
This page includes clarifications and corrections to the Metrics and Quality Measures for Behavioral Health Clinics Technical Specifications and Resource Manual.

**Volume 1**

I-EVAL, p. 30, section A, Guidance for Reporting: Replace NIATx link with [NIATx updated link](#).

I-EVAL, p. 33, section E, Exclusions: For “None”, substitute “Exclude from the Metric #2 denominator all eligible new consumers who never received an initial evaluation. Indicate in Additional Notes in the data reporting template the number so excluded.”

I-EVAL, p. 33, section F, paragraph 2, sent. 3: For “non-consumers”, substitute “new consumers”

TX-EVAL, p. 34, section A, Guidance for Reporting: Replace NIATx link with [NIATx updated link](#).

TX-EVAL, p. 36, section D, Exclusions: For “None”, substitute “Exclude from the denominator all eligible new consumers who never received a treatment planning evaluation. Indicate in Additional Notes in the data reporting template the number so excluded.”

WCC-BH, p. 51, section A, Measurement Period: Exclude the last sentence related to hypertension.

SRA-A, p. 82, section A, first paragraph: For “Percentage of consumers age 18 years and older ....”, substitute “Percentage of consumer visits for those aged 18 years and older ....”

SRA-A, p. 83, under Definitions, include the following definition of Recurrent: “For the purposes of this measure, an episode of MDD would be considered to be recurrent if a patient has not had an MDD-related encounter in the past 105 days. If there is a gap of 105 or more days between visits for MDD, that would imply a recurrent episode. The 105-day look-back period is an operational provision and not a clinical recommendation, or definition of relapse, remission, or recurrence.” See [eCQI information link](#).

SRA-A, p. 85, section C, Event/Diagnosis for Those Using the Medical Records Specification, Step 3: Replace the language with the following: “Identify consumers from step 2 with a new diagnosis or recurrent episode of MDD identified by the provider entity during the measurement year. Relevant codes (International Classification of Diseases, Tenth Revision, Clinical Modification ([ICD-10-CM] and Current Procedural Terminology [CPT®]) may be found at the following link: [VSAC link to codes](#). Click on the section that says “eCQM Value Sets for Eligible Professionals and Eligible Clinicians. Sorted by value set name.” That will require you to sign up for a VSAC license (it is free and your organization can be the holder of the license) if you have not already done so. The relevant value set name is "Major Depressive Disorder-
Active Grouping Value Set (2.16.840.1.113883.3.526.3.1491)”. That value set will provide all needed ICD-10 diagnosis codes.

“SRA-A, p. 89, section E, Denominator: For “The number of consumers in the eligible population (Section C)”, substitute “The number of consumer visits by those in the eligible population (Section C)”.

HOU, p. 101, section A, Guidance for Reporting, replace first bullet with the following: “These data are reported in aggregate by the states as part of the URS and are broken into 10 categories of living situations. As part of the URS, they are reported in Table 15 of the URS Tables; for the Mental Health Block Grants, they are reported in Table 18 of the MHBG Report Tables (see MHBG Forms and Information website). For purposes of this measure, the state will report by provider entity.”

PEC, p. 109, section A, Guidance for Reporting, replace first bullet, third sub-bullet, with the following: “States will submit the results aggregated at the CCBHC and comparison clinic level as part of CCBHC data reporting using Tables 11 and 11a of the URS reporting template that is current at time of the survey and that may be found at MHBG Forms and Information website (Tables 16, 17A, and 17B for the Mental Health Block Grant), including required information on sampling methodology and response rates. This report will be provided separately from that already compiled by the state to allow analysis of only those data pertinent to the Demonstration Program.”

Y/FEC, p. 111, section A, Guidance for Reporting, replace first bullet, third sub-bullet, with the following: “States will submit the results aggregated at the CCBHC and comparison clinic level as part of CCBHC data reporting using Tables 11 and 11a of the URS reporting template that is current at time of the survey and that may be found at MHBG Forms and Information website (Tables 16, 17A, and 17B for the Mental Health Block Grant), including required information on sampling methodology and response rates. This report will be provided separately from that already compiled by the state to allow analysis of only those data pertinent to the Demonstration Program.”

PCR-BH, p. 129, section E, last sentence: For “Better quality = Higher score”, substitute “Better quality = Lower score”

SSD, p. 131, section C, under Allowable Gap, second sentence: For “To determine continuous enrollment consumer for whom enrollment is verified monthly, the consumer may not have more than a 1-month gap in coverage (i.e., a consumer whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).”, substitute ““To determine continuous enrollment for a consumer for whom enrollment is verified monthly, the consumer may not have more than a 1-month gap in coverage (i.e., a consumer whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).“
SAA-BH, p. 158, section A, under Guidance for Reporting, second bullet: If you do not find the value set titled “Other Bipolar Disorder” in the HEDIS 2016 value sets, look in the 2016 CMS Adult Core SSD measure value set which is available on-line at [Medicaid Adult Core Value Set link](#).

IET-BH, p. 196, section C Eligible Population, current Step 1 should become Step 2 (and so forth) and new Step 1 should read as follows: “Identify consumers flagged as having been seen at the provider entity at least once during the measurement year.”

**Volume 2**

Table A1, p. 9, final column for Suicide Attempts (SU-A), replace “The measurement year” with “N/A.”

SRA-A.B, p. 62, first paragraph: For “Percentage of consumers age 18 years and older ….”, substitute “Percentage of consumer visits for those aged 18 years and older ….”