
CHAPTER 11: CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

SECTION 11.3: SCREENING, ASSESSMENT, AND DIAGNOSTIC EVALUATIONS

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SCREENING, ASSESSMENT, AND DIAGNOSTIC EVALUATIONS

All new clients requesting or referred for services shall receive, at the time of first contact, a preliminary triage (whether in-person, by telephone, or other remote communication) to determine acuity of needs:

1. If the triage identifies an emergency/crisis need, appropriate action shall be taken immediately, including plans to reduce or remove risk of harm and to facilitate any necessary subsequent outpatient follow-up;
2. If triage identifies an urgent need, clinical services and initial evaluation are to be provided within one business day of the time the request is made;
3. If triage identifies routine needs, services shall be provided, including the initial evaluation completed within 10 business days; and
4. A comprehensive evaluation shall be completed within 60 calendar days of the first request for services.

For those presenting with emergency or urgent needs, if the initial evaluation is conducted telephonically, once the emergency is resolved, the client shall be seen **in-person** at the next subsequent encounter and the initial evaluation reviewed.

The preliminary triage and risk assessment shall be followed by:

1. An initial evaluation; and
2. A comprehensive evaluation, including the specified components noted below.

The initial evaluation of youth shall also include their legal representative, the family system in which the youth resides, and/or the youth's current living situation. When working with youth, the parent(s) or legal representative, primary caregivers, family support system, social support system, and educational support systems shall be involved in the assessment process. Initial screening and evaluation shall include any intellectual or developmental disabilities when appropriate.

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Screenings

The following screenings are required:

1. Personal Health Questionnaire – 9 (PHQ-9) and PHQ-9 M;
2. AUDIT Alcohol Use Disorders Identification (ID) Test or AUDIT-C; and
3. Standardized Health-Related Social Needs Screening – considering any one of the following:
 - a. Accountable Health Communities Health-Related Social Needs Screening Tool (2017);
 - b. Accountable Health Communities Health-Related Social Needs Screening Tool (2022);
 - c. The Protocol for Responding to and Assessing Patients’ Risks and Experiences (PRAPARE) Tool (2016);
 - d. WellRx Questionnaire (2014); or
 - e. American Academy of Family Physicians (AAFP) Screening Tool (2018).
4. South Oaks Gambling Screen or the Brief Biosocial Gambling Screen (for all adults 18 years of age or older); and
5. Tobacco use screen (for all individuals 11 years of age or older).

The administration of each screening tool shall follow the standardized guidelines published with the screening tool.

If the client’s designated collaborating organization (DCO) provider conducts the necessary screening and monitoring, the Certified Community Behavioral Health Clinic (CCBHC) is not required to do so as long as it has a record of the screening and ensures appropriate follow up has occurred.

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Staff Qualifications

Screenings must be conducted by a licensed mental health professionals (LMHPs), physicians, and other behavioral health professionals operating within their legal scope of practice. Qualifications apply to all staff responsible for conducting initial and ongoing screenings of individuals served by the CCBHC. All staff conducting screenings must:

1. Hold a valid license or certification within the state of Louisiana;
2. Operate within the scope of practice of their license;
3. Be trained in the administration and interpretation of the screening tool(s) utilized; and
4. Demonstrate cultural and linguistic competence in service delivery.

Unlicensed staff who cannot practice independently or without supervision by an LMHP, such as community health workers, case managers, and peer specialists, may assist with:

1. Administering standardized screening tools (e.g., PRAPARE, tobacco use questions) under supervision; and
2. Supporting client engagement and follow up.

Unlicensed staff may not independently interpret clinical screening results or make diagnostic decisions unless explicitly authorized by state law.

Evaluations

Evaluations shall be provided directly by the CCBHC.

Initial Evaluation Components

The initial evaluation (including information gathered as part of the preliminary triage and risk assessment, with information releases obtained as needed) includes at a minimum:

1. Preliminary diagnoses;
2. The source of referral;

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3. The reason for seeking care, as stated by the client or other individuals who are significantly involved;
4. ID of the immediate clinical care needs related to the diagnosis for mental health disorders and substance use disorders (SUDs) of the client;
5. A list of all current prescriptions and over-the counter medications, herbal remedies, and dietary supplements and the indication for any medications;
6. A summary of previous mental health and SUD treatments with a focus on which treatments helped and were not helpful;
7. The use of any alcohol and/or other drugs the client may be taking and indication for any current medications;
8. An assessment of whether the client is a risk to self or to others, including suicide risk factors;
9. An assessment of whether the client has other concerns for their safety, such as intimate partner violence;
10. Assessment of need for medical care (with referral and follow-up as required);
11. A determination of whether the person presently is, or ever has been, a member of the U.S. Armed Services;
12. For youth, whether they have system involvement (such as child welfare and juvenile justice); and
13. Signature and date by a LMHP.

Comprehensive Evaluation Components

A comprehensive evaluation is required for all clients receiving CCBHC services. Clinicians shall use their clinical judgment with respect to the depth of questioning within the assessment so that the assessment actively engages the client around their presenting concern(s). The evaluation shall gather the amount of information that is commensurate with the complexity of their specific needs, and prioritize preferences of clients with respect to the depth of evaluation and their treatment goals.

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The evaluation shall include the following:

1. Reasons for seeking services at the CCBHC, including information regarding onset of symptoms, severity of symptoms, and circumstances leading to the presentation to the CCBHC of the client;
2. An overview of relevant social supports, social determinants of health, and health related social needs such as housing, vocational, and educational status; family/caregiver and social support, legal issues, and insurance status;
3. A description of cultural and environmental factors that may affect the treatment plan of the client, including the need for linguistic services or supports for people with limited English proficiency (LEP);
4. Pregnancy and/or parenting status;
5. Behavioral health history, including trauma history and previous therapeutic interventions and hospitalizations with a focus on what was helpful and what was not helpful in past treatments;
6. Relevant medical history and major health conditions that impact current psychological status;
7. A medication list including prescriptions, over-the counter medications, herbal remedies, dietary supplements, and other treatments or medications of the client. Include those identified in a Prescription Drug Monitoring Program (PDMP) that could affect their clinical presentation and/or pharmacotherapy, as well as information on allergies including medication allergies;
8. An examination that includes current mental status, mental health (including depression screening, and other tools that may be used in ongoing measurement based care) and SUDs (including tobacco, alcohol, and other drugs);
9. Basic cognitive screening for cognitive impairment;
10. Assessment of imminent risk, including suicide risk, withdrawal and overdose risk, danger to self or others, urgent or critical medical conditions, and other immediate risks including threats from another person;
11. The strengths, goals, preferences, and other factors to be considered in treatment and recovery planning of the client;

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12. Assessment of the need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management (TCM), psychiatric rehabilitation services);
13. Assessment of any relevant social service needs of the client, with necessary referrals made to social services. For youth receiving services, assessment of systems involvement such as child welfare and juvenile justice and referral to child welfare agencies as appropriate;
14. An assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the primary care provider (PCP) (with appropriate referral and follow-up) of the client;
15. The preferences of the client regarding the use technologies such as telehealth, video conferencing, remote patient monitoring, and asynchronous interventions;
16. Recommended services; and
17. Signature and date by a LMHP.

Staff Qualifications

Allowed practitioners as detailed in the Medicaid BHSP Manual Section 2.3 - Outpatient Therapy by Licensed Providers, shall provide the initial and comprehensive evaluations.

Outpatient Primary Care Screening and Monitoring

The CCBHC is responsible for outpatient primary care screening and monitoring of key health indicators and health risk. Whether directly provided by the CCBHC or through a DCO, the CCBHC shall be responsible for ensuring services are received in a timely fashion. The Medical Director shall establish protocols that conform to screening recommendations with scores of A and B of the United States Preventive Services Task Force Recommendations (these recommendations specify for which populations screening is appropriate). The CCBHC shall ensure the following conditions are also included with the primary care screening:

1. Sexually transmitted disease screening to include human immunodeficiency virus (HIV) and viral hepatitis;
2. Diabetes;

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3. Pregnancy;
4. Body mass index (BMI);
5. High blood pressure; and
6. Other clinically indicated primary care key health indicators of children, adults, and older adults receiving services, as determined by the CCBHC medical director and based on environmental factors, social determinants of health (SDOH), and common physical health conditions experienced by the CCBHC client population.

The Medical Director shall develop organizational protocols to ensure that screening for clients who are at risk for common physical health conditions experienced by CCBHC populations across the lifespan. Protocols will include:

1. Identifying clients with chronic diseases;
2. Ensuring that clients are asked about physical health symptoms; and
3. Establishing systems for collection and analysis of laboratory samples.

The CCBHC shall ensure that age-appropriate screening and preventive interventions are accessible (e.g. assessment of learning disabilities for youth, preventive interventions for older adults, etc.) either directly or through a referral.

The CCBHC shall have the ability to collect biologic samples directly, through a DCO, or through protocols with an independent clinical lab organization. Laboratory analyses may be done directly or through another arrangement with an organization separate from the CCBHC. The CCBHC must also coordinate with the primary care provider to ensure that screenings occur for the identified conditions. If the client's primary care provider conducts the necessary screening and monitoring, the CCBHC is not required to do so as long as it has a record of the screening and monitoring and the results of any tests that address the health conditions included in the CCBHC's screening and monitoring protocols.

The CCBHC shall provide ongoing primary care monitoring of health conditions as clinically indicated for the individual. Monitoring includes the following:

1. Ensuring individuals have access to primary care services;

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2. Ensuring ongoing periodic laboratory testing and physical measurement of health status indicators and changes in the status of chronic health conditions;
3. Coordinating care with primary care and specialty health providers including tracking attendance at needed physical health care appointments; and
4. Promoting a healthy behavior lifestyle.

For children under age five, primary care developmental screening is required, addressing the following domains and using screening instruments as recommended in the Louisiana Developmental Screening guidelines:

1. General Development; and
2. Autism

Allowed Modes of Delivery

In person only.

Staff Qualifications

The CCBHC must ensure that outpatient primary care screening and monitoring services are delivered by appropriately qualified personnel. Outpatient primary care screening and monitoring are provided by licensed or credentialed healthcare providers operating within their legal scope of practice.

Staff conducting primary screening and monitoring must hold the appropriate credentials and licensure in their respective fields, such as:

1. Physicians;
2. Nurse Practitioners (NPs);
3. Registered nurses (RNs);
4. Licensed practical nurses (LPNs);
5. Medical assistants;

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6. Physician assistants; and

7. Other licensed or certified healthcare professionals with training in primary care or related fields.

These services are provided within the licensed individual's scope of practice, as defined by Louisiana law and are provided by, or under the personal direction and supervision of, a State Board licensed individual as authorized under Louisiana law.

Medical assistants and other support staff must operate under supervision of a licensed clinician.