Agenda

- Intended Audience
- Purpose of the Reporting Template
- Structure of the Reporting Template
- Additional Information Sources
1. Existing and prospective CCBHC Section 223 Demonstration state and clinic staff
2. CCBHC-Expansion (CCBHC-PDI and CCBHC-IA) grant clinics and SAMHSA GPOs
Purpose of the Reporting Template
Purpose of Reporting Template

• Updated in 2024 to reflect quality measure updates
• The updated 2024 version of the CCBHC quality measures reporting template is used for states and clinics to report CCBHC quality measures data to SAMHSA.
• Users should use the template to report quality measures data starting with measurement year 2025, which starts on January 1, 2025.
Use for Section 223 Demonstration Program

Who: For the Section 223 Demonstration Program, CCBHCs report clinic-collected measures, using the reporting template, to their state. States, in turn, report all required measures to SAMHSA, which include the required state-collected measures and the clinic-collected measures.

Timing: For example: for MY 2025, clinics will report the templates with clinic-collected measures data to the state (per direction from the state) by September 30, 2026, and the state will report both the clinic-collected and the state-collected measures, to SAMHSA no later than December 31, 2026.

Method of submission: States will submit the reporting templates to SAMHSA via the CCBHCMeasuresSubmission@samhsa.hhs.gov mailbox. States will use separate templates for each clinic’s quality measure results, including clinic-collected and state-collected measures for that clinic.

Note: MY=Measurement Year
Who: SAMHSA CCBHC-IA and CCBHC-PDI grantees report only required clinic-collected measures, using the template, to SAMHSA.

Timing: For example: for MY 2025, CCBHC-IAs and CCBHC-PDIs will report templates to SAMHSA no later than December 31, 2026. If the CCBHC is also part of the Section 223 Demonstration, the CCBHC should also adhere to the reporting requirements noted on the prior slide.

Method of submission: For grant reporting purposes, CCBHC-IAs and CCBHC-PDIs submit the reporting template via a mechanism currently being developed, which will be shared with clinics by the end of 2024.
Structure of the Reporting Template
### Structure of Reporting Template Workbook

<table>
<thead>
<tr>
<th>Front Matter</th>
<th>Clinic-Collected Measures</th>
<th>State-Collected Measures</th>
<th>Back Matter</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cover</td>
<td>• Clinic-Collected</td>
<td>• State-Collected</td>
<td>• Roll-up Report</td>
</tr>
<tr>
<td>• Instructions</td>
<td>Required Cover</td>
<td>Required Cover</td>
<td>Back Cover</td>
</tr>
<tr>
<td></td>
<td>• Case Load Characteristics</td>
<td>• Templates for Required State Measures</td>
<td></td>
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<tr>
<td></td>
<td>• Templates for Required Clinic Measures</td>
<td>• State-Collected Optional Cover</td>
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<td></td>
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<td>• Templates for Optional State Measures</td>
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<td></td>
<td>• Templates for Optional Clinic Measures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Instructions Address:

- **Template purpose**
- **Template organization**
- **Data issues**
- **Required measure stratifications**
- **Optional measure stratifications**
- **Case Load Characteristics instructions**
- **Section-by-section instructions for each measure template**

### Quality Measures Data Reporting Instructions

These templates are intended for states and Behavioral Health Clinic (BHCs) to report the set of Behavioral Health Clinic (BHC) quality measures that were updated in 2023. Users are referred to the 2023 Technical Specifications Resource Manual for additional instructions regarding each measure as well as general instructions for the BHC measure set as a whole.

#### 1. Template purpose

**A.** For the Section 223 Demonstration Program for Certified Community Behavioral Health Clinics (CCBHCs), clinics report using this template to their state. States, in turn, report all required measures to the Substance Use and Mental Health Services Administration (SAMHSA), including the required measures that are reported by the clinics to the states as part of the CCBHC Demonstration Program.

**B.** CCBHC-POI and CCBHC-IA expansion clinics that are not part of the Section 223 Demonstration must report all required measures to SAMHSA rather than to their state.

These measures are specified (i.e., designed) to be reported at the clinic level. Some of the measures are drawn from established measures and others are new; those derived from existing measures have been respecified to the clinic level unless they were already specified at the provider level.

### Organization:

The templates are divided into 4 sections: 1) Clinic-Collected Measures Required for the CCBHC Demonstration; 2) Clinic-Collected Measures Optional for the CCBHC Demonstration; 3) State-Collected Measures Required for the CCBHC Demonstration; and 4) State-Collected Measures Optional for the CCBHC Demonstration, followed by a roll-up sheet that automatically populates with the stratified measure results.

Each measure has a separate worksheet. Data or other information may only be entered in the gray cells within the reporting template. Responses in the gray cells may be open text or may require a specific format. Clicking on the gray cells will reveal instructions and, where applicable, drop down menus will populate. Alterations to cells that are not gray is not allowed.

### Data Issues:

Although states may not be accustomed to reporting data for measures with small denominators, for the CCBHC Demonstration Program, data for all required measures must be reported. Measures with denominators less than 30 should be reported but should not be used for Quality Bonus Payments by states, nor should such results be publicly reported. Results of quality measures with denominators less than 30 will be considered in the national evaluation only after aggregation to the state level by the evaluator, provided the denominator for the state is not less than 30. Measures with small denominators still may provide useful information for internal use by CCBHCs and states for internal quality improvement. Similarly, CCBHC-IA or CCBHC-POI that are not part of the CCBHC Demonstration Program in their state should report data for required measures regardless of denominator size but results will not be publicly reported.

### Required Measure Stratifications:

When administrative claims or encounter data are used for reporting, those data should be complete and final at the submission deadline.
Cover Sheets

- Reporting template includes four cover sheets
- Cover sheets are included before each required and optional set of reporting templates
- Requires State Name, CCBHC Name and Identifier
Case Load Characteristics
Case Load Characteristics Worksheet: Basics

Completed by Section 223 Demonstration CCBHCs

Categories:
- Age
- Sex
- Gender Identity (optional)
- Ethnicity
- Race
- Insurance Status
- Veteran or Military Status
- Total Clinic Population

Note: Data entry instructions present on all grey boxes when you click on them.
Case Load Characteristics: Age

Age Categories:
- 0-11 years
- 12-17 years
- 18-64 years
- 65+ years

Total clinic population required at bottom for category percents to calculate

Please use the Age at the time of the first visit during the measurement year.

Total Case Load at Bottom of Worksheet
Case Load Characteristics: Sex

Sex Categories:
- Male
- Female
- Other
- Don’t know
- Prefer not to state

Sex is sex assigned at birth.
Categories for Sex use the Modified National Academies of Science, Engineering, and Medicine (NASEM) Standards.

Case Load by Sex

Total Case Load at Bottom of Worksheet
Case Load Characteristics: Gender Identity

Gender Identity Categories:
- Female
- Male
- Transgender female
- Transgender male
- Don’t know
- Prefer not to state

Collection of Gender Identity is optional, as determined by the state.
Categories for Gender Identity use the Modified National Academies of Science, Engineering, and Medicine (NASEM) Standards.

Total Case Load at Bottom of Worksheet

Case Load by Gender Identity
Case Load Characteristics: Ethnicity

Ethnicity Categories:
- Not Hispanic or Latino
- Hispanic or Latino
- Unknown

If the client or caregiver does not know the ethnicity or chooses not to respond, the client should be included in the Unknown category.
Case Load Characteristics: Race

Race Categories:
- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- More than one Race
- Unknown

If the client or caregiver does not know the race or chooses not to respond, the client should be included in the Unknown category.
Insurance Status Categories:

- Medicaid (not Dually-Eligible)
- CHIP
- Medicare (not Dually-Eligible)
- Medicare and Medicaid Dually-Eligible
- VHA/TRICARE
- Commercially insured
- Uninsured
- Other

Please use payer status at the first CCBHC visit of the measurement year.
**Veteran or Military Status Categories:**

- Active-Duty Military
- Prior Military Service/Veteran
- Neither

**Note:** For the Veteran row, there is no requirement to report on discharge status or eligibility for VA services.

All individuals discharged from the military are counted as veterans.

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**Total Case Load at Bottom of Worksheet**

<table>
<thead>
<tr>
<th>Case Load Characteristics: Veteran or Military Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merchandise received</td>
</tr>
<tr>
<td>Commercially insured</td>
</tr>
<tr>
<td>Uninsured</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Veteran or Military Status</td>
</tr>
<tr>
<td>Active Duty Military</td>
</tr>
<tr>
<td>Prior Military Service/Veteran</td>
</tr>
<tr>
<td>Neither</td>
</tr>
</tbody>
</table>

**Case Load by Veteran or Military Status**

| Total Clinic Population | 48 | 2450 | 100.0% |
| End of Worksheet | 49 | | |
Other Components within CCBHC Reporting Template
Template Components: A-C

Measure Title

Measure Source

A. Measurement Year: Enter in grey cell

B. Data Source: In this example, the expected source is medical records. Use drop down (shown) to select. If other, specify in row below. If medical records, use drop down in column D to select type (e.g., EHR).

C. Date Range for Measurement Period: Enter start and end dates for data used for denominator and numerator in correct row.

Note: Data validation constraints will limit what can be entered.
D. Performance Measure
1. Measure description
2. Rates stratified by payer and total eligible population
3. Rates stratified by ethnicity and total eligible population
4. Rates stratified by race and total eligible population

Note: Please refer to 2024 quality measures technical specifications on how to report data based on stratifications
E. Adherence to Measure Specifications

F. Additional Notes
Rollup Report

- Automatically generates data from quality measures worksheets
- Used for CCBHCs and states to easily view data for quality measure results in one location
Where to Get Information on the Templates

Reporting template can be found in SAMHSA’s CCBHC website

Quality Measures Guidance and Webinar Series | SAMHSA

Template instructions, which is the second worksheet in the reporting template workbook

On each measure template, data entry guidance is provided when clicked on grey cells in the templates

Technical Specifications and Resource Manual > Section II > Reporting and Submission of Measures > Data-reporting templates. Manual also includes detailed measure specifications

Direct questions to CCBHCMasuresSubmission@samhsa.hhs.gov
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Thank You

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Direct **Quality Measure** Questions to:

CCBHCMeasuresSubmission@samhsa.hhs.gov

[www.samhsa.gov](http://www.samhsa.gov)

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