

First Contact with a CCBHC and the Measure of Time to Initial Evaluation (I-EVAL)

Time to Initial Evaluation:

This measure is designed to assess how long it takes a BHC to provide an initial evaluation to new consumers, with new consumers defined as those not seen at the BHC in the past 6 months.

We encourage you to consider this document in conjunction with the document "When is a person a CCBHC consumer and their services covered by the Demonstration?"

- **Metric 1:** The percentage of new consumers with initial evaluation provided within 10 business days of first contact
- **Metric 2:** The mean number of days until initial evaluation for new consumers

Measure Source:

- **Criteria 2.b.1:** All new consumers requesting or being referred for behavioral health services will, at the time of first contact, receive a preliminary screening and risk assessment to determine acuity of needs. That screening may occur telephonically. The preliminary screening will be followed by: (1) **an initial evaluation**, and (2) a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation (see Criteria 2.b.2), with the components of each specified in program requirement 4. Each evaluation builds upon what came before it. Subject to more stringent state, federal, or applicable accreditation standards:
 - If the screening identifies an emergency/crisis need, appropriate action is taken immediately, including any necessary subsequent outpatient follow-up.
 - If the screening identifies an urgent need, clinical services are provided and the initial evaluation completed within one business day of the time the request is made.
 - If the screening identifies routine needs, services will be provided and the initial evaluation completed within 10 business days.
 - For those presenting with emergency or urgent needs, the initial evaluation may be conducted telephonically or by telehealth/telemedicine but an in-person evaluation is preferred. If the initial evaluation is conducted telephonically, once the emergency is resolved the consumer must be seen in person at the next subsequent encounter and the initial evaluation reviewed.
- **Criteria 4.d.3:** The criteria require that the initial evaluation (including what was gathered as part of the preliminary screening and risk assessment include at a minimum: (1) preliminary diagnoses; (2) source of referral; (3) reason for seeking care, as stated by the consumer or other individuals who are significantly involved; (4) identification of the consumer's immediate clinical care needs related to the diagnosis for mental and substance use disorders; (5) a list of current prescriptions and over-the-counter medications, as well as other substances the consumer may be taking; (6) an assessment of whether the consumer is a risk to self or to others, including suicide risk factors; (7) an assessment of whether the consumer has other concerns for their safety; (8) assessment of need for medical care (with referral and follow-up as required); and (9) a determination of whether the person presently is or ever has been a member of the U.S. Armed Services.

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Frequently Asked Questions about First Contact

Please define an initial evaluation.

The measure of time allowed prior to an initial evaluation defines it as follows: “Some certification standards, such as the CCBHC certification criteria, require that an initial evaluation be carried out for new consumers within a specified timeframe based on the acuity of needs. In the case of a CCBHC, the initial evaluation is due within 10 business days of first contact for those who present with “routine” non-emergency or non-urgent needs. That standard is used in this specification. Other standards may exist for other entities and this specification can be adapted accordingly.” (I-EVAL specification, p. 31)(Webinar 6)

Please define first contact.

First contact means the first time that the person (or family or guardian if the person is a child or has a guardian) contacts the BHC to obtain services, but also applies to a person if they have not received services by the BHC during the previous six months. First contact usually will be a call from a potential client looking for an appointment or a walk-in looking for an appointment. A first contact also could be a crisis service provided by the BHC. The certification criteria (2.b.1) require that, at first contact, there be a preliminary screening and risk assessment to ascertain acuity of needs. Depending on the results, the first service and initial evaluation is required within 10 business days if needs are routine. If needs are urgent, the initial evaluation and service must be within one business day. If the needs constitute an

emergency, “appropriate action must be taken at once.” An initial evaluation, as defined in 4.d.3, should be incorporated into the emergency evaluation process conducted by the CCBHC. (Webinar 7)

Can a PCP referral be considered the first point of contact?

No, it must be a contact by the person who is seeking services or by their family or guardian if they are a child or have a guardian. The first point of contact is the person seeking services so their acuity of needs can be determined using the preliminary screening and risk assessment that is supposed to occur at first contact. (Webinar 7)

If someone receives prescreen conducted by the CCBHC while the person is in the hospital and there is a call later for services, would this be considered a new consumer for purposes of initial evaluation timing?

The prescreen would qualify a person as a new consumer if the CCBHC included the preliminary screening and risk assessment and gathered other basic information about the person. (Payment for this inpatient prescreen service would be made using State Plan Authority rather than through the demonstration.) The person would be a new consumer if they had not been provided services by the CCBHC in the past 6 months. An initial evaluation should then be conducted within 10 days, sooner if they meet certain characteristics indicated in the certification criteria at 2.b.1. (Webinar 7)

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Can first contact occur when a person enters Level III detox (if it is part of the CCBHC) and then enter into follow-up outpatient care within ten days?

Level III detox that is either inpatient or residential is not a CCBHC demonstration service. If there is a prescreen at the detox that satisfies the requirements of making someone a CCBHC consumer (preliminary screening and risk assessment by the CCBHC), then the results of that regarding acuity of need would govern when the initial evaluation must be performed. (Webinar 7)

If a program has open access where clients can come in whenever they want during certain hours, but they call first to determine what open access hours are, is the call first contact?

No, a call to determine when open access hours are held is not first contact unless that call is accompanied by the preliminary screening and risk assessment and collection of basic data about the person, including insurance information. In general, however, if a person calls just to find out what hours you are open, that is not an initial contact. That is an attempt to find out when they can come in and have an initial contact. (Webinar 7)

If a person contacts a clinic more than once to initiate services, does the first or last contact count as initiation or does each contact count separately?

Only one contact in a 6 month period will count (six months to determine if they are a new consumer). The first contact seeking services is initiation and the time to initial evaluation counts from that point. (Office Hours, OR)

Frequently Asked Questions about Calculation

Are business or calendar days used to calculate the first metric (the percent receiving an initial evaluation within 10 days)?

Only standard business days count. The measure captures those evaluated within 10 business days. For the first metric, if the initial contact was Friday and the evaluation was performed on Saturday, it would be 1 day as it was completed by Monday (the next business day). (Misc. Questions)

Are business or calendar days used to calculate the second metric (the average number of days until initial evaluation)?

Count actual days for the average (not business days). (Webinar 8)

Do we include in the average for the second metric those who never receive an initial evaluation but who should have done so?

Do not include in the numerator or denominator those who required but did not receive an initial evaluation (for whatever reason). Instead, please note in the Additional Notes on the data reporting template the number of individuals excluded for this reason. (Webinar 8)

If a consumer calls seeking an evaluation and we provide them with our own open access information but they never show, is that counted in the denominator?

Yes for metric 1, assuming you performed the required preliminary screening and risk assessment to ascertain level of acuity when they called. No for metric 2. (Webinar 7 & 8)

If a consumer calls and is transferred to a clinician and both a preliminary screening and risk assessment and an initial evaluation are done over the phone, does that count as zero days? If the consumer calls and asks to come into the office for an evaluation, does that count as zero days?

As a reminder, the criteria call for a preliminary screening and risk assessment to ascertain level of acuity, followed by an initial evaluation (with timing based on acuity). If a clinician performs the preliminary screening and risk assessment at first contact, the person still needs to receive an initial evaluation within whatever period of time is indicated by their acuity. If they do receive the initial evaluation (which really builds on the preliminary screening) on that call, the initial evaluation was performed in zero days. If a person calls and seeks an appointment, the preliminary screening and risk assessment should be performed on that call. If they come into the office that day and receive an initial evaluation, that is also within zero days.

(Webinar 6)

use, please have them prepare a list and provide it to all CCBHCs in the state and retain it for evaluation purposes. (Misc. Questions)

Frequently Asked Questions about Codes for I-EVAL

In the absence of specific standard value sets, we are seeking clarifications on which CPT/HCPCS codes would constitute an initial evaluation for purposes of this measure.

We cannot provide you with CPT codes due to intellectual property considerations. Please consider codes associated with psychiatric diagnostic evaluation, psychiatric diagnostic evaluation with medical services, and evaluation and management codes (E&M). If your state(s) have other codes that they wish to

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