



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
BMS90007

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BUREAU FOR MEDICAL SERVICES
 ROOM 251
 350 CAPITOL STREET
 CHARLESTON, WV
 25301-3709 304-558-1737

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
05/15/2009				

BID OPENING DATE: 06/10/2009 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 8						
1. TO INCLUDE THE ATTACHMENTS TO ADDENDUM #7. 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
EXHIBIT 10						
REQUISITION NO.: BMS90007						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO.'S:						
NO. 1						
NO. 2						
NO. 3						
NO. 4						
NO. 5						
I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
5. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
14. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
15. **WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in case of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
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<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p>..... SIGNATURE COMPANY DATE</p> <p>REV. 11/96</p> <p>END OF ADDENDUM NO. 8</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
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Attachment A

RESIDENTIAL PROGRAMS

12/2/08

+

ACT UNIT
VALLEY HEALTH CARE
100 Crosswind Drive
Fairmont, WV 26554
Cindie Wilson, Director
(304) 363-2228

10 Treatment Beds
L.O.S: 21-28 days

Provides drug & alcohol treatment for males and females in a residential setting

AMITY CENTER*****
WESTBROOK HEALTH SERVICES
1011 Mission Drive
Parkersburg, WV 26101
Dee Prince, Director
(304) 485-1781

12 Treatment Beds
L.O.S. 21-28 days

Provides clinically managed residential detoxification services; drug & alcohol treatment for males & females. Accepts chapter 27 involuntarily committed clients statewide.

DOCTOR LEE JONES
MIRACLES HAPPEN CENTER
201 Edgington Lane
Wheeling, WV 26003
Russ Taylor, Director
(304) 242-0217

10 Treatment Beds
L.O.S. 90 days
Males only

FMRS-MOTHER (Females)***
Women's Specialized Residential Program
(304) 256-7146 (Long-Term)
After 4:30pm call (304) 256-7100 - Let the crises worker know you are seeking a bed for a male or female whatever the case;

20 Treatment Beds for women and women with children. Involuntary committed chapter 27 female clients statewide are accepted through the Safe Haven program and are assessed for the MOTHER program when appropriate.

Meets federal guidelines for a women's specialized residential program. Provides substance abuse treatment for women with or without children for 6 months.

RESIDENTIAL PROGRAMS

+

12/2/08

FMRS-LEARN (Males)*****

(Long-Term)

Males (304) 256-7144

After 4:30pm call (304) 256-7100 - Let the crises worker know you are seeking a bed for a male or female whatever the case;

20 treatment beds for men. Involuntary male clients are accepted through the Safe Haven program and are assessed for the LEARN program as appropriate. Provides substance abuse treatment for males with a length of stay up to 90 days.

FUTURES RESIDENTIAL TREATMENT CENTER (Males)

118 Stratton Street

Logan, WV 25601

(304) 792-7260

Sharon Bevins, Director

9 treatment beds for men

Provides substance abuse treatment for males with a length of stay up to 90 days.

JOHN D. GOOD RECOVERY CENTER *****

Box 223

Hopemont, WV 26764

Dave Hoover, Unit Manager

Hope Uphold, Admissions Coordinator

Telephone: (304) 789-3142

38 Treatment Beds

L.O.S.- Usually 10 days

**Medically Monitored Detoxification,
Recovery Community**

Provides intensive inpatient detoxification & assessment for females and males.

Primary program for involuntarily committed consumers in the northern part of the state, but will take referrals state-wide. Accepts voluntary patients as well. Three to six months long-term for consumers who have completed a short term residential program. Will provide transportation if necessary to and from unit.

MIRADOR WEST

(Long Term Women's Program)

Women's Specialized Residential Program

Parkersburg, WV 26101

Director: Karen Schimmel

Contact: Melissa Nelson

Telephone: (304) 485-1721

4 treatment beds

Meets federal guidelines for a women's specialized residential program.

Provides substance abuse treatment for women with or without children for up to 6 months.

LEGENDS (Men's Long-Term Residential)

327 Mercer Street

Princeton, WV 24740

Contact: Rose Lockhart

Telephone: (304) 425-9489

10 Treatment Beds

Males only

Provides substance abuse treatment for males with a length of stay up to 90 days.

MID-OHIO-VALLEY FELLOWSHIP HOME
(Long-Term residential)
Women's Specialized Residential Program
1030 George Street
Parkersburg, WV 26101
Patrice Pooler, Director
Telephone: (304) 485-3341

NEW BEGINNINGS
(WOMEN'S LONG-TERM RESIDENTIAL)
Columbia Street,
Fairmont WV 26554
Nancy Deming, Supervisor
Telephone: (304) 363-2500

PARCER PROGRAM
7004 Kanawha Street
Saint Albans, WV 25177
Kay Lane, Operations Mgr. 766-7336
Telephone: (304) 722-3368

PARCWAY*****
PRESTERA CENTER
P. O. Box 8069 Huntington, WV 25705
Detoxification
Tami Smith, RN-CARN
Nursing Supervisor, Residential Supervisor
Telephone: (304) 525-7851, ext. 1012
After hours same #, ext. 2545

PARCWEST
1420 Washington Avenue,
Huntington, WV 25704
Tami Smith, RN-CARN
Nursing Supervisor, Residential Supervisor
Telephone: (304) 697-1790 ext. 2547

RENAISSANCE WOMEN & CHILDREN'S
PROGRAM (LONG-TERM)
Women's Specialized Residential Program
P.O. Box 8069
Huntington, WV 25705
Kim Miller, Director of Women's Substance
Abuse Services
Telephone: (304) 525-4673

6 Treatment beds for women with children
L.O.S. 6 months to 1 year

Meets federal guidelines for a women's specialized residential program.
Provides substance abuse treatment for women & women with children.

8 Beds (Women's Transitional Facility)

L.O.S. 6 months to one year

Provides substance abuse treatment for women without children.

20 Treatment Beds
L.O.S. 6 months to 1 year

Provides substance abuse treatment for men.

13 Detox Beds -Medically Monitored
Detoxification
L.O.S. 5-7 days

Provides Medically Monitored Intensive Inpatient Detoxification treatment for males & females. One of the primary programs for Chapter 27 consumers in the southern part of the state and all counties when beds are available.

20 Treatment Beds
L.O.S. 18-21 days

Provides treatment for males & females.

12 Beds for women with children

8 Beds for women w/o children

12 Expansion Beds for women w/children

L.O.S. 6 months to two years

Provides substance abuse treatment for women with or without children.
Meets federal guidelines for a women's specialized residential program.

* Means program most likely to accept Chapter 27 involuntary patients.

MCO Covered Services for Mountain Health Choices Program

The following charts present the benefit packages under Mountain Health Choices, the Medicaid redesign program, for adults and children. Covered services for both the basic and enhanced benefit packages are presented below. Under Mountain Health Choices, MCO enrollees will receive the enhanced benefit package if they sign the West Virginia Medicaid Member Agreement and agree to a Health Improvement Plan with their PCP. Otherwise, MCO enrollees will receive the basic benefit package.

MCO Covered Services for Mountain Health Choices Program - Adults

Medicaid Benefits at a Glance Mountain Health Choices - Adults		
Benefit Description	Basic (Adult)	Enhanced (Adult)
Inpatient Hospital Care	Prior Auth Required	Prior Auth Required
Inpatient Hospital Rehabilitation	Not Covered	Not Covered
Inpatient Hospital Psychiatric Services	Not Covered	Prior Auth Required - maximum benefit of 30-days/year
Outpatient Surgery/Services	Covered (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Diagnostic x-ray, laboratory services and testing	Covered (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Primary Care Office Visits	Covered	Covered
Physician Office Visits - specialty care*	Covered	Covered
Occupational/Speech/Physical Therapy	Covered - maximum benefit of 20/year Prior Auth Required (Total allowed for all therapies combined)	Covered Prior Auth Required
Weight Management	Not Covered	Covered
Home Health Services	Covered - maximum benefit of 25/year (Prior Auth Required)	Covered (Prior Auth Required)
Durable Medical Equipment	Covered - limited to \$1000 per year with Prior Auth required if limits exceeded (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Non-emergency Medical Transportation	Covered - maximum benefit of 10/year (5 round trips)	Covered
Ambulance Services	Emergent Only	Covered

Medicaid Benefits at a Glance Mountain Health Choices - Adults		
Benefit Description	Basic (Adult)	Enhanced (Adult)
Prescriptions	Limited - 4/month	Covered
Hospice	Covered	Covered
Emergency Dental Services	Covered	Covered
Orthotics and Prosthetics	Covered (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Tobacco Cessation Programs	Not Covered	Covered
Family Planning	Covered	Covered
Cardiac Rehabilitation	Not Covered	Covered (Prior Auth Required)
Pulmonary Rehabilitation	Not Covered	Covered (Prior Auth Required)
Chiropractic Services	Not Covered	Covered (Prior Auth Required)
Podiatry Services	Not Covered	Covered
Chemical Dependency/Mental Health Services* (limited)	Not Covered	Covered - maximum benefit of 20 visits/year
Diabetes Education/Nutritional Counseling	Not Covered	Covered
Nutritional Educational Services	Not Covered	Covered
Nursing Home Services	Covered (Prior Auth Required)	Covered (Prior Auth Required)

*Psychiatrist/Psychologist Services covered under Specialty Care

MCO Covered Services for Mountain Health Choices Program - Children

Medicaid Benefits at a Glance Mountain Health Choices - Children		
Benefit Description	Basic (Children)	Enhanced (Children)
Well Child Visits (EPSDT Services)	Covered	Covered
Inpatient Hospital Care	Prior Auth Required	Prior Auth Required
Inpatient Hospital Rehabilitation	Prior Auth Required	Prior Auth Required
Inpatient Hospital Psychiatric Services	Prior Auth Required - maximum benefit of 30 days/year	Prior Auth Required
Outpatient Surgery/Services	Covered (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)

Medicaid Benefits at a Glance Mountain Health Choices - Children		
Benefit Description	Basic (Children)	Enhanced (Children)
Diagnostic x-ray, laboratory services and testing	Covered (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Primary Care Office Visits	Covered	Covered
Physician Office Visits - Specialty Care	Covered	Covered
Birth to Three Services	Covered	Covered
Occupational/Speech/Physical Therapy	Covered - maximum benefit of 20/year (total allowed for all therapies combined) (Prior Auth Required)	Covered (Prior Auth Required)
Weight Management	Not Covered	Covered
Home Health Services	Covered - maximum benefit of 25/year	Covered
Durable Medical Equipment	Covered - limited to \$1000 per year with Prior Auth required if limit exceeded (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Non-emergency Medical Transportation	Covered - 10/year (5 round trips)	Covered
Ambulance Services	Covered	Covered
Prescriptions	Limited - 4 per month	Covered
Hospice	Covered	Covered
Vision Services	Comprehensive eye exam, glasses - maximum benefit of \$750/year	Comprehensive eye exam, glasses, contact lenses, vision training
Emergency Dental Services	Covered	Covered
Dental Exams (dental check-ups)	Covered - 2/year	Covered
Hearing Services/Aids/Supplies	Annual exam and hearing aids when medically necessary	Covered
Orthotics and Prosthetics	Covered (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Tobacco Cessation Programs	Covered	Covered
Family Planning	Covered	Covered

Medicaid Benefits at a Glance Mountain Health Choices - Children		
Benefit Description	Basic (Children)	Enhanced (Children)
Cardiac Rehabilitation	Covered (Prior Auth Required)	Covered (Prior Auth Required)
Pulmonary Rehabilitation	Covered (Prior Auth Required)	Covered (Prior Auth Required)
Chiropractic Services	Not Covered	Not Covered
Podiatry Services	Not Covered	Covered
Chemical Dependency/Mental Health Services (limited)	Covered - maximum benefit of 26/year (Prior Auth Required)	Covered (Prior Auth Required)
Diabetes Education/Nutritional Counseling	Covered	Covered
Nutritional Education Services	Not Covered	Covered
Skilled Nursing Care (Private Duty Nursing)	Not Covered	Covered (Limited to 180 days/yr --Prior Auth Required)

*Medically necessary services, as set forth in the Social Security Act, Section 1905 (42 USC 1396d(a)) and identified by an EPSDT (early and periodic screening, diagnostic and treatment services) screen will be provided either at the medical home or referred to an appropriate provider.

NOTE: If federal government rules or West Virginia state law should change such that Medicaid covered services are altered, such changes will flow through to the MCO contract and payment will be modified accordingly.

Services that are experimental, unsafe, or generally not recognized as an accepted method of medical practice or treatment are not covered. Supplies, items, or equipment determined to be non-medical in nature are not covered.

MCO Covered Services for the Traditional Benefit Package

The following chart presents the covered services under the traditional benefit package (for those not participating in Mountain Health Choices).

MCO Covered Services for the Traditional Benefit Package

MEDICAL SERVICE	DEFINITION	SCOPE OF BENEFITS	LIMITATION ON SERVICES
Ambulatory Surgical Center Services	Any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization.	Nursing, technicians, and related services. Use of the facilities where surgical procedures are performed; drugs, biologicals, surgical dressings, splints, casts, appliances, and equipment directly related to the provision of the surgical procedure; diagnostic or therapeutic services or items directly related to the provision of a surgical procedure. Materials for anesthesia.	Physician services; lab & x-ray; prosthetic devices; ambulance; leg, arm, back, and neck braces; artificial limbs and DME are excluded.
Chiropractor Services	Services provided by a chiropractor consisting of manual manipulation of the spine.	Manipulation to correct subluxation. Radiological examinations related to the service.	Certain procedures may have service limits..
Clinic Services	Preventive, diagnostic, therapeutic, rehabilitative, or palliative services furnished by a clinic (that is not part of a hospital) on an outpatient basis.	General clinics, birthing centers and health department clinics, including vaccinations for children.	
Dental Services (Adult)	Services provided by a dentist, orthodontist, or oral surgeon.	Emergency services.	Adult coverage limited to treatment of fractures of mandible and maxilla, biopsy, removal of tumors, and emergency extractions. TMJ surgery and treatment not covered for adults.
Certain Inpatient and Outpatient Dental Services (Children < 21)	Certain services provided in an inpatient or outpatient setting by a dentist, orthodontist or oral surgeon (not listed as covered under fee-for-service Medicaid).	Emergency, diagnostic, preventive restorative procedures, and prosthodontics.	Provided to individuals under age 21. Services provided by a dentist, orthodontist or oral surgeon or dental group are provided under fee-for-service Medicaid.
Early and Periodic Screening, Diagnoses and Treatment (EPSDT)	Early and periodic screening and diagnostic services to determine psychological or physical conditions in recipients under age 21: Based on a periodically schedule.	Health care, treatment, and other measures to correct or ameliorate any medical or psychological conditions discovered during a screening.	Limited to individuals under age 21.
Family Planning Services & Supplies	Services to aid recipients of child bearing age to voluntarily control family size or to avoid or delay an initial pregnancy.	Family planning clinics, private physicians, services, and supplies.	Sterilization is not covered for recipients under age 21, for recipients in institutions, or for those who are mentally incompetent. Hysterectomies and pregnancy terminations are not considered family planning services. Treatment for infertility is not covered.

MEDICAL SERVICE	DEFINITION	SCOPE OF BENEFITS	LIMITATION ON SERVICES
Handicapped Children's Services/ Children with Special Health Care Needs Services	Specialty services provided to handicapped children and those who may be at risk of handicapping conditions.	Specialty medical care, diagnosis and treatment.	Services are provided to children under 21 with the following diagnoses, but not limited to: cystic fibrosis; myelocystomeningocele/myelodysplasia; congenital heart defects; craniofacial deformities; seizure disorders; and metabolic disorders.
Home Health Care Services	Nursing services, home health aide services, medical supplies suitable for use in the home.	Provided at recipients' place of residence on orders of a physician.	Residence does not include hospital nursing facility, ICF/MR, or state institution. Certain suppliers have service limits.
Hospice	In-home care provided to a terminally ill individual as an alternative to hospitalization.	Nursing care, physician services, medical social services, short-term inpatient care, durable medical equipment, drugs, biologicals, home health aide, and homemaker.	Must have physician certification that recipient has a life expectancy of 6 months or less. Recipient waives right to other Medicaid services related to the terminal illness.
Hospital Services, Inpatient	Hospital services, provided for all recipients on an inpatient basis under the direction of a physician.	All inpatient services, including bariatric surgery, and organ transplant coverage of kidney, kidney/pancreas, liver, bone marrow, cornea, lung, heart, heart/lung, small intestine, and multi-visceral.	Excludes those adults in institutions for mental diseases. Excludes behavioral health inpatient stays with a DRG of 425-433. Unlimited medically necessary days based on diagnosis related groups. Transplant services must be in a facility approved as a transplant center by Medicare and prior authorized by Medicaid. Prior authorization required for all inpatient admissions.
Hospital Services, Outpatient	Medical services furnished on an outpatient basis by a hospital, regardless of the type of provider ordering the service.	Preventive, diagnostic, therapeutic, all emergency services, or rehabilitative medical services.	Services not generally furnished on an inpatient basis by most hospitals in the state. Only technical component of certain services.
Laboratory and X-Ray Services, Non-Hospital	Laboratory and x-ray services provided in a facility other than a hospital outpatient department.	All laboratory and x-ray services ordered and provided by or under the direction of a physician.	Must be ordered by physician. Certain procedures may have service limits.
Nurse Practitioners' Services	Services provided by a nurse midwife, nurse anesthetist, family or pediatric nurse practitioner.	Specific services within specialty.	Certain procedures may have service limits.
Other Services Speech Therapy Physical therapy Occupational Therapy	NA	Treatment or other measures provided by speech, physical or occupational therapists to correct or ameliorate any condition within the scope of their practice.	Hearing aid evaluations, hearing aids, hearing aid supplies, batteries and repairs are limited to recipients under age 21. Certain procedures may have service limits, or require prior authorization. Augmentation communication devices limited to children under 21 years of age and require prior approval.
Physician Services	Services of a physician to a recipient on an inpatient or outpatient basis.	Services are provided within the scope of medical practice of an MD or D.O. includes medical or surgical services of a dentist.	Certain procedures may have service limits, or require prior authorization.
Podiatry Services	Foot care services.	Treatment for acute conditions, i.e. infections, inflammations, ulcers, bursitis, etc. Surgeries for bunions, ingrown toe nails. Reduction of fractures, dislocation, and treatment of sprains. Orthotics.	Treatment of children limited to acute conditions. Routine foot care treatment for flat foot, and subluxations of the foot are not covered.

MEDICAL SERVICE	DEFINITION	SCOPE OF BENEFITS	LIMITATION ON SERVICES
Private Duty Nursing	Nursing services for recipients who require more individual and continuous care than is available from a visiting nurse or routinely provided by hospitals or skilled nursing facilities.	Twenty-four hour nursing care if medically necessary.	Prior approval required. Limited to children under 21 years of age.
Prosthetic Devices and Durable Medical Equipment	Devices and medical equipment prescribed by a physician to ameliorate disease, illness, or injury.	Medically necessary supplies, orthotics, prosthetics and durable medical equipment.	Certain orthotics, prosthetics, and durable medical equipment require prior approval. Certain procedures have service limits. Medical supplies and durable medical equipment in nursing facilities and ICF/MRs are covered in the per diem paid to these providers. Customized special equipment considered.
Right from the Start Services	Services aimed at early access to prenatal care, lower infant mortality and improved pregnancy outcomes.	Care coordination and enhanced prenatal care services.	Pregnant women (including adolescent females) to 60 days postpartum and infants less than one year of age.
Rural Health Clinic Services: Including Federally Qualified Health Centers	Physician, physician assistant, and nurse practitioner providing primary care in a clinic setting.	Physician, physician assistant, nurse practitioner, nurse midwife services, supplies, and intermittent visiting nurse care in designated shortage areas.	
Transportation, Emergency	Transportation to secure medical care and treatment on a scheduled or emergency basis.	Emergency ambulance and air ambulance.	Emergency transportation provided to the nearest resource. By most economical means determined by patient needs. Out of state prior authorization.
Vision Services	Services provided by optometrists, ophthalmologists, surgeons providing medical eye care and opticians. Professional services, lenses including frames, and other aids to vision. Vision therapy.	Children-exam, lenses, frames, and needed repairs.	Adults limited to medical treatment only. Prescription sunglasses and designer frames are excluded. First pair of eyeglasses after cataract surgery. Contact lenses for adults and children covered for certain diagnoses.

Attachment B

ATTACHMENT B

Attachment: Page 19 – 3.1.4.4 on page 35.

Exhibit A

Description of Covered and Excluded Services

The following charts present an explanation of the medical services which the MCO is required to provide; however, the Medicaid policy is the final source for defining these services. The MCO should refer to the FFS Medicaid provider manuals available on the WV DHHR website for an explanation of service limitations. The MCO must promptly provide or arrange to make available for enrollees all medically necessary services listed below and assume financial responsibility for the provision of these services. Please note that these charts, which list the definitions of services provided under the fee-for-service Medicaid program, are provided as a reference for the MCO. The MCO is responsible for determining whether services are medically necessary and whether the MCO will require prior approval for services.

Medicaid benefit packages differ depending on whether the beneficiary is covered under Mountain Health Choices, the Medicaid redesign program. Beneficiaries that are not covered under Mountain Health Choices will receive the traditional benefit package. Beneficiaries that are covered under Mountain Health Choices will receive either the basic or enhanced benefit package. The following charts present the covered services under each of these benefit packages.

MCO Covered Services for the Traditional Benefit Package

The following chart presents the covered services under the traditional benefit package for those not participating in Mountain Health Choices (e.g., pregnant women).

MCO Covered Services for the Traditional Benefit Package

MEDICAL SERVICE	DEFINITION	SCOPE OF BENEFITS	LIMITATION ON SERVICES
Ambulatory Surgical Center Services	Any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization, as well as private practitioners.	Nursing, technicians, and related services. Use of the facilities where surgical procedures are performed; drugs, biologicals, surgical dressings, splints, casts, appliances, and equipment directly related to the provision of the surgical procedure, diagnostic or therapeutic services or items directly related to the provision of a surgical procedure. Materials for anesthesia.	Physician services; lab & x-ray; prosthetic devices; ambulance; leg, arm, back, and neck braces; artificial limbs and DME are excluded.
Behavioral Health Outpatient Services	Behavioral health clinics, behavioral health rehabilitation, targeted case management, psychologists, psychiatrists, and personal care.	Diagnostic evaluation, therapies, and other program services for individuals with mental illness, mental retardation, and substance abuse.	Procedure specific limits on frequency and units. Excludes children's residential treatment.
Chiropractor Services	Services provided by a chiropractor consisting of manual manipulation of the spine.	Manipulation to correct subluxation. Radiological examinations related to the service.	Certain procedures may have service limits..
Clinic Services	Preventive, diagnostic, therapeutic, rehabilitative, or palliative services furnished by a clinic (that is not part of a hospital) on an outpatient basis.	General clinics, birthing centers and health department clinics including vaccinations for children.	
Dental Services (Adult)	Services provided by a dentist, orthodontist, or oral surgeon.	Emergency services.	Adult coverage limited to treatment of fractures of mandible and maxilla, biopsy, removal of tumors, and emergency extractions. TMJ surgery and treatment not covered for adults.
Dental Services (Children < 21)	Services provided by a dentist, orthodontist or oral surgeon or dental group to children under the age of 21.	Emergency, surgical, diagnostic, preventive, and restorative treatment, periodontics, endodontics, orthodontics, prosthodontics, extractions, and complete or partial dentures.	Limited to individuals under age 21.
Early and Periodic Screening, Diagnoses and Treatment (EPSDT)	Early and periodic screening and diagnostic services to determine psychological or physical conditions in recipients under age 21. Based on a periodic schedule.	Health care, treatment, and other measures to correct or ameliorate any medical or psychological conditions discovered during a screening.	Limited to individuals under age 21.

MEDICAL SERVICE	DEFINITION	SCOPE OF BENEFITS	LIMITATION ON SERVICES
Family Planning Services & Supplies	Services to aid recipients of child bearing age to voluntarily control family size or to avoid or delay an initial pregnancy.	Family planning clinics, private physicians, services, and supplies.	Sterilization is not covered for recipients under age 21, for recipients in institutions, or for those who are mentally incompetent. Hysterectomies and pregnancy terminations are not considered family planning services. Treatment for infertility is not covered.
Handicapped Children's Services/ Children with Special Health Care Needs Services	Specialty services provided to handicapped children and those who may be at risk of handicapping conditions.	Specialty medical care, diagnosis and treatment.	Services are provided to children under 21 with the following diagnoses, but not limited to: cystic fibrosis; myelocystomeningocele/myelodysplasia; congenital heart defects; craniofacial deformities; seizure disorders; and metabolic disorders.
Home Health Care Services	Nursing services, home health aide services, medical supplies suitable for use in the home.	Provided at recipient's place of residence on orders of a physician.	Residence does not include hospital nursing facility, ICF/MR, or state institution. Certain supplies have service limits.
Hospice	In-home care provided to a terminally ill individual as an alternative to hospitalization.	Nursing care, physician services, medical social services, short-term inpatient care, durable medical equipment, drugs, biologicals, home health aide, and homemaker.	Must have physician certification that recipient has a life expectancy of 6 months or less. Recipient waives right to other Medicaid services related to the terminal illness.
Hospital Services, Inpatient	Hospital services, provided for all recipients on an inpatient basis under the direction of a physician.	All inpatient services including behavioral health, bariatric surgery, and organ transplant coverage of kidney, kidney/pancreas, liver, bone marrow, cornea, lung, heart, heart/lung, small intestine, and multi-visceral.	Inpatient behavioral health services not provided in a state mental health facility.
Hospital Services, Outpatient	Medical services furnished on an outpatient basis by a hospital, regardless of the type of procedure or the service.	Preventive, diagnostic, therapeutic, all emergency services, or rehabilitative medical services.	Services not generally furnished on an inpatient basis by most hospitals in the state. Only technical component of certain services.
Laboratory and X-Ray Services Non-Hospital	Laboratory and x-ray services provided in a facility other than a hospital outpatient department.	All laboratory and x-ray services ordered and provided by or under the direction of a physician.	Must be ordered by physician. Certain procedures may have service limits.
Nurse Practitioners' Services	Services provided by a nurse midwife, nurse anesthetist, family or pediatric nurse practitioner.	Specific services within specialty.	Certain procedures may have service limits.

MEDICAL SERVICE	DEFINITION	SCOPE OF BENEFITS	LIMITATION ON SERVICES
Other Services Speech Therapy Physical therapy Occupational Therapy	NA	Treatment or other measures provided by speech, physical or occupational therapists to correct or ameliorate any condition within the scope of their practice.	Hearing aid evaluations, hearing aids, hearing aid supplies, batteries and repairs are limited to recipients under age 21. Certain procedures may have service limits, or require prior authorization. Augmentation communication devices limited to children under 21 years of age and require prior approval.
Physician Services	Services of a physician to a recipient on an inpatient or outpatient basis.	Services are provided within the scope of medical practice of an MD or D.O. Includes medical or surgical services of a dentist.	Certain procedures may have service limits, or require prior authorization.
Podiatry Services	Foot care services.	Treatment for acute conditions, i.e. infections, inflammation, ulcers, bunions, etc. Surgeries for bunions, ingrown toenails, reduction of fractures, dislocations and treatment of sprains. Orthotics.	Treatment of children limited to acute conditions. Routine foot care treatment for flat foot, and subclavations of the foot are not covered.
Private Duty Nursing	Nursing services for recipients who require more individual and continuous care than is available from a visiting nurse or routinely provided by hospitals or skilled nursing facilities.	Twenty-four hour nursing care if medically necessary.	Prior approval required. Limited to children under 21 years of age.
Prosthetic Devices and Durable Medical Equipment	Devices and medical equipment prescribed by a physician to ameliorate disease, illness, or injury.	Medically necessary supplies, orthotics, prosthetics and durable medical equipment.	Certain orthotics, prosthetics, and durable medical equipment require prior approval. Certain procedures have service limits. Medical supplies and durable medical equipment in nursing facilities and ICF/MRs are covered in the per diem paid to those providers. Customized special equipment considered.
Psychiatric Services for Individuals Under Age 21, Inpatient	Inpatient psychiatric facility services furnished in a psychiatric hospital or a distinct psychiatric unit of an acute care or general hospital under the direction of a physician.	Active treatment of psychiatric condition through an individual plan of care including post discharge plans for aftercare. Service is expected to improve the recipient's condition or prevent regression so the service will no longer be needed.	Excludes services at psychiatric residential treatment facilities and residential treatment facilities.
Psychological Services	Services provided by a licensed psychologist in the treatment of psychological conditions.	Evaluation and treatment, including individual, family, and group therapies.	Excludes school-based psychologists.

MEDICAL SERVICE	DEFINITION	SCOPE OF BENEFITS	LIMITATION ON SERVICES
Right from the Start Services	Services aimed at early access to prenatal care, lower infant mortality and improved pregnancy outcomes.	Care coordination and enhanced prenatal care services.	Pregnant women (including adolescent females) to 60 days postpartum and infants less than one year of age.
Rural Health Clinic Services: Including Federally Qualified Health Centers	Physician, physician assistant, and nurse practitioner providing primary care in a clinic setting.	Physician, physician assistant, nurse practitioner, nurse midwife services, supplies, and intermittent visiting nurse care in designated shortage areas.	
Transportation, Emergency	Transportation to secure medical care and treatment on a scheduled or emergency basis.	Emergency ambulance and air ambulance.	Emergency transportation provided to the nearest resource. By most economical means determined by patient needs. Out of state prior authorization.
Vision Services	Services provided by optometrists, ophthalmologists, surgeons providing medical eye care and opticians. Professional services, lenses including frames, and other aids to vision. Vision therapy.	Children-exam, lenses, frames, and needed repairs.	Adults limited to medical treatment only. Prescription sunglasses and designer frames are excluded. First pair of eyeglasses after cataract surgery. Contact lenses for adults and children covered for certain diagnosis.

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MCO Covered Services for Mountain Health Choices Program

The following charts present the benefit packages under Mountain Health Choices, the Medicaid redesign program, for adults and children. Covered services for both the basic and enhanced benefit packages are presented below. Under Mountain Health Choices, MCO enrollees will receive the enhanced benefit package if they sign the West Virginia Medicaid Member Agreement and agree to a Health Improvement Plan with their PCP. Otherwise, MCO enrollees will receive the basic benefit package.

MCO Covered Services for Mountain Health Choices Program - Adults

Benefit Description	Basic (Adult)	Enhanced (Adult)
Inpatient Hospital Care	Prior Auth Required	Prior Auth Required
Inpatient Hospital Rehabilitation	Not Covered	Not Covered
Inpatient Hospital Psychiatric Services	Not Covered	Prior Auth Required - maximum benefit of 30-days/year
Outpatient Surgery/Services	Covered (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Diagnostic x-ray, laboratory services and testing	Covered (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Primary Care Office Visits	Covered	Covered
Physician Office Specialty care*	Covered	Covered
Occupational/Speech/Physical Therapy	Covered - maximum benefit of 20/year Prior Auth Required (Total allowed for all therapies combined)	Covered Prior Auth Required
Weight Management	Not Covered	Covered
Home Health Services	Covered - maximum benefit of 25/year (Prior Auth Required)	Covered (Prior Auth Required)
Durable Medical Equipment	Covered - limited to \$1000 per year with Prior Auth required if limits exceeded (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Ambulance Services	Emergent Only	Covered
Hospice	Covered	Covered
Emergency Dental Services	Covered	Covered

Benefit Description	Basic (Adult)	Enhanced (Adult)
Orthotics and Prosthetics	Covered (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Tobacco Cessation Programs	Not Covered	Covered
Family Planning	Covered	Covered
Cardiac Rehabilitation	Not Covered	Covered (Prior Auth Required)
Pulmonary Rehabilitation	Not Covered	Covered (Prior Auth Required)
Chiropractic Services	Not Covered	Covered (Prior Auth Required)
Podiatry Services	Not Covered	Covered
Chemical Dependency/Mental Health Services* (limited)	Not Covered	Covered - maximum benefit of 20 visits/year
Diabetes Education/Nutritional Counseling	Not Covered	Covered
Nutritional Educational Services	Not Covered	Covered

MCO Covered Services for Mountain Health Choice Program - Children

Benefit Description	Basic (Children)	Enhanced (Children)
Well Child Visits (EPSDT Services)	Covered	Covered
Inpatient Hospital Care	Prior Auth Required	Prior Auth Required
Inpatient Hospital Rehabilitation	Prior Auth Required	Prior Auth Required
Inpatient Hospital Psychiatric Services (excluding psychiatric residential treatment facility and residential treatment facility services)	Prior Auth Required - maximum benefit of 30 days/year	Prior Auth Required
Outpatient Surgery/Services	Covered (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Diagnostic x-ray, laboratory services and testing	Covered (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Primary Care Office Visits	Covered	Covered
Physician Office Visits - Specialty Care*	Covered	Covered
Occupational/Speech/Physical Therapy	Covered - maxi benefit of 20/year (total allowed for all therapies combined) (Prior Auth Required)	Covered (Prior Auth Required)
Weight Management	Not Covered	Covered
Home Health Services	Covered - maximum benefit of 25/year	Covered

Benefit Description	Basic (Children)	Enhanced (Children)
Durable Medical Equipment	Covered - limited to \$1000 per year with Prior Auth required if limit exceeded (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Ambulance Services	Covered	Covered
Hospice	Covered	Covered
Vision Services	Comprehensive eye exam, glasses - maximum benefit of \$750/year	Comprehensive eye exam, glasses, contact lenses, vision training
Emergency Dental Services	Covered	Covered
Dental Exams (dental check-ups)	Covered - 2/year	Covered
Hearing Services/Aids/Supplies	Annual exam and hearing aids when medically necessary	Covered
Orthotics and Prosthetics	Covered (Prior Auth Required for Certain Services)	Covered (Prior Auth Required for Certain Services)
Tobacco Cessation Programs	Covered	Covered
Family Planning	Covered	Covered
Cardiac Rehabilitation	Covered (Prior Auth Required)	Covered (Prior Auth Required)
Pulmonary Rehabilitation	Covered (Prior Auth Required)	Covered (Prior Auth Required)
Chiropractic Services	Not Covered	Not Covered
Podiatry Services	Not Covered	Covered
Chemical Dependency/Mental Health Services, including Children's Residential Treatment (limited)	Covered - maximum benefit of 26/year (Prior Auth Required)	Covered (Prior Auth Required)
Diabetes Education/Nutritional Counseling	Covered	Covered
Nutritional Education Services	Not Covered	Covered
Skilled Nursing Care (Private Duty Nursing)	Not Covered	Covered (Limited to 180 days/yr -Prior Auth Required)

*Psychiatrist/Psychologist Services covered under Specialty Care

**Medically necessary services, as set forth in the Social Security Act, Section 1905 (42 USC 1396d(a)) and identified by an EPSDT (early and periodic screening, diagnostic and treatment services) screen will be provided either at the medical home or referred to an appropriate provider.

NOTE: If federal government rules or West Virginia state law should change such that Medicaid covered services are altered, such changes will flow through to the MCO contract and payment will be modified accordingly.

Services that are experimental, unsafe, or generally not recognized as an accepted method of medical practice or treatment are not covered. Supplies, items, or equipment determined to be non-medical in nature are not covered.

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Medicaid Benefits Covered Under Fee-For-Service Medicaid

The following services are excluded from MCOs' capitation rates, but will remain covered Medicaid services for persons who are enrolled in MCOs. The State will continue to reimburse the billing provider directly for these services on a fee-for-service basis. The State may consider the use of specialized carveouts in the future.

Medicaid Benefits Covered Under Fee-For-Service Medicaid

MEDICAL SERVICE	DEFINITION	SCOPE OF BENEFITS	LIMITATION ON SERVICES
Abortion	Pregnancy termination determined to be medically necessary by the attending physician in consultation with the patient in light of physical, emotional, psychological, familial, age factors (or a combination thereof) relevant to the well-being of the patient.	Drugs or devices to prevent implantation of the fertilized ovum or other medical procedures necessary for the termination of an ectopic pregnancy.	Written physician certification of medical necessity. All federal and state laws regarding this benefit must be adhered to.
Behavioral Health Services for Children Under of the Age of Three	Behavioral health services provided to children under the age of three including Early Intervention services.	Services for children with hearing/catching conditions or children at risk for developmental delays due to biological, established or environmental factors. Level of intensity and settings determined by family and professionals.	Behavioral health services exclude services of psychiatrists and psychologists.
Behavioral Health Rehabilitation for Individuals Under Age 21, Residential Treatment	Behavioral health rehabilitation performed in a children's residential treatment facility.	Diagnosis, evaluation, therapies, and other program services for individuals with mental illness, mental retardation, and substance abuse.	Procedure specific limits on frequency and units.
ICF/MR-Intermediate Care Facility for the Mentally Retarded	Community based services for the mentally retarded and those with related conditions.	Services provided both in and out of a group living facility which include but are not limited to: physician services, nursing services, dental, vision, hearing, pharmacy, laboratory, dietary, recreational, social services, psychological services, habilitation, and active treatment	Services are provided based on a plan of care developed by an interdisciplinary team headed by a physician. Recipient must be certified as needing ICF/MR level of care by physician and psychologist. Limited to the first 30 days.

MEDICAL SERVICE	DEFINITION	SCOPE OF BENEFITS	LIMITATION ON SERVICES
Nursing Facility Services	Facility based nursing services to those who require 24 hour nursing level of care.	Full range of nursing, social services and therapies.	Not covered.
Aged and Disabled Waiver Personal Care	Community care program for elderly.	Assistance with activities of daily living in a community living arrangement, grooming, hygiene, nutrition, non-technical physical assistance, and environmental.	Limited on a per unit per month basis. Physicians order and nursing plan of care is required.
Prescription Drugs	Simple or compound substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance.	Prescription drugs dispensed on an ambulatory basis by an independent pharmacy, family planning supplies, diabetic supplies, vitamins for children to age 21, and prenatal vitamins.	Not Covered: Drugs for weight gain, cosmetic purposes, hair growth, fertility, less than effective drugs and experimental drugs. Drugs and supplies dispensed by a physician acquired by the physician at no cost are not covered.
Psychiatric Services for Individuals Under Age 21 furnished in a psychiatric residential treatment facility or residential treatment facility	Psychiatric facility services furnished in a psychiatric residential treatment facility.	Admission to a psychiatric residential treatment facility through an individual plan of care including post discharge planning and aftercare. Service is required to improve recipient's condition or prevent regression so the service will no longer be needed.	Certification must be made prior to admission that outpatient behavioral health resources available in the community did not meet the treatment needs of the recipient. Pre-admission and continued stay prior authorization.
School-based Psychological Services	Services provided by a licensed psychologist in the treatment of psychological conditions in a school-based setting.	Evaluation and treatment, including individual, family, and group therapies.	Prior authorization is required for services beyond ten. Evaluation and testing procedures have frequency restrictions.

Abortion Services

Under the terms of this Agreement, the Bureau for Medical Services will reimburse the Managed Care Organization according to the established Medicaid rates, fee schedules, and payment methodologies for the services provided to Mountain Health Trust enrollees under certain reported

and verified abortion CPT codes. MCOs can obtain a list of these codes from BMS. MCOs must submit payment requests in a format acceptable to BMS.

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MR/DD and Aged/Disabled Waivers

The following services are excluded from the MCO's capitation rates and will be provided under separate waivers:

MEDICAL SERVICE	DEFINITION	SCOPE OF BENEFITS	LIMITATION ON SERVICES
Aged/Disabled Waiver	Community based services for aged/disabled as an alternative to nursing facility care.	Nursing care, home health care services, case management, and any service comparable to that provided in a nursing facility.	May not be provided in a hospital, nursing facility, or ICF/MR. Cost of service must be less than nursing facility care.
MR/DD Waiver	Community based services for mentally retarded/developmentally disabled individuals as an alternative to ICF/MR level of care.	Day and residential habilitation (aggressive active treatment), respite, transportation, and case management.	May not be provided in a hospital, nursing facility, or ICF/MR. Cost of service must be less than nursing facility care.

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Attachment C

From Vendor to BCF

Agency_Request_Date
Case_Status
Agency_Id
Utilization Manager Name
Utilization Manager Phone Number
Clinician Name
Clinician Phone Number
Consumer Last Name
Consumer First Name
Consumer Middle Name
Consumer_ID
Consumer_Medicaid_Number
Private_Insurance_Coverage
Medicaid_Coverage
Medicare_Coverage
OSS_Coverage
OBHS_Coverage
Other_Coverage
Gross_Monthly_Household_Income
Employment_Status
Consumer_County
Consumer_SSN
Consumer_Birth_Date
Consumer_Gender
Consumer_Referral_Source
Race_American_Indian
Race_Alaska_Native
Race_Asian
Race_Black_African_American
Race_Hawaiian_Pacific_Islander
Race_White
Race_Other
Consumer_Ethnicity
Consumer_Living_Arrangement
Length_Live_Arrange
Loss_Live_Arrange
Dependents_Household
Grade_Level
Educ_Status
Consumer_Legal_Status
Guardianship
Guardianship_Description
Guardian_Last_Name

Guardian_Firstname_LastName
Guardian_Address
Guardian_City
Guardian_State
Guardian_ZipCode
Guardian_Phone_Number
Protective_Services
Consumer_Primary_Disability_Group
Waiver_Recipient
ICF_MR_Recipient
Primary_Presenting_Problem
Present_Problem2
Present_Problem3
AXIS1
AXIS12
AXIS2
AXIS22
AXIS3
AXIS4
AXIS5
MRDD_WO_DSMIV_Diag
Additional_SA_Diag
Medications
Med_Antidepressant
Med_Antidepressant_Other
Med_Anticholinergics
Med_Anticholinergic_Other
MEDS_MoodStabilizer
MEDS_Mood_Other
MEDS_AntiPsychotic
MEDS_Psychotic_Other
MEDS_Antianxiety
MEDS_Anxiety_Other
MEDS_AntiConvulsant
MEDS_Convulsant_Other
MEDS_Hypnotic
MEDS_Hypnotic_Other
MEDS_Stimulant
MEDS_Stimulant_Other
MEDS_Other
MEDS_Other_Other
Meds_Efficacy
Meds_Compliance
ABS_RC2_PERS_SELF_SUFF
ABS_RC2_COMM_SELF_SUFF
ABS_RC2_PERS_SOC_RESP

ABS_RC2_SOCIAL_ADJ
ABS_RC2_PERS_ADJ
ABS_S2_PERS_SELF_SUFF
ABS_S2_COMM_SELF_SUFF
ABS_S2_SOCIAL_ADJ
ABS_S2_PERS_SOC_RESP
ABS_S2_PERS_ADJ
CAFAS_Role_Perf_School_Work
CAFAS_Role_Perf_Home
CAFAS_Role_Perf_Community
CAFAS_Behavior_Towards_Others
CAFAS_Moods_Emotions
CAFAS_Moods_Selfharm
CAFAS_Substance_Use
CAFAS_Thinking
CAFAS_PrimFam_Needs
CAFAS_PrimFam_Support
CAFAS_NonCust_Needs
CAFAS_NonCust_Support
CAFAS_Surrogate_Needs
CAFAS_Surrogate_Support
CAFAS_TOTAL_SCORE
ASI_Medical_prob_Severity
ASI_Emp_Sup_Prob_severity
ASI_Alcohol_Prob_Severity
ASI_Drug_Prob_Severity
ASI_Legal_Prob_Severity
ASI_Fam_Soc_Prob_Severity
ASI_Psych_Prob_Severity
ASI_Medical_prob_Score
ASI_Emp_Sup_Prob_score
ASI_Alcohol_Prob_Score
ASI_Drug_Prob_Score
ASI_Legal_Prob_Score
ASI_Fam_Soc_Prob_Score
ASI_Psych_Prob_Score
WV_Domain_summary1
WV_Domain_summary2
WV_Domain_summary3
WV_Domain_summary4
WV_Domain_summary5
Treatment_History_Psychiatric_Ho
Treatment_History_Partial_Hosp
Treatment_History_Crisis_Stab_su
Treatment_History_Substance_Abus
Treatment_History_Substance_Abus

Safety_Suicidal_History
Safety_Homicidal_History
Safety_Hostile_History
Safety_violent_History
Safety_self_neglect_History
Safety_self_injurious_History
Socialization_Opp_behavior_Histo
Thought_hallucinations_History
Thought_Delusions_History
Thought_Paranoia_History
AES_Depression_History
AES_Anxiety_History
AES_Panic_History
AES_Phobic_History
AES_Manic_History
AES_Hyperactivity_History
Mental_Status_Orientation
Mental_Status_Speech
Mental_Status_Appearance
Mental_Status_Thought_Content
Mental_Status_Sociability
Substance_Abuse_Acuity
Treatment_Motivation_Acuity
Relapse_Potential_acuity
AES_Depression_Acuity
AES_Guilt_Acuity
AES_Anxiety_Acuity
AES_Blunted_Acuity
AES_Hope_helplessness_Acuity
AES_Apathy_Acuity
AES_Panic_Acuity
AES_Phobic_Acuity
AES_Manic_Acuity
AES_Agitation_Acuity
AES_Hi_Lo_energy_Acuity
AES_Hyperactivity_Acuity
AES_Distractability_Acuity
AES_Chg_Appetite_Acuity
AES_Hi_Lo_Sleep_Acuity
AES_Flat_Acuity
AES_Inappropriate_Acuity
AES_Loss_interest_activities_Acu
Thought_hallucinations_acuity
Thought_Delusions_acuity
Thought_Paranoia_acuity
Thought_Tang_Thinking_acuity

Thought_Loose_assoc_acuity
Thought_blocking_acuity
Thought_poor_concentration_acuit
Thought_suspiciousness_acuity
Thought_concept_disorg_acuity
Socialization_Opp_behavior_acuit
Socialization_Withdrawal_acuity
Socialization_Impulsivity_acuity
Socialization_Poor_Judgement_acu
Socialization_Bizarre_Behavior_a
Safety_suicidal_acuity
Safety_Homicidal_acuity
Safety_Hostile_acuity
Safety_violent_acuity
Safety_self_neglect_acuity
Safety_self_injurious_acuity
Functional_Status_School
Functional_Status_DayLive
Functional_Status_maintains_rela
Functional_Status_self_admin_med
Functional_Status_pers_safety
Functional_Status_accesses_other
Treatment_Plan_Summary1
Treatment_Plan_Summary2
Treatment_Plan_Summary3
Treatment_Plan_Summary_Other
Case_Discussion_Text_Field
request_header_pk
create_date

Auth to BCF

BCF__Detail_ID
BCF__Header_ID
BCF_Provider_ID
BCF_Consumer_ID
BCF_FACTS Client ID
BCF_BCF_FACTS Case ID
BCF_FACTS_Control_Number
BCF_Consumer_Last_Name
BCF_Consumer_First_Name
BCF_Consumer_Middle_Name
BCF_Facts_Provider_Id
BCF_Service_Code
BCF_Start_Date

BCF_End_Date
BCF_Service_Status
BCF_Authorized_Units
BCF_Comment
BCF_Authorization_Number
BCF_Provider_Transaction_Id

Header File to BCF

BCF_Request_Date
BCF_Provider_ID
BCF_UM_Manager
BCF_UM_Phone
BCF_Staff_Name
BCF_Staff_Phone
BCF_Case_Status
BCF_Consumer_Last_Name
BCF_Consumer_First_Name
BCF_Consumer_Middle_Name
BCF_Consumer_ID
BCF_FACTS Client ID
BCF_BCF_FACTS Case ID
BCF_FACTS_Control_Number
BCF_Medicaid_Coverage
BCF_Consumer_Medicaid_Number
BCF_Consumer_Birth_Date
BCF_Consumer_Gender
BCF_Consumer_County_Residence
BCF_Consumer_Referral_Source
BCF_DHHR_Worker_County
BCF_Consumer_Living_Arrangement
BCF_Service_Plan_Summary_1
BCF_Service_Plan_Summary_2
BCF_Service_Plan_Summary_3
BCF_Case_Discussion
BCF_Waiver_ICF_Recipient
BCF_Ind_Ed_Plan
BCF_IEP_Date
BCF_Educ_Status
BCF_Failing_Grade
BCF_Grade_Level
BCF_Absent_Behavior_Reason
BCF_Consumer_SSN
BCF_Consumer_Race
BCF_Consumer_Ethnicity

BCF_Loss_Live_Arrange
BCF_Guardianship_Description
BCF_Protective_Services
BCF_Consumer_Legal_Status
BCF_Permanency_Plan
BCF_Permanency_Concurrent
BCF_Petitions_Filed
BCF_Court_Ordered
BCF_MDT_Involvement
BCF_MDT_Date
BCF_Primary_Presenting_Problem_1
BCF_Primary_Presenting_Problem_2
BCF_Primary_Presenting_Problem_3
BCF_SSHx_Fam_Sup_Options
BCF_SSHX_Fam_Pres_Safety
BCF_SSHx_FC_Fam_Ther_Spec
BCF_SSHx_FC_Group
BCF_SSHx_Youth_Emerg_Shelter
BCF_SSHx_Psych_Inpatient
BCF_SSHx_Psych_Res_Tx_Center
BCF_SSHx_CAPS_Assessment
BCF_Functional_Status_School
BCF_Functional_Status_Daily_Living
BCF_Functional_Status_Maintains_Relation
BCF_Functional_Status_Personal_Safety
BCF_Functional_Status_Community_Safety
BCF_Functional_Status_Access_Other
BCF_DHHR_Worker_Name
BCF_DHHR_Worker_Phone
BCF_Employment_Status
BCF_Employment_Hours
BCF_AES_Depression_Acuity
BCF_Thought_Hallucinations_Acuity
BCF_Thought_Delusions_Acuity
BCF_Thought_Paranoia_Acuity
BCF_Safety_Suicidal_Acuity
BCF_Safety_Homicidal_Acuity
BCF_Violent_Acuity
BCF_Phillip_Roy
BCF__Header_ID
BCF__Received_Date

Rollback file to BCF

_Detail_ID
_Header_ID

BCF_Provider_ID
BCF_Consumer_ID
BCF_Consumer_Medicaid_Number
BCF_FACTS_Client_ID
BCF_FACTS_Case_ID
BCF_FACTS_Control_Number
BCF_Service_Code
BCF_Facts_Provider_Id
BCF_Start_Date
BCF_New_Service_End_Date
BCF_Rollback_Sequence_No
BCF_New_Authorized_Units
BCF_Comment
BCF__System_Id (Rollback_ID)
BCF_Authorization_No
BCF_Rollback_Reason_Code
BCF_Rollback_Reason_Description

Medical Export Auth to BCF

Detail Id
Header Id
Provider_Id
Consumer_ID
Consumer_Medicaid_Id
Consumer_Last_Name
Consumer_First_Name
Consumer_Middle_Name
Prov_Medicaid_Number
Service_Code
Service_Code Modifier_1
Service_Code_Modifier_2
Filler
Service_Start_Date
Service_End_Date
Service_Status
Authorized_Units
Comment
_System_Id
Authorization_No
Agency_Trans_Id

Medical Export Header file to BCF

Agency_Request_Date

Case_Status
Agency_Id
Utilization Manager Name
Utilization Manager Phone Number
Clinician Name
Clinician Phone Number
Consumer Last Name
Consumer First Name
Consumer Middle Name
Consumer_ID
Consumer_Medicaid_Number
Private_Insurance_Coverage
Medicaid_Coverage
Medicare_Coverage
OSS_Coverage
OBHS_Coverage
Other_Coverage
Gross_Monthly_Household_Income
Employment_Status
Consumer_County
Consumer_SSN
Consumer_Birth_Date
Consumer_Gender
Consumer_Referral_Source
Race_American_Indian
Race_Alaska_Native
Race_Asian
Race_Black_African_American
Race_Hawaiian_Pacific_Islander
Race_White
Race_Other
Consumer_Ethnicity
Consumer_Living_Arrangement
Length_Live_Arrange
Loss_Live_Arrange
Dependents_Household
Grade_Level
Educ_Status
Consumer_Legal_Status
Guardianship
Guardianship_Description
Guardian_Last_Name
Guardian_Firstname_LastName
Guardian_Address
Guardian_City
Guardian_State

Guardian_ZipCode
Guardian_Phone_Number
Protective_Services
Consumer_Primary_Disability_Group
Waiver_Recipient
ICF_MR_Recipient
Primary_Presenting_Problem
Present_Problem2
Present_Problem3
AXIS1
AXIS12
AXIS2
AXIS22
AXIS3
AXIS4
AXIS5
MRDD_WO_DSMIV_Diag
Additional_SA_Diag
Medications
Med_Antidepressant
Med_Antidepressant_Other
Med_Anticholinergics
Med_Anticholinergic_Other
MEDS_MoodStabilizer
MEDS_Mood_Other
MEDS_AntiPsychotic
MEDS_Psychotic_Other
MEDS_Antianxiety
MEDS_Anxiety_Other
MEDS_AntiConvulsant
MEDS_Convulsant_Other
MEDS_Hypnotic
MEDS_Hypnotic_Other
MEDS_Stimulant
MEDS_Stimulant_Other
MEDS_Other
MEDS_Other_Other
Meds_Efficacy
Meds_Compliance
ABS_RC2_PERS_SELF_SUFF
ABS_RC2_COMM_SELF_SUFF
ABS_RC2_PERS_SOC_RESP
ABS_RC2_SOCIAL_ADJ
ABS_RC2_PERS_ADJ
ABS_S2_PERS_SELF_SUFF
ABS_S2_COMM_SELF_SUFF

ABS_S2_SOCIAL_ADJ
ABS_S2_PERS_SOC_RESP
ABS_S2_PERS_ADJ
CAFAS_Role_Perf_School_Work
CAFAS_Role_Perf_Home
CAFAS_Role_Perf_Community
CAFAS_Behavior_Towards_Others
CAFAS_Moods_Emotions
CAFAS_Moods_Selfharm
CAFAS_Substance_Use
CAFAS_Thinking
CAFAS_PrimFam_Needs
CAFAS_PrimFam_Support
CAFAS_NonCust_Needs
CAFAS_NonCust_Support
CAFAS_Surrogate_Needs
CAFAS_Surrogate_Support
CAFAS_TOTAL_SCORE
ASI_Medical_prob_Severity
ASI_Emp_Sup_Prob_severity
ASI_Alcohol_Prob_Severity
ASI_Drug_Prob_Severity
ASI_Legal_Prob_Severity
ASI_Fam_Soc_Prob_Severity
ASI_Psych_Prob_Severity
ASI_Medical_prob_Score
ASI_Emp_Sup_Prob_score
ASI_Alcohol_Prob_Score
ASI_Drug_Prob_Score
ASI_Legal_Prob_Score
ASI_Fam_Soc_Prob_Score
ASI_Psych_Prob_Score
WV_Domain_summary1
WV_Domain_summary2
WV_Domain_summary3
WV_Domain_summary4
WV_Domain_summary5
Treatment_History_Psychiatric_Ho
Treatment_History_Partial_Hosp
Treatment_History_Crisis_Stab_su
Treatment_History_Substance_Abus
Treatment_History_Substance_Abus
Safety_Suicidal_History
Safety_Homicidal_History
Safety_Hostile_History
Safety_violent_History

Safety_self_neglect_History
Safety_self_injurious_History
Socialization_Opp_behavior_Histo
Thought_hallucinations_History
Thought_Delusions_History
Thought_Paranoia_History
AES_Depression_History
AES_Anxiety_History
AES_Panic_History
AES_Phobic_History
AES_Manic_History
AES_Hyperactivity_History
Mental_Status_Orientation
Mental_Status_Speech
Mental_Status_Appearance
Mental_Status_Thought_Content
Mental_Status_Sociability
Substance_Abuse_Acuity
Treatment_Motivation_Acuity
Relapse_Potential_acuity
AES_Depression_Acuity
AES_Guilt_Acuity
AES_Anxiety_Acuity
AES_Blunted_Acuity
AES_Hope_helplessness_Acuity
AES_Apathy_Acuity
AES_Panic_Acuity
AES_Phobic_Acuity
AES_Manic_Acuity
AES_Agitation_Acuity
AES_Hi_Lo_energy_Acuity
AES_Hyperactivity_Acuity
AES_Distractability_Acuity
AES_Chg_Appetite_Acuity
AES_Hi_Lo_Sleep_Acuity
AES_Flat_Acuity
AES_Inappropriate_Acuity
AES_Loss_interest_activities_Acu
Thought_hallucinations_acuity
Thought_Delusions_acuity
Thought_Paranoia_acuity
Thought_Tang_Thinking_acuity
Thought_Loose_assoc_acuity
Thought_blocking_acuity
Thought_poor_concentration_acuit
Thought_suspiciousness_acuity

Thought_concept_disorg_acuity
Socialization_Opp_behavior_acuit
Socialization_Withdrawal_acuity
Socialization_Impulsivity_acuity
Socialization_Poor_Judgement_acu
Socialization_Bizarre_Behavior_a
Safety_suicidal_acuity
Safety_Homicidal_acuity
Safety_Hostile_acuity
Safety_violent_acuity
Safety_self_neglect_acuity
Safety_self_injurious_acuity
Functional_Status_School
Functional_Status_DayLive
Functional_Status_maintains_rela
Functional_Status_self_admin_med
Functional_Status_pers_safety
Functional_Status_accesses_other
Treatment_Plan_Summary1
Treatment_Plan_Summary2
Treatment_Plan_Summary3
Treatment_Plan_Summary_Other
Case_Discussion_Text_Field
request_header_pk
create_date

From FACTS to Vendor**Referral file to Vendor**

Case or Referral Identification
Client Identification
Client First Name
Client Middle Name
Client Last Name
Client Suffix Name
Client Date of Birth
Client Medical Card Number
Client Address
Client Address City
Client Address State
Client Address Zip
Client Address Zip+4
Provider ID (Referral Service Identification)
Provider Type (Referral Service Type)
Provider/Agency Name (Referral Service Name)
Referral Submit Date
Service Identification /FACTS Control Number
ASO Service Code
ASO Service
Referral Worker Name
Referral Worker County
Referral Worker Type
Referral Worker Phone Number
Referral Worker Email Address
File Date

Rollback file to Vendor

Authorization Number
Case or Referral Identification
Client Identification
Client First Name
Client Middle Name
Client Last Name
Client Suffix Name
Client Date of Birth
Client Medical Card Number
Client Address
Client Address City
Client Address State
Client Address Zip
Client Address Zip+4
Provider ID (Referral Service Identification)

Provider Type (Referral Service Type)
Provider/Agency Name (Referral Service Name)
Referral Submit Date
Service Identification /FACTS Control Number
ASO Service Code
ASO Service
Rollback Worker Name
Rollback Worker County
Rollback Worker Type
Rollback Worker Phone Number
Rollback Worker Email Address
Rollback Date
Rollback Reason
Rollback Comments
Effective Service End Date
File Date

CLIENT SERVICE DATA REPORT Table:

<u>Field Name</u>	<u>Field Description</u>
Date of Service	Date of Service MM/DD/YYYY
Agency ID	Agency ID See the "agencies" table for name
Client ID	Provider assigned client number
Payer	01 - BBHMF Service (OBHS) 02 - Bureau of Children & Families 03 - Medicare 04 - Medicaid 05 - Workers Compensation 06 - Other Government Payments 07 - Self Pay 08 - Targeted Funds 09 - Charity Services 10 - Private Insurance 11 - Blue Cross / Blue Shield 12 - HMO 13 - Other (Champus) 14 - Other 15 - Maternal and Child Health 99 - Free Care (Hospitals only)
Program	Code assigned by program
Fund	AA Partnership for Care BB PI Services CC SA Adolescent RYS/MOP DD DD Targeted Services FF SA Adult Residential Treatment GG Family Support HH MI Child Home-Based Care H1 MI Child Care Parent Education H2 MI Child Respite Care H3 MI Child School Based Services H4 MI Child Treatment H5 MI Child Collaborative JJ Mental Illness Child Case Management KK Mental Illness Child Crisis Service MM-SA Women PP-Path Homeless Grant QQ SA Adolescent Residential Services RR Mental Illness-CSS Development SS Substance Abuse Outpatient Services TT SA Adolescent Intensive Outpatient Services XX No Targeted Funding Source
Service Code	DSM IV or ICD9
Service Code Modifier 1	AH -- Clinical Psychologist AJ -- Clinical Social Worker H9 -- Court Ordered HA -- Child/Adolescent Program HB -- Adult Program, Non Geriatric

HC -- Adult Program, Geriatric
 HD -- Pregnant/Parenting Women's Program
 HE -- Mental Health Program
 HF -- Substance Abuse Program
 HG -- Opioid Addiction Treatment Program
 HH -- Integrated Mental Health/Substance Abuse Program
 HI -- Integrated Mental Health and Mental
 Retardation/Developmental Disabilities Program
 HJ -- Employee Assistance Program
 HK -- Specialized Mental Health Programs for High-Risk
 Populations
 HL -- Intern
 HM -- Less than Bachelor Degree Level
 HN -- Bachelors Degree Level
 HO -- Masters Degree Level
 HP -- Doctoral Level
 HQ -- Group Setting
 HR -- Family/Couple with Client Present
 HS -- Family/Couple without Client Present
 HT -- Multi-Disciplinary Team
 HU -- Funded by Child Welfare Agency
 HV -- Funded State Addictions Agency
 HW -- Funded by State Mental Health Agency
 HX -- Funded by County/Local Agency
 HY -- Funded by Juvenile Justice Agency
 HZ -- Funded by Criminal Justice Agency
 LR -- Involuntary Commitment
 TN -- Rural/Out of Service Area
 U1 -- 1:6 Services
 U2 -- 1:4-5 Services
 U3 -- 1:2-3 Services
 U4 -- 1:1 Services
 AH -- Clinical Psychologist
 AJ -- Clinical Social Worker
 H9 -- Court Ordered
 HA -- Child/Adolescent Program
 HB -- Adult Program, Non Geriatric
 HC -- Adult Program, Geriatric
 HD -- Pregnant/Parenting Women's Program
 HE -- Mental Health Program
 HF -- Substance Abuse Program
 HG -- Opioid Addiction Treatment Program
 HH -- Integrated Mental Health/Substance Abuse Program
 HI -- Integrated Mental Health and Mental
 Retardation/Developmental Disabilities Program
 HJ -- Employee Assistance Program
 HK -- Specialized Mental Health Programs for High-Risk
 Populations
 HL -- Intern
 HM -- Less than Bachelor Degree Level
 HN -- Bachelors Degree Level
 HO -- Masters Degree Level
 HP -- Doctoral Level
 HQ -- Group Setting
 HR -- Family/Couple with Client Present
 HS -- Family/Couple without Client Present

Service Code
 Modifier 2

HT -- Multi-Disciplinary Team
 HU -- Funded by Child Welfare Agency
 HV -- Funded State Addictions Agency
 HW -- Funded by State Mental Health Agency
 HX -- Funded by County/Local Agency
 HY -- Funded by Juvenile Justice Agency
 HZ -- Funded by Criminal Justice Agency
 LR -- Involuntary Commitment
 TN -- Rural/Out of Service Area
 U1 -- 1:6 Services
 U2 -- 1:4-5 Services
 U3 -- 1:2-3 Services
 U4 -- 1:1 Services
 AH -- Clinical Psychologist
 AJ -- Clinical Social Worker
 H9 -- Court Ordered
 HA -- Child/Adolescent Program
 HB -- Adult Program, Non Geriatric
 HC -- Adult Program, Geriatric
 HD -- Pregnant/Parenting Women's Program
 HE -- Mental Health Program
 HF -- Substance Abuse Program
 HG -- Opioid Addiction Treatment Program
 HH -- Integrated Mental Health/Substance Abuse Program
 HI -- Integrated Mental Health and Mental Retardation/Developmental Disabilities Program
 HJ -- Employee Assistance Program
 HK -- Specialized Mental Health Programs for High-Risk Populations
 HL -- Intern
 HM -- Less than Bachelor Degree Level
 HN -- Bachelors Degree Level
 HO -- Masters Degree Level
 HP -- Doctoral Level
 HQ -- Group Setting
 HR -- Family/Couple with Client Present
 HS -- Family/Couple without Client Present
 HT -- Multi-Disciplinary Team
 HU -- Funded by Child Welfare Agency
 HV -- Funded State Addictions Agency
 HW -- Funded by State Mental Health Agency
 HX -- Funded by County/Local Agency
 HY -- Funded by Juvenile Justice Agency
 HZ -- Funded by Criminal Justice Agency
 LR -- Involuntary Commitment
 TN -- Rural/Out of Service Area
 U1 -- 1:6 Services
 U2 -- 1:4-5 Services
 U3 -- 1:2-3 Services
 U4 -- 1:1 Services
 Units of Service Provided
 Record ID from ASO
 Date Record was created @ ASO

Service Code
 Modifier 3

Unit
 ASO Record ID
 Primary Key
 Create Date

Master Assessment Table:**Field Name**

Agency Request Date

Case Status

Agency ID

Utilization Manager Name

Utilization Manager Phone Number

Clinician Name

Clinician Phone Number

Client Last Name

Client First Name

Client Middle Name

Client ID

Client Medicaid ID

Private Insurance Coverage

Medicaid Coverage

Medicare Coverage

OSS Coverage

Office of Behavioral Health Services
Coverage

Other Coverage

Monthly House Income

Employment Status

Client County

Client Social Security Number

Field Description

Date of Request for service

0=Unknown

1=New Admission

2=Readmission of closed case

3=Update/Reassessment of Open Case

4=Discharge

5=Crisis

6=Retrospective Authorization Request

7=Act Discharge

Agency ID or Number See Agency Table

Utilization Manager's Name

Utilization Manager's Phone Number

Clinician's Name

Clinician's Phone Number

Clients Last Name

Clients First Name

Clients Middle Name

Provider assigned Client ID

Clients Medicaid Number

0=Not collected 1=Yes 2=No

0=Not collected 1=Yes 2=No

0=Not collected 1=Yes 2=No

0=Not collected 1=Yes 2=No

0=Not collected 1=Yes 2=No

0=Not collected 1=Yes 2=No

0=Not collected 1=Yes 2=No

0 not Collected

1 complete Employment

2 Supported Work

3 Sheltered Work

4 In Employment Training

5 Homemaker

6 Student

7 Retired

8 Physically Impaired

9 Not Employed, Not Looking

10 Not employed, but looking

11 Not in Labor Force

12 Volunteer

0= Not Collected

1 through 55 WV Counties

56 Out of State

Clients Social Security Number

Client Date Of Birth

Clients Birth Date

Client Gender

0=Unknown
1=Male
2=Female

Client Referral Source

0=Unknown 1=Individual / Self
2=Family or Friend 3=Police
4=Court or Correction Agency
5=School System or Education Agency
6=Social Services Agency
7=Inpatient/Residential Organization
8=State or Court Psychiatric Program
9=General Hospital Psychiatric Program
10=Other Inpatient/Residential Program
11=Alcohol Inpatient/Residential Program
12=Drug Abuse Inpatient Residential Program
13=Nursing Home/Extended Care
14=Community Residential Organization
15=Other Inpatient / Residential Organization
16=Multi-Service Mental Health Agency
17=Outpatient Psychiatric Agency
18=Private Psychiatrist
19=Other Physician
20=Other Private Pay Mental Health Practitioner
21=Partial Day Organization
22=Homeless / Abuse Shelter
23=Outpatient Alcohol Program
24=Outpatient Drug Program
25=Developmental Disabilities Program
26=Employer/Employee Assistance Program
27=Behavioral Health
28=Multi-Disciplinary Team (MDT)
29=Advocacy Agency
30=Information and Referral Agency
31=Other Referral Source
32=Mental Hygiene
33=WVDHHR

Race American Indian

1=Yes 2=No

Race Alaska Native

1=Yes 2=No

Race Asian

1=Yes 2=No

Race African American

1=Yes 2=No

Race Pacific Islander

1=Yes 2=No

Race White

1=Yes 2=No

Race Other

1=Yes 2=No

Client Ethnicity

Client Ethnicity

Client Living Arrangement

Consumer Living Arrangements

1 Own or Rent Non-Subsidized House/Apartment

2 Subsidized Rental House//Apartment

3 Supported Housing-Staff Supported

4 Rooming House-Hotel-YMCA

5 Private Boarding House

- 6 Home of Biological Parents
- 7 Adoptive Home
- 8 Home of Relative
- 9 Home of Friend
- 10 Homeless/Homeless Shelter
- 11 Family Emergency Shelter
- 12 Youth Emergency Shelter
- 13 Adult Family Care Home
- 14 Independent Living Group Home
- 15 Regular Foster Home
- 16 Treatment Foster Home
- 17 Specialized Family Care Home
- 18 Personal Care Home
- 19 Residential Group Treatment
- 20 Large Group Board & Care Home (>8)
- 21 Small Group Board & Care Home (8 or Less)
- 22 Wilderness Camp
- 23 Rest Home
- 24 Nursing Home
- 25 CF-MR Group Home
- 26 Medical Hospital
- 27 Acute Care Psychiatric Facility
- 28 Long Term Psychiatric Facility
- 29 Psychiatric Residential Tx Facility(21 yrs and Less)
- 30 Adult Drug/ Alcohol Rehabilitation Center
- 31 Youth Drug/Alcohol Rehabilitation Center
- 32 Dependent Living Includes Halfway Houses)
- 33 Independent Support Setting (ISS)
- 34 Youth Correctional Center
- 35 Adult Correctional Center
- 98 Other

Length Living Arrangement

Loss Living Arrangement

- 1 Not at Risk
- 2 At Risk
- 3 Currently Out of Home Placement

Dependents Household

Grade Level

- 0 Zero Years
- 1 One Year
- 2 Two Years
- 3 Three Years
- 4 Four Years
- 5 Five Years
- 6 Six Years
- 7 Seven Years
- 8 Eight Years
- 9 Nine Years
- 10 Ten Years
- 11 Eleven Years
- 12 Twelve Years
- 13 Thirteen Years
- 14 Fourteen Years
- 15 Fifteen Years
- 16 Sixteen Years

- 17 Seventeen Years
- 18 Eighteen Years
- 19 Nineteen Years
- 20 Twenty Years
- 21 Greater than Twenty Years

Education Status

- 1 Preschool Program
- 2 Head Start
- 3 Regular Education
- 4 Special Education
- 5 Alternative School
- 6 GED Program
- 7 Homebound
- 8 Track, Vocational or Technical
- 9 College (2 or 4 year program)
- 10 Graduate School
- 11 Post Graduate School
- 12 Not in School

Client Legal Status

- 1 Non-Adjudicated (Delinquent or Status Offender)-Youth Only
- 2 Dependent-(Abuse, Neglect, Abandonment)-Youth Only
- 3 INVALID RESPONSE
- 4 INVALID RESPONSE
- 5 Adjudicated Delinquent-Youth Only
- 6 INVALID RESPONSE
- 7 No Legals Problems-Youth or Adult
- 8 Adjudicated Status Offender-Youth Only
- 9 One or More Arrests-Adult Only

Guardianship

1=Yes
 2=No
 IF 1(yes) THEN Guardian_
 description,guardian_
 last_name, guardian_
 address, guardian_
 state, guardian_
 zipcode and guardian
 _phone_number must
 be populated otherwise
 blank is acceptable when
 Tier II Data is required

Guardianship Description

- 1 Both Parents
- 2 Mother Only
- 3 Father Only
- 4 Relative
- 5 Court Appointed Guardian
- 6 Temporary State Custody-Youth Only
- 7 State Ward-Youth Only
- 8 Other

Guardian Last Name
 Guardian First Name
 Guardian Address
 Guardian City

Text Field: Last Name
 Text Field: First Name
 Full Street, Rout, P.O. Box and/or Apartment Address

Guardian State
Guardian Zip code

Guardian Phone Number
Protective Services
Disability Group

Use Two Character State Code
When data is excluded from entry, assume only first five
digits

1=Mental Health
2=Substance Abuse
3=Mental Retardation/Developmental Disability
4=MH & SA
5=MH & MR/DD
6=SA & MR/DD
7=MH & SA & MR/DD
8=Early Childhood / intervention
9=Public Inebriate

Waiver Recipient

1=Yes
2=No

icf_mr_recipient

1=Yes
2=No

PresentProblem1
PresentProblem2
PresentProblem3

1=Abandonment
2=Abuse: Physical, Psychological, and/or Sexual
3=Acting Out: Aggression
4=Acting Out: Sexual
5=Behavioral Problems
6=Catastrophic Loss (i.e. theft, flood, fire)
7=Change in Family Circumstances
8=Criminal Charges: Drug Related
9=Criminal Charges: Other, Not Drug Related
10=Death/Bereavement
11=Developmental Disability (Non-MR)
12=Divorce/Marital Problems
13=Fire Setting
14=Housing
15=Job/Job Loss/Work Related Problems
16=Legal/Legal Problem
17=Mental Illness
18=Moved to New Residence
19=Mental Retardation
20=Neglect
21=Physical Health Problems
22=Physical Health Problems related to Substance Abuse
23=Physical Disability/Handicap
24=Pregnancy
25=Relationship Problems
26=School/Educational Problems
27=Serious Illness Diagnosed
28=Sibling Conflict
29=Social Problems
30=Substance Abuse: Drugs
31=Substance Abuse: Alcohol
32=Substance Abuse: During Pregnancy
33=Suicidal/Suicide Attempt
34=Other Mental Health Problems
35=Other Substance Abuse Problem
36=No Additional Presenting Problem

(36 is allowed for Problem 2 and 3 only)
 37=Co-Occurring Mental Health and Substance Abuse Problems
 (Primary only)

axis1	Must adhere to DSM-IV Diagnostic Standards
axis12	Must adhere to DSM-IV Diagnostic Standards
axis2	Must adhere to DSM-IV Diagnostic Standards
axis22	Must adhere to DSM-IV Diagnostic Standards
axis3	Must adhere to DSM-IV Diagnostic Standards
axis4	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 Value Range 0-100
axis5	1=Yes 2=No
mrdd_wo_dsmiv_diag	1=Yes 2=No
Additional substance abuse dialog	Must Adhere to DSM-IV Diagnostic Standards-if no additional SA Diagnosis response=V71.09
medications	1=Yes 2=No If 1 (Yes) Then at least one of meds_antidepressant,meds_anticholinergics,meds_mood stabilizer,meds_antipsychotic,meds_anticonvulsant, meds_hypnotic,meds_stimulant, or meds_other must be a value from their list or text must be present in at least one of meds_antidepressant_other,meds_anxiety_other,meds_convul- sant_other, meds_hypnotic_other, meds_stimulation_other or meds_other or other OTHERWISE Error: No medication has been reported.
med_antidepressant	See Appendix I Medication Listing for this Specific Section: May be null value. When not reporting a valid medication in this field, the field is to be blank)
med_antidepressant_other	May be null value.
med_anticholinergics	May be null value.
med_anticholinergics_other	May be null value.
med_moodstabilizer	See Appendix I Medication Listing for this Specific Section: May be null value. When not reporting a valid medication in this field, the field is to be blank)
med_moodstabilizer_other	May be null value.
med_antipsychotic	See Appendix I Medication Listing for this Specific Section: May be null value. When not reporting a valid medication in this field, the field is to be blank)
med_antipsychotic_other	May be null value.

med_antianxiety	See Appendix I Medication Listing for this Specific Section: May be null value. When not reporting a valid medication in this field, the field is to be blank)
med_antianxiety_other med_anticonvulsant	May be null value. See Appendix I Medication Listing for this Specific Section: May be null value. When not reporting a valid medication in this field, the field is to be blank)
med_anticonvulsant_other med_hypnotic	May be null value. See Appendix I Medication Listing for this Specific Section: May be null value. When not reporting a valid medication in this field, the field is to be blank)
med_hypnotic_other med_stimulant	May be null value. See Appendix I Medication Listing for this Specific Section: May be null value. When not reporting a valid medication in this field, the field is to be blank)
med_stimulant_other med_other	May be null value. See Appendix I Medication Listing for this Specific Section: May be null value. When not reporting a valid medication in this field, the field is to be blank)
med_other_other med_efficacy	May be null value. 1=Current medication protocol effectively reduces symptoms and aids improvement in functioning. 2=Current medication protocol has demonstrated a degree of efficacy but continued monitoring and/or adjustments will be required 3=Current medication protocol is not effective and is being modified/discontinued by the physician 4=Current medication protocol has not been implemented due to consumer non-compliance
med_compliance	1=Consumer takes medication without prompts or direct assistance (independent) 2=Consumer takes medication with prompts and/or direct assistance from natural support systems (family, friends, peers) 3=Consumer takes medication with prompts from behavioral health provider (minimal assistance) 4=Current medication protocol is not effective and is being modified/discontinued by the physician 4=Current medication protocol has not been implemented due to consumer non-compliance
abs_rc2_pers_self_suff	1=Consumer takes medication without prompts or direct assistance (independent) 2=Consumer takes medication with prompts and/or direct assistance from natural support systems (family, friends, peers) 3=Consumer takes medication with prompts from behavioral health provider (minimal assistance) 4=Consumer takes medication with direct assistance from behavioral health provider (direct assistance) 5=Consumer is non-compliant with the medication protocol

abs_rc2_comm_self_suff

- 1= Very Poor
- 2=Poor
- 3=Below Average
- 4=Average
- 5=Above Average
- 6=Superior
- 7=Very Superior
- 9=This assessment was not required

abs_rc2_pers_soc_resp

- 1=Very Poor
- 2=Poor
- 3=Below Average
- 4=Average
- 5=Above Average
- 6=Superior
- 7=Very Superior
- 9=This assessment was not required

abs_rc2_social_adj

- 1=Very Poor
- 2=Poor
- 3=Below Average
- 4=Average
- 5=Above Average
- 6=Superior
- 7=Very Superior
- 9=This assessment was not required

abs_rc2_pers_adj

- 1=Very Poor
- 2=Poor
- 3=Below Average
- 4=Average
- 5=Above Average
- 6=Superior
- 7=Very Superior
- 9=This assessment was not required

abs_s2_pers_self_suff

- 1=Very Poor
- 2=Poor
- 3=Below Average
- 4=Average
- 5=Above Average
- 6=Superior
- 7=Very Superior
- 9=This assessment was not required

abs_s2_comm_self_suff

- 1=Very Poor
- 2=Poor
- 3=Below Average
- 4=Average
- 5=Above Average
- 6=Superior
- 7=Very Superior
- 9=This assessment was not required

abs_s2_social_adj

1=Very Poor
 2=Poor
 3=Below Average
 4=Average
 5=Above Average
 6=Superior
 7=Very Superior
 9=This assessment was not required

abs_s2_pers_soc_resp

1=Very Poor
 2=Poor
 3=Below Average
 4=Average
 5=Above Average
 6=Superior
 7=Very Superior
 9=This assessment was not required

abs_s2_pers_adj

1=Very Poor
 2=Poor
 3=Below Average
 4=Average
 5=Above Average
 6=Superior
 7=Very Superior
 9=This assessment was not required

cafas_role_perf_school_work

A=0
 B=10
 C=20
 D=30
 E=Could not score
 Z=This assessment was not required

cafas_role_perf_home

A=0
 B=10
 C=20
 D=30
 E=Could not score
 Z=This assessment was not required

cafas_role_perf_community

A=0
 B=10
 C=20
 D=30
 E=Could not score
 Z=This assessment was not required

cafas_behavior_towards_others

A=0
 B=10
 C=20
 D=30
 E=Could not score
 Z=This assessment was not required

cafes_moods_emotions

A=0
B=10
C=20
D=30
E=Could not score
Z=This assessment was not required

cafes_moods_selfharm

A=0
B=10
C=20
D=30
E=Could not score
Z=This assessment was not required

cafes_substance_use

A=0
B=10
C=20
D=30
E=Could not score
Z=This assessment was not required

cafes_thinking

A=0
B=10
C=20
D=30
E=Could not score
Z=This assessment was not required

cafes_primfam_needs

A=0
B=10
C=20
D=30
E=Could not score
Z=This assessment was not required

cafes_primfam_support

A=0
B=10
C=20
D=30
E=Could not score
Z=This assessment was not required

cafes_noncust_needs

A=0
B=10
C=20
D=30
E=Could not score
Z=This assessment was not required

cafes_noncust_support

A=0
B=10
C=20
D=30
E=Could not score
Z=This assessment was not required

cafás_surrogate_needs

A=0
B=10
C=20
D=30
E=Could not score
Z=This assessment was not required

cafás_surrogate_support

A=0
B=10
C=20
D=30
E=Could not score
Z=This assessment was not required

cafás_total_score

Null Value accepted if "Z=This Assessment/Subscale was not Required" to ALL Questions 97 to 110
If any of the CAFAS (Items 97-110)=B or C or D then this value may be greater than 9, otherwise it may be 0-if not then ERROR with message: total cafás score is inaccurate

asi_medical_prob_severity

A=0
B=1
C=2
D=3
E=4
F=5
G=6
H=7
I=8
J=9
Z=This assessment was not required

asi_emp_sup_prob_severity

A=0
B=1
C=2
D=3
E=4
F=5
G=6
H=7
I=8
J=9
Z=This assessment was not required

asi_alcohol_prob_severity

- A=0
- B=1
- C=2
- D=3
- E=4
- F=5
- G=6
- H=7
- I=8
- J=9
- Z=This assessment was not required

asi_drug_prob_severity

- A=0
- B=1
- C=2
- D=3
- E=4
- F=5
- G=6
- H=7
- I=8
- J=9
- Z=This assessment was not required

asi_legal_prob_severity

- A=0
- B=1
- C=2
- D=3
- E=4
- F=5
- G=6
- H=7
- I=8
- J=9
- Z=This assessment was not required

asi_fam_soc_prob_severity

- A=0
- B=1
- C=2
- D=3
- E=4
- F=5
- G=6
- H=7
- I=8
- J=9
- Z=This assessment was not required

asi_psych_prob_severity

- A=0
- B=1
- C=2
- D=3
- E=4
- F=5
- G=6
- H=7
- I=8
- J=9
- Z=This assessment was not required

asi_medical_prob_score
 asi_emp_sup_prob_score
 asi_alcohol_prob_score
 asi_drug_prob_score
 asi_legal_prob_score
 asi_fam_soc_prob_score
 asi_psych_prob_score
 ww_domain_summary1

- Allowed Value Range 0.000 through 1.000
- Allowed Value Range 0.000 through 1.000
- Allowed Value Range 0.000 through 1.000
- Allowed Value Range 0.000 through 1.000
- Allowed Value Range 0.000 through 1.000
- Allowed Value Range 0.000 through 1.000
- Allowed Value Range 0.000 through 1.000

- 1=No Dysfunction
- 2=Mild Dysfunction
- 3=Moderate Dysfunction
- 4=Marked Dysfunction
- 5=Extreme Dysfunction
- 6=The Assessment was not Required

ww_domain_summary2

- 1=No Dysfunction
- 2=Mild Dysfunction
- 3=Moderate Dysfunction
- 4=Marked Dysfunction
- 5=Extreme Dysfunction
- 6=The Assessment was not Required

ww_domain_summary3

- 1=No Dysfunction
- 2=Mild Dysfunction
- 3=Moderate Dysfunction
- 4=Marked Dysfunction
- 5=Extreme Dysfunction
- 6=The Assessment was not Required

ww_domain_summary4

- 1=No Dysfunction
- 2=Mild Dysfunction
- 3=Moderate Dysfunction
- 4=Marked Dysfunction
- 5=Extreme Dysfunction
- 6=The Assessment was not Required

ww_domain_summary5

- 1=No Dysfunction
- 2=Mild Dysfunction
- 3=Moderate Dysfunction
- 4=Marked Dysfunction
- 5=Extreme Dysfunction
- 6=The Assessment was not Required

treatment_history_psychiatric_hosp
 1=Never Received the Service
 2=1-90 Days
 3=91-180 Days
 4=181-365 Days
 5=365 + Days

treatment_history_partial_hosp
 1=Never Received the Service
 2=1-90 Days
 3=91-180 Days
 4=181-365 Days
 5=365 + Days

treatment_history_crisis_stab_support
 1=Never Received the Service
 2=1-90 Days
 3=91-180 Days
 4=181-365 Days
 5=365 + Days

treatment_history_substance_abuse
 1=Never Received the Service
 2=1-90 Days
 3=91-180 Days
 4=181-365 Days
 5=365 + Days

treatment_history_substance_abuse_inpat
 1=Never Received the Service
 2=1-90 Days
 3=91-180 Days
 4=181-365 Days
 5=365 + Days

safety_suicidal_history
 1=Symptom Never Present
 2=1-90 Days
 3=91-180 Days
 4=181-365 Days
 5=365 + Days

safety_homicidal_history
 1=Symptom Never Present
 2=1-90 Days
 3=91-180 Days
 4=181-365 Days
 5=365 + Days

safety_hostile_history
 1=Symptom Never Present
 2=1-90 Days
 3=91-180 Days
 4=181-365 Days
 5=365 + Days

safety_violent_history
 1=Symptom Never Present
 2=1-90 Days
 3=91-180 Days
 4=181-365 Days
 5=365 + Days

safety_self_neglect_history
 1=Symptom Never Present
 2=1-90 Days
 3=91-180 Days
 4=181-365 Days
 5=365 + Days

safety_self_injurious_history	1=Symptom Never Present 2=1-90 Days 3=91-180 Days 4=181-365 Days 5=365 + Days
socialization_opp_behavior_history	1=Symptom Never Present 2=1-90 Days 3=91-180 Days 4=181-365 Days 5=365 + Days
thought_hallucinations_history	1=Symptom Never Present 2=1-90 Days 3=91-180 Days 4=181-365 Days 5=365 + Days
thought_delusions_history	1=Symptom Never Present 2=1-90 Days 3=91-180 Days 4=181-365 Days 5=365 + Days
thought_paranoia_history	1=Symptom Never Present 2=1-90 Days 3=91-180 Days 4=181-365 Days 5=365 + Days
aes_depression_history	1=Symptom Never Present 2=1-90 Days 3=91-180 Days 4=181-365 Days 5=365 + Days
aes_anxiety_history	1=Symptom Never Present 2=1-90 Days 3=91-180 Days 4=181-365 Days 5=365 + Days
aes_panic_history	1=Symptom Never Present 2=1-90 Days 3=91-180 Days 4=181-365 Days 5=365 + Days
aes_phobic_history	1=Symptom Never Present 2=1-90 Days 3=91-180 Days 4=181-365 Days 5=365 + Days
aes_manic_history	1=Symptom Never Present 2=1-90 Days 3=91-180 Days 4=181-365 Days 5=365 + Days

aes_hyperactivity_history	<ul style="list-style-type: none"> 1=Symptom Never Present 2=1-90 Days 3=91-180 Days 4=181-365 Days 5=365 + Days
mental_status_orientation	<ul style="list-style-type: none"> 1=Oriented Times One (X1) 2=Oriented Times Two (X2) 3=Oriented Times Three (X3) 4=Oriented Times Four (X4) 5= Oriented Times Zero (X 0)
mental_status_speech	<ul style="list-style-type: none"> 1=Within Normal Limits 2=incoherent 3=Slurred 4=Rapid 5=Pressured 6=Mutism 7=Stuttering 8=Blocked
mental_status_appearance	<ul style="list-style-type: none"> 1=Within Normal Limits 2=Disheveled 3=Bizarre 4=Unkempt
mental_status_thought_content	<ul style="list-style-type: none"> 1=Within Normal Limits 2=Tangential 3=Flight of Ideas
mental_status_sociability	<ul style="list-style-type: none"> 4=Thought Blocking 5=Loose Association 6=Perseveration 7=Conceptual Disorganization
substance_abuse_acuity	<ul style="list-style-type: none"> 1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
treatment_motivation_acuity	<ul style="list-style-type: none"> 1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
relASOe_potential_acuity	<ul style="list-style-type: none"> 1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_depression_acuity	<ul style="list-style-type: none"> 1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis

aes_guilt_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_anxiety_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_biunted_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_hope_helplessness_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_apathy_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_panic_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_phobic_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_manic_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_agitation_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_hi_lo_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis

aes_hyperactivity_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_distractability_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_chg_appetite_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_hi_lo_sleep_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_flat_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_inappropriate_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
aes_loss_interest_activities_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
thought_hallucinations_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
thought_delusions_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
thought_paranoia_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis

thought_tang_thinking_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
thought_loose_assoc_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
thought_blocking_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
thought_poor_concentration_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
thought_suspiciousness_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
thought_concept_disorg_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
socialization_opp_behavior_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
socialization_withdrawal_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
socialization_impulsivity_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
socialization_poor_judgement_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis

socialization_bizarre_behavior_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
safety_suicidal_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
safety_homicidal_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
safety_hostile_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
safety_violent_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
safety_self_neglect_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
safety_self_injurious_acuity	1=Not Present During Past Ninety (90) Days 2=Mild 3=Moderate 4=Severe 5=Acute/Crisis
functional_status_school	1=No History of Functional Deficit/Not Applicable 2=Independent with past History of Functional Deficit 3=with Minimal Assistance 4=with Direct Assistance
functional_status_daylive	1=No History of Functional Deficit/Not Applicable 2=Independent with past History of Functional Deficit 3=with Minimal Assistance 4=with Direct Assistance
functional_status_maintains_relationship	1=No History of Functional Deficit/Not Applicable 2=Independent with past History of Functional Deficit 3=with Minimal Assistance 4=with Direct Assistance
functional_status_self_admin_meds	1=No History of Functional Deficit/Not Applicable 2=Independent with past History of Functional Deficit 3=with Minimal Assistance 4=with Direct Assistance

functional_status_pers_safety	<ul style="list-style-type: none"> 1=No History of Functional Deficit/Not Applicable 2=Independent with past History of Functional Deficit 3=with Minimal Assistance 4=with Direct Assistance
functional_status_accessing_other	<ul style="list-style-type: none"> 1=No History of Functional Deficit/Not Applicable 2=Independent with past History of Functional Deficit 3=with Minimal Assistance 4=with Direct Assistance
treatment_plan_summary1	<ul style="list-style-type: none"> 1=Physical Health 2=Psychological Distress 3=Psychiatric Symptoms 4=Substance-abuse behaviors 5=Maladaptive, antisocial behaviors 6=Self-injurious or suicide behaviors 7=interpersonal relations 8=ADL Skill Building 9=Maintaining ADL 11=Co-occurring Mental Health and Substance Abuse Problems 12=Assessment/Evaluation Only
treatment_plan_summary2	<ul style="list-style-type: none"> 1=Physical Health 2=Psychological Distress 3=Psychiatric Symptoms 4=Substance-abuse behaviors 5=Maladaptive, antisocial behaviors 6=Self-injurious or suicide behaviors 7=interpersonal relations 8=ADL Skill Building 9=Maintaining ADL 11=Co-occurring Mental
treatment_plan_summary3	<ul style="list-style-type: none"> 1=Physical Health 2=Psychological Distress 3=Psychiatric Symptoms 4=Substance-abuse behaviors 5=Maladaptive, antisocial behaviors 6=Self-injurious or suicide behaviors 7=interpersonal relations 8=ADL Skill Building 9=Maintaining ADL 11=Co-occurring Mental
treatment_plan_summary_other	
Case discussion	
Request header primary key	
Create date	
Master Client Index	Master Client Index. Statewide Identifier. Added by BHHF.
BHHF Agency ID	BHHF Agency ID
Import Date	Date data was added to the BHHF Database.

Substance Abuse Federal Reporting Table:

<u>Field Name</u>	<u>Field Description</u>
Agency ID	ASO Agency ID
Client ID	Agencies Client ID
Client Initials	Client's Initials
Client Medicaid ID	Client's Medical ID
Program	
Form Date	MM/DD/YYYY
Referred Date	MM/DD/YYYY
Evaluation Date	MM/DD/YYYY
Service Start Date	MM/DD/YYYY
Crisis	
Referral Source	1=Federal/State Court 2=Formal Adjudication Process other than federal/State 3=Probation/Parole 4=Prison / Jail 5=DUI 6=Other Criminal Justice 7=Not Applicable
Collateral	1-Yes 2-No
Dependents	
Pregnant	1-Yes 2-No 4-No, Client is a Male.
Admissions	Yes No

Military Status Report Table:

<u>Field Name</u>	<u>Field Description</u>
Date Sent	Date sent by agency (mm/dd/yyyy). Must be in same month as Master Assessment Record.
Agency ID	Same agency ID as used with the Care Connection and CLIENT SERVICE DATA REPORT.
Client ID	Same client ID as used on the Care Connection and CLIENT SERVICE DATA REPORT.
Military Status	1 = No, Never been in military 2 = No, but spouse or dependent child of someone currently serving or Veteran. 3 = Yes. (If Yes you must answer one or more of fields 4,5,6 with value of 1,2 or 3.)

Regular Military	Regular Military 0 = N/A 1 = Currently Serving 2 = Veteran (DD-214 issued) 3 = Both Currently Serving and Previously Discharged.
Military Reserves	Reserves 0 = N/A 1 = Currently Serving 2 = Veteran (DD-214 issued) 3 = Both Currently Serving and Previously Discharged.
National Guard	National Guards 0 = N/A 1 = Currently Serving 2 = Veteran (DD-214 issued) 3 = Both Currently Serving and Previously Discharged.
World War II	Served in World War II Y/N
Korean Conflict	Served in the Korean Conflict Y/N
Vietnam War	Served in the Vietnam War Y/N
Operation Just Cause	Served in Operation Just Cause Y/N
Persian Gulf War	Served in the Persian Gulf War (Desert Shield/Desert Storm) Y/N
Bosnian-Croatian Conflict	Served in the Bosnian-Croatian Conflict Y/N
Operation Enduring Freedom	Served in Operation Enduring Freedom (Afghanistan) Y/N
Persian Gulf War II	Served in the Second Persian Gulf War (Iraqi Freedom) Y/N
Other Disability	Served in other Wars or Conflicts Y/N Have a disability directly associated with military action. Y = Yes N = No
Master Client Index ID	Master Client Index ID. Statewide Identifier.
BHHF Agency ID Import Date	BHHF Agency Identifier Number Date and time of data's import

Attachment D

Attachment D

Appeals for 2008

CATEGORY	# APPEALS		CATEGORY	# APPEALS
A/D	375		Acute In Patient	2
Admissions	2		CDCSP	11
Dental	19		DME	95
ICF/MR	1		Imaging	106
Medication	1		MR/DD	58
Nursing Home	55		Occupation Therapy	1
OP Surgery	21		Orthodontic	25
Orthotics/Prosthesis	7		Personal Care	14
Private Duty Nurse	1		Speech Therapy	5

Attachment E

ATTACHMENT E

SIGN IN SHEET

Page ____ of ____

Mandatory Vendor Pre-Bid Conference for
BMS90007

Date: _____

Please Print

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD.

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>WVMT</u>	<u>F&B PLLC</u>	PHONE <u>304-345-0200</u>
Rep: <u>COUNSEL TO (Firm: F&B PLLC)</u>	<u>200 Canal St</u>	TOLL FREE
Email Address: <u>mg@fslaw.com</u>	<u>Charleston, WV 25301</u>	FAX <u>304-345-0260</u>
Company: <u>VALUE OPTIONS</u>	<u>270 CORPORATE BLD</u>	PHONE <u>757-459-5110</u>
Rep: <u>LAWRENCE GOLDMAN</u>	<u>NORFOLK, VA 23502</u>	TOLL FREE
Email Address: <u>larry.goldman@valueoptions.com</u>		FAX <u>757-892-5772</u>
Company: <u>APS-WV</u>	<u>100 Capital St</u>	PHONE ³⁰⁴ <u>343-4072</u>
Rep: <u>Jennifer W. Britton</u>	<u>Suite 600</u>	TOLL FREE
Email Address: <u>jbritton@apshealthcare.com</u>	<u>Charleston WV 25301</u>	FAX ³⁰⁴ <u>343-9010</u>
Company: <u>JOHN MARRS</u>	<u>3001 Chestnutfield Pl</u>	PHONE <u>304 546-9864 ext.</u>
Rep: <u>WVMT</u>	<u>Charleston WV 25314</u>	TOLL FREE <u>2271</u>
Email Address: <u>jmarrs@wvmt.com</u>		FAX
Company: <u>DRS WMT GROUP</u>	<u>100 CAPITAL ST</u>	PHONE <u>842 362-0800</u>
Rep: <u>APJ</u>	<u>SUITE 600</u>	TOLL FREE
Email Address: <u>ASTROYNS@DRSWMTGROUP.COM</u>	<u>Charleston WV</u>	FAX

Note: All persons (vendor and agency) attending the mandatory pre-bid conference are to sign-in.....

SIGN IN SHEET

**Mandatory Vendor Pre-Bid Conference for
BMS90007**

Page ____ of ____

Date: _____

Please Print

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD.

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>KePRO</u> Rep: <u>Nancy Kohler</u> Email Address: <u>n.kohler@kepro.org</u>	<u>777 E Park Dr</u> <u>Harrisburg PA 17105</u>	PHONE <u>717.564.8288</u> TOLL FREE FAX
Company: <u>APS</u> Rep: <u>Carla Weinmann</u> Email Address: <u>carlweinmann@qpshealthcare.com</u>	<u>44 S Broadway #200</u> <u>White Plains, NY 10601</u>	PHONE <u>240-315-5416</u> TOLL FREE FAX
Company: <u>DelmarVA Foundation</u> Rep: <u>Julie Tyler</u> Email Address: <u>j.tyler@dfmc.org</u>	<u>9240 Centerville Rd</u> <u>Easton MD 21601</u>	PHONE <u>410-763-6276</u> TOLL FREE FAX <u>410-822-7981</u>
Company: <u>AMHP - Perform Care</u> Rep: <u>Malcolm West</u> Email Address: <u>mwest@performcare.org</u>	<u>2040 Carlson Road</u> <u>Harrisburg, PA 17112</u>	PHONE <u>717 909 9101</u> TOLL FREE FAX <u>717 909 9109</u>
Company: <u>First Health</u> Rep: <u>Tom White</u> Email Address: <u>Twhite@city.com</u>	<u>5000 Virginia St. E</u> <u>Charleston, WV 25301</u>	PHONE <u>304 344 2041</u> TOLL FREE FAX

Note: All persons (vendor and agency) attending the mandatory pre-bid conference are to sign-in.....

**Mandatory Vendor Pre-Bid Conference for
BMS90007**

SIGN IN SHEET

Page ____ of ____

Date: _____

Please Print

*** PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD.**

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>WOWT</u>		PHONE <u>304-346-9864x2228</u>
Rep: <u>Robert Lee, MA, ID</u>		TOLL FREE
Email Address: <u>Robert.Lee@wowt.org</u>		FAX <u>304-346-9863</u>
Company: <u>HMS</u>	405 Capital St. Suite 503	PHONE <u>304-342-1604</u>
Rep: <u>Richard Lvoock</u>	Charleston WV 25301	TOLL FREE
Email Address: <u>r.lvoock@hms.com</u>		FAX <u>304-342-1605</u>
Company: _____		PHONE
Rep: _____		TOLL FREE
Email Address: _____		FAX
Company: _____		PHONE
Rep: _____		TOLL FREE
Email Address: _____		FAX
Company: _____		PHONE
Rep: _____		TOLL FREE
Email Address: _____		FAX

Note: All persons (vendor and agency) attending the mandatory pre-bid conference are to sign-in.....

Attachment F

Attachment F

General and Acute Care, Adult Inpatient Hospital including Psychiatric	32,321
Psychiatric Inpatient <21 and PRTF	8,684
Organ Transplants	57
Inpatient Rehabilitation <21	49
Dentistry	20,343
Occupational Therapy	64
Physical Therapy	357
Speech Therapy	710
Durable Medical Equipment/Medical Supplies	18,493
Orthotics/Prosthetics	720
Diagnostic Radiology	36,045
Chiropractic	252
Elective Outpatient Surgery	7,184
Out-of-Network Services	800
Podiatry	250
Cardiac Rehabilitation	200
Pulmonary Rehabilitation	150
Medical Case Management	261
Psychiatric Outpatient	30,334
Psychological Outpatient	67,789
Home Health	1,000
Hospice	500
Personal Care	12,000
Private Duty Nursing	200
Vision	600
Laboratory	50