications include an anti-anxiety medication.

- **Alprazolam (Xanax)**
- **Buspirone (Buspar)**
- **Chlordiazepoxide (Librium)**
- **Clonazepam (Klonopin)**
- **Clorazepate (Tranxene)**
- **Diazepam (Valium)**
- **Diphenhydramine (Benadryl)**
- **Hydroxyine (Vistaril)**
- **Lorazepam (Ativan)**
- **Oxazepam (Serax)**

76. AntiAnxiety (Other): (MEDS_Anxiety_Other) Note the name of the antianxiety medication the member is prescribed if not listed above.

77. Anticonvulsant: (MEDS_AntiConvulsant) Make a selection from the following list if the member's current medications include an anticonvulsant.

- **Carbamazepine (Tegretol)**
- **Divalproex (Depakote)**
- **Gabapentim (Neurontin)**
- **Levetiracetam (Keppra)**
- **Lamotrigine (Lamictal)**
- **Oxcarbazepine (Trileptal)**
- **Phenobarbital**
- **Phenytoin (Dilantin)**
- **Valproic Acid (Depakene)**
- **Topiramate (Topamax)**

78. AntiConvulsant (Other): (MEDS_Convulsant_Other) Note the name of the anticonvulsant the member is prescribed if not listed above.

79. Hypnotic: (MEDS_Hypnotic) Make a selection from the following list if the member's current medications include a hypnotic.

- **Estazolam (ProSom)**
- **Flurazepam (Dalmane)**
- **Pentobarbital (Nembutal)**
- **Temazepam (Restoril)**
- **Zolpidem (Ambien)**
- **Zaleplon (Sonata)**

80. Hypnotic (Other): (MEDS_Hypnotic_Other) Note the name of the hypnotic the member is prescribed if not listed above.

81. Stimulant: (MEDS_Stimulant) Make a selection from the following list if the member's current medications include a stimulant.

- **Adderall (Adderall)**
- **Atomoxetine (Strattera)**
- **Desmethylphenidate (Focalin)**
- **Dextroamphetamine (Dexedrine)**
- **Methylphenidate (Ritalin)**
- **Methylphenidate (Metadate)**
- **Methylphenidate (Methylin)**
- **Methylphenidate HCl (Concerta)**
- **Methamphetamine Hydrochloride (Desoxyn)**
- **Provigil (Modafinil)**
- **Guanfacine (Intuniv)**
- **Lisdexamfetamine (Vyvanse)**

82. Stimulant (Other): (MEDS_Stimulant_Other) Note the name of the stimulant the member is prescribed if not listed above.

83. Other: (MEDS_Other) Make a selection from the following list if the member's current medications are noted.

- **Buprenorphine Hydrochloride (Buprenex,**
- **Suboxone, Subutex)**
- **Clonodine (Catapres)**
- **Disulfiram (Antabuse)**
- **Donepezil (Aricept)**
- **Ergoloid Mesylate (Hydergine)**
- **Guanfacine HCl (Tenex)**
- **Hydroxine (Atarax)**
- **Methodone Hydrochloride (Methadose)**
- **Naltrexone Hydrochloride (ReVia)**
- **Rivastigmine (Exelon)**
- **Tacrine (Cognex)**
- **Acamprosate (Campral)**
- **L-methylfolate (Deplin)**
- **Fluoxetine & Olanzapine (Symbyax)**

84. MEDS – Other (Other): (MEDS_Other_Other) Note the name of other psychotropic medication (or medication for health related problems that may impact the efficacy or effects of psychotropic medications e.g. blood pressure medications) the member is prescribed if not listed above.

Over the counter medications and herbals are not listed here unless they are being monitored for possible interactions with prescribed medications.

85. Medication Efficacy - (Meds_Efficacy): Indicate the statement that most accurately reflects the member's response to the prescribed medication(s) (noted in the medication fields above):

- **Current medication protocol effectively reduces symptoms and aids in improvement in functioning**
- **Current medication protocol has demonstrated a degree of efficacy but continued monitoring and/or adjustments will be required**
- **Medication protocol is not effective and is being modified/discontinued by the physician**
- **Current medication protocol has not been implemented due to member non-compliance**

86. Medication Compliance - (Meds_Compliance): Select the statement that most accurately reflects the member's compliance with prescribed medications (noted in the medication fields above):

- **Member takes medication as directed without prompts or direct assistance (independent)**
- **Member takes medication with prompts and/or direct assistance from natural support systems (family, friends, peers)**
- **Member takes medication with prompts from the behavioral health provider**
- **Member takes medication with direct assistance from the behavioral health provider**
- **Member is non-compliant with the medication protocol.**

ABS-RC: 2

The Adaptive Behavior Scale - Residential & Community (ABS-RC: 2) is the functional assessment instrument to be used for individuals age 18 years old and above with a diagnosis of intellectual disabilities or other developmental disabilities accessing Medicaid Clinic or Rehabilitation services. For members with substance abuse problems a specific substance abuse assessment should be utilized in addition to the ABS-RC: 2 since the ABS-RC: 2 does not evaluate substance use or abuse.

For members who are administered the ABS-RC: 2, code the factor scores using the following choices:

- **Very Poor**
- **Poor**
- **Below Average**
- **Average**
- **Above average**
- **Superior**
- **Very Superior**

- **This Assessment Was Not Required**

If the ABS-RC: 2 is not required for the member's age and disability group, the appropriate response in the ABS-RC: 2 fields is "This Assessment Was Not Required"

87. ABS: RC2 Factor Score Rating - Personal Self-Sufficiency (ABS_RC2_PERS_SELF_SUFF)

88. ABS: RC2 Factor Score Rating – Community Self Sufficiency (ABS_RC2_COMM_SELF_SUFF)

89. ABS: RC2 Factor Score Rating- Personal/Social Responsibility (ABS_RC2_PERS_SOC_RESP)

90. ABS: RC2 Factor Score Rating - Social Adjustment (ABS_RC2_SOCIAL_ADJ)

91. ABS: RC2 Factor Score Rating - Personal Adjustment (ABS_RC2_PERS_ADJ)

ABS-S: 2

The Adaptive Behavior Scale - School (ABS-S: 2) is the functional assessment instrument to be used for children ages 5 - 17 years old with a diagnosis of intellectual disabilities or other developmental disabilities accessing Medicaid Clinic or Rehabilitation services. This instrument may be used with children ages 3 - 5 that are eligible for early childhood services.

For members with substance abuse problems a specific substance abuse assessment should be utilized in addition to the ABS-S: 2 since the ABS-S: 2 does not evaluate substance use or abuse.

For members who are administered the ABS-S: 2, code the factor scores using the following choices:

- **Very Poor**
- **Poor**
- **Below Average**
- **Average**
- **Above average**
- **Superior**
- **Very Superior**
- **This Assessment Was Not Required**

92. ABS: S2 Factor Score Rating – Personal Self-Sufficiency: (ABS_S2_PERS_SELF_SUFF)

93. ABS: S2 Factor Score Rating – Community Self-Sufficiency: (ABS_S2_COMM_SELF_SUFF)

94. ABS: S2 Factor Score Rating – Social Adjustment: (ABS_S2_SOCIAL_ADJ)

95. ABS: S2 Factor Score Rating – Personal/Social Responsibility: (ABS_S2_PERS_SOC_RESP)

96. ABS: S2 Factor Score Rating –Personal Adjustment: (ABS_S2_PERS_ADJ)

If the ABS: S2 is not required for the member's age and disability group, the appropriate responses in the ABS: S2 fields are "This Assessment Was Not Required."

CAFAS

The Child and Adolescent Functional Assessment Scale (CAFAS) is to be administered to youth 7 through 17 years old, or school-age children (1st through 12th grade) referred for mental health or substance abuse services.

NOTE: For children 4 – 7 or preschool through 2nd grade the PECFAS is the comparable instrument.

For children 7 – 17 who were administered the CAFAS (or PECFAS for children 4 – 7) code the appropriate score for each subscale from the list below:

A = 0
B = 10
C = 20
D = 30
E = Could not Score
Z = This Assessment Was Not Required

Note: Only the caregiver scales (Basic Needs and Family/Social Support) that reflect the status of the child's current caregiver are to be completed. For children in foster care or residential care whose proposed discharge plan is reunification, caregiver score should evaluate the natural family or person(s) with whom the child is to be reunified upon discharge. For the other four caregiver scales, code "E" = "Could not Score" If the CAFAS is not required for the member's age and disability group, the appropriate response in the CAFAS fields is "This Assessment Was Not Required."

97. CAFAS Role Performance – School/Work: (CAFAS_Role_Perf_School_Work)

98. CAFAS Role Performance – Home: (CAFAS_Role_Perf_Home)

99. CAFAS Role Performance – Community: (CAFAS_Role_Perf_Community)

100. CAFAS – Behavior Toward Others: (CAFAS_Behavior_Towards_Others)

101. CAFAS – Moods/Emotions: (CAFAS_Moods_Emotions)

102. CAFAS – Moods/Self Harm: (CAFAS_Moods_Selfharm)

103. CAFAS – Substance Use: (CAFAS_Substance_Use)

104. CAFAS – Thinking: (CAFAS_Thinking)

105. CAFAS – Caregiver Primary Family – Basic Needs: (CAFAS_PrimFam_Needs)

106. CAFAS – Caregiver – Primary Family – Family/Social Support: (CAFAS_PrimFam_Support)

107. CAFAS - Caregiver - Non-Custodial - Basic Needs: (CAFAS_NonCust_Needs)

108. CAFAS - Caregiver - Non-Custodial - Family/Social Support: (CAFAS_NonCust_Support)

109. CAFAS - Caregiver - Surrogate - Basic Needs: (CAFAS_Surrogate_Needs)

110. CAFAS - Caregiver - Surrogate - Family/Social Support: (CAFAS_Surrogate_Support)

111. CAFAS - Total Score: **(CAFAS_TOTAL_SCORE)** The sum of the eight functional subscales and the two caregiver subscales. (A Null value will be accepted in this field when the response of "This Assessment was Not Required" is indicated for all subscale fields).

ASI

The Addiction Severity Index (ASI) is a semi-structured clinical interview. It is designed to collect information needed to develop an appropriate treatment plan for a member who requires substance abuse treatment. The interview covers seven areas of life functioning including medical status, employment status, drug/alcohol use, family history, family and social relationships, legal status, and psychiatric status.

The ASI is administered to adults for whom substance abuse/dependence has been identified as a clinical issue or focus of treatment. Although appropriate for a wide range of adults in a variety of clinical settings, it is not appropriate for individuals suffering from severe cognitive impairment, or for severely and persistently mentally ill individuals who have spent long periods of time in an institutional setting. It is also inappropriate for adolescents.

Severity ratings are determined by the interviewer and incorporate both the interviewer and member's assessments of problem severity. These ratings indicate whether problems exist in a particular area and whether such problems are severe enough to warrant attention in the member's treatment plan.

Code the appropriate severity scores using the choices noted below:

A = 0	E = 4	I = 8
B = 1	F = 5	J = 9
C = 2	G = 6	Z =This Assessment
D = 3	H = 7	Was Not Required

If the ASI is not required for the member's age and disability group, the appropriate response in the ASI fields is "This Assessment Was Not Required."

112. ASI Medical Problem Severity Rating: (ASI_Medical_prob_Severity)

113. ASI Employee/Sup Problems Severity: (ASI_Emp_Sup_Prob_severity)

114. ASI Alcohol Problems Severity Rating: (ASI_Alcohol_Prob_Severity)

115. ASI Drug Problems Severity Rating: (ASI_Drug_Prob_Severity)

116. ASI Legal Problems Severity Rating: (ASI_Legal_Prob_Severity)

117. ASI Family/Social Problems Severity Rating: (ASI_Fam_Soc_Prob_Severity)

118. ASI Psychiatric Problems Severity Rating: (ASI_Psych_Prob_Severity)

ASI Composite Scores: These scores range from 0.000 – 1.000 and are calculated by the ASI computer software. These scores reflect change over time and are used to measure treatment outcome.

A composite score of 0.545 would be coded 0.545. However, some software codes only 2 significant digits. In this instance, the score would be 0.55 and would be coded 0.550. Provide the appropriate-coded composite problem score in the following fields:

119. ASI Medical Problem Score: (ASI_Medical_prob_Score)

120. ASI Employee Support Problem Score: (ASI_Emp_Sup_Prob_score)

121. ASI Alcohol Problem Score: (ASI_Alcohol_Prob_Score)

122. ASI Drug Problem Score: (ASI_Drug_Prob_Score)

123. ASI Legal Problem Score: (ASI_Legal_Prob_Score)

124. ASI Family Social Problem Score: (ASI_Fam_Soc_Prob_Score)

125. ASI Psychiatric Problem Score: (ASI_Psych_Prob_Score)

Adult MH/SA Functional Assessment Instrument

The Adult MH/SA Functional Assessment Instrument-Member/Staff Version is a structured instrument that allows the member to evaluate their functioning in four major life domains. The clinician agrees or disagrees with the member's assessment and makes a domain summary rating to describe the individual's overall level of impairment in the particular domain. The clinician also rates the member on both specific and general functioning (Domain Summary Score) on Domain V - Maladaptive, Dangerous, and Impulsive Behaviors.

The instrument is administered to adults with serious and persistent mental illness or for whom mental health problems are the focus of treatment.

Code the domain summary scores from the Adult MH/SA Functional Assessment Instrument using the choices noted below:

- **No Dysfunction**
- **Mild Dysfunction**
- **Moderate Dysfunction**
- **Marked Dysfunction**
- **Extreme Dysfunction**
- **This Assessment Was Not Required**

If the Adult MH/SA Functional Assessment Instrument is not required for the member's age and disability group, the appropriate response to the WV Domain Summary fields is "This Assessment Was Not Required."

126. WV Domain Summary1: (WV_Domain_summary1)

127. WV Domain Summary2: (WV_Domain_summary2)

128. WV Domain Summary3: (WV_Domain_summary3)

129. WV Domain Summary4: (WV_Domain_summary4)

130. WV Domain Summary 5: (WV_Domain_summary5)

131. Psychiatric Hospital: (Treatment_History_Psychiatric_Hosp) Indicate whether the member has received psychiatric hospital inpatient service.

If Assertive Community Treatment is being requested, please include dates of admission and discharge during the past 24 months in the free text field.

132. Partial Hospitalization: (Treatment_History_Partial_Hosp) Indicate if the member has received psychiatric partial hospitalization services.

133. Crisis Stabilization or Crisis Support: (Treatment_History_Crisis_Stab_Support) Indicate if the member has received crisis stabilization for mental health or substance abuse conditions (this includes detoxification) or crisis support services.

If Assertive Community Treatment is being requested, please include dates of admission and discharge during the past 24 months in the free text field.

134. Substance Abuse: (Treatment_History_SA_Outpatient) Indicate if the member has received substance abuse outpatient services.

135. Substance Abuse Inpatient: (Treatment_History_SA_Inpatient_Res) Indicate whether the member has received substance abuse inpatient/residential services.

136. Suicidal History: (Safety_Suicidal_History) Suicidal history includes history of suicidal ideation and attempts. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

137. Homicidal History: (Safety_Homicidal_History) Homicidal history includes history of homicidal ideation and attempts. Previous fleeting thoughts of wishing someone were not here with no overt thoughts are not rated as homicidal. Physical aggression is not considered homicidal unless the intention was to kill; acts of physical

aggression are coded as violent history**.** NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

138. Hostile History: (Safety_Hostile_History) Hostility includes emotions and attitudes as well as overt violence. A history of hostile behavior includes a range of behaviors from frequent angry episodes (that includes yelling and screaming, threatening physical harm and may include slamming or throwing things) to severe hostility (which includes sustained verbal hostility which causes emotional harm to the victim) as well as, assault or property damage with no harm. Hostility should be rated, as well as Violent, when there is a history of assault with physical harm and/or assault with a weapon. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

139. Violent History: (Safety_Violent_History) Violent/Aggressive Behavior includes acts of physical aggression ranging from mild violence (which includes slapping, biting, and other physical acts which do not seriously harm the victim) to serious acts which cause physical harm. History of assault with a weapon or physical aggression which causes severe harm or death is rated here. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

140. Self-Neglect History: (Safety_Self_Neglect_History) Self Neglect relates to personal hygiene and overall self-care including eating regularly and taking medications. This item should not be marked for individuals who are unable to attend to matters of personal hygiene and self-care due to their degree of intellectual disability or developmental stage (e.g. child). For example, a person with moderate Intellectual Disability whose assessment reflects problems with feeding themselves or dressing, would not be listed as self-neglectful because they fail to perform these activities. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

141. Self-Injurious History: (Safety_Self_Injurious_History) Self-injurious behaviors include non-accidental behaviors (such as pinching, scratching, biting that are not likely to cause serious harm), suicidal gestures, and self-mutilation or non-accidental behaviors that while not likely to cause serious harm are not trivial (e.g. razor cuts, refusal to eat). Self-injurious behavior also includes suicide attempts and intentional behaviors that could result in death (accidental drug overdose and DUI are not rated here). Self-injury resulting from an eating disorder can be coded here. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

142. Oppositional Behavior History: (Socialization_Opp_Beh_History) Oppositional/Defiant Behavior is characterized by pervasive negativism, continuous argumentativeness and an unwillingness to comply with reasonable suggestions and persuasion. This is an established pattern of behaviors and is manifested in a variety of settings. Developmental and environmental factors must be taken into account when evaluating this behavior. For example, typically adolescents exhibit a degree of oppositional behavior. The behavior must be clinically significant and outside of age/developmental norms to be coded. NOTE: *If endorsement of a symptom or a*

historical diagnosis is the basis for rating this item, please indicate this in the free-text field.

143. Hallucinations History: (Thought_Hallucinations_History) Hallucinations are defined as false sensory perceptions (visual, auditory, tactile or olfactory) occurring in the absence of any relevant external stimulation of the sensory modality involved. Hallucinations should be coded by history when documented and/or known to have affected the member's functioning. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

144. Delusions History: (Thought_Delusions_History) 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 by history when documented and/or known to have affected the member's functioning. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

145. Paranoia History: (Thought_Paranoia_History) Paranoia by history 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 by history when documented and/or known to have affected the member's functioning. Self-report by history, in the absence of any objective documentation, should not be used as the sole basis for including this symptom by history. 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 as paranoia history. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

146. Depression History: (AES_Depression_History) Depression by history refers to a prolonged period of depressed mood or a mood disorder characterized as depressive. Rating this symptom as present by history indicates a behavioral health disorder in the mood and affective realm should be present and that other symptoms relevant to mood disorders characterized as depressive are also present. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

147. Anxiety History: (AES_Anxiety_History) Anxiety is an emotional state associated with psychophysiological changes in response to an intrapsychic conflict. In contrast to fear, the danger or threat in anxiety is perceived not real. Psychological changes consist of a feeling of impending danger, inability to perceive the unreality of the threat, prolonged feeling of tension, and exhaustive readiness for the perceived danger; Physiological changes include increased heart rate, disturbed breathing, trembling, sweating, and vasomotor changes. If diagnosis by history is the criteria for rating this item as present, the length of time since the diagnosis was rendered should be reported. Worries about family issues, finances or other real issues should not be the basis for a positive rating for this symptom unless judgment or functioning has been impaired (e.g. inability to perceive the link between excessive spending and financial problems or contemplating suicide to escape financial problems).

Compulsions are unwanted, repetitive urges to perform an act and failure to perform the act leads to overt anxiety. An obsession is a persistent and recurrent idea, thought or impulse that cannot be eliminated from consciousness by logic and reasoning and often leads to overt anxiety. When obsessions and/or compulsions are present, or Obsessive Compulsive Disorder has been diagnosed, rate the presence of the symptom cluster of obsessions, compulsion and anxiety in this item. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

148. Panic History: (AES_Panic_History) Panic is an acute, intense attack of anxiety associated with personality disorganization; the anxiety is overwhelming and impacts functioning. This symptom is associated with diagnoses of Panic Disorder, Post-Traumatic Stress Disorder, Schizophrenia, Major Depression, and Somatization Disorder. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

149. Phobic History: (AES_Phobic_History) Phobias are persistent, pathological, unrealistic, intense fear of an object or situation. The person may be aware that the fear is irrational but be unable to dispel it. If phobias are the focus of treatment, the impact on functioning must be demonstrated as part of establishing medical necessity for treatment. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

150. Manic/Hypomania History: (AES_Mania_History) Mania is a mood disorder characterized by elation, agitation, hyperactivity and hyper-excitability, and accelerated thinking and speaking (flight of ideas). This mood state characterizes the manic phase of bipolar disorder. Hypomania is a mood with the qualitative characteristics of mania but with less intensity.

Mania may present differently in children and adolescents than it does in adults. For example, symptom fluctuation may be more rapid and symptoms may include intense emotionality, mood swings, less need for sleep, and increased physical activity and frequency in talking. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

151. Hyperactivity History: (AES_Hyperactivity_History) This symptom is manifested by excessive motor activity, constant restlessness, over activity, distractibility, and attention difficulties that are present to a degree that interferes with learning and/or overall functioning. This symptom is most often related to Attention Deficit Disorder. NOTE: *If endorsement of a symptom or a historical diagnosis is the basis for rating this item, please indicate this in the free-text field.*

Modifications to the standard examination have been made for evaluating children and specific mental status items have been developed for use with children. Items should also be modified in light of educational and environmental factors (e.g. adult in an impoverished environment who cannot name past presidents as part of general knowledge assessment does not have limitations based on failure to respond to that item alone).

153. Mental Status Speech: (Mental_Status_Speech) Indicate the element that best characterizes the member's speech at the time of the mental status exam.

- **Blocked:** Involuntary cessation or interruption in speech (related to thought blocking) **because of unconscious emotional factors**
- **Incoherent: Speech is unintelligible by the order of words strung together**
- **Mutism: The inability or unwillingness to speak**
- **Pressured: increase in the amount of spontaneous speech; loud or accelerated speech (rapid may also apply) as occurs in mania, schizophrenia or other organic disorders**
- **Rapid: Tendency to speak at a frenzied pace that is difficult to understand**
- **Slurred: Difficulty in articulating words due to lack of enunciation.**
- **Stuttering: sounds, syllables, or words are repeated or prolonged**
- **Within Normal Limits (WNL)**

154. Mental Status Appearance: (Mental_Status_Appearance) Indicate the element that best characterizes the member's appearance at the time of the mental status exam.

- **Within Normal Limits (WNL)**
- **Disheveled**
- **Bizarre**
- **Unkempt**
- **Meticulous**

155. Mental Status – Thought Content: (Mental_Status_Thought) Indicate the element that best characterizes the member's thought processes at the time of the mental status exam.

- **Within Normal Limits (WNL)**
- **Tangential:** Disturbance of thought whereby the ability to communicate a central idea is impaired and communication is oblique, digressive or irrelevant. The failure to communicate the idea differentiates tangentiality from circumstantiality, where the goal idea is communicated but in a delayed or indirect manner
- **Flight of Ideas:** Rapid succession of fragmentary thoughts in which content changes abruptly
- **Thought Blocking:** Involuntary cessation or interruption of thought processes because of unconscious emotional factors
- **Loose Association:** characteristic schizophrenic thinking involving a disorder in the logical progression of thoughts resulting in failure in communication because ideas are unrelated and unconnected and shift from one subject to another.
- **Perseveration:** Pathological repetition of the same response to different stimuli; persistent repetition of specific words or concepts
- **Conceptual Disorganization:** Expression of thoughts/ concepts is confused, disorganized or disconnected. Relevant concepts may be known to the client but the ability to appropriately apply concepts is disturbed and the client may not be able to distinguish various aspects of one concept from another. The result is inability to put a series of tasks in a logical sequence or to tie actions to an understanding of a concept.

156. Mental Status Sociability: (Mental_Status_Sociability) Indicate the element that best characterizes the member's sociability at the time of the mental status exam.

- **Isolation**
- **Uninhibited/Dis-inhibited**
- **Gregarious**
- **Inhibited**
- **Withdrawn**
- **Inappropriate**
- **Within Normal Limits**

158. Motivation/Engagement Acuity: (Treatement_Motivation_Acuity) Address the level of motivation for current treatment services. Treatment readiness and the

member's level of acceptance and resistance should be considered for rating this item. This item relates to motivation/engagement for any behavioral health service.

159. Relapse Potential Acuity: (Relapse_Potential_Acuity) Indicate the current potential for relapse for members with substance abuse/dependence diagnoses. Consider factors related to the clinician's analysis of the current level of denial, participation in treatment, symptoms and functioning (including results of the ASI) as well as the results of collateral interviews and other relevant information regarding the client's current level of substance use and progress in recovery. Cravings, physical conditions (i.e. pain), social network and supports and stress level should be evaluated when rating this item.

- **Low Risk of Relapse**
- **High Risk of Relapse**

160. Depression Acuity: (AES_Depression_Acuity) 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. weight/appetite change, energy level changes, change in sleep patterns, lethargy, apathy, loss of interest in activities, etc.) and have been noted. The degree to which the depressive symptoms have been present and have impaired functioning is the basis of the rating.

161. Guilt Acuity: (AES_Guilt_Acuity) Guilt is most often associated with self-reproach and the need for punishment. Guilt has normal psychological and social functions and this symptom should only be marked when the intensity or absence of guilt is interfering with the client's ability to function as with many behavioral health disorders especially, Depression (high intensity) and Antisocial Personality Disorder (absence of guilt). Rating this symptom as present indicates that guilt is a symptom that has been directly affecting functioning.

162. Anxiety Acuity: (AES_Anxiety_Acuity) Anxiety is an emotional state associated with psychophysiological changes in response to an intrapsychic conflict. In contrast to fear, the danger or threat in anxiety is perceived not real. Psychological changes consist of a feeling of impending danger, inability to perceive the unreality of the threat, prolonged feeling of tension, and exhaustive readiness for the perceived danger. Physiological changes include increased heart rate, disturbed breathing, trembling, sweating, and vasomotor changes. This symptom is most prominent in Anxiety Disorders (including Phobias), Panic Disorders, Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, and Post-Traumatic Stress Disorder.

If the symptom is present, the intensity is based on the impact the symptom has had on functioning. Worries about family issues, finance or other real issues should not be the basis for a positive rating for this symptom unless the level of anxiety related to these

concerns is disproportionate relative to the real threat (clinically significant) and is significantly impacting functioning.

164. Hopelessness/ Helplessness Acuity: (AES_Hope_helplessness_Acuity) This item refers to a high level or degree of anxiety or apathy about one's current situation and/or the future and a sense of negativism or lack of control over one's circumstances or situation. The individual perceives an inability to make decisions that can impact or improve their situation and has a sense that the outcome is inevitable despite actions on their part. This item should be anchored based on the person's history and their description of changes in their sense of control and anxiety or apathy about current circumstances or the future.

This item is most often present with other symptoms such as depression, anxiety, apathy, low energy, and loss of interest in activities and may be a significant symptom when suicidal ideation or attempts are present. This symptom is frequently present with substance abuse/dependence conditions.

165. Apathy Acuity: (AES_Apathy_Acuity) Apathy is a lack of feeling or affect accompanied by a lack of interest and emotional involvement in one's surroundings. This item should be anchored based on the person's history of involvement and interest in activities and their surroundings. This item is most often present and clinically significant in diagnoses of Depression, Schizophrenia and Substance Dependence. This item is most often present with other symptoms such as depression, anxiety, blunted affect, and/or hopelessness/helplessness.

166. Panic Acuity: (AES_Panic_Acuity) Panic is characterized by acute, intense attacks of anxiety; the anxiety is overwhelming, and is accompanied by feelings of impending doom. This symptom is rated based on the intensity of the panic and the impact on personality organization, functioning, and relationships. This symptom is frequently present in Anxiety Disorders, Phobic Disorders and is the characterizing symptom in Panic Disorders.

167. Phobic Acuity: (AES_Phobic_Acuity) This symptom is present when the individual has a persistent, pathological, unrealistic, intense fear of an object or situation. Although the individual may realize that the fear is irrational, they are unable to dispel it. The rating for this symptom is dependent on the degree to which the symptom interferes with the individual's ability to function and perform activities of daily living.

168. Manic/Hypomania Acuity: (AES_Manic_Acuity) Mania is a mood disorder characterized by elation, agitation, hyperactivity and hyperexcitability, and accelerated thinking and speaking (flight of ideas). This mood state characterizes the manic phase of bipolar disorder.

Hypomania is a mood with the qualitative characteristics of mania but with less intensity. This symptom is rated based on the intensity of the mania, the degree to which it is interfering with rational behavior and the impact on functioning. This symptom is most often associated with Mood or Bipolar Disorder.

Mania may present differently in children and adolescents than it does in adults. For example, symptom fluctuation may be more rapid and symptoms may include intense

emotionality, mood swings, less need for sleep, and increased physical activity and frequency in talking than is normal for the individual.

169. Agitation Acuity: (AES_Agitation_Acuity) Agitation is a state of anxiety associated with severe motor restlessness. This symptom should be distinguished from hyperactivity but may be related to anxiety, restlessness, high energy and distractibility. This symptom is rated on the degree of agitation and its impact on functioning, communication, and ability to perform activities of daily living. This symptom is frequently present in members withdrawing from substances and/or in early stages of recovery.

170. Change in Energy Acuity: (AES_Hi_Lo_energy_Acuity) This rating is based on the individual's report of changes in energy level, either increased or decreased energy. The rating should be made from baseline reports related to previous activity and energy. This item should be distinguished from agitation, hyperactivity, and changes in energy level associated with mania. This item is most often linked to Depression, Mood, and Bipolar Disorders. This symptom is frequently present in members withdrawing from substances and/or in early stages of recovery.

171. Hyperactivity Acuity: (AES_Hyperactivity_Acuity) This symptom is manifested by excessive motor activity, constant restlessness, over-activity, distractibility and attentional difficulties that are present to a degree that they interfere with learning and/or overall functioning. This symptom is most often related to Attention Deficit Disorder. Symptom severity is rated based on the degree to which the symptom is interfering with age-appropriate functioning and the ability to perform activities of daily living. Collateral reports are helpful in determining the longevity and severity of this symptom.

172. Distractibility Acuity: (AES_Distractability_Acuity) Distractibility is the inability to focus attention for more than a brief period. The individual does not respond to the task at hand but attends to irrelevant elements in the environment or internal stimuli. This item is not rated positive if the failure to attend to the task at hand is an intentional effort to avoid responding to questions or to avoid confrontation or consequences. It is also not rated as positive if the inattention is the result of lack of orientation to person, place, time, or situation or other disturbances of thought. The rating is based on the difficulty in focusing attention. This symptom is most often associated with Attention-Deficit Disorder, Anxiety, and Depression. This symptom is frequently present in members withdrawing from substances and/or in early stages of recovery. If the level of distractibility is clinically significant after early recovery, another behavioral health condition may be present.

177. AES Loss Interest Activities Acuity: (AES_Loss_interest_activities_Acu) This symptom relates to the individual's loss of interest in activities previously viewed as pleasurable or necessary. Anhedonia (inability to experience pleasure) should be evaluated here. This symptom is most frequently linked to other symptoms related to a behavioral health condition, particularly Depression. This item is evaluated in terms of baseline activity level and patterns described by the individual and changes/disruptions in these normal levels/patterns of activity. This symptom is frequently present in persons with substance dependence diagnoses.

178. Hallucinations Acuity: (Thought_hallucinations_acuity) 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 modality(ies) may be indicated in the free text field (e.g. visual, gustatory etc.). Hallucinations are considered a significant symptom and should be coded from mild to severe based on the frequency, longevity, and level of impairment caused by the symptom.

179. Delusions Acuity: (Thought_Delusions_acuity) 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.

180. Paranoia Acuity: (Thought_Paranoia_acuity) 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 member'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.

184. Poor Concentration Acuity: (Thought_poor_concentration_acuity) Poor concentration is characterized by inability to pay exclusive attention to one object, not making close mental application or not focusing one's attention on one thing. (This differs from distractibility in that a person who is experiencing distractibility can focus on one thing briefly, but jumps from thing to thing) This symptom is not clinically significant when the inattention is a result of lack of interest in situations where failure to complete an activity does not have adverse consequences (e.g. failure to complete a leisure activity as opposed to failure to complete assignments at work or school).

This symptom is most frequently associated with Attention Deficit Disorders, although persons with Depression and Anxiety Disorders may also often exhibit this symptom. Poor concentration should be coded from mild to severe based on the frequency, longevity, and level of impairment and consequences caused by the symptom. This symptom is also frequently noted in early recovery from Substance Abuse/Dependence.

185. Suspiciousness Acuity: (Thought_suspiciousness_acuity) Suspiciousness is a clinically significant symptom when the level of mistrust or uncertainty exhibited is incongruent with fact or is not associated with actual events or experiences. This symptom is most often associated with Paranoid Schizophrenia and Paranoid Personality Disorder.

Suspiciousness should be coded from mild to severe based on the frequency, longevity, level of impairment, and impact on activities and relationships caused by the symptom.

187. Oppositional Behavior Acuity: (Socialization_Opp_behavior_acuity) Oppositional/Defiant Behavior is characterized by continuous argumentativeness, pervasive negativism, and an unwillingness to comply with reasonable suggestions and persuasion. This is an established pattern of behaviors and is manifested in a variety of

settings. Developmental and environmental factors must be taken into account when evaluating this behavior.

Mild oppositional behavior results in impacted personal relationships particularly with authority figures; severe oppositional defiant behavior may impair the individual's ability to function in age appropriate settings (e.g., may result in school suspensions, out of home placement, multiple failed placements). This symptom is most often associated with Behavioral Disorders, particularly Oppositional Defiant Disorder and Conduct Disorders.

188. Withdrawal/Isolating Acuity: (Socialization_Withdrawal_acuity) This symptom is characterized by pathological retreat from interpersonal contact and social involvement and/or an extreme decrease of intellectual and emotional interest in the environment. This symptom is most often associated with Schizophrenia, Depression and Substance-Related Disorders.

The key to evaluating this symptom is the level of change from previous interaction that was normal for the individual. Using previous levels of interaction as the baseline for evaluating the severity of the symptom provides an anchor that takes into account personality differences, interpersonal styles and levels of desired social involvement.

189. Impulsivity Acuity: (Socialization_Impulsivity_acuity) This symptom is characterized by weak impulse control resulting in impulsive behavior that is irresistible, pleasurable, and aimed at obtaining immediate gratification, without regard to possible consequences of the behavior.

Behaviors such as kleptomania, pyromania, explosive aggressive behavior would be rated as severe. A mild to moderate rating is warranted when there is a pattern of failure to meet responsibilities in order to perform activities perceived as more desirable. The rating is affected by the impact of the impulsivity on functioning, the greater the impact on functioning, the greater the rating of severity.

In instances of obsessive compulsive behavior where the impulse to perform compulsive behaviors or rituals is strong and the behaviors are interfering with functioning (e.g. time spent performing rituals severely impacts ability to perform ADL's) this symptom should be rated as positive and the severity linked to the degree of impact the obsessive compulsive behaviors have on functioning.

Evaluation of this symptom is critical for persons with Substance-Related Disorders. This symptom and poor judgment correlate to the DSM definition of loss of control. Persons with diagnoses of Substance Dependence may be rated moderate or above for this symptom.

191. Bizarre Behavior Acuity: (Socialization_Bizarre_Behavior_acuity) This symptom is rated as present when odd or eccentric behavior is present that relates to the diagnosed behavioral health condition. The severity rating is based on the impact the bizarre behavior is having on functioning and relationships. This symptom is most often related to Schizophrenia and other psychotic disorders.

192. Suicidal Acuity: (Safety_suicidal_acuity) Rate this item relative to the degree suicidal behavior (gestures or attempts) or ideation present. 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.

193. Homicidal Acuity: (Safety_Homicidal_acuity) 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 treatment plan, Acute/Crisis should be indicated. Fleeting thoughts of wishing someone were not here with no overt homicidal thoughts are not rated as homicidal.

194. Hostile Acuity: (Safety_Hostile_acuity) Hostility includes emotions and attitudes as well as overt violence. Rating is mild when history includes angry episodes that include yelling and screaming, threatening physical harm and may include slamming or throwing things. Severe includes sustained verbal hostility that causes emotional harm to the victim as well as assault or property damage with no harm. Crisis/acute includes assault with physical harm and/or assault with a weapon.

195. Violent Acuity: (Safety_violent_acuity) Violent/Aggressive Behavior includes acts of physical aggression. Mild violence includes slapping, biting and other physical acts which do not seriously harm the victim; severe includes acts which cause physical harm. Assault with a weapon or physical aggression that causes severe harm or death is rated as acute/crisis.

196. Self-Neglect Acuity: (Safety_self_neglect_acuity) Self Neglect relates to personal hygiene and overall self-care including eating regularly and taking medications. A mild rating for this item indicates that hygiene is below acceptable standards and likely to draw some comment. A severe rating indicates that hygiene is erratic and poor. This includes extreme body odor, unkempt and dirty clothing and refusal to attend to personal hygiene and self-care unless prompted. This item should not be marked for individuals who have intellectual disabilities and are unable to attend to matters of personal hygiene and self-care.

A severe rating indicates that self-neglect has contributed to adverse physical (health), emotional (symptoms have increased) or functional consequences (functioning has decreased).

197. Self-Injurious Acuity: (Safety_self_injurious_acuity) Self-Injury includes non-accidental behaviors that cause physical harm and/or interfere with functioning.

Mild self-injurious behaviors include non-accidental behaviors such as pinching, scratching, and biting that are not likely to cause serious harm. Moderate self-injurious behavior includes suicidal gestures, self-mutilation or non-accidental behaviors that, while not likely to cause serious harm, are not trivial (e.g. razor cuts, refusal to eat). Severe self-injurious behavior includes suicide attempts and intentional behaviors that could result in death (accidental drug overdose and DUI are not rated here). Acute/Crisis rating includes suicide attempts that nearly result in death and, risk of death due to the progression of an eating disorder. Self-injury resulting from an eating disorder can be coded here.

198. Functional Status School/Work: (Functional_Status_School) Indicate the level of functioning of the member related to maintaining school attendance. For adults not in school, indicate the level of the adult's functioning related to performing work-related functions.

199. Functional Status for Activities of Daily Living: (Functional_Status_DayLive) Indicate the member's level of functioning related to performing activities of daily living. These activities include hygiene and grooming, maintaining a healthy diet, organizing and carrying out daily routines and activities, ambulation, 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.

200. Functional Status Maintains Relationship: (Functional_Status_maintains _rela) Indicate the member's level of functioning related to maintaining 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, handle conflict, demonstrate appropriate assertiveness and request help when needed.

202. Functional Status Personal Safety: (Functional_Status_Pers_Safety) Indicate the member's level of impairment related to maintaining personal and community safety. This item relates to the 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 places personal or community health or safety at risk, despite knowledge of the hazards of such behavior (e.g. mixing alcohol with prescription medications where contraindicated, runaway behavior, threatening others etc.). This also includes failure to take necessary medications for health conditions (e.g. hypertension, insulin) due to substance abuse or behavioral health symptoms.

203. Functional Status Accesses Other: (Functional_Status_accesses_other) Indicate the member's level of impairment related to accessing other services (transportation, recreation, etc.). This item also relates to 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.

204. Treatment Plan Summary 1: (Treatement_Plan_Summary1) Indicate the primary problem area addressed on the member's individualized treatment plan. This area should be consistent with the primary problem, diagnosis, symptoms and functional deficits identified and communicated through the Behavioral Health CareConnection®.

Note: "Assessment/Evaluation Only" is the appropriate response to Treatment Plan Summary 1 when the member is being evaluated for a suspected behavioral health condition and/or referred for psychological testing only.

205. Treatment Plan Summary 2: (Treatment_Plan_Summary2) Indicate the secondary problem that is addressed on the member's individualized treatment plan. If there is no secondary problem, code No Additional Problems/Focus.

206. Treatment Plan Summary 3: (Treatment_Plan_Summary3) Indicate the tertiary problem that is addressed on the member's individualized treatment plan. If there is no tertiary problem, code No Additional Problems/Focus.

207. Treatment Plan Summary Other: (Treatment_Plan_Summary_Other) Indicate any significant clinical issues being addressed in treatment that are not reflected in the information presented in this data set. Include justification of treatment needs to maintain functioning/symptom reduction if the member is currently functioning well and/or is asymptomatic. **NOTE: This field may be left blank.**

208. Case Discussion Text Field: (Case_Discussion_Text_Field) Convey additional information related to the member's clinical status and/or related to resolving an issue with an authorization request (e.g. client is transferring from another provider, request number of units, etc.) This field may be left blank although information include may aid in resolution of a pended request without contacting the provider.

209. Current Treatment Plan Status: (Treatment_Plan_Type) Indicate whether the Initial or Master plan is utilized. For Master plan development or updates, select Master Plan. If Low-End services are being provided, indicate Initial for new admissions and Master subsequent submissions.

210. Weight Change/Appetite Acuity: (AES_Weight_Change) This item relates to loss or gain in weight and appetite increase or loss most often associated with depression. Severity of the symptom should be based on the severity of the weight loss/gain and potential impact on health. Extreme weight loss related to eating disorders may be rated as severe or acute/crisis if health is endangered and body image is skewed to the degree that the patient does not recognize the potential health threat. This symptom is also frequently present with Substance Dependence and Withdrawal.

211. Change in Sleep Patterns Acuity: (AES_Sleep_Change) This item relates to disturbances of sleep that are not medically based and are linked to other symptoms related to a behavioral health condition, particularly Depression. This item is evaluated in terms of baseline sleep patterns described by the individual and changes/ disruptions in these normal patterns. This symptom is also frequently present with Substance Dependence and Withdrawal.

212. Member's Mailing Address: (Consumer_Address) Indicate the member's current mailing address.

213. Member's City: (Consumer_City) Indicate the city in which the member lives.

214. Member State: (Consumer_State) Enter the state of the member's residence.

215. Member Zip Code: (Consumer_ZipCode) Enter the zip code of the member's address.

216. Member Marital Status (Consumer_Marital_Status) Indicate the marital status of the member.

- **Single**

- **Married**
- **Divorced**
- **Widow/Widower**
- **Separated**
- **Never Married**
- **Unknown/Not Available**

217. Member's Participation Status: (Consumer_Participation_Status) Identify the member's type of participation related to receiving behavioral health services. Types may vary over time and should be modified to reflect the participation status at the time of completing the Behavioral Health CareConnection®. Members may seek services voluntarily and then become court-ordered or develop the need for emergent services.

- **Voluntary:** Member elects to seek services based upon their own choice.
- **Involuntary:** Member has been placed in service because of the mental hygiene process.
- **Emergent:** Member requires services quickly related to a behavioral health crisis.
- **Court Ordered:** Member has been legally mandated by a court to receive services. When services are sought related to involvement with a MH/Drug Court, this type
- should be selected.
- **Observation:** Member is being observed prior to admission to an inpatient service to determine the appropriate course of treatment.

218. Axis 1 Tertiary: (AXIS_1_Tertiary) Include an additional diagnosis if present. The diagnosis must be reported as it is presented in the DSM Manual.

NOTE: If more than five (5) diagnoses are present, please list additional diagnoses in the free text field and/or the additional diagnosis field located within the Outpatient Tier.

219. Additional Diagnosis: (Axis_I_or_II) An additional diagnosis can be supplied here if the member has multiple diagnoses and you have already identified diagnoses in the earlier fields. Consider this diagnosis when selecting the disability group

220. Current Treatment Plan Status Options: (Treatment_Service_Plan_Status) Select the most appropriate field to indicate reasoning for adjustments to the existing treatment plan or treatment strategy if Focused Care services are only provided.

- **Recent Admission:** Use when member is new to your organization for services and the initial plan is formulated.
- **Current Plan Maintained with No Progress:** Plan is sufficient to address needs although progress is not measurable at this time.
- **Current Plan Modified with Changes in Both Services and Intensity:** A change in the Member's clinical presentation indicates an adjustment to the services the member is receiving and their frequency and/or duration.

- **Current Plan is Modified with Changes in Intensity of Service:** The Member's clinical presentation indicates either an increase or decrease in the intensity of existing services received.
- **Current Plan is Modified with Changes in Service Array:** The Member's clinical presentation indicates an adjustment in the services received is necessary.
- **Current Plan Maintained with Progress but Goals Not Met:** Member has made progress so current plan will be continued.

221-224. Mental Status Orientation: Indicate Yes or No to the member's orientation to each of the following: time, person, place, and situation as noted in the most recent Mental Status Examination. Each item must be rated.

221. Person (Mental_Status_Orientation_Person)
222. Place (Mental_Status_Orientation_Place)
223. Time (Mental_Status_Orientation_Time)
224. Situation (Mental_Status_Orientation_Situation)

225. Mental Status Recall/Memory: (Mental Status_Recall_Memory) Indicate any deficiency in one of the following areas:

- **Normal**
- **Short term/working memory**
- **Remote**

226. Mental Status Coping Ability: (Mental_Status_Coping_Ability) Indicate the element that best describes the member's coping ability:

- **Normal**
- **Resilient**
- **Deficient supports**
- **Deficient coping skills**
- **Exhausted**
- **Overwhelmed**
- **Improving**

227. Mental Status Affect: (Mental_Status_Affect) Indicate the element that best characterizes the member's affect.

- **Appropriate**
- **Blunted**
- **Labile**
- **Flat**
- **Broad**
- **Restricted**

228. Psychiatric Residential Treatment Facility (PRTF): (Treatment_Hx_PRTF) Indicate whether the member has received PRTF services.

229. Intensive Outpatient Services: (Treatment_Hx_IOP _Services) Indicate whether the member has received mental health and/or substance abuse intensive outpatient services.

230. Behavioral Health Residential Services: (Treatment_Hx_BH _Residential) Indicate whether the member has received behavioral health residential services.

231. Lifetime Legal Status: (Consumer_Legal_Status_Lifetime) Indicate the member's legal status by history from the choices below. If the status is current, please indicate that information in field #40.

Some responses are designated for youth only and others for adults only. "No legal problems" is a valid response for both adults and youth. If a choice is made that is not valid for the member's age group, it will result in an error.

Choices for **both** age groups are listed below. Please select which best categorizes the legal issues relative to the member's age.

- **Non-Adjudicated (Delinquent or Status Offender)- *Youth Only***
- **Dependent (DHHR custody due to abuse, neglect or abandonment)- *Youth Only***
- **Adjudicated Delinquent- *Youth Only***
- **Adjudicated Status Offender- *Youth Only***
- **No Legal Problems- *YOUTH or ADULT***
- **One or More Arrests- *Adults Only***
- **Involuntary Commitment (Civil)- *YOUTH or ADULT***
- **Involuntary Commitment (Criminal Justice)- *YOUTH or ADULT***
- **MH/Drug Court- *YOUTH or ADULT***

Non-adjudicated youth (delinquent or status offender) are those juveniles involved with the juvenile justice system who have not been convicted of an actual crime. These youth may be involved at any level from informal prevention programs to awaiting a hearing.

Dependent refers to those juveniles who are in West Virginia Department of Health and Human Resources custody for issues not related to a crime. These include, but are not limited to: abuse, neglect, and/or abandonment. Custody may also be given to WVDHHR when the family cannot meet a youth's treatment needs.

Adjudicated Delinquent refers to those youth who have committed an act that would be considered a crime if committed by an adult. 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.

No legal problems indicate that the youth or adult has had no contact with the court for delinquency or dependency proceedings.

Involuntary Commitment (Civil) are effected under Article 5 of Chapter 27 of the West Virginia Code in a civil proceeding whereby a person is found to suffer from addiction or a mental illness and, if not confined, is likely to cause harm to self or others.

Involuntary Commitment (Criminal Justice) results from a finding under Article 6A of Chapter 27 of the West Virginia Code that the defendant in a criminal action as a result

of mental illness or addiction is either incapable of standing trial or not responsible for the actions which constitute the conduct which led to criminal charges being filed against him/her.

MH/Drug Court: Treatment-based alternatives to prisons, detention facilities, jails, and probation. These courts make extensive use of comprehensive supervision, drug testing, treatment services, immediate sanctions, and incentives.

One or more arrests If an adult has been arrested on any legal charge choose this selection and identify if the offense was within current treatment or lifetime.

232. Verbal Aggression: (Socialization_Verbal_Aggression) Communication is intended to cause perceived psychological pain in another person. Rating this item should consider frequency and severity of behavior.

233. Physical Aggression: (Socialization_Physical_Aggression) Behavior is directed to physically harm another person or item. Rating this item should consider severity and frequency of this behavior.

234. Compulsions: (Socialization_Complusion) Compulsions are unwanted, repetitive urges to perform an act and failure to perform the act leads to overt anxiety. Consider the frequency and degree of impact on functioning when rating this item.

235. Sexual Acting Out: (Socialization_Sexually_Acting_Out) Sexual behavior inappropriate for age, developmental level, socialization and/or circumstance directed toward others that encompasses predatory, manipulative and coercive behaviors.

236. Sexually Reactive Behavior: (Socialization_Sexually_Reactive) Sexual behavior exhibited by the consumer inconsistent with age, developmental level, socialization, and/or circumstance that are secondary to known or suspected sexual abuse and/or exposure.

237. Circumstantial Thinking: (Thought_Circumstantial_Thinking) Disturbance in thought characterized by communication of unnecessary details before conveying the central idea. Typically associated with Schizophrenia and some cases of Dementia.

238. Obsessions/Intrusive Thoughts: (Thought_Obsessions_Intrusive _Thoughts) An obsession is a persistent and recurrent idea, thought or impulse that cannot be eliminated from consciousness by logic and reasoning and often leads to overt anxiety. When obsessions and/ or compulsions are present or Obsessive Compulsive Disorder has been diagnosed, rate the severity of the symptom or symptom cluster and the degree to which the symptom interferes with normal functioning.

239. Current Use of Substances: (SA_Current_Use_Substance): Identify if the member is currently using mood-altering substances. A substance abuse or dependence diagnosis may not be present to endorse this item.

This item relates to the current level of substance use the client is exhibiting. This rating should be based on the clinician's analysis of the current symptoms and functioning, including results of the CAFAS *or* ASI, as well as the results of collateral interviews and

other relevant information regarding the client's current level of substance use. Current tolerance is evaluated when rating this item.

240. History of Substance Use: (SA_History_Substance_Use) Identify whether the member has a history of using substances. A substance abuse or dependence diagnosis need not be present to endorse this item.

241—247. Type of Substance Used: Select all substances the member identifies as either currently using or has used in the past.

241. Cannabis (SA_Use_Cannabis)
242. CNS Depressants (SA_Use_CNS_Depressants
243. Alcohol (SA_Use_Alcohol)
244. Stimulants (SA_Use_Stimulants)
245. Opioid and Morphine Derivatives (SA_Use_Opioid_Morphine_Derivatives)
246. Hallucinogens (SA_Use_Hallucinogens)
247. Other (SA_Use_Other_Substance)

248. Frequency of Use: (SA_Frequency_Use) Identify the rate of substance usage by the member. Periodic use refers to sporadic or occasional use. Binge Use refers to consuming large amounts of a substance within a single session/episode.

249. Date of Last Substance Use: (SA_Date_Last_Use) Identify the date the member indicates as the last use of substances.

250. Withdrawal Potential: (SA_Withdrawal_Potential) Indicate whether the member is at current risk for substance related withdrawal symptoms.

251. Functional Status Interacts Appropriately in Social Situations: (Functional_Social_Situations) Indicate the level of impairment experienced by the member related to functioning in social situations. This item includes comfort in social situations, being aware of spatial boundaries with others and reading social cues.

252—257. Functional Status ADL Impairment: Identify areas of Activities of Daily Living impairment:

252. Nutritional Awareness (Functional_ADL_Nutritional_Aware)
253. Meal Preparation and Clean Up (Functional_ADL_Meal_Prep_Cleanup)
254. Personal Hygiene (Functional_ADL_ Personal_Hygiene)
255. Childcare/Parenting (Functional_ADL_Childcare_Parenting)
256. Household tasks/care for living space (Functional_ADL_Household_Tasks)
257. Treat Minor Physical Problems (i.e., minor cuts, headache) (Functional_ADL_Minor_Physical_Problems)

258 – 263 Level of Support: (Support_Family_Friends) Identify sources of support the member may utilize in addition to the treatment services being received.

258. Family/friends (Support_Family_Friends)
259. Peer-oriented Services (Support_Peer_Oriented_Services)
260. Self-help Network (Support_Self_Help)
261. Recreation/Community Activities (Support_Rec_Community_Activities)

262. Other Supports (Support_Other)
263. None (Support_None)

264 – 281 Medication Dosage Amounts: Indicate the dosage as prescribed when Inpatient Psychiatric, Partial Hospitalization, PRTF and Crisis Stabilization services are requested. The list below indicated applicable fields for EDI submission only.

264. Antidepressants (MEDS_Antidepressant_Dose)
265. Antidepressants Other (MEDS_Antidepressant_Other_Dose)
266. Anticholinergics (MEDS_Anticholinergic_Dose)
267. Anticholinergics Other (MEDS_Anticholinergic_Other_Dose)
268. Mood Stabilizers (MEDS_MoodStabilizer_Dose)
269. Mood Stabilizers Other (MEDS_Mood_Other_Dose)
270. Antipsychotic (MEDS_AntiPsychotic_Dose)
271. Antipsychotic Other (MEDS_Psychotic_Other_Dose)
272. AntiAnxiety (MEDS_Antianxiety_Dose)
273. AntiAnxiety Other (MEDS_Anxiety_Other_Dose)
274. AntiConvulsant (MEDS_AntiConvulsant_Dose)
275. AntiConvulsant Other (MEDS_Convulsant_Other_Dose)
276. Hypnotic (MEDS_Hypnotic_Dose)
277. Hypnotic Other (MEDS_Hypnotic_Other_Dose)
278. Stimulant (MEDS_Stimulant_Dose)
279. Stimulant Other (MEDS_Stimulant_Other_Dose)
280. Other (MEDS_Other_Dose)
281. Other Meds (MEDS_Other_Other_Dose)

282. Risk to Self: (Risk_Risk_to_Self) This data element may be required depending upon responses to the suicidal and homicidal fields within current symptom acuity. Please select the option that best identifies the member's risk factors from the list below. If the "Assessed lethality warrants inpatient hospitalization" is selected, please include information in the free text field regarding plans for admission and assessment findings.

- **None**
- **Ideation only**
- **Ideation with plan**
- **Ideation with means**
- **Ideation with attempt(s) in last year**
- **Ideation with prior attempts > 1 year**
- **Ideation with family/peer history**
- **Ideation with previous attempts and family/peer history**
- **Plan**
- **Plan with attempt(s) in last year**
- **Plan with attempts > 1 year**
- **Plan with family/peer history**
- **Plan with previous attempts and family/peer history**
- **Means**
- **Means with attempt(s) in last year**
- **Means with attempts > 1 year**
- **Means with family/peer history**

- **Means with attempts and family/peer history**
- **Assessed lethality warrants inpatient hospitalization**
- **Plan and means**
- **Plan and means with attempt(s) in last year**
- **Plan and means with attempts > 1 year**
- **Plan and means with family/peer history**
- **Plan and means with attempts and family/peer history**

283. Risk to Others: (Risk_Risk_to_Others) This data element may be required depending upon responses to the suicidal and homicidal fields within current symptom acuity. Identify the risk factors exhibited by the member from the options below. If the "Assessed lethality warrants inpatient hospitalization" is selected, please include information in the free text field regarding plans for admission and assessment findings.

- **None**
- **Ideation only**
- **Ideation with plan**
- **Ideation with means**
- **Ideation with plan and means**
- **Ideation with prior attempts**
- **Ideation with plan, means and prior attempts**
- **Plan**
- **Plan with means**
- **Plan with means and prior attempts**
- **Plan with prior attempts**
- **Means with prior attempts**
- **Assessed lethality warrants inpatient hospitalization**

284. Contracted Not to Harm: (Risk_No_Harm_Contract) This data element may be required depending upon responses to the suicidal and homicidal fields within current symptom acuity.

- **Declined/Not Offered (Provider does not use)**
- **Self**
- **Others**
- **Self/Others**

285—290. Prior History: This data element may be required depending upon responses to the suicidal and homicidal fields within current symptom acuity. Has the member experienced any of the following?

285. Physical /sexual abuse victim (Risk_Physical_Sexual Abuse_Victim)
286. Physical/sexual abuse perpetrator (Risk_Physical_Sexual Abuse_Perpetrator)
287. Anorexia (Risk_Anorexia)
288. Bulimia (Risk_Bulimia)
289. Child/Elder Neglect (Risk_Child_Elder_Neglect)
290. None (Risk_None)

291. IS Type: (IP_Type_of_Program) Indicate the type of program offered:

- **Mental Health**
- **SA—Addiction Only Services**
- **SA—Dual Diagnosis Capable**
- **SA—Dual Diagnosis Enhanced**

If program is SA related, the ASAM criteria must be completed below.

292. IS Name: (IP _Program_Name) Indicate the approved program name. If the program operates in multiple counties, the county of operation must be included.

293. IS Evidenced Based Practices: (IP_EBP) Identify the evidenced based practices utilized within the program. Select from the following:

- **Ecosystemic Family Therapy**
- **Integrated Dual Diagnosis Treatment**
- **Cognitive Behavioral Therapy**
- **Multi-Systemic Family Therapy**
- **Other**
- **None**

294—299. IS ASAM Rating: Rate the following ASAM dimensions as Low, Medium or High. These can also be located in Appendix A of the ASAM PPC-2R manual.

294. Withdrawal/Intoxication (IP_ASAM_Risk_Withdrawal)
295. Medical Conditions (IP_ASAM_Risk_BioMed_Cond)
296. Emotional/Cognitive Conditions (IP_ASAM_Emo_Beh_Cog)
297. Readiness for Change (low readiness = high risk) (IP_ASAM_Risk_Ready_Change)
298. Relapse/Continued Use or Problem Potential (IP_ASAM_Risk_Relapse_ContUse)
299. Recovery Environment IP (ASAM_Risk_Recovery_Enviro)

300—312. RES Precautions/Interventions: Identify admission precautions or safety interventions required to address the symptoms of the member's behavioral health condition:

300. Suicide Precautions (Res__Suicide_Precautions)
301. Homicide Precautions (Res_Homicide_Precautions)
302. Elopement/AWOL/Away from Supervision Precautions (Res_Elopement_AWOL_Precautions)
303. Assault Precautions (Res_Assault_Precautions)
304. Sex Offender Precautions (Res_Sex_Offender_Precautions)
305. Fire Setting Precautions (Res_Fire_Setting_Precautions)
306. Critical Incidents (Res_Critical_Incidents)
307. Number of Incidents (Res_CI_Number_Incidents)
308. Self Injury Precautions (Res_Self_Injury_Precautions)
309. Number of Incidents (Res_SI_Number_Incidents)
310. Restraints Utilized (Res_Restraints_Utilized)
311. Number of Restraints (Res_RU_Number this Period)
312. Type (Res_RU_Type)

When critical incidents and self-injury precautions fields are selected, further data is needed regarding the number of events. Identification of restraints utilized will prompt the provider to include specific data regarding the number of restraints utilized during

this evaluation period and the type (mechanical, physical, and chemical). Please select from the following possibilities:

- **Mechanical**
- **Physical**
- **Mechanical & Physical**
- **Chemical**
- **Mechanical & Chemical**
- **Physical & Chemical**
- **Mechanical, Physical, & Chemical**

313. RES Family Participation: (Res_Family_Participation) Indicate whether family members are participating in the member's treatment. Please indicate the participating family member's relation to the member. When the "other" choice is selected, providers will have the opportunity to specify the relationship in a text area.

314. Parent (Res_Family_ Parents)
315. Sibling (Res_Family_Sibling)
316. Guardian (Res_Family_Guardian)
317. Foster Parents (Res_Family_Foster_Parents)
318. Other (Res_Family_Other)
319. (Res_Family_Other_Describe)

320 – 322 RES Method of Involvement: Indicate how the family member(s) participated in the member's treatment services:

320. Family Therapy (Res_Family_Involvement_Therapy)
321. Visitation (Res_Family_Involvement_Visitation)
322. Telephone (Res_Family_Involvement_Telephone)

323. RES Home Visits: (Res_Number_Home_Visits) Indicate the number of home visits that have occurred since admission to your services. Home visits may occur with the family as apart of reunification, with a foster family, relative or a potentially adoptive placement.

324—327. RES Admission Factors: Check all options that apply to the member's admission into this level of care.

- **Symptoms and impairments interfere with age appropriate adaptive, psychological and social functioning.**
- **Current symptom severity and functional impairments require this level of care.**
- **Symptoms and impairments are persistent and disruptive in home, school, or community.**
- **Requires step down from high intensity service but not ready for a lower level of care.**

EDI field names for above choices are:
324. (Res_Admit_Impairment_Interfers)
325. (Res_Admit_Impair_Requires_This_LOC)
326. (Res_Admit_Impairments_Home_School)
327. (Res_Admit_Stepdown)

328. RES Progress (Res_PL_Symptom_Decline): Select the option that best characterizes the member's progress within treatment services. This question only apply to continuing stay requests. Check all that apply.

- **Symptom decline since admission, pending discharge**
- **New symptoms and functional impairments have emerged requiring this level of care**
- **Progress has been limited and the treatment plan has been modified**
- **Individual is not able to sustain gains made without this level of care**
- **Symptoms and functional impairments have diminished but continuing disturbances are present supporting this level of care**
- **Demonstrating progress, privileges increasing or therapeutic passes occurring without difficulty**
- **New symptoms and functional impairments have emerged requiring a more intensive treatment**

334. RES Discharge: (Res_DC_Plan) Identify the current discharge plan for the member from this level of care.

- **Return to previous environment with outpatient services**
- **Modify environment with outpatient services**
- **Intensive Outpatient/Partial Hospitalization**
- **Psychiatric Residential Treatment Services < 21**
- **Need a Higher Level of Care** (i.e., moving from Residential IV (Crisis Support) to Residential I, II, or III.)
- **Transitional/Independent Living**
- **Lower Level of Residential Care**
- **No further services**

335. RES Discharge Date: (Res_DC_Anticipated_Date_DC) Indicate the anticipated discharge date from the residential service in mm/dd/yyyy format.

336 – 481 Child and Adolescent Needs and Strengths (CANS) Assessment: Complete this assessment for children's residential services. Each of the 146 fields will have only one response.

EDI fields for CANS:

336. CANS_1_sexual_abuse
337. CANS_2_physical_abuse
338. CANS_3_emotional_abuse
339. CANS_4_neglect
340. CANS_5_medical_trauma
341. CANS_6_witness_to_family_violence
342. CANS_7_community_violence
343. CANS_8_school_violence
344. CANS_9_natural_or_manmade_disasters
345. CANS_10_war_affected
346. CANS_11_terrorism_affected
347. CANS_12_witness_victim_to_criminal_activity
348. CANS_13_parental_criminal_behavior
349. CANS_14_adjustment_to_trauma
350. CANS_15_traumatic_grief_separation
351. CANS_16_reexperiencing
352. CANS_17_avoidance

353. **CANS_18_numbing**
354. **CANS_19_dissociation**
355. **CANS_20_family**
356. **CANS_21_interpersonal**
357. **CANS_22_educational_setting**
358. **CANS_23_vocational**
359. **CANS_24_coping_and_savoring_skills**
360. **CANS_25_optimism**
361. **CANS_26_talent/interests**
362. **CANS_27_spiritual/religious**
363. **CANS_28_community_life**
364. **CANS_29_relationship_permanence**
365. **CANS_30_resilience**
366. **CANS_31_resourcesfulness**
367. **CANS_32_family**
368. **CANS_33_living_situation**
369. **CANS_34_social_functioning**
370. **CANS_35_developmental**
371. **CANS_36_recreational**
372. **CANS_37_legal**
373. **CANS_38_medical**
374. **CANS_39_physical**
375. **CANS_40_sleep**
376. **CANS_41_sexual_development**
377. **CANS_42_child_invovlement_with_care**
378. **CANS_43_daily_functioning**
379. **CANS_44_natural_supports**
380. **CANS_45_school_behavior**
381. **CANS_46_school_achievement**
382. **CANS_47_school_attendance**
383. **CANS_48_language**
384. **CANS_49_identity**
385. **CANS_50_ritual**
386. **CANS_51_culture_stress**
387. **CANS_52_psychosis**
388. **CANS_53_attention_deficit_impulse_control**
389. **CANS_54_depression**
390. **CANS_55_anxiety**
391. **CANS_56_oppositional_behavior**
392. **CANS_57_conduct**
393. **CANS_58_substance_abuse**
394. **CANS_59_attachment_difficulties**
395. **CANS_60_eating_disturbances**
396. **CANS_61_affect_dysregulation**
397. **CANS_62_behavioral_regressions**
398. **CANS_63_somatization**
399. **CANS_64_anger_control**
400. **CANS_65_suicide_risk**
401. **CANS_66_self-mutilation**
402. **CANS_67_other_self-harm**
403. **CANS_68_danger_to_others**
404. **CANS_69_bullying**
405. **CANS_70_sexual_aggression**
406. **CANS_71_runaway**
407. **CANS_72_delinquency**
408. **CANS_73_judgment**

409. **CANS_74_fire_setting**
410. **CANS_75_social_behavior**
411. **CANS_76_sexualized_behavior**
412. **CANS_77_motor**
413. **CANS_78_sensory**
414. **CANS_79_communication**
415. **CANS_80_failure_to_thrive**
416. **CANS_81_feeding_elimination**
417. **CANS_82_birth_weight**
418. **CANS_83_prenatal_care**
419. **CANS_84_substance_exposure**
420. **CANS_85_labor_and_delivery**
421. **CANS_86_parent_or_sibling_problems**
422. **CANS_87_maternal_caretaker_availability**
423. **CANS_88_curiosity**
424. **CANS_89_playfulness**
425. **CANS_90_temperament**
426. **CANS_91_day_care/preschool**
427. **CANS_92_independent_living_skills**
428. **CANS_93_transportation**
429. **CANS_94_parenting_roles**
430. **CANS_95_intimate_relationships**
431. **CANS_96_medication_compliance**
432. **CANS_97_educational_attainment**
433. **CANS_98_victimization**
434. **CANS_99_job_functioning**
435. **CANS_100_safety**
436. **CANS_101_supervision**
437. **CANS_102_neighborhood_safety_resources**
438. **CANS_103_conditions_of_the_home**
439. **CANS_104_marital_partner_violence_home**
440. **CANS_105_knowledge_parenting_child_dev**
441. **CANS_106_nutrition_management**
442. **CANS_107_discipline**
443. **CANS_108_learning_environment**
444. **CANS_109_effective_parenting_approaches**
445. **CANS_110_involvement_with_care**
446. **CANS_111_caregiver_rights_and_responsibilities**
447. **CANS_112_financial_status**
448. **CANS_113_organization**
449. **CANS_114_resources**
450. **CANS_115_knowledge_social_service_options**
451. **CANS_116_residential_stability**
452. **CANS_117_job_functioning**
453. **CANS_118_military_transitions**
454. **CANS_119_partner_relations**
455. **CANS_120_relationship_with_extended_family**
456. **CANS_121_community_involvement**
457. **CANS_122_natural_supports**
458. **CANS_123_accessibility_to_child_care_services**
459. **CANS_124_caregiver's_impact_of_own_behavior**
460. **CANS_125_empathy_with_children**
461. **CANS_126_ability_to_communicate**
462. **CANS_127_family_stress**
463. **CANS_128_physical_health_**
464. **CANS_129_mental_health**

465. CANS_130_substance_abuse
466. CANS_131_developmental
467. CANS_132_caregiver_posttraumatic_reactions
468. CANS_133_hygeine_and_self-care
469. CANS_134_independent_living_skills
470. CANS_135_recreation
471. CANS_136_collabortion_with_other_caregivers
472. CANS_137_caregiver_support_for_permanency_goal
473. CANS_138_inclusion_children_in_foster_care
474. CANS_139_participation_planned_visitation
475. CANS_140_relationship_with_caseworker
476. CANS_141_involvement_in_treatment
477. CANS_142_parent_involvement_participation
478. CANS_143_commitment_to_reunification
479. CANS_144_responsibility_in_maltreatment
480. CANS_145_relationship_with_abuser(s)
481. CANS_146_hx_maltreatment_children

482. HI Sex Offender Program: (HI_Sex_Offender_Program) Indicate whether the program provides services to sex offenders. Note: A positive response to this item will require the submission of the Offender Risk Tier, which is specific to sex offender programs.

483. HI Admitting Physician: (HI_Admitting_Physician) Include the name of the admitting physician.

484. HI Admission Status: (HI_Admission_Status) Urgent indicates member requires services quickly related to behavioral health crisis. Elective indicates member elects to seek service based upon their choice.

485. HI Time of Admission: (HI_Admission_Time) Indicate the time of admission to the service.

486. HI Beginning Date of Symptoms: (HI_Begin_Date_Symptoms) Identify when symptoms were first present presented warranting the level of care requested.

487. HI Retrospective Review: (HI_Retro_Review) Complete only if retrospective review is requested. This would indicate a Prior Authorization was not able to be requested within timelines. Select the most appropriate reason for a retrospective review.

- **Unknown eligibility at time of admission**
- **After hours/weekend admission**
- **Retroactive disenrollment from MCO**

488—503. High Intensity Admission Precautions/Psychiatric Interventions This section will indicate the precautions and psychiatric interventions required at the time of admission. Check all that apply.

EDI fields:

488. Suicide Precautions (HI_Precaution_Suicide)
489. Homicide Precautions (HI_Precaution_Homicide)

490. Physical Restraint (Once) (HI_Precaution_Physical_Restraint_Once)
491. Intermittent Physical Restraint (HI_Precaution_Physical_Restraint_Intermittent)
492. Assault Precautions (HI_Precaution_Assault)
493. Seclusion Precautions (HI_Precaution_Seclusion)
494. Locked Unit (HI_Precaution_Locked_Unit)
495. Observation at least every 30 minutes (HI_Precaution_Observation_Thirty_Minutes)
496. Sex Offender Precautions (HI_Precaution_Sex_Offender)
497. Elopement Precautions (HI_Precaution_Elopement)
498. ECT (initial) (HI_Precaution_ECT_Initial)
499. ECT (maintenance) (HI_Precaution_ECT_Maintenance)
500. Medication Adjustment (HI_Precaution_Med_Adjustment)
501. Group Therapy (HI_Precaution_Group_Therapy)
502. Behavioral Intervention (HI_Precaution_Behavioral_Intervention)
503. Critical Incidents (HI_Precaution_Critical_Incidents)

504. Medical Conditions: (HI_Chronic_Med_Conditions) Are there other medical conditions relating to the behavioral health condition that were not able to be included on earlier? If "yes" please list include up to four diagnoses (if needed).

EDI fields:

505. HI_Chronic_Med_Diagnosis_1
506. HI_Chronic_Med_Diagnosis_2
507. HI_Chronic_Med_Diagnosis_3
508. HI_Chronic_Med_Diagnosis_4

509. Psychiatric Symptoms Impair Medical: (HI_Med_Deterioration) Do current psychiatric symptoms impair diagnosis and/or treatment interventions for acute/serious medical conditions listed above resulting in imminent risk of acute medical deterioration?

510. Abnormal Labs: (HI_Abnormal_Labs) Are there abnormal lab findings upon admission? If "yes", include information related to abnormal lab results in the text box.

511. Abnormal Lab Findings: (HI_Abnormal_Labs_Findings) Text field to indicate abnormal findings.

512. Family involvement: (HI_Family_Participation) Are family members involved in the member's treatment?

513—523. Family Members: Indicate the family members participating in treatment services and their method of involvement.

- **Spouse/Partner**
- **Parent**
- **Sibling**
- **Child**
- **Guardian**
- **Foster Parents**
- **Other-**please indicate relation if this option is selected.

EDI fields:

513. HI_Family_ Parents

514. HI_Spouse_Partner
515. HI_Child
516. HI_Family_Sibling
517. HI_Family_Guardian
518. HI_Family_Foster_Parents
519. HI_Family_Other
520. HI_Family_Other_Describe
521. HI_Family_Involvement_Therapy
522. HI_Family_Involvement_Visitation
523. HI_Family_Involvement_Telephone

Method of Involvement:

- **Family Therapy**
- **Visitation**
- **Telephone**

524. Psychiatrist Involvement: (HI_Psychiatrist_Involvement_NO_Times) Identify the number of times the Psychiatrists is involvement with the member.

525. Frequency of Psychiatrist Involvement (HI_Psychiatrist_Involvement_Daily_or_Weekly) Indicate the frequency of visits (daily, weekly) with the psychiatrist since admission or scheduled to occur.

526. Treatment Objectives: (HI_Treatment_Objective) Select the treatment objective upon admission that best describes the treatment goal for this level of care.

- **Return to pre-admission functioning**
- **Relieve acute symptoms, return to baseline functioning**
- **Relieve acute symptoms and stabilize for further treatment options**
- **Prevent further deterioration**

527 – 534 Level of Care: Identify factors which support the members need for a specific level of care by checking all that apply.

- **Failure to make sufficient progress or gains from outpatient services**
- **No attempted outpatient services but current symptom severity and functional impairments require more intensive treatment**
- **Intensive Outpatient programs not available**
- **Crisis Stabilization unit is not sufficient or available**
- **Requires step down from high intensity service and is not ready for traditional outpatient**
- **At risk for regression to point of requiring more intensive intervention or residential care**
- **Risk of harm to self, others and/or property that cannot be managed at a lower level of care**
- **Unable to care for physical or medical needs and requires intensive level of care**

EDI fields:

527. HI_LOC_Lack_Progress
528. HI_LOC_No_Outpatient
529. HI_LOC_No_Intensive_OP
530. HI_LOC_CSU_Insufficient

531. HI_LOC_Stepdown
532. HI_LOC_Regression_Risk
533. HI_LOC_Risk_Harm
534. HI_LOC_Incapable

535. Initial Discharge Plan: (HI_Initial_DC_Plan) Select an option below that best indicates the discharge plans known/planned at admission.

- **Return to previous environment with outpatient services**
- **Modify environment with outpatient services**
- **Partial Hospitalization program**
- **Intensive Outpatient**
- **Need a higher level of care**
- **Psychiatric Residential Treatment Facility (PRTF) < 21**
- **Residential Care**
- **Assertive Community Treatment**

536. Treatment, Progress and Engagement Methods: (HI_Tx_Progress_Engagement_Methods) Indicate the best option that describes the member's progress and engagement.

- **Symptom decline since admission, pending discharge**
- **Existing symptom decline although new symptoms emerging**
- **Symptoms remain at intensity of admission**
- **Potential for serious regression and readmission as seen by failed treatment passes, individual high risk for community integration**
- **Demonstrating progress, unit privileges increasing or therapeutic passes occurring without difficulty**

537 – 542 Treatment Methods Utilized: Indicate which methods are being used in the course of the member's treatment.

- **Group therapy**
- **Individual therapy**
- **Socialization**
- **Play/Art/Music Therapy**
- **Supportive Services**
- **Other (please identify service if this option is selected)**

EDI fields:

537. HI_Tx_Method_Group
538. Hi_Tx_Method_ Individ_Therapy
539. HI_Tx_Method_Skill_BM
540. HI_Tx_Method_Play_Art_Music
541. HI_Tx_Method_Supportive_Services
542. HI_Tx_Method_Other

543. Participation Level: (HI_Acheiving_Goals) Does individual actively participate and display interest in achieving treatment goals?

544. Therapeutic Passes: (HI_Therapy_Passes) Are therapeutic passes utilized? If so, please indicate the number since admission.

545. Number of Passes (HI_Number_Passes) Indicate the number of passes from the facility.

546. Compliance: (HI_Tx_Compliance) Is the member compliant with treatment and/or medications? If member has not been compliant, indicate the number of consecutive days the member was non-compliant.

547. Number days non-compliant (HI_Tx_Days_Noncompliant)

548. Med Compliance: (HI_Med_Compliance) Indicate whether the member is compliant with medications prescribed.

549. Number of days non-compliant (HI_Med_Days_Noncompliant) Identify the number of days non-compliant with prescribed medications.

550. Family therapy: (HI_Family_Therapy) Is the family therapy occurring? If so, please indicate the frequency and indicate which family members are participating.

551. Frequency of family therapy: (HI_Family_Frequency_Weekly) Indicate the frequency of family therapy.

552 – 560 Family Members Participating: Identify the family members actively participating in the family therapy sessions and their method of involvement.

552. Spouse/Partner (HI__CS_Family_Spouse_Partner)
553. Parent (HI_CS_Family_Parent)
554. Sibling (HI_CS_Family_Sibling)
555. Child (HI_CS_Family_Child)
556. Guardian (HI_CS_Family_Guardian)
557. Foster Parents (HI_CS_Family_Foster_Parents)
558. Other (HI_CS_Family_Other)
559. Other, describe (HI_CS_Family_Other_Describe)
559. In-person (HI_CS_Method_of_Involvement_In_Person)
560. Telephone (HI_CS_Method_of_Involvement_Phone)

562—575. Precautions/Psychiatric Interventions
Check all the precautions/interventions that apply to member. If Intermittent Restraints or Critical Incidents is checked complete the drop down menu for each with number and type of restraints used. Use the text box to explain continued/new precautions, specific to frequency, number & type.

562. Suicide Precautions (HI_Precaution_Suicide_CS)
563. Homicide Precautions (HI_Precaution_Homicide_CS)
564. Physical Restraint (Once) (HI_Precaution_Physical_Restraint_Once_CS)
565. Intermittent Physical Restraint (HI_Precaution_Physical_Restraint_Intermittent_CS)
566. Assault Precautions (HI_Precaution_Assault_CS)
567. Seclusion Precautions (HI_Precaution_Seclusion_CS)

568. Locked Unit (HI_Precaution_Locked_Unit_CS)
569. Observation at least every 30 minutes (HI_Precaution_Observation_Thirty_Minutes_CS)
570. Sex Offender Precautions (HI_Precaustion_Sex_Offender_CS)
571. Elopement Precautions (HI_Precaution_Elopement_CS)
572. Critical Incidents (HI_Precaution_ECT_Initial_CS)
573. ECT (initial) (HI_Precaution_ECT_Maintenance_CS)
574. ECT (maintenance) (HI_Precaution_Behavioral_Intervention_CS)
575. Behavioral Intervention (HI_Precaution_Critical_Incidents_CS)

576. Explanation Area: (HI_Precaution_Explanation_CS) Explain new and continued precautions, including frequency, number and type.

577. Laboratory Findings: (HI_Lab_Findings_CS) Are there any subsequent/continued abnormal lab results not reported on initial request?

578. Laboratory Information: (HI_Lab_Findings_Description_CS) Indicate information related to continued abnormal lab results not previously reported on earlier requests. Use the text box to explain, i.e. drug levels not available at admission, elevated Lithium or Depakote levels or increase in glucose levels due to initiation of some antipsychotics.

579. Discharge Plans: (HI_DC_Plan_CS) Indicate the current discharge plan for the member.

- **Return to previous environment with outpatient services**
- **Modify environment with outpatient services**
- **Partial Hospitalization program**
- **Intensive Outpatient**
- **Need a higher level of care**
- **Psychiatric Residential Treatment Facility (PRTF) < 21**
- **Residential Care**
- **Assertive Community Treatment**

580 – 597 Medication Administration Indicate medication changes or adjustments to initial regimen.

580. HI_CS_Med_Antidepressant
581. HI_CS_Med_Antidepressant_Other
582. HI_CS_Med_Anticholinergics
583. HI_CS_Med_Anticholinergic_Other
584. HI_CS_MEDS_MoodStabilizer
585. HI_CS_MEDS_Mood_Other
586. HI_CS_MEDS_AntiPsychotic
587. HI_CS_MEDS_Psychotic_Other
588. HI_CS_MEDS_Antianxiety
589. HI_CS_MEDS_Anxiety_Other
590. HI_CS_MEDS_AntiConvulsant
591. HI_CS_MEDS_Convulsant_Other
592. HI_CS_MEDS_Hypnotic
593. HI_CS_MEDS_Hypnotic_Other
594. HI_CS_MEDS_Stimulant

595. HI_CS_MEDS_Stimulant_Other
596. HI_CS_MEDS_Other
597. HI_CS_MEDS_Other_Other

598 – 633 Dosage and Adjustment fields:

598. HI_CS_Med_Antidepressant_Dose
599. HI_CS_Med_Antidepressant_Adjustment
600. HI_CS_Med_Antidepressant_Other_Dose
601. HI_CS_Med_Antidepressant_Other_Adjustment
602. HI_CS_Med_Anticholinergics_Dose
603. HI_CS_Med_Anticholinergics_Adjustment
604. HI_CS_Med_Anticholinergic_Other_Dose
605. HI_CS_Med_Anticholinergic_Other_Adjustment
606. HI_CS_MEDS_MoodStabilizer_Dose
607. HI_CS_MEDS_MoodStabilizer_Adjustment
608. HI_CS_MEDS_Mood_Other_Dose
609. HI_CS_MEDS_Mood_Other_Adjustment
610. HI_CS_MEDS_AntiPsychotic_Dose
611. HI_CS_MEDS_AntiPsychotic_Adjustment
612. HI_CS_MEDS_Psychotic_Other_Dose
613. HI_CS_MEDS_Psychotic_Other_Adjustment
614. HI_CS_MEDS_Antianxiety_Dose
615. HI_CS_MEDS_Antianxiety_Adjustment
616. HI_CS_MEDS_Anxiety_Other_Dose
617. HI_CS_MEDS_Anxiety_Other_Adjustment
618. HI_CS_MEDS_AntiConvulsant_Dose
619. HI_CS_MEDS_AntiConvulsant_Adjustment
620. HI_CS_MEDS_Convulsant_Other_Dose
621. HI_CS_MEDS_Convulsant_Other_Adjustment
622. HI_CS_MEDS_Hypnotic_Dose
623. HI_CS_MEDS_Hypnotic_Adjustment
624. HI_CS_MEDS_Hypnotic_Other_Dose
625. HI_CS_MEDS_Hypnotic_Other_Adjustment
626. HI_CS_MEDS_Stimulant_Dose
627. HI_CS_MEDS_Stimulant_Adjustment
628. HI_CS_MEDS_Stimulant_Other_Dose
629. HI_CS_MEDS_Stimulant_Other_Adjustment
630. HI_CS_MEDS_Other_Dose
631. HI_CS_MEDS_Other_Adjustment
632. HI_CS_MEDS_Other_Other_Dose
633. HI_CS_MEDS_Other_Other_Adjustment

634. Initial Request (ORF_Initial_Request): Is this an initial request for treatment?

635. Number of Charges filed for Sex Related offenses without conviction: (ORF_Charges_No_Conviction) Indicate the number of charges filed without conviction. Select the range most appropriate.

- **Zero**

- **1-2**
- **3-5**
- **6-9**
- **10+**

636. Number of Convictions for Sex Related Offenses: (ORF_Convictions) Indicate number of convictions received by the member for sex related offenses. Choose from the best range below.

- **Zero**
- **1-2**
- **3-5**
- **6-9**
- **10+**

637. Age at First Offense: (ORF_Age_First_Offense) Indicate the age of the member at the time of his/her first offense.

638. Age of first conviction of Sex Related offense: (ORF_Age_First_Conviction) Indicate age of the member at first conviction.

639. Gender of Victim(s): (ORF_Victim_Gender) Indicate the gender of the victim(s).

640 – 643 Relationship of Offender to Victim(s) (check all that apply)

640. Biological Family/Step Family/Foster Family member (ORF_Victim_Family)
641. Friends/Children of friends/ Neighbor (ORF_Victim_Friend)
642. Acquaintance (ORF_Victim_Acquaintence)
643. Stranger (ORF_Victim_Stranger)

644. Number of Known Victims: (ORF_Known_Victims) Indicate the number of known victims.

645 – 649 Age Range: Identify the age range of the victim(s).

645. Birth to Three (ORF_Victim_Age_Three)
646. Four to Six (ORF_Victim_Age_Four_Six)
647. Seven to Twelve (ORF_Victim_Age_Seven_Twelve)
648. Thirteen to Seventeen (ORF_Victim_Age_Thir_Seventeen)
649. Eighteen and above (ORF_Victim_Age_Eighteen)

650 – 651 Member history of abuse: Does the member have a history of physical and/or sexual abuse?

650. (ORF_Hx_Physical_Abuse)
651. (ORF_Hx_Sexual_Abuse)

652. Member history of neglect: (ORF_Hx_Neglect) Does the member have a history of neglect?

653. Identify the IQ range of the member: (ORF_IQ) Indicate whether the IQ level is above, within, or below normal IQ ranges.

654. Date of Most Recent Offense: (ORF_Date_Most_Recent) Identify the date in mm/dd/yyyy format.

655 – 661 Indicate if any of these are present:

655. Deviant Arousal (ORF_Deviant_Arousal)
656. Crosses Physical Boundaries (ORF_Phsyical_Boundaries)
657. Use Coercion/Threats/Force (ORF_Coercion_Force)
658. Exhibitionism (ORF_Exhibitionism)
659. Frotterism (ORF_Frotterism)
660. Pedophilia (ORF_Pedophilia)
661. Pervasive Anger (ORF_Pervasive_Anger)

662. Level of Honesty: (ORF_Denial_Honesty) Indicate the member's level of honesty with the choices below.

- **Denies offenses and/or seriousness**
- **Recognizes offenses but minimizes occurrences and consequences for self**
- **Recognizes offenses and minimizes impact for victim**
- **Accepts responsibility, exhibits appropriate guilt/remorse (not superficial)**

663 – 664 Level of Care: Indicate previous treatment specific to offenses.

663. Past Inpatient Offender Treatment (ORF_LOC_Past_IP_Offender_Tx)
664. Past Outpatient Offender Treatment (ORF_LOC_Past_OP_Offender_Tx)

665. Contradictory Factors to Outpatient: (ORF_LOC_Contraindicating_OP) Indicate if contradictory factors to outpatient care are present. Identify any factors contradictory to outpatient care are present.

666—669. Factors Contraindicated to Outpatient Care: Identify factors that contraindicate outpatient care from the choices below.

666. Persistent denial although irrefutable evidence of offense (ORF_LOC_Cfactors_Persistent_Denial)
667. Ritualized, prescribed behavior (i.e., witchcraft) (ORF_LOC_Cfactors_Ritualized_Prescribed)
668. Use of overt violence, humiliation, sadism. High risk to re-offend (ORF_LOC_Cfactors_Violence_Sadism)
669. IQ level or cognitive impairments presents need for higher level of care (ORF_LOC_Cfactors_Cognitive_Impairment)

670. Re-offense Potential: (ORF_LOC_Reoffense_ Potential) Rate the risk of re-offending based upon the providers clinical evaluation. Select High, Medium, or Low.

671 – 677 Anticipated Benefit of Further Treatment: Per the physician, indicate the anticipated benefit from further treatment. Mark all that apply.

671. Increased self-regulation and social skills (ORF_LOC_Benefit_Self_Regulation)
672. Assume responsibility for current offense and its impact on victim(s) (ORF_LOC_Benefit_Responsibility)
673. Complete a relapse prevention plan (ORF_LOC_Benefit_Prevention)
674. Identify earliest precursors to the offense and develop skills for more self-management of all risk factors (ORF_LOC_Benefit_Manage_Risk)
675. Internalize skills necessary for relapse prevention and self-management (ORF_LOC_Benefit_Internalize)
676. Recognize unresolved areas from prior treatment experiences (ORF_LOC_Benefit_Unresolved_Areas)
677. Individual has re-offended and requires further treatment (ORF_LOC_Benefit_Reoffended)

678. Provider Assessments/Screenings:(ORF_LOC_Assessment_Used_Results)
Identify which provider assessments and/or screenings have been utilized and include the results of each instrument.

679 – 698 Treatment Progress: Identify the areas of treatment progress by marking all that apply.

EDI fields:

679. Acknowledgement of responsibility for offenses without denial, minimization or projection of blame (ORF_CS_Progress_Responsibility)
680. Behavior demonstrates progress toward treatment goals (ORF_CS_Progress_Demonstrated)
681. Ability to discern contributing factors to offending cycle (ORF_CS_Progress_Discern_Factors)
682. Positive changes in or resolution of contributing factors to sexually abusive behavior (ORF_CS_Progress_Positive_Change)
683. Capacity for victim empathy/demonstration of empathic thinking (ORF_CS_Progress_Empathy)
684. Ability to manage stress and modulate negative feelings (ORF_CS_Progress_Manage_Stress)
685. Improvement in self-esteem (ORF_CS_Progress_Self_Esteem)
686. Increase in positive sexuality (ORF_CS_Progress_Positive_Sexuality)
687. Interaction/involvement with pro-social peers (ORF_CS_Progress_Pro_Social)
688. Positive family interactions (ORF_CS_Progress_Family)
689. Openness in examining thoughts, fantasies and behavior (ORF_CS_Progress_Openness)
690. Ability to reduce and maintain control of deviant sexual arousal (ORF_CS_Progress_Control_Deviance)
691. Reduction of deviant fantasies and concurrent increases in healthy, non-abusive, pro-social sexual fantasies (ORF_CS_Progress_Reduce_Deviance)

692. Ability to counter irrational thinking/thinking errors (ORF_CS_Progress_Counter_Irrational)
693. Ability to interrupt cycles and seek help when destructive or risk behavior patterns begin (ORF_CS_Progress_Interrupt_Cycle)
694. (Assertiveness and communication (ORF_CS_Progress_Assertiveness)
695. Resolution of personal victimization or loss issues (ORF_CS_Progress_Loss_Issues)
696. Ability to experience pleasure in normal activities (ORF_CS_Progress_Pleasure_Normal)
697. Ability to communicate and understand behavior patterns in the treatment milieu and correlate them to behavior in home/community (ORF_CS_Progress_Understand_Behavior)
698. Family's ability to recognize the risk factors in the individual's cycle and help to manage in an alternate way and/or seek help. (ORF_CS_Progress_Family_Manage_Alternatives)

699. Type of Discharge: (DC_Type)

- **Planned**
- **Unplanned**

700. Type of Unplanned Discharge: (DC_Unplanned_Type)

- **Administrative Discharge**
- **Against Medical Advice**
- **Services not initiated by Member**
- **Lack of Participation/Missed Appointments**
- **Did Not Follow Treatment Recommendations**
- **Deceased**
- **Member Relocated (Geographic Relocation)**
- **Member Requested Discharge**
- **Aged Out of Services**
- **Corrections/Jail**

701. Last Day Services Provided: (DC_Last_Date_Service) Indicate the last date of service provided to the member.

702. Recommended Plan: (DC_Recommended_Plan) Identify the recommendation provided to the member.

- **No further treatment services needed**
- **Referred to less intensive services**
- **Referred to more intensive services**
- **Referred to same level of care services with a different provider**
- **No plan developed due to unplanned departure**

703. Service Outcome: (DC_Outcome) Identify the outcome of the services provided by your organization.

- **Symptoms ameliorated; Treatment goals achieved**
- **Symptom reduction resulting in a return to baseline functioning**
- **Progress achieved resulting in need for less intensive services**
- **Minimal progress due to increasing symptoms; Need for higher level of care**
- **Not measureable due to lack of treatment involvement**

704. Discussion Area: (DC_Discussion) Include any additional factors related to discharge in this free text field. If you are discharging from Assertive Community Treatment, this field must include further discharge information.

705. Retrospective Request: (Retrospective_Request) Identify if you are submitting a retrospective request.