

Certified Community Behavioral Health Clinics (CCBHC) Evaluation Manual

**Version 3
Updated 11/22/2019**

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Certified Community Behavioral Health Clinics (CCBHC) Demonstration

Certified Community Behavioral Health Clinics (CCBHC) was authorized in 2014 under Section 223 of the Protecting Access to Medicare Act (PAMA) Public Law Number 113-93, also known as the “Excellence in Mental Health Act”. Section 223 authorized a two-year demonstration program in up to eight states to improve community behavioral health services through the establishment and evaluation of certified community behavioral health clinics. CCBHC is an integrated behavioral health (outpatient mental health and substance use disorder) service delivery model using a cost based reimbursement structure. Minnesota was one of eight states selected to participate in the federal demonstration. Demonstration in Minnesota has been running since July 1, 2017.

The Excellence Act established the federal definition and criteria for CCBHC with the stipulation that CCBHCs may receive an enhanced Medicaid (MA) reimbursement rate based on their anticipated costs of care. The CCBHCs are responsible for directly providing or contracting with a Designated Collaborating Organization (DCO) to provide nine required services types, with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices (EBPs), care coordination, and integration with physical health care.

As a condition of participation in the federal pilot program, DHS is required to collect and report on encounter, clinical outcomes, and quality improvement data. The data reporting requirements are designed to ensure improved access to care and high-quality services. There are 22 federally required quality measures (including measures that are part of the CMS core set of measures) and eight Minnesota specific impact measures. CCBHCs also distribute annual consumer experience of care surveys.

Resources

- [Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics](#)
- [SAMHSA Section 223 Demonstration Program for Certified Community Behavioral Health Clinics](#)
- [SAMHSA Quality Measures](#)
- [When is a Person a CCBHC Consumer and Their Services Covered by the Demonstration?](#)
- [Questions and Clarifications About Specific Quality Measures](#)

About the Manual

This CCBHC Evaluation Manual contains guidelines for reporting on the CCBHC measures required as part of the CCBHC demonstration. The CCBHCs will submit quarterly consumer-level data and data for the nine clinic-led measures to the Minnesota Department of Human Services (DHS). DHS will be responsible for calculating the 13 state-led measures, which includes the two experience of care surveys. This manual is not the MHCP Provider Manual. The MHCP Provider Manual can be found here: [MHCP Provider Manual](#)

Consumer Level Data

This Evaluation Manual contains guidelines, data structure, and codes for reporting the CCBHC consumer-level data that conform to the confidentiality and privacy rules of the Health Insurance Portability and Accountability Act (HIPAA). Reported data are used to calculate the eight Minnesota-specific impact measures and the state-led Housing Status (HOU) measure. The CCBHCs are responsible for collecting and submitting the consumer-level data to the CCBHC Secure Data Portal. DHS will carry out the calculations for the measures.

Clinic-led Quality Measures

This Evaluation Manual contains guidelines and workflows for calculating and submitting data for the nine federally required clinic-led quality measures. The clinic-led measures are calculated by the CCBHCs at the CCBHC-level and are reported on the data reporting templates to DHS. DHS will submit the calculated clinic-led measures received from the CCBHCs to Substance Abuse and Mental Health Services Administration (SAMHSA).

State-led Quality Measures

This Evaluation manual does not contain guidelines for pulling the state-led measures since the state-led measures will be calculated by DHS and submitted to SAMHSA. DHS will share those metrics with the CCBHCs. Information is provided in this manual about the Patient Experience of Care Survey and Youth/Family Experience of Care Survey.

Experience of Care Surveys

There are two surveys that will be completed as part of this CCBHC demonstration: Patient Experience of Care Survey and Youth/Family Experience of Care Survey. DHS will use and expand the federal Mental Health Statistics and Improvement Program (MHSIP) surveys. Each CCBHC will receive and distribute at least 300 surveys to adults and at least 300 surveys to parents or guardians. Distribution modes include mail, email, hand-out, phone calls, and internet LINK to the surveys.

Reporting Schedule

Consumer-level data and Clinic-led quality measures

The CCBHCs have nine months after the end of each demonstration period to submit their annual quality measure data to DHS. However, to allow for quality checks throughout the demonstration, the CCBHCs will submit their consumer-level data and data reporting templates for the nine clinic-led quality measures on a quarterly and biannual basis. CCBHCs have 30 days from the end of each reporting period to submit their data. The quarterly reporting schedule for the CCBHCs to submit their data to DHS for quality checks will be as followed in Tables 1.1 and 1.2.

Table 1.1 CCBHC Data Reporting Schedule for Consumer Level Data (Quarterly)

	Dates of Service	Submission Date
Quarter 1	July 1 to September 30	October 21
Quarter 2	October 1 to December 31	January 31
Quarter 3	January 1 to March 31	April 30
Quarter 4	April 1 to June 30	July 31

Table 1.2 CCBHC Data Reporting Schedule for Clinic-Led Quality Measures (Year-to-date)

	Dates of Service	Submission Date
Quarter 1	July 1 to September 30	October 21
Quarter 2	October 1 to December 31	January 31
Quarter 3	January 1 to March 31	April 30
Quarter 4	April 1 to June 30	July 31

State-led quality measures

DHS will pull and calculate the state-led measures. DHS will report these metrics to the CCBHCs on a quarterly basis, if possible.

Experience of Care Surveys

DHS will provide an electronic survey LINK to the CCBHCs to embed into their websites and consumer portals for CCBHC consumers to complete electronically. DHS will also provide the CCBHCs with survey packs to hand-out to consumers that prefer to complete the survey by hand. The CCBHC survey packets include a paper survey, with an accompanying DHS privacy notification, introduction letter, and a DHS return-envelope.

How to Submit Data

Consumer Level Data

Logging into MN-ITS

Log in Here
You must be MHCPC-authorized. [MHCPC-authorized](#) and agree to these [Terms and Conditions](#).
Username:
Password:

MN-ITS requires strong [passwords](#)

Important Notices
Refer to the [Provider news and updates](#) for current messages about MN-ITS maintenance and availability.
• **Secure FTP Client users only** All FTP directories and sub-directories will retain data from the last 15 days only. These directories will be purged daily of data older than 15 days. Providers may also delete files from any FTP directory, including submitted files. If you think you may need data older than 15 days, you will need to save it to your own server. This affects only providers who submit and receive batch files through secure FTP clients. This does not affect files received through the MN-ITS mailbox.
• Providers who have not successfully completed 5010 syntax testing for MN-ITS Claim Status (276/277) must first do so in order to use the Claim Status transaction due to the CORE changes. Review the [5010 X12 Batch Transaction Guidelines](#).

MN-ITS Troubleshooting
• Use [MN-ITS Troubleshooting Guide](#) to resolve known MN-ITS related issues
• Windows 7 and 8 users with Internet Explorer 10: Follow the steps in [Compatibility View Settings](#) instructions of the guide, if the Mailbox optimizer dialogue box continually runs upon login
• You are unable to view or access your MN-ITS Menu options on the left menu after you log in

MN-ITS Administration
• [Registration](#)
• [User Administration](#)
• Delete and Disable in MN-ITS User Administration are now fully functional
• Within the MN-ITS User Administration function, select the MN-ITS Home logo at the top of the page to return to the MN-ITS menu options
• [MN-ITS User Manual](#)
• Sign up to get [email notices](#) of [Provider news and updates](#) and changes to your [MHCPC Provider Manual](#) sections.

What can I do here?
• Access other applications
• Verify eligibility
• Submit authorization requests
• Submit claims
• Copy, replace or void a claim you submitted previously
• Check claim status (paid or denied)
• Get your remittance advice (RA), authorization or service authorization (SA) letters, and other items in your [Mailbox](#)

NOTE: X12 files are accepted, but not processed on Mondays between 5:30 AM and 4:30 PM

Scheduled Downtimes
Every Sunday:
6:00 a.m. - 12:00 p.m.
6:00 p.m. - 1:00 a.m.
Every Monday and Wednesday:
6:00 a.m. - 10:15 a.m.
Thursdays of Payment Week:
10:00 a.m. - 10:15 a.m.
Saturdays following Cut-off:
6:00 p.m. - 7:30 p.m.

Related Pages
• [Troubleshooting Guide](#)
• [MHCPC Payment & Claim Cut-off Calendars](#)
• [MHCPC Fee Schedule](#)
• [Provider Training](#)
• [Provider Updates](#)
• [Provider Website](#)
• [Sign Up for Email Lists](#)

Related Links
• [Washington Publishing Company](#)
• [NDC Search](#)

Questions or Comments?
• [Contact Us](#)

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- The CCBHC portal can be accessed by logging into the [MN-ITS portal](#)
- This is the same portal that you login to get into MHIS.
- If you are not an admin, you will need to have the admin user give you access.
- The admin user can give access by following these instructions:
 1. Click on the “User Administration” link on the left side when they first sign into MN-ITS
 2. Search for the person you want to give access to in your organization
 3. Select the person you want in the User Id column
 4. Check the “Certified Community Behavioral Health Clinic” in the “Application/Forms/List
 5. Submit your change
 6. They should see it in the MN-ITS menu within 45 minutes or sooner.

CCBHC Secure Portal

Once the user logs in to MN-ITS and they have access to the CCBHC portal, the CCBHC link will appear in their menu on the left side

Mailbox
User Administration
User Guides
CCBHC
Last Check

MN-ITS
Your access to MN-ITS functions and applications (on the left menu) MN-ITS Administrator with questions. These functions listed below r

Eligibility Request (270)
Look up subscriber eligibility and coverage and receive an Eligibility Resp

Authorization Request (276)
Create and submit authorization requests.

Service Agreement Request (278)
Create and submit service agreement requests.

Submit Transactions
Submit and view history for X12 production batch, X12 test batch and mix

Submit DDE Claims (837)
Submit claims directly to MHCPC.

Request Claim Status (276)
Check the status of a submitted claim.

Batch Submitters
Refer to [5010X12](#)

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CCBHC Secure Portal Overview

Once you click on the CCBHC link, it will bring you to this window. Here, you can pick one where you want to upload your data.

Select	Provider Name	NPI	Provider Address	Provider City	Provider Zip Code	Provider Taxonomy
Select	WILDER CHILDREN AND FAMILY SERVICES	1548337355		ST PAUL	551044636	
Select	WILDER CHILDREN AND FAMILY SERVICES	1548337355		ST PAUL		261QM0801X
Select	WILDER CHILDREN AND FAMILY SERVICES	1548337355		ST PAUL	551044636	261QM0801X

Once you select one of the options, it will bring you to this screen where you can upload your file.

- Please verify that the NPI and the name of your organization is correct.

NPI: 1548337355 Taxonomy: 261QM0801X Zip Code: 551044636

To submit data for CCBHC Quarterly Report, please browse for your file then click Submit.

. File name format is: NPI_CCBHC_YYYYMM_yyyyMMdd.csv. "NPI" is your NPI number; "YYYYMM" is the last month of the quarter for the reporting period; "yyyyMMdd" is the date submitted.
 . File name can only be used once and the file has to have an extension of csv or CSV.
 . Example of name of file: 1548337355_CCBHC_201709_20171015.csv.

Provider Name: WILDER CHILDREN AND FAMILY SERVICES
 Quarter: * ** Select **
 Choose File: * Browse...

The CCBHC Secure Portal have 3 tabs: Home, Upload, and Resources

Home Upload Resources

CCBHC Reporting System

NPI: 1548337355 Taxonomy: 261QM0801X Zip Code: 551044636

To submit data for CCBHC Quarterly Report, please browse for your file then click Submit.

. File name format is: NPI_CCBHC_YYYYMM_yyyyMMdd.csv. "NPI" is your NPI number; "YYYYMM" is the last month of the quarter for the reporting period; "yyyyMMdd" is the date submitted.
 . File name can only be used once and the file has to have an extension of csv or CSV.
 . Example of name of file: 1548337355_CCBHC_201709_20171015.csv.

Provider Name: WILDER CHILDREN AND FAMILY SERVICES
 Quarter: * ** Select **
 Choose File: * Browse...

Data Submission

Please pay close attention to the bullet points here.

- The name format is listed here. It must be in this format in order for your file to be uploaded.

DEPARTMENT OF HUMAN SERVICES

Home Upload Resources

CCBHC Reporting System

NPI: 1548337355 Taxonomy: 261QM0801X Zip Code: 551044636

To submit data for CCBHC Quarterly Report, please browse for your file then click Submit.

- . File name format is: NPI_CCBHC_YYYYMM_yyyyMMdd.csv. "NPI" is your NPI number; "YYYYMM" is the last month of the quarter for the reporting period; "yyyyMMdd" is the date submitted.
- . File name can only be used once and the file has to have an extension of csv or CSV.
- . Example of name of file: 1548337355_CCBHC_201709_20171015.csv.

Provider Name: WILDER CHILDREN AND FAMILY SERVICES

Quarter: * **** Select ****

Choose File: * Browse...

If the name is not in the right format, you will get an error when you submit your data. The file name is important because it helps us keep track of files that are submitted and that the correct file is uploaded into the right reporting period.

DEPARTMENT OF HUMAN SERVICES

Home Upload Resources

CCBHC Reporting System

NPI: 1548337355 Taxonomy: 261QM0801X Zip Code: 551044636

To submit data for CCBHC Quarterly Report, please browse for your file then click Submit.

- . File name format is: NPI_CCBHC_YYYYMM_yyyyMMdd.csv. "NPI" is your NPI number; "YYYYMM" is the last month of the quarter for the reporting period; "yyyyMMdd" is the date submitted.
- . File name can only be used once and the file has to have an extension of csv or CSV.
- . Example of name of file: 1548337355_CCBHC_201709_20171015.csv.

The file name you are uploading is CCBHC consumer level Dummy data Q1.csv

The file name is not in the correct format NPI_CCBHC_YYYYMM_yyyyMMdd.

Provider Name: WILDER CHILDREN AND FAMILY SERVICES

Quarter: * **Quarter 1 - 7/1/2017 to 9/30/2017** Last report submission date for this quarter is: 10/31/2017

Choose File: * Browse...

DEPARTMENT OF HUMAN SERVICES

Home Upload Resources

CCBHC Reporting System

NPI: 1548337355 Taxonomy: 261QM0801X Zip Code: 551044636

To submit data for CCBHC Quarterly Report, please browse for your file then click Submit.

- . File name format is: NPI_CCBHC_YYYYMM_yyyyMMdd.csv. "NPI" is your NPI number; "YYYYMM" is the last month of the quarter for the reporting period; "yyyyMMdd" is the date submitted.
- . File name can only be used once and the file has to have an extension of csv or CSV.
- . Example of name of file: 1548337355_CCBHC_201709_20171015.csv.

The file name you are uploading is 999999999_CCBHC_201710_20171013.csv

The NPI number in the file name does not match your account.
The YYYYMM part of the file name should be the last month of the quarter for the reporting period.
The yyyyMMdd part of the file name should be the date submitted.

Provider Name: WILDER CHILDREN AND FAMILY SERVICES

Quarter: * **Quarter 1 - 7/1/2017 to 9/30/2017** Last report submission date for this quarter is: 10/31/2017

Choose File: * Browse...

If you upload a file that is not CSV, you will get the following error.

The screenshot shows the CCBHC Reporting System interface. At the top left is the logo for the Minnesota Department of Human Services. Below the logo is a navigation bar with buttons for Home, Upload, and Resources. The main content area is titled "CCBHC Reporting System" and displays the following information:

- NPI: 1548337355 Taxonomy: 261QM0801X Zip Code: 551044636
- To submit data for CCBHC Quarterly Report, please browse for your file then click Submit.
- . File name format is: NPI_CCBHC_YYYYMM_yyyyMMdd.csv. "NPI" is your NPI number; "YYYYMM" is the last month of the quarter for the reporting period; "yyyymmdd" is the date submitted.
- . File name can only be used once and the file has to have an extension of csv or CSV.
- . Example of name of file: 1548337355_CCBHC_201709_20171015.csv.
- The file name you are uploading is 1548337355_CCBHC_201709_20171024.xlsx
- Only .csv files are allowed!
- Provider Name: WILDER CHILDREN AND FAMILY SERVICES
- Quarter: * Quarter 1 - 7/1/2017 to 9/30/2017 Last report submission date for this quarter is: 10/31/2017
- Choose File: * [Browse...]
- [Upload File]

When you are ready to upload your file, select the quarter from the Quarter drop down list. Then click Browse to select your file.

NOTE: The file should not have a header row.


If the file has no errors and was successfully uploaded, the screen will say so.

The screenshot shows the CCBHC Reporting System interface after a successful upload. The layout is identical to the previous screenshot, but with the following changes:

- The file name you are uploading is 1548337355_CCBHC_201709_20171024.csv
- Your data has been successfully submitted. There were 250 rows in the file you uploaded.
- Quarter: * Quarter 1 - 7/1/2017 to 9/30/2017 Last report submission date for this quarter is: 10/31/2017
- [Upload File]

At this point you are done and can exit the application by closing your tab and logging out of MN-ITS. Your data gets stored into the database and will be moved into the data warehouse where DHS will be able to retrieve the data from.

However, if there are errors in your file, the screen will display what your errors are. You can export the errors by clicking on the “Export Errors” button.

Certified Community Behavioral Health Clinics Reports

HomeUploadResources

CCBHC Reporting System

NPI: A342517700 Taxonomy: N/A Zip Code: N/A

To submit data for CCBHC Quarterly Report, please browse for your file then click Submit.

- . File name format is: NPI_CCBHC_YYYYMM_yyyyMMdd.csv. "NPI" is your NPI number; "YYYYMM" is the last month of the quarter for the reporting period; "yyyyMMdd" is the date submitted.
- . File name can only be used once and the file has to have an extension of csv or CSV.
- . Example of name of file: 1548337355_CCBHC_201709_20171015.csv.

The file name you are uploading is A342517700_CCBHC_201709_20180109.csv

- Received Peer Service is required in Row 4 and Column R
- Received Telemedicine Service is required in Row 4 and Column S
- Gender is required in Row 5 and Column E
- PMIN is required in Row 10 and Column B
- Other Consumer ID is required in Row 10 and Column C
- Date Of Birth is required in Row 10 and Column D
- Date of First CCBHC Contact for new consumer is required in Row 12 and Column N
- Gender is required in Row 20 and Column E
- CCBHC Start Date for current consumer is required in Row 24 and Column M
- Consumer Status is required in Row 24 and Column P

Provider Name: N/A

Quarter: * Last report submission date for this quarter is: 10/31/2017

Choose File: *

Go back into your original excel file, fix the errors, save and submit a new CSV file. You can also access instructions on how to make corrections to your CSV file by clicking on the Resources tab and the link “Instructions for Retaining Leading Zeroes in CSV File”.

Clinic-led Quality Measures

The Clinic-led measures are calculated at the CCBHC-level and are reported on the [data reporting templates](#). Please complete the corresponding tab for each of the nine required quality measures and email directly to DHS. You can email your completed templates to [Ma Xiong](#)

Consumer-Level Data Elements

Reported consumer-level data elements are used to calculate the eight Minnesota-specific impact measures and the state-led Housing Status (HOU) measure. The CCBHCs are responsible for collecting and submitting the consumer-level data to the secure portal. DHS will carry out the calculations for the measures. Please see [Appendix A](#) for a list of the impact measures. The CCBHCs will submit reports to DHS based on the schedule in [Table 1.1](#).

Batch Record

Batch file will be a text file in a comma delimited (CSV) format.

- Name the file as: NPI_CCBHC_YYYYMM_20171015.CSV (comma delimited)
- Remember "YYYYMM" is the last month of the quarter for the reporting period.
- Remember to use all capital letters and date should be the date submitted
- File name can only be used once and the file has to have an extension of CSV

The following tables provide information on Field Number, Field Length, Field Type, and Format.

Table 2. Consumer-Level Data Record Fields Layout

CONSUMER-LEVEL DATA RECORD FIELDS - REQUIRED FOR EACH CONSUMER RECEIVING CCBHC SERVICE

FIELD NAME	FIELD #	FORMAT	BRIEF DESCRIPTION
NPI/UMPI	1	X(10)	Unique identifier of the clinic (used for CCBHC billing)
PMIN (MN MHCP Consumer ID)	2	X(8)	Unique MHCP Consumer identifier of the Consumer – leads with zeros
Other Consumer ID	3	X(12)	Unique clinic identifier of the Consumer for Consumers without PMIN - lead with zeros
Date of Birth	4	X(10)	Identifies the date the Consumer was born (MM/DD/YYYY)
Gender	5	X(1)	Identifies the gender of the Consumer as Consumer self-identifies
Race	6	X(5)	Identifies the race of the Consumer- Up to 5 race codes
Ethnicity	7	X(1)	Identifies whether the Consumer is of Hispanic origin or not
Health Insurance status	8	X(1)	Health Insurance Status at Status date. CCBHCs should update and pull this information on quarterly basis.
Housing/residential status	9	X(2)	Residential Status at Status Date. CCBHCs should update and pull this information on quarterly basis.
Consumer's Preferred Language (Primary)	10	X(2)	Identifies the primary language of the Consumer
Consumer's Preferred Language (Secondary)	11	X(2)	Identifies the secondary language of the Consumer
Veteran/Military Status	12	X(1)	Identifies if the Consumer is a Veteran or is in Active Duty status at 1st CCBHC service

FIELD NAME	FIELD #	FORMAT	BRIEF DESCRIPTION
CCBHC Start Date for Current Consumer	13	X(10)	Identifies the date a current Consumer received first CCBHC service (MM/DD/YYYY) after 7/1/17.
Date of First CCBHC Contact for new Consumer	14	X(10)	Identifies the date a new Consumer had first contact with the CCBHC (MM/DD/YYYY) after 7/1/17
Date of Initial Evaluation for New Consumer	15	X(10)	Identifies the date a new Consumer received their Initial Evaluation (MM/DD/YYYY) after 7/1/17
Consumer Status	16	X(2)	Indicates the Consumer's CCBHC status at the time of reporting. CCBHCs should update and pull this information on quarterly basis.
Date of Consumer Status	17	X(10)	Indicates the date of the Consumer's CCBHC status.
Received Peer Service	18	X(1)	Whether Consumer received some Peer Service in CCBHC as of status date : Yes=1; No=0
Received Telemedicine Service	19	X(1)	Whether Consumer received some Telemedicine Service in CCBHC as of status date: Yes=1; No=0

Table 3. Consumer-Level Data Codes

CONSUMER-LEVEL DATA CODES

FIELD NAME	FIELD #	CODES
Gender	5	1 - Men 2 - Women 3 - Other 9 – Unknown
Race	6	1 - American Indian or Alaska Native 2 - Asian 3 - Native Hawaiian or Pacific Islander 4 - Black or African American 5 - White 8 - More than one race 9 - Unknown
Ethnicity	7	1 - Not Hispanic or Latino 6 - Hispanic or Latino 9 - Unknown
Health Insurance status	8	1 - Medicaid (Medical Assistance) 2 - CHIP (Title 21 Eligible Enrollee) 3 - Medicare 4 - Medicare and Medicaid Dually-Eligible 5 - VHA/TRICARE 6 - Commercially insured 7 - Uninsured 8 - Other
Housing/residential status	9	01 - Homeless 02 - Foster Home 03 - Residential Care 04 - Crisis Residence 05 - Institutional 06 - Jail/Correctional Facility 11 - Private Residence - independent living 12 - Private Residence - dependent living 13 - Other residential status 14 - Board & Lodge 15 - Nursing Facility, including boarding care 16 - Hospital 17 - Regional Treatment Center 18 - Children's Residential Treatment Facility 19 - Detox and/or withdrawal management facility 97 - Unknown

FIELD NAME	FIELD #	CODES
Consumer's Preferred Language	10,11	00 - English 01 - Spanish 02 - Hmong 03 - Vietnamese 04 - Khmer 05 - Laotian 06 - Russian 07 - Somali 08 - ASL (American Sign Language) 09 - Amharic 10 - Arabic 11 - Serbo-Croatian 12 - Oromo 13 - Tigrinya 14 - Burmese 15 - Cantonese 16 - French 17 - Mandarin 18 - Swahili 19 - Yoruba 20 - Korean 21 - Karen 97 - Unknown 98 - Other Non-English 99 - Missing
Veteran/Military Status	12	1 - Neither 5 - Active Duty Military 6 - Prior Military Service/Veteran
Consumer Status	16	01 - New Consumer (not served in CCBHC in last 6 months) 02 - Continuing Consumer (currently receiving CCBHC services) 03 - Intervention Episode 11 - Consumer completed treatment 12 - Transferred to same level of service 13 - Transferred to higher level of service 14 - Transferred to lower level of service 21 - Consumer moved or relocated 22 - No contact with Consumer 32 - Consumer was incarcerated, Jail 41 - Death-suicide 43 - Death—not suicide or unknown (unknown cause) 62 - Other specified reasons
Received Peer Service	18	0 - No 1 - Yes
Received Telemedicine Service	19	0 - No 1 - Yes

Clinic-Led Quality Measures

The CCBHCs are responsible for collecting and reporting on the nine federally required Clinic-led quality measures identified in Table 4. The Clinic-led measures are calculated at the CCBHC-level and are reported on the [data reporting templates](#) to DHS. DHS will submit the calculated Clinic-led measures received from the CCBHCs to SAMHSA. The CCBHCs have nine months after the end of each demonstration year to submit the nine Clinic-led measures to DHS to submit to SAMHSA. However, to conduct quality checks throughout the demonstration, the CCBHCs will submit reports to DHS based on the schedule in [Table 1.2](#).

Table 4. Clinic-Led Quality Measures

Measure Name	Measure Steward	NQF #	CCBHC Quality Bonus Measure	Manual Page*
Time to Initial Evaluation (I-EVAL)	SAMHSA	NA		page 30
Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)	CMS	421		page 44
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-BH)	NCQA	24		page 50
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	AMA-PCPI	28		page 66
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	AMA-PCPI	2152		page 69
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)	AMA-PCPI	1365	Federal Required	page 74
Major Depressive Disorder: Suicide Risk Assessment (SRA-A)	AMA-PCPI	104	Federal Required	page 82
Screening for Clinical Depression and Follow-Up Plan (CDF-BH)	CMS	418	MN Optional	page 91
Depression Remission at Twelve Months (DEP-REM-12)	Minnesota Community Measurement	710		page 95

*The Technical Specifications Manual can be found on [SAMHSA's webpage](#)

The following pages provide flow charts for the nine Clinic-led quality measures. SAMHSA has also provided a document on [Questions and Clarifications about Specific Quality Measures](#).

Time to Initial Evaluation

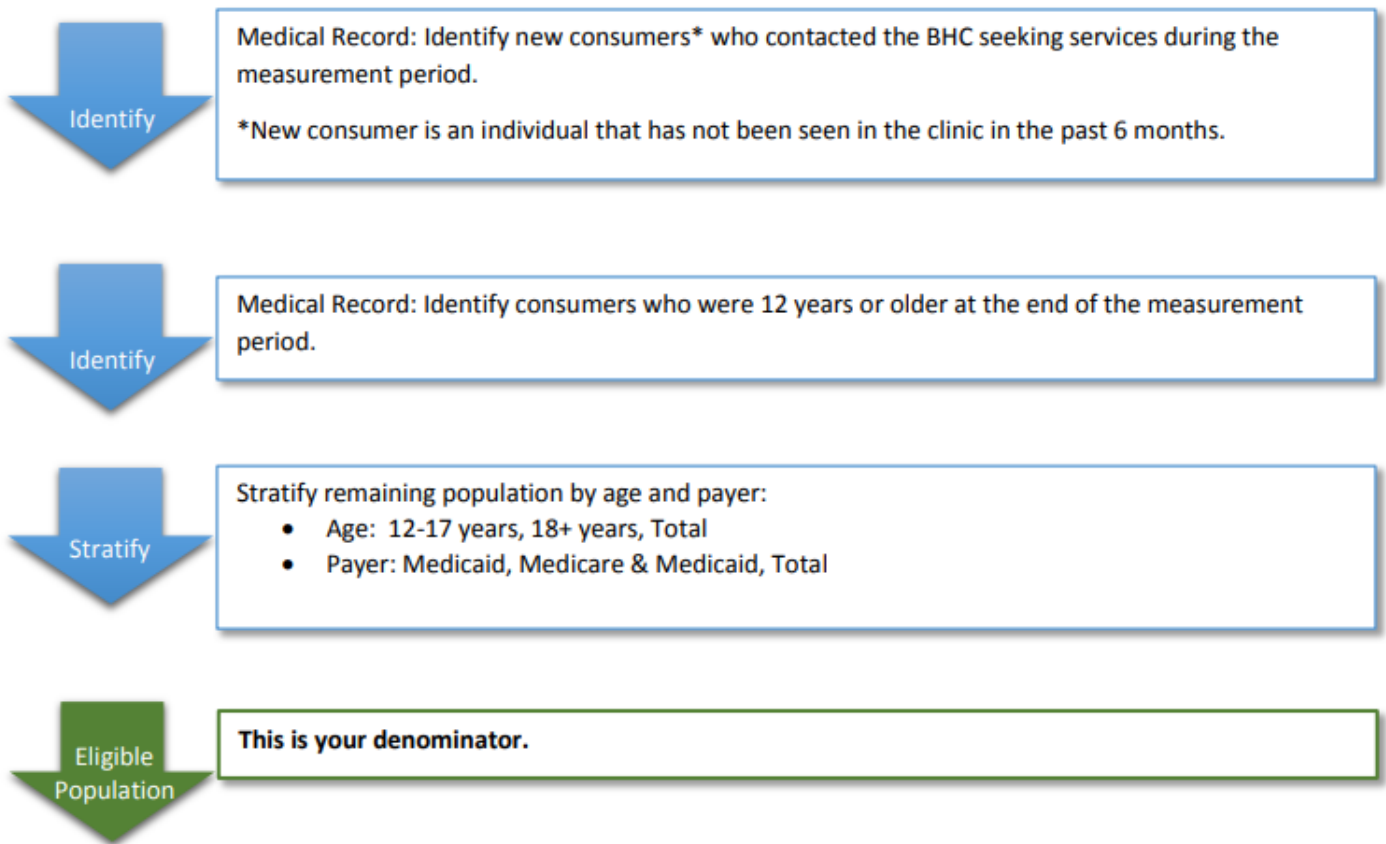
Description

- **Metric 1:** The percentage of new consumers with initial evaluation provided within 10 business days of first contact
- **Metric 2:** The mean number of days until initial evaluation for new consumers.

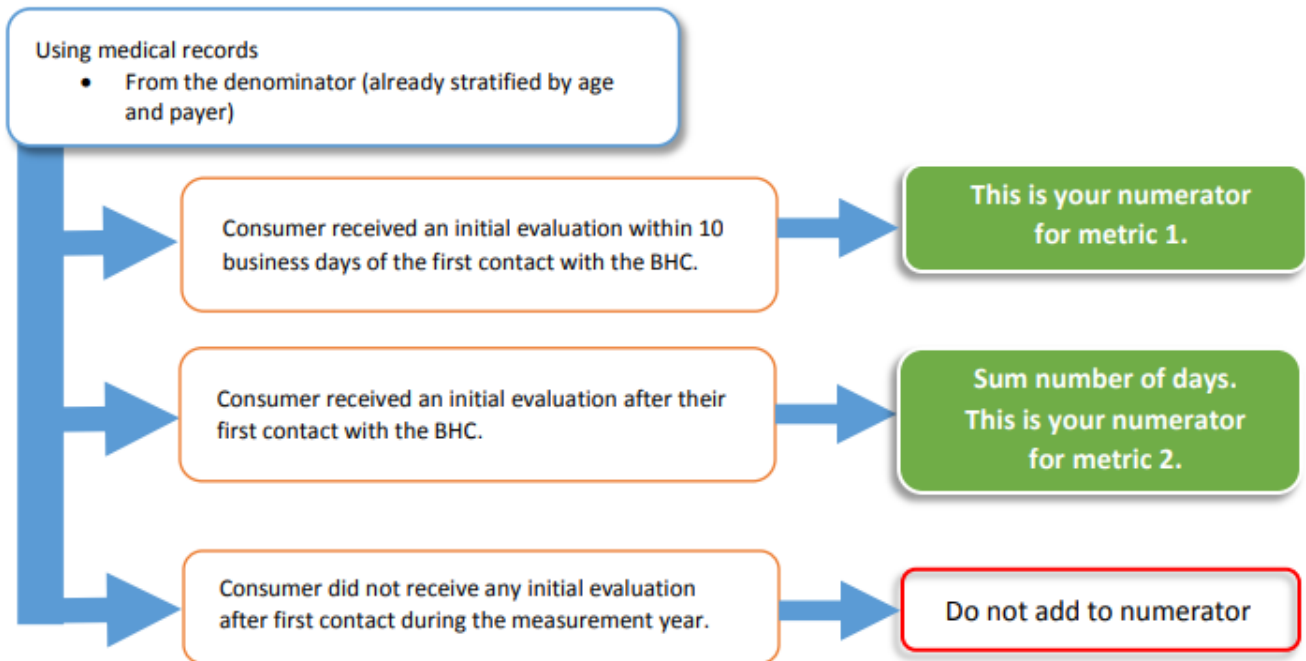
Measurement Period

- Denominator: Measurement year excluding last 30 days and including the 6 months preceding the measurement year.
- Numerator: Measurement year.

Denominator Calculation



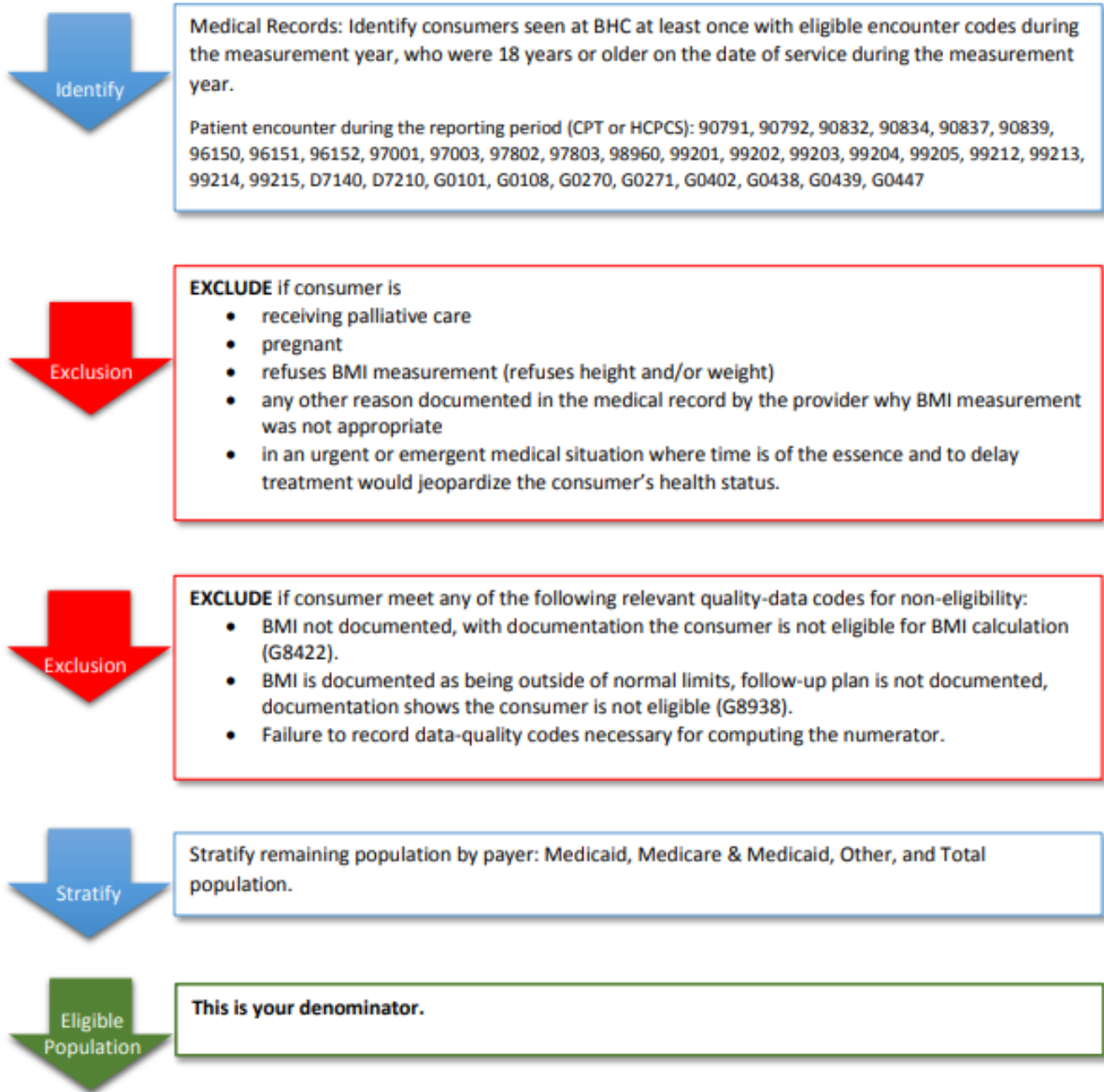
Numerator Calculation



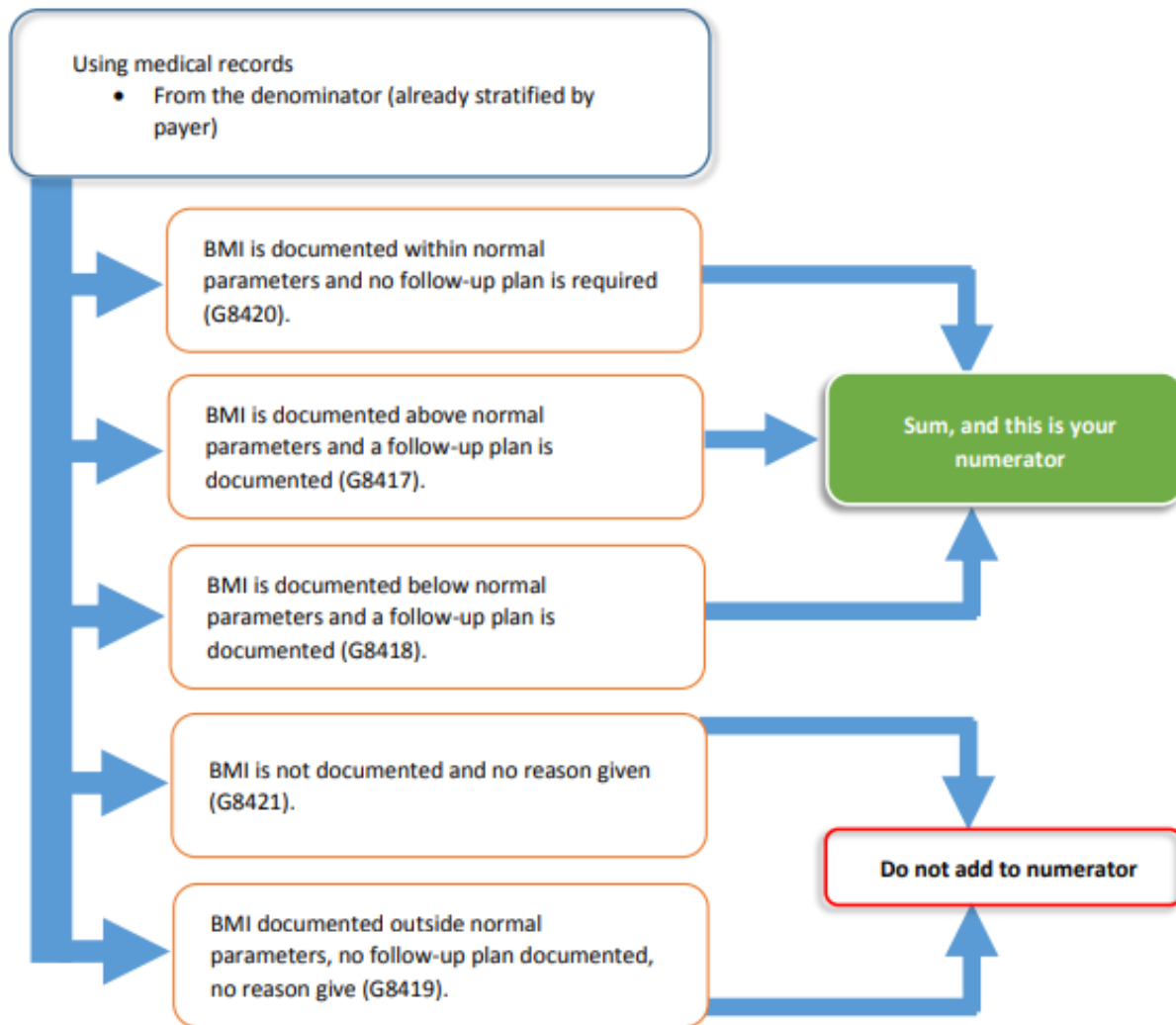
Preventive Care & Screening: Body Mass Index (BMI) Screening & Follow-Up (BMI-SF)

Description: Percentage of consumers aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter.

Denominator Calculation



Numerator Calculation

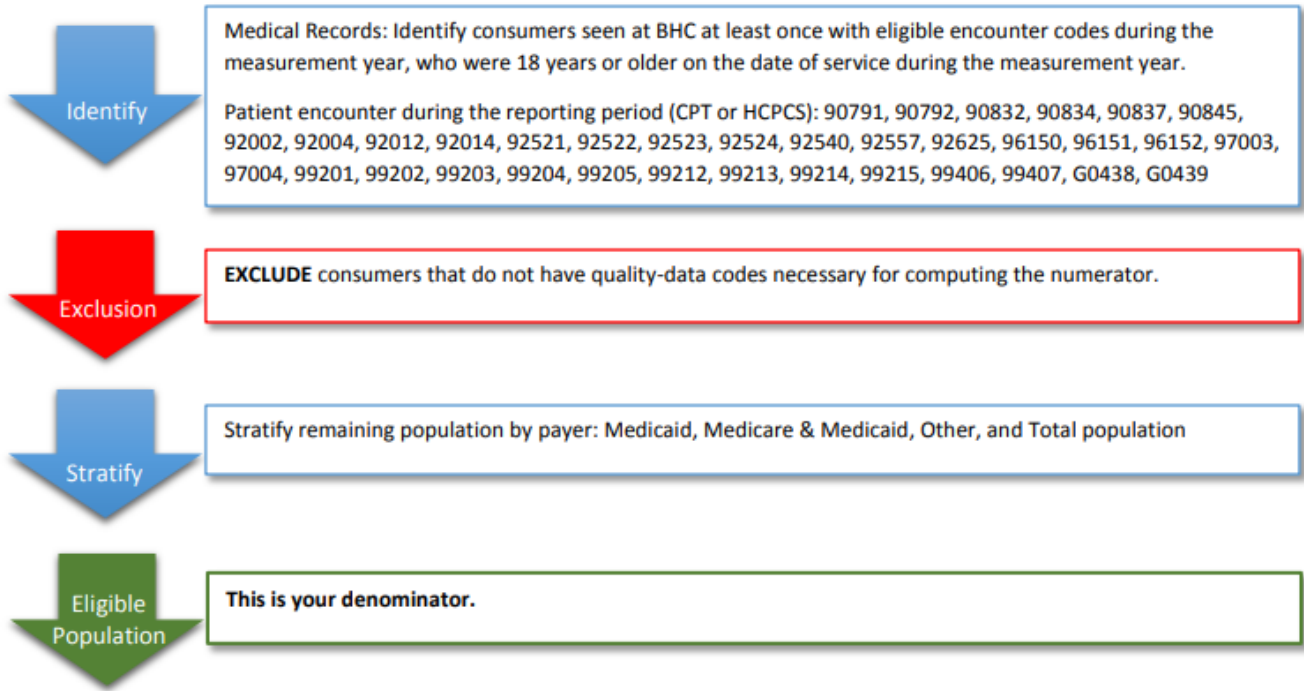


Note: The BMI must be documented during the encounter or during the previous six months.

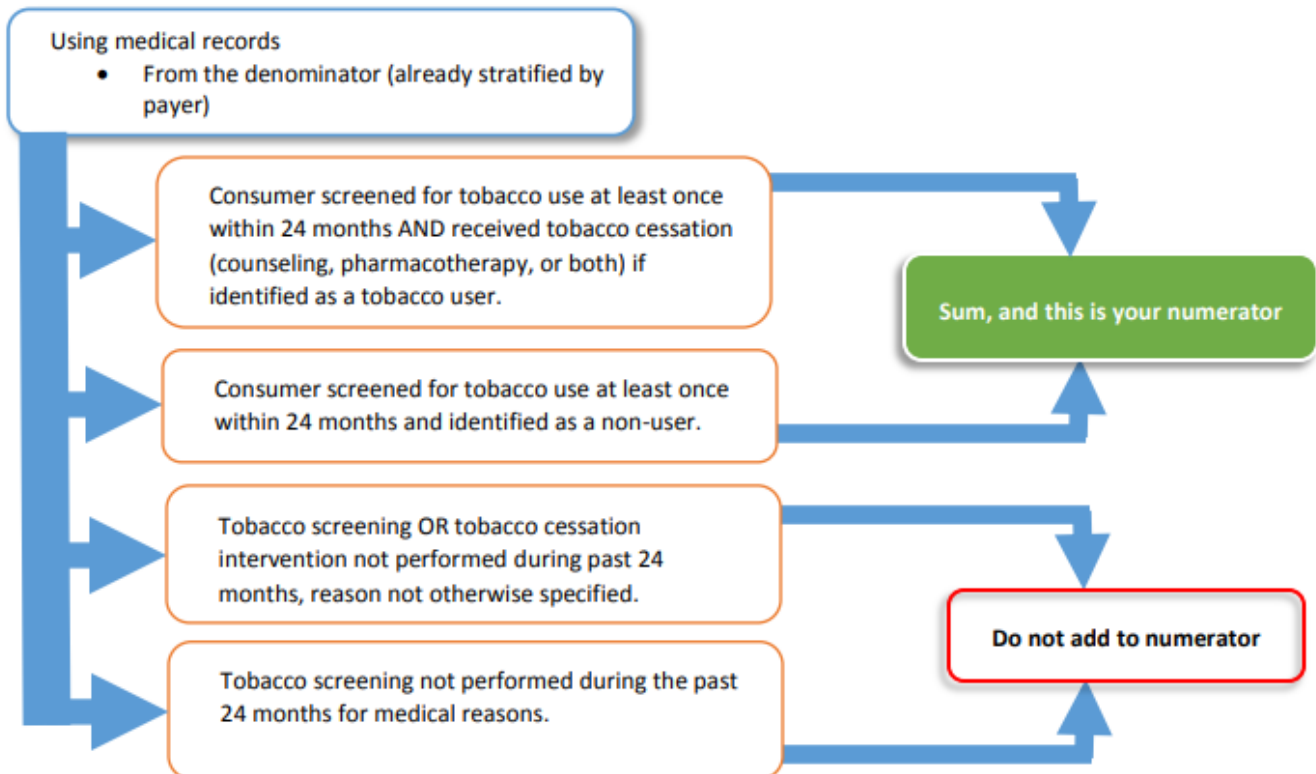
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)

Description: Percentage of consumers aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as tobacco user.

Denominator Calculation



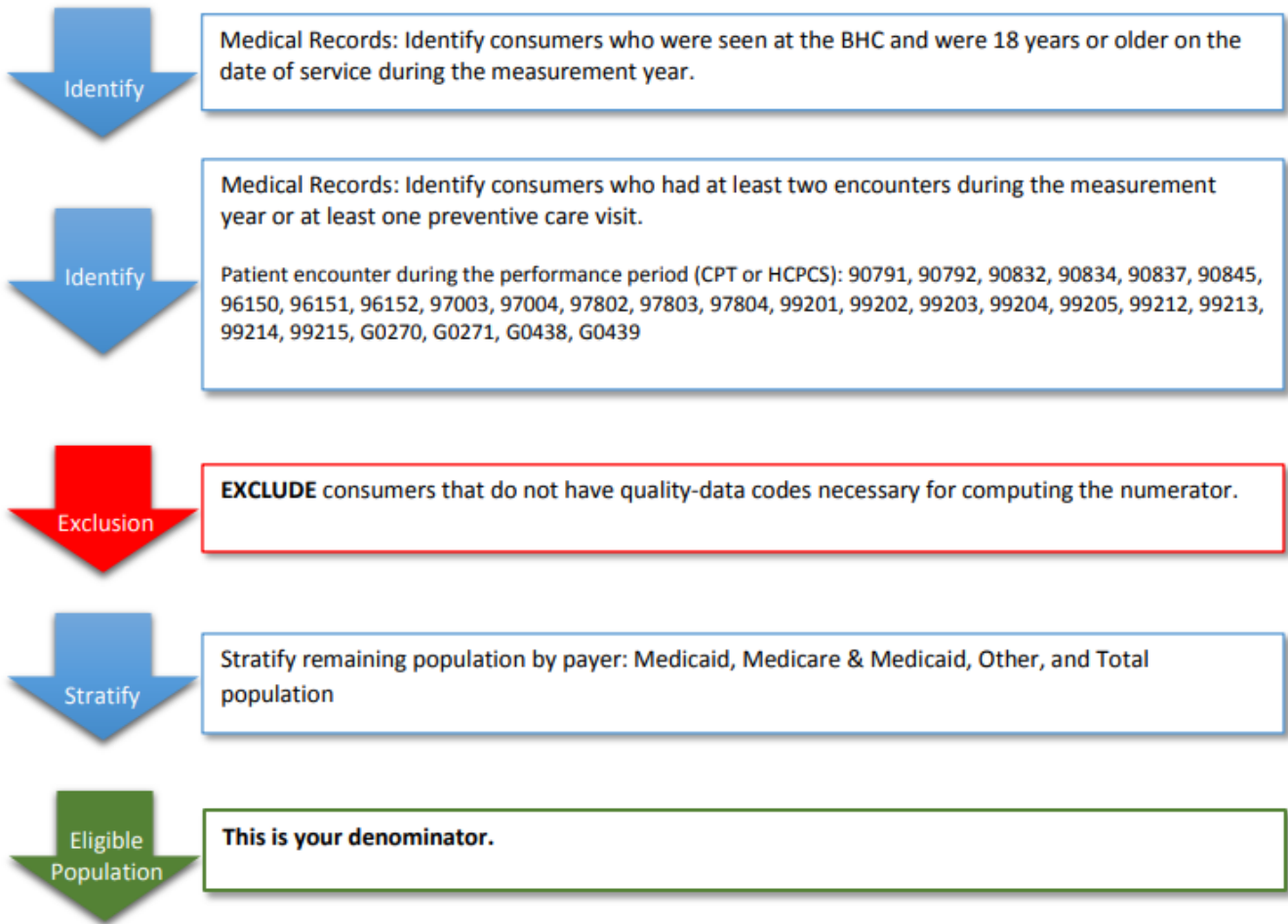
Numerator Calculation



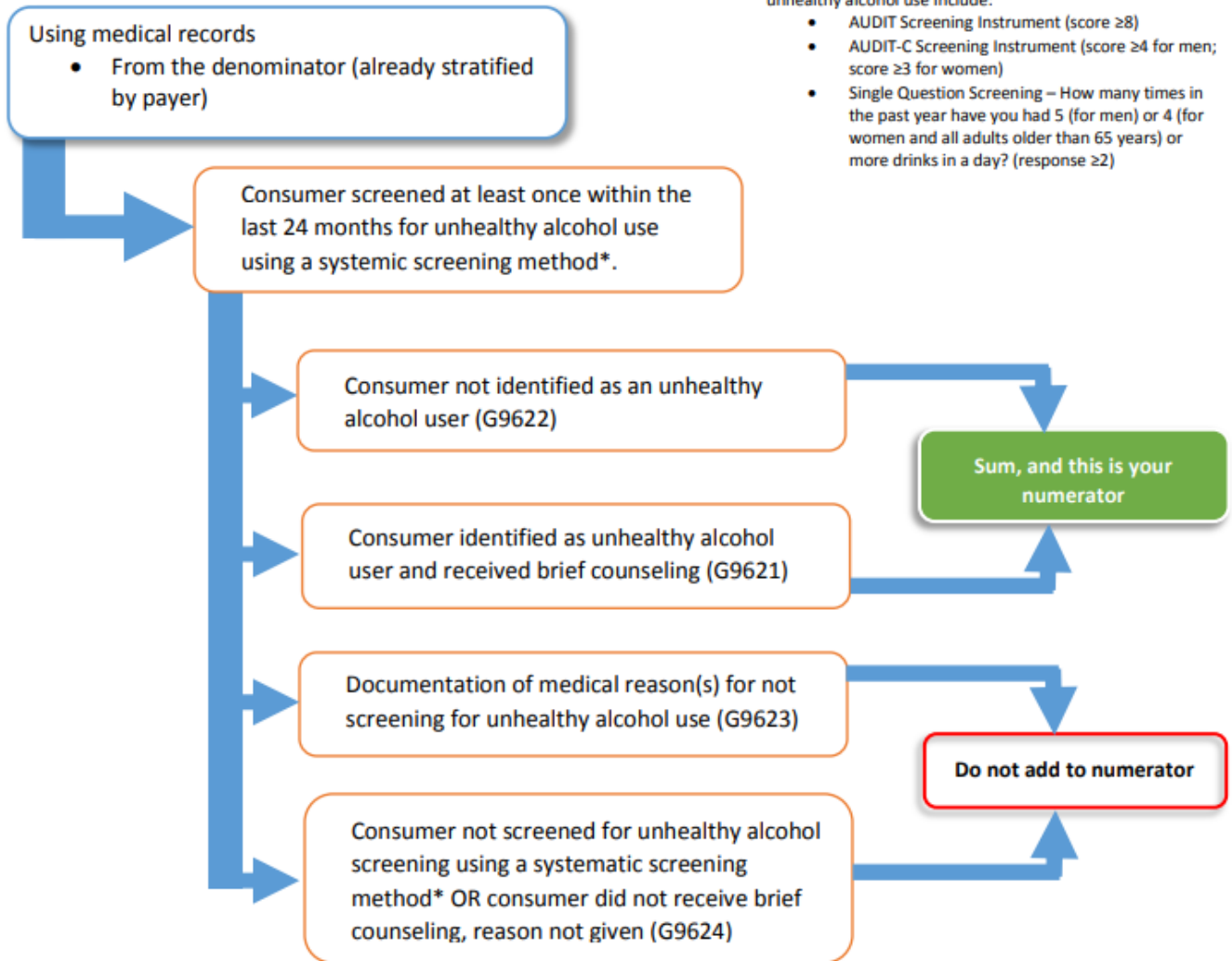
Preventive Care & Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)

Description: Percentage of consumers aged 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.

Denominator Calculation



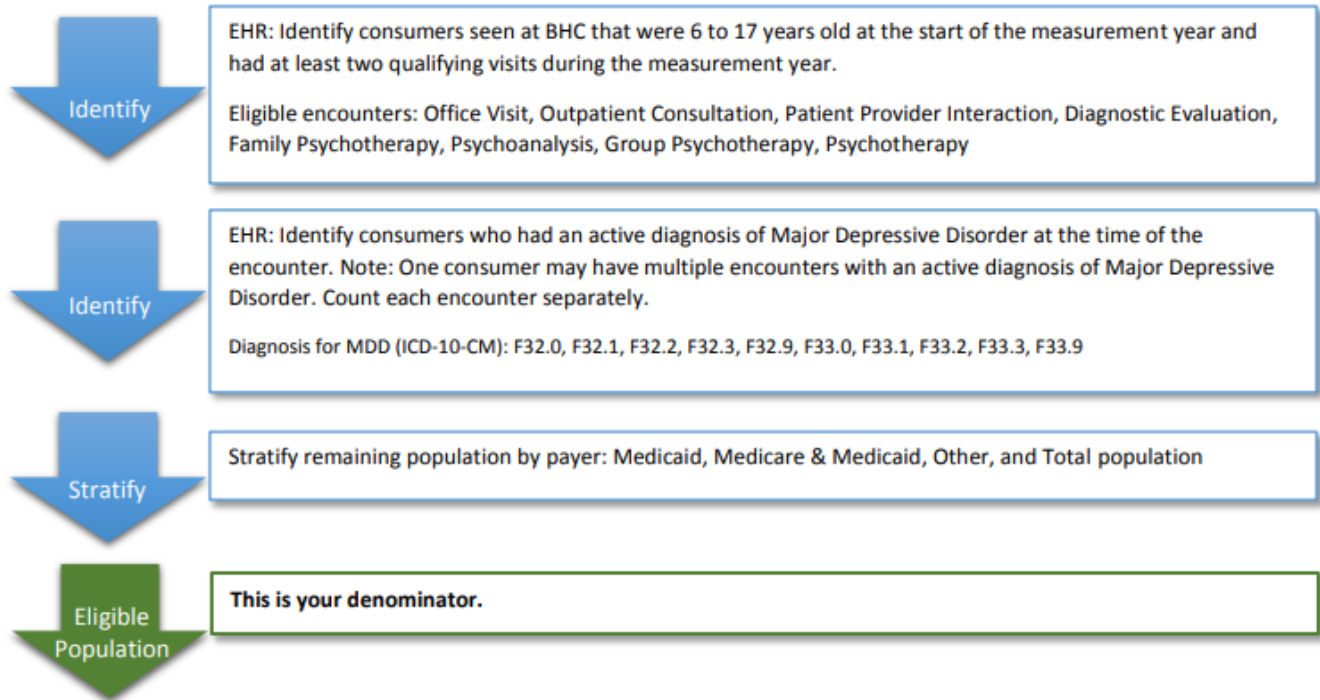
Numerator Calculation



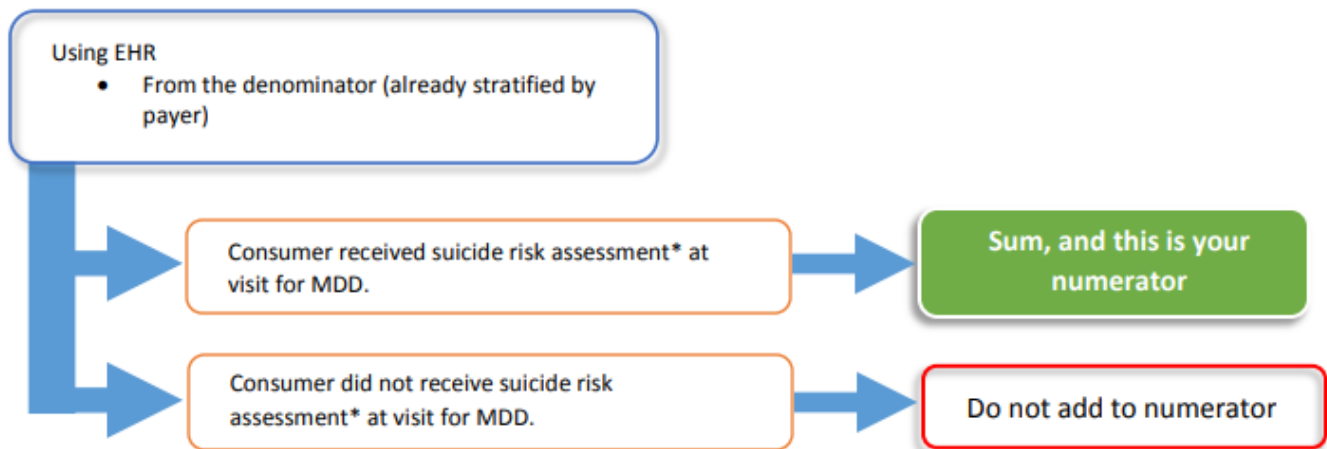
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)

Description: Percentage of consumer visits for those consumers aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

Denominator Calculation



Numerator Calculation



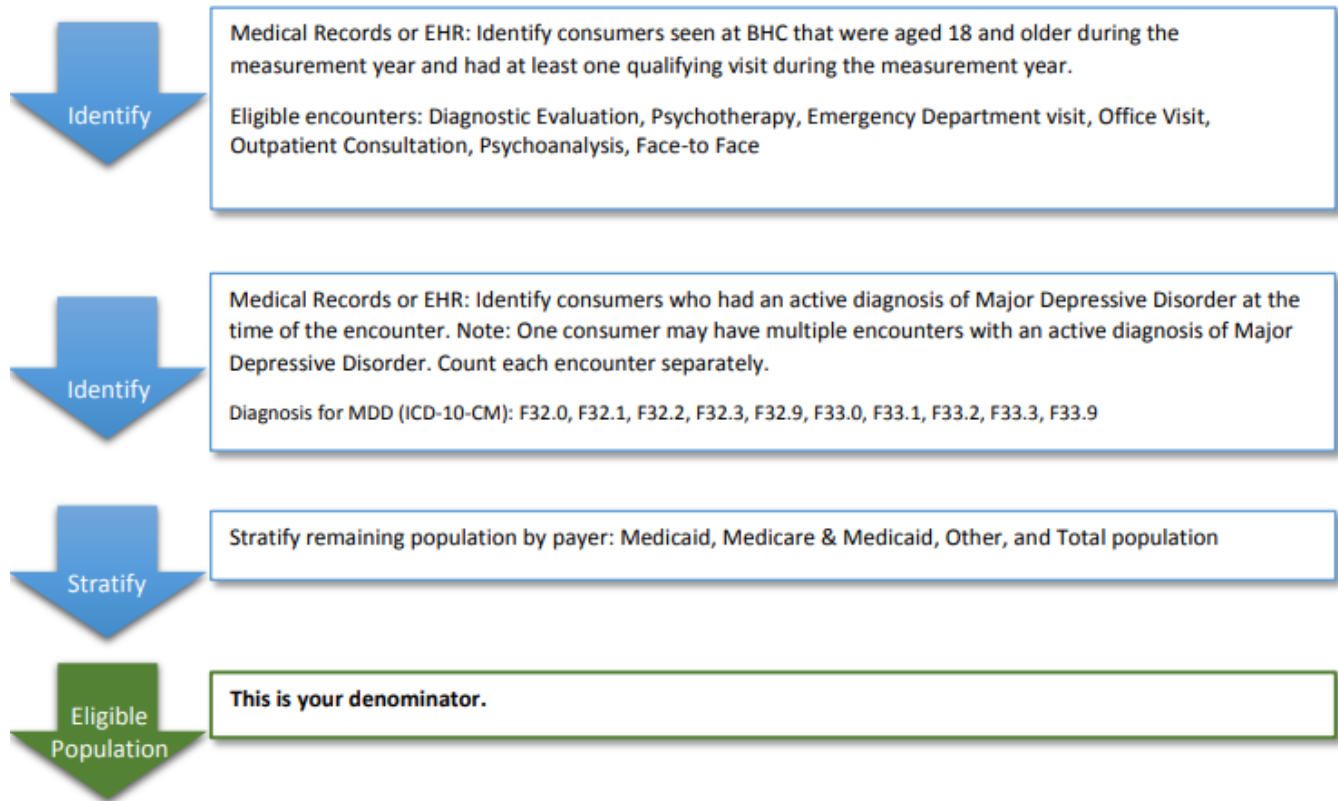
*Suicide risk assessment can include:

- Specific inquiry about suicidal thoughts, intent, plans, means, and behaviors
- Identification of specific psychiatric symptoms or general medical conditions that may increase the likelihood of acting on suicidal ideas
- Assessment of past and, particularly, recent suicidal behavior
- Delineation of current stressors and potential protective factors
- Identification of any family history of suicide or mental illness
- Tools to track suicidal ideation and behavior such as the Columbia-Suicide Severity Rating Scale

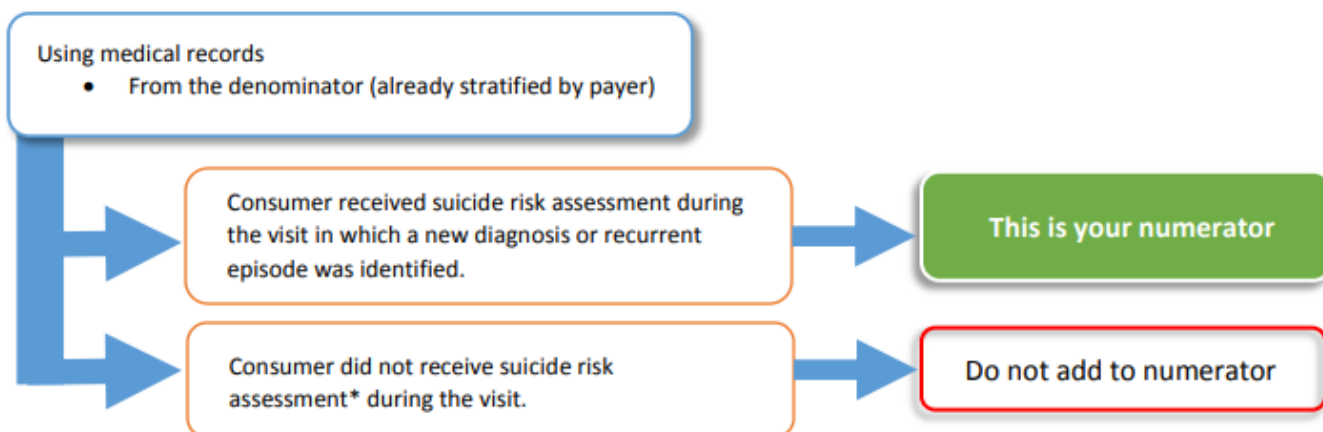
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-A)

Description: Percentage of consumers aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.

Denominator Calculation



Numerator Calculation

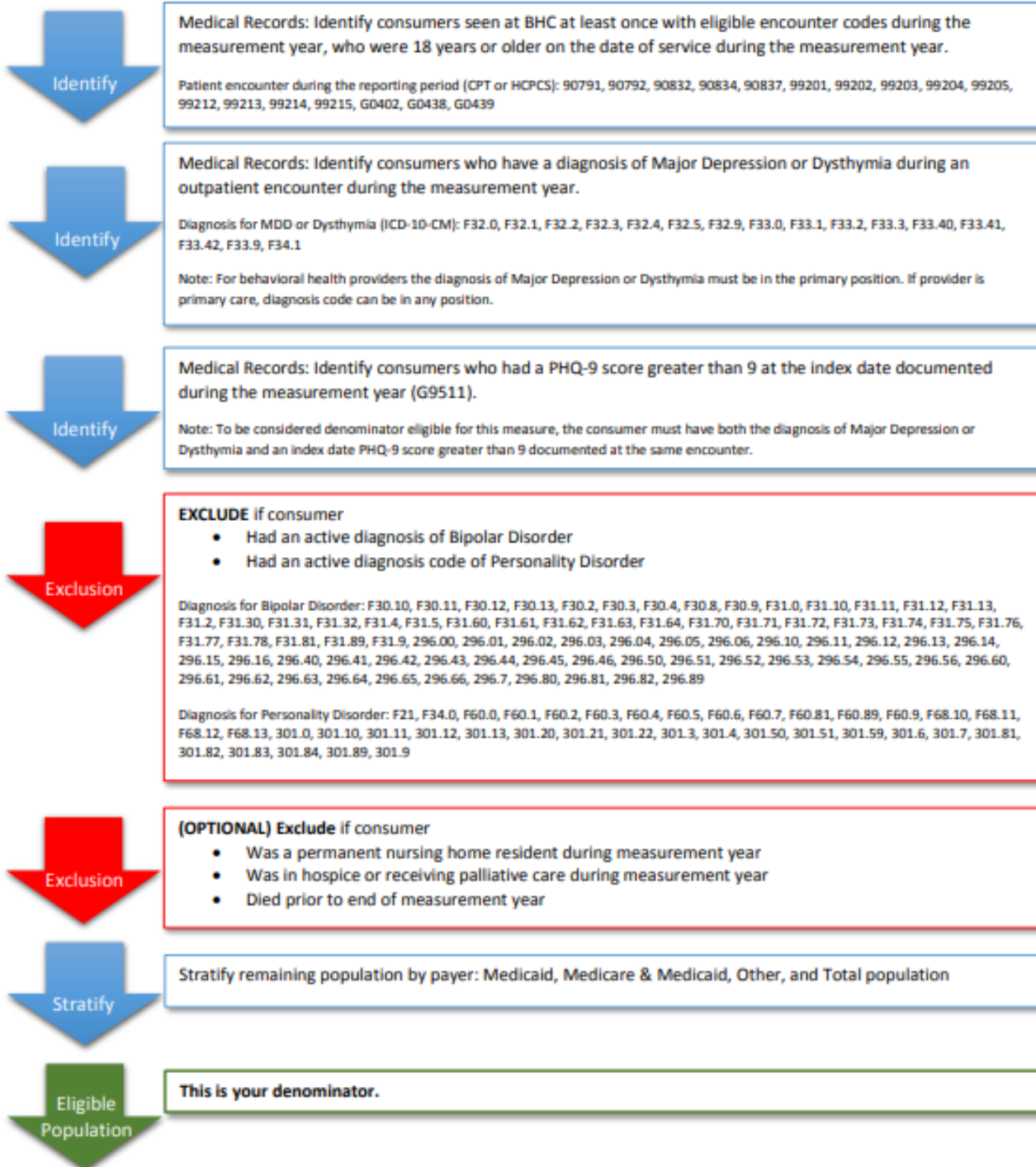


*Suicide risk assessment includes use of a standardized tool or instrument (Columbia-Suicide Severity Rating Scale).

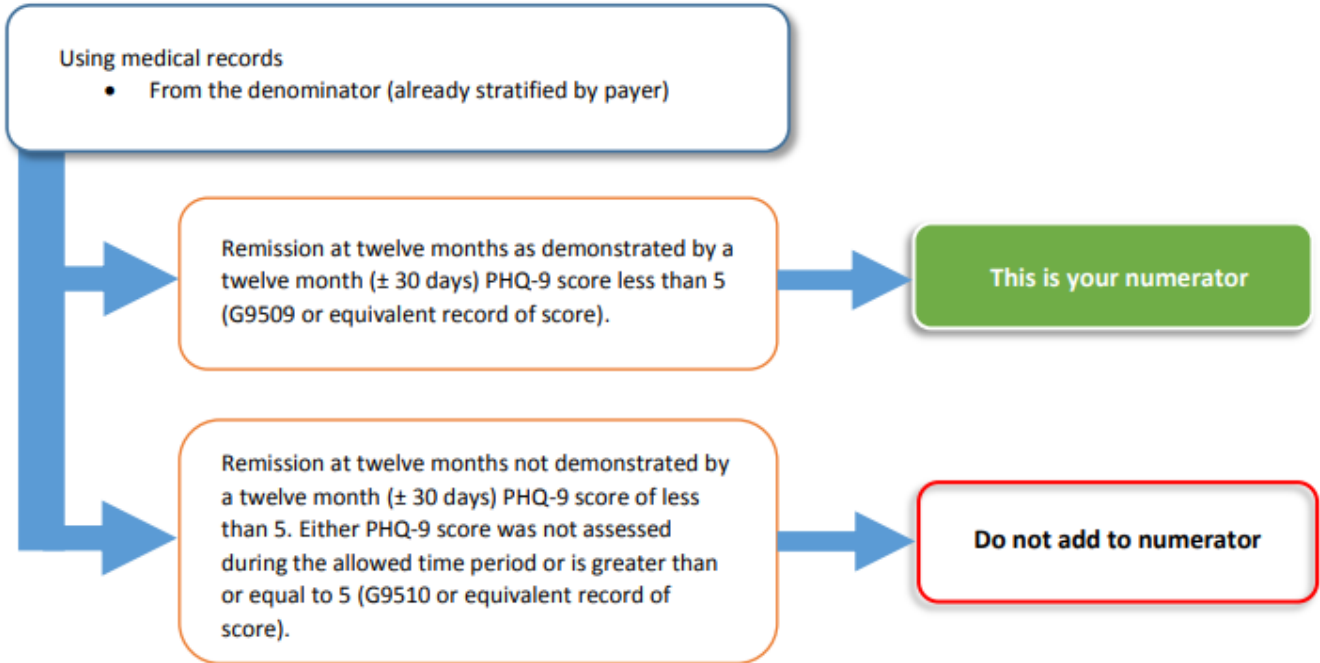
Depression Remission at Twelve Months (DEP-REM-12)

Description: Adult consumers 18 years of age or older with Major Depression or Dysthymia who reached remission 12 months (\pm 30 days) after an index visit. This measure applies to consumers with both newly diagnosed and existing Depression whose current PHQ-9 score indicates a need for treatment.

Denominator Calculation



Numerator Calculation

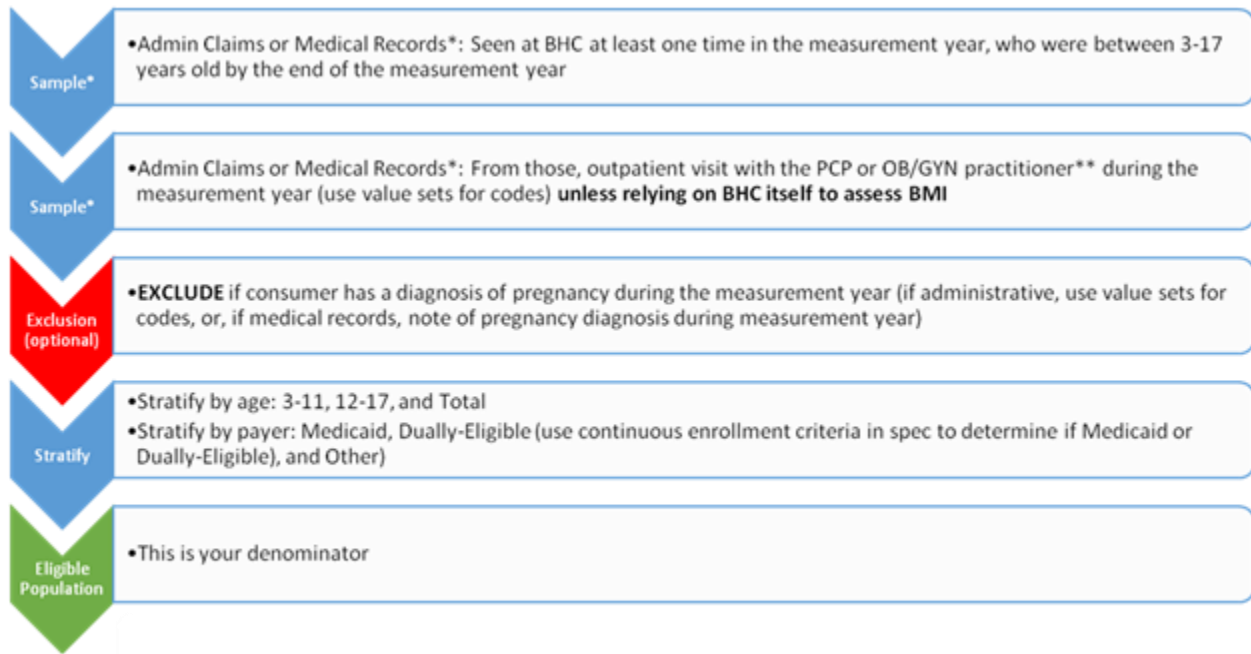


Weight Assessment for Children/Adolescents: Body Mass Index Assessment (WCC-BH)

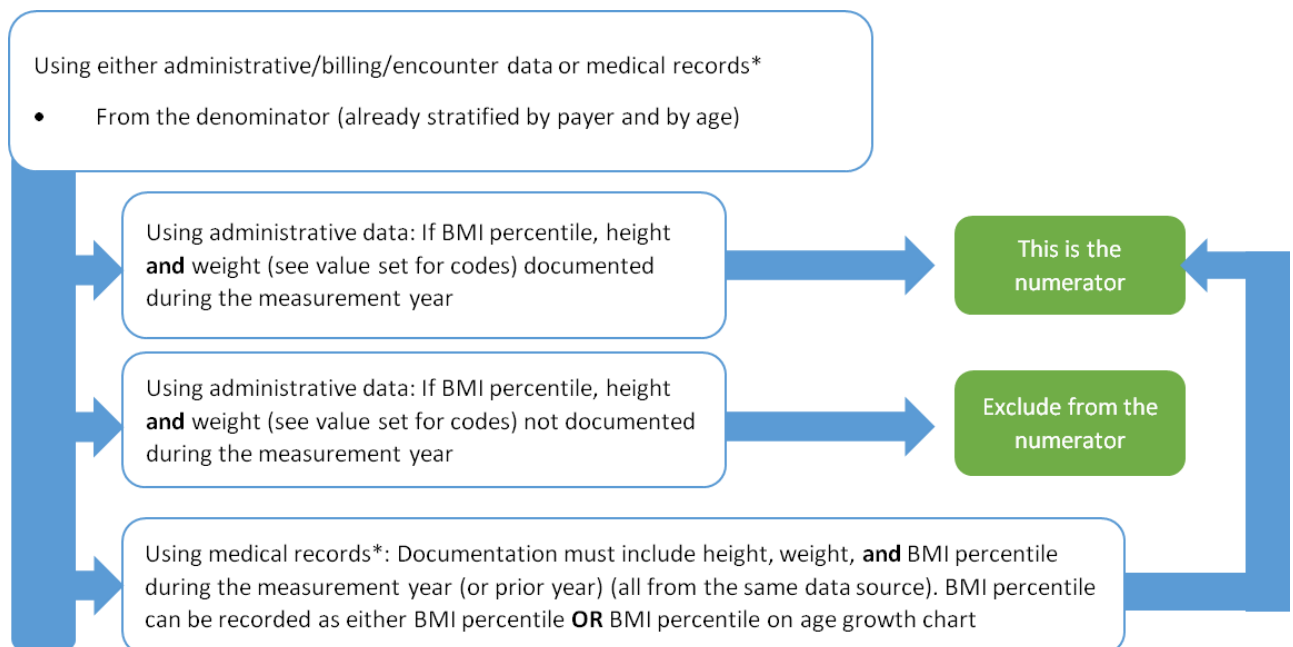
Denominator Calculation

*If the BHC elects to use the hybrid specification and medical records rather than the administrative specification, they may use either the entire eligible population or a sample (sample in accordance with guidance provided to BHCs).

**The BMI screening may be conducted by medical personnel at either the CCBHC or a DCO without regard to whether they are a PCP or OB/GYN for the consumer

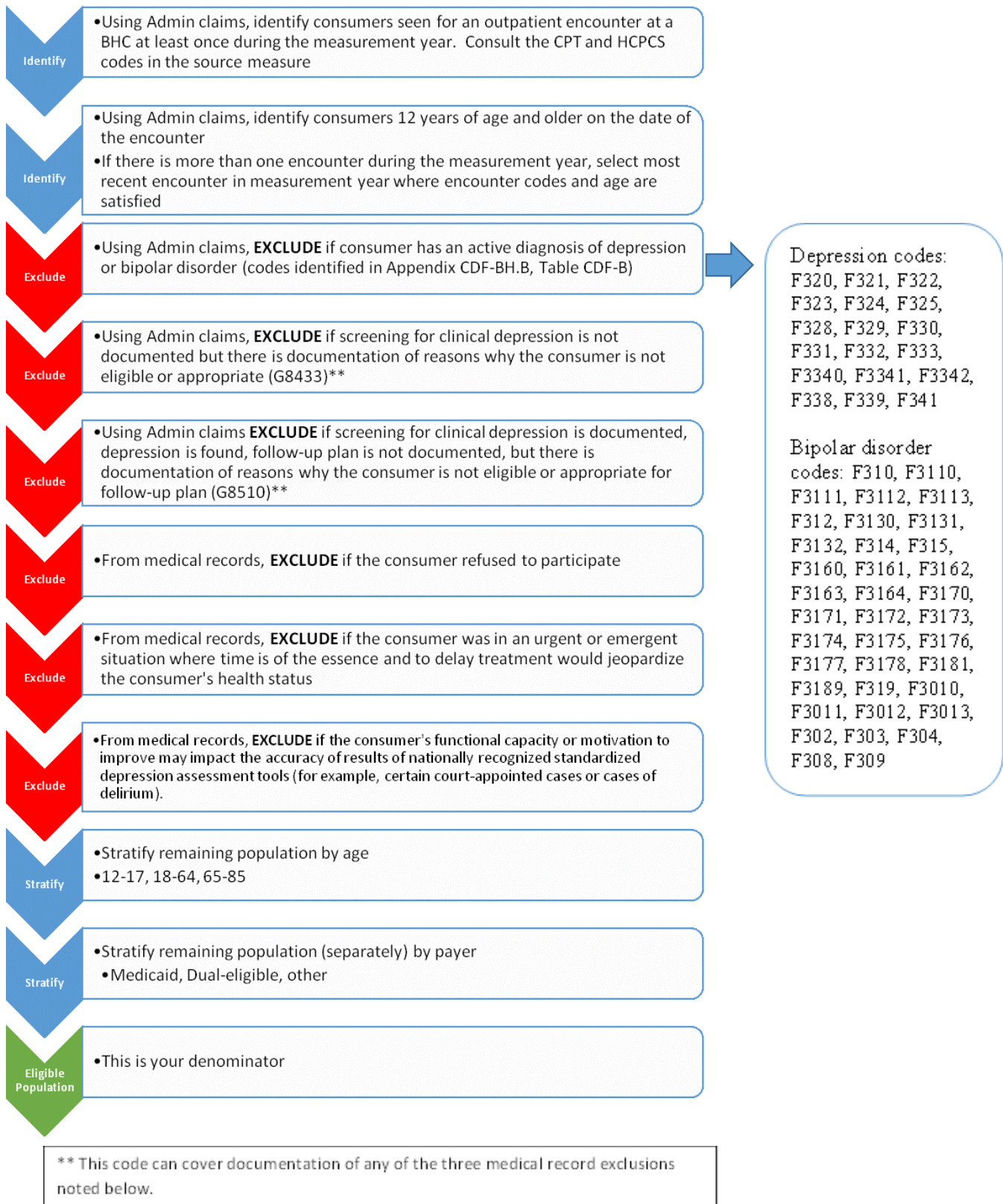


Numerator Calculation

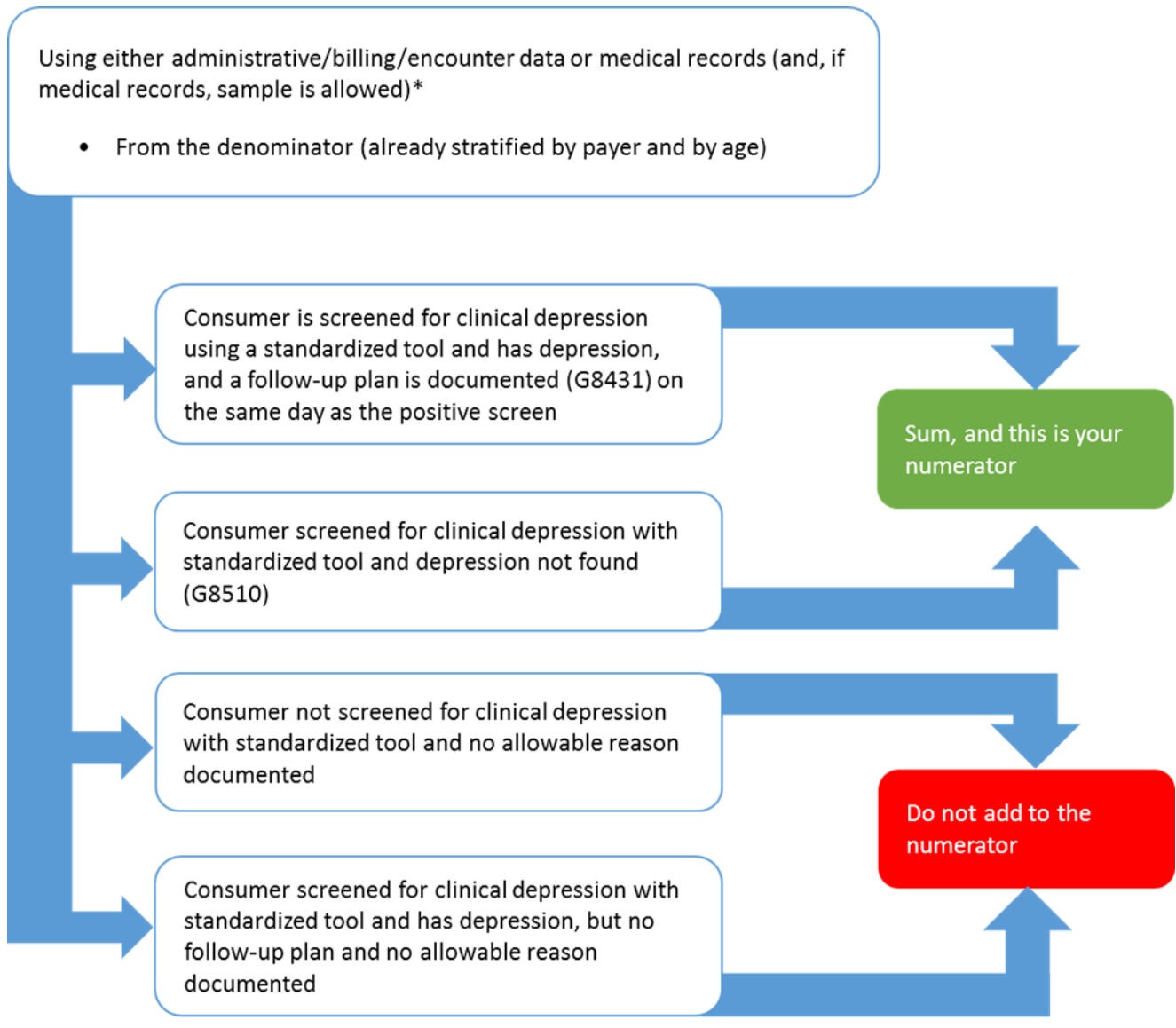


Screening for Clinical Depression and Follow-up Plan (CDF – BH)

Denominator Calculation



Numerator Calculation



*If the BHC elects to use the medical record to calculate the numerator, either the entire eligible population can be examined or a sample (sample in accordance with guidance provided to BHCs).

State-led Quality Measures

The state-led quality measures will be calculated by DHS and submitted to SAMHSA. The CCBHCs will receive metric reports from the state to review. Table 5 list the 13 federally required state-led quality measures.

Table 5. State-led Quality Measures

Measure Name	Measure Steward	NQF #	CCBHC Quality Bonus Measure	Manual Page*
Housing Status (HOU) [†]	SAMHSA	NA		page 101
Patient Experience of Care Survey (PEC) [†]	SAMHSA	NA		page 109
Youth/Family Experience of Care Survey (Y/FEC) [†]	SAMHSA	NA		page 111
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	NCQA	NA		Page 113
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	NCQA	NA		Page 118
Plan All-Cause Readmission Rate (PCR-BH)	NCQA	1768	MN Optional	page 123
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD)	NCQA	1932		page 130
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-BH)	CMS	NA	Federal Required	page 158
Follow-Up After Hospitalization for Mental Illness, ages 21+ (adult) (FUH-BH-A)	NCQA	576	Federal Required	page 165
Follow-Up After Hospitalization for Mental Illness, ages 6 to 21 (child/adolescent) (FUH-BH-C)	NCQA	576	Federal Required	page 172
Follow-up care for children prescribed ADHD medication (ADD-BH)	NCQA	108		page 179
Antidepressant Medication Management (AMM-BH)	NCQA	105		page 187
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH)	NCQA	4	Federal Required	page 193

† Calculated from consumer level data submitted by CCBHCs

‡ CCBHCs will distribute the experience of care surveys to consumers

*The Technical Specifications Manual can be found on [SAMSHA's webpage](#)

The following is an overview on how the state will be identifying CCBHC consumers for each CCBHC for the state-led quality measures.

CCBHC Recipient Identification

1. CCBHC recipients will be identified by using procedure codes and modifiers documented in [DHS CCBHC scope of services](#). Please also see [Appendix D](#) for codes that are used to identify CCBHC services.
2. CCBHC clinics will be identified using pay to provider NPI's associated with each clinic.
3. Claims with CCBHC services from dates of service of the CCBHC demonstration will be limited to paid final version fee-for-service and MCO encounter claims for clinics participating in the CCBHC demonstration.
4. CCBHC service claims will be assigned to one of the six clinics based on the pay to provider NPI. Recipients were considered consumers of a clinic if at least one of the CCBHC services had occurred at the clinic in 2016.

HEDIS Measure Identification

1. CCBHC consumers will be included in a state-led quality measure if the consumer met the conditions of population eligibility outlined for the measure (i.e. age, continuous enrollment, diagnostic, visits, service, or medication criteria).
2. See "Metrics and Quality Measures for Behavioral Health Clinics Technical Specifications and Resource Manual Volume 1" issued by SAMHSA for more details about measure requirements.

Experience of Care Surveys

There are two surveys that will be completed as part of the CCBHC demonstration: Patient Experience of Care Survey and Youth/Family Experience of Care Survey. DHS will use and expand the federal Mental Health Statistics and Improvement Program (MHSIP) surveys. Each CCBHC will distribute 300 surveys to adults and 300 surveys to parents or guardians.

Distribution modes include mail, email, hand-out, phone calls, and internet LINK to the surveys. For survey distributions by phone, email, and mail, the CCBHCs must provide DHS with consumer phone numbers, emails, or mailing addresses and name (first, last), recipient ID/or other ID. For LINK distribution, DHS will provide a LINK with some customization to the CCBHCs for survey data collection. Data comes directly to DHS via HIPAA compliant security.

Family Mental Health Services

[DHS Youth/Family Experience of Care Survey LINK](#)

DHS_Family MHS Survey EMAIL: dhs.FamilyMHSurveyCTSS@state.mn.us

Adult Mental Health Services

[DHS Adult Experience of Care Survey LINK](#)

DHS_Adult MHS Survey EMAIL: dhs.AdultMHSSurvey@state.mn.us

Appendix A: Minnesota-Specific Impact Measures

Eight measures were developed collaboratively with the CCBHCs, DHS, and others to show the impact of the CCBHC service delivery model on the target populations served by the CCBHCs over the two-year demonstration period.

Measure 1 (Scope of Service): Track proportion of encounters and persons served by peer services in CCBHCs

$$\frac{\text{Number of Persons Served by Peers in CCBHCs}}{\text{Total Number of Persons Served in CCBHCs}}$$

(Data source: CCBHC EHRs)

$$\frac{\text{Number of Unduplicated Service Visits by Peers in CCBHCs}}{\text{Total Number of Service Visits by all Providers in CCBHCs}}$$

(Data source: Medicaid Claims)

Measure 2 (Participation): Compare percentage of Persons of Color and Latinos/Hispanics receiving CCBHC services to their percentage of Medicaid population in the CCBHC service areas.

$$\frac{\text{Number of Persons of Color and Latinos Receiving CCBHC Services}}{\text{Total Number of Persons Receiving CCBHC Services}} \bigg/ \frac{\text{\#MA Persons of Color and Latinos in CCBHC Service Area}}{\text{Total Number of MA Recipients in CCBHC Service Area}}$$

(Data sources: CCBHC EHRs/Medicaid enrollment data)

Measure 3 (Participation): Compare percentage of Non-Primary English speakers receiving CCBHC services versus their percentage of Medicaid population in the CCBHC service area.

$$\frac{\text{Number of non-primary English Speakers Receiving CCBHC Services}}{\text{Total Number of Persons Receiving CCBHC Services}} \bigg/ \frac{\text{\#of MA non-primary English Speakers in Service Area}}{\text{Total Number of MA Recipients in CCBHC Service Area}}$$

(Data sources: CCBHC EHRs/Medicaid Enrollment Data)

Measure 4 (Availability): Track persons served by telemedicine for allowable services in CCBHCs.

$$\frac{\text{Number of Persons Served by Telemedicine in CCBHCs}}{\text{Total Number of Persons Served in CCBHCs}}$$

(Data source: Medicaid claims)

Measure 5 (Access): Track the mean number of days between initial contact and evaluation of new clients.

$$\frac{\text{Sum of Number of Days Between First Contact and Initial Evaluation}}{\text{Total Number of Consumers receiving an Initial Evaluation}}$$

(Data source: CCBHC EHRs)

Measure 6 (Participation): Track percentage of all clients receiving 2 or more services within 2 months after initial assessment.

$$\frac{\text{Number of New Clients in CCBHCs Receiving 2 Services within 60 days After Assessment}}{\text{Total Number of New CCBHC Clients Receiving a First Assessment}}$$

(Data source: Medicaid Claims).

Measure 7 (Participation): Track percentage of clients who are Persons of Color and Latinos/Hispanics receiving 2 or more services within 2 months after initial assessment.

$$\frac{\text{Number of New Clients of Color and Latinos – Hispanics Receiving 2 CCBHC Services within 60 days After Assessment}}{\text{Total Number of Persons of Color and Latinos – Hispanics Receiving a First Assessment}}$$

(Data source: Medicaid Claims)

Measure 8 (Participation): Track percentage of non-primary English speaking clients receiving 2 or more services within 2 months after initial assessment.

$$\frac{\text{Number of New Clients who are non – primary English Speakers in CCBHCs Returning for 2 Services within 60 days After Assessment}}{\text{Total Number of non – primary English Speakers Receiving a First Assessment}}$$

(Data source: Medicaid Claims)

Appendix B: Quality Bonus Measures

DHS has opted to offer Quality Bonus Payments (QBPs) in addition to the PPS rate to any certified clinic that achieves six federally required quality measures (see Table 6). Each CCBHC must meet all six measures to qualify for a bonus payment, subject to the conditions described below regarding minimum denominator size. The State is also making a portion of the QBP fund pool available to CCBHCs who meet two additional state chosen quality measures (see Table 7) during DY2.

Table 6. Federally Required Quality Measures for QBPs

Acronym	Measure	Measure Steward
SRA – BH – C	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	AMA - PCPI
SRA – A	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	AMA - PCPI
SAA – BH	Adherence to Antipsychotics for Individuals with Schizophrenia	NCQA
FUH – BH – C	Follow Up After Hospitalization for Mental Illness (child/adolescent)	NCQA
FUH – BH – A	Follow Up After Hospitalization for Mental Illness (adult)	NCQA
IET – BH	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NCQA

Table 7. State Chosen Quality Measures for QBPs (DY2)

Acronym	Measure	Measure Steward
PCR – BH	Plan All-Cause Readmission Rate	NCQA
CDF – BH	Screening for Clinical Depression and Follow – Up Plan	CMS

For DY1, minimum performance thresholds were identified for each measure that all CCBHCs must achieve to qualify for a bonus payment. See Table 8 for the thresholds for DY1. For the SRA – BH – C, SRA – A, and CDF – BH measures DHS will collect and analyze an initial six months of data from the CCBHCs to inform the identification of the minimum performance thresholds. For DY2, DHS will review the CCBHCs' DY1 performance for each measure and identify a revised minimum performance level for each measure that will require each CCBHC to incrementally improve performance (e.g., increase of 3 or 5 percentage points) from DY 1 to DY 2.

Table 8. DY1 Minimum Performance Thresholds for QBPs

Acronym	Measure	Minimum Performance Threshold
SRA – BH – C	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Collected and reported data.
SRA – A	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Collected and reported data.
SAA – BH	Adherence to Antipsychotics for Individuals with Schizophrenia	59.35
FUH – BH – C	Follow Up After Hospitalization for Mental Illness (child/adolescent)	7 day – 56.34 30 day – 76.70
FUH – BH – A	Follow Up After Hospitalization for Mental Illness (adult)	7 day – 38.58 30 day – 68.29
IET – BH	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Initiation – 35.87 Engagement – 13.21

A minimum of 30 consumers/visits (i.e., denominator size) for each CCBHC must be present in order for DHS to calculate any given measure. For measures with multiple reported rates, the minimum denominator size will need to be met for all rates calculated under the measure (e.g., 7 day and 30 day follow up measures). Only consumers who are Medicaid beneficiaries, including Title XIX eligible Children’s Health Insurance Program beneficiaries, will be counted towards payment.

All CCBHCs must meet the minimum denominator size for the following measures to qualify for the bonus payment:

- Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA – A)
- Adherence to Antipsychotics for Individuals with Schizophrenia (SAA – BH)

If a CCBHC does not meet the minimum denominator size for the remaining quality measures (SRA – BH – C, FUH – BH – C, FUH – BH – A, IET – BH), the CCBHC will still be eligible for a bonus payment based on their performance for all measures that meet or exceed the minimum denominator size of 30 consumers/visits.

Appendix C. Quality Checks

DHS will conduct quality checks of data received from the CCBHCs. Prior to submitting data, the CCBHCs should also conduct quality checks of their files. Table 9 outlines the quality checks that should be completed by the CCBHCs and DHS.

Table 9. Quality Checks of Consumer Level Data

FIELD #	FIELD NAME	BRIEF DESCRIPTION	Quality Check
1	NPI/UMPI	Unique identifier of the clinics (used for CCBHC billing)	Verify that only one NPI is submitted. If your organization has more than one NPI, submit the primary one.
2	PMIN (MN MHCP Consumer ID)	Unique MHCP Consumer identifier of the Consumer – leads with zeros	Verify that the PMI number of the consumer is correct. Remember to include leading zeros.
3	Other Consumer ID	Unique clinic identifier of the Consumer for Consumers without PMIN - lead with zeros	If the consumer does not have a PMI number, submit an ID. Make sure that the ID can be used to identify the consumer in your EHR if needed.
4	Date of Birth	Identifies the date the Consumer was born (MM/DD/YYYY)	Verify that the date of birth of the consumer is accurate and reasonable. <i>Ex. A year in 1900 would not be reasonable.</i>
5	Gender	Identifies the gender of the Consumer as Consumer self-identifies 1 = Men 2 = Women 3 = Other 9 = Unknown	Verify that there is a mixture of genders in your file. <i>Ex. If your file only contains code 1 (men), that would be a red flag. We expect to see a mixture of gender codes.</i>
6	Race	Identifies the race of the Consumer- Up to 5 race codes 1 = American Indian or Alaska Native 2 = Asian 3 = Native Hawaiian or Pacific Islander	Verify that the race code submitted for the consumer is one of the codes available. <i>Ex. Entering 10 for a race code would not be valid because it is not one of the available race codes.</i>

FIELD #	FIELD NAME	BRIEF DESCRIPTION	Quality Check
		4 = Black or African American 5 = White 8 = More than one race 9 = Unknown	
7	Ethnicity	Identifies whether the Consumer is of Hispanic origin or not 1 = Not Hispanic or Latino 6 = Hispanic or Latino 9 = Unknown	Verify that the ethnicity code submitted for the consumer is one of the codes available. <i>Ex. Entering 2 for an ethnicity code would not be valid because it is not one of the available ethnicity codes.</i>
8	Health Insurance Status	Health Insurance Status at Status date 1 = Medicaid (Medical Assistance) 2 = CHIP (Title 21 Eligible Enrollee) 3 = Medicare 4 = Medicare and Medicaid Dually-Eligible 5 = VHA/TRICARE 6 = Commercially insured 7 = Uninsured 8 = Other	Verify that the code submitted for the consumer is one of the codes available. <i>Ex. Entering 9 would not be valid because it is not one of the available health insurance codes.</i>
9	Housing/residential status	Residential Status at Status Date 01 = Homeless 02 = Foster Home 03 = Residential Care 04 = Crisis Residency 05 = Institutional	Verify that the code submitted for the consumer is one of the codes available. <i>Ex. Entering a code of 25 would not be valid because it is not one of the available housing/residential status codes.</i>

FIELD #	FIELD NAME	BRIEF DESCRIPTION	Quality Check
		06 = Jail/Correctional Facility 11 = Private Residence - independent living 12 = Private Residence – dependent living 13 = Other residential status 14 = Board & Lodge 15 = Nursing Facility, including boarding care 16 = Hospital 17 = Regional Treatment Center 18 = Children's Residential Treatment Facility 97 = Unknown	
10	Primary Language	Identifies the language the Consumer prefers to speak for CCBHC services 00 = English 01 = Spanish 02 = Hmong 03 = Vietnamese 04 = Khmer 05 = Laotian 06 = Russian 07 = Somali 08 = ASL (American Sign Language) 09 = Amharic 10 = Arabic 11 = Serbo-Croatian 12 = Oromo	Verify that the code submitted for the consumer is one of the codes available. <i>Ex. Entering a code of 30 would not be valid because it is not one of the available language codes.</i>

FIELD #	FIELD NAME	BRIEF DESCRIPTION	Quality Check
		13 = Tigrinya 14 = Burmese 15 = Cantonese 16 = French 17 = Mandarin 18 = Swahili 19 = Yoruba 20 = Korean 21 = Karen 97 = Unknown 98 = Other Non-English	
11	Secondary Language	Identifies the language the Consumer prefers to speak for CCBHC services. 00 = English 01 = Spanish 02 = Hmong 03 = Vietnamese 04 = Khmer 05 = Laotian 06 = Russian 07 = Somali 08 = ASL (American Sign Language) 09 = Amharic 10 = Arabic 11 = Serbo-Croatian 12 = Oromo	Verify that the code submitted for the consumer is one of the codes available. <i>Ex. Entering a code of 30 would not be valid because it is not one of the available language codes.</i>

FIELD #	FIELD NAME	BRIEF DESCRIPTION	Quality Check
		13 = Tigrinya 14 = Burmese 15 = Cantonese 16 = French 17 = Mandarin 18 = Swahili 19 = Yoruba 20 = Korean 21 = Karen 97 = Unknown 98 = Other Non-English	
12	Veteran/Military Status	Identifies if the Consumer is a Veteran or is in Active Duty status at 1st CCBHC service 1 = Neither 5 = Active Duty Military 6 = Prior Military Service/Veteran	Verify that the code submitted for the consumer is one of the codes available. <i>Ex. Entering a code of 7 would not be valid because it is not one of the available veteran/military status codes.</i>
13	CCBHC Start Date for Current Consumer	Identifies the date a current Consumer received first CCBHC service (MM/DD/YYYY) starting 7/1/17	Enter the date that a current consumer received their first CCBHC service. The date should be on or after 7/1/2017. <i>Ex. Entering a date of 6/1/2017 would not be valid because the demonstration starts on 7/1/2017.</i>
14	Date of First CCBHC Contact for New Consumer	Identifies the date a new Consumer first contact CCBHC to receive service (MM/DD/YYYY) starting 7/1/17	Enter the date that a new consumer received their first CCBHC service. The date should be on or after 7/1/2017. <i>Ex. Entering a date of 6/1/2017 would not be valid because the demonstration starts on 7/1/2017.</i>

FIELD #	FIELD NAME	BRIEF DESCRIPTION	Quality Check
15	Date of Initial Evaluation for New Consumer	Identifies the date a new Consumer received their Initial Evaluation (MM/DD/YYYY) starting 7/1/17	Enter the date that the CCBHC consumer received their initial evaluation. The date should be on or after 7/1/2017. It is possible that a new consumer was seen on 7/1/2017 and received their initial evaluation on the same day. However, it is expected that most initial evaluations will be completed after 7/1/2017.
16	Consumer Status	<p>Indicates the Consumer's CCBHC status at the time of reporting</p> <p>01 = New Consumer</p> <p>02 = Continuing Consumer</p> <p>03 = Intervention Episode (Crisis only)</p> <p>11 = Consumer completed treatment</p> <p>12 = Transferred to same level of service</p> <p>13 = Transferred to higher level of service</p> <p>14 = Transferred to lower level of service</p> <p>21 = Consumer moved or relocated</p> <p>22 = No contact with Consumer</p> <p>32 = Consumer was incarcerated, Jail</p> <p>41 = Death-suicide</p> <p>43 = Death—not suicide or unknown</p> <p>62 = Other specified reasons</p>	<p>Enter the consumer status of the consumer during the reporting period. Verify that the code submitted is one of the codes available.</p> <p><i>Ex. Entering a code of 04 would not be valid because it is not one of the available consumer status codes.</i></p>
17	Date of Consumer Status	Indicates the date of the Consumer's CCBHC status.	<p>Enter the date that the consumer's status was obtained from the consumer. The date should be on or after 7/1/2017.</p> <p><i>Ex. Entering a date of 6/1/2017 would not be valid because the demonstration starts on 7/1/2017.</i></p>

FIELD #	FIELD NAME	BRIEF DESCRIPTION	Quality Check
18	Received Peer Service	Whether Consumer received some Peer Service in CCBHC as of status date. 0 = No 1 = Yes	Enter whether the consumer received some peer service in the CCBHC during the reporting period.
19	Received Telemedicine Service	Whether Consumer received some Telemedicine Service in CCBHC as of status date. 0 = No 1 = Yes	Enter whether the consumer received some telemedicine service in the CCBHC during the reporting period.

Appendix D: Service Codes for State-led Quality Measures

As of October 2, 2017

Proc_Code	Required Modifier
90785	
90791	
90792	
90832	
90833	
90834	
90836	
90837	
90838	
90839	
90840	
90846	
90847	
90849	
90853	
90875	
90876	
90882	
90887	
90899	
96101	
96102	
96103	
96116	
96118	
96119	
96120	
99201	
99202	
99203	
99204	
99205	
99211	
99212	
99213	
99214	
99215	
99354	
99499	HE

Proc_Code	Required Modifier
H0001	
H0014	
H0020	
H0031	
H0032	
H0034	
H0038	
H0047	
H2012	
H2014	UA
H2015	UA
H2017	
H2019	
H2027	
H2035	
S9480	
S9484	
T2023	HE

NOTES:

1. Procedure Codes without a required modifier can have zero or more modifiers to be considered a CCBHC service. The one exception is modifier code "UB". All procedure codes with a "UB" modifier should be excluded except for procedure codes "90899" and "H0047".
2. For CCBHC procedure codes requiring a modifier, the required modifier can be in any modifier position for the procedure code.