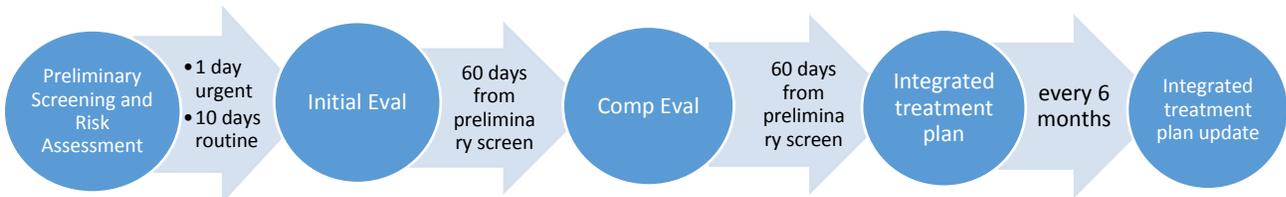


CCBHC Evaluation Process

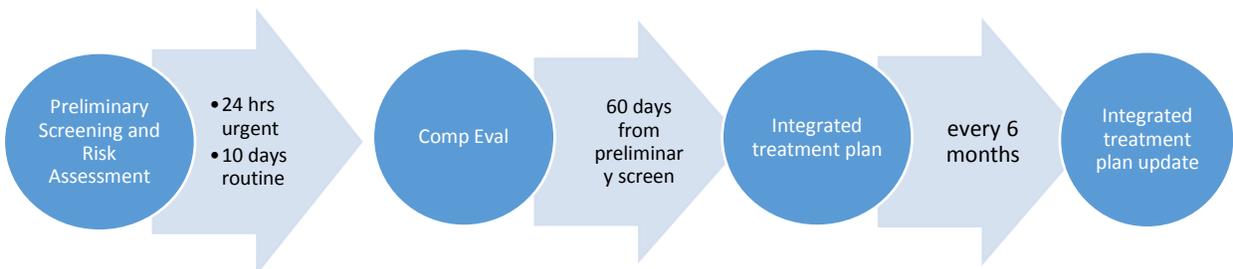
Anyone is eligible to receive CCBHC services. In order to become a CCBHC client, according to SAMHSA's document: [When is a Person a CCBHC Consumer and Their Services Covered by the Demonstration? \(PDF\)](#), a person must receive a preliminary screening and risk assessment and one CCBHC service, or receive a crisis assessment. Every CCBHC client must receive a CCBHC evaluation within 1 business day of the preliminary screening and risk assessment if urgent or 10 days if routine. The CCBHC federal criteria originally required a CCBHC Initial Evaluation to be given first followed by a later CCBHC Comprehensive Evaluation. Although this is ideal for some people or families, in Minnesota, many CCBHCs in the demonstration found it to be more responsive to a person or family's needs to skip the Initial Evaluation and provide the Comprehensive Evaluation within 10 days. Note that in Minnesota we also found that, although the federal criteria calls for Integrated Treatment Plan updates to occur every 90 days, this did not align with state standards for quality care. Therefore, we have amended the standards in MN to allow for updates to occur up to every 6 months. Based on the needs of the person or family, the evaluation process and timeline could look like either option below:

1. Either a person receives a preliminary screening and risk assessment and then a CCBHC Initial Evaluation within one business day if the needs are urgent or 10 days if the needs are routine followed by a CCBHC Comprehensive Evaluation within 60 days of the Preliminary Screening and Risk Assessment. Once the Comprehensive Evaluation is completed, an Integrated Treatment Plan is completed within 60 days of the Preliminary Screening and Risk Assessment followed by Integrated Treatment Plan updates every 6 months.



OR

2. A person receives a preliminary screening and risk assessment and then a CCBHC Comprehensive Evaluation within one business day if the needs are urgent or 10 days if the needs are routine. The Integrated Treatment Plan is then completed within 60 days of the Preliminary Screening and Risk Assessment followed by Integrated Treatment Plan updates every 6 months.



CCBHC Evaluation Descriptions

Preliminary Screening and Risk Assessment

Preliminary screening and risk assessment is completed at the point of first contact with the prospective CCBHC recipient and determines acuity of recipient need:

If the person is experiencing a crisis, they should be referred to crisis or detox services

If the person's need is urgent:

- an initial evaluation is scheduled within one business day of the preliminary screening and risk assessment followed by a comprehensive evaluation within 60 days of the preliminary screening and risk assessment, OR
- a comprehensive evaluation is scheduled within one business day of the preliminary screening and risk assessment

If the person's need is routine:

- an initial evaluation is scheduled within 10 days of the preliminary screening and risk assessment followed by a comprehensive evaluation within 60 days of the preliminary screening and risk assessment, OR
- a comprehensive evaluation is scheduled within 10 days of the preliminary screening and risk assessment

CCBHC Integrated Care Architecture

In order to best assess, diagnose, plan for treatment and chart progress in a way that integrates mental health and substance use disorder services as well as care coordination, all CCBHCs utilize [the ASAM 6 Dimensions](#) as the structure for integrated care.

Dimension 1: Acute intoxication or withdrawal potential (or acute risk)

Dimension 2: Biomedical conditions and complications

Dimension 3: Emotional, behavioral and cognitive

Dimension 4: Readiness for change

Dimension 5: Relapse, continued use and continued problem potential

Dimension 6: Recovery environment

Eligible Providers

The CCBHC Initial Evaluation and CCBHC Comprehensive Evaluation must be completed by:

- A [mental health professional or practitioner working under a licensed professional as a clinical trainee](#)
- A licensed alcohol and drug abuse counselor (LADC) may assess an individual's substance use disorder diagnosis and determination of medical necessity for SUD treatment. Include SUD assessment results within the initial evaluation

CCBHC Screening, Assessment and Diagnosis Requirements

- It is allowable for CCBHC providers to gather information for each required assessment component from internal staff, existing documentation or other providers from whom the CCBHC has obtained a release of information and if the documentation is less than one year old

CCBHC Initial Evaluation

A CCBHC Initial Evaluation is designed to increase access to services by offering a brief evaluation that gathers just enough information to begin services without overwhelming the person entering a CCBHC. It includes the reason the CCBHC recipient is presenting for assistance, a preliminary diagnosis, referrals to services within the CCBHC (specifically: outpatient SUD services, ARMHS, TCM, CTSS, peer services and psychotherapy) and medical necessity for those services. The Initial Evaluation must include a face-to-face interview with the CCBHC recipient and a written evaluation completed by a [mental health professional or practitioner working under a licensed professional as a clinical trainee](#).

Required Components

Demographics

- Date of birth
- Gender
- Ethnicity
- Race
- Insurance status and type
- Primary and secondary language
- Current living situation
- A determination of whether the person presently is or ever has been a member of the U.S. Armed Services
- Referral source

Dimension 1: Acute Risk or Acute Withdrawal Potential

- Assessment of recipient risk to self or to others, including suicide risk factors and other immediate health and safety concerns. For those who use substances, assessment of withdrawal potential.

Dimension 2: Physical Health History

- A drug profile including the person's prescriptions, over-the-counter medications, herbal remedies and other treatments or substances that could affect drug therapy, as well as information on drug allergies
- Assessment of need for medical care with referral and follow-up as required

Dimension 3: Behavioral Health History

- All reasons for seeking care
- Screening for co-occurring mental health and substance use disorders using a tool approved by the commissioner
- Strengths, cultural influences, life situations, learning differences and legal issues

CCBHC Screening, Assessment and Diagnosis Requirements

- Current living situation
- The narrative for dimension 3 must include a brief diagnostic discussion including symptoms, duration, preliminary diagnoses and how symptoms impact the person's functioning

Dimension 4: Readiness for change

-

Dimension 5: Relapse, continued use and continued problem potential

- Identification of the person's immediate clinical care needs for mental and substance use disorders related to the diagnoses and impact on functioning
- Recommendations for identified mental health and substance use disorder services (specifically: SUD services, ARMHS, TCM, CTSS, peer services and psychotherapy)
- Determination of medical necessity for those services
- The diagnosis of a Substance use disorder is required only for those for whom substance use is identified
- To determine medical necessity for substance use disorder services, it is required to use the [Minnesota Matrix \(DHS-5204B\) \(PDF\)](#) and provide risk ratings on the 6 Dimensions

Dimension 6: Recovery environment

- Documentation of next steps for service initiation that may include recipient-defined initial goals, short-term objectives and suggested interventions, including need for further assessment

CCBHC Functional Assessment

Functional assessment and the level-of-care determination is a covered CCBHC service for all CCBHC members regardless of services rendered. Administer functional assessment and level-of-care determination instruments according to established service and instrument schedules.

Children up to 6 years old

Bill the level-of-care determination portion of the diagnostic process for young children as an additional encounter separate from the multi-session comprehensive evaluation. To be separately reimbursable, the level-of-care determination must:

- Utilize the Early Childhood Service Intensity Instrument (ECSII)
- Utilize the Child Behavior Checklist (CBCL)
- Be scored and interpreted by a mental health professional or practitioner working as a clinical trainee

Children 6 through 17 years old

Bill the level-of-care determination portion of the diagnostic process for children 6 through 17 years old as an additional encounter separate from the comprehensive evaluation. To be separately reimbursable, the level-of-care determination must:

- Utilize the Child and Adolescent Service Intensity Instrument (CASII)
- Utilize the Strengths and Difficulties Questionnaire (SDQ)

CCBHC Screening, Assessment and Diagnosis Requirements

- Be completed, scored and interpreted by a mental health professional or practitioner working as a clinical trainee. Practitioner level staff may assist in the collection of information, but a mental health professional must perform the scoring and interpretation

Adults 18 years old and older

Bill for the functional assessment and level-of-care determination completed for any member age 18 years and older receiving CCBHC services. To be reimbursable as an encounter separate from other assessments, the functional assessment must:

- Include one of the following functional instruments:
- A narrative for each domain as described in the MHCP Provider Manual for Functional Assessments
- A DLA-20 and a functional summary. The functional summary is a personalized narrative that provides qualitative context to the quantitative information obtained from the DLA-20. The narrative describes how symptoms of mental illness impair functioning, informs the comprehensive evaluation and provides initial direction for the integrated treatment plan
- Be completed by a mental health practitioner, a mental health professional or practitioner working under a licensed professional as a clinical trainee

For those service lines that require the following, they are allowable in combination with the FA requirements:

- Level-of-Care Utilization System (LOCUS) assessment and a LOCUS Recording Form (DHS-6249)
- Interpretive Summary

Providers cannot bill FA and LOCUS assessments completed as part of targeted case management services as an independent encounter.

CCBHC Comprehensive Evaluation

The comprehensive evaluation is designed to gather a more thorough understanding of the person served by allowing ample time and multiple providers to gather information about the person during the engagement process in new services. It includes a review and synthesis of existing information obtained from external sources, internal staff, preliminary screening and risk assessment, crisis assessment, initial evaluation or other service received at the CCBHC.

The comprehensive evaluation must meet these requirements:

- When completed after an Initial Evaluation, an update on each component of the Initial Evaluation is required
- Progress in services since last evaluation
- A new comprehensive evaluation or update is completed in accordance with timeframes established for completion of a new or updated diagnostic assessment within existing service standards (for example, annually for children receiving CTSS, every three years for an adult receiving TCM services)

CCBHC Screening, Assessment and Diagnosis Requirements

- For existing CCBHC recipients (those who have received a service from the clinic in the last 6 months), the comprehensive evaluation must be completed when the current diagnostic assessment expires

Comprehensive evaluation for children under 5 years old must utilize the DC:0-5R diagnostic system for young children which may consist of up to three separate billable encounters which include:

- An initial session as a family psychotherapy session without the client present and may include providing treatment to the parent(s) or guardian(s) along with inquiring about the child. Bill the initial session as a family psychotherapy session (90846). If possible, defer billing until completion of assessment with encounter date as date of service.
- Three separate sessions follow the initial session; one session must include face-to-face contact with the child.
- Bill the three completed assessment sessions as an extended comprehensive evaluation (90791 TG Q2).
- The functional assessment and level of care tools must be incorporated into the comprehensive evaluation for it to be considered complete.
- The functional assessment and level of care tool is separately billable (H0031) provided it meets standards outlined in the [Functional Assessment 0-5 section](#) of this manual page.
- The extended comprehensive assessment and functional assessment must be completed prior to recommending additional CCBHC services.
- In the event patient or family participation stops before all sessions are completed, CCBHCs may bill for the sessions completed.

Required Components

Demographics

- Date of birth
- Gender
- Ethnicity
- Race
- Insurance status and type
- Primary and secondary language
- Current living situation
- A determination of whether the person presently is or ever has been a member of the U.S. Armed Services
- Referral source

CCBHC Screening, Assessment and Diagnosis Requirements

Dimension 1: Acute Risk or Acute Withdrawal Potential

- Assessment of imminent risk (including suicide risk, danger to self or others, substance withdrawal, urgent or critical medical conditions, other immediate risks including threats from another person)

Dimension 2: Physical Health History

- A drug profile including the person's prescriptions, over-the-counter medications, herbal remedies and other treatments or substances that could affect drug therapy, as well as information on drug allergies
- Depending on whether the CCBHC directly provides primary care screening and monitoring of key health indicators and health risk, either: (a) an assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the person's primary care provider (with appropriate referral and follow-up), or (b) a basic physical assessment
- Pregnancy

Dimension 3: Behavioral Health History

- All reasons for seeking care
- Screening for co-occurring mental health and substance use disorders using a tool approved by the commissioner
- Strengths, cultural influences, life situations, learning differences and legal issues
- Current living situation
- Mental status exam and a brief diagnostic discussion including symptoms, duration, preliminary diagnoses and how symptoms impact the person's functioning
- A psychosocial evaluation which can be accomplished by:
 - A narrative that includes housing, vocational and educational status, family or caregiver and social support, pregnancy and parenting status, legal issues and insurance status, OR
 - A functional assessment (FA) completed within the previous 60 days
 - For children age 5-18 years old, complete the Strengths and Difficulties Questionnaire (SDQ) if not already completed within a Functional Assessment
- Behavioral health (including mental health, chemical health and physical health) history (including trauma history and previous therapeutic interventions and hospitalizations)
- Depression screening tool
- Basic competency or cognitive impairment screening (including the person's ability to understand and participate in his or her own care)
- Developmental incidents and history
- A description of attitudes and behaviors, including cultural and environmental factors, that may affect the person's treatment plan
- Remaining barriers that will lead to formation of the treatment plan

Dimension 4: Readiness for change

- The recipient's strengths, goals and other factors to be considered in recovery planning

CCBHC Screening, Assessment and Diagnosis Requirements

Dimension 5: Relapse, continued use and continued problem potential

- Identification of the person's immediate clinical care needs for mental and substance use disorders related to the diagnoses and impact on functioning
- Recommendations for identified mental health and substance use disorder services (specifically: SUD services, ARMHS, TCM, CTSS, peer services and psychotherapy)
- Establish medical necessity for services and level of care (LOC) needs for recommended services (approved LOC tools: LOCUS for adults, CASII for children and adolescents, and ECSII for children up to five years old)
- The diagnosis of a Substance use disorder is required only for those for whom substance use is identified
- To determine medical necessity for substance use disorder services, it is required to use the [Minnesota Matrix \(DHS-5204B\) \(PDF\)](#) and provide risk ratings on the 6 Dimensions
- Assessment of need and medical necessity for behavioral health services beyond what is already provided
- Assessment of the social service needs of the consumer with necessary referrals made to social services and, for pediatric consumers, to child welfare agencies as appropriate

Dimension 6: Recovery environment

- Stage of change for all reasons the recipient sought care

Comprehensive Evaluation Update

The comprehensive evaluation update is completed only with adults 18 years old or older. It includes a review and synthesis of existing information obtained from external sources, internal staff, preliminary screening and risk assessment, crisis assessment, initial evaluation, previous comprehensive evaluations or other services the person receives at the CCBHC.

Assessment Components

The comprehensive evaluation must include the following components:

- Review of all required components of the comprehensive evaluation and written updates, as needed
- Brief narrative within each of the 6 dimensions of the ASAM criteria addressing:
 - All reasons for seeking care
 - Progress since last evaluation
 - Remaining barriers that will lead to formation of the treatment plan
 - Strengths, cultural influences, life situations, learning differences and legal issues
 - The narrative for ASAM Dimension 3 must include a mental status exam and a brief diagnostic discussion including symptoms, duration, preliminary diagnoses and how symptoms impact the person's functioning
 - The narrative for ASAM Dimension 4 must identify the stage of change for all reasons the recipient sought care

CCBHC Screening, Assessment and Diagnosis Requirements

- Establish medical necessity for services and level of care (LOC) needs for recommended services
- Assessment of need and medical necessity for behavioral health services beyond what is already provided including:
 - For substance use disorder services, use of the Minnesota Matrix to provide scores on the 6 Dimensions and the diagnosis of a substance use disorder
 - Assessment of the social service needs of the consumer with necessary referrals made to social services