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

Program:	CBHC QEIP
Performance Year:	PY1
Measure:	Health-Related Social Needs Screening: Preparing for Reporting Beginning in PY2
Deliverable:	HRSN Assessment Narrative
Submission Portal:	OnBase
Submission Due Date:	September 30th, 2024
File Naming Convention:	CBHC Abbreviation_HRSNAssessmentNarrative_YYYYMMDD

Summary

The Health-Related Social Needs (HRSN) Assessment Narrative is the first of two reporting requirements for the measure: "Health-Related Social Needs Screening: Preparing for Reporting Beginning in PY2." This PY1 metric assesses essential foundational interventions by CBHCs to prepare for accountability under the MassHealth HRSN 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.

Performance Submission Requirements for this measure in PY1 includes two deliverables.

1. **Health-Related Social Needs Assessment**, due September 30th, 2024. The reporting template and submission instructions for this deliverable are included in this document.
2. **Health-Related Social Needs Tool(s) and Plan**, anticipated to be due December 1st, 2024. The reporting template and submission instructions for this deliverable will be shared separately.

A CBHC TIN-billing entity shall submit one HRSN assessment narrative 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 questions are broken out into two sections:

- Section 1: Data Collection Questions
- Section 2: Data Use Questions

If your CBHC organization has more than one CBHC site, please respond to each question for each site as appropriate, where there are variances in practices and processes.

For the purposes of this assessment, "health-related social needs" are defined as "the immediate daily necessities that arise from the inequities caused by the social determinants of health, such as a lack of access to basic resources like stable housing, an environment free of life-threatening toxins, healthy food, utilities including heating and internet access, transportation, physical and mental health care, safety from violence, education and employment, and social connection."

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_HRSNAssessmentNarrative_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.

Section 1: Data Collection Questions

For the following questions 1 through 10, please use an "X" to indicate response unless specified otherwise. If your CBHC organization has multiple sites, please respond for each CBHC site.

1. Does your CBHC collect HRSN data?

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				
No (if no, proceed to question 21)				

2. What screening tool(s) does your CBHC use to capture HRSN data? Please click the hyperlink to view each screening tool.

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
Accountable Health communities Health-Related Social Needs Screening Tools				
The Protocol for Responding to and Assessing Patients' Risks and Experiences				
American Academy of Family Physicians (AAFP) Screening Tool (2018)				
Other (please specify name of tool and year)	Add text	Add text	Add text	Add text
Do not know which tools are used				

3. During what visit types does your CBHC screen patients for HRSN? Indicate all that apply.

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
Outpatient CBHC Bundle Encounter Visits				
Mobile Crisis Intervention (MCI)				
Community Crisis Services (CCS)				
Other (please specify)	Add text	Add text	Add text	Add text

4. What data sources does your CBHC use to determine patients' HRSNs? Indicate all that apply.

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
Self-reported *(e.g. at registration, via a patient portal, via a SMS survey, via an email survey)*				
Family-reported				
Health plan personnel (e.g. care manager)				
Other collection methods (please describe)	Add text	Add text	Add text	Add text
Do not know				

5. How often does your CBHC screen patients for HRSN? Indicate all that apply.

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
At the first visit (for new patients)				
Regularly on a certain frequency (please describe) *(e.g., every 90 days, every six months)*	Add text	Add text	Add text	Add text
As needed. If so, what prompts screening? (please describe)	Add text	Add text	Add text	Add text
Other (please describe)	Add text	Add text	Add text	Add text
Do not know				

6. Does your CBHC's HRSN screening process or tool differ by age group?

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, please describe, including how screening domains and settings may differ)	Add text	Add text	Add text	Add text
No				
Do not know				

7. Does your CBHC analyze data on HRSN screenings performed?

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				
No				

8. Does your CBHC analyze data on the HRSN <u>needs identified</u> among new patients?

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				
No				

9. How does your CBHC currently capture HRSN data? Indicate all that apply.

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
Uploaded documents in the EHR				
Within narrative fields in EHR				
In fixed EHR fields				
Using administrative codes (ICD-10, HCPCs, etc.)				
Care management platform (please describe)	Add text	Add text	Add text	Add text
Other (please describe)				
Do not know				

10. If your CBHC uses administrative codes to capture HRSN data, please indicate which code system are used. Indicate all that apply.

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
CPT (M1207, M1208, M1237)				
HCPCS (G0136)				
ICD-10 (if yes, please proceed to Q13)				

11. If your CBHC uses the ICD-10 code series to capture HRSN data, please indicate which domains of codes are used. Include the codes that are used.

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
ICD-10 Codes Related to Food Insecurity	Add text	Add text	Add text	Add text
ICD-10 Codes Related to Homelessness, Housing Instability, or Inadequate Housing	Add text	Add text	Add text	Add text
ICD-10 Codes Related to Transportation Needs	Add text	Add text	Add text	Add text
ICD-10 Codes Related to Utilities Difficulties	Add text	Add text	Add text	Add text

Section 2: Data Use Questions

For questions 12-17, please provide a narrative response. If your organization has multiple sites, please describe any nuances and/or distinctions in practices or processes by site in your assessment.

12. Please describe the steps your CBHC is taking, if any, to improve accuracy and completeness of HRSN screening data.
    <u>Narrative reply</u>:

13. What are barriers to collecting HRSN data from patients?
    <u>Narrative reply</u>:

14. What are facilitators to collecting HRSN data from patients? What systems and processes are in place to facilitate the collection of HRSN data from patients?
    <u>Narrative reply</u>:

15. How does your CBHC ensure staff are collecting HRSN data using culturally competent, culturally sensitive, and trauma informed approaches?
    <u>Narrative reply</u>:

16. If a positive HRSN is identified, what systems are in place at your CBHC to ensure patient needs are addressed? (describe workflows, clinical decision support tools, referral processes, etc.)
    <u>Narrative reply</u>:

17. If a positive HRSN is identified, what staff at your CBHC are engaged in addressing patient needs?
    <u>Narrative reply</u>:

For question 18, please use an "X" to indicate response unless specified otherwise. If your CBHC organization has multiple sites, please respond for each CBHC site.

18. If a positive HRSN is identified, what resources are offered to the patient?

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
Referral to MassHealth Program (please describe which programs)	Add text	Add text	Add text	Add text

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
(e.g. Flex Services, Community Partners Program, Community Supports Program)				
Services or supports provided by other state agencies (pleases describe which programs) *(e.g., Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutritional Program for Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF))*	Add text	Add text	Add text	Add text
Referral to community resources (please describe)	Add text	Add text	Add text	Add text
Other (please describe)	Add text	Add text	Add text	Add text
Do not know				

For questions 19-21, please provide a narrative response. If your organization has multiple sites, please describe any nuances and/or distinctions in practices or processes by site in your assessment,

19. What processes are in place at your CBHC to follow up on or track whether patients received services once the referrals are made?
    Narrative reply:

20. What barriers does your CBHC encounter when addressing identified HRSN? (please address both internal and external barriers).
Narrative reply:

21. Please provide any additional comments on your CBHC's collection and use of HRSN screening data.
Narrative reply: