STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Certified Community Behavioral Health Clinic (CCBHC) Stakeholder Committee

Meeting #5

October 26, 2023

Agenda

- Welcome and Introductions (5 minutes)
- Upcoming CCBHC Technical Assistance (20 minutes)
- CCBHC Demonstration Quality Reporting Requirements
  - CCBHC Demonstration Quality Strategy and Evaluation (20 minutes)
  - Overview of SAMHSA's Technical Specifications for CCBHC Quality Measures (40 minutes)
  - Iowa-Specific Design Considerations (15 minutes)
- Public Comment (20 minutes)

Welcome and Introductions

CCBHC Technical Assistance

Upcoming CCBHC Technical Assistance

Topic	Dates
CCBHC Demonstration: Federal Expectations	November 8
CLAS Standards & Culturally Responsive Care	November 14 & 16
Community Needs Assessment	November 15
EBPs for Specialty Populations: Veterans, Tribal BH, Children and Families, and Older Adults	December 5
Login instructions and materials will be posted to HHS' CCBHC Planning Website.	

Planned Topics for CCBHC Learning Collaborative in Early 2024:

- CCBHC State Expectations
- Data Collection & Quality Reporting
- Required Services (Focus: Primary Care, Crisis Services, and Integrated MH & SUD
- DCOs and Partnerships
- Cost Reporting
- 1:1 Office Hours

CCBHC Demonstration Quality Reporting Requirements

CCBHC Demonstration Quality Strategy & Evaluation

- Internal quality improvement
- Accountability
- Incentives such as the Quality Bonus Payments (QBPs) that are part of the Prospective Payment System (PPS)
- Evaluation of the Demonstration Program
- Annual Reports to Congress to include recommendations on whether the Demonstration Program should be continued, expanded, modified, or terminated

CCBHC Demonstration Quality Strategy & Evaluation

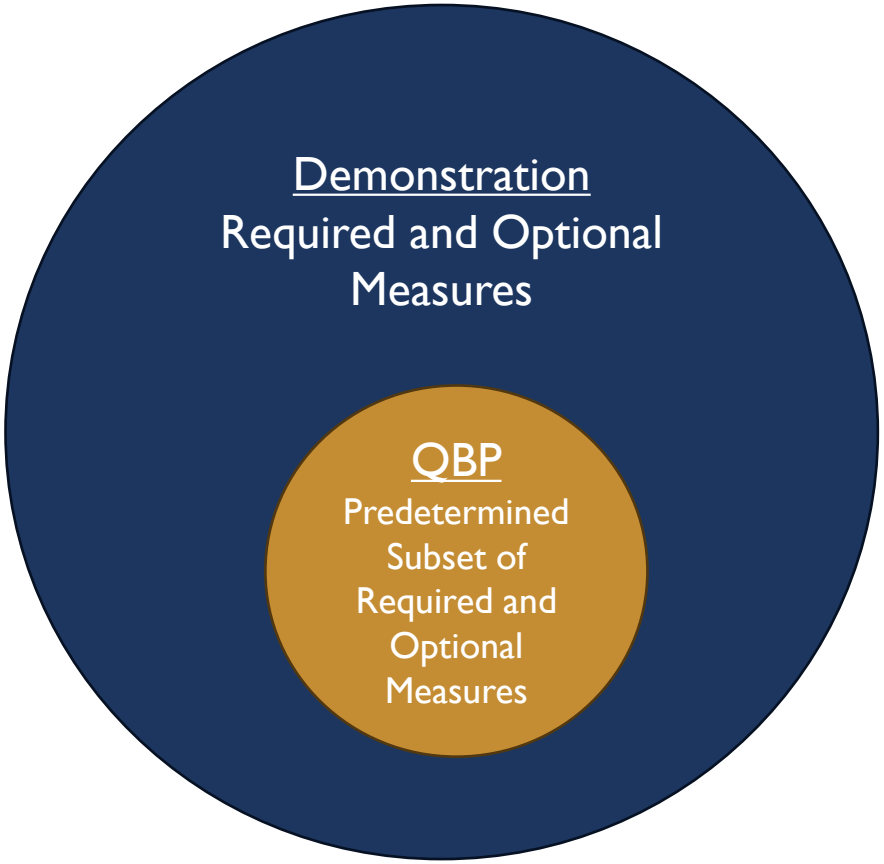
CCBHC Grants (including Expansion, PDI, & IA)

- National Outcome Measures
- Substance Abuse and Mental Health Services Administration's (SAMHSA's) Performance Accountability and Reporting System (SPARS)

CCBHC Demonstration

- Clinic Reported Measures
- State Reported Measures
- QBP

CCBHC Demonstration Quality Strategy & Evaluation



CCBHC Demonstration Quality Strategy & Evaluation

Findings from Most Recent CCBHC Report to Congress, 2021

Quality of Care Provided to CCBHC Clients Compared to Medicaid Benchmarks in DY1 & DY2

Quality Measure	MN	MO	NJ	NY	OK	OR	PA
Antidepressant Medication Management, Continuation Phase, Adults	Below	Exceeded	NA	Met	Exceeded	NA	Met
Initiation of Alcohol and Other Drug Dependence Treatment, Adults	Met	Met	NA	Exceeded	NR	Exceeded	Below
Engagement of Alcohol and Other Drug Dependence Treatment, Adults	Met	Exceeded	NA	Exceeded	NR	Met	Below
Follow-Up After ED Visit for AOD Dependence, all ages	Exceeded	Met	NA	Exceeded	Exceeded	NA	Exceeded
Follow-Up After Hospitalization for Mental Illness, Adults	Exceeded	Exceeded	Met	Met	Exceeded	NA	Below
Follow-up After Hospitalization for Mental Illness, Child/Adolescent	Exceeded	Exceeded	Met	Met	Exceeded	NA	Below
Follow-Up Care for Children Prescribed ADHD Medication	NA	NA	NR	Exceeded	Exceeded	NR	Exceeded
Plan All-Cause Readmission, adults	Below	Below	Exceeded	Exceeded	Exceeded	NA	Exceeded
Adherence to Antipsychothic Medications for Individuals with Schizophrenia	NA	Met	NA	Below	NA	NA	Below

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

CCBHC Demonstration Quality Strategy & Evaluation

Findings from Most Recent CCBHC Report to Congress, 2021

Change in Quality of Care for CCBHC Clients During Demonstration

Quality Measure	MN	MO	NJ	NY	OK	OR	PA
Time to Initial Evaluation	↑	↑	■	↓	↑	↓	↑
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	↑	↑	↓	↑	↑		
Adult Major Depressive Disorder: Suicide Risk Assessment	↑	↑	■	■	↑	↑	↑
Screening for Clinical Depression and Follow-Up Plan	↑	↑	↑	↑	↑	■	↑
Depression Remission at 12 Months	↓	■	NA	↑	■	↓	■
Adherence to Antipsychotic Medication for Individuals with Schizophrenia	↓	■	↓	■	■	↓	↑
Antidepressant Medication Management	■	■	■	■	■	■	↑
Follow-Up Care for Children Prescribed ADHD Medication	↑	↑	NA	↑	↑	NA	↓
Adult Body Mass Index Screening and Follow-Up Plan	↑	↑	↑	↑	↑	■	■

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

CCBHC Demonstration Quality Strategy & Evaluation

Findings from Most Recent CCBHC Report to Congress, 2021

Change in Quality of Care for CCBHC Clients During Demonstration

Quality Measure	MN	MO	NJ	NY	OK	OR	PA
Weight Assessment for Nutrition and Physical Activity for Children/Adolescent	↑	↑	↑	↑	↑	↑	↑
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medication	■	■	↑	■	■	■	■
Tobacco Use – Screening and Cessation Intervention	↑	↑	↑	↑	↑	↑	↑
Unhealthy Alcohol Use – Screening and Brief Counseling	↑	↑	■	↑	↑	↑	↑
Initiation and Engagement of AOD Dependence Treatment	■	■	↑	■	NA	■	■
Follow-Up After ED Visit for Mental Illness	■	■	■	■	■	■	NA
Follow-Up After ED Visit for Alcohol or Other Dependence	■	■	■	■	↑	■	■
Follow-Up After Hospitalization for Mental Illness, adult	■	■	↑	■	↓	■	↓
Follow-Up After Hospitalization for Mental Illness, child/adolescent	↑	■	↑	■	■	↓	↓

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

CCBHC Demonstration Quality Strategy & Evaluation

Findings from Most Recent CCBHC Report to Congress, 2021

Change in Quality of Care for CCBHC Clients During Demonstration

Quality Measure	MN	MO	NJ	NY	OK	OR	PA
Plan All-Cause Readmission Rate, adult	■	■	↓	↓	■	■	↑
Patient Experience of Care Survey, adult	■	■	↑	■	■	■	↑
Youth/Family Experience of Care Survey	■	↑	■	■	■	■	■

IOWA HHS

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

CCBHC Demonstration Quality Strategy & Evaluation

Summary Findings from the National Evaluation, 2022

- Aggregate performance on the quality measures was stable or improved across demonstration years
- In general, there were more substantial improvements in the CCBHC-reported measures than state-reported measures, including improvements in:
  - timely access to care
  - screening/assessment for specific conditions
  - follow-up after hospitalizations and ED visits
- For several of the state-reported measures that demonstrated stable performance across years, performance approached or exceed available benchmarks.

IOWA HHS

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

Updated Technical Specifications for CCBHC Quality Measures

2016

2023

IOWA HHS

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

Updated Technical Specifications for CCBHC Quality Measures

2016

<u>What is New?</u>

- Revised measures
- More flexible QBP attainment

2023

IOWA HHS

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

Updated Technical Specifications for CCBHC Quality Measures

- States are now required to report on 12 measures
  - May optionally report on two additional measures
- Measurement Year (MY) now corresponds to the calendar year
  - First MY will be January 1, 2025 – December 31, 2025
- Some state-level measures require a 'look-back' period which may reach into the prior year (2024)
- State must submit both state-collected measures and received clinic-collected measures to SAMHSA no later than 12 months after the end of the MY

Updated Technical Specifications for CCBHC Quality Measures

States must be able to identify and attribute data to specific clinics and their clients

- *Clinic*: This is typically done through assigning a unique identification number to each clinic
- *Client:* May decide how to attribute clients to BHCs depending on reporting need
  - *State is responsible on providing guidance to clinics on what constitutes a visit which counts toward measures*
  - *Persons who visit multiple CCBHCs during the year would be attributed to those CCBHCs unless there is a DCO between them*

Updated Technical Specifications for CCBHC Quality Measures

Population

- Size Requirements – all measures must be reported to SAMHSA regardless of eligible population size
  - For Plan All-Cause Readmission – Count of Index Hospital Stays less than 150 should not be used for any public reporting or national evaluation
- Eligible for measurement – typically the clients served by a BHC provider
- Eligible for metric – satisfies measure-specific criteria including age or continuous Medicaid enrollment
- Client-Level Stratification – required for all measures except two patient experience of care measures
  - The patient experience measures will require payer-level stratification

Updated Technical Specifications for CCBHC Quality Measures

- **Required Clinic-level Measures:**
  - Time to Services
  - Depression Remission at 6-Months
  - Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
  - Screening for Social Drivers of Health
  - Screening for Clinical Depression and Follow Up Plan

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

Updated Technical Specifications for CCBHC Quality Measures

- **Required State-Collected Measures:**
  - Patient Experience of Care Survey
  - Youth/Family Experience of Care Survey
  - Antidepressant Medication Management
  - Use of Pharmacotherapy for Opioid Use Disorder
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
  - Plan All-Cause Readmissions Rate
  - Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication
  - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
  - Follow-Up After Hospitalization for Mental Illness
  - Follow-Up After Emergency department Visit for Mental Illness
  - Follow-Up After Emergency department Visit for Alcohol and Other Drug Dependence

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

Updated Technical Specifications for CCBHC Quality Measures

- **Optional Clinic-level Measures:**
  - Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention
  - Major Depressive Disorder: Suicide Risk Assessment
  - Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
  - Controlling High Blood Pressure

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

Updated Technical Specifications for CCBHC Quality Measures

- **Optional State-Collected Measures:**
  - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

Updated Technical Specifications for CCBHC Quality Measures

- **Required QBP Measures:**
  - Depression Remission at 6-Months
  - Time to Services
  - Follow-Up After Hospitalization for Mental Illness – Children
  - Hemoglobin A1c Control for Patients with Diabetes
  - Initiation and Engagement of Alcohol and Other Drug Dependence
  - Follow-Up After Hospitalization for Mental Illness – Adult

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

Updated Technical Specifications for CCBHC Quality Measures

- **Optional QBP Measures:**
  - Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
  - Screening for Clinical Depression and Follow-Up Plan – Children
  - Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication
  - Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
  - Controlling High Blood Pressure
  - Major Depressive Disorder: Suicide Risk Assessment
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
  - Follow-Up After Emergency Department Visit for Mental Illness – Adult
  - Screening for Clinical Depression and Follow Up Plan - Adult

Source: https://aspe.hhs.gov/sites/default/files/documents/105419805ccd240560bc8aff4be6e304/ccbhc-report-congress-2021.pdf

Clinic Measure: Time to Services (I-SERV)

- I-SERV is a three-part measure. Each sub-measure requires a separate calculation:
  - The Average number of days until Initial Evaluation for New Clients
  - The Average number of days until Initial Clinical Service for New Clients
  - The Average number of hours until provision of Crisis Services following a first Crisis Episode contact
- First Contact represents the first time that an individual or guardian contacts a BHC to obtain services for the individual in a six-month period
- First Contact for a CCBHC should include the required preliminary screening and risk assessment and collection of basic data about the person that includes insurance information.
- CCBHC criteria require the Initial Evaluation and Initial Clinical Services to occur within 10 Business Days of First Contact for those who present with "routine" non-emergency or non-urgent needs.
  - Initial Clinical Services occur after a preliminary screening and risk assessment to determine acuity of needs and after or at the time of an Initial Evaluation

Clinic Measure: Depression Remission at Six Months (DEP-REM-6)

- The Percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission Six Months (+/- 60 days) after an Index Event Date.
  - Index Event Date - The date on which the first instance of elevated PHQ-9 or PHQ-9M greater than nine AND diagnosis of Depression or Dysthymia occurs
- This measure is to be reported once per Measurement Year for clients seen during the Measurement Year with a diagnosis of Major Depression or Dysthymia and an initial Patient Health Questionnaire – 9 item version (PHQ-9) or Patient Health Questionnaire – 9 Modified for Teens and Adolescents (PHQ-9M) greater than nine
- Remission - A PHQ-9 or PHQ-9M score of less than five
- Q: Who can administer the PHQ-9 or PHQ-9M?
  - A: According to MN Community Measurement, anyone can administer these tools, including office staff, the care team, receptionists, medical assistants, etc. For purposes of insurance billing, however, the Index Visit must be with an insurance-eligible provider

Clinic Measure: Screening for SDOH

- The Percentage of clients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
- Standardized Health- Related Social Needs (HRSN) Screening
  - HRSN is the term used by HHS to refer to an individual's unmet, adverse social conditions that contribute to poor health as a result of the community's underlying SDOH. Examples of standardized HRSN screening tools include but are not limited to:
    - Accountable Health Communities Health- Related Social Needs Screening Tool (2017)
    - Accountable Health Communities Health- Related Social Needs Screening Tool (2021)
    - The Protocol for Responding to and Assessing Patients' Risks and Experiences (PRAPARE) Tool (2016)
    - WellRx Questionnaire (2014)
    - American Academy of Family Physicians (AAFP) Screening Tool (2018)
  - BHCs do not have to use the same screening tool. They should, however, all use a tool that is "standardized," preferably one of those included in the Definition of Standardized Health-Related Social Needs (HRSN) Screening in section B of the Technical Specification for the measure. A standardized instrument is one that has been determined to be valid and reliable when administered and scored in a manner consistent with its validation in a given population.

Clinic Measure: Screening for Depression & Follow Up Plan

- The intent of the measure is to screen for depression in clients who have never had a diagnosis of depression or bipolar disorder prior to the eligible encounter used to evaluate the numerator. Beneficiaries [Clients] who have ever been diagnosed with depression or bipolar disorder will be excluded from the measure
- Screening - Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms, including:
  - For adults: Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety- Depression Scale (DADS), Geriatric Depression Scale (GDS), Cornell Scale for Depression in Dementia (CSDD), PRIME MD-PHQ2, Hamilton Rating Scale for Depression (HAM- D), Quick Inventory of Depressive Symptomatology Self-Report (QID-SR), Computerized Adaptive Testing Depression Inventory (CAT-DI), and Computerized Adaptive Diagnostic Screener (CAD-MDD).
  - For children: Edinburgh Postnatal Depression Scale, Postpartum Depression Screening Scale, Patient Health Questionnaire 9 (PHQ-9), Beck Depression Inventory, Beck Depression Inventory–II, Center for Epidemiologic Studies Depression Scale, and Zung Self-rating Depression Scale

Clinic Measure: Screening for Depression & Follow Up Plan (cont.)

- Follow Up Plan - Documented follow-up for a positive depression screening must include one or more of the following:
  - Referral to a provider for additional evaluation and assessment to formulate a follow-up plan for a positive depression screen.
  - Pharmacological interventions.
  - Other interventions or follow-up for the diagnosis or treatment of depression. Examples of a follow-up plan include but are not limited to:
  - Referral to a provider or program for further evaluation for depression, for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health service such as family or group therapy, support group, depression management program, or other service for treatment of depression.
  - Other interventions designed to treat depression such as behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options.
- The documented follow-up plan must be related to positive depression screening, for example: "Patient [Client] referred for psychiatric evaluation due to positive depression screening."

Clinic Measure: Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling

- *NCQA Measures not yet included in CCBHC Specifications Manual, presumably due to licensing considerations
- Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user
- For purposes of this measure, one of the following systematic methods to assess unhealthy alcohol use must be utilized. Systematic screening methods and thresholds for defining unhealthy alcohol use include:
  - AUDIT Screening Instrument (score ≥ 8)
  - AUDIT-C Screening Instrument (score ≥ 4 for men; score ≥ 3 for women)
  - Single Question Screening - How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65 years) or more drinks in a day? (response ≥ 2)
- Brief counseling for unhealthy alcohol use refers to one or more counseling sessions, a minimum of 5-15 minutes, which may include: feedback on alcohol use and harms; identification of high risk situations for drinking and coping strategies; increased motivation and the development of a personal plan to reduce drinking.
- See: https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_431_MIPSCQM.pdf

State Measure: Patient Experience of Care Survey & Youth/Family Experience of Care Survey (PEC & Y/FEC)

- Uses the states existing annual completion and submission of the Mental Health Statistics Improvement Program (MHSIP) survey
- For the purposes of the CCBHC demonstration, states will have specific responsibilities
  - Modify procedures to allow reporting by CCBHC and comparison clinics
  - Oversample CCBHCs and comparison clinics to generate sufficient sample size (300 clients per CCBHC & comparison clinic)
    - 300 for youth and adult separately
  - Submit aggregated results at CCBHC and comparison clinic level using URS reporting template including information on sampling methodology and response rates

State Measure: Antidepressant Medication Management (NCQA omitted)

- Adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications.
  - Two rates are reported: Acute Phase Treatment (12 weeks) and Continuation Phase Treatment (6 months)
- Notes: In March 2023, NCQA announced the retirement of this measure beginning in 2024

State Measure: Use of Pharmacotherapy for Opioid Use Disorder

- Percentage of clients ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement year.
  - Five rates are reported: total, Buprenorphine, Oral naltrexone, Long-acting injectable naltrexone, Methadone
- Eligibility: aged 18-64, continuous enrollment during the MY, had at least 1 encounter with a diagnosis of opioid abuse, dependence, or remission using provided ICD-10 codes
- Stratifications:
  - Medicaid vs Other (including those dually eligible for Medicare and Medicaid)
  - Ethnicity (Not Hispanic/Latino, Hispanic/Latino, Unknown)
  - Race (White/Caucasian, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, More than one race, Unknown)

State Measure: Adherence to Antipsychotic Medication for Individuals with Schizophrenia

- Percentage of individuals at least 18 years of age as of the beginning of the performance period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the MY.
- Considers the use of typical antipsychotic medication, atypical antipsychotic medication, antipsychotic combinations, and long-acting injectable antipsychotic medication

State Measure: Plan All Cause Readmission (NCQA omitted)

- The number of acute inpatient and observation stays for patients 18 years of age and older during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission
  - Reported in 3 categories: count of index hospital stays, count of observed 30-day readmissions, count of expected 30-day readmissions
  - Number of outliers are also reported but are removed from analysis
- Exclusion Logic for specific criteria
  - Planned admissions
  - Acute transfers
  - Pregnancy-related admissions

State Measure: Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (NCQA omitted)

- The rate of clients aged 6 – 12 on ADHD medication who had at least 3 follow up care visits within 10 months (one within 30 days) of the first ADHD medication being dispensed.
  - Two rates are reported: Initiation (30 days) and Continuation & Maintenance (9 months)
- Notes: age limitations require attention
  - Aged 6 as of March 1
  - Aged 12 as of the last calendar day in February of the MY

State Measure: Hemoglobin A1c Control for Patients with Diabetes (NCQA omitted)

- The percentage of clients 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year
  - Two rates are reported: HbA1c <8% and HbA1c >9%
- Notes: NCQA requires race/ethnicity stratification for this measure beginning in 2023 and SAMHSA may require the same

State Measure: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (NCQA omitted)

- The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.
  - Two rates are reported: Initiation (14 days) and Engagement (34 days)
- Notes:
  - NCQA requires race/ethnicity stratification for this measure beginning in 2023 and SAMHSA may require the same
  - This measures has an intake period which straddles MY (Nov 15 of previous year to Nov 14 of MY
  - Two engagement visits may be on the same day of two events (i.e., an outpt encounter for assessment AND a visit for MAT would satisfy the engagement measure)

State Measure: Follow-Up After Hospitalization for Mental Illness (NCQA omitted)

- The percentage of discharges for clients 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.
  - Two rates are reported: 7 Day & 30 Day
- Notes:
  - Acute inpatient event must occur between January 1 and December 1 of MY
  - Follow-up appointments on the day of discharge do not count for measure compliance
  - 7-day follow-up events also count in the 30-day measure

State Measure: Follow-Up After Emergency department visit for Mental Illness (NCQA omitted)

- The percentage of emergency department (ED) visits for clients 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness
  - Two rates are reported: 7 Day & 30 Day
- Notes:
  - Emergency Department event must occur between January 1 and December 1 of MY
  - Follow-up appointments on the day of discharge do not count for measure compliance
  - 7-day follow-up events also count in the 30-day measure
  - ED events that result in an inpatient hospitalization on date of ED visit or within the 30 days following are excluded

State Measure: Follow-Up After Emergency department visit for alcohol and other drug dependence (NCQA omitted)

- The percentage of emergency department (ED) visits among clients aged 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up
  - Two rates are reported: 7 Day & 30 Day
- Notes:
  - Emergency Department event must occur between January 1 and December 1 of MY
  - Follow-up appointments on the day of discharge do not count for measure compliance
  - 7-day follow-up events also count in the 30-day measure
  - ED events that result in an inpatient hospitalization on date of ED visit or within the 30 days following are excluded

Iowa Specific Design Considerations

- Currently building its infrastructure for measures collection and reporting in alignment with technical specifications and requirements for the CCBHC Demonstration
- Will leverage existing data collection for Medicare Core Set, NCQA, and HEDIS
- Planning to use Iowa Behavioral Health Reporting System (IBHRS) for clinic collected measures

Public Comment

Thank you!

Survey
tinyurl.com/2rbf4wje

This is a brief voluntary survey to inform HHS about individuals who participate in the CCBHC Stakeholder Engagement meetings and to provide participants an opportunity to share input about the behavioral health system and the CCBHC Planning Grant.

This information will be used to inform the state's CCBHC Planning Grant activities and for grant reporting related to participation in CCBHC Stakeholder Engagement activities.

This survey should take no more than 5 minutes to complete. No compensation will be provided. Please contact IowaCCBHC@dhs.state.ia.us if you have questions.