

Quality Measure Data Management Subcommittee Stakeholder Meetings

**Offered by The Department of Health Care Policy and
Financing and the Behavioral Health Administration
Third Tuesday of the month throughout 2025**



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Stakeholder Session QM Subcommittee

3/18/25



CCBHC Data Collection

[CCBHC Planning Grant Website](#)

Grant was awarded in December 2024

Planning Grant Year Goals:

BHA, with support from HCPF and in partnership with all stakeholder groups, will design the Data Collection and Quality Measure systems and protocol Colorado anticipates are needed for full CCBHC Demonstration Participation.

CCBHC Data Collection

REQUIREMENTS:

CCBHCs must have the capacity to collect, report, and track:

- Encounter data
- Outcome data
- Quality data

Including but not limited to:

- (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

CCBHC Data Collection

5 Required Clinic-Collected quality measures:

- Time to Services (I-SERV)
- Depression Remission at 6 months (DEP-REM-6)
- Preventative Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)
- Screening for Clinical Depression and Follow-up Plan (CDF-CH and CDF-AD)
- Screening for Social Drivers of Health (SDOH)

5 Optional Clinic-Collected quality measures:

- *Preventative Care & Screening: Tobacco use: Screening and Cessation Intervention (TSC)*
- *Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA & SRA-A)*
- *Adult Major Depressive Disorder: Suicide Risk Assessment (SRA & SRA-C)*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for children/adolescents (WCC-CH)*
- *Controlling High Blood Pressure (CBP-AD)*

CCBHC Data Collection

13 Required State-Collected Measures:

- Patient Experience of Care Survey
- Youth/Family Experience of Care Survey
- Adherence to Antipsychotic Medications for Individuals w/Schizophrenia (SAA-AD)
- Follow-up After Hospitalization for Mental Illness, ages 18+ (FUH-AD)
- Follow-up After Hospitalization for Mental Illness, ages 6-17 (child/adolescent) (FUH-CH)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)
- Follow-up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)
- Plan All-Cause Readmissions Rate (PCR-AD)
- Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)
- Antidepressant Medication Management (AMM-BH)
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
- Hemoglobin A1 Control for Patients w/Diabetes (HBD-AD)

2 Optional State-Collected Measures:

- *Use of First-line Psychosocial care for children and adolescents on antipsychotics (APP-CH)*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)*

HCPF Data Collection

Member Data - Member data is collected from the application. A variety of demographic data is collected when someone applies for benefits. The source system for this data is the Colorado Benefits Management System (CBMS).

Provider Data - When providers enroll with State programs to provide benefits they have to provide demographic and other information. The source system for this data is the interChange (MMIS).

Claims/Encounter Data - Providers submit claim for services provided under fee-for-service contracts and encounter data for services provided under managed care contracts.

BHA Data Collection

- BHA will play a key role in CCBHC data collection
- Data will be stored in a secure, HIPAA-compliant structure that will facilitate analytics from multiple sources
- During the CCBHC planning phase, the data model for baseline measures will be established, and an evaluation strategy will be identified. Planning activities will include:
 - Co-developing data models for data collection with community partners
 - Finalizing cross-agency data collection and performance measurements processes

CCBHC & CO Data Collection

Planning Activities

- BHA and HCPF are working together to create a data collection strategy that protects privacy and minimizes provider burden
- We are creating a crosswalk of data collection needs for CCBHC
- The next step will be to assess impacts of various approaches to data collection
- Final product will be the data collection plan

Crosswalk of CCBHC Data Collection

The crosswalk includes:

- data points and assessments
- where/how this data is already collected/present in the state ecosystem
- the collection instruments or existing location such as an EHR
- the technology platform used to store them if they exist

Goals and Guiding Principles for the Final Data Collection Plan

1. Minimize cost to implement
2. Minimize provider burden
3. Data Security
4. Best Practices for Data Interoperability

Resources

[Data Reporting Templates](#)

[CCBHC Quality Measures FAQ](#)



Questions / Next Steps?

Stakeholder Session QM Subcommittee

4/15/25



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Why?

Quality improvement, Quality Bonus Payments (for demonstration CCBHCs), evaluation...

How quality measures have improved quality (per the CCBHC QM guidance web page):

- Encouraged same day or open access policies
- Facilitated adoption of more standardized instruments
- Lead to operational and workflow changes that ensure follow up and screening
- Innovations in Care Coordination and Service Delivery

Reference: The authorizing statute for the CCBHCs requires “reporting of encounter data, clinical outcomes data, quality data, and such other data as the Secretary requires.” Section 223 (a)(2)(E) of Protecting Access to Medicare Act ([PAMA](#)).

NOTE: The certification criteria, as updated in 2023, provide additional detail about what is required.

What?

- Quality measures are standards for measuring the performance of healthcare providers to care for patients and populations.
- Nearly all of CCBHC quality measures are based on existing measures which incorporate specific requirements related to evidence-based or best practices.

Re-Cap - Clinic Collected Measures

Data Source: The clinic-collected measures are based on clinical data typically derived from EHRs or other electronic administrative sources:

5 Required Clinic-Collected quality measures:

- Time to Services (I-SERV)
- Depression Remission at 6 months (DEP-REM-6)
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- Screening for Social Drivers of Health (SDOH)

5 Optional Clinic-Collected quality measures:

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- *Adult Major Depressive Disorder: Suicide Risk Assessment (SRA & SRA-C)*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for children/adolescents (WCC-CH)*
- *Controlling High Blood Pressure (CBP-AD)*

Re-Cap State Collected Measures

Data Source: The state-collected measures are based on administrative claims, encounter, and pharmacy data, and, to a limited extent, surveys already being collected. A state-collected measure is calculated by the state for each CCBHC, and sent to SAMHSA, along with the clinic-collected results, 12 months after the end of the Measurement Year.

13 Required State-Collected Measures:

- Patient Experience of Care Survey
- Youth/Family Experience of Care Survey
- Adherence to Antipsychotic Medications for Individuals w/Schizophrenia (SAA-AD)
- Follow-up After Hospitalization for Mental Illness, ages 18+ (FUH-AD)
- Follow-up After Hospitalization for Mental Illness, ages 6-17 (child/adolescent) (FUH-CH)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)
- Follow-up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)
- Plan All-Cause Readmissions Rate (PCR-AD)
- Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)
- Antidepressant Medication Management (AMM-BH)
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
- Hemoglobin A1 Control for Patients w/Diabetes (HBD-AD)

2 Optional State-Collected Measures:

- Use of First-line Psychosocial care for children and adolescents on antipsychotics (APP-CH)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)

How is data submitted?

- Clinic collected measures are calculated by providers for a given *measurement year* (MY) and submitted to the state in a 'workbook' (based on the demonstration template) by September 30 the following year.
- State-collected measures are calculated by the state for each CCBHC, and sent to SAMHSA, along with the clinic-collected results, 12 months after the end of the Measurement Year.

Timeline Example Using 2025

- **2025 Example:** For Measurement Year (synonymous with Calendar Year) 2025, which will be the first year to which the updated measures apply, Section 223 Demonstration CCBHCs must provide their completed workbooks to the state CCBHC Program by September 30, 2026.
- The state will submit state collected measures by December 31, 2026

Quick Poll

Please choose the **TOP** measurement-related factors that are causing concern pop the numbers in chat:

1. Not knowing what the specifications look like
2. Concerns about having adequate workforce to both provide care and do quality measure data collection and reporting
3. Worry that staff will not readily accept changes
4. Concerns about cost
5. Concerns that we will be judged negatively if our rates are low
6. Math anxiety
7. Other (please specify)
8. Nothing, I am calm, cool, and collected.

Quality Measures Resources

[SAMHSA Quality Measures Guidance Page](#)

- [Quality Measures Specifications](#)
- [Data Reporting Templates](#)
- [Quality Measures FAQ](#)
- Webinar Series

Stakeholder Session QM Subcommittee

5/20/25



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Discussion Questions: *Chat* or go to *Voice*

Is there anything you want to make sure is
addressed in our data collection plan?

Quick Poll

Please choose the **TOP** measurement-related factors that are causing concern.

1. Not knowing what the specifications look like
2. Concerns about having adequate workforce to both provide care and do quality measure data collection and reporting
3. Worry that staff will not readily accept changes
4. Concerns about cost
5. Concerns that we will be judged negatively if our rates are low
6. Math anxiety
7. Other (please specify)
8. Nothing, I am calm, cool, and collected.

Stakeholder Session QM Subcommittee

6/17/25



Agenda

- Midpoint Review - *Phoebe Hawley*
- Overview of Takeaways from other states - *Ryan Blair*
- Discussion of Measure Approach - *Gwen Gaumond*
- Discussion of Measures, Suggestions, Q&A - *Gwen Gaumond*

Midpoint Review - Reminders & Next Steps

State Goals

- Establish realistic implementation plan understanding cost and timeline
 - The state is obligated to use the \$1M to develop and complete the tasks in the roadmap and in accordance with the NOA, including preparing an application to participate in the demonstration program
- Evaluate the CCBHC model to determine the best way to improve the Behavioral Health Safety Net system in Colorado
 - To be able to effectively meet this goal, the commitments and requirements of the Planning Grant have to be completed to ensure the determination is based on a comprehensive understanding of the model, associated processes, and its impact to the community and providers

*There is no guarantee that states who submit a demonstration application will be selected/funded.

*States do not have to move forward with the demonstration if they are selected.

Grant Midpoint Review - Committees

Purpose of Subcommittees:

- To make recommendations to the Steering Committee regarding subject matter areas with informed input provided by the subcommittees' work, state leadership, contractor consultation, and stakeholder feedback

Purpose of Steering Committee:

- To guide decision making through the CCBHC Planning Grant year with informed input provided by the subcommittees' work, state leadership, contractor consultation, and stakeholder feedback

Midpoint Review - Grant Commitments

The CCBHC Planning Grant includes 12 months of funding to support state efforts to develop and implement systems in preparation to become a 4-year Demonstration state if selected and if the State chooses to participate.

Commitments of Planning Grant funding include:

- Develop and implement certification systems for CCBHCs
- Establish Prospective Payment Systems (PPS) for Medicaid reimbursable services
- Prepare for an application to participate in a four-year CCBHC Demonstration program
- Involve consumers, youth, family members, and communities in the development and implementation of the state's planning efforts
- Develop plan to ensure timely access to care through an integrated and expanded network through implementation of the CCBHC model
- Develop plan to support recovery from mental illness and substance use disorders by providing access to high-quality services through implementation of the CCBHC model
- Address strengths and risks associated with the CCBHC model to ensure it meets the state's needs and goals

Midpoint Review - Potential Risks

Potential risks associated with **not** completing the commitments in the Planning Grant:

- Missed opportunities
 - BH services expansion
 - Wasted resources
 - Impacts to partnerships
- Less competitive for the *demonstration program*
 - While the state could submit a *demonstration grant application*, planning grant funding is committed for activities that prepare the state for the demonstration program
 - Failure to complete planning grant funding commitments will make Colorado ineligible to participate in the demonstration
- Loss of funding
 - Termination of the grant
 - Repayment of funds if misused or if deliverables are not met
 - Ineligibility for future SAMHSA or CMS funding opportunities

Timeline Planning to Demonstration

January-March 2025

- Planning Grant Starts
- Stand up Committees
- Begin Hiring Process

April-June 2025

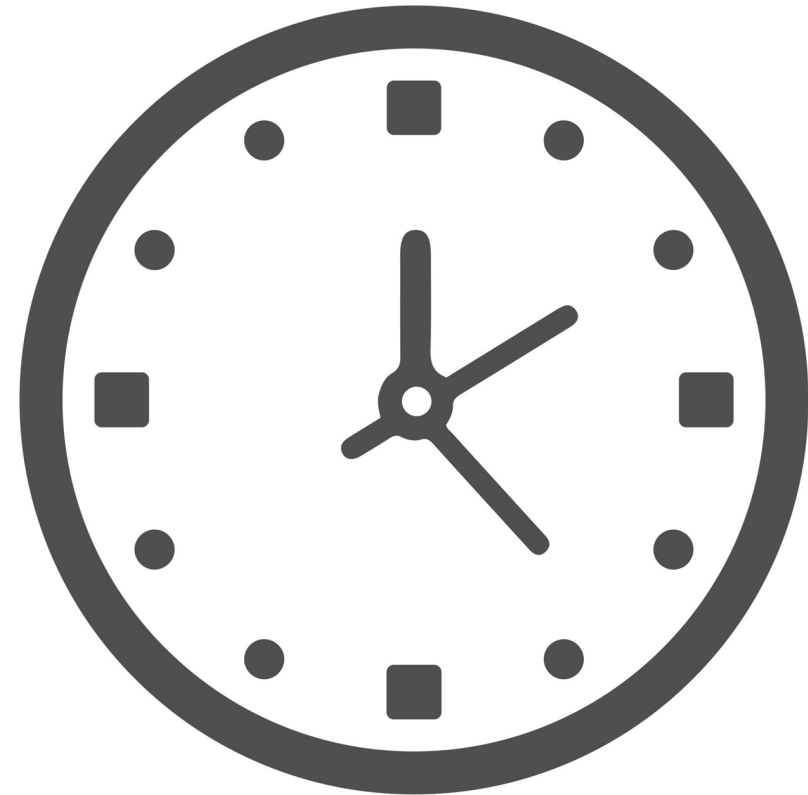
- Onboard Grant Admin
- Begin grant reporting
- Data discovery
- PPS Type Decision

July - September 2025

- Grant reporting
- Committee work

October - December 2025

- Grant reporting
- Provider TTA
- Decide/Request Extension
- Draft Demonstration Application



Takeaways from other Demonstration States and SAMHSA's Technical Assistance Team

5 Tips for Colorado from RI, MO, and NJ

1. **Run a full test extract *well before* demonstration launch.** We want to know if our denominators break during rehearsal, not production.
2. **Maintain two data pipelines.** Shadow-billed claims and EHR extracts should be separate.
3. **Publish a plain-language, Colorado-specific QM manual and tech spec.** Reference it appropriately in every contract.
4. **Data leads from clinics and state need to collaborate closely, early, and often.** Up to 2x/month at first; eventually quarterly
5. **Lock changes to MMIS modifier table & HIE feeds as far in advance as possible.** Provides a stable target for clinic EHR modifications.

Approach for Discussion with QM Stakeholders



Today's Decision Points / Recommendations

- Updates about the Certification Process related to Quality Measurement
- Required Measures Demonstration Year 1 and Beyond
- Ongoing assessment of additional stratification of measures help the state provide better access to care?

Quality Measure Requirement for Certification

- To ensure that demonstration sites can successfully submit quality measures, 2-3 Quality measures will be chosen that CCBHC prospective sites will be asked to submit as part of the certification process.
- The Certification Team will cover these proposed measures along with other certification criteria in their stakeholder meeting (when they are ready for consideration).

Quality Measures Collection and Support Plan Demonstration Year 1

- We propose to collect and submit only **Required** Clinic Collected and State Collected Measures in Measurement Year 1 as a CCBHC State.
- We will stick to the stratification of measures outlined in the CCBHC manual for each measure - no additional stratifications will be applied in Demonstration Year 1.
- We currently do not plan to tie bonus payments to optional measures as part of our PPS.

Quality Measure Supports

- We will review recommendations from other demonstration states and focus on CCBHC site success and quality assurance by conducting
 - Monthly Technical Assistance Meetings
 - Quarterly Incremental Submissions
 - It is likely that we will meet with individual sites to discuss any quality improvement suggestions or issues with data collection.
 - As sites gain momentum we anticipate the need for individual sessions may taper off.



Quality Measures Collection and Support Plan Demonstration Year 2 and Beyond

We will ask for clinics to collect and submit all required Clinic and State Collected from Demonstration Year 1 **Plus** the following 4 Measures

- **Clinic Collected Measures Required starting Year 2**
 - Weight Assessment and Counseling for Nutrition and Physical Activity for children/adolescents (WCC-CH)
 - This metric aligns with required reporting efforts at HCPF. Providers are already being asked to share this information if they have it available.
 - Controlling High Blood Pressure (CBP-AD)
 - This metric aligns with required reporting efforts at HCPF. Providers are already being asked to share this information if they have it available.
- **State Collected Measures Required starting Year 2**
 - Use of First-line Psychosocial care for children and adolescents on antipsychotics (APP-CH)
 - This metric aligns with required reporting efforts at HCPF.
 - Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)
 - This metric aligns with required reporting efforts at HCPF.

Quality Measures Collection

Additional Stratification

We are continuing to assess whether or not additional stratification of measures in Demonstration Year 2 can provide us with better data.

- An example of a possible additional stratification may include reporting results by region, for example to assess to care across the state in a quantifiable way.

Creation of a State Specific Manual

- We have discussed beginning that process will begin in phases, with guidance being distributed in chapters culminating in a drafted manual.
- More to come.

Feedback/Questions about this approach?



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Review of Quality Measures

- Spreadsheet sent for the purposes of review: [CCBHC Quality Measures Crosswalk](#)
- The purpose of this review is to ensure that providers know what the required measures are and to give an opportunity to discuss any concerns or necessary guidance needed about ability to collect measures and to discuss what challenges come to mind for this process
- Are there any questions that came up in your review of the materials?
- Is further guidance needed on any additional measures?



CCBHC Data Collection

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- Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
- Hemoglobin A1 Control for Patients w/Diabetes (HBD-AD)



	CCBHC Measure (Clinic Level)	Medicaid Core Set Measure - Adult or Child (2025)	Medicaid Core Set Measure - Behavioral Health (2025)	MIPS Measure (2025)
Time to Services (I-SERV)				
Depression Remission at Six Months (DEP- REM-6)	X			No- 12 mo. version
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	X			X
Screening for Social Drivers of Health (SDOH)	X			X
Screening for Clinical Depression and Follow-Up Plan (CDF- AD and CDF-CH)	X	X (state/plan version)	X (state/plan version)	X
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	X (optional)			X
Major Depressive Disorder: Suicide Risk Assessment (SRA- A)	X (optional)			X
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-C)	X (optional)			X
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCCCH)	X (optional)	X (state/plan version)		X
Controlling High Blood Pressure (CBP-AD)	X (optional)	X (state/plan version)		X



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	CCBHC Measure (State Level)	Medicaid Core Set Measure - Adult or Child (2025)	Medicaid Core Set Measure - Behavioral Health (2025)	MIPS Measure (2025)
Follow-Up After Hospitalization for Mental Illness (FUH)	X	X	X	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	X	X	X	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	X	X	X	
Initiation & Engagement of Substance Use Disorder Treatment (IET)	X	X	X	X
Use of Pharmacotherapy for Opioid Use Disorder (OUD)	X	X	X	
Antidepressant Medication Management (AMM)	X	X	X	X
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	X	X	X	X
Plan All Cause Readmissions (PCR)	X	X (voluntary)		
Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)	X	X	X	
Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)	X			
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	X (optional)	X	X	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	X (optional)	X	X	

Discussion / Questions About Measures

What other information/sessions would be valuable to have as we move through this process?

Quality Measures Resources

[SAMHSA Quality Measures Guidance Page](#)

- [Quality Measures Specifications](#)
- [Data Reporting Templates](#)
- [Quality Measures FAQ](#)
- Webinar Series on CCBHC [website](#)

Additional Information

6/17/25 Session



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Required Clinic Collected Measures

1. Time to Services (I-SERV):

This measure tracks how quickly new clients are seen after they first request services. It helps ensure that people can get mental health or substance use care without long delays. * The state will provide guidance in terms of how to measure this period of time specific to which CPT codes can be used to calculate time of service.

2. Depression Remission at 6 Months (DEP-REM-6):

This measure looks at whether adults who started treatment for depression are feeling significantly better—or have no more symptoms—six months later. It shows how effective depression treatment is over time.

3. Preventive Care and Screening: Unhealthy Alcohol Use—Screening and Brief Counseling (ASC):

This measure checks whether adults are screened for unhealthy alcohol use and, if needed, given short counseling sessions to help reduce risky drinking.

4. Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD):

This measure tracks whether children (CDF-CH) and adults (CDF-AD) are screened for depression during a visit, and whether the clinic creates a follow-up care plan for those who screen positive.

5. Screening for Social Drivers of Health (SDOH)::

This measure looks at whether clinics check for social needs—like housing, food, transportation, or safety—that can affect a person's health. Identifying these needs helps clinics connect people with the right support.

Required State Collected Measures

- 1. Patient Experience of Care Survey:** Measures how adult patients feel about the care they receive at the clinic, including communication with providers, respect, and overall satisfaction.
- 2. Youth/Family Experience of Care Survey:** Gathers feedback from children and their families about the quality and effectiveness of care they receive, such as whether they felt listened to and involved in treatment.
- 3. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD):** Measures whether adults with schizophrenia are taking their antipsychotic medication regularly, which is important for managing symptoms and preventing relapse.
- 4. Follow-up After Hospitalization for Mental Illness, Ages 18+ (FUH-AD):** Tracks whether adults who are hospitalized for a mental illness have a follow-up outpatient visit within 7 or 30 days after discharge to support recovery.
- 5. Follow-up After Hospitalization for Mental Illness, Ages 6-17 (FUH-CH):** Monitors whether children or teens discharged from inpatient mental health treatment get follow-up care quickly—within 7 or 30 days.
- 6. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD):** Assesses whether adults newly diagnosed with a substance use disorder start treatment quickly and stay engaged in care during the first month.
- 7. Follow-up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD):**
Checks whether people (children and adults) who visit the ER for a mental health issue receive timely follow-up care in an outpatient setting.

Required State Collected Measures Con't

8. Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD):

Measures whether individuals who go to the ER for a substance use issue get a follow-up treatment visit soon afterward to continue their care.

9. Plan All-Cause Readmissions Rate (PCR-AD): Looks at how often adults are readmitted to a hospital for any reason within 30 days of being discharged—lower rates may reflect better outpatient care and discharge planning.

10. Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH):

Evaluates whether children starting ADHD medication receive follow-up visits to check on how the medication is working and monitor for side effects.

11. Antidepressant Medication Management (AMM-BH):

Tracks if people starting on antidepressants continue taking them for a recommended length of time to help ensure effective treatment of depression.

12. Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD):

Measures how many adults with opioid use disorder are receiving medication-assisted treatment (like buprenorphine or methadone), which improves outcomes.

13. Hemoglobin A1c Control for Patients with Diabetes (HBD-AD):

Monitors whether adults with diabetes who also have behavioral health needs are keeping their blood sugar levels under control, reducing risk of complications.



Stakeholder Session QM Subcommittee

7/15/25



Agenda

- Follow Up: Quality Measure Norming - *Gwen Gaumond*
- NOMS and Population Characteristics Requirements - *Gwen Gaumond*
- Coming Soon/ Questions - *Gwen Gaumond*

Quality Measure Norming

Question: Are CCBHC 223 Demonstration Quality Measures “normed”?

- CCBHC quality measures are not “normed” or “risk adjusted” to control for differences in the population measured (e.g., language preference)
- SAMHSA requirements stipulate that CCBHC quality measures will be **stratified** by, at minimum, payer, race, and ethnicity (see each measure specification for detail).
 - Colorado hopes to move beyond these requirements and drive towards more advanced quality disparity and inequity identification and tracking in future years (including potentially language preference).

References: [1] SAMHSA. (February 2024). Quality Measures for Behavioral Health Clinics: Technical Specifications and Resource Manual. [2] SAMHSA. (2024). CCBHC Quality Measurement Frequently Asked Questions. [3] National Council for Mental Wellbeing. (2024). CCBHC Criteria On-Demand Lessons: CCBHC 101. [4] Medicaid.gov. Child and Adult Health Care Quality Measures.

NOMS Reporting Comparison

Summary of Differences in NOMS Reporting Expansion Site vs. Demo Site

Feature	Expansion Grantee (SAMHSA)	223 Demo Site (CMS)
Overseen by	SAMHSA	CMS
Funding mechanism	Grant	Medicaid demonstration
NOMS reporting	Required to SAMHSA	Not required
System used	SPARS	CMS Medicaid reporting

223 Demonstration Site Population Characteristics

For 223 Demonstration sites, Population (“Case Load”) Characteristics will be collected within the Demonstration template ([downloadable from CCBHC website here](#))

- Unlike for Expansion Grantees, Demonstration sites are not explicitly required to report on NOMs

The purpose of the Population Characteristics tab is to provide a breakdown of a clinic's patient population based on key characteristics, with columns for the number and percentage of individuals falling into each category.

- **Demographic Information:** Age ranges, sex, gender identity, ethnicity, and race.
- **Status Information:** Insurance status (e.g., Medicaid, Medicare, commercially insured, uninsured) and veteran/military status.
- **Population Totals:** A field for the "Total Clinic Population."

These characteristics align to NOMS assessment fields.

	A	B	C
1			
2	Case Load Characteristics		
3	Characteristic	Number	Percent
4	Age		
5	0-11 years		
6	12-17 years		
7	18-64 years		
8	65+ years		
9	Sex		
10	Male		
11	Female		
12	Other		
13	Don't know		
14	Prefer not to state		
15	Gender Identity (optional)		
16	Female		
17	Male		
18	Transgender female		
19	Transgender male		
20	I use a different term		
21	Don't know		
22	Prefer not to state		
23	Ethnicity		
24	Not Hispanic or Latino		
25	Hispanic or Latino		
26	Unknown		

Grant Reporting Requirements

Moving from a CCBHC Expansion Site to a CCBHC 223 Demonstration Site:

Even if your clinic is a current expansion grantee and subsequently obtains certification as a Certified Community Behavioral Health Clinic (CCBHC) 223 Demonstration Site, it remains obligated to fulfill all grant reporting requirements as stipulated in your expansion grant award documents throughout the designated period.

Coming Soon/Questions

- Next month we are hoping to provide a technical architecture overview for stakeholders and the Steering Committee.
- Questions?

Quality Measures Resources

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