Technical Specifications for the MassHealth Community Behavioral Health Center (CBHC) Quality and Equity Incentives Program (CQEIP)

Performance Year 1 (Calendar Year 2024)

Version: February 2026

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A. Introduction

This document outlines the Performance Year (PY) 1 Measure Technical Specifications for all CBHCs participating in the CBHC Quality and Equity Incentive Program (CQEIP) component of the overarching CBHC Incentive Program.

All measures in PY1 are Conditions of Participation. CBHCs must report on the reporting requirements for the measure in a timely, complete, and responsive manner to be eligible to qualify for CQEIP incentive payments.

B. Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity (RELDSOGI) Completeness

B.i. Race Data Completeness

OVERVIEW

Measure Name	Rate of Race Data Completeness – CBHC
Steward	MassHealth
Data Source	Numerator source: CBHC Visit and Demographics Data File Denominator sources: MassHealth claims and encounter data, CBHC Visit and Demographics Data File
PY 1 Performance Status	Condition of Participation

POPULATION HEALTH IMPACT

Complete, beneficiary-reported race data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	The percentage of MassHealth members with self-reported race data that was collected by a CBHC in the measurement year.
Numerator	Members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC and self-reported race data that was collected by a CBHC during the measurement year.
Denominator	Members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through the CBHC during the measurement year.

ELIGIBLE POPULATION

Age	MassHealth members of any age
Continuous Enrollment Date	None
Anchor Date	None
Event/Diagnosis	At least one CBHC Bundle Services and/or MCI evaluation through the CBHC between January 1 and December 31 of the measurement year.

DEFINITIONS

CBHC TIN	CBHC Tax ID Number (TIN)
CBHC TIN-Billing Entity	The entity representing the overall CBHC organization encompassed under a CBHC TIN as reported in claims. In the case of multiple CBHC sites, all respective sites fall under a single TIN-billing entity.
MCI Evaluation and CBHC Bundle Services	Mobile Crisis Intervention (MCI) services are a diversionary level of care falling under outpatient services defined by the following service code: • MCI Evaluations (per diem): S9485 HA, HB, HE, or U1 The following modifiers are optional (not required) for MCI per diem codes: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site • U1 = Services provided at community-based sites of service outside of the CBHC site The following modifiers are optional (not required) for MCI per 15 min codes: • HN = Paraprofessional • HO = Master's level clinician • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen) CBHC Bundle Services are behavioral health outpatient services and are defined as follows: • CBHC Bundle Services: T1040 HA or HB

	The modifier codes attached to the T1040 code are defined as follows: • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen)
Complete Race Data	Complete race data is defined as: At least one (1) valid race value (valid race values are listed in Attachment 1). • If value is "UNK" it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. • Each value must be self-reported.
Data Elements for Reporting: CBHC Visit and Demographics Data	File Name: CBHC Visit and Demographics Data Description: Encounter or visit-level file sent by the CBHC to MassHealth. EOHHS will provide a separate Submission Guide detailing the submission process and the elements that will be used to calculate the measure.
Measurement Year	Measurement Years 1-5 correspond to Calendar Years 2024-2028
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, MCO, the PCC Plan
Rate of Race Data Completeness	There will be two rates reported for this measure: Rate 1: (Numerator 1 Population/ Denominator 1 Population) * 100 Rate 2: (Numerator 2 Population/ Denominator 2 Population) * 100
Self-Reported data	For the purposes of this measure specification, data is considered to be self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy). Self-reported race data that has been rolled-up or transformed for reporting purposes may be included. For example, if a CBHC's data systems include races that are included in HHS' data collection standards and an individual self-reports their race as "Samoan", then the CBHC can report the value of "Native Hawaiian or Other Pacific Islander" since the value of Samoan is not a valid value in Attachment 1.

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population
Numerator	For members in Denominator , identify those with complete race data, defined as: At least one (1) valid race value (valid race values are listed in Attachment 1). ○ If value is "UNK," it will not count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. ○ Each value must be self-reported. ○
Exclusions	If value is UTC, the (Bundled Services or MCI) encounter or visit is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID Format: Refer to MassHealth CBHC Visit and Demographics Data File Submission Guide • At least one (1) race value, as defined under "Complete Race Data" above Format: Refer to MassHealth CBHC Visit and Demographics Data File Submission Guide
Data Collection	For the purposes of this measure, race data must be self-reported. Race data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported race data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report race (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff); • Must include one or more values in Attachment 1.
Completeness Calculations	Completeness is calculated for: each individual CBHC TIN-billing entity, and all CBHC TIN-billing entities.

Attachment 1. Race: Accepted Values

Description	Valid Values	Notes
American Indian/Alaska Native	1002-5	
Asian	2028-9	
Black/African American	2054-5	
Native Hawaiian or other Pacific Islander	2076-8	
White	2106-3	
Other Race	OTH	
Choose not to answer	ASKU	Member was asked to provide their race, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked to provide their race, and the member actively selected or indicated that they did not know their race.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The race of the member is unknown since either: (a) the member was not asked to provide their race, or (b) the member was asked to provide their race, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

B.ii. Hispanic Ethnicity Data Completeness

OVERVIEW

Measure Name	Rate of Hispanic Ethnicity Data Completeness – CBHC
Steward	MassHealth
Data Source	Numerator source: CBHC Visit and Demographics Data File Denominator sources: MassHealth claims and encounter data, CBHC Visit and Demographics Data File
PY 1 Performance Status	Condition of Participation

POPULATION HEALTH IMPACT

Complete, beneficiary-reported Hispanic ethnicity data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	The percentage of MassHealth members with self-reported Hispanic ethnicity data that was collected by a CBHC in the measurement year.
Numerator	Members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC and self-reported Hispanic ethnicity data that was collected by a CBHC during the measurement year.
Denominator	Members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through the CBHC during the measurement year.

ELIGIBLE POPULATION

Age	MassHealth members of any age
Continuous Enrollment Date	None
Anchor Date	None
Event/Diagnosis	At least one CBHC Bundle Services and/or MCI evaluation through the CBHC between January 1 and December 31 of the measurement year.

DEFINITIONS

CBHC TIN	CBHC Tax ID Number (TIN)

CBHC TIN-Billing Entity	The entity representing the overall CBHC organization encompassed under a CBHC TIN as reported in claims. In the case of multiple CBHC sites, all respective sites fall under a single TIN-billing entity.
MCI Evaluation and CBHC Bundle Services	Mobile Crisis Intervention (MCI) services are a diversionary level of care falling under outpatient services defined by the following service code: • MCI Evaluations (per diem): S9485 HA, HB, HE, or U1 The following modifiers are optional (not required) for MCI per diem codes: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site • U1 = Services provided at community-based sites of service outside of the CBHC site The following modifiers are optional (not required) for MCI per 15 min codes: • HN = Paraprofessional • HO = Master's level clinician • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen) CBHC Bundle Services are behavioral health outpatient services and are defined as follows: • CBHC Bundle Services: T1040 HA or HB The modifier codes attached to the T1040 code are defined as follows: • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen)
Complete Hispanic Ethnicity Data	Complete Hispanic ethnicity data is defined as: One (1) valid Hispanic ethnicity value (valid Hispanic ethnicity values are listed in Attachment 2). • If value is “UNK,” it will not count toward the numerator. • If value is “ASKU it will count toward the numerator. • If value is “DONTKNOW” it will count toward the numerator. • Each value must be self-reported.

Data Elements for Reporting: CBHC Visit and Demographics Data	File Name: CBHC Visit and Demographics Data Description: Encounter or visit-level file sent by the CBHC to MassHealth. EOHHS will provide a separate Submission Guide detailing the submission process and the elements that will be used to calculate the measure.
Measurement Year	Measurement Years 1-5 correspond to Calendar Years 2024-2028
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, MCO, the PCC Plan
Rate of Hispanic Ethnicity Data Completeness	Rate : (Numerator Population / Denominator Population) * 100
Self-Reported Data	For the purposes of this measure specification, data is considered to be self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy). Self-reported Hispanic ethnicity data that has been rolled-up or transformed for reporting purposes may be included. For example, if a hospital's data systems include ethnicities that are included in HHS' data collection standards (i.e., Mexican; Puerto Rican; Cuban; Another Hispanic, Latino/a, or Spanish origin) and an individual self-reports their ethnicity as "Puerto Rican", then the hospital can report the value of "Hispanic" since the value of Puerto Rican is not a valid value in Attachment 2.

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population
Numerator	For members in denominator, identify those with complete Hispanic ethnicity data, defined as: One (1) valid Hispanic ethnicity value (valid Hispanic ethnicity values are listed in Attachment 2). ○ If value is "UNK," it will not count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. ○ Each value must be self-reported. ○

Exclusions	If value is UTC, the (Bundled Services or MCI) encounter or visit is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID Format: Refer to MassHealth CBHC Visit and Demographics Data File Submission Guide • One (1) Hispanic ethnicity value, as defined under "Complete Hispanic Ethnicity Data" above Format: Refer to MassHealth CBHC Visit and Demographics Data File Submission Guide
Data Collection	For the purposes of this measure, Hispanic ethnicity data must be self-reported. Hispanic ethnicity data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported Hispanic ethnicity data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report Hispanic ethnicity (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff); • Must include one or more values in Attachment 2.
Completeness Calculations	Completeness is calculated for: each individual CBHC TIN-billing entity, and all CBHC TIN-billing entities.

Attachment 2. Hispanic Ethnicity: Accepted Values

Description	Valid Values	Notes
Hispanic or Latino	2135-2	
Not Hispanic or Latino	2186-5	
Choose not to answer	ASKU	Member was asked to provide their ethnicity, and the member actively selected or indicated that they "choose not to answer".
Don't know	DONTKNOW	Member was asked to provide their ethnicity, and the member actively

Description	Valid Values	Notes
		selected or indicated that they did not know their ethnicity.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness).	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The ethnicity of the member is unknown since either: (a) the member was not asked to provide their ethnicity, or (b) the member was asked to provide their ethnicity, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

B.iii. Preferred Language Data Completeness

OVERVIEW	
Measure Name	Rate of Language Data Completeness – CBHC
Steward	MassHealth
Data Source	Numerator source: CBHC Visit and Demographics Data File Denominator sources: MassHealth claims and encounter data, CBHC Visit and Demographics Data File
PY 1 Performance Status	Condition of Participation

POPULATION HEALTH IMPACT

Complete, beneficiary-reported preferred written and spoken language data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	The percentage of MassHealth members with self-reported language data that was collected by a CBHC in the measurement year.
Numerator	Members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC and self-reported language data that was collected by a CBHC during the measurement year.
Denominator	Members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through the CBHC during the measurement year.

ELIGIBLE POPULATION

Age	Members age 6 and older as of December 31st of the measurement year
Continuous Enrollment	None
Anchor Date	None
Event/Diagnosis	At least one CBHC Bundle Services and/or MCI evaluation through the CBHC between January 1 and December 31 of the measurement year.

DEFINITIONS

CBHC TIN	CBHC Tax ID Number (TIN)
CBHC TIN-Billing Entity	The entity representing the overall CBHC organization encompassed under a CBHC TIN as reported in claims. In the case of multiple CBHC sites, all respective sites fall under a single TIN-billing entity.
MCI Evaluation and CBHC Bundle Services	Mobile Crisis Intervention (MCI) services are a diversionary level of care falling under outpatient services defined by the following service code: • MCI Evaluations (per diem): S9485 HA, HB, HE, or U1 The following modifiers are optional (not required) for MCI per diem codes: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site

	• U1 = Services provided at community-based sites of service outside of the CBHC site The following modifiers are optional (not required) for MCI per 15 min codes: • HN = Paraprofessional • HO = Master's level clinician • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen) CBHC Bundle Services are behavioral health outpatient services and are defined as follows: • CBHC Bundle Services: T1040 HA or HB The modifier codes attached to the T1040 code are defined as follows: • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen)
Complete Preferred Written Language Data	Complete Preferred Written Language (PWL) data is defined as: One (1) valid Preferred Written Language value (valid Preferred Written Language values are listed in Attachment 3). • If value is "UNK," it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. • Each value must be self-reported.
Complete Preferred Spoken Language Data	Complete Preferred Spoken Language (PSL) data is defined as: One (1) valid Preferred Spoken Language value (valid Preferred Spoken Language values are listed in Attachment 3). • If value is "UNK," it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. • Each value must be self-reported.
Data Elements for Reporting: CBHC Visit and Demographics Data	File Name: CBHC Visit and Demographics Data Description: Encounter or visit-level file sent by the CBHC to MassHealth. EOHHS will provide a separate Submission Guide detailing the submission process and the elements that will be used to calculate the measure.

Measurement Year	Measurement Years 1-5 correspond to Calendar Years 2024-2028
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, MCO, the PCC Plan, SCO
Rate of Preferred Written and Spoken Language Data Completeness	There will be two rates reported for this measure, defined as: Rate 1: (Numerator (PWL) Population / Denominator Population) * 100 Rate 2: (Numerator (PSL) Population / Denominator Population) * 100
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population
Numerator	For members in denominator, identify those with complete language data, (defined above under "Complete Language Data") for each question below: • QMAT Language Q1: In which language would you feel most comfortable reading medical or health care instructions? (or similar phrasing to elicit written language preference). • QMAT Language Q2: What language do you feel most comfortable speaking with your doctor or nurse? (or similar phrasing to elicit spoken language preference). •
Exclusions	If value is UTC, the (Bundled Services or MCI) encounter or visit is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID Format: Refer to MassHealth CBHC Visit and Demographics Data File Submission Guide

	• At least one (1) Preferred Written and Spoken Language value per question, as defined under “Complete Preferred Written Language Data” and “Complete Preferred Spoken Language Data” above Format: Refer to MassHealth CBHC Visit and Demographics Data File Submission Guide
Data Collection	For the purposes of this measure, Preferred Written and Spoken Language data must be self-reported. Preferred Written and Spoken Language data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported Preferred Written and Spoken Language data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient’s behalf, such as a parent or legal guardian) to self-report preferred written and spoken languages (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff); • Must include one or more values in Attachment 3; ○ If a CBHC submits a value that is not included in Attachment 3 but allowable per the CBHC Visit and Demographics Data File, the value will be mapped to Other Preferred Written Language (OTH).
Completeness Calculations	Completeness is calculated per language question per denominator population each individual CBHC TIN-billing entity, and all CBHC TIN-billing entities. For each individual CBHC: For CBHC x, the percentage of members with self-reported preferred written language data for question 1 that was collected by CBHC x in the measurement year. For CBHC x, the percentage of members with self-reported preferred spoken language data for question 2 that was collected by CBHC x in the measurement year.

Attachment 3. Preferred Written and Spoken Language: Accepted Values

Preferred Written Language

Description	Valid Values	Notes
English	en	
Spanish	es	
Portuguese	pt	
Chinese – Traditional	zh-Hant	
Chinese Simplified	zh-Hans	
Haitian Creole	ht	
French	fr	
Vietnamese	vi	
Russian	ru	
Arabic	ar	
Other Preferred Written Language	OTH	If a CBHC submits a value that is not included in Attachment 3 but allowable per CBHC Visit and Demographics Data Submission Guide, the value will be mapped to Other Preferred Written Language (OTH).
Choose not to answer	ASKU	Member was asked to provide their Preferred Written Language, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked to provide their Preferred Written Language, and the member actively selected or indicated that they did not know their Preferred Written Language.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.

Description	Valid Values	Notes
that alters consciousness)		
Unknown	UNK	The Preferred Written Language of the member is unknown since either: (a) the member was not asked to provide their Preferred Written Language, or (b) the member was asked to provide their Preferred Written Language, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Preferred Spoken Language

Description	Valid Values	Notes
English	en	-
Spanish	es	-
Portuguese	pt	-
Chinese	zh	If a CBHC submits Cantonese (yue), Mandarin (cmn), or Min Nan Chinese (nan) it will be mapped to Chinese for the purposes of data completeness.
Haitian Creole	ht	
Sign Languages	sgn	If a CBHC submits American Sign Language (ase) or Sign Languages (sgn), it will be mapped to Sign Languages for the purpose of data completeness.
French	fr	-
Vietnamese	vi	-
Russian	ru	-

Arabic	ar	-
Other Preferred Spoken Language	OTH	If a CBHC submits a value that is not included in Attachment 3 but allowable per CBHC Visit and Demographics Data Submission Guide, the value will be mapped to Other Preferred Spoken Language (OTH).
Choose not to answer	ASKU	Member was asked to provide their Preferred Spoken Language, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked to provide their Preferred Spoken Language, and the member actively selected or indicated that they did not know their Preferred Spoken Language.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The Preferred Spoken Language of the member is unknown since either: (a) the member was not asked to provide their Preferred Spoken Language, or (b) the member was asked to provide their Preferred Spoken Language, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

B.iv. Disability Data Completeness

OVERVIEW

Measure Name	Rate of Disability Data Completeness – CBHC
Steward	MassHealth
Data Source	Numerator source: CBHC Visit and Demographics Data File Denominator sources: MassHealth claims and encounter data, CBHC Visit and Demographics Data File
PY 1 Performance Status	Condition of Participation

POPULATION HEALTH IMPACT

Complete, beneficiary-reported disability data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	The percentage of MassHealth members with self-reported disability data that was collected by a CBHC in the measurement year.
Numerator	Members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC and self-reported disability data that was collected by a CBHC during the measurement year.
Denominator	Members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through the CBHC during the measurement year.

ELIGIBLE POPULATION

Age	Age varies by disability question: • Disability Questions 1 and 2: no age specified; • Disability Questions 3 – 5: age 6 or older as of December 31st of the measurement year; • Disability Question 6: age 16 or older as of December 31st of the measurement year.
Continuous Enrollment Date	None
Anchor Date	None
Event/Diagnosis	At least one CBHC Bundle Services and/or MCI evaluation through the CBHC between January 1 and December 31 of the measurement year.

DEFINITIONS

CBHC TIN	CBHC Tax ID Number (TIN)
CBHC TIN-Billing Entity	The entity representing the overall CBHC organization encompassed under a CBHC TIN as reported in claims. In the case of multiple CBHC sites, all respective sites fall under a single TIN-billing entity.
MCI Evaluation and CBHC Bundle Services	Mobile Crisis Intervention (MCI) services are a diversionary level of care falling under outpatient services defined by the following service code: • MCI Evaluations (per diem): S9485 HA, HB, HE, or U1 The following modifiers are optional (not required) for MCI per diem codes: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site • U1 = Services provided at community-based sites of service outside of the CBHC site The following modifiers are optional (not required) for MCI per 15 min codes: • HN = Paraprofessional • HO = Master's level clinician • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen) CBHC Bundle Services are behavioral health outpatient services and are defined as follows: • CBHC Bundle Services: T1040 HA or HB The modifier codes attached to the T1040 code are defined as follows: • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen)
Complete Disability Data	Complete Disability data is defined as: One (1) valid disability value for each Disability Question (listed in Attachment 4). • If value is “UNK,” it will not count toward the numerator. • If value is “ASKU,” it will count toward the numerator. • If value is “DONTKNOW,” it will count toward the numerator. • Each value must be self-reported.

Measurement Year	Measurement Years 1-5 correspond to Calendar Years 2024-2028
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, the PCC Plan
Rate of Disability Data Completeness	Rate : (Numerator Population / Denominator Population) * 100
Data Elements for Reporting: CBHC Visit and Demographics Data	File Name: CBHC Visit and Demographics Data Description: Encounter or visit-level file sent by the CBHC to MassHealth. EOHHS will provide a separate Submission Guide detailing the submission process and the elements that will be used to calculate the measure.
Self-Reported data	For the purposes of this measure specification, data is considered to be self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf

ADMINISTRATIVE SPECIFICATION

Denominator	Eligible Population
Numerator Set	For members in Denominator , identify those with complete disability data, (defined above under "Complete Disability Data") for each question below: Disability Q1 (all ages): Are you deaf or do you have serious difficulty hearing? Disability Disability Q2 (all ages): Are you blind or do you have serious difficulty seeing, even when wearing glasses? Disability Q3 (age 6 or older as of December 31 of the measurement year): Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? Disability Q4 (age 6 or older as of December 31 of the measurement year): Do you have serious difficulty walking or climbing stairs? Disability Q5 (age 6or older as of December 31 of the measurement

	year): Do you have difficulty dressing or bathing? Disability Q6 (age 16 or older as of December 31 of the measurement year): Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? • If value is "UNK," it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. • Each value must be self-reported. •
Exclusions	If value is UTC, the (Bundled Services or MCI) encounter or visit is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	For a given disability question, the following information is required: • A valid MassHealth Member ID Format: Refer to MassHealth CBHC Visit and Demographics Data File Submission Guide • One (1) valid disability value per question, as defined under "Complete Disability Data" above Format: Refer to MassHealth CBHC Visit and Demographics Data File Submission Guide
Data Collection	For the purposes of this measure, disability data must be self-reported. Disability data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported disability data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report disability (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff); • Must include one or more values in Attachment 4.
Completeness Calculations	Completeness is calculated per disability question per CBHC and overall, as described below for questions 1 and 2, as an example:

	For each individual CBHC: Example 1: For CBHC x, the percentage of MassHealth members with self-reported disability data for question 1 that was collected by CBHC x in the measurement year. Example 2: For CBHC x, the percentage of MassHealth members with self-reported disability data for question 2 that was collected by CBHC x in the measurement year. For all CBHCs Example 1: For all CBHCs, the percentage of MassHealth members with self-reported disability data for question 1 that was collected by all CBHCs in the measurement year. Example 2: For all CBHCs, the percentage of MassHealth members with self-reported disability data for question 2 that was collected by all CBHCs in the measurement year.

Attachment 4. Disability: Accepted Values

Disability Q1: Are you deaf or do you have serious difficulty hearing?		
Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they are deaf or have difficulty hearing, and the member actively selected or indicated that they “choose not to answer.”
Don’t know	DONTKNOW	Member was asked whether they are deaf or have difficulty hearing, and the member actively selected or indicated that they did not know if they are deaf or have difficulty hearing.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.

Description	Valid Values	Notes
that alters consciousness)		
Unknown	UNK	Whether the member is deaf or has difficulty hearing is unknown since either: (a) the member was not asked whether they are deaf or have difficulty hearing, or (b) the member was asked whether they are deaf or have difficulty hearing, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q2: Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they are blind or have difficulty seeing, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked whether they are blind or have difficulty seeing, and the member actively selected or indicated that they did not know whether they are blind or have difficulty seeing.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member is blind or has difficulty seeing is unknown since either:

Description	Valid Values	Notes
		(a) the member was not asked whether they are blind or have difficulty seeing, or (b) the member was asked whether they are blind or have difficulty seeing, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q3: Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they have serious difficulty concentrating, remembering or making decisions, and the member actively selected or indicated that they "choose not to answer".
Don't know	DONTKNOW	Member was asked whether they have serious difficulty concentrating, remembering or making decisions, and the member actively selected or indicated that they did not know whether they have serious difficulty concentrating, remembering or making decisions.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.

Description	Valid Values	Notes
Unknown	UNK	Whether the member has difficulty concentrating, remembering or making decisions is unknown since either: (a) the member was not asked whether they have difficulty concentrating, remembering or making decisions, or (b) the member was asked whether they have difficulty concentrating, remembering or making decisions, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q4: Do you have serious difficulty walking or climbing stairs?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they have difficulty walking or climbing stairs, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked whether they have difficulty walking or climbing stairs, and the member actively selected or indicated that they did not know whether they have difficulty walking or climbing stairs.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.

Description	Valid Values	Notes
Unknown	UNK	Whether the member has difficulty walking or climbing stairs is unknown since either: (a) the member was not asked whether they have difficulty walking or climbing stairs, or (b) the member was asked whether they have difficulty walking or climbing stairs, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q5: Do you have difficulty dressing or bathing?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they have difficulty dressing or bathing, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked whether they have difficulty dressing or bathing, and the member actively selected or indicated that they did not know whether they have difficulty dressing or bathing.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member has difficulty dressing or bathing is unknown since either:

Description	Valid Values	Notes
		(a) the member was not asked whether they have difficulty dressing or bathing, or (b) the member was asked whether they have difficulty dressing or bathing, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q6: Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Description	Valid Value	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked if they have difficulty doing errands, and the member actively selected or indicated that they "choose not to answer".
Don't know	DONTKNOW	Member was asked if they have difficulty doing errands, and the member actively selected or indicated that they did not know whether they have difficulty doing errands.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether a member has difficulty doing errands is unknown since either: (a) the member was not asked whether they have difficulty doing errands, or

Description	Valid Value	Notes
		(b) the member was asked whether they have difficulty doing errands, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

B.v. Sexual Orientation Data Completeness

OVERVIEW

Measure Name	Rate of Sexual Orientation Data Completeness – CBHC
Steward	MassHealth
Data Source	Numerator source: CBHC Visit and Demographics Data File Denominator sources: MassHealth claims and encounter data, CBHC Visit and Demographics Data File
PY 1 Performance Status	Condition of Participation

POPULATION HEALTH IMPACT

Complete, beneficiary-reported sexual orientation data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	The percentage of MassHealth members with self-reported sexual orientation data that was collected by a CBHC in the measurement year.
Numerator	Members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC and self-reported sexual orientation data that was collected by a CBHC during the measurement year.
Denominator	Members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through the CBHC during the measurement year.

ELIGIBLE POPULATION

Age	MassHealth members age 19 and older as of December 31 of the measurement year

Continuous Enrollment Date	None
Anchor Date	None
Event/Diagnosis	At least one CBHC Bundle Services and/or MCI evaluation through the CBHC between January 1 and December 31 of the measurement year.

DEFINITIONS

CBHC TIN	CBHC Tax ID Number (TIN)
CBHC TIN-Billing Entity	The entity representing the overall CBHC organization encompassed under a CBHC TIN as reported in claims. In the case of multiple CBHC sites, all respective sites fall under a single TIN-billing entity.
MCI Evaluation and CBHC Bundle Services	Mobile Crisis Intervention (MCI) services are a diversionary level of care falling under outpatient services defined by the following service code: • MCI Evaluations (per diem): S9485 HA, HB, HE, or U1 The following modifiers are optional (not required) for MCI per diem codes: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site • U1 = Services provided at community-based sites of service outside of the CBHC site The following modifiers are optional (not required) for MCI per 15 min codes: • HN = Paraprofessional • HO = Master's level clinician • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen) CBHC Bundle Services are behavioral health outpatient services and are defined as follows: • CBHC Bundle Services: T1040 HA or HB The modifier codes attached to the T1040 code are defined as follows: • HA = Youth modifier (youth client seen)

	• HB = Adult modifier (adult client seen)
Complete Sexual Orientation Data	Complete sexual orientation data is defined as: At least one (1) valid sexual orientation value (listed in Attachment 5). • If value is "UNK," it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Data Elements for Reporting: CBHC Visit and Demographics Data	File Name: CBHC Visit and Demographics Data Description: Encounter or visit-level file sent by the CBHC to MassHealth. EOHHS will provide a separate Submission Guide detailing the submission process and the elements that will be used to calculate the measure.
Measurement Year	Measurement Years 1-5 correspond to Calendar Years 2024-2028
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, the PCC Plan
Rate of Sexual Orientation Data Completeness	Rate: (Numerator Population / Denominator Population) * 100
Self-Reported data	For the purposes of this measure specification, data is considered to be self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	Eligible Population
Numerator	For members in denominator , identify those with complete sexual orientation data, defined as: At least one (1) valid sexual orientation value (valid sexual orientation values are listed in Attachment 5). • If value is "UNK," it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator.

	• Each value must be self-reported.
Exclusions	If value is UTC, the (Bundled Services or MCI) encounter or visit is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID Format: Refer to MassHealth CBHC Visit and Demographics Data File Submission Guide • At least one (1) valid sexual orientation value, as defined under "Complete Sexual Orientation Data" above Format: Refer to MassHealth CBHC Visit and Demographics Data File Submission Guide
Data Collection	For the purposes of this measure, sexual orientation data must be self-reported. Sexual orientation data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported sexual orientation data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report sexual orientation (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff); • Must include one or more values in Attachment 5.
Completeness Calculations	Completeness is calculated for: each individual CBHC TIN-billing entity, and all CBHC TIN-billing entities.

Attachment 5. Sexual Orientation: Accepted Values

Description	Valid Values	Notes
Bisexual	42035005	
Straight or heterosexual	20430005	
Lesbian or gay	38628009	

Description	Valid Values	Notes
Queer, pansexual, and/or questioning	QUEER	
Something else	OTH	
Choose not to answer	ASKU	Member was asked to provide their sexual orientation, and the member actively selected or indicated that they "choose not to answer".
Don't know	DONTKNOW	Member was asked to provide their sexual orientation, and the member actively selected or indicated that they did not know their sexual orientation.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The sexual orientation of the member is unknown since either: (a) the member was not asked to provide their sexual orientation, or (b) the member was asked to provide their sexual orientation, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

B.vi. Gender Identity Data Completeness

OVERVIEW	
Measure Name	Rate of Gender Identity Data Completeness – CBHC

Steward	MassHealth
Data Source	Numerator source: CBHC Visit and Demographics Data File Denominator sources: MassHealth claims and encounter data, CBHC Visit and Demographics Data File
PY 1 Performance Status	Condition of Participation

POPULATION HEALTH IMPACT

Complete, beneficiary-reported gender identity data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	The percentage of MassHealth members with self-reported gender identity data that was collected by a CBHC in the measurement year.
Numerator	Members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC and self-reported gender identity data that was collected by a CBHC during the measurement year.
Denominator	Members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through the CBHC during the measurement year.

ELIGIBLE POPULATION

Age	MassHealth members age 19 and older as of December 31 of the measurement year
Continuous Enrollment Date	None
Anchor Date	None
Event/Diagnosis	At least one CBHC Bundle Services and/or MCI evaluation through the CBHC between January 1 and December 31 of the measurement year.

DEFINITIONS

CBHC TIN	CBHC Tax ID Number (TIN)
CBHC TIN-Billing Entity	The entity representing the overall CBHC organization encompassed under a CBHC TIN as reported in claims. In the case of multiple CBHC sites, all respective sites fall under a single TIN-billing entity.

MCI Evaluation and CBHC Bundle Services	Mobile Crisis Intervention (MCI) services are a diversionary level of care falling under outpatient services defined by the following service code: • MCI Evaluations (per diem): S9485 HA, HB, HE, or U1 The following modifiers are optional (not required) for MCI per diem codes: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site • U1 = Services provided at community-based sites of service outside of the CBHC site The following modifiers are optional (not required) for MCI per 15 min codes: • HN = Paraprofessional • HO = Master's level clinician • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen) CBHC Bundle Services are behavioral health outpatient services and are defined as follows: • CBHC Bundle Services: T1040 HA or HB The modifier codes attached to the T1040 code are defined as follows: • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen)
Complete Gender Identity Data	Complete gender identity data is defined as: At least one (1) valid gender identity value (listed in Attachment 6). • If value is “UNK,” it will not count toward the numerator. • If value is “ASKU,” it will count toward the numerator. • If value is “DONTKNOW,” it will count toward the numerator. Each value must be self-reported.
Data Elements for Reporting: CBHC Visit and Demographics Data	File Name: CBHC Visit and Demographics Data Description: Encounter or visit-level file sent by the CBHC to MassHealth.

	EOHHS will provide a separate Submission Guide detailing the submission process and the elements that will be used to calculate the measure.
Measurement Year	Measurement Years 1-5 correspond to Calendar Years 2024-2028
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, the PCC Plan, SCO, One Care, PACE, FFS (includes MassHealth Limited).
Rate of Gender Identity Data Completeness	There will be two rates reported for this measure. Rate : (Numerator Population / Denominator Population) * 100
Self-Reported data	For the purposes of this measure specification, data is considered to be self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	Eligible Population.
Numerator	For members in denominator, identify those with complete sexual orientation data, defined as: At least one (1) valid gender identity value (valid gender identity values are listed in Attachment 6). • If value is "UNK," it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. • Each value must be self-reported.
Exclusions	If value is UTC, the (Bundled Services or MCI) encounter or visit is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID

	Format: Refer to MassHealth CBHC Visit and Demographics Data File Submission Guide • At least one (1) valid gender identity value, as defined under "Complete Gender Identity Data" above Format: Refer to MassHealth CBHC Visit and Demographics Data File Submission Guide
Data Collection	For the purposes of this measure, gender identity data must be self-reported. Gender identity data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported gender identity data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report gender identity (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff); • Must include one or more values in Attachment 6.
Completeness Calculations	Completeness is calculated for: each individual CBHC TIN-billing entity, and all CBHC TIN-billing entities.

Attachment 6. Gender Identity: Accepted Values

Description	Valid Values	Notes
Male	446151000124109	
Female	446141000124107	
Genderqueer/gender nonconforming/non-binary; neither exclusively male nor female	446131000124102	
Transgender man/trans man	407376001	
Transgender woman/trans woman	407377005	

Description	Valid Values	Notes
Additional gender category or other	OTH	
Choose not to answer	ASKU	Member was asked to provide their gender identity, and the member actively selected or indicated that they "choose not to answer".
Don't know	DONTKNOW	Member was asked to provide their gender identity, and the member actively selected or indicated that they did not know their gender identity.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The gender identity of the member is unknown since either: (a) the member was not asked to provide their gender identity, or (b) the member was asked to provide their gender identity, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

B.vii. Conditions of Participation (Applicable to all subcomponents of the RELDSOGI Data Completeness Measure)

CONDITIONS OF PARTICIPATION: PY1	
Conditions of Participation	Complete, timely, and responsive, (at a date to be determined by EOHHS) submission to EOHHS of a mapping and verification deliverable which may include descriptions of member-reported demographic data collection efforts as specified by EOHHS.

C. Health-Related Social Needs Screening: Preparing for Reporting Beginning in PY2

OVERVIEW

Measure Name	Health-Related Social Needs Screening: Preparing for Reporting Beginning in PY2
Steward	MassHealth
Data Source	Claims Data, Clinical Data
PY 1 Performance Status	Condition of Participation

POPULATION HEALTH IMPACT

Eliminating health care disparities is essential to improve quality of care for all patients. An important step in addressing health care disparities and improving patient outcomes is to screen for social drivers of health, including the immediate daily necessities prioritized by individuals that arise from the inequities caused by social determinants of health.

Identification of such needs provides an opportunity to improve health outcomes through interventions such as referral to appropriate social services.

MEASURE SUMMARY

Description	This metric assesses essential foundational interventions by CBHCs to prepare for accountability under the MassHealth Health-Related Social Needs measure which would be implemented in the CQEIP beginning in PY2 to assess whether a CBHC implements screening for all MassHealth patients for food insecurity, housing instability, transportation needs, and utility difficulties. This measure assesses CBHC performance in conducting necessary precursor activities in preparation for implementation of the finalized Health-Related Social Needs measure in Performance Year 2.

CONDITIONS OF PARTICIPATION: PY1

Conditions of Participation	**1. Health-Related Social Needs Assessment** Complete, responsive, and timely (anticipated by September 30th, 2024) submission to EOHHS of an initial assessment of: a) patient-reported health-related social needs (HRSN) data adequacy and completeness, and b) strategies employed to provide information about referrals including to community resources and support services **2. Health-Related Social Needs Tool(s) and Plan** Complete, responsive, and timely (anticipated by December 1, 2024) submission of a report to EOHHS describing: a) One or more HRSN screening tool(s) selected by the CBHC for intended use in screening members beginning in PY 2; the selected tool(s) must meet requirements for screening tools for the MassHealth Health-Related Social Needs metric; and b) An implementation plan to begin screening for HRSNs in Q1 PY 2 (CY 2025) to have capacity to report on the MassHealth Health-Related Social Needs Screening metric beginning in PY 2. c) Strategies to provide information about community resources and support services available to members who screen positive for HRSNs. CBHC TIN-billing entities shall submit one HRSN assessment and one HRSN Tool(s) and Plan on behalf of its CBHC sites, if there are multiple.

D. Equity Improvement Interventions

OVERVIEW	
Measure Name	Equity Improvement Interventions
Steward	MassHealth
Data Source	Supplemental Data
PY 1 Performance Status	Condition of Participation

POPULATION HEALTH IMPACT

Performance improvement projects (PIP) will lead to demonstrated improvements on access and quality metrics, including associated reductions in disparities leading to overall improved health outcomes.

MEASURE SUMMARY

Description	CBHCs will describe current capacity to conduct performance improvement projects and identify resources and infrastructure to support future equity improvement intervention planning and implementation. Performance Year 1 planning will support CBHC efforts to develop a PIP Baseline Report in PY2 to identify performance goals and metrics to address disparities reduction in Performance Years 3 through 5.

CONDITIONS OF PARTICIPATION: PY1

Conditions of Participation	**PIP Assessment and Planning Document** Complete, responsive, and timely (anticipated November 1st, 2024, to be determined by EOHHS) submission to EOHHS of the following report: 1. **Organizational Assessment and Quality Planning Document**, which describes the CBHC's current capacity to conduct performance improvement projects and identifies resources and infrastructure to support future equity improvement intervention planning and implementation. This deliverable may include: a. Identification of key CBHC personnel to support equity improvement interventions. Personnel could include, but are not limited to, an Executive Sponsor, Clinical Lead, and Project Manager as well as other supporting staff. b. Description of CBHC resources, including but not limited to, access to population and health disparities data and ability to regularly use data to measure improvement. c. Identification of potential needs to support quality improvement efforts such as additional staff, trainings, or technical assistance.

	d. Descriptions of CBHC relationships with external entities, such as those involved in the care or support of a sizeable volume of CBHC patients (i.e., hospitals and community organizations) that can be leveraged or expanded to support quality improvement efforts. e. Descriptions of current health equity goals and priorities. CBHC TIN-billing entities shall submit one planning document on behalf of its CBHC sites, if there are multiple.

E. Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English

OVERVIEW

Measure Name	Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English
Steward	MassHealth
Data Source	Supplemental Data
PY 1 Performance Status	Condition of Participation

POPULATION HEALTH IMPACT

Access to high quality language services is essential to delivery of accessible, high-quality care for individuals with a preferred language other than English.

MEASURE SUMMARY

Description	This measure assesses access to healthcare services for individuals with a preferred language other than English and has one component for PY 1: **Language Services Organizational Self-Assessment** This self-assessment evaluates capacity of a CBHC related to providing high quality communication services to patients. The survey will capture information pertinent to providing high quality language services, including related to:

	a. Data collection and identification of communication needs b. Provision of Language Assistance Services c. Providing notice of language assistance services d. Policies, procedures and staff training Monitoring and evaluation

CONDITIONS OF PARTICIPATION: PY1

Conditions of Participation	**Language Services Organizational Self-Assessment** Complete, responsive, and timely (anticipated by January 31, 2025) reporting of an organizational self-assessment of capacity related to providing access to high quality language services to members. CBHC TIN-billing entities shall submit one self-assessment on behalf of its CBHC sites, if there are multiple.

F. Disability Competent Care

OVERVIEW

Measure Name	Disability Competent Care
Steward	MassHealth
Data Source	Supplemental Data
PY 1 Performance Status	Condition of Participation

POPULATION HEALTH IMPACT

Despite evidence of health care disparities experienced by people with disabilities, many health care workers lack adequate training to competently meet the health care needs of people with disabilities. This measure will incentivize CBHCs to identify and prepare for addressing unmet needs for healthcare worker education and training to promote core competencies in providing care to members with disabilities.

MEASURE SUMMARY

Background	Two evidence-based competency models may help health care organizations achieve disability competent care: 1) The Disability

	Competencies,[1] a set of six core competencies developed in 2015 by the Alliance for Disability in Health Care Education (ADHCE) for the future health care workforce [2,3] and 2) The Resources for Integrated Care (RIC) Disability Core Competency (DCC) Model, a set of seven competency 'pillars' developed in 2017 for the practicing health care workforce. [3-5] Both models share common elements and an overarching goal to improve health care for persons with disabilities by educating the health care workforce. [3] Healthcare organizations may assess the degree to which they meet disability competencies using the Resources for Integrated Care (RIC) Disability-Competent Care Self-Assessment Tool (DCCAT) and the Disability-Competent Care Self-paced Training Assessment Review Tool (DCC-START). [6,7]
Description	This measure evaluates whether CBHCs have: 1. Performed a self-assessment of disability-competent care; 2. Identified at least three areas of competency in need of improvement; and 3. Developed a disability competency training plan for patient-facing CBHC staff.
Additional Measure Information	**Patient-facing staff:** any employed (part or full-time), non-agency CBHC staff whose role requires engagement with patients (and/or a patient's caregiver(s)). Patient-facing staff may serve in clinical roles (e.g. provider) or non-clinical roles (e.g., transport staff, diagnostic (lab, radiology) support staff, food services, registration.) **Medical needs**: the needs related to the medical evaluation, assessment, diagnostic, functional and therapeutic care needs of a patient including patients who may have additional needs for assistance or accommodation due to their disability.
References	1. https://nisonger.osu.edu/wp-content/uploads/2019/08/post-consensus-Core-Competencies-on-Disability_8.5.19.pdf 2. https://www.adhce.org/ 3. https://doi.org/10.1016/j.dhjo.2020.100941 4. https://www.resourcesforintegratedcare.com/introduction/ 5. https://www.resourcesforintegratedcare.com/disability-competent-care/ 6. https://www.resourcesforintegratedcare.com/disability-competent-care-self-assessment-tool/ 7. The DCCAT Evaluation Results Form was developed by CMS' RIC with the purpose of helping health plans and systems

	evaluate their ability to meet the needs of adults with functional limitations, and to identify opportunities for improvement. The DCCAT Evaluation Results Form is an Excel document that is available here.

CONDITION OF PARTICIPATION: PY1

Conditions of Participation	1. **Disability Competent Care Self-Assessment Report** Complete, responsive, and timely (anticipated by November 1st, 2024) submission to EOHHS of the following: The CBHC's DCC Team's completed Disability-Competent Care Self-Assessment Report (DCCSAR) report, or another tool to be specified by EOHHS, that includes the following: a. Overview of DCC Team member composition. The members included on the CBHC's Disability Competent Care (DCC) Team can be decided by the CBHC and should represent a reasonable mix of clinical and non-clinical patient-facing staff from different clinical services. In the case of multiple CBHC sites, the DCC team should include staff from each site. Further, we strongly recommend including individuals with disability on the CBHC's DCC Team. b. The summary results from the CBHC DCC Team's DCCAT Evaluation Results Form (DCCAT-ERF) exercise, or another tool to be specified by EOHHS. CBHCs will have freedom to further modify the 'base' DCC-ERF, e.g. add new questions so long as the CBHC submits documentation of (as part of their report) the modifications made along with the reason(s) for the modification(s). Each participating CBHC TIN-billing entity must complete the DCCAT-ERF. This form is not required to be submitted. In the case of multiple CBHC sites, the CBHC TIN-billing entity completes the DCCAT-ERF on behalf of all respective sites. **2. Disability Competent Care Training Plan** Complete, responsive, and timely (anticipated to be due by a date following December 31, 2024) submission to EOHHS of a plan for

	improving competency in targeted competency areas during PY 2, including: a. selected training tools and/or educational resources, b. which patient-facing staff will be assessed (including self-assessed) for post-educational/training competency, and c. approaches that will be used to assess post-education/training, organizational, and staff competency. This plan must describe how the CBHC will be prepared to begin reporting performance in PY 2 on a process measure (in development by EOHHS) beginning in PY 2 that assesses the percent of patient-facing staff demonstrating competency in targeted competency areas for improvement. CBHC TIN-billing entities shall submit one DCC Training Plan on behalf of its CBHC sites, if there are multiple.

G. Disability Accommodation Needs

OVERVIEW

Measure Name	Accommodation Needs: Structural Measure
Steward	MassHealth
Data Source	Supplemental Data
PY 1 Performance Status	Condition of Participation

POPULATION HEALTH IMPACT

Evidence suggests people who have needs for accommodation when accessing health care due to a disability (e.g. behavioral, physical, intellectual) do not always have those needs met. Lack of necessary accommodation can impact health care access and quality.

MEASURE SUMMARY

Description	This measure evaluates whether CBHCs have: 1. Assessed current state of CBHC practice related to screening for accommodation needs at the point of care; and

	2. Planned for how they will, beginning in PY2, screen patients for accommodation needs at the point of care.

CONDITIONS OF PARTICIPATION: PY1

Conditions of Participation	**Disability Accommodation Needs Current Practice and Future Plans** Complete, responsive, and timely (anticipated by September 30, 2024) submission to EOHHS of a report describing the CBHC's current practice and future plans for the following: 1. screening members for accommodation needs* before or at the start of a member encounter, and how the results of this screening are documented, 2. other methods, if any, for documenting accommodation needs. CBHC TIN-billing entities shall submit one report deliverable on behalf of its CBHC sites, if there are multiple. ** For this report, accommodation needs are regarded to be needs related to a disability, including disabilities as a result of a physical, intellectual or behavioral health condition. For this report, this does not include needs for language interpreters, but does include accommodation needs for vision impairments (e.g., Braille) or hearing impairments (e.g., ASL interpreters).*

H. Patient Experience: Communication, Courtesy, and Respect

OVERVIEW

Measure Name	Patient Experience: Communication, Courtesy, and Respect
Steward	MassHealth
Data Source	Supplemental Data
PY 1 Performance Status	Condition of Participation

POPULATION HEALTH IMPACT

Using patient-reported experience, organizations can assess the extent to which patients are receiving culturally competent care that is respectful of and responsive to their individual preferences, needs, and values.

MEASURE SUMMARY

Description	This measure assesses current practices for eliciting patient experience of care with CBHC services, with a focus on equitable experience, to inform survey requirements in future years.

CONDITIONS OF PARTICIPATION: PY1

Conditions of Participation	**1. Patient Experience Report** Complete, responsive, and timely (anticipated by September 30th, 2024) submission to EOHHS of an initial assessment of current practices for eliciting patient experience of care with CBHC services, with a focus on equitable experience, to include the following: a) Description of how the CBHC currently evaluates or plans to evaluate patient experience of care, b) Instruments currently in use or development, such as a survey or focus group questions, and said survey or group location(s) and method(s) of collection, c) How or whether any existing methods assess patient experience with regard to communication, courtesy, and respect, and d) Results collected from the instrument, if available, including insights garnered and changes considered or implemented in response to results.