

Stakeholder Session

Quality Measures

Subcommittee

9/16/25



COLORADO
Department of Health Care
Policy & Financing



COLORADO
Behavioral Health
Administration

Agenda

- Measures Required at Application for Certification vs. during Demonstration - *Vicente Cardona*
- SDOH Options/Approach - *Jennifer Ammerman*
- i-Serve Options/Approach - *Sandra Arreola*

Quality Measures

Certification vs During Demonstration

Type of Measure	Purpose/Description	Timeframe	Reported to National CCBHC?
Certification Assessment Measures	<p>Providers will turn in:</p> <ul style="list-style-type: none">• i-Serv• Preventive Care and Screening: Screening for Depression and Follow-Up Plan• a cost report <p>*these measures will be used by the state to assess a provider's readiness for certification</p>	At the time of application to become certified as a Demonstration site	No

Quality Measures

Certification vs During Demonstration (2)

Type of Measure	Purpose/Description	Timeframe	Reported to National CCBHC?
All required clinic and state collected measures	Sites will start measuring and reporting *during* Demonstration if Colorado is chosen as a 223 Demonstration State	During Demonstration as stipulated in the Colorado 223 Demonstration Guide and the Quality Measures Technical Specifications Manual published by CCBHC	Yes, on the schedules stipulated in the Colorado 223 Demonstration Guide and the Quality Measures Technical Specifications Manual published by CCBHC

Clinic Collected Measure Approach

Collection of SDOH measure will follow the logic outlined in CMS MIPS CQM
[QID: #487 Screening for Social Drivers of Health](#)

Adult patients assessed with a *standardized SDOH/HRSN tool* once during the measurement period for each of the following:

- Food insecurity
- Housing instability
- Transportation needs
- Utility difficulties
- Interpersonal safety

Definitions

Social Determinants of Health (SDOH): are the conditions in which people are born, live, work, and age. They are shaped by the distribution of money, power, and resources at global, national, and local levels.

Health-related social needs (HRSN): refers to individual-level factors such as financial instability, lack of access to healthy food, lack of access to affordable and stable housing and utilities, lack of access to health care, and lack of access to transportation.

Clinic Collected Measure Approach - SDOH

Assessments (Structured Data, CPT Codes, LOINCs)

- Collection and mapping of “completed” assessments from the EHR structured data
- Collection and mapping of CPT charge code “G0136” from the EHR data
- Collection and mapping of LOINC codes, such as “93025-5” for *PRAPARE*

Completion & Exception (HCPCS)

- “M1207” Screened for SDOH (Numerator)
- “M1237” Patient Declined, Refused (Exception)

Identified Needs (ICD10 or Z-Codes, LOINC Codes, and Structured Data)

- Z59.41 Food insecurity (ICD 10)
- LA30985-8 Low Food Security (LOINC)
- “Yes” checked for Food Insecurity (Structured)

Common Reporting Questions

- **Which SDOH Assessment(s) meet count towards this measure?**
 - CMS does not specify which SDOH/HRSN tool to use, but does specify it must be a validated tool that meets the minimum 5 domains (food, housing, transportation, utilities, and interpersonal safety). Some examples that meet this criteria are: AAFP Tool, WellRx Tool, Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences Tool (PRAPARE), Accountable Health Communities Tool (AHC),
- **What is a completed assessment?**
 - An assessment meets the data completeness threshold (numerator) when the five domains, at minimum, are answered. Not every question within the tool has to be answered to meet the numerator criteria.
- **Will claims data be used to calculate this measure?**
 - The data that will be used to calculate this measure must be available within your EHR, however, this data can include billing/charge data.

First Contact

- First Contact represents the first time that a person, guardian, or family member contacts a CCBHC to obtain services for the person in a six-month period
 - May be in-person, by telephone, or by video
 - Includes Preliminary Screening and Risk Assessment
 - Determines whether need is Emergent, Urgent or Routine
 - Also includes basic data collection, including insurance information
 - Does NOT include referrals from another provider
 - Does not apply to Crisis Services

<https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-faq.pdf>, pages 12-14

Common Questions for First Contact

- Does global intake count as first contact?
 - Only if the preliminary screening, risk assessment, and data collection take place as part of the global intake
- Would a call asking about office hours count as first contact?
 - No, unless preliminary information gathering also occurred.
- Does it count if screening determines services aren't needed?
 - If no further services are rendered, the patient would not be in the I-SERV measure.

<https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-faq.pdf>, pages 12-14

Clinic Collected Measure Approaches/Options - i-Serv

Initial Screening

- ♦ What Screening Tool do you use?
- ♦ Where is it stored in your system?
- ♦ Who collects Screening information?

Contact Notes

- ♦ How are contacts documented?
- ♦ Where is the documentation in your system?

Coding

- ♦ Does your group use any kind of coding to identify a screening occurred? (CPT, ICD, LOINC, non-billable, etc...)
- ♦ H0002, etc

Next Steps

- A Qualtrics **survey** will be sent out following this meeting
- Based on the survey results, the technical team will present **recommendations** at the October 21st subcommittee meeting. Steering Committee will review any recommendations.
- Keep an eye out for **bulletins** with in-depth information about how to build and staff your quality measures program as a prospective CCBHC 223 Demonstration Site

Quality Measures Resources

SAMHSA Quality Measures Guidance Page

- Quality Measures Specifications
- Data Reporting Templates
- Quality Measures FAQ
- Webinar Series on CCBHC website

