

Missouri Division of Behavioral Health

Bulletin Number: FY18–Clinical #040	COMMUNITY TREATMENT BULLETIN	Effective Date: July 1, 2017
Revised October 1, 2018	Subject: Subject: Certified Community Behavioral Health Clinic (CCBHC) Health Screen Requirements	Number of Pages: 2

1. **Programs Affected:** All CCBHC participating agencies.

2. **Background and Purpose:** Agencies designated by the Division of Behavioral Health (DBH) as a CCBHC are part of a two-year demonstration project that moves select Missouri providers from a fee-for-service system to a Prospective Payment System (PPS) system. All CCBHCs are required to provide primary care screening and monitoring. The purpose of a health screening is to identify health concerns and guide treatment goals addressing the individual's physical health conditions and promote recovery for the whole person. Health concerns identified will be incorporated into the individual's treatment plan, as appropriate and agreed to by the consumer in a person-centered treatment planning process.

3. **Health Screen Requirements:**
 - 3.1 All individuals served by the CCBHC must have a completed health screen with the following questions:
 - 3.1.1 Have you had a physical exam in the last year?
 - 3.1.2 Have you been diagnosed with any of the following conditions?
 - Diabetes or pre-diabetes
 - Hypertension (high blood pressure)
 - Cardiovascular Disease
 - Hyperlipidemia (high cholesterol)
 - Obesity
 - 3.1.3 Do you currently smoke or use tobacco?
 - 3.2 All individuals served by the CCBHC that are included in the population of focus must complete a health screen which includes the questions in section 3.1 above **in addition** to the following questions:
 - 3.2.1 Do you have a primary care physician/pediatrician?
 - If no, would you like assistance in acquiring a primary care physician/pediatrician?
 - If no, would you like to see a nurse to address any physical health concerns?
 - 3.2.2 Have you been hospitalized or gone to the emergency department in the last year?
 - 3.2.3 Do you have immediate family (parents or grandparents) with any of the following conditions:
 - Diabetes
 - Hypertension (high blood pressure)
 - Cardiovascular Disease
 - Hyperlipidemia (high cholesterol)
 - Obesity

4. Primary Care Screening and Monitoring:

- 4.1 All CCBHC consumers must receive a health screen.
- 4.2 A subset of consumers shall be screened for metabolic syndrome.
 - 4.2.1 Individuals identifying a chronic condition in 3.1.2 or 3.2.3 above should be assessed for Metabolic Syndrome Screening (MBS) referral.
- 4.3 A subset of consumers shall be enrolled in Healthcare Home.
 - 4.3.1 Individuals meeting eligibility criteria for Healthcare Home shall be enrolled according to clinical need and Healthcare Home enrollment capacity.
 - 4.3.2 Individuals enrolled in Healthcare Home shall receive the required Healthcare Home health screen and MBS.
- 4.4 CCBHCs must have 'Health Home' accreditation from CARF or The Joint Commission for adult and youth populations.
- 4.5 CCBHCs must be designated as a Healthcare Home by the DBH, and serve children, adolescents, and adults.
 - 4.5.1 CCBHCs must continue to meet Healthcare Home policies set by the DBH on staffing, reporting, and service requirements.

5. Health Screen Form/Documentation:

- 5.1 CCBHCs may develop their own health screen form. The health screen may be in paper form or in an electronic medical record (EMR). The health screen may also be incorporated into the eligibility determination; it does not have to be a separate standalone document.
- 5.2 The health screen may be completed by the individual/guardian receiving a CCBHC service and reviewed by the CCBHC service provider. Review of the health screen and any subsequent referral or follow-up must be documented in the individual's record.