Missouri Division of Behavioral Health

Bulletin Number: FY 18—044	COMMUNITY TREATMENT BULLETIN	Effective Date: July 1, 2017
New	**Subject: CCBHC Clinical Implications for Screening, Assessment and Treatment Planning in CPR, CSTAR, Outpatient Mental Health and Outpatient Substance Use Disorder Programs**	**Number of Pages: 4**

1. **Programs Affected:** Community Psychiatric Rehabilitation (CPR) for Adults, CPR for Children and Youth, all Comprehensive Substance Treatment and Rehabilitation (CSTAR), Outpatient Mental Health and Outpatient Substance Use Disorder (SUD) **for those agencies that are designated as a Certified Community Behavioral Health Clinic (CCBHC)**. Note: The following information applies to individuals in all levels of care for CPR and CSTAR.

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). Clinical Implications for Screening, Assessment and Treatment Planning are outlined in this clinical bulletin.

3. **Clinical Implications and Billing:** For services provided on or after July 1, 2017, the DBH is clarifying requirements for screening, assessment, and treatment planning. DBH is clarifying when a PPS payment is appropriate for activities associated with these services. **CSTAR and CPR bundled assessment procedure codes (H0001 and H0031 with associated modifiers) will no longer be available. Assessment and treatment planning activities are to be billed as outlined in this bulletin. *Note: signature requirements have not changed.**

4. **Process:** The CCBHC certification criteria envision a three-stage assessment process.

    4.1 At first contact, new consumers seeking CCBHC services receive a preliminary screening and risk assessment to determine acuity of need.

        4.1.1 Individuals who present in crisis should receive services immediately.

        4.1.2 Individuals who present with an urgent need should receive clinical services and an eligibility determination within one (1) business day of first contact.

        4.1.3 Individuals who present with a routine need should receive clinical services and an eligibility determination within 10 business days of first contact.

    4.2 Following the preliminary screening, CCBHCs conduct an initial evaluation and provide needed services as indicated by the initial evaluation. (This is equivalent to the DBH eligibility determination process.)

        4.2.1 Further screening is required during initial evaluation including:

            4.2.1.1 A brief health screen (see clinical bulletin)

            4.2.1.2 Depression screening, identified as the PHQ2 or PHQ9

                - If PHQ2 is administered initially and if positive, the PHQ9 must be administered.

- If the PHQ9 indicates that the individual is depressed, then a suicide risk assessment is required.

4.2.1.3 Alcohol use disorder screening

4.2.1.4 Substance use disorder screening

4.3 Completion of a comprehensive evaluation is required within specific treatment program timelines, but not to exceed 60 days.

4.4 This assessment process should culminate in the development of a comprehensive treatment plan.

4.5 CCBHCs must complete a DLA-20© for all individuals enrolled in CSTAR and/or CPR programs, and update the DLA-20© at least every 90 days.

4.6 For individuals who are not enrolled in CSTAR or CPR, CCBHCs should administer a DBH approved functional assessment when it is believed that an individual may be experiencing moderate or more serious impairment. DBH has approved using the DLA-20©, the mGAF, and the CGAS for this purpose. If a functional assessment confirms that an individual is experiencing moderate or more serious impairment, then the functional assessment should be updated every 90 days.

4.7 The comprehensive evaluation should always be updated in collaboration with the individual receiving services, and when warranted by changes in the individual's status, responses to treatment, or goal achievement.

5. Billing:

5.1 For individuals who are subsequently enrolled in CPR or CSTAR, or who receive outpatient SUD service reimbursed by DBH:

5.1.1 The preliminary screening and risk assessment should be reported as **"Initial Referral" (T1023)**, and, if provided face-to-face, may count as a visit for purposes of receiving a PPS payment;

5.1.2 Activities related to development of the initial evaluation or eligibility determination should be reported as **"Behavioral Health Assessment" (H0002)**, and if provided face-to-face may count as a visit for purposes of receiving a PPS payment;

5.1.3 Activities related to development of the comprehensive evaluation should be reported as **"Behavioral Health Assessment" (H0002)**, and if provided face-to-face may count as a visit for purposes of receiving a PPS payment; and

5.1.4 Activities related to the development of the comprehensive treatment plan should generally be reported as **"Treatment Planning" (H0032)**, and if provided face-to-face may count as a visit for purposes of receiving a PPS payment.

Note that face-to-face treatment planning activities performed by a Community Support Specialist should be reported as Community Support (H0036).

5.2 For individuals who subsequently receive **clinic option services exclusively**:

5.2.1 The preliminary screening and risk assessment does not count as a visit nor does it generate a PPS payment;

5.2.2 Activities related to the development of the initial evaluation or eligibility determination should be reported as **"Psychiatric Diagnostic Evaluation" (90791)**, and if provided face-to-face may count as a visit for purposes of receiving a PPS payment;

5.2.3 Activities related to the development of the comprehensive evaluation should be reported as **"Psychiatric Diagnostic Evaluation" (90791)**, and if provided face-to-face may count as a visit for purposes of receiving a PPS payment; and

5.2.4 Activities related to the development of the comprehensive treatment plan do not count as a visit or generate a PPS payment.

Since the way in which the preliminary screening, risk assessment, and activities related to the initial evaluation/eligibility determination are billed is dependent on program assignment, and these activities occur prior to program assignment, CCBHCs will be allowed to date the program assignment as beginning on the date of the initial referral.

CCBHC ASSESSMENT PROCESS