

# What Section 223 Demonstration CCBHCs Need to Know about State-Collected Measures

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March 26, 2024



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Intended audience for this session

Existing and prospective Section 223  
Demonstration CCBHC staff

# Agenda

- Overview of state-collected measures and how they are used
- Key points for each measure and relevance to Section 223 CCBHCs
- Comparative rates on these measures
- Resources

# Overview of State-Collected Measures and Their Reporting and Use

# Critical Things to Know about State-Collected Measures

Number of measures?

Required of Demonstration states: Twelve measures

Optional for Demonstration states: Two measures

How are they used in the Demonstration?

National Evaluation of the Demonstration

Quality Improvement for CCBHCs

Quality Bonus Programs (some, not all)

Who reports them? Only the states

Are they reported for each CCBHC? Yes, for the Demonstration

# Categories of State-Collected Measures

These measures can be roughly categorized as:

- Related to medication in some way
- Related to follow-up after some event
- Related to aspects of physical health
- Related to client experience of care
- Related to youth prescribed antipsychotic medication (optional measures for states)

# Medication-Related Measures

Measure Name	2024 CMS Medicaid Core Set	Required to be Reported Statewide in 2024	Used in Quality Bonus Programs in 2025
Antidepressant Medication Management (AMM-AD)*	Adult	Yes	NSI
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)*	Adult	Yes	NSI
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	Adult	Yes	NSI
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) *	Child	Yes	OQBP

\*National Committee for Quality Assurance-stewarded measure. The NCQA HEDIS measure specifications have been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS*.

Note: NSI: Not specifically included in QBP; OQBP: Optional in QBPs; RQBP: Required in QBPs.

# Follow-up-Related Measures

Measure Name	2024 CMS Medicaid Core Set	Required to be Reported Statewide in 2024	Used in Quality Bonus Programs in 2025
Follow-Up After Hospitalization for Mental Illness (FUH-CH and FUH-AD)*	Adult & Child	Yes	RQBP
Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD and FUM-CH)*	Adult & Child	Yes	NSI
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-AD and FUA-CH)*	Adult & Child	Yes	OQBP
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)*	Adult	Yes	RQBP
Plan All-Cause Readmissions Rate (PCR-AD)*	Adult	No	RQBP

\*National Committee for Quality Assurance-stewarded measure. The NCQA HEDIS measure specifications have been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS*.

Note: NSI: Not specifically included in QBP; OQBP: Optional in QBPs; RQBP: Required in QBPs.



# Physical Health or Client Experience-Related Measures

Measure Name	2024 CMS Medicaid Core Set	Required to be Reported Statewide in 2024	Used in Quality Bonus Programs in 2025
Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)*	Adult	No	RQBP
Patient Experience of Care Survey (PEC)	No	n/a	NSI
Youth/Family Experience of Care Survey (YFEC)	No	n/a	NSI

\*National Committee for Quality Assurance-stewarded measure. The NCQA HEDIS measure specifications have been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS*.

Note: NSI: Not specifically included in QBP; RQBP: Required in QBPs.

# Youth Prescribed Antipsychotic Medication-Related Measures (optional for Demonstration states)

Measure Name	2024 CMS Medicaid Core Set	Required to be Reported Statewide in 2024	Used in Quality Bonus Programs in 2025
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)*	Child	Yes	NSI
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)*	Child	Yes	NSI

\*National Committee for Quality Assurance-stewarded measure. The NCQA HEDIS measure specifications have been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS*.

Note: NSI: Not specifically included in QBP.

# Key Points for Each Measure and Relevance to Section 223 CCBHCs

# Antidepressant Medication Management (AMM-AD)

**Who?**  
Clients aged  
18 years and  
older

**Why?**  
Retention in  
medication  
treatment

# AMM-AD Measure: Description and Source

- Percentage of clients age 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:
  - Effective Acute Phase Treatment. Percentage of clients who remained on an antidepressant medication for at least 84 days (12 weeks)
  - Effective Continuation Phase Treatment. Percentage of clients who remained on an antidepressant medication for at least 180 days (6 months)
- Source: CMS Medicaid Adult Core Set Measure (2023), derived from a measure stewarded by NCQA

# AMM-AD Measure: Important for Demonstration CCBHCs

- Build processes to facilitate clinically appropriate ongoing use of prescribed antidepressant medication for adults who both (1) have a diagnosis of major depressive disorder (they may come to you with that diagnosis or you may have diagnosed it) and (2) are prescribed an antidepressant medication. This does not mean onerous activities such as directly observed medication administration but might include inquiries about adherence and about any problems underlying nonadherence, and approaches to addressing such problems.
- The measure allows for gaps in medication treatment to account for washout periods to change medication or to refill medication.

# Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)

**Who?**  
Clients aged  
18 years and  
older

**Why?**  
Retention in  
medication  
treatment

# SAA-AD Measure: Description and Source

- Percentage of clients ages 18 and older during the Measurement Year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.
- Source: CMS Medicaid Adult Core Set Measure (2023), derived from a measure stewarded by NCQA



# SAA-AD Measure: Important for Demonstration CCBHCs

- Build processes to facilitate clinically appropriate ongoing use of prescribed antipsychotic medication for adults who both (1) have a diagnosis of with schizophrenia or schizoaffective disorder (they may come to you with that diagnosis or you may have diagnosed it) and (2) are prescribed an antipsychotic medication. This does not mean onerous activities such as directly observed medication administration but might include inquiries about adherence and about any problems underlying nonadherence, and approaches to addressing such problems.

# Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)

**Who?**  
Clients aged  
18 – 64 years

**Why?**  
Use of  
medication  
therapy for  
OUD

# OUD-AD Measure: Description and Source

- 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:
  - A total (overall) rate capturing any medications used in medication assisted treatment of opioid dependence and addiction (Rate 1)
  - Four separate rates representing the following types of FDA-approved drug products:
    - Buprenorphine (Rate 2)
    - Oral naltrexone (Rate 3)
    - Long-acting, injectable naltrexone (Rate 4)
    - Methadone (Rate 5)
- Source: CMS Medicaid Adult Core Set Measure (2023)

# OUD-AD Measure: Important for Demonstration CCBHCs

- Take steps to facilitate access to and clinically-appropriate use of FDA-approved medications for opioid use disorder (OUD) for clients with OUD.
- This may include prescribing or dispensing of buprenorphine, or oral or injectable naltrexone. For buprenorphine use, this will include ensuring that there are adequate CCBHC providers who are trained in accordance with current federal (and possibly state) requirements to prescribe buprenorphine. It also may include dispensing of methadone, if the CCBHC is a licensed opioid treatment program (OTP) legally able to do so. If the CCBHC is not a licensed OTP, it might require establishing close relationships with local OTP(s) to help facilitate access to methadone for clients who prefer that medication.

# Follow-Up Care for Children Prescribed Attention- Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)

**Who?**  
Clients aged  
6-12 years

**Why?**  
Follow-up  
and  
retention in  
treatment

# ADD-CH Measure: Description and Source

- Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.
  - Initiation Phase: Percentage of children ages 6 to 12 with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
  - Continuation and Maintenance (C&M) Phase: Percentage of children ages 6 to 12 with a prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.
- Source: CMS Medicaid Child Core Set Measure (2023), derived from a measure stewarded by NCQA

# ADD-CH Measure: Important for Demonstration CCBHCs

- Build processes to ensure that children (ages 6-12 years) who are newly prescribed ADHD medication for ADHD (not narcolepsy) have:
  - at least one follow-up visit with a provider with prescribing authority during the 30-days after the initial prescription.
  - At least two additional visits with any provider who can bill for the encounter (not necessarily a prescribing provider) within nine (9) months after the initial 30 day initiation phase.
- The follow-up visits may be in an outpatient, community mental health center, intensive outpatient, or partial hospitalization setting; may be by telehealth or telephone; or may be a health and behavior assessment or intervention. For the visits after the 30 day initiation period, one of them (not both) also may be an e-visit or virtual check-in.

# Follow-Up After Hospitalization for Mental Illness (FUH-AD and FUH- CH)

**Who?**

**Clients ages  
18 years and  
older**

**Clients ages  
6 - 17**

**Why?**

**Measure of  
care  
coordination  
and follow-up**



# FUH-AD and FUH-CH Measures: Description and Source

- Percentage of discharges for clients ages 18 and older [6-17] 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:
  - Percentage of discharges for which the client received follow-up within 30 days after discharge
  - Percentage of discharges for which the client received follow-up within 7 days after discharge
- Source: CMS Medicaid Adult Core Set Measure (2023), derived from a measure stewarded by NCQA

# FUH-AD and FUH-CH Measure: Important for Demonstration CCBHCs

- Have a process to alert you if a client has been hospitalized for a mental health-related condition or intentional self-harm and know when they are being discharged.
- Have a process in place to ensure the client is seen for an outpatient follow-up visit within 7 days and, if not 7 days, within 30 days. Visits on the day of discharge are not counted (unlike for the follow-up after ED visit measures).
- The visit should be with a mental health provider and may be in an outpatient, community mental health center, intensive outpatient, or partial hospitalization setting; by telehealth or telephone; may include an observation visit, transitional care management, psychiatric collaborative care management, or electroconvulsive therapy.

# Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD and FUM- CH)

## Who?

Clients ages  
18 years and  
older

Clients ages  
6 to 17

## Why?

Measure of  
care  
coordination  
and follow-up

# FUM-AD and FUM-CH Measures: Description and Source

- Percentage of emergency department (ED) visits for clients ages 18 and older [6-17] with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness.
- Two rates are reported:
  - Percentage of ED visits for mental illness for which the client received follow-up within 30 days of the ED visit (31 total days)
  - Percentage of ED visits for mental illness for which the client received follow-up within 7 days of the ED visit (8 total days)

Source: CMS Medicaid Adult Core Set Measure (2023), derived from a measure stewarded by NCQA

# FUM-AD and FUM-CH Measure: Important for Demonstration CCBHCs

- Have a process to alert you if a client has been seen in the ED for mental illness or intentional self-harm.
- Have a process in place to ensure the client is seen for an outpatient follow-up visit within 7 days and, if not 7 days, within 30 days. Visits on the day of discharge are counted (unlike for the follow-up after hospitalization measure).
- The billing for the follow-up visit should have a principal diagnosis of a mental health disorder or intentional self harm. The visit may be with any practitioner who can bill for the service and may be in an outpatient, community mental health center, intensive outpatient, or partial hospitalization setting; by telehealth, telephone, or e-visit; may include an observation visit, transitional care management, psychiatric collaborative care management, or electroconvulsive therapy.

# Follow-Up After Emergency Department Visit For Substance Use (FUA-AD and FUA-CH)

**Who?**

**Clients ages  
18 years and  
older**

**Clients ages  
13 to 17**

**Why?**

**Measure of  
care  
coordination  
and follow-up**

# FUA-AD and FUA-CH Measures: Description and Source

- Percentage of emergency department (ED) visits for clients age 18 and older [13-17] 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:
  - Percentage of ED visits for which the client received follow-up within 30 days of the ED visit (31 total days)
  - Percentage of ED visits for which the client received follow-up within 7 days of the ED visit (8 total days)

Source: CMS Medicaid Adult Core Set Measure (2023), derived from a measure stewarded by NCQA

# FUA-AD and FUA-CH Measure: Important for Demonstration CCBHCs

- Have a process to alert you if a client has been seen in the ED for a substance use disorder (SUD) or drug overdose.
- Have a process in place to ensure the client is seen for an outpatient follow-up visit or pharmacotherapy dispensing event within 7 days and, if not 7 days, within 30 days. Visits on the day of discharge are counted (unlike for the follow-up after hospitalization measure).
- The billing for the follow-up visit may either have: (1) any diagnosis but with a mental health provider, or (2) any diagnosis of SUD, substance use, or drug overdose with any provider who can bill for the service in an appropriate setting. These visits may be in an outpatient, intensive outpatient, partial hospitalization, community mental health center, or non-residential substance abuse treatment facility setting; may be an observation visit; and may be by telehealth, telephone, or e-visit. Other visits that involve any diagnosis of SUD, substance use, or drug overdose may be a peer support service or an opioid treatment service that bills monthly or weekly. Other allowable services include a substance use or SUD service, a behavioral health screening or assessment for SUD or mental health disorders, or a pharmacotherapy dispensing event or medication treatment event.



# Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)

**Who?**  
Clients aged  
18 and older

**Why?**  
Initiation and  
engagement  
of SUD  
treatment

# IET-AD Measure: Description and Source

- Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:
  - **Initiation of SUD Treatment:** The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days.
  - **Engagement of SUD Treatment:** The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Source: CMS Medicaid Child Core Set Measure (2023), derived from a measure stewarded by NCQA

# IET-AD Measure: Important for Demonstration CCBHCs

- Build processes to facilitate ongoing care for individuals who are newly identified with SUD or enter a new episode of SUD, including:
  - An “initiation” visit within 14 days, and
  - Another, “engagement,” visit within 34 days of the initiation visit.
- The initial identification visit (pre-initiation) may be inpatient, outpatient, or in a range of other settings and often will be outside the CCBHC (e.g., ED, OTP). If it is inpatient, that also counts as the initiation visit that is required within 14 days. Otherwise, the initiation visit must not be on the same day as the identification event.
- Otherwise, initiation or engagement visits may be in an outpatient, intensive outpatient, partial hospitalization, non-residential substance abuse treatment facility, or a community mental health center; may be a telehealth, telephone, or e-visit/virtual check-in visit, a substance use disorder service, an observation visit, a weekly or monthly OTP service, an alcohol use disorder medication treatment dispensing event if the diagnosis is AUD, or an opioid use disorder medication treatment dispensing event if the diagnosis is OUD.
  - Medication treatment services must match the diagnosis category of the encounter that identified the new episode in order to count towards engagement.

# Plan All-Cause Readmissions (PCR-AD)

**Who?**  
Clients aged  
18 – 64 years

**Why?**  
Minimize  
unnecessary  
acute  
readmission

# PCR-AD Measure: Description and Source

- For clients ages 18 to 64, the number of acute inpatient and observation stays 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. Data are reported in the following categories:
  - Count of Index Hospital Stays (IHS)
  - Count of Observed 30-Day Readmissions
  - Count of Expected 30-Day Readmissions

Source: CMS Medicaid Adult Core Set Measure (2023), National Committee for Quality Assurance (NCQA)

# PCR-AD Measure: Important for Demonstration CCBHCs

- Build processes to help clients avoid unnecessary unplanned readmissions within 30-days of an initial acute inpatient or observation stay.
- The initial hospitalizations need not pertain to mental and substance use disorders, rather they may be for any cause. Thus, if a CCBHC client is hospitalized either for a physical or behavioral health, the provision of post-hospitalization support and follow-up may help prevent a repeat hospitalization.

# Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)

**Who?**  
Clients aged  
18 to 75  
years

**Why?**  
Assessment  
of physical  
health

# HBD-AD Measure: Description and Source

- Percentage of clients ages 18 to 75 with diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:
  - HbA1c control (<8.0%)
  - HbA1c poor control (>9.0%)
- Source: CMS Medicaid Adult Core Set Measure (2023), derived from a measure stewarded by NCQA



# HBD-AD Measure: Important for Demonstration CCBHCs

- Know which of your CCBHC's clients have diabetes and ensure that you include that diagnosis in their medical record.
- Monitor HbA1c levels, either within your CCBHC or coordinate with their primary care provider to ensure levels are being monitored.
- If monitoring internally, ensure that levels are appropriately recorded in the CCBHC's medical record for that individual, with the date of the test. If your state is using nonbillable codes to track these results, use those codes to track results. (See separate information in resources on identifying those codes in value sets. The value sets generally code based on whether the levels are <7%, ≥7%, ≥8%, ≤9%, or >9%.)
- As able to do so, provide supportive services to help them control their diabetes. If psychiatric medications may be contributing, work with the prescribing provider to understand how to help them, if that is possible.

# Patient Experience of Care Survey (PEC) & Youth/Family Experience of Care Survey (YFEC)

**Who?  
Adults,  
Youth &  
Their  
Families**

**Why?  
Assessment  
of client  
experience  
of care &  
services**

# PEC and YFEC Measures: Description and Source

- The PEC and YFEC measures use states' existing annual completion and submission of the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Experience of Care Survey and the Youth/Family Services Survey for Families (YSS-F) Experience of Care Survey, identifying results separately for CCBHCs and comparison clinics and oversampling those clinics.
- Source: Process for reporting for CCBHCs created by SAMHSA, using existing data collection process that is part of the state Mental Health Block Grants

# PEC and Y/FEC Measures: Important for Demonstration CCBHCs

- Work with your state, as they may request, to administer the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Experience of Care Survey and the Youth/Family Services Survey for Families (YSS-F) Experience of Care Survey. Your state may or may not seek your involvement.

# Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP- CH)\*

\*Optional for states

**Who?**  
Clients aged  
1-17 years

**Why?**  
Use of  
psychosocial care  
prior to  
medication in  
clinically  
appropriate  
circumstances

# APP-CH Measure: Description and Source

- Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.
- Source: CMS Medicaid Child Core Set Measure (2023), derived from a measure stewarded by NCQA

# APP-CH Measure: Important for Demonstration CCBHCs

- Build processes to ensure that children (ages 1-17 years) who are newly prescribed an antipsychotic medication:
  - Were treated first with appropriate psychosocial services at some point in the 90 days prior to the new prescription
  - Unless they meet any of the following criteria during the measurement year:
    - At least one acute inpatient encounter with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder during the measurement year.
    - At least two visits in an outpatient, intensive outpatient, or partial hospitalization setting, on different dates of service, with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder during the measurement year. Such visits may include ones at a community mental health center visit, electroconvulsive therapy, an observation visit, a telehealth or telephone visit, or an e-visit or virtual check-in.
    - They were in hospice during the measurement year.

# Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)\*

\*Optional for states

**Who?**  
Clients aged  
1-17 years

**Why?**  
Following key  
metabolic issues  
for youth on  
antipsychotic  
medications



# APM-CH Measure: Description and Source

- Percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:
  - Percentage of children and adolescents on antipsychotics who received blood glucose testing
  - Percentage of children and adolescents on antipsychotics who received cholesterol testing
  - Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing
- Source: CMS Medicaid Child Core Set Measure (2023), derived from a measure stewarded by NCQA

# APM-CH Measure: Important for Demonstration CCBHCs

- Have a process to monitor individuals (ages 1-17 for this measure) receiving antipsychotic medication.
- Monitor blood glucose and cholesterol for those individuals at least once a year, either within your CCBHC or coordinate with their primary care provider to ensure levels are monitored and that you are reliably informed of the results.
- Use appropriate codes to track monitoring. (See separate information in resources on identifying those codes in the value sets.)
- Ensure your medical team works internally, or closely with any outside primary care provider, to respond to problematic results.

# Comparative Measure Rates

# Medication-Related Measures: Rate Information

Measure Name	Rates Reported by State Medicaid Programs for all Eligible Medicaid Recipients in FFY 2022
Antidepressant Medication Management (AMM-AD)*	44 states reported acute phase rates between 46.0% to 85.5% and continuation phase rates between 18.9% to 65.0%
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)*	46 states reported rates between 30.7% to 80.9%
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	33 states reported rates between 27.3% to 51.5%
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) *	50 states reported initiation phase rates between 24.3% to 74.0% and 49 state reported continuation and maintenance phase rates between 4.0% to 100.0%

\*National Committee for Quality Assurance-stewarded measure. The NCQA HEDIS measure specifications have been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS*.

# Follow-up-Related Measures : Rate Information

Measure Name	Rates Reported by State Medicaid Programs for all Eligible Medicaid Recipients in FFY 2022
Follow-Up After Hospitalization for Mental Illness (FUH-CH and FUH-AD)*	46 states: adult rates of 7-day follow-up between 15.0% to 65.2% and of 30-day follow-up between 22.8% to 76.0%. 48 states: child rates of 7-day follow-up between 8.0% to 73.7% and of 30-day follow-up between 16.8% to 88.0%.
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-AD and FUA-CH)*	47 states: adult rates of 7-day follow-up between 3.3% to 54.3% and of 30-day follow-up between 5.8% to 59.8%. 25 states: child rates of 30-day follow-up between 1.8% to 50.0%.
Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD and FUM-CH)*	48 states: adult rates of 7-day follow-up between 3.5% to 77.4% and of 30-day follow-up between 12.4% to 84.4%. 40 states: child rates of 7-day follow-up between 5.4% to 88.8% and of 30-day follow-up between 11.5% to 91.9%.
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)*	45 states reported adult Initiation rates between 27.4% to 53.8% and Engagement rates between 4.9% to 28.2%
Plan All-Cause Readmissions Rate (PCR-AD)*	39 states reported Ratio of Observed All-Cause Readmissions to Expected Readmissions between 1.1245-0.8998 (lower is better)

53 \*National Committee for Quality Assurance-stewarded measure. The NCQA HEDIS measure specifications have been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS*

# Physical Health or Client Experience-Related Measures : Rate Information

Measure Name	Rates Reported by State Medicaid Programs for all Eligible Medicaid Recipients in FFY 2022
Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)*	Not in Core Set in FFY2022
Patient Experience of Care Survey (PEC)	Not applicable
Youth/Family Experience of Care Survey (YFEC)	Not applicable

\*National Committee for Quality Assurance-stewarded measure. The NCQA HEDIS measure specifications have been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS*.

# Youth Prescribed Antipsychotic Medication-Related Measures (optional for Demonstration states) : Rate Information

Measure Name	Rates Reported by State Medicaid Programs for all Eligible Medicaid Recipients in FFY 2022
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)*	47 states reported rates between 27.5% to 81.0%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)*	45 states reported rates between 16.5% to 63.5%

\*National Committee for Quality Assurance-stewarded measure. The NCQA HEDIS measure specifications have been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS*.

# Resources



# Resources

- [2024 Technical Specifications](#)
- [2024 Data Reporting Templates](#)
- [FFY 2024 Value Set Directories used in Centers for Medicare and Medicaid Adult Core Set Reporting](#)
- [FFY 2024 Value Set Directories used in Centers for Medicare and Medicaid Child Core Set Reporting](#)
- Sources of Comparative Rates:
  - [2022 Adult Core Set Chart Pack](#)
  - [2022 Child Core Set Chart Pack](#)

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# Thank You

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Direct **Quality Measure** Questions to:

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