An Overview of Data Reporting Templates for Certified Community Behavioral Health Clinic Quality Measures

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SAMHSA
Substance Abuse and Mental Health Services Administration

Agenda

- Intended Audience
- Purpose of the Reporting Template
- Structure of the Reporting Template
- Additional Information Sources

Intended Audience for this Webinar

1. Existing and prospective CCBHC Section 223 Demonstration state and clinic staff
2. CCBHC-Expansion (CCBHC-PDI and CCBHC-IA) grant clinics and SAMHSA GPOs

Purpose of the Reporting Template

Purpose of Reporting Template

- Updated in 2024 to reflect quality measure updates
- The updated 2024 version of the CCBHC quality measures reporting template is used for states and clinics to report CCBHC quality measures data to SAMHSA.
- Users should use the template to report quality measures data starting with measurement year 2025, which starts on January 1, 2025.

Use for Section 223 Demonstration Program

Who: For the Section 223 Demonstration Program, CCBHCs report clinic-collected measures, using the reporting template, to their state. States, in turn, report all required measures to SAMHSA, which include the required state-collected measures and the clinic-collected measures.

Timing: For example: for MY 2025, clinics will report the templates with clinic-collected measures data to the state (per direction from the state) by September 30, 2026, and the state will report both the clinic-collected and the state-collected measures, to SAMHSA no later than December 31, 2026.

Method of submission: States will submit the reporting templates to SAMHSA via the CCBHCMeasuresSubmission@samhsa.hhs.gov mailbox. States will use separate templates for each clinic's quality measure results, including clinic-collected and state-collected measures for that clinic.

Note: MY=Measurement Year

Use for SAMHSA CCBHC-IA and CCBHC-PDI Grantees

Who: SAMHSA CCBHC-IA and CCBHC-PDI grantees report only required clinic-collected measures, using the template, to SAMHSA.

Timing: For example: for MY 2025, CCBHC-IAs and CCBHC-PDIs will report templates to SAMHSA no later than December 31, 2026. If the CCBHC is also part of the Section 223 Demonstration, the CCBHC should also adhere to the reporting requirements noted on the prior slide.

Method of submission: For grant reporting purposes, CCBHC-IAs and CCBHC-PDIs submit the reporting template via a mechanism currently being developed, which will be shared with clinics by the end of 2024.

Structure of the Reporting Template

Structure of Reporting Template Workbook

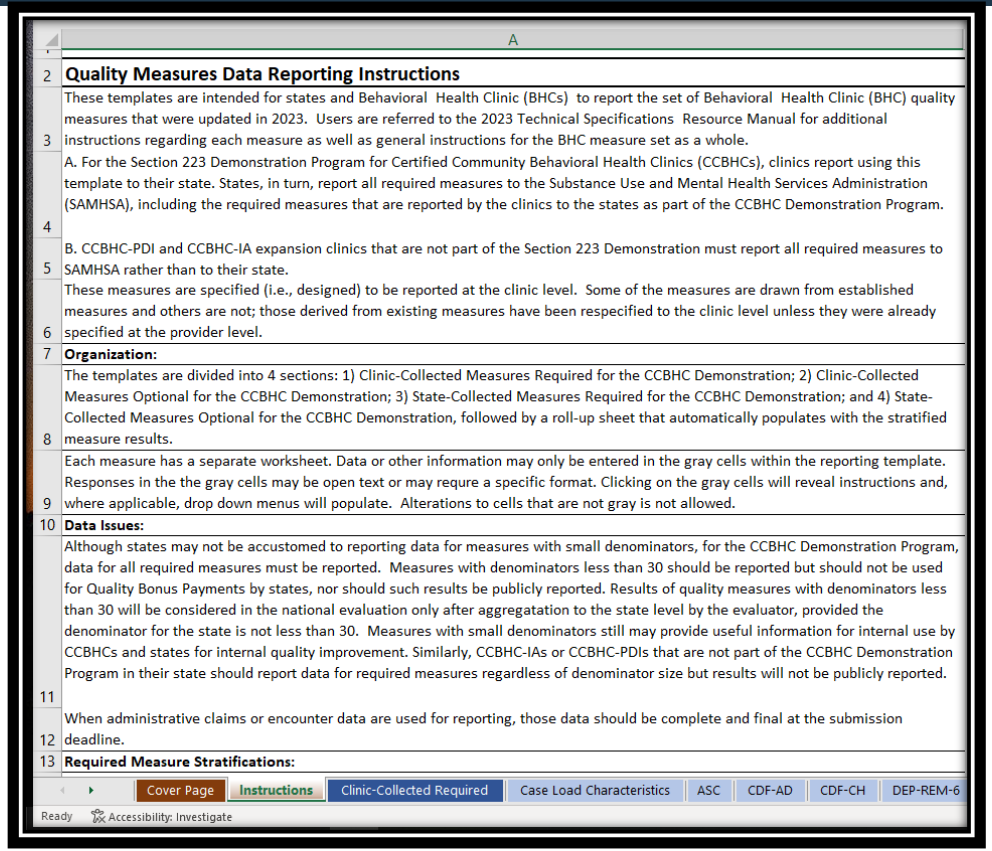
Front Matter	Clinic-Collected Measures	State-Collected Measures	Back Matter
• Cover • Instructions	• Clinic-Collected Required Cover • Case Load Characteristics • Templates for Required Clinic Measures • Clinic-Collected Optional Cover • Templates for Optional Clinic Measures	• State-Collected Required Cover • Templates for Required State Measures • State-Collected Optional Cover • Templates for Optional State Measures	• Roll-up Report • Back Cover

SAMHSA

Reporting Template Instructions

Instructions Address:

- Template purpose
- Template organization
- Data issues
- Required measure stratifications
- Optional measure stratifications
- Case Load Characteristics instructions
- Section-by-section instructions for each measure template



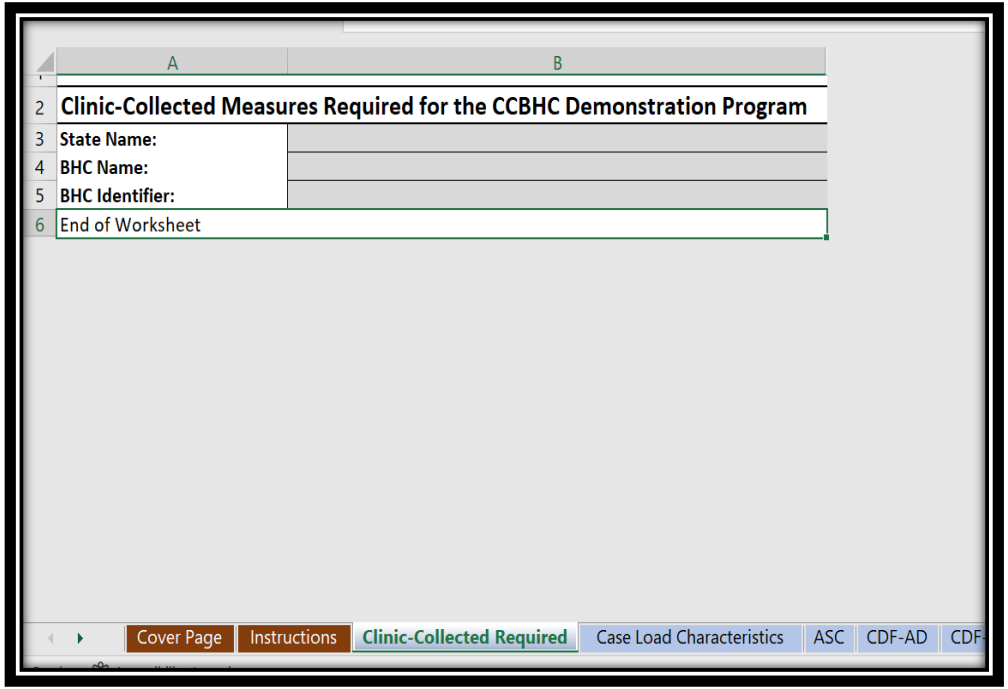
	A
2	**Quality Measures Data Reporting Instructions**
3	These templates are intended for states and Behavioral Health Clinic (BHCs) to report the set of Behavioral Health Clinic (BHC) quality measures that were updated in 2023. Users are referred to the 2023 Technical Specifications Resource Manual for additional instructions regarding each measure as well as general instructions for the BHC measure set as a whole.
4	A. For the Section 223 Demonstration Program for Certified Community Behavioral Health Clinics (CCBHCs), clinics report using this template to their state. States, in turn, report all required measures to the Substance Use and Mental Health Services Administration (SAMHSA), including the required measures that are reported by the clinics to the states as part of the CCBHC Demonstration Program.
5	B. CCBHC-PDI and CCBHC-IA expansion clinics that are not part of the Section 223 Demonstration must report all required measures to SAMHSA rather than to their state.
6	These measures are specified (i.e., designed) to be reported at the clinic level. Some of the measures are drawn from established measures and others are not; those derived from existing measures have been respecified to the clinic level unless they were already specified at the provider level.
7	**Organization:**
8	The templates are divided into 4 sections: 1) Clinic-Collected Measures Required for the CCBHC Demonstration; 2) Clinic-Collected Measures Optional for the CCBHC Demonstration; 3) State-Collected Measures Required for the CCBHC Demonstration; and 4) State-Collected Measures Optional for the CCBHC Demonstration, followed by a roll-up sheet that automatically populates with the stratified measure results.
9	Each measure has a separate worksheet. Data or other information may only be entered in the gray cells within the reporting template. Responses in the the gray cells may be open text or may requre a specific format. Clicking on the gray cells will reveal instructions and, where applicable, drop down menus will populate. Alterations to cells that are not gray is not allowed.
10	**Data Issues:**
11	Although states may not be accustomed to reporting data for measures with small denominators, for the CCBHC Demonstration Program, data for all required measures must be reported. Measures with denominators less than 30 should be reported but should not be used for Quality Bonus Payments by states, nor should such results be publicly reported. Results of quality measures with denominators less than 30 will be considered in the national evaluation only after aggregatation to the state level by the evaluator, provided the denominator for the state is not less than 30. Measures with small denominators still may provide useful information for internal use by CCBHCs and states for internal quality improvement. Similarly, CCBHC-IAs or CCBHC-PDIs that are not part of the CCBHC Demonstration Program in their state should report data for required measures regardless of denominator size but results will not be publicly reported.
12	When administrative claims or encounter data are used for reporting, those data should be complete and final at the submission deadline.
13	**Required Measure Stratifications:**

Cover Page | Instructions | Clinic-Collected Required | Case Load Characteristics | ASC | CDF-AD | CDF-CH | DEP-REM-6

Ready | Accessibility: Investigate

SAMHSA

Cover Sheets



- Reporting template includes four cover sheets
- Cover sheets are included before each required and optional set of reporting templates
- Requires State Name, CCBHC Name and Identifier

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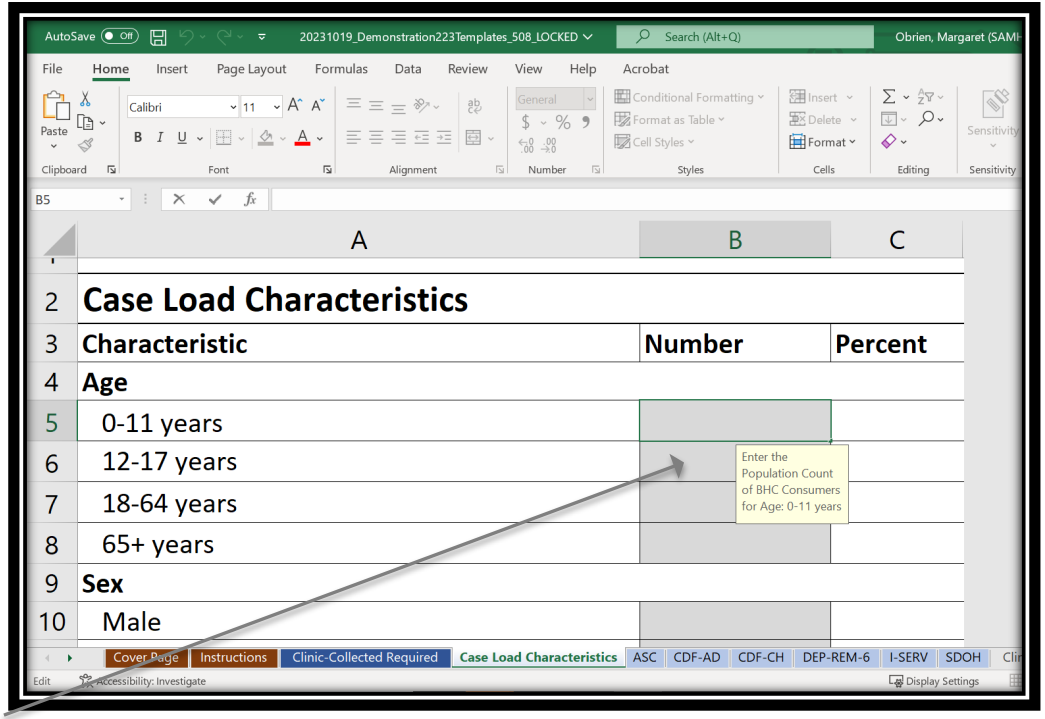
Case Load Characteristics

Case Load Characteristics Worksheet: Basics

Completed by Section 223 Demonstration CCBHCs

Categories:

- Age
- Sex
- Gender Identity (optional)
- Ethnicity
- Race
- Insurance Status
- Veteran or Military Status
- Total Clinic Population



Note: Data entry instructions present on all grey boxes when you click on them.

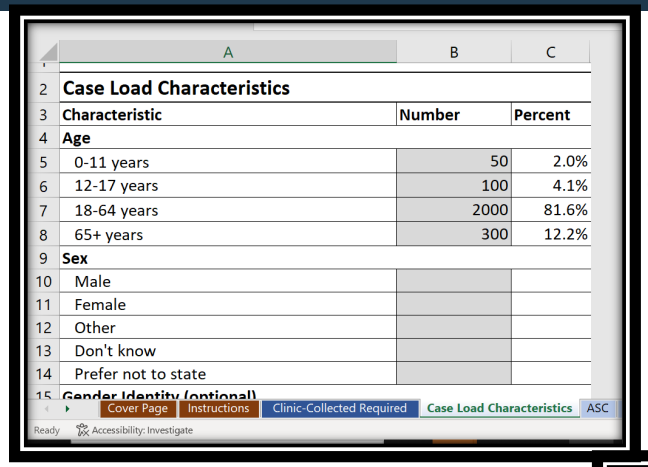
Case Load Characteristics: Age

Age Categories:

- 0-11 years
- 12-17 years
- 18-64 years
- 65+ years

Total clinic population required at bottom for category percents to calculate

Please use the Age at the time of the first visit during the measurement year.



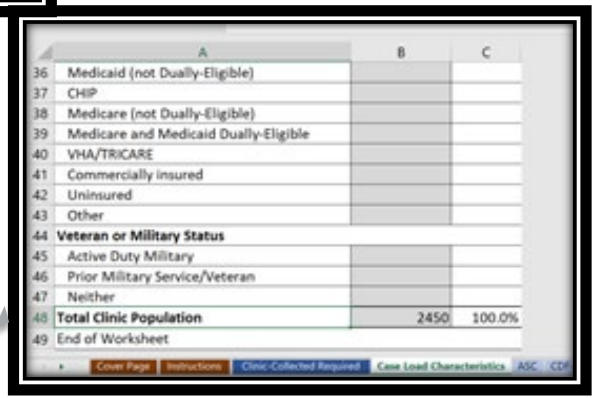
	A	B	C
2	**Case Load Characteristics**		
3	**Characteristic**	**Number**	**Percent**
4	**Age**		
5	0-11 years	50	2.0%
6	12-17 years	100	4.1%
7	18-64 years	2000	81.6%
8	65+ years	300	12.2%
9	**Sex**		
10	Male		
11	Female		
12	Other		
13	Don't know		
14	Prefer not to state		
15	**Gender Identity (optional)**		

Cover Page | Instructions | Clinic-Collected Required | Case Load Characteristics | ASC

Ready | Accessibility: Investigate

Case Load by Age

Total Case Load at Bottom of Worksheet



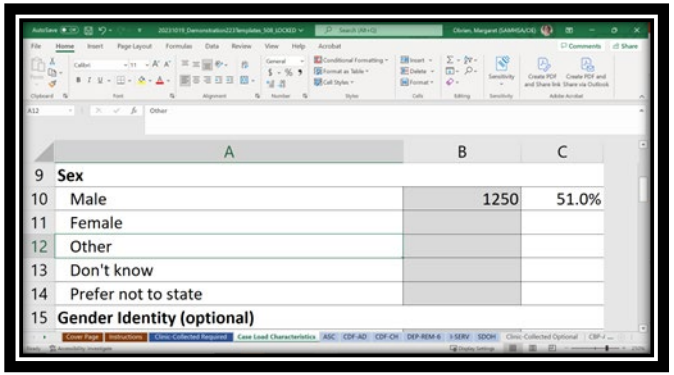
	A	B	C
36	Medicaid (not Dually-Eligible)		
37	CHIP		
38	Medicare (not Dually-Eligible)		
39	Medicare and Medicaid Dually-Eligible		
40	VHA/TRICARE		
41	Commercially insured		
42	Uninsured		
43	Other		
44	**Veteran or Military Status**		
45	Active Duty Military		
46	Prior Military Service/Veteran		
47	Neither		
48	**Total Clinic Population**	2450	100.0%
49	End of Worksheet		

SAMHSA

Case Load Characteristics: Sex

Sex Categories:

- Male
- Female
- Other
- Don’t know
- Prefer not to state



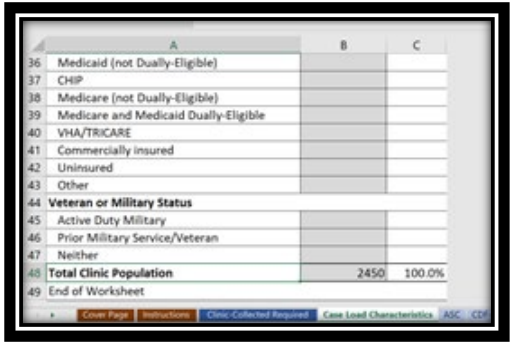
	A	B	C
9	**Sex**		
10	Male	1250	51.0%
11	Female		
12	Other		
13	Don't know		
14	Prefer not to state		
15	**Gender Identity (optional)**		

Case Load by Sex

Sex is sex assigned at birth.

Categories for Sex use the Modified National Academies of Science, Engineering, and Medicine (NASEM) Standards.

Total Case Load at Bottom of Worksheet



	A	B	C
36	Medicaid (not Dually-Eligible)		
37	CHIP		
38	Medicare (not Dually-Eligible)		
39	Medicare and Medicaid Dually-Eligible		
40	VHA/TRICARE		
41	Commercially insured		
42	Uninsured		
43	Other		
44	**Veteran or Military Status**		
45	Active Duty Military		
46	Prior Military Service/Veteran		
47	Neither		
48	**Total Clinic Population**	2450	100.0%
49	End of Worksheet		

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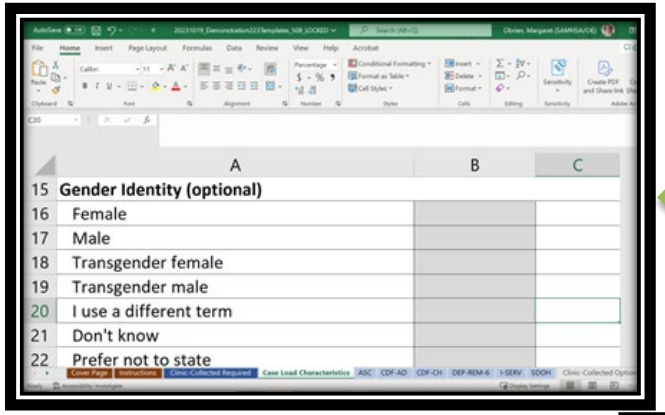
Case Load Characteristics: Gender Identity

Gender Identity Categories:

- Female
- Male
- Transgender female
- Transgender male
- Don't know
- Prefer not to state



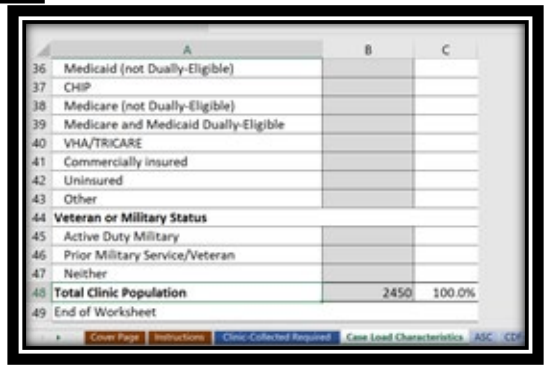
	A	B	C
15	Gender Identity (optional)		
16	Female		
17	Male		
18	Transgender female		
19	Transgender male		
20	I use a different term		
21	Don't know		
22	Prefer not to state		

Case Load by Gender Identity

Collection of Gender Identity is optional, as determined by the state.

Categories for Gender Identity use the Modified National Academies of Science, Engineering, and Medicine (NASEM) Standards.

Total Case Load at Bottom of Worksheet



	A	B	C
36	Medicaid (not Dually-Eligible)		
37	CHIP		
38	Medicare (not Dually-Eligible)		
39	Medicare and Medicaid Dually-Eligible		
40	VHA/TRICARE		
41	Commercially insured		
42	Uninsured		
43	Other		
44	**Veteran or Military Status**		
45	Active Duty Military		
46	Prior Military Service/Veteran		
47	Neither		
48	**Total Clinic Population**	2450	100.0%
49	End of Worksheet		

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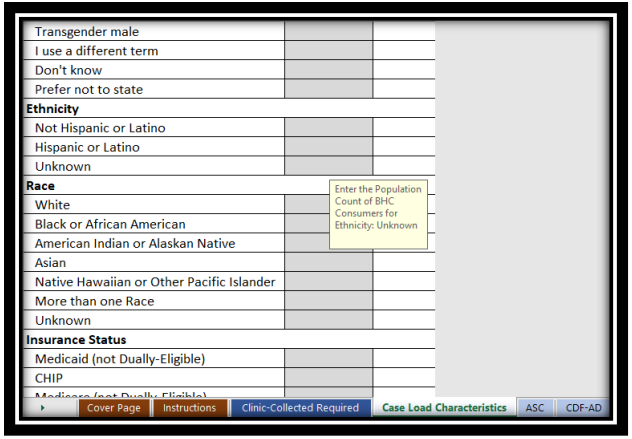
Case Load Characteristics: Ethnicity

Ethnicity Categories:

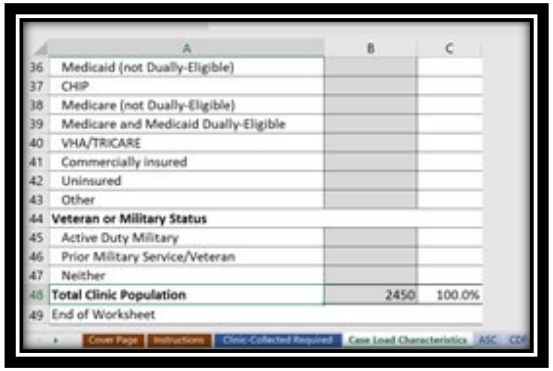
- Not Hispanic or Latino
- Hispanic or Latino
- Unknown

If the client or caregiver does not know the ethnicity or chooses not to respond, the client should be included in the Unknown category.



Case Load by Ethnicity

Total Case Load at Bottom of Worksheet



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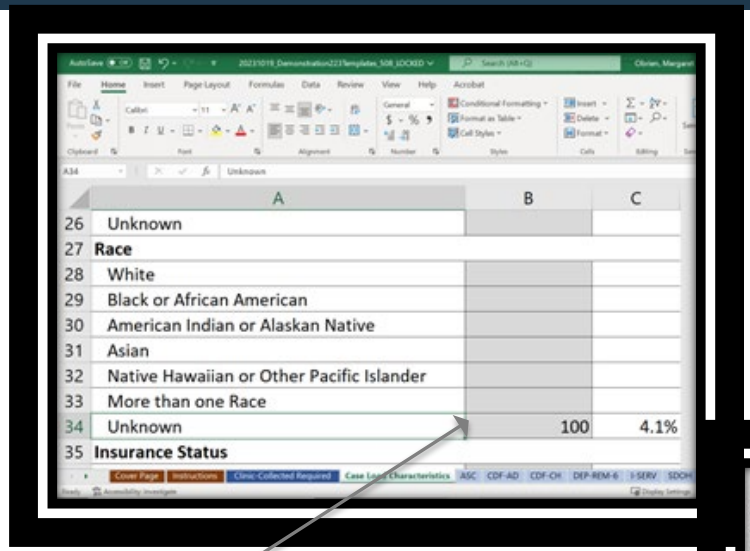
Case Load Characteristics: Race

Race Categories:

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- More than one Race
- Unknown

If the client or caregiver does not know the race or chooses not to respond, the client should be included in the Unknown category.



	A	B	C
26	Unknown		
27	**Race**		
28	White		
29	Black or African American		
30	American Indian or Alaskan Native		
31	Asian		
32	Native Hawaiian or Other Pacific Islander		
33	More than one Race		
34	Unknown	100	4.1%
35	**Insurance Status**		

Case Load by Race

Total Case Load at Bottom of Worksheet

	A	B	C
36	Medicaid (not Dually-Eligible)		
37	CHIP		
38	Medicare (not Dually-Eligible)		
39	Medicare and Medicaid Dually-Eligible		
40	VHA/TRICARE		
41	Commercially insured		
42	Uninsured		
43	Other		
44	**Veteran or Military Status**		
45	Active Duty Military		
46	Prior Military Service/Veteran		
47	Neither		
48	**Total Clinic Population**	2450	100.0%
49	End of Worksheet		

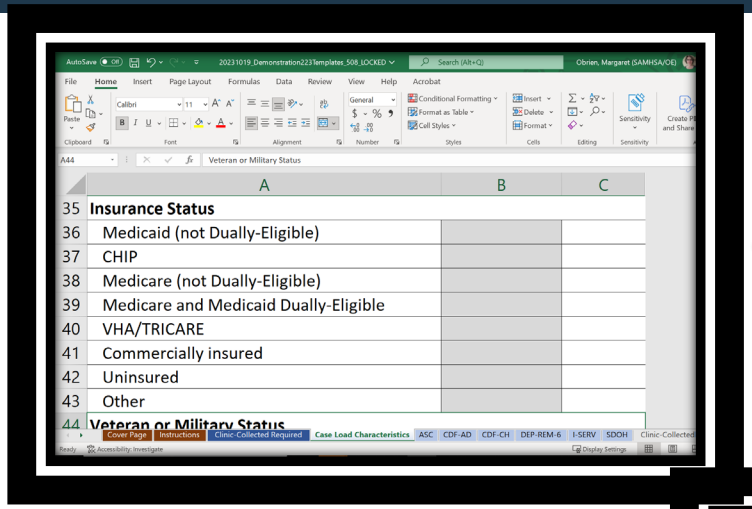
SAMHSA

Case Load Characteristics: Insurance Status

Insurance Status Categories:

- Medicaid (not Dually-Eligible)
- CHIP
- Medicare (not Dually-Eligible)
- Medicare and Medicaid Dually-Eligible
- VHA/TRICARE
- Commercially insured
- Uninsured
- Other

Please use payer status at the first CCBHC visit of the measurement year.



Case Load by Insurance Status

Total Case Load at Bottom of Worksheet

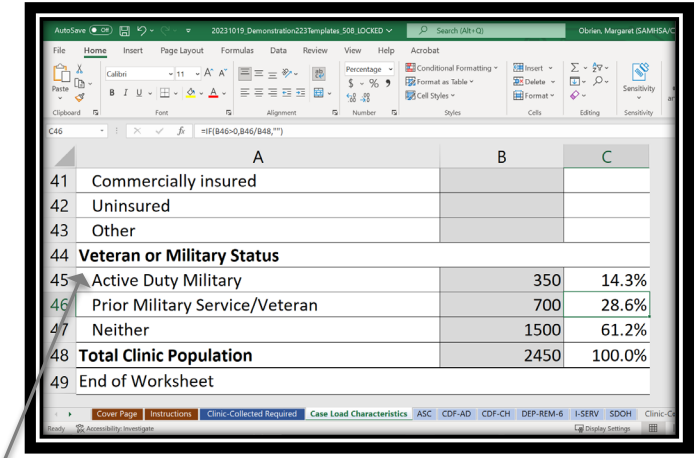
Case Load Characteristics: Veteran or Military Status

Veteran or Military Status Categories:

- Active-Duty Military
- Prior Military Service/Veteran
- Neither

Note: For the Veteran row, there is no requirement to report on discharge status or eligibility for VA services.

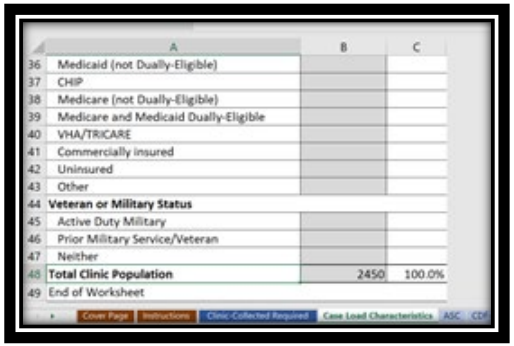
All individuals discharged from the military are counted as veterans



	A	B	C
41	Commercially insured		
42	Uninsured		
43	Other		
44	**Veteran or Military Status**		
45	Active Duty Military	350	14.3%
46	Prior Military Service/Veteran	700	28.6%
47	Neither	1500	61.2%
48	**Total Clinic Population**	2450	100.0%
49	End of Worksheet		

Case Load by Veteran or Military Status

Total Case Load at Bottom of Worksheet



	A	B	C
36	Medicaid (not Dually-Eligible)		
37	CHIP		
38	Medicare (not Dually-Eligible)		
39	Medicare and Medicaid Dually-Eligible		
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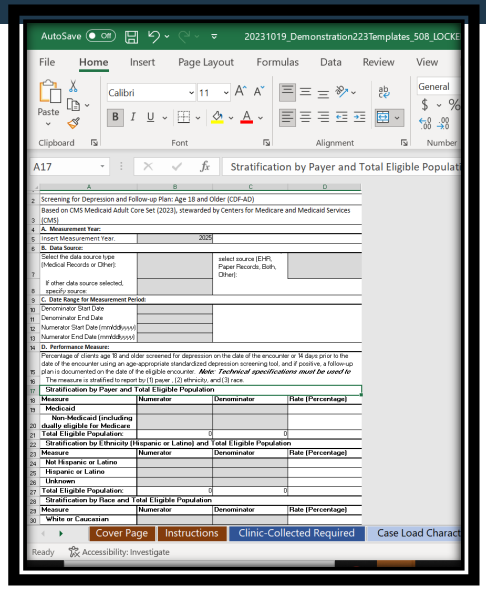
41	Commercially insured		
42	Uninsured		
43	Other		
44	**Veteran or Military Status**		
45	Active Duty Military		
46	Prior Military Service/Veteran		
47	Neither		
48	**Total Clinic Population**	2450	100.0%
49	End of Worksheet		



Other Components within CCBHC Reporting Template

Template Components: A-C

Measure Title

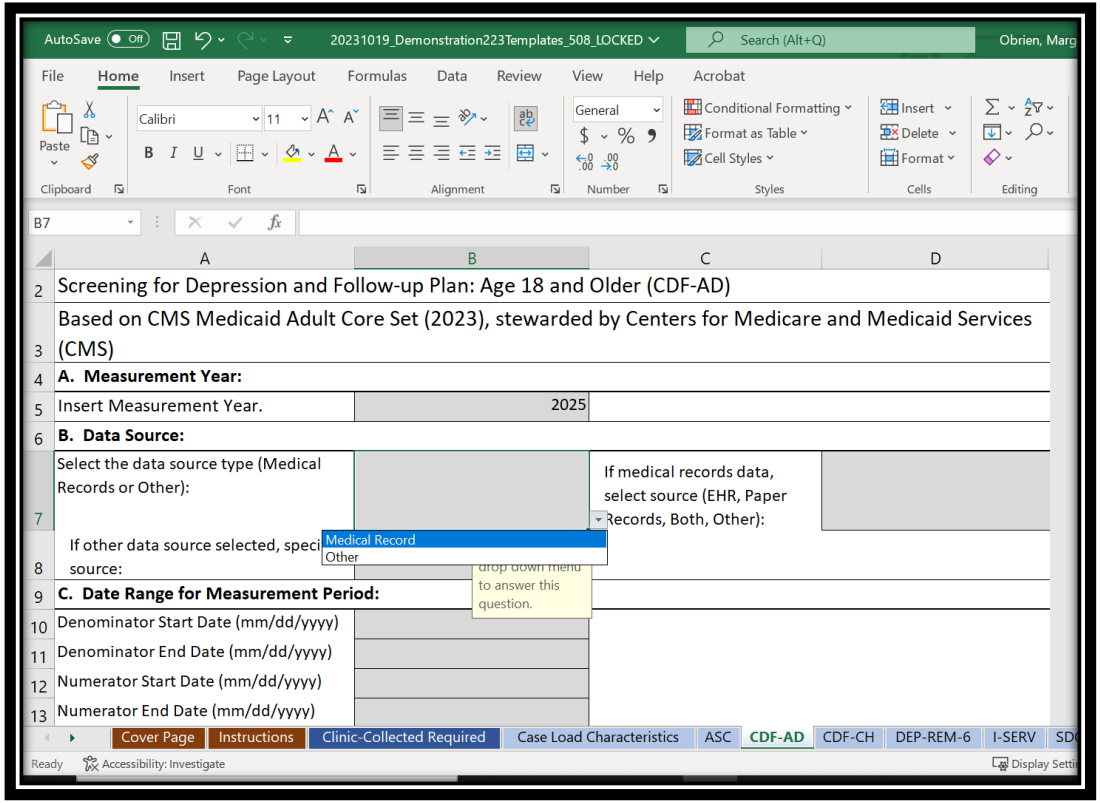
Measure Source

A. Measurement Year: Enter in grey cell

B. Data Source: In this example, the expected source is medical records. Use drop down (shown) to select. If other, specify in row below. If medical records, use drop down in column D to select type (e.g., EHR).

C. Date Range for Measurement Period: Enter start and end dates for data used for denominator and numerator in correct row.

Note: Data validation constraints will limit what can be entered.



Template Component D: First Four Sections

SUBMEASURE 3: ALL CLIENTS WHO WERE SCREENED FOR UNHEALTHY ALCOHOL USE AND, IF IDENTIFIED AS AN UNHEALTHY ALCOHOL USER, RECEIVED BRIEF COUNSELING, OR WERE NOT IDENTIFIED AS AN UNHEALTHY ALCOHOL USER (Submeasure 3 is optional unless providers were reporting ASC as part of MIPS before 2017.)			
The measure is stratified to report by (1) payer , (2) ethnicity, and (3) race.			
Stratification by Payer and Total Eligible Population			
Measure	**Numerator**	**Denominator**	**Rate (Percentage)**
Medicaid			
Non-Medicaid (including dually eligible for Medicare and Medicaid)			
Total Eligible Population:	0	0	
Stratification by Ethnicity (Hispanic or Latino) and Total Eligible Population			
Measure	**Numerator**	**Denominator**	**Rate (Percentage)**
Not Hispanic or Latino			
Hispanic or Latino			
Unknown			
Total Eligible Population:	0	0	

1

2

D. Performance Measure

1. Measure description
2. Rates stratified by payer and total eligible population

3. Rates stratified by ethnicity and total eligible population
4. Rates stratified by race and total eligible population

Stratification by Ethnicity (Hispanic or Latino) and Total Eligible Population			
Measure	**Numerator**	**Denominator**	**Rate (Percentage)**
Not Hispanic or Latino			
Hispanic or Latino			
Unknown			
Total Eligible Population:	0	0	
Stratification by Race and Total Eligible Population			
Measure	**Numerator**	**Denominator**	**Rate (Percentage)**
White or Caucasian			
Black or African American			
American Indian or Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
More than one race			
Unknown			
Total Eligible Population:	0	0	

3

4

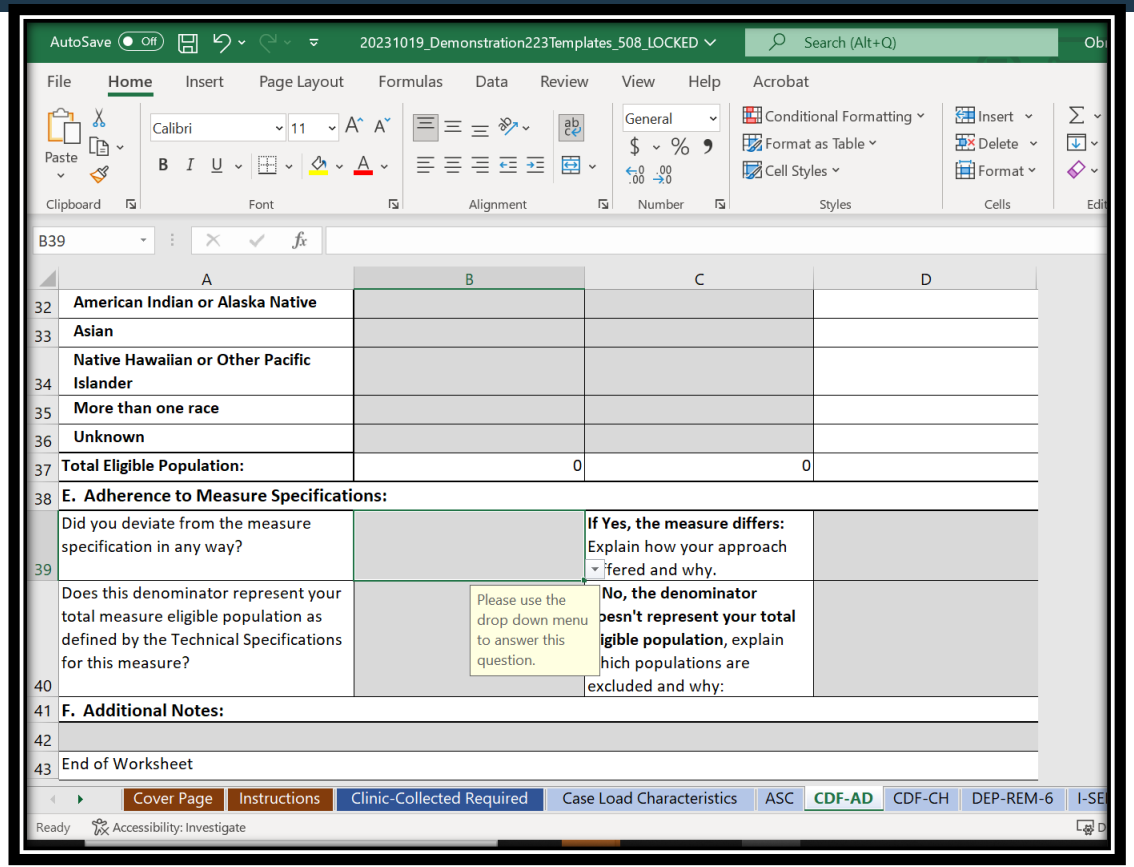
Note: Please refer to 2024 quality measures technical specifications on how to report data based on stratifications

SAMHSA

Template Components: E and F

E. Adherence to Measure Specifications

F. Additional Notes



Rollup Report

- **Automatically generates data from quality measures worksheets**
- **Used for CCBHCs and states to easily view data for quality measure results in one location**

68	Native Hawaiian or Other Pacific Islander	0	0	
69	More than one race	0	0	
70	Unknown	0	0	
71	Total Eligible Population:	0	0	
72				
73	Screening for Depression and Follow-up Plan: Age 18 and Older (CDF-AD)			
74	Stratification by Payer and Total Eligible Population			
75	Measure	Numerator	Denominator	Rate (Percentage)
76	Medicaid	689	800	86.1%
77	Non-Medicaid (including dually eligible for Medicare and Medicaid)	445	600	74.2%
78	Total Eligible Population:	1134	1400	81.0%
79	Stratification by Ethnicity (Hispanic or Latino) and Total Eligible Population			
80	Measure	Numerator	Denominator	Rate (Percentage)
81	Not Hispanic or Latino	0	0	
82	Hispanic or Latino	0	0	
83	Unknown	0	0	
84	Total Eligible Population:	0	0	
85	Stratification by Race and Total Eligible Population			

SAMHSA

Where to Get Information on the Templates

Reporting template can be found in SAMHSA's CCBHC website

[Quality Measures Guidance and Webinar Series | SAMHSA]

Template instructions, which is the second worksheet in the reporting template workbook

On each measure template, data entry guidance is provided when clicked on grey cells in the templates

Technical Specifications and Resource Manual > Section II > Reporting and Submission of Measures > Data-reporting templates. Manual also includes detailed measure specifications

Direct questions to CCBHCMeasuresSubmission@samhsa.hhs.gov

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License Agreements and Acknowledgements

Use of the Quality Measures for Behavioral Health Clinics (BHC) Technical Specifications and Resource Manual indicates acceptance of the following license agreements, arranged by source measure steward:

A. Centers for Medicare and Medicaid Services (CMS) Medicaid Adult Core Set or the Medicaid Child Core Set: see Manual, pp. 2-4 (excluding NCQA-stewarded measures).

B. Centers for Medicare and Medicaid Services (CMS) Non-Medicaid Core Set Measure: see Manual, p. 4 (excluding NCQA-stewarded measures).

C. Mathematica Inc. Electronic Quality Measures: see Manual, pp. 4-5.

D. Minnesota Community Measurement Measure: see Manual, p. 5.

E. National Committee for Quality Assurance (NCQA): see Manual, pp. 5-7 AND the following two slides.

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