RI CCBHC Quality Manual

Demonstration Year 1 (2025)

I. Introduction

Document History

The State CCBHC Interagency Team, comprised of the Rhode Island Executive Office of Health and Human Services (EOHHS)/RI Medicaid, the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), and the Department of Children, Youth, and Families (DCYF), anticipates this document will be updated and refined over the course of the CCBHC program to incorporate feedback and learnings from program participants, and to accommodate any program modifications required by the Centers for Medicare and Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the State. The table below will be updated accordingly.

This document is considered final for year 1 of the CCBHC program.

Table 1. Quality Manual Version Updates

Version Number	Date	Summary of Changes
1.0	September 13, 2024	Initial CCBHC Quality Manual.

1.1	September 1, 2025	• Clarified that CCBHCs and MCOs should use the latest measure specifications available from the measure steward for CY 2025 when submitting DY1 quality performance data
		  ○ Updated measure names to align with the latest specifications for CY 2025
		  ○ Added table with guidance on where to find the specifications for each measure
		• Updated to reflect that both MCOs and CCBHCs submit quarterly quality performance data to EOHHS
		• Updated process for confirming *Time to Services* methodology
		• Updated to reflect that *Glycemic Status Assessment for Patients with Diabetes* should be reported by MCOs/EOHHS using CMS Adult Core Set specifications
		• Updated the target value for for *Glycemic Status Assessment for Patients with Diabetes (<8.0%)* from 75.5% to 57.5%.
		• Updated the measure component weight from 0.5 to 0.1 for each of the two components of the measure for Glycemic Status Assessment. The total measure weight is updated from 1 to 0.2 points.

Purpose

The Certified Community Behavioral Health Clinics (CCBHC) model is designed to ensure access to coordinated, comprehensive behavioral health services and supports for all Rhode Islanders.

CCBHCs are required to serve all individuals who request care for mental health or substance use, regardless of their ability to pay, place of residence, illness severity, or age; this includes providing developmentally appropriate care for children and youth.

CCBHCs must meet all established standards for the range of services they provide. CCBHCs are required to provide: i) timely care; ii) crisis services that are available 24 hours a day, 7 days a week; and iii) a comprehensive array of behavioral healthcare services to alleviate the need for people to seek care across multiple providers. Additionally, CCBHCs are responsible for providing care coordination to help people navigate behavioral healthcare, physical healthcare, social services, and other systems in which they may be involved.[1]

This Quality Manual contains guidelines on the collection and reporting of performance on the SAMHSA-required measures as part of the CCBHC model for Demonstration Year (DY) 1. EOHHS anticipates using quality measure data to inform accountability, program evaluation, quality improvement and population health. The contents of this document supersede all prior communications on these topics.

Table 2. Demonstration Years and Measurement Periods

	Demonstration Year (DY)	Measurement Period
1	Oct. 1, 2024 – Sep. 30, 2025	Jan. 1, 2025 – Dec. 31, 2025

This document should be used in concert with other CCBHC documents, including:

1. Rhode Island's CCBHC Certification Standards, which provide a comprehensive description of the programmatic and operational requirements of the CCBHC model;
2. the Medicaid Managed Care Manual, which provides general managed care program requirements and processes;
3. the CCBHC Billing Manual, which provides program service codes, billing, and payment instructions;
4. the CCBHC Provider Manual, which provides programmatic guidance for providers;
5. CCBHC Regulations, which define EOHHS, BHDDH, and DCYF regulatory requirements pertinent to the CCBHC program, e.g., licensing; and
6. the CCBHC Managed Care Organization (MCO) Operations Manual, which supports Managed Care contracting with CCBHCs.

Additional Monitoring & Reporting Requirements

This Quality Manual details the processes related to data collection and reporting for the 17 SAMHSA-required quality measures. Please note that there are additional measures that EOHHS, BHDDH, and DCYF will be monitoring during CCBHC implementation, some of which will require action and reporting by CCBHCs. See the CCBHC Provider Manual for detail on additional reporting requirements that extend beyond SAMHSA-required quality measures.

[1] https://www.samhsa.gov/certified-community-behavioral-health-clinics

II. Quality Measures

CCBHC Quality Measures

SAMHSA requires states participating in the CCBHC demonstration to select one of four prospective payment system (PPS) methodologies to pay participating clinics and to collect and report on quality performance. Rhode Island selected PPS-2, which provides reimbursement of the expected cost of providing CCBHC services on a monthly basis. As part of PPS-2, Rhode Island is required to incorporate quality bonus payments, as described in this manual, and outlier payments.

The State requires that individual CCBHC quality measure data be collected and measures calculated and reported by CCBHCs, MCOs, or EOHHS as specified in this manual. Measures are categorized in two ways:

- **QBP status** indicates that the measure will be used by EOHHS in the calculation of the Quality Bonus Payments (QBPs). These measures are specified by CMS and derived primarily from the CMS Medicaid Adult and Child Core Set quality measures.
- **Reporting-only status** indicates that measure performance must be reported by EOHHS to SAMHSA for monitoring purposes, but that there are no QBP consequences for performance on the measure.

The following table contains the CCBHC Measure Slate for DY1, including:

- Measure name[2] and steward;
- Data source, specifically:
    - Administrative ("admin"): measures that use claims, encounter, or other administrative data sources
    - Electronic health record (EHR): measures that use medical record data, such as electronic health records, paper medical records, or clinic registries
    - Electronic scheduling system: measures that use an electronic scheduling or case management system that is used to schedule and monitor appointments and critical time frames
    - Survey: measures that use data collected through a survey
- The entity responsible (i.e., CCBHC, MCO, EOHHS or BHDDH) for calculating performance (see the Data Collection and Reporting Responsibilities section for more information on the population for which each entity is required to report performance);
- Measure stratifications (i.e., age, payer (i.e., Medicaid and non-Medicaid), ethnicity and race), which vary based on the measure (see Required Measure Stratifications for more information), and
- Whether the measure is a QBP or reporting-only measure.

[2] Measure names in this manual align with the latest available version from the measure steward. Measure names may not align with SAMHSA's Quality Measures for Behavioral Health Technical Specifications and Resource Manual (February 2024).

Table 3. CCBHC Quality Measure Slate

Measure	Steward[3]	Data Source	Entity Responsible for Calculating Performance	Measure Stratifications	DY1 Status
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	CMS	Admin	MCO / EOHHS*	Payer, Ethnicity, Race	Reporting-only
Antidepressant Medication Management (AMM-AD)	NCQA	Admin	MCO / EOHHS*	Payer, Ethnicity, Race	Reporting-only
Depression Remission at Six Months (DEP-REM-6)	MNCM[4]	EHR	CCBHC	Age, Payer, Ethnicity, Race	QBP
Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM-CH and FUM-AD)	NCQA	Admin	MCO / EOHHS*	Payer, Ethnicity, Race	Reporting-only
Follow-Up After Emergency Department (ED) Visit for Substance Use (FUA-CH and FUA-AD)	NCQA	Admin	MCO / EOHHS*	Payer, Ethnicity, Race	Reporting-only
Follow-Up After Hospitalization for Mental Illness (FUH- CH and FUH-AD)	NCQA	Admin	MCO / EOHHS*	Payer, Ethnicity, Race	QBP
Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA	Admin	MCO / EOHHS*	Payer, Ethnicity, Race	Reporting-only
Glycemic Status Assessment for Patients with Diabetes (GSD-AD)	NCQA	Admin	MCO / EOHHS*	Payer, Ethnicity, Race	QBP
Initiation and Engagement of Substance Use Treatment (IET-AD)	NCQA	Admin	MCO / EOHHS*	Payer, Ethnicity, Race	QBP

[3] CMS: Centers for Medicare & Medicaid Services; MNCM: Minnesota Community Measurement; NCQA: National Committee for Quality Assurance; SAMHSA: Substance Abuse and Mental Health Services Administration.

[4] *Depression Remission at Six Months (DEP-REM-6)* is based on CMS MIPS CQMS #370 (2023), stewarded by MN Community Measurement (CBE #0710), modified for *Depression Remission at Six Months* (CBE #0711).

Measure	Steward[3]	Data Source	Entity Responsible for Calculating Performance	Measure Stratifications	DY1 Status
Patient Experience of Care Survey (PEC)[5,6]	SAMHSA	Survey	BHDDH	Race, Ethnicity	Reporting-only
Plan All-Cause Readmission (PCR-AD)	NCQA	Admin	MCO / EOHHS*	Payer	QBP
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	NCQA[7]	EHR	CCBHC	Payer, Ethnicity, Race	Reporting-only
Screening for Depression and Follow-Up Plan (CDF-CH and CDF-AD)	CMS	EHR	CCBHC	Payer, Ethnicity, Race	Reporting-only
Screening for Social Drivers of Health	CMS	EHR	CCBHC	Payer, Ethnicity, Race	Reporting-only
Time to Services (I-SERV)	SAMHSA	EHR/electronic scheduling system	CCBHC	Age, Payer, Ethnicity, Race	QBP
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	CMS	Admin	MCO / EOHHS*	Payer, Ethnicity, Race	Reporting-only
Youth/Family Experience of Care Survey (YEFC) [8,9]	SAMHSA	Survey	BHDDH/DCYF	Race, Ethnicity	Reporting-only

* MCOs and EOHHS will share responsibility for calculating performance. MCOs will report the CCBHC's entire Medicaid managed care population enrolled with the MCO and EOHHS will report CCBHC's entire Medicaid population not enrolled in a Medicaid MCO (i.e., Fee for Service (FFS)).

[5] SAMHSA's measure specifications for *Patient Experience of Care Survey (PEC)* indicate that the measure should be calculated for CCBHC providers and comparison sites. Given Rhode Island's size and comprehensive coverage, SAMHSA has excused Rhode Island from including comparison sites for this measure. Rhode Island will indicate that no comparison sites were assessed in the "Additional Notes" section of the data submission template submitted to SAMHSA.

[6] SAMHSA's measures specifications for *Patient Experience of Care Survey (PEC)* indicate that the measure should be calculated based on a sample of patients at each clinic. Given BHDDH intends to administer the survey to all eligible patients, SAMHSA has excused Rhode Island from this specification. Rhode Island will indicate that the measure was calculated based on the full population in the "Additional Notes" section of the data submission template submitted to SAMHSA.

[7] *Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)* is based on CMS MIPS CQMS #431 (2023), which is derived from a measure stewarded by the NCQA.

[8] SAMHSA's measure specifications for *Youth/Family Experience of Care Survey (YEFC)* indicate that the measure should be calculated for CCBHC providers and comparison sites. Given Rhode Island's size and comprehensive coverage, SAMHSA has excused Rhode Island from including comparison sites for this measure. Rhode Island will indicate that no comparison sites were assessed in the "Additional Notes" section of the data submission template submitted to SAMHSA.

[9] SAMHSA's measure specifications for *Youth/Family Experience of Care Survey (YEFC)* indicate that the measure should be calculated based on a sample of patients at each clinic. Given that BHDDH intends to administer the survey to all eligible patients, SAMHSA has excused Rhode Island from this specification. Rhode Island will indicate that the measure was calculated based on the full population in the "Additional Notes" section of the data submission template submitted to SAMHSA.

Measure Specifications

All measures should be reported using the latest measure specifications from the measure steward. **Table 4** below indicates where the latest specifications for each measure can be found.

Of note, EOHHS is permitted to use NCQA's specifications to report performance for the CCBHC demonstration per an agreement between CMS and NCQA.

Table 4. Measure Specification Sources

Measure	Measure Steward	Measure Specification Source
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	CMS	CMS Adult Core Set Reporting Resources
Antidepressant Medication Management (AMM-AD)	NCQA	CMS Adult Core Set Reporting Resources
Depression Remission at Six Months (DEP-REM-6)	MNCM[10]	MIPS Performance Category Measures
Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM-CH and FUM-AD)	NCQA	FUM-AD: CMS Adult Core Set Reporting Resources FUM-CH: CMS Child Core Set Reporting Resources
Follow-Up After Emergency Department (ED) Visit for Substance Use (FUA-CH and FUA-AD)	NCQA	FUA-AD: CMS Adult Core Set Reporting Resources FUA-CD: CMS Child Core Set Reporting Resources
Follow-Up After Hospitalization for Mental Illness (FUH- CH and FUH-AD)	NCQA	FUH-AD: CMS Adult Core Set Reporting Resources FUH-CH: CMS Child Core Set Reporting Resources
Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA	CMS Child Core Set Reporting Resources
Glycemic Status Assessment for Patients with Diabetes (GSD-AD)	NCQA	CMS Adult Core Set Reporting Resources
Initiation and Engagement of Substance Use Treatment (IET-AD)	NCQA	CMS Adult Core Set Reporting Resources
Patient Experience of Care Survey (PEC)	SAMHSA	SAMHSA Quality Measures for Behavioral Health Clinics Technical Specifications and Resource Manual February 2024
Plan All-Cause Readmission (PCR-AD)	NCQA	CMS Adult Core Set Reporting Resources

[10] *Depression Remission at Six Months (DEP-REM-6)* is based on CMS MIPS CQMS #370 (2023), stewarded by MN Community Measurement (CBE #0710), modified for *Depression Remission at Six Months* (CBE #0711).

Measure	Measure Steward	Measure Specification Source
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	NCQA[11]	
Screening for Depression and Follow-Up Plan (CDF-CH and CDF-AD)	CMS	CDF-AD: CMS Adult Core Set Reporting Resources CDF-CH: CMS Child Core Set Reporting Resources
Screening for Social Drivers of Health	CMS	MIPS Performance Category Measures
Time to Services (I-SERV)	SAMHSA	SAMHSA Quality Measures for Behavioral Health Clinics Technical Specifications and Resource Manual February 2024
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	CMS	CMS Adult Core Set Reporting Resources
Youth/Family Experience of Care Survey (YEFC)	SAMHSA	SAMHSA Quality Measures for Behavioral Health Clinics Technical Specifications and Resource Manual February 2024

Eligible Population

Data for all measures in the CCBHC Measure Slate should be collected for all clients attributed to the CCBHC, regardless of payer. The eligible population for each specific measure should be calculated using the SAMHSA-prescribed measure specifications, as defined in the Measure Specifications section. Depending on the data required for the measure, data from Designated Collaborating Organizations (DCOs) also may be required (e.g., a DCO might be the entity undertaking screening for hemoglobin A1c and the DCO data would be needed for the computation of the related diabetes quality measure). CCBHCs are expected to work with DCOs to ensure that the relevant DCO-collected data are being put into BHOLD to calculate quality performance for all clients attributed to the CCBHC.

Performance for all measures should be reported at the CCBHC level, regardless of who is responsible for reporting performance (i.e., CCBHCs, MCOs or EOHHS) and how many clinics or entities comprise a single CCBHC. For example, for each MCO-reported measure, the MCO should report measure performance by each individual CCBHC.

Attribution

The CCBHC program attribution process will be managed by BHDDH's Data Unit via the Gainwell eligibility system portal. The eligibility portal will be the repository for collecting and monitoring CCBHC attribution and will serve as the single source of truth for the purposes of demonstrating program attribution. MCOs should use enrollment reports to determine the attributed CCBHC population. Members who have sought care at more than one CCBHC during the year should be

[11] *Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)* is based on CMS MIPS CQMS #431 (2023), which is derived from a measure stewarded by the NCQA.

counted as attributed to each CCBHC at which the member sought care, unless one is a DCO for the other. This means that there may be duplication of members across annual CCBHC quality performance.

For more information on the attribution methodology, refer to the CCBHC Billing Manual.

Adequate Denominator Sizes

All measures must be reported regardless of the size of the eligible population. However, EOHHS will only report measures that meet the adequate denominator size criteria (as detailed below) to SAMHSA and will only use measures that meet a minimum denominator size in the calculation of the CCBHC Overall Quality Score. The minimum denominator size may differ for EOHHS' reporting to SAMHSA and for inclusion in the Overall Quality Score calculation.

- For EOHHS' reporting to SAMHSA, the minimum denominator size (i.e., the eligible population including all denominator exclusions) for all measures except *Plan All-Cause Readmission* is 30. For *Plan All-Cause Readmission*, the minimum denominator size is a Count of Index Hospital Stays of 150.
- For the Overall Quality Score determination, EOHHS has discretion to determine the minimum denominator size of measures. EOHHS will make this determination after reviewing CCBHC performance for the first measurement period (January 1, 2025 – December 31, 2025).

III. Methodology

This section describes the CCBHC Quality Bonus Payment (QBP) methodology for Demonstration Year (DY) 1. SAMHSA provides flexibility to states to determine the performance thresholds that trigger payment for each QBP measure, the methodology for making the payment and the amount of payment. EOHHS used the following resources to inform the methodology described in this manual: experience designing other quality incentives programs, input from CCBHCs and MCOs and from the published reports on previous CCBHC performance in other states.

Certified CCBHCs will be eligible to earn an annual QBP based on a quality multiplier (the "Overall Quality Score"). Overall Quality Scores shall be generated for each CCBHC using the methodology described in this section. The Overall Quality Score will be used as a multiplier to determine the percentage of the eligible QBP. CCBHCs will be eligible for a QBP of up to five percent of total CCBHC payments for DY1. The QBP will be paid following measure generation, reporting and analysis. EOHHS estimates QBP distribution approximately 12 months following the end of DY1.

Selection of Quality Bonus Payment Program Measures

The table below outlines the required QBP measures for the Overall Quality Score calculation for DY1. As a reminder, SAMHSA specifies which measures are required QBP measures. EOHHS may introduce additional QBP measures that SAMHSA designates as optional measures in future years.

Table 5. QBP Measures

DY	Minimum # of QBP Measures	Specific Measures Required for Overall Quality Score
1	7	CCBHC-generated measures (2): • *Depression Remission at Six Months* • *Time to Services* MCO/EOHHS-generated measures (5): • *Follow-Up After Hospitalization for Mental Illness: Ages 18+* • *Follow-Up After Hospitalization for Mental Illness: Ages 6-17* • *Glycemic Status Assessment for Patients with Diabetes* • *Initiation and Engagement of Substance Use Treatment* • *Plan All-Cause Readmission*

Calculation of the CCBHC Overall Quality Score

For DY 1, EOHHS developed a standard CCBHC Overall Quality Score methodology for use in the State's CCBHC program.

Each CCBHC is eligible to earn up to one (1) point for each QBP measure in the CCBHC Measure Slate using the following methodology, with the exception of the measure for *Glycemic Status Assessment fro Patients with Diabetes*.If performance is below or equal to the target: 0 points

- If performance is above the target: 1 point

    - Each measure is worth one point in total. For any measure that includes more than one component, the total value of that component is one point divided by the number of measure components.
- For DY1 only, the measure for *Glycemic Status Assessment for Patients with Diabetes* is worth 0.2 points in total.
    - If performance is below or equal to the target: 0 points
    - If performance is above the target: 0.2 points

Table 6. Point Values for CCBHC QBP Measures

Measures	Number of Measure Components	Total Point Value for ***Each*** Measure Component
• *Depression Remission at Six Months* • *Plan All-Cause Readmission*	1	1
• *Follow-Up After Hospitalization for Mental Illness: Ages 18+* • *Follow-Up After Hospitalization for Mental Illness: Ages 6-17* • *Initiation and Engagement of Substance Use Treatment*	2	0.5
• *Glycemic Status Assessment for Patients with Diabetes*	2	0.1
• *Time to Services*	3	• Time to Evaluation: 0.33 • Time to Clinical Services: 0.33 • Time to Crisis Services: 0.34

EOHHS shall sum all points earned by a CCBHC across all measures for which the CCBHC had an adequate denominator size (see Adequate Denominator Sizes for more information). For example, if a CCBHC has an adequate denominator size for all QBP measures in the CCBHC Measure Slate, then MCOs will sum the score for each of the seven (7) measures and divide the sum by 6.2 to determine the CCBHC Overall Quality Score. EOHHS will then multiply the percentage of the eligible QBP by the CCBHC Overall Quality Score to determine the QBP. Appendix A: Example CCBHC Overall Quality Score Calculation for DY1 illustrates this calculation.

CCBHC Quality Threshold Targets

For DY1, EOHHS employed a combination of internal and external data sources to set threshold targets for each quality measure. EOHHS set threshold targets using (1) Rhode Island Medicaid managed care organization (MCO) data from NCQA Quality Compass for CY 2022 and (2) national and state data for states participating in the national evaluation of CCBHCs for DY1 and DY2 published in November 2022. A CCBHC must meet or exceed the target for a specific measure component in order to earn the associated value with that measure component.

Table 7. Measure Targets

Measure Name	Threshold Target	Source
Depression Remission at Six Months	5.0%	Informed by National CCBHC average for *Depression Remission at Twelve Months*[12]
Follow-Up After Hospitalization for Mental Illness: Ages 18+	7-Day: 50.9%	RI Medicaid MCO average for CY 2022
	30-Day: 70.2%	RI Medicaid MCO average for CY 2022
Follow-Up After Hospitalization for Mental Illness: Ages 6-17	7-Day: 60.4%	RI Medicaid MCO average for CY 2022
	30-Day: 77.5%	RI Medicaid MCO average for CY 2022
Glycemic Status Assessment for Patients with Diabetes	Adequate Control (<8.0%): 57.5%	RI Medicaid MCO average for CY 2022
	Poor Control (>9.0%): 31.2%	RI Medicaid MCO average for CY 2022
Initiation and Engagement of Substance Use Treatment	Initiation: 40.5%	RI Medicaid MCO average for CY 2022
	Engagement: 14.8%	RI Medicaid MCO average for CY 2022
Plan All-Cause Readmission	Observed-to-Expected Ratio: 0.9314	RI Medicaid MCO average for CY 2022
Time to Services	Average Time to Evaluation: 10 days	Informed by National CCBHC average for DY1[13]
	Average Time to Clinical Services: 10 days	
	Average Time to Crisis Services: 3 hours	

IV. Data Collection and Reporting Responsibilities

CCBHCs, MCOs, EOHHS and BHDDH are responsible for reporting performance on the CCBHC Measure Slate measures. Each entity will be responsible for generating and reporting accurate performance for the specified measures and population identified in the table below. Of note, CCBHCs will be responsible for reporting performance for their entire population, regardless of payer type, whereas MCOs and EOHHS can only report performance for a CCBHC's Medicaid population. As a result, CCBHCs will be able to report performance for a broader population compared to MCOs and EOHHS.

[12] *Depression Remission at Six Months* is a new CCBHC measure and therefore there is no historical baseline data for this measure.

[13] *Time to Clinical Services* and *Time to Crisis Services* are new CCBHC measures and therefore there is no historical baseline data for these measures.

Table 8. Data Collection and Reporting Responsibilities by Measure

Entity	Required Population	Required Measures
CCBHCs	The entire CCBHC population, regardless of payer type	• *Depression Remission at Six Months* • *Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling* • *Screening for Depression and Follow-Up Plan* • *Screening for Social Drivers of Health* • *Time to Services*
BHDDH/DCYF	The entire CCBHC population, regardless of payer type	• *Youth/Family Experience of Care Survey* • *Patient Experience of Care Survey*
MCOs	The CCBHC's entire Medicaid managed care population enrolled with the MCO	• *Adherence to Antipsychotic Medications for Individuals with Schizophrenia* • *Antidepressant Medication Management* • *Follow-Up After ED Visit for Substance Use* • *Follow-Up After Hospitalization for Mental Illness: Ages 18+* • *Follow-Up After Hospitalization for Mental Illness: Ages 6-17* • *Follow-Up Care for Children Prescribed ADHD Medication* • *Glycemic Status Assessment for Patients with Diabetes* • *Initiation and Engagement of Substance Use Treatment* • *Plan All-Cause Readmission* • *Use of Pharmacotherapy for Opioid Use Disorder*
EOHHS	The CCBHC's entire Medicaid population not enrolled in a Medicaid MCO (i.e., Fee for Service (FFS))	

Reporting Responsibilities by Data Source

For all measures, CCBHCs, MCOs and EOHHS should use attribution file from BHDDH to inform the denominator. The attribution file development process is detailed in the CCBHC Billing Manual.

All administrative measures must be generated and reported by MCOs and EOHHS. At this time, CCBHCs do not need to share any clinical data to support reporting for administrative measures.

CCBHCs are required to report EHR measures. A CCBHC may use any medical record data (e.g., electronic health records, paper medical records, clinic registries, and/or scheduling software) to generate performance for measures it is responsible for. At this time, MCOs/EOHHS do not need to share any additional data to support reporting for EHR measures for which CCBHCs are responsible.

Required Measure Stratifications

Performance should also be stratified using the following parameters specified by SAMHSA. Stratifications may vary by measure.

- By age, i.e., 12-17 years and 18 years and older.

- By payer, i.e., Medicaid and non-Medicaid (e.g., dual eligibles, uninsured).
- By ethnicity, i.e., not Hispanic or Latino, Hispanic or Latino and unknown.
- By race, i.e., White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, more than one race and unknown.

CCBHCs should use their own demographic data to report age, payer, ethnicity and race data. MCOs and EOHHS should use the age, payer, ethnicity and race data from EOHHS' eligibility files.

Reporting Timeline and Process

Quarterly Reporting

CCBHCs and MCOs must report performance quarterly to EOHHS for the first, second and third quarters of the measurement year. CCBHC quarterly reports are due 60 days following the end of the quarter and MCO quarterly reports are due 45 days following the end of the quarter. If the 60th or 45th day falls on a holiday or weekend, the report is due on the next business day.

For quarterly reporting, CCBHCs, MCOs and EOHHS must use the data reporting template (developed by SAMHSA and updated by EOHHS) for the appropriate demonstration year. The data reporting template can be found on EOHHS CCBHC website.

Annual Reporting

CCBHCs and MCOs must report performance annually for all specified measures to EOHHS by September 15 of the year following the measurement year (e.g., CCBHCs and MCOs must report CY 2025 performance by September 15, 2026).

EOHHS will aggregate annual performance data it calculates with MCO-reported data to obtain one CCBHC rate for all measures. EOHHS will then report performance to SAMHSA and use data for QBP measures to calculate a CCBHC Overall Quality Score for each CCBHC.

For annual reporting, CCBHCs, MCOs and EOHHS must use the data reporting template (developed by SAMHSA and updated by EOHHS) for the appropriate demonstration year. The data reporting template can be found on EOHHS CCBHC website.

Other Reporting Requirements

CCBHCs must also annually attest to their methodology for generating performance for the *Time to Services* measure. At the beginning of the measurement year (i.e., in January 2026 for DY2), EOHHS will share the methodology that CCBHCs submitted, and which EOHHS approved, for DY1. CCBHCs must confirm that they are using the same methodology for DY2, or share any changes for EOHHS' review and approval.

Appendix A. Example CCBHC Overall Quality Score Calculation for DY1

Below is a high-level example of the calculation of the CCBHC Overall Quality Score for DY1. As a reminder, each measure is worth one point in total. A CCBHC must exceed the target for a specific measure component in order to earn the associated value with that measure component. For DY1 only, the measure for *Glycemic Status Assessment for Patients with Diabetes* is worth 0.2 points in total.

Table 9. Example CCBHC Overall Quality Score Calculation for DY1

Measure Name	Measure Component Weight	Measure Met?	Final Measure Score
Depression Remission at Six Months	1.00	Yes	1.00
Follow-Up After Hospitalization for Mental Illness: Ages 18+ (7-Day)	0.50	No	0.00
Follow-Up After Hospitalization for Mental Illness: Ages 18+ (30-Day)	0.50	Yes	0.50
Follow-Up After Hospitalization for Mental Illness: Ages 6-17 (7-Day)	0.50	Yes	0.50
Follow-Up After Hospitalization for Mental Illness: Ages 6-17 (30-Day)	0.50	Yes	0.50
Glycemic Status Assessment for Patients with Diabetes: Glycemic Status <8.0%	0.1	No	0.00
Glycemic Status Assessment for Patients with Diabetes: Glycemic Status >9.0%	0.1	Yes	0.10
Initiation and Engagement of Substance Use Treatment: Initiation	0.50	No	0.00
Initiation and Engagement of Substance Use Treatment: Engagement	0.50	No	0.00
Plan All-Cause Readmission	1.00	Yes	1.00
Time to Services: Time to Evaluation	0.33	Yes	0.33
Time to Services: Time to Clinical Services	0.33	No	0.00
Time to Services: Time to Crisis Services	0.34	Yes	0.34
CCBHC Overall Quality Score (sum of final measure scores divided by number of measures)	**6.2**	**N/A**	**= 4.27 / 6.2 = 0.689** (CCBHC would receive 68.9% of the possible QBP)