Application to Use Burden/Hours from Generic PRA Clearance:
Medicaid and CHIP State Plan, Waiver, and Program Submissions
(CMS-10398, OMB 0938-1148)

Information Collection #48 Section 223 Demonstration Programs to Improve Community Mental Health Services

April 26, 2016

Center for Medicaid and CHIP Services (CMCS)
Centers for Medicare & Medicaid Services (CMS)

This collection was developed in partnership with the Substance Abuse and Mental Health Service Administration (SAMHSA) and Assistant Secretary for Planning and Evaluation (ASPE) to provide states with a streamlined and structured data reporting tool aimed at decreasing the time required by states to develop their own technical specifications and reporting templates. Further, CMS and Federal partners SAMHSA and ASPE believe this collection meets the requirements as outlined under CMS' generic umbrella collection (CMS-10398, OMB 0938-1148) which was approved by OMB on December 24, 2014. More specifically, the quality measures and data reporting templates and instructions support an innovative demonstration to improve behavioral health, a key focus of health care reform.

A. Background

On April 1, 2014, the Protecting Access to Medicare Act of 2014 (Public Law 113-93) was enacted. The law included "Demonstration Programs to Improve Community Mental Health Services" at Section 223 of the Act. The technical specifications and data reporting templates support these key statutory requirements of the demonstration:

> (1) Establishment and publication of criteria for clinics to be certified by a state as a certified community behavioral health clinic (CCBHC) to participate in a demonstration program;
> (2) Issuance of guidance on the development of a Prospective Payment System (PPS) for testing during the demonstration program;
> (3) Awarding of planning grants for the purpose of developing proposals to participate in a time-limited demonstration program; and,
> (4) Assessment of the demonstration followed by recommendations to Congress concerning whether the demonstration programs should be continued.

Populations to be served by certified clinics are 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.

CMS is working collaboratively with SAMHSA and ASPE to implement the Section 223 Demonstration Programs to Improve Community Mental Health Services.

On October 19, 2015, SAMHSA awarded planning grants to 24 states to provide funding during the one-year planning phase of the demonstration. This funding is being used by states to:

- certify community behavioral health clinics,
- establish a PPS for Medicaid reimbursable behavioral health services, and
- prepare an application to participate in this two-year, eight state demonstration program, slated to begin in January 2017.

The eight states will be selected to participate in the demonstration program by December 31, 2016.

Changes Made Since the Release of the CCBHC Criteria

The Templates and Technical Specifications allow standardized reporting of quality measures focused on improvements in behavioral health and the integration of behavioral health care and primary care. The collection shows data at the clinic level as opposed to current quality measures which are reported in the aggregate by states. States were made aware of the quality measures as part of the Section 223 Planning Grants for Certified Community Behavioral Health Services Request for Application (RFA) issued by SAMHSA on May 20, 2015: http://www.samhsa.gov/grants/grant-announcements/sm-16-001.

Since the release of the criteria in the RFA, CMS and its Federal partners SAMHSA and ASPE have reduced the number of required quality measures from 32 to 22. The number was changed to reduce the burden on participating states and CCBHCs and to prioritize measures that are most likely to provide information that is sufficient to assess the impact of the CCBHC Demonstration.

Two additional changes have been made to the quality measures since the release of the Criteria:

(1) Cardiovascular Health Screening for people with Schizophrenia or Bipolar Disorder who are Prescribed Antipsychotic Medications (NQF # 1927) was removed from the list of required measures because it is now out of compliance with current treatment guidelines; and

(2) Follow-Up After Emergency Department Visit for Mental Illness or Alcohol or Other Drug Dependence was split into two separate measures to be consistent with current NCQA specifications.

The measures that will be used by the CCBHC Demonstration Program are: (1) Follow-Up After Emergency Department Visit for Mental Illness; and, (2) Follow-Up After Emergency Department Visit for Alcohol or Other Drug Dependence.

B. Description of Information Collection

CMS requests OMB approval for our Behavioral Health Clinic Quality Measures, Quality Measure Data-Reporting Templates along with the associated Technical Specifications Resource Manual. The collection is associated with our Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program.

Technical Specifications and Resource Manual for Quality Measures (see Attachment A)

The Behavioral Health Clinic Quality Measures Data-Reporting Templates and Quality Measure Technical Specifications Manual for which approval is being sought provides general information and detailed specifications for 32 quality measures and other metrics developed to be used at the provider level by Behavioral Health Clinics (BHCs). Each of the quality measures were selected to help states and the federal government to have a better understanding of the quality of health care that consumers at BHCs receive. The data collected through the 32 measures will be used to more broadly promote improved quality of behavioral health care.

Therefore, we are seeking approval for the use of 32 quality measures, and not just the 22 mandatory/required under the CCBHC program.

The Manual includes specifications for quality measures data that is derived from health care accrediting organizations and other sources. Each measure has been re-specified to enable reporting at the BHC level because, in most cases, the original measures were designed for reporting at the state or health plan level. The Manual includes the most current version of the measure specifications available as of December 2015.

For Healthcare Effectiveness Data and Information Set (HEDIS) measures, the Manual follows HEDIS 2016 specifications. For non-HEDIS measures, the Manual includes the most applicable version of the specifications available from the measure steward for reporting 2015 data, re-specified where necessary at the BHC level. Some measures were developed by SAMHSA specifically for this document. Because the measures in the Manual are either newly specified or, in some cases, re-specified to apply to providers at the community level, they have not been tested for their newly designed use.

Twenty-two (22) of the measures outlined in the technical specifications are required/mandatory measures under the CCBHC Demonstration Program. The remaining 10 voluntary/optional measures are not required to be collected or reported under the Program, but may be used by states for internal quality assurance purposes should they elect to do so.

Information relevant to the 22 required/mandatory measures will be reported by the Demonstration States but some of the data needed to calculate 9 of the required 22 quality measures will be compiled by CCBHCs using clinical and administrative data sources and entered into the Behavioral Health Clinic Quality Measure Data-Reporting Templates (CCBHC-reported quality measures). Data needed to calculate the remaining 13 required quality measures will be compiled by the states using claims data and entered into the Behavioral Health Clinic Quality Measure Data-Reporting Templates (state-reported quality measures).

Tables 1 and 2 provide the measure title and abbreviation, the measure steward, and whether each measure is a required/mandatory measure under the CCBHC Demonstration Program (n = 22) or an optional/voluntary measure that states may collect for internal quality assurance purposes (n = 10). Table 1 outlines BHC-reported measures, and Table 2 outlines state-reported measures.

Table 1. Behavioral Health Clinic, Clinic-Lead-Measures

Measure Name	**Measure Steward[a]**	**Required/Mandatory Measure or Voluntary/Optional Measure under the 223 Program?**
Routine Care Needs (ROUT)	SAMHSA	Voluntary/Optional
Time to Initial Evaluation (I-EVAL)	SAMHSA	Required/Mandatory
Time to Comprehensive Person and Family-Centered Diagnostic and Treatment Planning Evaluation (TX-EVAL)	SAMHSA	Voluntary/Optional
Deaths by Suicide (SUIC)	SAMHSA	Voluntary/Optional
Documentation of Current Medications in the Medical Records (DOC)	CMS	Voluntary/Optional
Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)	CMS	Required/Mandatory
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-BH)	NCQA	Required/Mandatory
Controlling High Blood Pressure (CBP-BH)	NCQA	Voluntary/Optional
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	AMA-PCPI	Required/Mandatory
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	AMA-PCPI	Required/Mandatory
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)	AMA-PCPI	Required/Mandatory
Major Depressive Disorder: Suicide Risk Assessment (SRA-A)	AMA-PCPI	Required/Mandatory
Screening for Clinical Depression and Follow-Up Plan (CDF-BH)	CMS	Required/Mandatory
Depression Remission at Twelve Months (DEP-REM-12)	Minnesota Community Measurement	Required/Mandatory

Abbreviations: AMA-PCPI, American Medical Association-Physician Consortium for Performance Improvement; CMS, Centers for Medicare & Medicaid Services; NCQA, National Committee for Quality Assurance; SAMHSA, Substance Abuse and Mental Health Services Administration.

[a] The measure steward is the organization responsible for maintaining a particular measure or measure set. Responsibilities of the measure steward include updating the codes that are tied to technical specifications and adjusting measures as the clinical evidence changes.

Table 2. Behavioral Health Clinic, State-Lead Measures

Measure Name	Measure Steward[a]	Required Measure for CCBHC Demonstration Program Reporting?
Housing Status (HOU)	SAMHSA	Required/Mandatory
Suicide Attempts (SU-A)	SAMHSA	Voluntary/Optional
Patient Experience of Care Survey (PEC)	SAMHSA	Required/Mandatory
Youth/Family Experience of Care Survey (Y/FEC)	SAMHSA	Required/Mandatory
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	NCQA	Required/Mandatory
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	NCQA	Required/Mandatory
Plan All-Cause Readmission Rate (PCR-BH)	NCQA	Required/Mandatory
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD)	NCQA	Required/Mandatory
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (SMI-PC)	NCQA	Voluntary/Optional
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	NCQA	Voluntary/Optional
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	NCQA	Voluntary/Optional
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder (AMS-BD)	CMS	Voluntary/Optional
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-BH)	CMS	Required/Mandatory
Follow-Up After Hospitalization for Mental Illness, ages 21+ (adult) (FUH-BH-A)	NCQA	Required/Mandatory
Follow-Up After Hospitalization for Mental Illness, ages 6 to 21 (child/adolescent) (FUH-BH-C)	NCQA	Required/Mandatory
Follow-up Care for Children Prescribed ADHD medication (ADD-BH)	NCQA	Required/Mandatory
Antidepressant Medication Management (AMM-BH)	NCQA	Required/Mandatory
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH)	NCQA	Required/Mandatory

Abbreviations: AMA-PCPI, American Medical Association-Physician Consortium for Performance Improvement; CMS, Centers for Medicare & Medicaid Services; NCQA, National Committee for Quality Assurance; SAMHSA, Substance Abuse and Mental Health Services Administration.

[a] The measure steward is the organization responsible for maintaining a particular measure or measure set. Responsibilities of the measure steward include updating the codes that are tied to technical specifications and adjusting measures as the clinical evidence changes.

Behavioral Health Clinic Quality Measure Data-Reporting Templates (see Attachment B)

OMB approval is also requested for Behavioral Health Clinic Quality Measure Data-Reporting Templates that provide a standardized format to calculate and report information relevant to 32

quality measures. Participating Demonstration Program states will report information relevant to 22 mandatory required measures to the Government as part of their participation on the Demonstration Program.

The Templates are designed as an Excel spreadsheet in which states will provide data for each of the 32 quality measures. The Templates include general instructions to help demonstration states enter data into each worksheet. Detailed specifications needed to calculate and report each quality measure will be provided to states separately (See Attachment A).

Participating Demonstration states will enter information for each of the 22 mandatory required quality measures into separate worksheets. Each worksheet asks states to report a common set of data points, organized into the following sections:

Section A: Reporting Year: States will be asked to report the year (DY1, DY2) for which data is being reported.

Section B: Data Source: 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); or (3) hybrid (a combination of (1) and (2).

Section C: Date Range: States will be asked to report start and end dates for both the numerator and the denominator.

Section D: Performance Measure: States will be asked to report results (numerator and denominator) for the measure. When available, states will be asked to stratify results by age (if applicable) and payer type (Medicaid; Medicare and Medicaid; and Other). The rate for each stratification and the total are automatically calculated by the templates.

Section E: Adherence to Measure Specifications: States will be asked to identify the population included in the denominator. If the results reported in Section D were calculated using any deviations from the written specifications, states are asked to report the deviations here.

Section F: Additional Notes: States are provided space in this section to include any additional information that they feel is important.

Roll-Up Report: Results for each of the 22 required quality measures are calculated and summarized in this table. This report is automatically generated from information reported by states and CCBHCs in the measure spreadsheets.

Completed templates will be emailed by states to a secure SAMHSA mailbox: (CCBHCMeasureSubmission@samhsa.hhs.gov) twice during the Demonstration Program; once after the end of the first demonstration year (DY1) and again after the end of the second demonstration year (DY2). Demonstration states will have up to 9 months following the end of each demonstration year to collect, analyze, and report data for the CCBHC-reported quality

measures and up to 12 months following the end of each demonstration year to report the state-reported quality measures. The longer timeframe to report the state-reported measures is needed to account for significant lag times in Medicaid claims data needed to calculate those measures.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

The total approved burden ceiling of the generic ICR is 154,104 hours, and CMS previously requested to use 92,964 hours, leaving our burden ceiling at 61,140 hours.

D.1. Wage Estimates

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2015 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/current/oes_nat.htm). In this regard, Table 3 presents the mean hourly wage, the cost of fringe benefits (calculated at 100 percent of salary), and the adjusted hourly wage.

Table 3. National Occupational Employment and Wage Estimates

Occupation Title	Occupation Code	Mean Hourly Wage ($/hr)	Fringe Benefit ($/hr)	Adjusted Hourly Wage ($/hr)
Chief Executive	11-1011	89.35	89.35	178.70
Data Entry	43-9020	15.79	15.79	31.58
General and Operations Manager	11-1021	57.44	57.44	114.88
Social Science Research Assistant	19-4061	22.00	22.00	44.00
Social Scientist	19-3000	37.75	37.75	75.50
Survey Researchers	19-3022	28.53	28.53	57.06

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 overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

D.2. Burden Estimates: Behavioral Health Clinic Quality Measure Data-Reporting Templates

The templates are the tools used for reporting while the measure specifications provide the instructions for reporting. The measures are subject to periodic review and updating that 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 burden estimates in this document are based on the time spent collecting and reporting the data on the templates in accordance with the directions in the specifications.

The CCBHCs and states are required to report 9 and 13 quality measures respectively (22 mandatory/required measures) using the Behavioral Health Clinic Quality Measure Data-Reporting Templates. Separately, there are 10 additional voluntary/optional measures.

D.2.1. Reporting 22 Required/Mandatory Measures

CCBHC Reporting The annual burden for a CCBHC to report all 9 of the quality measures includes the time for specification review, data gathering and analysis, completion of the template, reviewing and revising the information gathered and reported, and final approval. 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. Specifically, to complete a set of templates, we anticipate it will take 280 hours at $44.00/hr for a Social Science Research Assistant (19-4061) to gather and analyze data, complete the templates, and respond to requested changes after review, 60 hours at $75.50/hr for a Social Scientist (19-3000) to assemble the case load characteristics, review the quality measure specifications and review the work of the Research Assistant, and 9 hours at $178.70/hr for a Chief Executive (11-1011) to review and approve the templates.

For one set of 9 templates, including case load characteristics, we estimate 349 hours at a cost of $18,458. In aggregate, for the 16 CCBHCs (8 demonstration states at 2 CCBHCs per state) to complete one set of 9 quality measures, we estimate 5,584 hours at a cost of $295,328.

Per measure, we estimate 38.8 hours at a cost of $2,051.

State Reporting The annual burden for a state to report each of 13 quality measures includes the time for specification review, data gathering and analysis, completion of the template, reviewing and revising the information gathered and reported, and final approval. 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. Specifically, we anticipate, per clinic, it will take 399 hours at $44.00/hr for a Social Science Research Assistant (19-4061) to gather and analyze data, complete the templates, and respond to requested changes after review, 101 hours at $75.50/hr for a Social Scientist **(**19-3000) to review the quality measure specifications and review the work of the Research Assistant, and another 9 hours to review and transmit the state's CCBHC-reported measures, and 13 hours at $114.88/hr for a General and Operations Manager (11-1021) to review and approve the templates.

It will take an additional 82 hours at $57.06/hr for Survey Researchers (19-3022) and 41 hours at $35.22/hr for Data Entry staff (43-9020) to complete 2 of the 13 measures related to patient experience of care (PEC and Y/FEC).

For one set of templates, we estimate it will take 645 hours at a cost of $33,328. Projecting a total of 8 state respondents with a total of 16 state responses, we estimate an aggregate burden of 10,320 hours at a cost of $533,250.

Per state we estimate 40.3 hours at a cost of $2,083.

In addition to the reporting each of the 13 required quality measures, the 8 states will be responsible for receiving the 9 CCBHC-reported measures from 2 CCBHCs per state (both urban and rural) and reporting them to HHS. We estimate it will take 1 hour at $75.50/hr for a Social Scientist **(**19-3000) to transmit the measures to HHS.

Per state we estimate 2 hours at a cost of $151. For 8 states we estimate 16 hours at a cost of $1,208.

Burden Summary: 22 Mandatory/Required Measures Table 4 summarizes the CCBHC and state burden for reporting the 22 quality measures.

Table 4. Total Annual Burden for the 22 Required/Mandatory Measures

	Respondents	Total Responses	Avg. Hours per Measure	Avg. Cost per Measure	Hours per Response	Cost ($) per Response	Total Hours for ALL Responses	Total Cost ($) for ALL Responses
CCBHC-Reported Measures	16 clinics	144 (9 measures x 16 clinics)	38.8	2,051	349	18,458	5,584	295,328
State-Reported Measures	8 states	208 (13 measures x 16 clinics)	40.3	2,083	645	33,328	10,320	533,250
State transmission of CCBHC Quality Measure Responses	8 states	16 (8 states x 2 clinics/state)	N/A	N/A	1	75.50	16	1,208
Total	**24**	**368**	**79.1**	**4,134**	**995**	**51,862**	**15,920**	**829,786**

D.2.2. Reporting 10 Voluntary Optional Measures

CCBHC Reporting The burden for a CCBHC to report each of 5 voluntary optional quality measures annually includes time for specification review, data gathering and analysis, completion of the template, reviewing and revising the information gathered and reported, and final approval. 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. Specifically, we

anticipate it will take 156 hours at $44.00/hr for a Social Science Research Assistant (19-4061) to gather and analyze data, complete the templates, and respond to requested changes after review, 32 hours at $75.50/hr for a Social Scientist (19-3000) to review the work of the Research Assistant, and 5 hours at $178.70/hr for a Chief Executive (11-1011) to review and approve the templates.

To report one set of 5 templates, we estimate an annual burden of 193 hours at $10,174. In aggregate (16 CCBHC respondents reporting 5 optional quality measures) we estimate 3,088 hours at $162,784.

Per quality measure, we estimate 38.6 hours at a cost of $2,035.

State Reporting The burden for a state to report each of 5 voluntary/optional quality measures includes time for specification review, data gathering and analysis, completion of the template, reviewing and revising the information gathered and reported, and final approval. Specifically, we anticipate, per clinic, it will take 153 hours at $44.00/hr for a Social Science Research Assistant (19-4061) to gather and analyze data, complete the templates, and respond to requested changes after review, 32 hours at $75.50/hr for a Social Scientist (19-3000) to review the quality measure specifications and review the work of the Research Assistant, and another 9 hours to review and transmit the state's CCBHC-reported measures, and 5 hours at $114.88/hr for a General and Operations Manager (11-1021) to review and approve the templates.

For one set of 5 templates, we estimate an annual burden of 199 hours at a cost of $10,402. In aggregate (16 state responses) we estimate 3,184 hours at a cost of $166,432.

Per measure, we estimate 39.8 hours with an average cost of $2,080.

Burden Summary: 10 Voluntary/Optional Measures Table 5 summarizes the CCBHC and state burden for reporting the 10 quality measures.

Table 5. Total Annual Burden (hours) and Total Costs for 10 Voluntary/Optional Measures

	Respondents	Total Responses	Avg. Hours per Measure	Avg. Cost ($) per Measure	Hours per Response	Cost ($) per Response	Total Hours for ALL Responses	Total Cost ($) for ALL Responses
CCBHC-Reported Measures (n = 5)	16	80 (16 x 5)	38.6	2,035	193	10,174	3,088	162,784
State-Reported Measures (n = 5)	8	80 (16 x 5)	39.8	2,080	199	10,402	3,184	166,432
Total	**24**	**160**	**78.4**	**4,115**	**392**	**20,576**	**6,272**	**329,216**

D.3. Summary of CCBHC and State Burden

CCBHCs	Respondents	Total Responses	Avg. Hours per Measure	Avg. Cost ($) per Measure	Hours per Response	Cost ($) per Response	Total Hours for ALL Responses	Total Cost ($) for ALL Responses
22 Required/ Mandatory Measures	16	80 (16 x 5)	38.6	2,035	193	10,174	3,088	162,784
5 Voluntary/ Optional Measures	16	144 (9 measures x 16 clinics)	38.8	2,051	349	18,458	5,584	295,328
Total	**16**	**224**	**77.4**	**4,086**	**542**	**28,632**	**8,672**	**458,112**

States	Respondents	Total Responses	Avg. Hours per Measure	Avg. Cost ($) per Measure	Hours per Response	Cost ($) per Response	Total Hours for ALL Responses	Total Cost ($) for ALL Responses
State-Reported Measures	8	208 (13 measures x 16 clinics)	40.3	2,083	645	33,328	10,320	533,250
State transmission of CCBHC Quality Measure Responses	8	16 (8 states x 2 clinics/state)	N/A	N/A	1	75.50	16	1,208
State-Reported Measures (n = 5)	8	80 (16 x 5)	39.8	2,080	199	10,402	3,184	166,432
Total	**8**	**304**	**80.1**	**4,163**	**845**	**43,806**	**13,520**	**700,890**

Respondent Types	Respondents	Total Responses	Avg. Hours per Measure	Avg. Cost ($) per Measure	Hours per Response	Cost ($) per Response	Total Hours for ALL Responses	Total Cost ($) for ALL Responses
CCBHCs	16	224	77.4	4,086	542	28,632	8,672	458,112
States	8	304	80.1	4,163	845	43,806	13,520	700,890

Respondent Types	Respondents	Total Responses	Avg. Hours per Measure	Avg. Cost ($) per Measure	Hours per Response	Cost ($) per Response	Total Hours for ALL Responses	Total Cost ($) for ALL Responses
TOTAL	**24**	**528**	**157.5**	**8,249**	**1,387**	**72,438**	**22,192**	**1,159,002**

D.4. Information Collection Instruments and Associated Materials

- Attachment A1: Quality Measure Specifications and Resource Manual (Volume 1)
- Attachment A2: Quality Measure Specifications and Resource Manual (Volume 2)
- Attachment B: Quality Measurement Data Reporting Templates

E. Timeline

We request generic Paperwork Reduction Act (PRA) clearance and approval of Technical Specifications and Behavioral Health Clinic Quality Measures and Quality Measure Data-Reporting Templates for use in the Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program. An expedited clearance timeframe is needed to allow Demonstration states and participating CCBHCs sufficient time during the one-year planning phase of the demonstration (October 19, 2015 - October 19, 2016) to review the quality measure specifications and to implement the complex electronic data systems that will capture the detailed information required to calculate and report these measures using the template.

CMS and Federal partners SAMHSA and ASPE believe this collection meets the requirements as outlined under CMS' generic umbrella collection (CMS-10398, OMB 0938-1148) which was approved by OMB on December 24, 2014. More specifically, the quality measures and data reporting templates and instructions support an innovative demonstration to improve behavioral health, a key focus of health care reform.