



# Alliance

BEHAVIORAL HEALTHCARE

Comprehensive Clinical Assessment  
Training for  
Licensed Independent Practitioners

# Comprehensive Clinical Assessment

- “...an intensive clinical and functional face-to-face evaluation of a beneficiary’s presenting mental health, developmental disability, and substance use disorder.”
- “...results in the issuance of a written report that provides the clinical basis for the development of the beneficiary’s treatment or service plan. The CCA written report must be kept in the service record.”

*NC Division of Medical Assistance Clinical Coverage Policy 8C*

# Comprehensive Clinical Assessment

- Comprehensive assessment of consumer needs beyond behavioral healthcare is an essential first step for positive treatment outcomes
- Assessment examines a consumer's need for behavioral health services, physical health, housing, education and or vocational needs, barriers and general support needs to enhance symptom reduction, recovery and the ability for one to live as independently as possible

*Alliance Provider Operations Manual*

# Comprehensive Clinical Assessment

- Completed BEFORE the start of Treatment
- Informs Individualized Person-Centered treatment
  - For more information on Person-Centered Treatment see the Records Management and Documentation Manual, Chapter 4
- Contributes to more accurate diagnoses
- Determines medical necessity

# Comprehensive Clinical Assessment

- Required prior to the start of outpatient services in order to demonstrate the medical necessity services
- Required prior to Individual Therapy, Family Therapy and Group Therapy.
- Typically valid as long as there has not been a clinically significant change or interruption in treatment

# When is a Re-Assessment Required?

- When there is a clinically significant change
- When a provider observes new concerns
- When there are unmet treatment needs
- Prior to a change in service

# Comprehensive Clinical Assessment

- Must be completed by a licensed or provisionally licensed professional
- A new CCA may be completed upon admission or an addendum may be done if a recent substantially equivalent CCA is available from another clinician

# Comprehensive Clinical Assessment

- Format of a CCA is determined by the individual provider, based on the clinical presentation
- Although a CCA does not have a designated format, the assessment (or collective assessments) used must include ALL of the following elements:



# Presenting Problem

- Description of the presenting problems
- Source of distress
- Precipitating events
- Associated problems or symptoms

# Health History

- Chronological general health
- Behavioral health and substance abuse history
- Past treatment and treatment response

# Medications

- All current medications
- For both physical and psychiatric treatment
- Efficacy

# Review of Dimensions

- Biological
- Psychological
- Familial
- Social
- Developmental
- Identify strengths, needs and risks in each area

# Participation

- Evidence of participation on the part of the individual and/or the legally responsible person
  - Example: Proof that the legal guardian has provided information to be used within the assessment.
- The assessment must be face-to-face

# Analysis and Interpretation

- Diagnostic criteria
- Case formulation
- Treatment recommendation

# DSM-5 Diagnoses

- Including mental health,
- Substance use disorders, or
- Intellectual/developmental disabilities, as well as
- Physical health conditions, and
- Functional impairment

# Recommendations

- Should include the following as needed based on the results of the CCA
  - Assessments
  - Services
  - Supports
  - Treatments



# Signature

- CCA must be signed and dated by the licensed professional completing the assessment
- Handwritten signature requires a handwritten date

# Electronic Signatures

- The NC Department of Health and Human Services follows the guidelines set by federal and state law that pertain to electronic signatures
- These regulations govern what constitutes an electronic signature and who may use them
- Currently only “digital signatures” meet the standards

# Billing a CAA

- If you are billing an assessment that takes place over the course of multiple days you must document all days, but the date of service for billing purposes is the final day that you saw the identified client face-to-face

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# Resources

- Records Management and Documentation Manual (APSM 45-2)
- Clinical Coverage Policy 8C
- LIP Resource Packet