

Subject: CCBHC Criteria for Data Collection, Reporting, and Tracking

Requirements

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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) must have capacity to collect, report, and track encounter, outcome, and quality data in accordance with SAMHSA CCBHC Certification Criteria. ***This bulletin describes the CCBHC Criteria related to data collection, reporting, and tracking, 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 “both Section 223 Demonstration CCBHCs, and CCBHC-Es awarded SAMHSA discretionary CCBHC-Expansion grants 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 and CCBHC-Es that are required to report quality measure data report it directly to SAMHSA”. 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

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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 “in addition to the State- and Clinic-Collected quality measures described above, Section 223 Demonstration program states may be requested to provide BHC-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. ADMH Processes Related to Data Reporting, Collection, and Tracking

- 4.1. *Quality Monitoring Processes: Netsmart CareManager Access:* One of the primary steps that ADMH has taken to ensure high quality data collection and reporting capacity is through a formal agreement with Netsmart to leverage their comprehensive population health platform, CareManager. Netsmart's CareManager is a web-based solution that is the central connection point for a system's entire spectrum of care across its network of healthcare providers. The Netsmart CareManager platform draws data from various sources, such as the state HIE, One Health Record; Hospital Admission, Discharge, Transfer (ADT) data; Medicaid Management Information System (MMIS); and CCBHC EHRs, among others, to create one real-time central data repository and dashboard. ADMH selected this tool specifically to work with CCBHCs and other state and community partners, rather than require them to undergo costly adaptations to their existing platforms and data programs.

All CCBHCs will receive:

1. A provider access authorization form for each user
2. Login information and support to access CareManager
3. Ongoing technical assistance and training for CareManager use
4. Ongoing data requirement technical assistance and training

- 4.2. *Quality Monitoring Processes: Demographic and Social Data Collection for Measure Stratification:* With the exception of the state-collected PEC and YFEC survey measures, all state and clinic level CCBHC quality measures will be stratified by, at minimum, payer, by race, and by ethnicity. Given the importance of using data to identify and target inequities and disparities in care, ADMH has been working to improve the standardized collection and reporting of demographic and social determinants data across state and clinic-level databases. Required data, collected through Medicaid enrollment, includes client race, ethnicity, sex, age, language, marital status, pregnancy status, and veteran status. For non-Medicaid CCBHC clients, CCBHCs will be required to collect demographic data.

CCBHCs should work with their IT teams and staff to identify opportunities to improve the standardized collection of demographic and social data. CCBHCs should also bring challenges or successes to regular meetings with ADMH and other CCBHCs to promote a culture of learning and improvement.

- 4.3. *Quality Monitoring Processes: Quality Measures:* CCBHC clinics are responsible for reporting a defined set of [quality measures](#), as specified by SAMHSA. Even though these measures are programmed into NetSmart CareManager and updated regularly, each measure should be carefully reviewed and understood by CCBHCs. For each measure, CCBHCs should ensure they have a clear understanding of the technical specifications, including:
1. Measure terms and definitions (e.g., what is an Index Event Date?)
 2. Eligible population
 3. Denominator criteria (and exclusions if any)

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4. Numerator criteria (and exclusions if any)
5. Required measure stratifications (including race and ethnicity)
6. Any published FAQs

Importantly, CCBHCs are required to report quality measures in a standardized format, which has been specified in the [SAMHSA CCBHC Data Reporting Template](#).

ADMH has made a commitment to ensuring all CCBHCs within the state feel equipped and empowered to transform their clinics, as necessary, to support data collection, reporting, and data-informed decision making. The State will provide CCBHCs with a robust training and education program. This education and training will include a thorough overview of the CCBHC performance measures and specifications, required data elements, reporting timeline and expectations, as well as best practices for improving data collection and clinical workflows to support program goals. Further, the State will engage CCBHCs in group education and assistance activities to identify and share best practices and ideas for building data collection and standardization into practice workflows and ways in which Netsmart, clinic EHRs, and other data sources and systems can be leveraged to remind and alert providers of key processes (e.g., screenings, tests) that should take place during patient visits or outreach efforts.

5. Ensuring DCO Care Delivery Quality

- 5.1. Per SAMHSA CCBHC requirements, it is the responsibility of the CCBHC to arrange for access to quality data, as legally permissible, upon creation of a relationship with a DCO. CCBHCs should ensure that consent is obtained and documented as appropriate, and that releases of information are obtained for each affected person. CCBHCs should work with the State, their clinic IT team, and the DCO to ensure there is appropriate data exchange for the purposes of quality reporting. The CCBHC is responsible for ensuring DCO data is included in clinic quality reporting efforts.

6. Cost Reporting

- 6.1. All CCBHCs will be required to submit annual Cost Reports based on actual CCBHC spend and visit data from the most recent CCBHC Demonstration year (July 1-June 30) within six (6) months after the end of each Demonstration Year (DY).
- 6.2. ADMH has elected to utilize the federal Cost Report template developed and promulgated by CMS. All CCBHCs should complete this Cost Report following each year of their participation in the CCBHC Demonstration Program. After each Cost Report submission, Alabama Medicaid and ADMH will jointly review the submission to validate the information reported and ensure compliance with federal and state requirements. To facilitate these reviews, Alabama Medicaid and ADMH reserve the right to request supporting information and documentation from providers to substantiate the information reported on the Cost Report.
- 6.3. For detailed instructions on completing the Cost Report, CCBHCs should see: <https://www.medicaid.gov/medicaid/financial-management/downloads/ccbhc-cost-rpt->



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[instr.pdf](#). As Alabama is utilizing the PPS-1 rate structure, providers should follow the instructions pertinent to PPS-1 when completing their annual Cost Reports.

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.