



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

---

<b>Program:</b>	CBHC QEIP
<b>Performance Year:</b>	PY1
<b>Measure:</b>	Health-Related Social Needs Screening: Preparing for Reporting Beginning in PY2
<b>Deliverable:</b>	Health-Related Social Needs Tool(s) and Plan
<b>Submission Portal:</b>	OnBase
<b>Submission Due Date:</b>	December 1 <sup>st</sup> , 2024
<b>File Naming Convention:</b>	CBHCAbbreviation_HRSNScreeningPlan_YYYYMMDD

## Summary

The **Health-Related Social Needs Tool(s) and Plan** is the second 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 the **Health-Related Social Needs Tool(s) and Plan**, due December 1<sup>st</sup>, 2024. The reporting template and submission instructions for this deliverable are included in this document.

A CBHC TIN-billing entity shall submit one HRSN Screening Tool(s) and Plan report on behalf of its CBHC sites if there are multiple sites.

# Reporting Template

## Contact Information

<b>CBHC Organization:</b>	Add text
<b>Point of Contact Name:</b>	Add text
<b>Point of Contact Title:</b>	Add text
<b>Point of Contact Email Address:</b>	Add text

CBHCs should complete the reporting template provided in this document and submit the completed report to EOHHS via OnBase by **December 1<sup>st</sup>, 2024**, with the following naming convention: **CBHCAbbreviation\_HRSNScreeningPlan\_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](mailto:health.equity@mass.gov) with any questions.

## Introduction

The questions are broken out into four sections:

- Section 1. HRSN Screening Tool(s) and Plan
- Section 2. Implementation Plan
- Section 3. HRSN Follow-up and Referrals
- Section 4. Appendix: Examples of Standardized Screening Instruments

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.”

## Section 1. HRSN Screening Tool(s) and Plan

The questions in this section are about the HRSN screening tool(s) your CBHC intends to use in screening patients for health-related social needs beginning in Performance Year 2. Criteria for the screening tool(s) selected and examples of standardized HRSN screening instruments that meet the requirements are provided in Section 4: Appendix.

1. In the table below, please identify the name(s) of the HRSN screening tool(s) and indicate below which best characterizes your selected HRSN screening tool(s) using an “X” to indicate your response.

Name of HRSN Screening Tool	The tool is an existing standardized tool <b><u>without</u></b> modifications.	The tool is a <b><u>modified</u></b> version of an existing standardized tool.	The tool is a <b><u>homegrown</u></b> tool not based on an existing standardized tool.
Add text			

*Please add additional rows as needed if your CBHC intends to use more than one HRSN screening tool.*

2. Briefly describe the selected HRSN screening tool(s). Include in your description, the rationale for modifications to the tool, if any (250-word limit).  
Please describe:
3. Please attach a copy or copies of the selected HRSN screening tool(s) your CBHC intends to use in screening patients for health-related social needs beginning in Performance Year 2.  
*Note: you may upload multiple documents into a report container in OnBase before submitting a report. Please upload a copy or copies of the selected HRSN screening tool(s) as a separate file from the completed narrative deliverable report (this document).*

Use an “X” to indicate that you have uploaded the selected HRSN screening tool(s) to OnBase.

Statement	Response
I have attached a copy or copies of the HRSN screening tool(s) the CBHC intends to use in screening patients for health-related social needs beginning in Performance Year 2.	

## Section 2. Implementation Plan

This section asks you to describe an implementation plan to begin screening patients for HRSNs in PY2.

4. Describe during which visit types (i.e., outpatient CBHC bundle service encounters, youth and/or adult mobile crisis intervention, community crisis stabilization stays., etc.) does your CBHC plans to implement HRSN screenings starting in PY2? (500-word limit)  
Please describe:
5. Describe any systems updates to electronic health records (including use of HCPCS and z-codes to capture screening and identified needs administratively) that your CBHC plans to implement. (500-word limit)  
Please describe:
6. Describe how screenings will be integrated into workflows. (500-word limit)  
Please describe:
7. Describe your CBHC's plan for data capture, including administrative, and as applicable, supplemental data, for whether a screening was performed and whether positive health-related social needs were identified. (500-word limit)  
Please describe:
8. Describe how staff will be engaged to support screening completion. The description must include the types of staff that will be engaged to conduct HRSN screenings. (500-word limit)  
Please describe:
9. Describe any anticipated training needs and strategies for educating staff documenting screenings and identifying needs using HCPCS and z-codes. (500-word limit)  
Please describe:
10. Please provide a timeline for implementation of activities. (500-word limit)  
Please describe:
11. Describe any anticipated challenges to begin screening in Q1 2025 and how they will be addressed. (500-word limit)  
Please describe:

## Section 3. HRSN Follow-up and Referrals

12. How will your CBHC respond to identified health-related social needs and provide information to patients about community resources and support services available? (500-word limit)  
Please describe:

13. Does your CBHC plan to use referral platform? Indicate response with an “X”

Response Choice	Response
Yes (if yes, proceed to Question 13a&b)	
No (if no, skip Questions 13a&b)	

13a. If yes, please specify the name of the referral platform you use.

Please describe:

13b. If yes, please briefly describe the timeline for implementation of use of the referral platform (250-word limit).

Please describe:

#### Section 4. Appendix: Examples of Standardized Screening Instruments

A standardized health-related social needs screening instrument is defined as a standardized assessment, survey, tool or questionnaire that is used to evaluate social needs. HRSN screening tools used for the purpose of performance on this measure must include at least one screening question in each of the four required domains: food insecurity, housing instability, transportation needs, and utility difficulties

Examples of eligible screening tools include, but are not limited to:

- Accountable Health Communities Health-Related Social Needs Screening Tool
- The Protocol for Responding to and Assessing Patients’ Risks and Experiences (PRAPARE) Tool
- American Academy of Family Physicians (AAFP) Screening Tool

CBHCs are not required to use the example screening tools listed above; CBHCs may choose to use other screening instruments, or combinations of screening instruments, that include at least one screening question in each of the four required domains.