

## Subject: Clinic Reporting Requirements

### Requirements

<b>Bulletin Number:</b> DY -1/Clinical- 24-15	<b>CCBHC Implementation Bulletin</b>	<b>Effective Date:</b> November 15, 2024
<b>Bulletin Status:</b> Revised	<b>Subject: Clinic Reporting Requirements</b>	<b>Number of Pages:</b> 4

1. **Programs Affected:** All CCBHC Demonstration participants.
2. **Background and Purpose:** Community Mental Health Centers (CMHC) designated by the Alabama Department of Mental Health (ADMH) as Certified Community Behavioral Health Clinics (CCBHCs) have specified reporting requirements, in accordance with and Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Certification Criteria. ***This bulletin describes the CCBHC Criteria related to information, data, and cost reporting, as well as the processes ADMH has put in place to support CCBHCs.***
3. **SAMHSA CCBHC Criteria Authority:**
  - 3.1. SAMHSA CCBHC certification criterion 5.a.1 requires that “ the CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including, but not limited to, data capturing: (1) characteristics of people receiving services; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) outcomes of people receiving services. Data collection and reporting requirements are elaborated below and in Appendix B. Where feasible, information about people receiving services and care delivery should be captured electronically, using widely available standards”. *Note: See criteria 3.b for requirements regarding health information systems.*
  - 3.2. SAMHSA CCBHC certification criterion 5.a.2 requires Section 223 Demonstration CCBHCs, beginning in 2022, must collect and report the Clinic-Collected quality measures identified as required in Appendix B. Reporting is annual and, for Clinic-Collected quality measures, reporting is required for all people receiving CCBHC services. CCBHCs are to report quality measures nine (9) months after the end of the measurement year as that term is defined in the technical specifications. Section 223 Demonstration CCBHCs report the data to their states. Reporting items are identified as required in Appendix B of the 2023 SAMHSA CCBHC Criteria and as listed below:

<b>Time to Services (I-SERV)</b>	
Tool	N/A
<b>Depression Remission at Six Months (DEP-REM-6)</b>	
Tool	PHQ-9
<b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)</b>	
Tool	Audit-C
<b>Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)</b>	
Tool	PHQ-9
<b>Screening for Social Drivers of Health (SDOH)</b>	
Tool	Protocol for Responding to and Assessing Patient's Risks and Experiences (PREPARE) or Standardized Health Related Social Needs Screening (HRSN)

“States participating in the Section 223 Demonstration must report State-Collected quality measures identified as required in Appendix B. The State-Collected measures are to be reported for all Medicaid enrollees in the CCBHCs, as further defined in the technical specifications. Certifying states also may require certified CCBHCs to collect and report any of the optional Clinic-Collected measures identified in Appendix B. Section 223 Demonstration program states must advise SAMHSA and its CCBHCs which, if any, of the listed optional measures it will require (either State-Collected or Clinic-collected). Whether the measures are State- or Clinic-Collected, all must be reported to SAMHSA annually via a single submission from the state twelve (12) months after the end of the measurement year, as that term is defined in the technical specifications.

“States participating in the Section 223 Demonstration program are expected to share the results from the State-Collected measures with their Section 223 Demonstration program CCBHCs in a timely fashion. For this reason, Section 223 Demonstration program states may elect to calculate their State-Collected measures more frequently to share with their Section 223 Demonstration program CCBHCs, to facilitate quality improvement at the clinic level.

“Quality measures to be reported for the Section 223 Demonstration program may relate to services individuals receive through DCOs. It is the responsibility of the CCBHC to arrange for access to such data as legally permissible upon creation of the relationship with DCOs. CCBHCs should ensure that consent is obtained and documented as appropriate, and that releases of information are obtained for each affected person. CCBHCs that are not part of the Section 223 Demonstration are not required to include data from DCOs into the quality measure data that they report. Note: CCBHCs may be required to report on quality measures through DCOs as a result of participating in a state CCBHC program separate from the Section 223 Demonstration, such as a program to support the CCBHC model through the state Medicaid plan.

- 3.3. SAMHSA CCBHC certification criterion 5.a.3 requires that “In addition to the State- and Clinic-Collected quality measures described above, Section 223 Demonstration program

states may be requested to provide CCBHC identifiable Medicaid claims or encounter data to the evaluators of the Section 223 Demonstration program annually for evaluation purposes. These data also must be submitted to CMS through T-MSIS in order to support the state's claim for enhanced federal matching funds made available through the Section 223 Demonstration program. At a minimum, Medicaid claims and encounter data provided by the state to the national evaluation team, and to CMS through T-MSIS, should include a unique identifier for each person receiving services, unique clinic identifier, date of service, CCBHC-covered service provided, units of service provided and diagnosis. Clinic site identifiers are very strongly preferred.

“In addition to data specified in this program requirement and in Appendix B that the Section 223 Demonstration state is to provide, the state will provide other data as may be required for the evaluation to HHS and the national evaluation contractor annually.

“To the extent CCBHCs participating in the Section 223 Demonstration program are responsible for the provision of data, the data will be provided to the state and as may be required, to HHS and the evaluator. CCBHC states are required to submit cost reports to CMS annually including years where the state's rates are trended only and not rebased. CCBHCs participating in the Section 223 Demonstration program will participate in discussions with the national evaluation team and participate in other evaluation-related data collection activities as requested.

- 3.4. SAMHSA CCBHC certification criterion 5.a.4 requires that “CCBHCs participating in the Section 223 Demonstration program annually submit a cost report with supporting data within six months after the end of each Section 223 Demonstration year to the state. The Section 223 Demonstration state will review the submission for completeness and submit the report and any additional clarifying information within nine months after the end of each Section 223 Demonstration year to CMS. *Note: In order for a clinic participating in the Section 223 Demonstration Program to receive payment using the CCBHC PPS, it must be certified by a Section 223 Demonstration state as a CCBHC.*

#### **4. Clinic Reporting Requirements**

- 4.1. *ADMH Support to CCBHCs for Reporting:* The Alabama Department of Mental Health is committed to ensuring all certified CCBHCs comply with regulations regarding clinic reporting. This compliance will be monitored by the state through quarterly and annual reporting, including state oversight of data completeness and timeliness.

ADMH will submit annual data reports to all CCBHCs, including state and clinic CCBHC performance measure data. Reports will identify average rates and performance ranges for all measures, stratifications of performance data by available demographic characteristics, and benchmarks and targets set by the State. These data will be available to CCBHCs in their Netsmart dashboards, which will allow for more real-time and granular sub-analysis and stratification. Following submission of annual data reports, the State will host statewide CCBHC meetings as well as help CCBHCs facilitate, if necessary, individual CCBHC debriefing to discuss results, identify opportunities for improvement, and review best practices for targeted improvement activities.

For more information on Netsmart CareManager access and quality monitoring information, please see the ADMH CCBHC Bulletin “**CCBHC Criteria for Data Collection, Reporting, and Tracking**” (number DY-1/Clinical - 24-1).

4.2. *Clinic Reporting Details: Disparity Identification.* SAMHSA requirements stipulate that CCBHC quality measures will be stratified by, at minimum, payer, race, and ethnicity. ADMH hopes to move beyond these requirements and drive towards more advanced quality disparity and inequity identification and tracking. To accomplish this, CCBHCs will be responsible for entering into Netsmart, to the best of their ability, client level information on the following:

- Payer
- Race
- Ethnicity
- Religion
- Language
- Marital status
- Veteran status
- Disability status
- Pregnancy status
- Rurality
- Sexual orientation
- Individuals otherwise adversely affected by persistent poverty or inequity.

*Disclaimer: The information contained in this implementation bulletin is for general information purposes only. For more details on the specific subject area covered in this bulletin, please refer to the Certified Community Behavioral Health Clinic (CCBHC) Certification Updated March 2023.*

<sup>1</sup> <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>