

Questionnaire: Child Behavioral Health Homes (BHH)

Behavioral Health Homes (BHH)

1. *Is this request a new treatment/episode of care?*

(Please select one.)

- Yes
 No

2. *What tool was completed?*

(Please select one.)

- CANS ASQ CAFAS YOQ LOCUS PECFAS

If you answered "CANS" on question 2

2.1.1. *Date of CANS assessment:*

2.1.2. *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 2

2.1.1. *ASQ Score:*

2.1.2. *Date ASQ completed:*

If you answered "CAFAS" on question 2

2.2.1. *Date CAFAS completed:*

2.2.2. *CAFAS Score:*

If you answered "LOCUS" on question 2

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

2.4.1. *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.

2.4.2. *Date LOCUS Completed:*

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

2.4.4. *LOCUS Rater ID#:*

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

If you answered "PECFAS" on question 2

2.5.1. *PECFAS Score:*

2.5.2. *Date PECFAS completed:*

3. *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

