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| --- | --- |
| Program: | CBHC QEIP |
| **Performance Year**: | PY1 |
| **Measure:** | Disability Accommodation Needs: Structural Measure |
| **Deliverable:** | Disability Accommodation Needs Current Practice and Future Plans Report |
| **Submission Portal:** | OnBase |
| **Submission Due Date:** | September 30th, 2024 |
| **File Naming Convention:** | CBHCAbbreviation\_DANR\_YYYYMMDD |
| **Page Limit** | 5 pages |



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

Summary

The “Disability Accommodation Needs: Structural 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.

In Performance Year 1, performance will be assessed by the complete, responsive, and timely submission of the **Disability Accommodations Needs Current Practice and Future Plans** **Report,** due September 30th, 2024. The reporting template and submission instructions for this deliverable are included in this document.

**A CBHC TIN-billing entity shall submit one report on behalf of its CBHC sites if there are multiple sites.**

## Reporting Template

### Contact Information

| CBHC Organization: | Add text |
| --- | --- |
| Point of Contact Name: | Add text |
| Point of Contact Title: | Add text |
| Point of Contact Email Address: | Add text |

**Introduction**

The following report template requests narrative description of the CBHC’s current practices and plans for screening patients for accommodation needs related to a disability at the point of care, documenting the results of the screening, and the identified accommodation need.

This reporting template is broken out into two sections:

* Section 1: Current Practices
* Section 2: Future Plans

If your CBHC organization has more than one CBHC site, please describe any nuances and/or distinctions in practices and processes by CBHC site as appropriate for each question.

For the purposes of 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, that are necessary to facilitate equitable access to high quality health care. 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).

CBHCs should complete the reporting template provided in this document and submit the completed report to EOHHS via OnBase by **September 30th, 2024**, with the following naming convention: **CBHCAbbreviation\_DANR\_YYYYMMDD.** Please rename the file with the CBHC abbreviation and submission date. Note: Submission is a 2-step process; after uploading the deliverables onto OnBase, click “submit” to finalize the submission.

Please keep the response to no more than 5 pages in total.

Please reach out to the MassHealth Health Equity Team at [health.equity@mass.gov](mailto:health.equity@mass.gov) with any questions.

### Section 1: Disability Accommodation Needs Current Practices

*The first portion of this report relates to current practices*. *If your CBHC organization has more than one CBHC site, please describe any nuances and/or distinctions in practices and processes across CBHC sites, as appropriate for each question.*

1. Does your CBHC organization screen patients for disability accommodation needs either before or during an encounter? Please use an “X” to indicate response for each CBHC site, if your CBHC organization has multiple sites.

| Response | CBHC Site # 1 Name: Add text | CBHC Site # 2 Name: Add text | CBHC Site # 3 Name: Add text | CBHC Site # 4 Name: Add text |
| --- | --- | --- | --- | --- |
| Yes (if yes, proceed to questions 2-6) |  |  |  |  |
| No  (if no, proceed to question 7) |  |  |  |  |

1. Please describe the timing and settings in which patients are screened for accommodation needs. (e.g., new patients, at every visit, every 90 days, at the start of a community crisis stabilization stay, during a mobile crisis evaluation, etc.)

Narrative reply:

1. Please describe the screening tools used and/or questions asked to screen patients for accommodation needs. Please list the specific question(s) and response options used.

Narrative reply:

1. Please describe any other aspects of current practices or processes related to screening patients for accommodation needs. Responses may include but should not be limited to staff involved in screening, outpatient processes (pre-visit, at point of care, via EHR), etc.

Narrative reply:

1. How are the results of the screen (whether patients screened positive or negative) documented? (e.g. in the electronic health record (EHR), free text notes, or flags on a patient’s file or comprehensive assessment)?

Narrative reply:

1. If a patient screens positive for an accommodation need, how are any reported or identified accommodation needs documented? (e.g., in the electronic health record (EHR), free text notes, or flags on a patient’s file or comprehensive assessment, etc.?)

Narrative reply:

1. Are any alternative or supplemental methods for identifying a patient’s accommodation needs used?

Narrative reply:

### Section 2: Disability Accommodation Needs Future Plans

*The second portion of this report relates to future plans. If your CBHC organization has more than one CBHC site, please describe any nuances and/or distinctions in practices and processes across CBHC sites, as appropriate for each question.*

1. Please describe any anticipated actions that will be undertaken in the next four years for screening patients for their accommodation needs either before or during an encounter. This may include plans to improve current screening practices or establishing new screening practices.

Narrative reply:

1. Describe your plan to document, or improve documentation of, the results of the screenings (whether a member screened positive or negative) and reported/identified accommodation needs.

Narrative reply:

1. Describe any anticipated actions for using alternative or supplemental methods for identifying a patient’s accommodation needs:

Narrative reply:

1. Describe any anticipated challenges or barriers to screening and reporting of accommodation needs of patients.

Narrative reply:

1. Describe any anticipated actions that will be undertaken to overcome those challenges.

Narrative reply: