

**Functional Assessments, Documentation of Scores, & Client Population Assignment Process  
Demonstration Year 2 Guidance  
Updated 09/16/2025**

**General Context**

Providers must use one of the State approved functional assessment tools listed below to evaluate any client who they believe requires more than standard care. The functional assessment score, along with other clinical criteria, will help determine the appropriate CCBHC program/population designation for the client. Providers will enter this information into the Gainwell Eligibility System Portal (commonly known as the "Provider Portal").

In other words:

- For any client who a provider deems requires a standard level of care, i.e. is appropriate to categorize within the CCBHC ‘Standard’ population – a functional assessment is not required.
- For any client who a provider deems requires more than a standard level of care, i.e. is appropriate to categorize within the CCBHC ‘High Acuity Adult’, ‘High Acuity Child’, or ‘Substance Use Disorder (SUD)’ population – a functional assessment is required and must be conducted.

**I. Initial Functional Assessment**

Providers must use one of the functional assessment tools listed below to evaluate the level of need for any client who they deem requires more than a standard level of care.

- **Daily Living Activities (DLA)** assessment for high acuity adults and any transition-age youth (between the ages of 15 and 26 years) who may be in need of high acuity services;
- **Ohio Scales for Youth (OHIO)** for high acuity children age 5 years or older in CCBHC Program Year 1 and the **Child and Adolescent Needs and Strengths (CANS)** assessment beginning in CCBHC Program Year 2; and
- **American Society of Addiction Medicine (ASAM)** criteria assessment for clients with a primary substance use disorder (SUD).

Providers will use these assessments in tandem with other criteria as defined in **Addendums 5 and 11 of the RI CCBHC Certification Standards for Program Year 2** in order to assign a client to the CCBHC High Acuity Adult, High Acuity Child, or SUD populations.

The score thresholds are as follows:

<b>CCBHC Population</b>	<b>Assessment Score</b>
High Acuity Adult	<ul style="list-style-type: none"> <li>• DLA score of 4 or less</li> </ul>
High Acuity Child	<ul style="list-style-type: none"> <li>• Program Year 1               <ul style="list-style-type: none"> <li>○ OHIO: Score of 37 or higher on the Problem Severity scale <u>or</u> 34 or lower on the Functional scale.</li> </ul> </li> <li>• Program Year 2               <ul style="list-style-type: none"> <li>○ CANS: At least one score of 3 or two scores of 2 within the Child Risk Behavior domain <u>or</u> at least one score of 3 or two scores of 2 within the Child Needs domain.</li> </ul> </li> </ul>
SUD	<ul style="list-style-type: none"> <li>• An ASAM assessment must be conducted in Program Year 2, however there is no score threshold for eligibility.</li> </ul>

Note: For any client who does not meet the aforementioned score thresholds, but for whom a provider believes requires a high acuity versus standard level of care –

- **For adults and transition-age youth:** Providers should complete a [CCBHC High Acuity Adult Population Exception Request Form](#) and submit to BHDDH ([bhddh.exceptions@bhddh.ri.gov](mailto:bhddh.exceptions@bhddh.ri.gov)) via secure email for review.
- **For children over the age of 5 years:** Providers should complete a [CCBHC High Acuity Child Population Exception Request Form](#) and submit to DCYF ([DCYF.CCBHC@dcyf.ri.gov](mailto:DCYF.CCBHC@dcyf.ri.gov)) via secure email for review.
- **For any child under the age of 5 years:** Providers should complete a [CCBHC High Acuity Child Population Exception Request Form](#) and submit to DCYF ([DCYF.CCBHC@dcyf.ri.gov](mailto:DCYF.CCBHC@dcyf.ri.gov)) via secure email for review, until the Rhode Island CANS tool for children aged 0 – 4 years is available.

## **II. Reevaluation of Level of Care Every 90 Days**

Providers must reevaluate each high acuity adult’s, high acuity child’s, and SUD client’s level of care **every 90 days** from the date of their last functional assessment, **or sooner** if a change in acuity is observed (e.g., with a new hospital admission or significant life event) within the 90 days, to determine the appropriate level of service intensity (i.e., Standard, High Acuity Adult, High Acuity Child, or SUD) for the client. Shifts in level of need are anticipated over time for most clients.

## **III. Transition from Use of OHIO to CANS Assessment for High Acuity Children**

- **Children Already Engaged in High Acuity Services as of October 1, 2025:**
  - The previous functional assessment (OHIO Scales) score remains valid.
  - However, the CANS Level of Needs (LONS) Assessment must be used to reassess eligibility at, or within 90 days of their last assessment date.
- **New Clients as of October 1, 2025:**
  - The CANS LON is required for any child or youth newly entering a high acuity children’s program on or after October 1, 2025.

### Additional Notes

- The CANS LON score must be documented. See below for further instructions.
- In Program Year 2, a complete CANS assessment is *recommended* to be completed within 30 days of intake and updated annually.
- **Children Aged 0 – 4 Years:** Until the Rhode Island CANS tool for children aged 0 – 4 years is available, providers must submit a [CCBHC High Acuity Child Population Exception Request Form](#) for any child in this age group who the CCBHC believes requires a high acuity level of care.

## **IV. Implementation of Use of ASAM Assessment for SUD Clients**

- **Clients Already Enrolled in the CCBHC SUD Population as of October 1, 2025:**
  - The client’s current enrollment in this CCBHC population remains valid. No update to their Provider Portal record is required.
  - However, an ASAM assessment must be conducted for the client within 90 days (i.e., by December 30, 2025) or sooner, and the resultant score must be

documented in the client's EHR record and/or care plan.

- **New Clients as of October 1, 2025:**

- The ASAM assessment must be conducted prior to enrollment for any new client entering into the SUD program on or after October 1, 2025.

## **V. Submission of Functional Assessment Data to State and Use for Client Population Assignment**

Providers must submit the following data and assign clients to a specific CCBHC population as follows:

### **A. Provider Portal**

Providers must enter the following information into the Provider Portal to formally enroll a client: (i) basic client information; (ii) program designation, i.e. CCBHC; (iii) population assignment, i.e. High Acuity Adult, High Acuity Child, SUD, or Standard; (iv) initial functional assessment score for any client being enrolled in the High Acuity Adult, High Acuity Child, or SUD population; (v) clinical diagnosis; and (vi) attestation of appropriateness of client population assignment. BHDDH and DCYF will review and approve.

#### 1. General data entry guidance:

- The Provider Portal form does not include branching logic. All providers will see the Assessment Type, Date, and Score fields in the Provider Portal regardless of whether they check the 'Standard', 'SUD', 'High Acuity Adult', or 'High Acuity Child' population box in the prior screen/section.
- Providers cannot do the following. This will result in an 'error' message.
  - Assessment Type = N/A
  - Assessment Date = blank/skipped
  - Assessment Score = blank/skipped
- **Providers must complete all fields or leave all fields blank.**

#### 2. CCBHC client enrollment instructions:

- For clients being attributed to the **Standard** population, complete the Assessment fields as follows in the Provider Portal:
  - Assessment Type = leave blank
  - Assessment Date = leave blank
  - Assessment Score = leave blank
- For clients being attributed to the **High Acuity Adult** population, complete the Assessment fields as follows in the Provider Portal:
  - Assessment Type = DLA
  - Assessment Date = date assessment was administered
  - Assessment Score = assessment score

### Instructions for Entering DLA Scores into the Provider Portal

The provider portal allows for up to 6 characters to be entered into the Score field within the Recipient Assessment box. You should enter the DLA scores as follows:

- The DLA produces a cumulative score made up of up to 20 different elements that are each scored between 1-7 and are then divided by 20.
- Resulting scores can range from 1-7, with most scores falling between whole numbers (e.g., with a decimal). In cases where there is a decimal, the decimal point should **not** be entered.
- You should enter the score as consecutive numbers, e.g.,
  - If a member scored a total of 6, you will enter 6.
  - If a member scored a total of 3.45, you will enter 345 without a decimal.

- For clients being attributed to the **High Acuity Child** population, complete the Assessment fields as follows in the Provider Portal:
  - Assessment Type = CANS
  - Assessment Date = date of input of client into the Provider Portal
  - Assessment Score = *see below*

### Instructions for Entering CANS Scores into the Provider Portal

For now, the Provider Portal will only be used to attest whether a child meets the CCBHC functional assessment requirements. The Portal is not presently configured to accommodate all resultant CANS assessment scores. You should complete the assessment score field as follows:

- Enter '99' if the child meets the high acuity criteria.
- Enter '00' if the child is under 5 years of age or does not meet the criteria, but for whom a High Acuity Child and Youth Population Exception Request Form has been submitted to DCYF for review and/or has been approved.

- For clients being attributed to the **SUD** population, complete the Assessment fields as follows in the Provider Portal:
  - Assessment Type = ASAM
  - Assessment Date = date assessment was administered
  - Assessment Score = assessment score

### **Instructions for Entering ASAM Scores into the Provider Portal**

- The ASAM assessment produces a range of scores from 1-4, with some scores falling between whole numbers (e.g., with a decimal).
- In cases where there is a decimal, the decimal point should **not** be entered.
- You should enter the score as consecutive numbers, e.g.,
  - If a client scored a total of 4, you will enter in 4.
  - If a client scored a total of 2.1, you will enter in 21 without a decimal.

### **B. Submission of Functional Assessment Scores to the State**

In addition to formally enrolling each client through the Provider Portal, providers must also submit each client's functional re-assessment scores to the State. As noted above, high acuity and SUD clients must be reevaluated **at least every 90 days** and transitioned to the 'standard' level of care population in a timely manner when clinically appropriate.

This data will be used by the State to affirm providers are attributing clients to the correct level of care and CCBHC population. The data will be used to support enrollment approval and auditing processes.

#### 1. Submission of DLA Scores

- Providers must document each client's initial and reevaluated functional assessment scores in their electronic health record (EHR), then follow the current, established protocol with BHDDH to transfer this data to the BHOLD system via a monthly bulk upload.

#### 2. Submission of ASAM Scores

- Providers must document each client's initial and reevaluated functional assessment score in their electronic health record (EHR) and/or the client's care plan. Additional system configurations would be required on the provider and State side to support BHOLD submission. In DY2, ASAM scores do not need to be submitted to BHOLD.

#### 3. Submission of CANS Scores

- Providers are expected to document which functional assessment (LON vs. complete CANS) was conducted for the client, as well as the client's initial and reevaluated functional assessment score in their EHR record, e.g. via a fixed field, a progress note, and/or their treatment plan.
- Additional system development work is required before CANS scores can be submitted to the State via BHOLD. This build is underway. In the interim, providers must submit the CANS scores to the State manually using the below form and instructions:
  - Form: [CCBHC High Acuity Child Program Ongoing Monitoring Template](#)
  - Completion instructions can be found on Tab 1 of this Excel workbook.
  - Please submit the completed form via upload to the designated State SFTP (managed by the EOHHS Data and Analytics Team) by the 14th of every month. If this date should fall on a weekend or holiday, please submit it by the following business day.