

BST Questions & Answers
Last Updated 12-13-10

1. In a 2-parent household, what should be done with the Domestic Abuse Screen if the parent placed in the W-2 position is the abuser?

The Domestic Abuse advocates that we've consulted with on this have suggested that if there is an opportunity to share information with an individual about domestic abuse services without the abusers knowledge, the worker should share that information. However, the worker must be careful not to be too intrusive as this could put the victim at risk of further abuse.

2. Because the BST record is so confidential, can the results of one be shared at a Fact Finding? If so, how?

If the results of the BST are relevant to the fact finding, the agency may print off a copy of the results and share them with the fact finder.

3. Which release of information is used to release the results of the BST to the assessing agencies?

The [Authorization for Disclosure of Confidential Information](#) available in the DCF Forms Repository.

4. If an individual discloses Domestic Abuse, s/he is not required to be screened for it. How is this documented? Is an assessment then required based on the self-disclosure?

If an individual self-discloses, mark that screen as Declined to Respond and add a comment that indicates the disclosure. The goal is to help the individual obtain services. The individual should be offered information about shelter and other programs for battered individuals, sexual assault provider services, medical services, sexual assault nurse examiners services, domestic abuse and sexual assault hotlines, legal and medical counseling and advocacy, mental health care, counseling and support groups. The FEP must talk to the individual about these services and offer a resource list in writing that the participant may take with them. If an individual wishes to receive a referral to counseling or to a supportive service provider, the FEP or other W-2 agency employee must also make a referral to the appropriate local agency.

5. What is the specific policy about what parts of the BST follow a participant who transfers to another office, region, or county?

The most recent screening record must be transferred to the new office. The most recent record is considered most relevant to the participant's current situation.

6. Can the BST be administered to the 2nd parent in a 2-parent household?

At application, both parents in a two-parent household should be offered the BST. The worker must review the BST Agreement with each parent and have them indicate whether they choose to complete the screening and sign the form. If one or both parents agree to be screened, the screening should be completed separately with each parent when the other parent is not present to ensure each parent feels free to share information, such as instances of domestic violence, with the worker. However, if either parent in a two-parent household asks that their partner be present during the administration of the BST, agencies should agree to the request. The information gathered during completion of the BST should help in the determination of which parent is most employable.

7. Can the agencies create a supplemental leaflet explaining the BST to give to individuals prior to reviewing the BST Agreement?

If an agency wishes to develop materials to share with individuals in addition to the BST Agreement Form, a draft of the materials should be run by the agency's W-2 Regional Office for approval.

8. Can the BST be administered over the phone for homebound participants?

No. It is critical for individuals to have a face-to-face meeting with the worker while they are completing the BST. If necessary, the agency should accommodate a homebound participant by making a home visit to complete the BST.

9. Can the BST results be disclosed to a non-assessing third party such as Social Security?

Yes, if the individual signs a release of information.

10. Should agency staff reviewing extension requests be given the BST results?

If the BST results are relevant to the extension request, they should be printed off and shared with the reviewer.

11. What guidelines should workers follow for entering comments in the Barrier Screen Application?

The comment sections found in the Functional Screen (parts A, B, C and G) are a place to capture details that are reported by the individual about his or her barriers. If an individual discloses information about a known medical condition, the comment section should document the information that the individual has disclosed. This information should assist the worker in determining if a referral for formal assessment is needed. The comments found on the Follow-up

Summary Screen are a record of the actions the worker has taken that may be reviewed by someone else in the future for a purpose such as an extension request, an intensive case review by the Regional Office or a fact-finding. It is important that workers capture enough information in these comment sections to allow other individuals (e.g., W-2 agency supervisors, W-2 Regional Office Staff) who review the information to have a complete picture of the worker's actions.

12. What kind of access do Regional Office staff have?

Regional office staff have security clearance to view (i.e., query) BST records.

13. There should be a way to indicate self-disclosure or that a barrier is already known.

The policy developed around the BST is meant to give the applicant/participant control over which questions s/he chooses to answer. The individual may decline to answer questions about a medical condition that s/he has already disclosed to the worker.

14. What date should be used for the formal assessment activity code on WPOCH when using the D completion code?

Typically, the worker will open and close this activity the same day since it is not truly an ongoing activity. The date the activity is opened in CARES should be entered for both the Begin Date and Actual End Date.

15. What is the suggested process for completing the Spanish and Hmong screening tools when they are translated?

If a third-party translator is used, the translator can use the paper copy of the questions to do the translating and the Main User could simultaneously enter the responses into the automated tool. If the Main User is able to do the translation him or herself, it is better to capture the answers on the paper version first while meeting with the individual and then enter them into the automated tool after the screening is complete.

16. If a participant transfers to a new W-2 agency with a partially complete screening record, what steps should be taken?

In order to get accurate screening results for the participant, the new agency should complete the full screening with the participant. This can be done by selecting the Edit function, reviewing and editing the responses that were already provided and then continuing on to complete the remaining BST questions.

17. Does an agency need to complete another BST Agreement form with a participant if they want to readminister the BST to the individual a second time (i.e., if the participant's circumstances have changed)?

While not an absolute requirement, as a best practice, the agency should review the agreement form with the participant and have them sign it to make sure that everyone is in full agreement about the purpose of the BST and the participant's right to decline it.

18. If an applicant/participant requests a copy of the BST results, should the agency provide him or her with a copy.

Yes, an applicant/participant has the right to request and receive a copy of his or her BST results.

19. If an applicant fails to show for scheduled appointments to complete the BST, and s/he refuses to decline in writing, is it sufficient to document the scheduled appointments and that the individual failed to show?

At a minimum, an applicant must be offered three opportunities to complete the BST. However, eligibility determination and placement must not be delayed pending completion of the BST. The worker must offer an applicant the first appointment to complete the BST during the application process unless it would delay placement.

If the applicant/participant misses 3 appointments to complete the BST, the worker should attempt to have the individual write down his/her wish to decline the BST and sign his/her name. If it is not possible to get the individual to decline in writing, the worker should make appropriate entries in the automated tool to indicate that the individual declined. The worker should note on the BST Agreement form that the individual did not follow-through with BST appointments and refuses to sign the form and scan the form into ECF.

Note: Milwaukee W-2 Agencies should refer to the Memorandum of Agreement between the Department of Children and Families, Milwaukee Eligibility and Assessment Agency and Milwaukee Wisconsin Works Employment Agencies for further instruction.

20. Does the Health Insurance Portability and Accountability Act (HIPAA) requirements impact what can be recorded in the BST system regarding diagnosis, treatment plan, etc.

Given the security that was developed around the BST automation, workers can securely document information stated by the individual about known disabilities or other health conditions in the automated tool. But anything that is documented should be relevant to determining if a formal assessment is needed.

21. If an individual agrees to take the BST, then declines to respond to a few questions, does the system pick those up as any kind of indicator for a formal assessment?

Any questions that are declined in the BST are not used in the scoring process and therefore are not part of the determination to refer the individual for formal assessment.

22. Can an FSET case manager who is also a FEP with BST training administer the BST to her FSET participants?

Yes, as long as the person has been through the necessary training.

23. Is a hard-copy of the BST available, which could be administered in a paper/pencil format?

A paper version of the BST is available on the BST website (<https://dcf.wisconsin.gov/w2/partners/bst>).

Keep in mind that there are some slight differences between the paper version and the automated version. The paper version does not have the space for the individual to decline a question, so the worker will have to indicate that in the margins. Also, there are not all the enhancements such as the automatic scoring and the follow-up summary screen with action steps.

After a paper version of the BST is completed, the worker will need to follow-up by entering the responses in the automated version and follow-through with any actions steps on the Follow-Up Summary Screen in order to get appropriate credit for completing the screening with the individual.

24. Prior to completing the BST, we had referred someone for mental health services and posted the mental health barrier on WPBD. A formal assessment was done and she was placed in a W-2 T. Now at review, BST posted RM (At risk for Mental Health limitations) on WPBD. Should we have both of them on WPBD when they are for the same issue?

If an earlier formal assessment indicated that the individual has mental health problems, the agency does not need to post the at-risk code on WPBD. They should be sure that Mental Health has been identified as a barrier on WPBD and that all other appropriate entries (formal assessment completed, recommended accommodations, etc.) are also completed on that screen.

25. We had a question about an individual that the worker/supervisor said was certain she would agree to do the BST, but will NOT sign the agreement form (she doesn't like to sign forms). If this is the case, and the worker cannot persuade her to do that, should they administer the BST?

If the individual is willing to complete the BST but refuses to sign the BST Agreement form, the worker should administer the BST. The worker should also document on the agreement form and in case comments that the individual verbally agreed to complete the BST but refused to sign the agreement. The agreement form should be scanned into ECF.