![MassHealth]

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

Program:	CBHC QEIP
Performance Year:	PY2 (2025)
Measure:	Disability Accommodation Needs
Deliverable:	Disability Accommodation Needs Screening Report
Submission Portal:	OnBase
Submission Due Date:	February 27, 2026
File Naming Convention:	CBHCAbbreviation_AccomNeedsReport_YYYYMMDD

Summary

The **Disability Accommodation Needs Screening Report** is a Condition of Participation submission for Performance Year 2 (PY2) for the Disability Accommodation Needs Measure. This measure assesses the percentage of encounters where 1) patients were screened for accommodation needs related to a disability and 2) for those patients screening positive for accommodation needs related to a disability, a corresponding patient-reported accommodation need was documented.

More specifically, two rates are calculated:

Rate 1: Accommodation Needs Screening: Percentage of core outpatient services encounters and adult community crisis stabilization stays where patients with disability were screened for accommodation needs related to a disability and the results of the screen were documented electronically in the medical record.

Rate 2: Accommodation Needs Documented: Percentage of core outpatient services encounters and adult community crisis stabilization stays where patients screened positive for accommodation needs related to a disability and for which patient-requested accommodation(s) related to a disability were documented electronically in the medical record.

In this report, CBHCs 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.

The reporting template and submission instructions are included in this document. A CBHC TIN-billing entity shall submit one narrative 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

CBHCs should complete the reporting template provided in this document and submit the completed report to EOHHS via OnBase by **February 27, 2026** with the following naming convention: **CBHCAbbreviation_AccomNeedsReport_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 reach out to the MassHealth Health Equity Team at health.equity@mass.gov with any questions.

Introduction

In PY2, CBHCs have two reporting requirements for the Disability Accommodation Needs measure:
- **Component 1.** Disability Accommodation Needs Screening Report
- **Component 2.** Disability Accommodation Needs Screening Data submitted via supplemental file.

Completion of this report will fulfill **Component 1**, in which CBHCs will describe:
- The accommodation needs screening question(s) used by the CBHC for the purpose of meeting performance requirements of this measure.
- A description of how the screening results and the patient-requested accommodation needs are documented in the medical record including:
  - entry mode (free text vs. fixed-field);
  - specific fixed field options (if used); and
  - where accommodation needs information is displayed (e.g. top or sidebar of electronic health record, problem list, etc.).

CBHCs will complete the following three sections:
- Section 1. Accommodation Needs Screening Tool and Screening Result Documentation
- Section 2. Accommodation Needs Documentation
- Section 3. Documentation in the Medical Record

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 CBHC utilizes for the purpose of meeting the Disability Accommodation Needs measure requirements.

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 <u>each question</u> 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: Report N/A
   d. **If structured: Member Responses Corresponding to Fixed Field Options.** If unstructured: Report 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

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): _____
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. Otherwise, skip this section.*

Section 2. Accommodation Needs Documentation

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 "Not Applicable."

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

Add rows as necessary

Section 3. Documentation in the Medical Record

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

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.

Response Option	Response (indicate with an "X")
Nurses	
Community Crisis Stabilization clinicians	
Mobile crisis intervention (MCI) clinicians	
Core services clinicians	
Care navigators/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 (e.g., billing, clinical teams, patient safety, etc.). Select all that apply:

Response Option	Response (indicate with an "X")
Clinical teams	
Billing staff	
Patient safety teams	
Quality teams	
Other (please describe): _____	