

# Questionnaire: Behavioral Health Homes (BHH)

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## Behavioral Health Homes (BHH)

1. *What tool was completed?*

(Please select one.)

CANS  ASQ  CAFAS  YOQ  LOCUS  PECFAS

**If you answered "CANS" on question 1**

1.1.1. *Date of CANS assessment:*

1.1.2. *Indicate scores two or higher in both of the following sections: Child Behavioral/Emotional Needs AND Life Domain Functioning:*

**If you answered "ASQ" on question 1**

1.1.1. *ASQ Score:*

1.1.2. *Date ASQ completed:*

**If you answered "CAFAS" on question 1**

1.2.1. *Date CAFAS completed:*

1.2.2. *CAFAS Score:*

**If you answered "LOCUS" on question 1**

**Instructions:** REQUIRED - LOCUS composite score must be a numerical value between 0-35. Only numbers should be entered in this box.

1.4.1. *LOCUS Composite Score:*  
Min/Max - 0/35; No decimal places allowed

**Instructions:** REQUIRED – Date LOCUS Completed must be a date in the following format MM/DD/YYYY. Please do not enter a date in any other format.

1.4.2. *Date LOCUS Completed:*

1.4.3. *LOCUS Level of Care:*  
Min/Max - 0/10; No decimal places allowed

1.4.4. *LOCUS Rater ID#:*

1.4.5. *Name and credentials of who completed the LOCUS assessment:*

**If you answered "PECFAS" on question 1**

1.5.1. *PECFAS Score:*

1.5.2. *Date PECFAS completed:*

2. *What covered services have been provided during the last review period?*

- Care Coordination
- Comprehensive Case Management
- Comprehensive Transitional Care
- Health Promotion
- Individual and Family Support Services

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**Adult Service Only**

**Instructions:** For Behavioral Health Homes, providers must conduct an initial face-to-face intake or initial assessment visit within seven (7) calendar days of referral, regardless of source of referral.

1. *Is this your first CSR?*

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 1**

1.1.1. *Date of referral:*

**Instructions:** Members have the option to be placed on hold for service if the agency, upon receipt of a referral from any source, has determined that it does not have the capacity to conduct an intake or initial assessment within seven (7) calendar days as required in Sec. 92.02-4. To be placed on hold for service, providers must offer the member alternatives to being placed on hold for service, including but not limited to giving information on other service providers within a 25-mile radius servicing the area. This information shall be provided in writing. Should members wish to be on hold for service with an agency, the provider will document the member choice and the offering of alternatives in the member's referral record. At this time, the seven (7) calendar day face-to-face requirement will be suspended. Agencies must follow up with members no more than thirty (30) calendar days after being placed on hold to reevaluate their desire to remain on hold for service, which will be documented in the member record. Agencies must continue to follow up with members in successive thirty (30) day increments to reevaluate the member's desire to remain on hold. When the agency has determined it has the capacity to serve the member, it will contact the member immediately and have seven (7) calendar days to conduct the intake or initial assessment.

1.1.2. *Was this person holding for service?*

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 1.1.2**

1.1.2.1.1. *Since which date was the consumer holding for service:*

1.1.3. *Date Case Worker assigned:*

1.1.4. *Date seen face to face:*

2. *Does the member receive Vocational Rehabilitation Services?*

(Please select one.)

- Yes
- No

3. *Does the member currently have a rent subsidy or live in subsidized housing?*

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 3**

3.1.1. *Please indicate what type of rent subsidy or subsidized housing:*

(Please select one.)

- Bridging Rental Assistance Program (B.R.A.P.)
  - Building is subsidized
  - Section 8
  - Shelter Plus Care
  - Veteran's Housing
  - Other
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