DEPARTMENT OF HUMAN SERVICES

DHS reached out to SAMHSA on behalf of CCBHCs to receive clarification on the I-SERV measures. Below are clarifications to submeasure #1 (time to initial evaluation), submeasure #2 (time to initial clinical service), and submeasure #3 (time to crisis services).

I-SERV, submeasure #1 (time to initial evaluation)

Question from DHS:

I-SERV timing from first contact, clarification on who is considered a new client

- Is a client a new CCBHC client if they contact the CCBHC multiple times before they come in for an initial evaluation and/or initial clinical service
- If a client contacts multiple times, from which contact date do you count to track average # of days until initial evaluation and/or initial clinical service

SAMHSA response:

A client is considered new if the person was not provided services by the CCBHC or a DCO acting on its behalf in the 6 months before the First Contact. You can find the definition for New Client in page 34 of the CCBHC technical specification and First Contact is defined on page 33. If, at any point during the Measurement Year, a potential new client contacted the CCBHC, received the required risk assessment/triage and the basic information was collected, and an appointment was made, First Contact has occurred and time counts from that point regardless whether the appointment was kept or not.

I-SERV, submeasure #2 (time to initial clinical service)

Question from DHS:

Do crisis services count as an initial clinical service?

Here's a scenario:

- A person comes in, gets the PRSA and they come back with routine needs and they fall into the flow of getting the initial evaluation. They get the initial evaluation but then before they can get an initial clinical service such as psychotherapy—they have a crisis episode and receive crisis services.
    - Would this person stay in the flow of submeasures #1 and #2 and crisis was their initial clinical service?

- Or would they instead fall under submeasure #3?
  - If they instead fall under submeasure #3, would they at some point need to come in and receive another service (e.g. psychotherapy) and would that then be their initial clinical service for submeasure #2 and we would count from the time that they received their PRSA?

At any point, do crisis services count as an initial clinical service?

SAMHSA response:

Crisis services do not count for initial clinical services at any point.

In the example you provided, as the patient is receiving crisis service, the patient would fall under the crisis services measure (sub-measure 3). Also, in the example you mentioned, it would make sense for the patient to come back at another time to finish off the clinical service they originally had requested so the loop is closed for sub-measure 2 (clinical service).

I-SERV, submeasure #3 (time to crisis services)

Question from DHS:

Calculation and Attribution: It is unclear how state-sanctioned crisis services should be attributed back to a CCBHC.

1) For example, a CCBHC in an area with a state-sanctioned crisis system will have a DCO agreement that ensures the crisis provider will manage CCBHC-required crisis services. If an individual calls the **state-sanctioned crisis provider requesting mobile crisis, how does that crisis encounter claim and data get back to a CCBHC**? Is the expectation that the crisis providers know who is actively being served at a CCBHC and send the information back? Who submits the encounter? Also, if someone is **new to the CCBHC and needs follow up care** after a crisis encounter, and the crisis provider **refers to a CCBHC for ongoing services, should that original crisis service be included in the I-SERV calculation retroactively**? In a non-financial DCO agreement, how should those state-sanctioned crisis services be reported? Would an **individual only receiving crisis services from a state-sanctioned crisis provider or through non-financial DCO be considered a CCBHC client**?

Answer from SAMHSA:

We assume for the entirety of this question that the state-sanctioned crisis system (SSCS) is a DCO to a CCBHC.

*Because a DCO is serving as the CCBHC for CCBHC clients, **for existing CCBHC clients**, the crisis service provided by the DCO is, in effect, being provided by the CCBHC and the time to crisis service should be counted by the CCBHC in I-SERV submeasure 3. As part of a financial DCO agreement, the CCBHC and SSCS should have a mechanism in place to provide needed data and to submit claims to the CCBHC for payment to the CCBHC under the PPS and reimbursement by the CCBHC to the SSCS/DCO. This does imply that there is a mechanism for the DCO to know who is a CCBHC client. As you know, certification criterion 3.b.1 does require the CCBHC to maintain a health*

information technology system that includes, but is not limited to, electronic health records. Additionally, a solution might be routine referral with documentation to the CCBHC of any individual provided a crisis service by the SSCS/DCO. If they are an existing Medicaid client, the SSCS/DCO would be reimbursed and the CCBHC would have the needed documentation. The same principal would apply if the individual is not a Medicaid beneficiary, aside from the nonrelevant issue of reimbursement by the CCBHC to the SSCS/DCO.

*For individuals who are **not existing clients of the CCBHC**, but who seek crisis services from the SSCS/DCO, they are only considered CCBHC clients if they subsequently (as a result of referral from the SSCS/DCO, and during the measurement year) receive another CCBHC service. If a CCBHC service is provided as a result, that would turn the person into a CCBHC client under the PPS at the time of the crisis service. In that case, provided the SSCS has sought reimbursement from the CCBHC under the PPS, this suggests that there should be some mechanism in the DCO contract for sharing of records by the DCO/SSCS upon the referral if they seek reimbursement for the crisis service under the PPS. This would allow calculation of submeasure 3. Of course, if the referral for someone who is not already a client does not result in an intake by the CCBHC (e.g., if the person does not follow through), the person is not a CCBHC client at the time of the crisis service. The same principal would apply if the individual is not a Medicaid beneficiary, aside from the reimbursement question.*

For a non-financial SSCS/DCO, the DCO agreement should, similarly, account for the provision of documentation about SSCS services to CCBHC clients, existing or new (with an additional CCBHC service). This would allow calculation of submeasure 3. The same principal would apply if the individual is not a Medicaid beneficiary, aside from the reimbursement question.