

## **Guidance for Quality Measure Transition Planning for Existing Section 223 Demonstration States and Clinics – Transition to Calendar Year as Measurement Year**

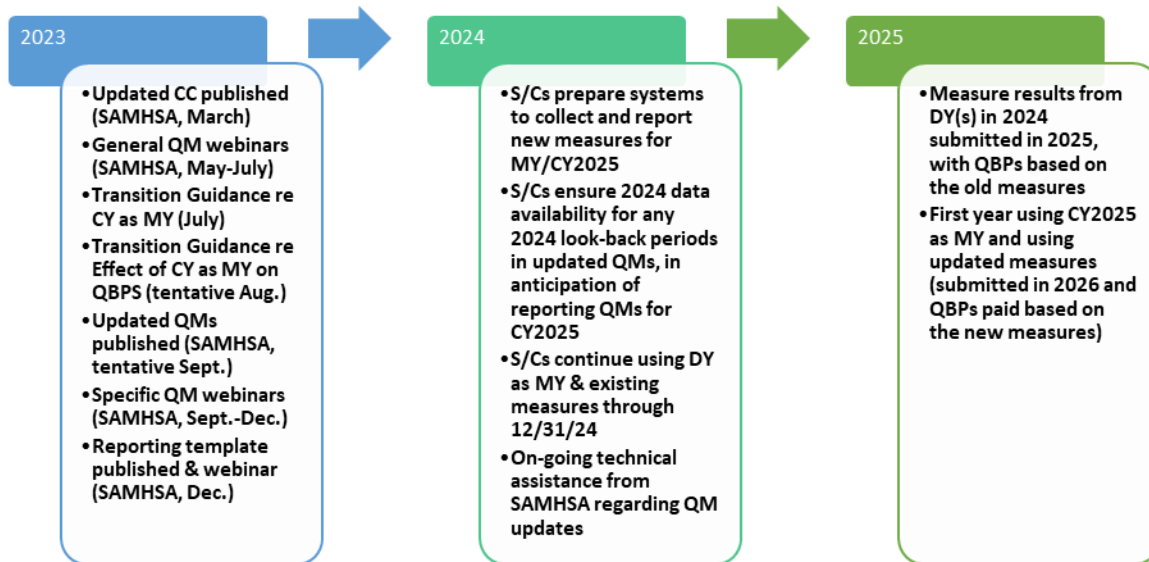
Beginning with the Calendar Year (CY) of January 1, 2025-December 31, 2025, SAMHSA and its Federal Partners are shifting from using the Section 223 Demonstration Years (DY) as the quality measure Measurement Year (MY) for the Behavioral Health Clinic (BHC) measures to using the CY. The MY is the period of time being measured or assessed when calculating quality measures, not necessarily the time period for which data are required. The latter period, of when data are required, is the Measurement Period (MP). Actual data requirements and MPs depend on the measure and vary greatly and may include look-back or look forward data needs. We address the look-back implications of shifting to the CY for each measure and its MP in **Table 1**. We will address the implications for Quality Bonus Payment (QBP) programs within the Section 223 Demonstration in a subsequent guidance document.

***Reasons for Changing the Measurement Year from the DY to the CY.*** There are multiple reasons we are changing the MY for the reporting of quality measures by CCBHCs.

1. The CY is the MY both for the CMS Medicaid Adult and Child Core Sets and for section 1115 waiver/demonstration reporting. Because all state Medicaid programs, for the first time, will be required by CMS to report all Child Core Set and behavioral health measures on the Adult Core Set starting with 2024 Core Set reporting, aligning them makes sense from the perspective of the state Medicaid programs participating in the Section 223 Demonstration. Nearly all of the updated measures require state-collected data and a few of the clinic-collected measures will use fundamentally the same programming as the Core Set that must be reported.
2. The CY is more intuitive, particularly when calculating look-back periods that vary greatly across measures, and allows use (for Core Set measures) of the published CMS Core Set MP tables, reducing the possibility of error.
3. As the CCBHC demonstration program now is expanding every two years under BSCA, and as the CCBHC PDI and IA grants continue to multiply with their own grant reporting periods, it becomes extremely complex to have different MYs attributable to the many different Demonstration Years. Acting now to establish a uniform CY based MY will simplify matters as the program grows.
4. During 2024, both states and CCBHCs that are part of the existing Section 223 Demonstration will also be uniformly updating their quality measure programming for the first time since the measures were initially reported for the first DY (as well as updating many other facets of operation to satisfy the revised criteria). It makes sense that, as IT systems are updated for the measure revisions, the periods measured be updated at the same time.

**Overview of Transition.** Figure A depicts our conception of transition over the years 2023, 2024, and 2025.

**Figure A. Overview of Transition Periods for Quality Measurement in Existing Section 223 Demonstration States and Clinics**



CC, Certification Criteria; CY, Calendar Year; MY, Measurement Year; QM, Quality Measure; S/Cs, States and CCBHCs; QBP, Quality Bonus Payment

**Effects of Adoption of Calendar Year on Measure Look-back Periods.** Our current expectations for MY 2025 look-back periods reaching into 2024 and requiring attention during 2024, are identified in **Table 1**. As the table shows, two required and two optional clinic-collected measures have look-back periods reaching into 2024, and three required and one optional state-collected measures have look-back periods into 2024. For all of those state measures, the state will be reporting only on the Medicaid population, using data already in the Medicaid agency’s possession and control, and the state Medicaid program will already have programmed its data systems to be reporting all four of those state-collected measures on a statewide basis for CY 2024.

**Table 1. General Look-back Periods Required for Updated Measures Using Calendar Year 2025 as the Measurement Year**

Measure	Implications for 2024 Look-back
<b>Clinic-Collected Measures Required</b>	
Time to Services (I-SERV)	Last six months of 2024 (data to determine if they were a client at the CCBHC during that time)
Depression Remission at Six Months (DEP-REM-6)	None
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	All of 2024 (screening for unhealthy alcohol use data)
Screening for Depression and Follow-Up Plan (CDF-CH and CDF-AD)	None
Screening for Social Drivers of Health (SDOH)	None
<b>Clinic-Collected Measures Optional</b>	
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	Last six months of 2024 (Tobacco Cessation Intervention data)
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) (SRA-CH)	None
Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) (SRA-AD)	None
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	None
Controlling High Blood Pressure (CBP-AD)	Nearly all of 2024 (dx of hypertension data)
<b>State- Collected Measures Required</b>	
Patient Experience of Care Survey (PEC)	None
Youth/Family Experience of Care Survey (Y/FEC)	None
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	None
Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)	None
Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)	None
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	Most of last eight months of 2024 (encounter, medication, and dx data to show episode is a new one) <sup>1</sup>

<b>Measure</b>	<b>Implications for 2024 Look-back</b>
Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)	None
Follow-Up After Emergency Department Visit for Substance Use (FUA-CH and FUA-AD)	None
Plan All-Cause Readmissions Rate (PCR-AD)	None
Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)	Last two months of 2023 and all of 2024 (encounter, medication, and dx data to show newly prescribed medication) <sup>1</sup>
Antidepressant Medication Management (AMM-AD)	Nearly all of 2024 (encounter, medication, and dx data to show newly prescribed medication) <sup>1</sup>
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	None
Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)	All of 2024 (dx data)
<b>State- Collected Measures Optional</b>	
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Most of last four months of 2024 (encounter, medication, and dx data to show newly prescribed medication) <sup>1</sup>
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	None

<sup>1</sup> These are for the Medicaid population only and are existing measures that will be required reporting for all Medicaid programs in 2024, using the CY.