

Medicaid and CHIP State Plan, Waiver, and Program Submissions
Behavioral Health Clinic Quality Data Reporting
CMS-10398 #48, OMB 0938-1148

This January 2024 iteration is a revision of an active collection of information request.

A. Background

On April 1, 2014, the Protecting Access to Medicare Act (PAMA) of 2014 (PAMA, P.L. 113-93), Section 223, was signed into law. Among other directives, PAMA required the Department of Health and Human Services (HHS) to publish criteria for clinics to be certified as Certified Community Behavioral Health Clinics (CCBHCs). PAMA also required HHS to develop criteria for “quality data” reporting (Section 223 (a)(2)(E) of PAMA). In 2015, HHS issued the original CCBHC certification criteria. The criteria establish a set of uniform standards that providers must meet to be qualified as a CCBHC, including reporting of quality measure data. In addition, PAMA required HHS to select up to 24 planning grant states to prepare for the Section 223 Demonstration Program to Improve Community Mental Health Services (“Section 223 Demonstration” or “Demonstration”), with the Demonstration to be comprised of up to eight states with certified CCBHCs. In October 2015, SAMHSA awarded planning grants to 24 states to provide funding during the one-year planning phase of the Demonstration, with eight states selected to participate in the Demonstration beginning in 2017. This originally was a two-year demonstration that was extended multiple times by Congress.

CCBHCs serve adults with serious mental illness, children with serious emotional disturbance, those with long term and serious substance use disorders, as well as others with comorbid mental illness and substance use disorders. By meeting the certification criteria, CCBHCs across the country provide comprehensive, coordinated, trauma-informed, and recovery-oriented care for mental health and substance use conditions.

Since 2014, CMS has worked collaboratively with SAMHSA and ASPE to implement the Section 223 Demonstration. In 2016, CMS, in partnership with SAMHSA and ASPE, developed the original reporting template for clinics and states to collect and report CCBHC quality measure data. The template was intended to eliminate the need for states or clinics to develop their own reporting templates for quality measure data reporting and to minimize inconsistencies in reporting.

The original reporting template included:

- A cover page and instructions
- Templates for 9 required and 5 optional clinic-collected measures, and a clinic-reported case load characteristics template
- Templates for 13 required state-collected measures and 5 optional state-collected measures

In 2022, the Bipartisan Safer Communities Act (BSCA) authorized continuation of the Section 223 Demonstration, adding up to 10 states to the Demonstration every two years. In March 2023,

the certification criteria were updated to reflect changes based on lessons learned from initial Demonstration activities and advances in the provision of services for mental and substance use disorders. Furthermore, pursuant to BSCA, on March 16, 2023, SAMHSA awarded 15 additional planning grants to states. The 15 states use the funds in the following ways:

- To certify community behavioral health clinics,
- To establish a Prospective Payment System (PPS) for Medicaid reimbursable behavioral health services, and
- To prepare an application to participate in the Demonstration program, slated to begin in 2024, with up to 10 additional states to be added to the Demonstration from planning grant participants.

In this January 2024 iteration, we revised the reporting template to include the following:

- A cover page and instructions
- Templates for 5 required and 5 optional clinic-collected measures, and a clinic-reported case load characteristics template
- Templates for 13 state-collected measures and 2 optional state-collected measures

The required clinic-collected measures are listed in Table 1 and the required state-collected measures are listed in Table 4. The optional measures for clinics and states are, respectively, in Tables 6 and 9.

The revised Reporting Template is updated to reflect changes to reporting requirements and to continue to provide states with a streamlined data reporting tool to meet the key statutory requirement for quality reporting in PAMA and in the certification criteria.¹ Unlike the prior PRA submission, we are not including the separate Resource Manual for OMB approval, relying instead on greater detail in the instructions incorporated into the Reporting Template for its completion. As we did in the earlier submission, however, we do include burden statements for both the required and optional quality measures, even though our experience has been that very few states or clinics use nonrequired measures as part of the Section 223 Demonstration and that, when they do, it typically is not all of the nonrequired measures.

In addition to the Section 223 Demonstration states and clinics, SAMHSA awardees of the Certified Community Behavioral Health Clinic Planning, Development, and Implementation (CCBHC-PDIs) and Certified Community Behavioral Health Clinic (CCBHC) – Improvement and Advancement (CCBHC-IAs) grant programs will also be required to use the Reporting Template for the required clinic-collected measures only.

We include a separate burden estimate for these discretionary grantees, both to minimize the review of this collection of information request and because these grantees have been and are expected to be the predominant source of future Demonstration CCBHCs under BSCA. As with the Section 223 Demonstration, we include both the required and optional clinic-collected quality measures, although it is even less likely that the recipients of the discretionary grants will elect to collect and report the optional clinic-collected measures.

¹ The updated quality measures include measures that CCBHCs collect and report to their state (“clinic collected measures”). Each state then reports both those clinic-collected measures and additional “state-collected” quality measures to SAMHSA.

Existing and prospective Section 223 states and CCBHCs were made aware of the updated quality measures reporting requirements as part of the March 2023 update to the [CCBHC Certification Criteria](#) (Criterion Five) and in the Notice of Funding Opportunity (NOFO) for the planning grants (NOFO No. SM-23-015), subsequently awarded on March 16, 2023 by SAMHSA. CCBHC-PDIs were advised of the quality reporting requirements as part of Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant NOFO No. SM-22-002 issued by SAMHSA in 2022 and as part of NOFO No. SM-23-024 issued by SAMHSA in 2023. CCBHC-IAs were made aware of the quality reporting requirements as part of Certified Community Behavioral Health Clinic Improvement and Advancement Grant NOFO No. SM-22-012 issued by SAMHSA in 2022 and as part of NOFO NO. SM-23-016 issued by SAMHSA in 2023. Additional information has been and will continue to be shared via technical assistance.

B. Description of Information Collection

This Information Collection concerns the Behavioral Health Clinic Quality Data Reporting Template (hereinafter “Reporting Template” or “Template”), developed in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Assistant Secretary for Planning and Evaluation (ASPE) (collectively, “the Agencies”).

The data collection is associated with the Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program and with the SAMHSA CCBHC-PDI and CCBHC-IA discretionary grants, which serve as “feeders” to the Demonstration Program if their states are accepted into the Demonstration.

The Reporting Template is designed to collect quality measure data and to report at the clinic level. The Agencies developed the Template to provide states and clinics with a streamlined and structured tool to report quality measures data. The Reporting Template aims to eliminate the time required for states or clinics to develop their own reporting templates for quality measure data reporting and minimizes inconsistencies in reporting. Furthermore, the Reporting Template, with its accompanying instructions, support an innovative approach to improve behavioral health, a key focus of health care reform.

The Reporting Template provides a standardized format to calculate and report information relevant to 18 required quality measures and 7 optional quality measures. Participating Demonstration Program states will report information relevant to the 18 required measures to HHS. Of those 18 required quality measures, Demonstration CCBHCs first report the 5 required clinic-collected quality measures to their state, which states then send to HHS along with their state-collected measures. CCBHC-PDI and CCBHC-IA clinics will directly report the 5 required clinic-collected measures to SAMHSA.

The quality measure Reporting Template is contained in an Excel workbook with individual worksheets or templates (hereinafter “templates”) in which states and/or CCBHCs will collect data for each quality measure. The Reporting Template workbook and the individual templates

include instructions to help states and clinics enter needed data. Each template asks states and CCBHCs to report a common set of data points, organized into the following sections:

Section A: Measurement Year: CCBHCs and/or states will be asked to report the calendar year for which quality rates are being calculated and reported (e.g., 2025).

Section B: Data Source: CCBHCs and/or states will be asked to report the source of the data being reported. Typically, data reported in the templates will be derived from: (1) administrative (claims data/encounter records); (2) medical records (typically electronic health records (EHR), registries, and/or paper records); (3) surveys; or (4) hybrid sources (a combination of (1) and (2)).

Section C: Date Range for Measurement Period: CCBHCs and/or states will be asked to report start (e.g., 01/01/2025) and end (e.g., 12/31/2025) dates for the data used for both the denominator and the numerator for the quality measure.²

Section D: Performance Measure: CCBHCs and/or states will be asked to report results (numerator and denominator) for each quality measure. When available, they will be asked to stratify results by payer type (Medicaid; non-Medicaid), ethnicity (Not Hispanic or Latino, Hispanic or Latino, Unknown), and race (White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, More than one race; Unknown). The templates include formulas which automatically calculate the rates of the total and stratified quality measures.

Section E: Adherence to Measure Specifications: CCBHCs and/or states will be asked to identify the population included in the measure. If the results reported in Section D were calculated using any deviations from the written specifications, the reporters are asked to report the deviations in Section E. This section has been greatly simplified from the previous Reporting Template.

Section F: Additional Notes: CCBHCs and/or states are provided space in this section to include any additional information that they feel is important.

Roll-Up Report: Quality measure rates for each of the required measures are calculated and summarized in this table. This report is automatically generated from information reported by states and clinics in the individual measure templates. No input is required by the reporter of the data for this worksheet.

States email the completed templates to a secure SAMHSA mailbox: (CCBHCMeasureSubmission@samhsa.hhs.gov) at the end of each calendar year for the duration of the Demonstration. CCBHCs in Demonstration states have up to nine months following the end of each calendar year to collect, analyze, and report data for the clinic-collected quality measures and the Demonstration states have that same nine months plus three additional months

² Typically, the denominator for a quality measure is the number in the client population eligible for whatever services or outcome is being calculated. The numerator is the number in the eligible client population who received the service or attained the outcome being calculated. The Measurement Periods for denominators and numerator sometimes differ.

to compile the clinic-collected measures and the state-collected measures (12 months) following the end of each calendar year to report the state-reported quality measures. Due to the lag in receiving final Medicaid claims data, states need additional time to calculate state-reported measures.

The Reporting Templates provide instructions for CCBHCs and states to meet quality measure reporting requirements. Quality measure data help inform CCBHCs, states, and the federal government regarding the quality of health care that service recipients at CCBHCs receive. The data collected through the measures is used to promote improvement in the quality of behavioral health care provided.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Wage Data

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2022 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/2022/may/oes_nat.htm). In this regard, the following table presents BLS' mean hourly wage, our estimated cost of fringe benefits and other indirect costs (calculated at 100 percent of salary), and our adjusted hourly wage.

National Occupational Employment and Wage Estimates

| Occupation Title | Occupation Code | Mean Hourly Wage (\$/hr) | Fringe Benefits and Other Indirect Costs (\$/hr) | Adjusted Hourly Wage (\$/hr) |
|-----------------------------------|-----------------|--------------------------|--|------------------------------|
| Chief Executive | 11-1011 | 118.48 | 118.48 | 236.96 |
| Data Entry | 43-9020 | 18.97 | 18.97 | 37.94 |
| General and Operations Manager | 11-1021 | 59.07 | 59.07 | 118.14 |
| Social Science Research Assistant | 19-4061 | 27.77 | 27.77 | 55.54 |
| Social Scientist | 19-3000 | 45.46 | 45.46 | 90.92 |
| Survey Researchers | 19-3022 | 31.94 | 31.94 | 63.88 |

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and other indirect costs vary significantly from employer to employer, and because methods of estimating these costs vary

widely from study to study. Nonetheless, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Collection of Information Requirements and Associated Burden Estimates

The Reporting Template is the tool used to collect needed data into a format suitable for reporting quality measure rates to HHS. Most of the measures are derived from established measures that are updated annually as needed. This periodic review and updating may modify the content of reporting in minor ways. This is common with quality measures, and it is not anticipated that these changes will affect the burden of reporting. For this reason, the following burden estimates are based on the time spent collecting and reporting the data on the templates in accordance with the requirements current at this time.

Section 223 Demonstration CCBHCs and states are required to report 5 clinic-collected quality measures (see Table 1) and 13 state-collected quality measures (see Table 4) (a total of 18 required quality measures) using the Reporting Template. Section 223 Demonstration CCBHCs and states may optionally report on 5 additional clinic-collected quality measures (see Table 6) and 2 additional state-collected quality measures (see Table 9), respectively (a total of 7 optional measures).

For the clinics that are discretionary grantees and not participating in the Section 223 Demonstration, there is no state reporting requirement.

Required CCBHC Reporting:

Five (5) Quality Measures and One (1) Accompanying Case Load Characteristics Template

The annual burden for a Demonstration CCBHC to collect and report all 5 of the required quality measure templates (see Table 1) and an accompanying case load characteristics template (the latter providing demographic and payer information regarding the clients receiving CCBHC services, aggregated at the clinic level), includes the time for review of quality measure instructions, data gathering and analysis, completion of the template, reviewing and (as necessary) revising the information gathered, and final approval by the responsible party at the CCBHC for transmission to the state. We anticipate that the complexity of the data gathering, analysis, and reporting will require varying levels of CCBHC employees to gather, input, and review the data.

TABLE 1: Five (5) Measures Clinics are Required to Report, Beginning Calendar Year 2025

| |
|--|
| Time to Services (I-SERV) |
| Depression Remission at Six Months (DEP-REM-6) |
| Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC) |
| Screening for Depression and Follow-Up Plan (CDF-CH and CDF-AD) |
| Screening for Social Drivers of Health (SDOH) |

To complete a set of templates (i.e., for 5 quality measures), we anticipate that an average CCBHC will expend 156 hours at \$55.54/hr for a CCBHC Social Science Research Assistant to gather and analyze data, complete the templates and respond to requested changes after review; 2

hours at \$55.54/hr for a CCBHC Social Science Research Assistant to prepare a single case load characteristics template; 31 hours at \$90.92/hr for a CCBHC Social Scientist to review the work of the Research Assistant; and 5 hours at \$236.96/hr for a CCBHC Chief Executive to review and approve the templates for transmission to the state.

In aggregate, for all CCBHCs participating or expected to be participating in the Demonstration (i.e., 169)³ to complete their entire responsibility for the Reporting Template (five quality measure templates and one case load characteristic template) we estimate a burden of 32,786 hours at a cost of \$2,159,651 (see Table 2).

TABLE 2: Demonstration CCBHC Burden
(five quality measure templates and one case load characteristic template)

| | Respondents | Total Responses | Time per Response (hr) | Total Time (hr) | Labor Rate (\$/hr) | Total Cost (\$) |
|---|-------------|-----------------|------------------------|-----------------|--------------------|-----------------|
| Five (5) Required Quality Measures | 169 CCBHCs | 169 | 5 | 845 | 236.96 | 200,231 |
| | 169 CCBHCs | 169 | 156 | 26,364 | 55.54 | 1,464,257 |
| | 169 CCBHCs | 169 | 31 | 5,239 | 90.92 | 476,330 |
| Required Case Load Characteristics Template | 169 CCBHCs | 169 | 2 | 338 | 55.54 | 18,773 |
| TOTAL | 169 | 169 | varies | 32,786 | varies | 2,159,651 |

For the total number of existing and expected CCBHC-IAs and CCBHC-PDIs who are discretionary grantees but not existing or expected to be Demonstration CCBHCs in the next year (i.e., 242) to complete their entire responsibility for the Reporting Template (5 quality measure templates), we estimate a burden of 46,464 hours at a cost of \$3,065,656.

Unlike the Section 223 Demonstration participants, the CCBHC-IAs and CCBHC-PDIs *will not* be required to report the case load characteristic template.

³ In the submission to OMB in 2016 for the original Reporting Template, the CCBHC model was still being established and HHS did not know how many CCBHCs there might be in each Section 223 Demonstration state. Because the Demonstration states were required to include at least one rural-located and one urban-located CCBHC, we estimated there would be two CCBHCs for each Demonstration state. Experience since 2016 reveals an average of 9.4 clinics per Demonstration state. We are also using that experience to estimate number of clinics per state for new Demonstration participants in the future.

TABLE 3: non-Demonstration CCBHC Burden
(five quality measure templates)

| | Respondents | Total Responses | Time per Response (hr) | Total Time (hr) | Labor Rate (\$/hr) | Total Cost (\$) |
|------------------------------------|------------------------------|-----------------|------------------------|-----------------|--------------------|-----------------|
| Five (5) Required Quality Measures | 242 CCBHC-IAs and CCBHC-PDIs | 242 | 5 | 6,050 | 236.96 | 1,433,608 |
| | 242 CCBHC-IAs and CCBHC-PDIs | 242 | 156 | 188,760 | 55.54 | 10,483,730 |
| | 242 CCBHC-IAs and CCBHC-PDIs | 242 | 31 | 37,510 | 90.92 | 3,410,409 |
| TOTAL | 242 | 242 | varies | 46,464 | varies | 3,065,656 |

For all Demonstration and discretionary grantee CCBHCs to complete their respective responsibilities for the Reporting Template, we estimate a total burden of 79,250 hours (32,786 + 46,464) at a cost of \$5,225,307 (2,159,651 + 3,065,656).

Required State Reporting:

13 Quality Measures and the Transmission of Entire Reporting Template Specific to Each Demonstration CCBHC in the State

For the Section 223 Demonstration, the annual burden for a state Medicaid agency to report on each of 13 required quality measures (see Table 4) at the CCBHC level includes the time for review of measure instructions, data gathering and analysis, completion of the template, and reviewing and revising the information gathered and reported. It also includes the time for review and then final approval by the responsible state Medicaid agency official of those 13 state-collected measures and the five clinic-collected measures for submission to HHS. We anticipate that the complexity of the data gathering, analysis, and reporting will require varying levels of employees to gather, input, and review the data.

TABLE 4: 13 Measures States are Required to Report, Beginning Calendar Year 2025

| |
|--|
| Patient Experience of Care Survey |
| Youth/Family Experience of Care Survey |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD) |
| Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD) |
| Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH) |
| Initiation and Engagement of Substance Use Disorder Treatment (IET-AD) |
| Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD) |
| Follow-Up After Emergency Department Visit for Substance Use (FUA-CH and FUA-AD) |
| Plan All-Cause Readmissions Rate (PCR-AD) |
| Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH) |
| Antidepressant Medication Management (AMM-AD) |
| Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) |
| Hemoglobin A1c Control for Patients with Diabetes (HBD-AD) |

We anticipate it will take 260 hours at \$55.54/hr for a state Social Science Research Assistant to gather and analyze data, complete the quality measure templates, and respond to requested changes after review; 78 hours at \$90.92/hr for a state Social Scientist to review the work of the state Research Assistant, and another 15 hours to review and transmit the Reporting Template containing both the state and clinic-reported quality measures, and 13 hours at \$118.14/hr for a state General and Operations Manager to review and approve the completed Reporting Template containing all measures for the CCBHC. It will take an additional 40 hours at \$63.88/hr for state Survey Researchers and 20 hours at \$37.94/hr for state Data Entry staff to complete PEC and Y/FEC quality measure templates, which are related to patient experience of care delivery.

In aggregate, for all 18 states participating or expected to be participating in the Demonstration to complete their entire responsibility for the Reporting Template, we estimate 71,994 hours at a cost of \$4,689,037 (see Table 5). This assumes each state's completion and transmission of a single Reporting Template per CCBHC, with a total of 169 CCBHCs (or approximately 9.4 per state) participating or expected to be participating in the Demonstration as of 2025.

TABLE 5: Required State Burden
(13 quality measures and the transmission of reporting templates)

| | Respondents | Total Responses | Time per Response (hr) | Total Time (hr) | Labor Rate (\$/hr) | Total Cost (\$) |
|------------------------------|-------------|-----------------|------------------------|-----------------|--------------------|-----------------|
| 13 Required Quality Measures | 18 states | 169 | 20 | 6,760 | 37.94 | 431,829 |
| 13 Required Quality Measures | 18 states | 169 | 13 | 43,940 | 118.14 | 2,440,428 |

| | Respondents | Total Responses | Time per Response (hr) | Total Time (hr) | Labor Rate (\$/hr) | Total Cost (\$) |
|------------------------------|-------------|-----------------|------------------------|-----------------|--------------------|-----------------|
| 13 Required Quality Measures | 18 states | 169 | 260 | 15,717 | 55.54 | 1,428,990 |
| 13 Required Quality Measures | 18 states | 169 | 93 (78 + 15) | 2,197 | 90.92 | 259,554 |
| 13 Required Quality Measures | 18 states | 169 | 40 | 3,380 | 63.88 | 128,237 |
| TOTAL | 18 | 169 | varies | 71,994 | varies | 4,689,037 |

Optional CCBHC Reporting: Five (5) Quality Measures

The annual burden for a CCBHC to collect and report all 5 of the optional quality measure templates (see Table 6), includes the time for review of quality measure instructions, data gathering and analysis, completion of the template, reviewing and (as necessary) revising the information gathered, and final approval by the responsible party at the CCBHC for transmission to the state. We anticipate that the complexity of the data gathering, analysis, and reporting will require varying levels of CCBHC employees to gather, input, and review the data. CCBHCs complete one template per quality measure.

TABLE 6: Five (5) Measures Clinics May Optionally Report, Beginning Calendar Year 2025

| |
|--|
| Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC) |
| Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) (SRA-CH) |
| Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) (SRA-AD) |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) |
| Controlling High Blood Pressure (CBP-AD) |

To complete a set of templates (i.e., for 5 optional quality measures), we anticipate that an average CCBHC will expend 156 hours at \$55.54/hr for a CCBHC Social Science Research Assistant to gather and analyze data, complete the templates and respond to requested changes after review; 31 hours at \$90.92/hr for a CCBHC Social Scientist to review the work of the Research Assistant; and 5 hours at \$236.96/hr for a CCBHC Chief Executive to review and approve the templates for transmission to the state.

In aggregate, for all CCBHCs participating or expected to be participating in the Demonstration (i.e., 169) to complete the Reporting Template for all five optional quality measure templates, we estimate 32,448 hours at a cost of \$2,140,818 (see Table 7).

TABLE 7: Demonstration CCBHC Burden
(five optional quality measure templates)

| | Respondents | Total Responses | Time per Response (hr) | Total Time (hr) | Labor Rate (\$/hr) | Total Cost (\$) |
|------------------------------------|-------------|-----------------|------------------------|-----------------|--------------------|-----------------|
| Five (5) Optional Quality Measures | 169 clinics | 169 | 156 | 26,364 | 55.54 | 1,464,257 |
| Five (5) Optional Quality Measures | 169 clinics | 169 | 31 | 5,239 | 90.92 | 476,330 |
| Five (5) Optional Quality Measures | 169 clinics | 169 | 5 | 845 | 236.96 | 200,231 |
| TOTAL | 169 | 169 | varies | 32,448 | varies | 2,140,818 |

For existing and expected CCBHC-IAs and CCBHC-PDIs who are discretionary grantees but not existing or expected to be Demonstration CCBHCs in the next year (i.e., 242) to complete the Reporting Template for all five optional quality measure templates, we estimate a burden of 46,464 hours at a cost of \$3,065,550 (see Table 8).

TABLE 8: non-Demonstration CCBHC Burden
(five optional quality measure templates)

| | Respondents | Total Responses | Time per Response (hr) | Total Time (hr) | Labor Rate (\$/hr) | Total Cost (\$) |
|------------------------------------|------------------------------|-----------------|------------------------|-----------------|--------------------|-----------------|
| Five (5) Optional Quality Measures | 242 CCBHC-IAs and CCBHC-PDIs | 242 | 156 | 37,752 | 55.54 | 2,096,746 |
| Five (5) Optional Quality Measures | 242 CCBHC-IAs and CCBHC-PDIs | 242 | 31 | 7,502 | 90.92 | 682,082 |
| Five (5) Optional Quality Measures | 242 CCBHC-IAs and CCBHC-PDIs | 242 | 5 | 1,210 | 236.96 | 286,722 |
| TOTAL | 242 | 242 | varies | 46,464 | varies | 3,065,550 |

In total, for all Demonstration and discretionary grantee CCBHCs to each complete the Reporting Template for all five optional quality measures, we estimate 78,912 hours (32,448 hr + 46,464 hr) at a cost of \$5,206,368 (\$2,140,818 + \$3,065,550).

**Optional State Reporting:
Two (2) Optional Quality Measures and the Review of Five (5) Clinic-Collected Optional Measures**

For the Section 223 Demonstration, the annual burden for a state Medicaid agency to report on each of two optional state-collected quality measures (see Table 9) at the CCBHC level, includes the time for review of measure instructions, data gathering and analysis, completion of the template, and reviewing and revising the information gathered and reported. Additionally, it includes the time for review and then final approval by the responsible state Medicaid agency official of the five optional clinic-collected measures for submission to HHS. We anticipate that the complexity of the data gathering, analysis, and reporting will require varying levels of employees to gather, input, and review the data.

TABLE 9: Two (2) Measures States May Optionally Report, Beginning Calendar Year 2025
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)

We anticipate it will take 40 hours at \$55.54/hr for a state Social Science Research Assistant to gather and analyze data, complete the quality measure templates, and respond to requested changes after review of the two optional state measures; 12 hours at \$90.92/hr for a state Social Scientist to review the work of the state Research Assistant, and another 5 hours to review the Reporting Template containing both the state and clinic-collected optional quality measures, and 2 hours at \$118.14/hr for a state General and Operations Manager to review and approve the portion of the completed Reporting Template containing all optional (clinic and state collected) measures for the CCBHC.

In aggregate, for all 18 states participating or expected to be participating in the Demonstration to complete and approve two optional state-collected quality measures and to approve the templates for five optional clinic-collected quality measures, we estimate 1,116 hours at a cost of \$78,443 (see Table 10). This assumes each state's completion and approval of a single Reporting Template per CCBHC, with a total of 169 CCBHCs (or approximately 9.4 per state) participating or expected to be participating in the Demonstration as of 2025.

TABLE 10: Optional State Burden
(two optional state-collected quality measures and five optional clinic-collected quality measures)

| | Respondents | Total Responses | Time per Response (hr) | Total Time (hr) | Labor Rate (\$/hr) | Total Cost (\$) |
|--|-------------|-----------------|------------------------|-----------------|--------------------|-----------------|
| Report two optional state-collected quality measures | 18 states | 18 | 40 | 720 | 55.54 | 39,989 |

| | Respondents | Total Responses | Time per Response (hr) | Total Time (hr) | Labor Rate (\$/hr) | Total Cost (\$) |
|--|-------------|-----------------|---------------------------|-----------------------|-----------------------|--------------------|
| and review/ap prove five optional clinic- collected quality measures | | | | | | |
| Report two optional state- collected quality measures and review/ap prove five optional clinic- collected quality measures | 18 states | 18 | 17 | 306 | 90.92 | 27,822 |
| Report two optional state- collected quality measures and review/ap prove five optional clinic- collected quality measures | 18 states | 18 | 5 | 90 | 118.14 | 10,633 |
| TOTAL | 18 | 18 | varies | 1,116 | varies | 78,443 |

Burden Summary

TABLE 11: Total CCBHC and State Burden

| | Respondents | Total Responses | Time per Response (hr) | Total Time (hr) | Labor Rate (\$/hr) | Total Cost (\$) |
|--|-------------|-----------------|------------------------|-----------------|--------------------|-------------------|
| Required: Demonstration CCBHC Burden (see Table 2) | 169 | 169 | varies | 32,786 | varies | 2,159,651 |
| Required: non-Demonstration CCBHC Burden (see Table 3) | 242 | 242 | varies | 46,464 | varies | 3,065,656 |
| Optional: Demonstration CCBHC Burden (see Table 7) | 169 | 169 | varies | 32,448 | varies | 2,140,818 |
| Optional: non-Demonstration CCBHC Burden (see Table 8) | 242 | 242 | varies | 46,464 | varies | 3,065,550 |
| <i>Subtotal: CCBHC Burden</i> | <i>411</i> | <i>822</i> | <i>varies</i> | <i>158,162</i> | <i>varies</i> | <i>10,431,675</i> |
| Required: State Burden (see Table 5) | 18 | 169 | varies | 71,994 | varies | 4,689,037 |
| Optional: State Burden (see Table 9) | 18 | 18 | varies | 1,116 | varies | 78,443 |
| <i>Subtotal: State Burden</i> | <i>18</i> | <i>187</i> | <i>varies</i> | <i>73,110</i> | <i>varies</i> | <i>4,767,480</i> |
| TOTAL | 429 | 1,009 | varies | 231,272 | varies | 15,199,155 |

Information Collection Instruments and Associated Materials

- Quality Measurement Data Reporting Templates (Revised, see the attached crosswalk for additional information)
- Metrics and Quality Measures for Behavioral Health Clinics. Technical Specifications and Resource Manual (April 2016) Volumes 1 and 2 (Removed)

E. Timeline

Our 14-day notice published in the Federal Register on January 9, 2024 (89 FR 1095). Comments must be received by January 23, 2024.

We request OMB's approval as soon as possible but no later than February 9. Ideally, we would like to make the revised templates available for state use on January 24, 2024.