



# MassHealth Community Behavioral Health Center Quality and Equity Incentive Program (CQEIP)

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<b>Program:</b>	CBHC QEIP
<b>Performance Year:</b>	2
<b>Deliverable:</b>	CBHC Health Quality and Equity Strategic Plan
<b>Submission Portal:</b>	OnBase
<b>Submission Due Date:</b>	December 31, 2025
<b>File Naming Convention:</b>	CBHCAbbreviation_HQEStrategicPlan_YYYYMMDD
<b>Suggested Page Limit:</b>	10 pages

## Introduction

The CBHC QEIP requires, among other things, that individual CBHC Tax Identification Number (TIN)-Billing Entity (hereinafter, “CBHC”) complete and submit to MassHealth this Health Quality and Equity Strategic Plan (hereinafter, the “Strategic Plan”), which connects to important components of the CQEIP. This Strategic Plan serves as an opportunity for individual CBHCs to create and update a plan that guides their implementation and continuous quality improvement of health quality and equity activities over the next four years. To ensure an equitable and community-driven plan, entities should collaborate with their Health Quality and Equity Committee (HQEC) to develop their Strategic Plan.

MassHealth encourages CBHCs to consider doing the following activities as part of the planning process: key planning sessions and meetings with the Health Quality and Equity Committee (HQEC), the Community Accountability Board (CAB), other methods of soliciting patient input, and providers representing the population served by the organization, such as other community hospitals, other community-based providers, Community Partners, MassHealth patients, and patients’ families.

In order to qualify for the CQEIP Performance Year (PY) 2 Final Reconciliation Payment, CBHCs must submit a timely, complete, and responsive Strategic Plan.

## Instructions

Each CBHC will submit a Health Quality & Equity Strategic Plan deliverable annually. CBHCs may cite relevant information from existing strategic plans or other relevant sources that directly pertain to prompts in this Template. Additionally, information submitted can be broader than activities within the QEIP; however, the information should explicitly consider the MassHealth population.

There are 6 sections that will need to be completed, as well as 3 appendices. Your response to each individual question **must not exceed 500 words**. See below for breakdown of sections.

- Section 1: Strategic Plan Process
- Section 2: Needs Assessment
- Section 3: Health Equity Strategic Goals
- Section 4: Commitment to Equity
- Section 5: Committees
- Section 6: External Community Engagement

Appendix A: HRSN Referral Annual Plans (and HRSN Services Plans)

Appendix B: HRSN Screening

Appendix C: Care Coordination

This Strategic Plan Update is to be completed, in accordance with this Template, by each CBHC and submitted to MassHealth by December 31, 2025. **All completed Strategic Plans must be submitted via OnBase.**

## Contact Information

<b>CBHC TIN-Billing Entity Name:</b>	Add text
<b>Point of Contact Name:</b>	Add text
<b>Point of Contact Title:</b>	Add text
<b>Point of Contact Email Address:</b>	Add text

## Section 1: Strategic Plan Process

*Please remember that your response to each individual question must not exceed 500 words.*

1. Please describe the process used for implementing, reviewing, and improving the PY1 Health Quality & Equity Strategic Plan and related strategic planning efforts that have contributed to this plan over the past year. Please make sure to specify the involvement of the Health Quality and Equity Committee.

## Section 2: Needs Assessment

*Please remember that your response to each individual question must not exceed 500 words.*

2. Please describe how you continue to assess the health equity needs of your MassHealth patients and include the date and year you carried out the most recent Population and Community Needs Assessment (PCNA) or any other needs assessments.
  - 2a. Please provide the date and year of an upcoming PCNA or any other needs assessment planned.
3. Over the past year, what have you learned about the MassHealth population you serve and the communities in which they live? To illustrate this:
  - Please provide clear, concise, and readable MassHealth data that summarize and stratify your organization's population served by Race, Ethnicity, Language, Disability, Sexual Orientation, Gender Identity (RELD SOGI) to the extent you have data available. We **DO NOT** want member level data or data that could inadvertently identify someone.
  - Please stratify, to the extent you have data available, your organization's population served by town or zip code level population data.
  - Please ensure that you explain how the data supports your response.
  - Please also include a brief description of the significant health needs of your MassHealth patients, inclusive of physical, social and behavioral health needs.
4. In the past year, in what ways have you designed and implemented new services or adapted existing services to address the inequities you've identified through the data summarized above in Question 3?

## Section 3: Health Equity Strategic Goals

*Please remember that your response to each individual question must not exceed 500 words.*

5. Have any of your goals been modified from PY1? Check one of the following:

☐ Yes

☐ No

6. If yes, please specify how the goal changed and provide the rationale? If there are no changes, you can skip this question.

7. What are your top 3 high-level health equity strategic goals for PY3 (calendar year 2026)? Please specify whether any of these goals are informed by your most recent PCNA.

8. For each high-level strategic goal, please complete the table below with the anticipated milestones in the PY3 (2026) to make progress towards the goal.

High-Level Goals	Milestones
1. Goal #1	
2. Goal #2	
3. Goal #3	

9. For each high-level strategic goal, please complete the table below with anticipated barriers for each goal and potential solutions to overcome that barrier.

High-Level Goals	Barriers	Potential Solutions
1. Goal #1		
2. Goal #2		
3. Goal #3		

#### Section 4: Commitment to Equity

*Please remember that your response to each individual question must not exceed 500 words.*

10. Please select below which teams are contributing to health equity at your individual CBHC.

- ☐ Executive Senior Leadership
- ☐ Clinical Teams
- ☐ Performance Improvement
- ☐ Quality
- ☐ Population Health
- ☐ Care/Case Management
- ☐ Patients
- ☐ CAB
- ☐ HQEC
- ☐ Community Based Organizations
- ☐ BH and LTSS Community Partners
- ☐ Other

10a. If you selected "other", please describe.

11. At your individual CBHC, how has your organizational structure related to implementing QEIP changed since the start of the program? If applicable, please describe any staffing challenges that have impacted your organizational structure.
12. Please describe how health equity has been or will be integrated into internal organizational policies and procedures at the individual CBHC. Internal policies and procedures may include business operations, human resources, professional development, and organizational management.
13. Please describe how health equity has been or will be integrated into external policies and procedures at the individual CBHC. External policies and procedures may include marketing strategies and member and provider outreach.

## Section 5: Committees

*Please remember that your response to each individual question must not exceed 500 words.*

### **Community Accountability Board (CAB)**

14.
  - 14a. How many participants currently serve on the CAB?
  - 14b. How many of the participants are MassHealth members?
  - 14c. How many of the participants are guardians, caregivers, or family members of MassHealth members?
15. Please describe your approach to recruitment.
16. What recruitment strategies have been most successful?
  - 16a. What recruitment strategies have not worked as well?
17. How did you select members for participation?
18. Do you offer any supports or incentives to participants? If yes, select all that apply:
  - ☐ Transportation to/from meetings
  - ☐ Free parking
  - ☐ Meals/snacks
  - ☐ Childcare (including onsite, vouchers, or other reimbursement)
  - ☐ Gift cards
  - ☐ Stipends
  - ☐ Laptops or other technology for virtual participation (please describe)
  - ☐ Other (please describe)
- 18a. If you selected “other”, please describe.
19. What accommodations do you provide for participants?
20. Are interpreter services offered to participants whose first language is not English? If yes, please describe.
21. How are agendas determined for meetings?

22. How have you adapted the implementation of your strategy based on CAB feedback? Please provide specific examples.
23. Please identify and describe any best practices for engaging MassHealth members on the committee.
24. What has been the most challenging aspect of setting up and managing this committee? Please describe.

***Health Quality & Equity Committee (HQEC)***

- 25.
- 25a. How many participants currently serve on the HQEC?
  - 25b. How many of the participants are MassHealth members?
  - 25c. How many of the participants are front-line staff members?
  - 25d. Please list any other types of HQEC participants such as advocates, providers, and other stakeholders.
26. Please describe your approach to recruitment.
27. What recruitment strategies have been most successful?
- 27a. What recruitment strategies have not worked as well?
  - 27b. How did you select members for participation?
28. Do you offer any supports or incentives to participants? If yes, select all that apply:
- ☐ Transportation to/from meetings
  - ☐ Free parking
  - ☐ Meals/snacks
  - ☐ Childcare (including onsite, vouchers, or other reimbursement)
  - ☐ Gift cards
  - ☐ Stipends
  - ☐ Laptops or other technology for virtual participation (please describe)
  - ☐ Other
- 28a. If you selected “other”, please describe.
29. What accommodations do you provide for participants?
30. Are interpreter services offered to participants whose first language is not English? If yes, please describe.
31. How are agendas determined for meetings?
32. How has the HQEC informed the health equity implementation and strategy at your organization? Please provide specific examples.

33. What has been the most challenging aspect of setting up and managing this committee? Please describe.

## Section 6: External Community Engagement

*Please remember that your response to each individual question must not exceed 500 words.*

34. How are you engaging with community-based organizations and neighboring areas separate from the PCNA, CAB and HQEC? Please list any relevant organizations you are working with.

35. How have you adapted the implementation of your health equity strategy based on MassHealth patient and community feedback? Your answer **must** include specific examples. Please identify whether the change in strategy was also suggested by participants on the CAB and HQEC.

## Appendix A: HRSN Referral Annual Plans

One of MassHealth's key goals in this CQEIP program period is to advance health equity by focusing on initiatives that address the Health-Related Social Needs (HRSN) of members. CBHCs will annually submit to MassHealth a detailed "HRSN Referral" plan for how they intend to refer beneficiaries to services to address unmet HRSNs, inclusive of connecting eligible members with HRSN Services (including the Specialized Community Supports Program (CSP) programs, Flexible Services Program), other benefits/entitlements that address unmet HRSNs and other relevant supports. The HRSN Referral plans must also describe how CBHCs will be able to report, upon MassHealth request, on HRSN referrals by their staff, contractors, or partners. In these HRSN Referral plans, CBHCs must ensure that the HRSN services are provided to members in ways that are culturally appropriate, and trauma-informed.

1. Please describe your CBHC's HRSN Referral Plan. The Plan should include:

- how beneficiaries will be referred to services to address unmet HRSNs;
- how you will utilize existing MassHealth HRSN Services as well as other entitlement programs to address unmet HRSNs; and
- how you will ensure that HRSN services are provided to members in a way that is culturally appropriate and trauma-informed.



## Appendix B: HRSN Screening

MassHealth and CBHCs participating in the QEIP are incentivized to meaningfully improve rates of health-related social needs (HRSN) screening of its beneficiaries and establish the capacity to track and report on screenings.

The questions in this section assess your organization's capacity and plans to systematically capture HRSN screening in **performance year 3 (PY3 2025)** of the QEIP.

1. Will your organization have the capacity to **track** HRSN screenings using any of the following **HCPCS administrative codes**<sup>1</sup>? Please answer "yes" or "no" for each item.

HCPCS administrative codes	Yes	No
a. HCPCS M1207		
b. HCPCS M1208		
c. HCPCS M1237		
d. HCPCS G0136		

2. Will your organization have the capacity to **report** HRSN screenings using any of the following **HCPCS administrative codes**? Please answer "yes" or "no" for each item.

HCPCS administrative codes	Yes	No
a. HCPCS M1207		
b. HCPCS M1208		
c. HCPCS M1237		
d. HCPCS G0136		

3. Will your organization have the capacity to **track** HRSN screenings **using ICD-10 codes**<sup>2</sup>?
  - a. Yes
  - b. No
4. Will your organization have the capacity to **report** HRSN screenings **using ICD-10 codes**<sup>2</sup>?
  - a. Yes
  - b. No
5. Please describe any **challenges** your organization is encountering related to your capacity to track and report **administrative codes** for HRSN screenings in PY3.
6. How do you **plan to address** challenges related to your capacity to track and report **administrative codes** for HRSN screenings in PY3?
7. Please describe any **challenges** your organization is encountering related to your capacity to track and report HRSN screenings using **supplemental data** in PY3.
8. How do you **plan to address** challenges related to your capacity to track and report HRSN screenings using **supplemental data** in PY3?

1. HCPCS codes are the administrative data utilized to calculate rate 1 of the QEIP HRSN screening measure.
2. ICD-10 codes are the administrative data utilized to calculate rate 2 of the QEIP HRSN screening measure.

## Appendix C: Care Coordination

Care coordination is a key function of CBHCs as a hub for urgent care and stabilization to address behavioral health needs of members, including provision of ongoing care for complex behavioral health needs and diversion of members in crisis from the ED or criminal justice system. CBHCs are also required to provide evidence-based treatment for special populations and facilitate access for members who otherwise may not be able to easily access tailored services.

1. Does your organization directly provide services designed to meet the needs of the following member groups? Indicate “yes” or “no” with an “X”.

Groups	Yes	No
<b>Members with youth substance use disorder (SUD)</b>		
<b>Members with perinatal mental health/SUD needs</b>		
<b>Members with Autism Spectrum Disorder (ASD)/Intellectual and Developmental Disabilities (IDD)</b>		
<b>Members reentering the community from the criminal justice system</b>		
<b>Geriatric members with behavioral health needs</b>		

1a. If yes, please describe how you have provided services for these particular member groups, including the specific services offered and the impact on members. *(Recommend 500 words or less)*

1b. If the CBHC does not directly provide services tailored to one or more of the above member groups, please detail how the CBHC facilitates access to these services for members. This may be through referral pathways or other workflows the CBHC has established with outside behavioral health providers rendering these services. *(Recommend 500 words or less)*

2. In keeping with a team-based approach to addressing member care needs, please detail the care coordination processes and workflows the CBHC follows to coordinate with primary care providers (PCPs), medical, and other behavioral health providers involved in care of members belonging to the above groups.

For instance, when considering members with ASD, consistent care coordination with Applied Behavior Analysis (ABA) providers would be of particular importance to establish and maintain. Similarly, coordination with SUD providers for youth members with SUD; with obstetrician-gynecologist, PCPs, and/or SUD providers for members with perinatal mental health and/or SUD needs; with care managers for the reentry member group; and with geriatricians for geriatric members with behavioral health needs would be in line with the CBHC’s role of both providing comprehensive substance use and mental health treatment and providing care management and coordination with a range of providers in the community.

Please include your response to this question below for each member group served, limiting your response for each group to 150 words:

<b>Members with youth substance use disorder (SUD)</b>	Add text
<b>Members with perinatal mental health/SUD needs</b>	Add text
<b>Members with Autism Spectrum Disorder (ASD)/Intellectual and Developmental Disabilities (IDD)</b>	Add text
<b>Members reentering the community from the criminal justice system</b>	Add text
<b>Geriatric members with behavioral health needs</b>	Add text