Quality Management Guidance for Comprehensive Clinical Assessments (CCAs)

Cardinal Innovations Healthcare’s Quality Management (QM) Department has compiled the following information to help providers contracted to provide Comprehensive Clinical Assessments (CCAs) meet requirements set by the state of North Carolina.

NC Clinical Coverage Policy 8C defines a comprehensive clinical assessment as “an intensive clinical and functional face-to-face evaluation of a beneficiary’s presenting mental health, developmental disability, and substance use disorder. This assessment results in the issuance of a written report that provides the clinical basis for the development of the beneficiary’s treatment or service plan.”

Per North Carolina state rules and regulations, all CCAs provided to Cardinal Innovations’ members must meet the requirements listed below, which must be documented in the report:

- The CCA written report must be kept in the service record.
- A CCA must be completed to determine eligibility for services; therefore, a CCA must be completed prior to the delivery of services.
- Only licensed clinicians may complete CCAs. A licensed clinician is defined as an individual with full or associate-level clinical licensure issued by the governing board regulating a human service profession in the state of North Carolina.
- There is no specific CCA format or template that is approved or provided by Cardinal Innovations. Each individual provider must develop its own format, and ensure that it meets the requirements of a CCA. It is recommended that providers use CCA templates that are open-ended to allow comprehensive, individualized information to be recorded, as opposed to including only pre-selected options or check-boxes.
- CCAs must include, at minimum, the following elements:
  - description of the presenting problems, including source of distress, precipitating events, and associated problems or symptoms
  - chronological general/medical health history of the beneficiary’s symptoms, treatment and treatment response
  - chronological behavioral health history (including both mental health and substance use) of the beneficiary’s symptoms, treatment and treatment response
  - current medications (for both physical and psychiatric treatment)
  - a review of all of the following dimensions (strengths, needs, and risks must be identified in each area):
    1. Biological
    2. Psychological
    3. Familial
    4. Social
    5. Developmental
    6. Environmental
  - evidence of beneficiary and legally responsible person’s (if applicable) participation in the assessment
  - analysis and interpretation of the assessment information with an appropriate case formulation
  - diagnoses from the DSM-5, including mental health, substance use disorders or intellectual/developmental disabilities, as well as physical health conditions and functional impairment
recommendations for services, support, treatment or additional assessments based on the results of the CCA. The recommendations are the clinical indication of the need for treatment, and all treatment provided must be based on those recommendations. Recommendations must include a clinical rationale based on best practice, community standards of care, Clinical Coverage Policy criteria, etc. **NOTE:** If services are provided/billed that are not recommended in a CCA, those services may be subject to payback.

The CCA must be signed and dated by the licensed professional completing the assessment.

**Note that failure to comply with these requirements may result in paybacks.**

[Click here](#) to review Clinical Coverage Policy 8C, which outlines the rules and regulations of the provision of outpatient services. It is strongly recommended that all providers of outpatient services, including CCAs, familiarize themselves with these rules.