MassHealth Quality and Equity Incentive Program (QEIP)

Program(s):	**ACO, MCO, MBHV QEIP**
Performance Year:	PY3 (2025)
Metric:	Disability Accommodations Needs
Deliverable:	Disability Accommodations Needs Screening Report
Submission Portal:	OnBase
Submission Due Date:	March 31, 2026
File Naming Convention:	EntityAbbreviation_PY3DANReport_YYYYMMDD

Summary

Individuals with disabilities continue to face health care disparities due to a lack of necessary accommodations. To help reduce these inequities, it is essential to identify accommodation needs at the point of care. Accountable Care Organizations (ACOs), Managed Care Organizations (MCOs), and the Massachusetts Behavioral Health Vendor (MBHV) participating in MassHealth's Quality and Equity Incentive Programs (AQEIP, MQEIP, and MBHV-QEIP) are incentivized to meet performance requirements for the Disability Accommodation Needs measure, as outlined in the Performance Year 3-5 Technical Specifications.

Reporting Template

Contact Information

Point of Contact Name:	Add text
Organization Name:	Add text
Point of Contact Email Address:	Add text

Introduction

In this report, entities will describe the screening question(s) used for the purpose of meeting the measure requirements and how the screening results and accommodation needs are documented in the medical record.

Entities will complete the following two sections:
- Section 1. Accommodation Needs Screening Tool and Screening Result Documentation
- Section 2. Accommodation Needs Documentation and Medical Record
- Section 3: Additional Context and Insights (Optional)

A complete, responsive, and timely report submission to MassHealth by **March 31, 2026,** via OnBase, will satisfy Reporting Element 1 for this measure. Please refer to the PY3-5 Technical Specifications for further information on performance requirements.

Section 1: Accommodation Needs Screening Tool and Screening Result Documentation

In the table(s) below, please describe the disability accommodation needs screening tool(s) (question(s)/set of questions) your entity utilizes for the purpose of meeting the Disability Accommodation Needs measure requirements.

If multiple screening tools are used across in-network Primary Care Entities (or in-network Primary Care Providers or MBHV Network providers), please complete Tables 1 and 2 for each additional tool, so that the three most commonly used screening tools (e.g., screening tools used at the practices with the top three largest outpatient visit volumes) are reported.

Note – per the technical specifications: Accommodation needs screening question(s) may be broad (e.g., Is there anything you need help with today to access your care?) or more specific (e.g., Do you have a need for an assistive listening device, mobility assistance, longer appointment time, or other accommodation?).

Screening Tool #1

1. For each question in screening tool #1, please complete Table 1 on the next page with the following:
   a. **Accommodation Needs Screening Question:** the screening question(s) included in the tool.
   b. **Format of Screening Results in Medical Record:** how the patients' response to the screening question is recorded in the medical record and presented to users entering the data (i.e., structured fields/fixed fields, unstructured/free text fields, or both)
   c. **If structured: Fixed Field Response Options:** how the results of the screening are documented in the medical record. i.e., positive/negative; yes/no. If unstructured, write N/A
   d. **If structured: Member Responses Corresponding to Fixed Field Options.** If unstructured, write N/A

Table 1: Screening Tool #1 Questions and Response Options

a. Accommodation Needs Screening Question *(the screening question(s) included in the tool)*	b. Format of Screening Results in Medical Record *(how the patients' response to the screening question is recorded in the medical record)*	c. If structured: Fixed Field Response Options *(how the results of the screening are documented in the medical record and presented to users entering the data - i.e., positive/negative; yes/no)* *If unstructured: Report N/A*	d. If structured: Member Responses Corresponding to Fixed Field Options *If unstructured: Report N/A*
Question 1:_____	*Select ONE.* ☐ Structured Fields (fixed fields) ☐ Unstructured Fields (free text) ☐ Both	☐ N/A – unstructured field Field Response Option 1: _____ Field Response Option 2: _____ Etc.	☐ N/A – unstructured field Member Responses Corresponding to Option 1: _____ Member Responses Corresponding to Option 2: _____ Etc.
Question 2 (if applicable):_____	*Select ONE.* ☐ Structured Fields (fixed fields) ☐ Unstructured Fields (free text) ☐ Both	☐ N/A – unstructured field Field Response Option 1: _____	☐ N/A – unstructured field Member Responses Corresponding to Option 1: _____

a. Accommodation Needs Screening Question (the screening question(s) included in the tool)	b. Format of Screening Results in Medical Record (how the patients' response to the screening question is recorded in the medical record)	c. If structured: Fixed Field Response Options (how the results of the screening are documented in the medical record and presented to users entering the data - i.e., positive/negative; yes/no) If unstructured: Report N/A	d. If structured: Member Responses Corresponding to Fixed Field Options If unstructured: Report N/A
		Field Response Option 2: _____ Etc.	Member Responses Corresponding to Option 2: _____ Etc.
Question 3 (if applicable): _____	Select ONE. ☐ Structured Fields (fixed fields) ☐ Unstructured Fields (free text) ☐ Both	☐ N/A – unstructured field Field Response Option 1: _____ Field Response Option 2: _____ Etc.	☐ N/A – unstructured field Member Responses Corresponding to Option 1: _____ Member Responses Corresponding to Option 2: _____ Etc.

*Add additional rows as necessary to capture additional **screening questions within screening tool #1** by duplicating the rows above*

2. Please provide the following information for **screening tool #1** in the table below:

Table 2. Screening Tool #1 Information

a. **Tool selection** *(how the tool was selected, including the source/steward, with citations as relevant)*	Select ONE: ☐Internally developed ☐ Adopted from external source (specify below) Source/Steward Name: _____ Citation (if applicable): _____
b. **Modalities** *(modalities through which patients will be presented with the screening questions (e.g. in person, by telephone, as part of the MyChart pre-visit validation, etc.)*	Select all that apply: ☐In-person ☐Telephone ☐MyChart/Portal (pre-visit) ☐Other (please describe): _____

Screening Tool #2

*Add additional tables as needed to capture **additional screening tools** by duplicating Tables 1 and 2 above for Screening Tool #2, #3, etc. As noted above, if multiple screening tools are used across in-network Primary Care Entities (or in-network Primary Care Providers or MBHV Network providers), please complete Tables 1 and 2 for each additional tool, so that the three most commonly used screening tools (e.g., screening tools used at the practices with the top three largest outpatient visit volumes) are reported.*

Screening Tool #3

See instructions above.

Section 2: Accommodation Needs Documentation and Medical Record

For each screening tool described in section 1, complete the following questions.

Screening Tool #1

1. How are patient-reported accommodation need(s) related to a disability documented in the medical record? Indicate with an "X".

   Note – per the technical specifications: Documentation of patient-requested accommodation(s) related to a disability may be specific (e.g., member requests American Sign Language Interpreter) or categorical (e.g., member requests communication accommodations) at the discretion of the CBHC.

Format of Documentation in the Medical Record	Response (indicate with an "X")
Structured Fields (fixed fields)	
Unstructured Fields (free text)	
Both	

2. If structured fields are used to document patient's accommodation needs related to a disability, please describe the fixed field options presented to medical record users entering the data and how patient responses will correspond to these fields. If unstructured fields are used, please write "N/A."

Fixed field Options	Member Responses corresponding to fields
Add text	Add text
Add text	Add text
Add text	Add text

Add rows as necessary

3. Where are the screening results and, if applicable, patient-reported accommodation needs, stored in the medical record? Indicate all that apply.

Response Option	Response (indicate with an "X")
Header/Sidebar of EHR	
Progress Notes	
Problem List	
Care Plan	
Other (please describe):_____	

4. Is a <u>timestamp captured</u> for when screening results and if applicable, patient-reported accommodation needs, are entered into the medical record?

Response Option	Response (indicate with an "X")
Yes	
No	

5. Describe the <u>type of staff who screen patients and document</u> patient responses related to accommodation needs screening in the medical record. Indicate all that apply.

Response Option	Response (indicate with an "X")
Primary Care Providers	
Nurses	
Care Coordinators	
Administrative Staff	

Other (please describe): _____	

6. Describe the <u>types of medical record users who have access to *view*</u> the documented accommodation needs. Indicate all that apply.

Response Option	Response (indicate with an "X")
Clinical teams	
Billing staff	
Patient safety teams	
Quality teams	
Health Plan or ACO/MCO/MBHV Staff	
Other (please describe): _____	

Screening Tool #2

For each additional screening tool, please complete Section 2 by duplicating Questions 1-6 above for Screening Tool #2, #3, etc. As noted above, if multiple screening tools are used across in-network Primary Care Entities (or in-network Primary Care Providers or MBHV Network providers), please complete Questions 1-6 in this section for each additional tool, so that the <u>three most commonly used screening tools</u> (e.g., screening tools used at the practices with the top three largest outpatient visit volumes) are reported.

Screening Tool #3

See instructions above.

Section 3: Additional Context and Insights (Optional)

Please provide any additional context, clarifications, or narrative you believe would clarify your organization's approach to identifying and documenting disability accommodation needs. This may include challenges encountered, innovative practices, or planned improvements. (250-word limit)

<u>Response</u>: