Vermont Value-Based Payment Measure Specifications

Calendar Year 2023

Measurement Specification Template

Template for adding measures [Name of measure]	
Measure Definition	Describes and defines the measure.
Rationale for Measure	Explains why the measure is important, and should describe how the measure: • Focuses on outcomes, • Increases the quality and value of the program and services provided, and/or • Produces meaningful data for continuous quality improvement (CQI) efforts.
Data Source	Defines the source/location of the data (Consumer Satisfaction Survey, Monthly Service Report, Agency Electronic Health Record, etc.).
Data Retrieved By	The party responsible for retrieving the data (State, Agency, or authorized third party).
Data Schedule	The frequency and/or the dates the data is due and the frequency the data is analyzed.
Measure Category	Indicates the Results-Based Accountability category (How Much / How Well / Better Off)
Specifications for Calculations	Defines how the measure will be assessed. • Numerator = • Denominator =
Population	Indicates the applicable population for the measure (Children and/or Adult).
Value-Based Payments Benchmarks	Defines the target for value-based payment or specifies the baseline year.
Rationale for Benchmark (if available)	Explains why this target was selected. May list any comparable national, state, or local benchmarks, if available.
Scoring	Provides the scoring methodology to determine how points are earned for value-based payment.
Other	Includes additional information about the standard, including references from the research literature, other notable corresponding measures (e.g., Centers of Excellence, National HEDIS measures, evolving ACO measures), etc.

Monthly Service Report (MSR)-calculated Measures

Number of Medicaid-enrolled children/youth (0-17 years old) served.	
Measure Definition	Total number of Medicaid-enrolled children/youth (aged 0-17) served.
Rationale for Measure	The number of Medicaid-enrolled children and youth clients served within Vermont provides an annual snapshot of how many total people from this population were served, as well as the ability to monitor longitudinal trends.
Data Source	Monthly Service Report
Data Retrieved By	State
Data Schedule	Collected monthly, reported once annually
Measure Category	How much
Specifications for Calculations	For any given year of service (January - December): • Pull MSR services • Match service records to MSR client services on agency-client number • Calculate age of client from the midpoint of the service year (June 30, XXXX) • Select clients who are aged 0-17 • Select clients who are reported as Medicaid enrolled (from client file) • Aggregate to agency-client level, with flag for total services during fiscal year • Select clients who have a least 1 unit (as defined in the Mental Health Provider Manual)
Population	Children/youth (0-17 years old) who are covered by Medicaid (either fully or partially).
Value-Based Payments Benchmarks	No benchmark.
Rationale for Benchmark (if available)	N/A.
Scoring	All MSR-calculated measures are scored together, eligible for scoring on MSR submissions being 'timely' and 'complete'. Full scoring methodology for measure included in Mental Health Provider Manual.
Other	N/A.

Number of children/youth (0-17 years old) served per 1,000 age-specific population.	
Measure Definition	Rate of number of eligible children/youth (aged 0-17) served per 1,000 age-specific population.

Rationale for Measure	The age-specific rate of children and youth clients served within Vermont provides annual snapshot of the delivery of services to this population, as well as a comparable rate to national and other state age-specific populations.
Data Source	Monthly Service Report
Data Retrieved By	State
Data Schedule	Collected monthly, reported once annually
Measure Category	How much

Specifications for Calculations	For any given year of service (January-December):
	• Query MSR data for all services delivered
	• Calculate age of client from the midpoint of the service year (June 30th)
	• Select clients who are aged 0-17 years
	• Aggregate to clinic-specific level for total services during state fiscal year (July 1st -June 30th)
	• Select clients who have had a least 1 unit of service (as defined in the Mental Health Provider Manual)
	• Request most recent demographic data from Vermont Department of Health on a clinic catchment-level basis
	• Calculate per capita rate based on the following formula:
	$$R = \frac{1{,}000\ C}{P}$$
	    ○ where R is the rate of clients served per 1,000 population, C is the number of clients served, and P is the age-specific population of the geographic (catchment) area in question.
	    ○ The rates of clients served per 1,000 population are presented as a comparable, standardized measure of the proportion of the residents of specified geographical regions who are served by specified programs.

Population	Children/youth (0-17 years old). This is not specific to the Mental Health Case Rate population, and it includes all clients submitted via the MSR.
Value-Based Payments Benchmarks	No benchmark.
Rationale for Benchmark (if available)	N/A.
Scoring	All MSR-calculated measures are scored together, eligible for scoring on MSR submissions being 'timely' and 'complete'. Full scoring methodology for measure included in Mental Health Provider Manual.
Other	N/A.

Number of Medicaid-enrolled young adults (18-24 years old) served.	
Measure Definition	Total number of Medicaid-enrolled young adults
Rationale for Measure	The number of Medicaid-enrolled young adults clients served within Vermont provides an annual snapshot of how many total people from this population were served, as well as the ability to monitor longitudinal trends.
Data Source	Monthly Service Report
Data Retrieved By	State
Data Schedule	Collected monthly, reported once annually
Measure Category	How much
Specifications for Calculations	For any given year of service (Jan - Dec): • Pull MSR services • Match service records to MSR client services on clinic-client no. • Calculate age of client from the midpoint of the service year (June 30, XXXX) • Select clients who are aged 18-24 • Select clients who are reported as Medicaid enrolled (from client file) • Aggregate to clinic client level, with flag for total services during fiscal year • Select clients who have a least 1 unit (as defined in the Mental Health Provider Manual)
Population	Young adults (18-24 years old) who are covered by Medicaid either fully or partially.
Value-Based Payments Benchmarks	No benchmark.
Rationale for Benchmark (if available)	N/A.
Scoring	All MSR-calculated measures are scored together, eligible for scoring on MSR submissions being 'timely' and 'complete'. Full scoring methodology for measure included in Mental Health Provider Manual.
Other	N/A.

Number of young adults (18-24 years old) served per 1,000 age-specific population.	
Measure Definition	Rate of number of eligible young adults (aged 18-24) served per 1,000 age-specific population.
Rationale for Measure	The age-specific rate of young adults served within Vermont provides annual snapshot of the delivery of services to this population, as well as a comparable rate to national and other state age-specific populations.

Data Source	Monthly Service Report
Data Retrieved By	State
Data Schedule	Collected monthly, reported once annually
Measure Category	How much
Specifications for Calculations	For any given year of service (January-December): - Query MSR data for all services delivered - Calculate age of client from the midpoint of the service year (June 30th) - Select clients who are aged 18-24 years - Aggregate to clinic-specific level for total services during state fiscal year (July 1st -June 30th) - Select clients who have had a least 1 unit of service (as defined in the Mental Health Provider Manual) - Request most recent demographic data from Vermont Department of Health on a clinic catchment-level basis - Calculate per capita rate based on the following formula: $$R = \frac{1{,}000\ C}{P}$$ - where R is the rate of clients served per 1,000 population, C is the number of clients served, and P is the age-specific population of the geographic (catchment) area in question. The rates of clients served per 1,000 population are presented as a comparable, standardized measure of the proportion of the residents of specified geographical regions who are served by specified programs.
Population	Young adults (18-21 years old). This is not specific to the Mental Health Case Rate population and it includes all clients submitted via the MSR.
Value-Based Payments Benchmarks	No benchmark.
Rationale for Benchmark (if available)	N/A.
Scoring	All MSR-calculated measures are scored together, eligible for scoring for 'timely' and 'complete'. Full scoring methodology for measure included in Mental Health Provider Manual.
Other	N/A.

Number of Medicaid-enrolled adults (18+ years old) served.	
Measure Definition	Total number of Medicaid-enrolled adults (aged 18 and older) served.

Rationale for Measure	The number of Medicaid-enrolled adult clients served within Vermont provides an annual snapshot of how many total people from this population were served, as well as the ability to monitor longitudinal trends.
Data Source	Monthly Service Report
Data Retrieved By	State
Data Schedule	Collected monthly, reported once annually
Measure Category	How much
Specifications for Calculations	For any given year of service (Jan - Dec): • Pull MSR services • Match service records to MSR client services on clinic-client no. • Calculate age of client from the midpoint of the service year (June 30, XXXX) • Select clients who are aged 18+ • Select clients who are reported as Medicaid enrolled (from client file) • Aggregate to clinic client level, with flag for total services during fiscal year • Select clients who have a least 1 unit (as defined in the Mental Health Provider Manual)
Population	Adults (18 years and older) who are covered by Medicaid either fully or partially.
Value-Based Payments Benchmarks	No benchmark.
Rationale for Benchmark (if available)	N/A.
Scoring	All MSR-calculated measures are scored together, eligible for scoring on MSR submissions being 'timely' and 'complete'. Full scoring methodology for measure included in Mental Health Provider Manual.
Other	N/A.

Number of adults (18+ years old) served per 1,000 age-specific population.	
Measure Definition	Rate of number of eligible adults (aged 18 and older) served per 1,000 age-specific population.
Rationale for Measure	The age-specific rate of children and youth clients served within Vermont provides annual snapshot of the delivery of services to this population, as well as a comparable rate to national and other state age-specific populations.
Data Source	Monthly Service Report

Data Retrieved By	State
Data Schedule	Collected monthly, reported once annually
Measure Category	How much
Specifications for Calculations	For any given year of service (January-December): • Query MSR data for all services delivered • Calculate age of client from the midpoint of the service year (June 30th) • Select clients who are aged 18 years and older • Aggregate to clinic-specific level for total services during state fiscal year (July 1st -June 30th) • Select clients who have had a least 1 unit of service (as defined in the Mental Health Provider Manual) • Request most recent demographic data from Vermont Department of Health on a clinic catchment-level basis • Calculate per capita rate based on the following formula: $$R = \frac{1{,}000\ C}{P}$$ ○ where R is the rate of clients served per 1,000 population, C is the number of clients served, and P is the age-specific population of the geographic (catchment) area in question.
Population	Adults (18 years and older). This is not specific to the Mental Health Case Rate population, and it includes all clients submitted via the MSR.
Value-Based Payments Benchmarks	No benchmark.
Rationale for Benchmark (if available)	N/A.
Scoring	All MSR-calculated measures are scored together, eligible for scoring on MSR submissions being 'timely' and 'complete'. Full scoring methodology for measure included in Mental Health Provider Manual.
Other	N/A.

Client Satisfaction Survey Measures

Percentage of clients who indicate services were "right" for them.	
Measure Definition	The percentage of clients to who report that services were "right" for them on annual satisfaction survey. This is one question found on the Unified Client Satisfaction Survey (UCSS). This question uses a 7-point Likert scale.

Rationale for Measure	Previous research studies have shown that clients who report higher levels of satisfaction is an indicator of quality in service delivery, specifically engaging more in the treatment process.[1,2] This measure provides agencies with client feedback about their perception of whether services were the "best fit" for their needs. When interpreted alongside the other UCSS questions, this measure provides information about an agency's ability to meet the client's needs.
Data Source	Agency annual survey report available through Vermont Care Partners (VCP).
Data Retrieved By	Individual agency administers and collects surveys, then sends to Vermont Care Partners for aggregation and reporting to the State.
Data Schedule	Annual
Measure Category	How Well
Specifications for Calculations	• Numerator = # of responses endorsing the 2 positive Likert options (4 or 5 on the survey) • Denominator = Total # of responses
Population	Client defined as youth and adult in the following VCP survey program categories: • Children, Youth, and Family Programs (NOT Success Beyond Six) • Community Rehabilitation and Treatment • Mental Health – Adult
Value-Based Payments Benchmarks	CY2023 target: 83%. CY2020-2022 target: 82%. CY2019 was the baseline year.
Rationale for Benchmark (if available)	N/A.
Scoring	The target must be achieved to receive points for this measure. Points achievable defined in the Mental Health Provider Manual.
Other	1. Urben S, Gloor A, Baier V, Mantzouranis G, Graap C, Cherix-Parchet M, et al. Patients' satisfaction with community treatment: A pilot cross-sectional survey adopting multiple perspectives. *J Psychiatr Ment Health Nurs*. 2015 Nov;22(9):680-7. Doi: 10.1111/jpm.12240. 2. Fortin M, Bamvita JM, Fleury MJ. Patient satisfaction with mental health services based on Andersen's Behavioral Model. *Can J Psychiatry.* 2018 Feb;63(2);103-14. Similar surveys that focus on patient experience for reference: • Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS): https://hcahpsonline.org/en/survey-instruments/ • Agency for Healthcare Research and Quality National Quality Measures Clearinghouse Domain Definitions:

	https://www.ahrq.gov/gam/summaries/domain-definitions/index.html

Percentage of clients who indicate they were treated with respect.	
Measure Definition	The percentage of clients who report that staff were respectful to them on annual satisfaction survey. This is one question found on the Unified Client Satisfaction Survey (UCSS). This question uses a 7-point Likert scale.
Rationale for Measure	Being respected and well regarded by staff has been identified as a significant factor in satisfaction with services.[1] This measure provides agencies with client feedback about their perception of whether staff were respectful. When interpreted alongside the other UCSS questions, provides information about the agency's ability to meet the client's needs.
Data Source	Agency annual survey report available through VCP.
Data Retrieved By	Individual agency administers and collects surveys, then sends to VCP for aggregation and reporting to the State.
Data Schedule	Annual
Measure Category	How Well
Specifications for Calculations	• Numerator = # of responses endorsing the 2 positive Likert options (4 or 5 on the survey) • Denominator = Total # of responses
Population	Client defined as youth and adult in the following VCP survey program categories: • Children, Youth, and Family Programs (NOT Success Beyond Six) • Community Rehabilitation and Treatment • Mental Health – Adult
Value-Based Payments Benchmarks	CY2023 target: 88%. CY2020-2022 target: 87%. CY2019: baseline measurement year.
Rationale for Benchmark (if available)	N/A
Scoring	The target must be achieved to receive points for this measure. Points achievable defined in the Mental Health Provider Manual.
Other	1. MacInnes D, Courtney H, Flanagan T, Bressington D, Beer D. A cross sectional survey examining the association between therapeutic relationships and service user satisfaction in forensic mental health settings. *BMC Res Notes*. 2014 Sep;7:657. doi: 10.1186/1756-0500-7-657.

	Similar surveys that focus on patient experience for reference:
	- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS): https://hcahpsonline.org/en/survey-instruments/ - Agency for Healthcare Research and Quality National Quality Measures Clearinghouse Domain Definitions: https://www.ahrq.gov/gam/summaries/domain-definitions/index.html

Percentage of clients who indicate services made a difference.	
Measure Definition	The percentage of clients who report that services made a difference to them on annual satisfaction survey. This is one question found on the Unified Client Satisfaction Survey (UCSS). This question uses a 7-point Likert scale.
Rationale for Measure	This information provides an agency with client feedback about their perception of whether services made an impact on their wellbeing. When interpreted alongside the other UCSS questions, provides information about the agency's ability to meet the client's needs.
Data Source	Agency annual survey report available through VCP.
Data Retrieved By	Individual agency administers and collects surveys, then sends to VCP for aggregation and reporting to the State.
Data Schedule	Annual
Measure Category	Better Off
Specifications for Calculations	- Numerator = # of responses endorsing the 2 positive Likert options (4 or 5 on the survey) - Denominator = Total # of responses
Population	Client defined as youth and adult in the following VCP survey program categories: - Children, Youth, and Family Programs (NOT Success Beyond Six) - Community Rehabilitation and Treatment - Mental Health – Adult
Value-Based Payments Benchmarks	CY2023 target: 76%. CY2020-2022 target: 75%. CY2019: baseline measurement year.
Rationale for Benchmark (if available)	N/A.
Scoring	The target must be achieved to receive points for this measure. Points achievable defined in the Provider Agreement.

Other	Similar surveys that focus on patient experience for reference: • Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS): https://hcahpsonline.org/en/survey-instruments/ • Agency for Healthcare Research and Quality National Quality Measures Clearinghouse Domain Definitions: https://www.ahrq.gov/gam/summaries/domain-definitions/index.html

Clinical Service Delivery Measures

Percentage of clients offered a face-to-face contact within five (5) calendar days of initial request.	
Measure Definition	The percentage of clients to whom the agency offers a face-to-face contact within five (5) calendar days of initial contact with agency.
Rationale for Measure	Clients who are offered a timely first visit after contacting a treatment provider for mental health care are more likely to engage and remain in services.[1,2] This measure looks at an agency's role in providing clients a reasonably convenient opportunity for initial face-to-face contact.
Data Source	Agency Electronic Health Record
Data Retrieved By	Designated Agency
Data Schedule	Quarterly by Calendar Year
Measure Category	How Well
Specifications for Calculations	Please calculate each person's wait between when the person called, and the first appointment offered: • Numerator = # of inactive clients offered a face-to-face (or telehealth) appointment within five (5) calendar days • Denominator = Total # inactive clients requesting to enroll in services
Population	Any client, regardless of age, who receives Mental Health Case Rate services. See the Mental Health Provider Manual for the definition of which programs fall into the case rate for each agency.
Value-Based Payments Benchmarks	CY2023: 54%. CY2021-2022 target: 48%. CY2022 90th percentile: 93%. CY2022 Internal 5% meaningful improvement benchmark is specific to the agency. CY2020: baseline measurement year.
Rationale for Benchmark (if available)	The target is defined as 80% of the mean across all agencies raw data without outliers for the measure across the previous three reporting years.

Scoring	To receive points, agencies must achieve the target. Alternately, partial points are available for meaningful improvement. Refer to the Mental Health Provider Manual for points achievable for this measure. Meaningful improvement can be achieved by either: • Internal within agency: not meeting the target but showing 5% improvement over the agency's previous three-year average, or • Across the network: The highest achievable benchmark (90th percentile).
Other	1. Mautone JA, Cabello B, Egan TE, Rodrigues NP, Davis M, Figge CJ, et al. Exploring predictors of treatment engagement in urban integrated primary care. *Clin Pract Pediatr Psychol*. 2020 Sep;8(3):228-40. doi: 10.1037/cpp0000366. 2. Lakind D, Bradley WJ, Patel A, Chorpita BF, Becker KD. A Multidimensional examination of the measurement of treatment engagement: Implications for children's mental health services and research. *J Clin Child Adolesc Psychol*. 2022 Jul-Aug;51(4):453-68. doi: 10.1080/15374416.2021.1941057. Agencies will continue their ongoing efforts to provide appointments that are suited to the client's schedule.

Percentage of clients seen for treatment within fourteen (14) calendar days of assessment.	
Measure Definition	The percentage of clients with a completed* intake clinical evaluation/assessment who receive follow up for any clinically indicated service within fourteen (14) calendar days.
Rationale for Measure	Clients who receive continuous care are more likely to remain engaged in care. This measure looks at an agency's role in providing clients with timely continuity of care.
Data Source	Agency Electronic Health Record
Data Retrieved By	Designated Agency
Data Schedule	Quarterly by Calendar Year
Measure Category	How Well
Specifications for Calculations	• Numerator = # of clients seen face to face (or telehealth) for any clinically indicated service within fourteen (14) days after intake clinical evaluation/assessment is completed

	• Denominator = Total # of previously inactive clients seen within the calendar year (January 1st to December 31st) with a completed intake clinical evaluation/assessment
Population	Any client, regardless of age, who receives Mental Health Case Rate services. See the Provider Manual for the definition of which programs fall into the case rate for each agency.
Value-Based Payments Benchmarks	CY2023: 50%. CY2021-2022 target: 49%. CY2022 90th percentile: 77%. CY2022 Internal 5% meaningful improvement benchmark is specific to the agency. CY2020: baseline measurement year.
Rationale for Benchmark (if available)	The target is defined as 80% of the mean across all agencies raw data without outliers for the measure across the previous three reporting years.
Scoring	To receive points, agencies must achieve the target. Alternately, partial points are available for meaningful improvement. Refer to the Mental Health Provider Manual for points achievable for this measure. Meaningful improvement can be achieved by either: • Internal within the agency: not meeting the target but showing 5% improvement over the agency's previous three-year average, or • Across the network: The highest achievable benchmark (90th percentile).
Other	Agencies will continue their ongoing efforts to provide appointments that are suited to the client's schedule. *Please note that completion of assessment refers to the end of all billed clinical evaluation/assessment services. For the purposes of this measure, Assessment-Continued does not qualify as a clinically indicated service for the 14-day window following an initial Assessment service.

Percentage of adult clients with an assessment who have been screened for depression.	
Measure Definition	The percentage of adult clients with a new episode of care that have been screened for depression using the PHQ2/PHQ9 by the completion of the initial clinical evaluation/assessment. For clients who re-enter services, this screening tool only needs to be repeated for those for whom a full initial clinical evaluation/assessment is indicated.
Rationale for Measure	Depression is the leading cause of disability worldwide[1] and greatly affects both mental and physical health. Screening for depression is a

	recognized HEDIS measure and is highlighted as an important step in identifying people requiring further assessment for depression. The PHQ-9 has been found to be a reliable and valid measure of depression severity and a useful clinical tool. The United States Preventive Services Task Force recommends screening in adolescents and adults in clinical practices that have systems in place to ensure accurate diagnosis, effective treatment, and follow-up.[2]
Data Source	Agency Electronic Health Record
Data Retrieved By	Designated Agency
Data Schedule	Quarterly by Calendar Year
Measure Category	How Well
Specifications for Calculations	• Numerator = # of adults with a new episode of care screened for depression using the PHQ-9 or PHQ-2 • Denominator = Total # of adult clients with a new episode of care in the time frame with a completed initial clinical evaluation/assessment
Population	Adult Mental Health Case Rate clients. See the Mental Health Provider Manual for the definition of which programs fall into the case rate for each agency.
Value-Based Payments Benchmarks	CY2023 target: 59%. CY2021-2022 target: 50%. CY2022 90th percentile: 95%. CY2022 Internal 5% meaningful improvement benchmark is specific to the agency. CY2020: baseline measurement year.
Rationale for Benchmark (if available)	The target is defined as 80% of the mean across all agencies raw data without outliers for the measure across the previous three reporting years.
Scoring	To receive points, agencies must achieve the target. Alternately, partial points are available for meaningful improvement. Refer to the Mental Health Provider Manual for points achievable for this measure. Meaningful improvement can be achieved by either: • Internal within agency: not meeting the target but showing 5% improvement over the agency's previous three-year average, or • Across the network: The highest achievable benchmark (90th percentile).
Other	1. World Health Organization: Depression. Depression (who.int). September 13, 2021.

	2. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. *J Gen Intern Med*. 2001 Sep;16(9):606-13. doi: 10.1046/j.1525-1497.2001.016009606.x. Some clients may choose to decline the screening. These clients shall still be captured in the denominator to account for such instances in the baseline data.

Percentage of youth clients with an assessment who have been screened for depression.	
Measure Definition	The percentage of youth clients with a new episode of care that have been screened for depression using the PHQ2/PHQ9/PHQA by the completion of the initial clinical evaluation/assessment. For clients who re-enter services, this screening tool only needs to be repeated for those for whom a full initial clinical evaluation/assessment is indicated.
Rationale for Measure	Depression is the leading cause of disability worldwide[1] and greatly affects both mental and physical health. Screening for depression is a recognized HEDIS measure and is highlighted as an important step in identifying people requiring further assessment for depression. The PHQ-9 has been found to be a reliable and valid measure of depression severity and a useful clinical tool. The United States Preventive Services Task Force recommends screening in adolescents and adults in clinical practices that have systems in place to ensure accurate diagnosis, effective treatment, and follow-up.[2]
Data Source	Agency Electronic Health Record
Data Retrieved By	Designated Agency
Data Schedule	Quarterly by Calendar Year
Measure Category	How Well
Specifications for Calculations	• Numerator = # of youth with a new episode of care screened for depression using the PHQ2/PHQ9/PHQA • Denominator = Total # of youth clients with a new episode of care in the time frame with a completed initial clinical evaluation/assessment
Population	Youth (ages 12 and older) served by the Children's Mental Health Case Rate. See the Mental Health Provider Manual for the definition of which programs fall into the case rate for each agency.

Value-Based Payments Benchmarks	CY2023: baseline measurement year.
Rationale for Benchmark (if available)	N/A.
Scoring	CY2023 is pay for reporting only.
Other	1. World Health Organization: Depression. Depression (who.int). September 13, 2021. 2. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. *J Gen Intern Med*. 2001 Sep;16(9):606-13. doi: 10.1046/j.1525-1497.2001.016009606.x. Some clients may choose to decline the screening. These clients shall still be captured in the denominator to account for such instances in the baseline data.

Percentage of adult clients with an assessment who have been screened for psychological trauma history.	
Measure Definition	The percentage of adult clients with a new episode of care that have been screened for psychological trauma history using the PC-PTSD-5 on/by the completion of the initial clinical evaluation/assessment. For clients who re-enter services, this screening tool only needs to be repeated for those for whom a full initial clinical evaluation/assessment is indicated.
Rationale for Measure	Trauma is a widely prevalent issue faced by many people. The first National Comorbidity Study established how prevalent traumas were in the lives of the general population of the United States with 61 percent of men and 51 percent of women reported experiencing at least one trauma in their lifetime, with witnessing a trauma, being involved in a natural disaster, and/or experiencing a life-threatening accident ranking as the most common events.[1] Additionally, trauma has been associated with both psychiatric and physical health disorders.[2] Providing care in a trauma-informed manner promotes positive health outcomes.
Data Source	Agency Electronic Health Record
Data Retrieved By	Designated Agency
Data Schedule	Quarterly by Calendar Year
Measure Category	How Well

Specifications for Calculations	• Numerator = # of adults with a new episode of care screened for psychological trauma history using the PC-PTSD-5 • Denominator = Total # of adult clients with a new episode of care in the time frame with a completed initial clinical evaluation/assessment
Population	Adult Mental Health Case Rate clients. See the Mental Health Provider Manual for the definition of which programs fall into the case rate for each agency.
Value-Based Payments Benchmarks	CY2023 target: 55%. CY2021-2022 target: 48%. CY2022 90th percentile: 96%. CY2022 Internal 5% meaningful improvement benchmark is specific to the agency. CY2020: baseline measurement year.
Rationale for Benchmark (if available)	The target is defined as 80% of the mean across all agencies raw data without outliers for the measure across the previous three reporting years.
Scoring	To receive points, agencies must achieve the target. Alternately, partial points are available for meaningful improvement. Refer to the Mental Health Provider Manual for points achievable for this measure. Meaningful improvement can be achieved by either: • Internal within agency: not meeting the target but showing 5% improvement over the agency's previous three-year average, or • Across the network: The highest achievable benchmark (90th percentile).
Other	1. Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. 2. Tomaz T., Castro-Vale I. Trauma-Informed Care in primary health settings-Which is even more needed in times of COVID-19. Healthcare (Basel). 2020 Sep:8(3):340. doi: 10.3390/healthcare8030340. Some clients may choose to decline the screening. These clients shall still be captured in the denominator to account for such instances in the baseline data.

Percentage of adult clients with an assessment who have been screened for substance use.	
Measure Definition	The percentage of adult clients with a new episode of care that have been screened for substance use with the CAGE-AID on/by the completion of

	the initial clinical evaluation/assessment. For clients who re-enter services, this screening tool only needs to be repeated for those for whom a full initial clinical evaluation/assessment is indicated.
Rationale for Measure	People who are screened for substance use disorders are more likely to access services earlier and demonstrate a more positive outcome from treatment.
Data Source	Agency Electronic Health Record
Data Retrieved By	Designated Agency
Data Schedule	Quarterly by Calendar Year
Measure Category	How Well
Specifications for Calculations	• Numerator = # of adults with a new episode of care screened for substance use using the CAGE-AID • Denominator = Total # of clients with a new episode of care in the time frame with a completed initial clinical evaluation/assessment
Population	Adult Mental Health Case Rate clients. See the Provider Manual for the definition of which programs fall into the case rate for each agency.
Value-Based Payments Benchmarks	CY2023 target: 59%. CY2021-2022 target: 52%. CY2022 90th percentile: 98%. CY2022 Internal 5% meaningful improvement benchmark is specific to the agency. CY2020: baseline measurement year.
Rationale for Benchmark (if available)	The target is defined as 80% of the mean across all agencies raw data without outliers for the measure across the previous three reporting years.
Scoring	To receive points, agencies must achieve the target. Alternately, partial points are available for meaningful improvement. Refer to the Mental Health Provider Manual for points achievable for this measure. Meaningful improvement can be achieved by either: • Internal within agency: not meeting the target but showing 5% improvement over the agency's previous three-year average, or • Across the network: The highest achievable benchmark (90th percentile).
Other	Some clients may choose to decline the screening. These clients shall still be captured in the denominator to account for such instances in the baseline data.

Percentage of youth clients with an assessment who have been screened for substance use.	
Measure Definition	The percentage of youth clients with a new episode of care that have been screened for substance use with the CAGE-AID/CRAFFT by the completion of the initial clinical evaluation/assessment. For clients who re-enter services, this screening tool only needs to be repeated for those for whom a full initial clinical evaluation/assessment is indicated.
Rationale for Measure	People who are screened for substance use disorders are more likely to access services earlier and demonstrate a more positive outcome from treatment.
Data Source	Agency Electronic Health Record
Data Retrieved By	Designated Agency
Data Schedule	Quarterly by Calendar Year
Measure Category	How Well
Specifications for Calculations	• Numerator = # of youth with a new episode of care screened for substance use using the CAGE-AID/CRAFFT • Denominator = Total # of clients with a new episode of care in the time frame with a completed initial clinical evaluation/assessment
Population	Youth (ages 12 and older) served by the Children's Mental Health Case Rate. See the Mental Health Provider Manual for the definition of which programs fall into the case rate for each agency.
Value-Based Payments Benchmarks	CY2023: baseline measurement year.
Rationale for Benchmark (if available)	N/A.
Scoring	CY2023 is pay for reporting only.
Other	Some clients may choose to decline the screening. These clients shall still be captured in the denominator to account for such instances in the baseline data.

Percentage of clients with a completed CANS within the past 6 months of receiving services.	
Measure Definition	The percentage of all clients served by Child, Youth and Family Programs that have had a Child and Adolescent Needs and Strengths (CANS) administered within the past 6 months as part of any ongoing treatment.
Rationale for Measure	Standardized use of a singular communimetric tool across the system of care will create a common clinical language, promote consistency in

	assessment practices, and increase access to accessible data for use in treatment planning.
Data Source	Agency Electronic Health Record
Data Retrieved By	Designated Agency
Data Schedule	Data will be shared twice annually. The targeted administration frequency for CANS is each client will receive an initial CANS within 75 days of enrollment and then continue to receive an updated CANS every 6 months in perpetuity for the duration of their treatment. Given the target administration window is a six-month interval, an additional 30 days were afforded into the calculation period to allow for the majority of reasonable scheduling anomalies. This measure is reported twice per calendar year. The administrative period is six (6) months, the lookback can extend an additional month after the period to account for scheduling anomalies.
Measure Category	How Well
Specifications for Calculations	• Numerator = # of children and youth who have had a CANS administered or re-administered on them within the past 6 months of programming. • Denominator = All youth enrolled in CYFS programming* (0-22 years old) who have received a clinical (not emergency) evaluation/assessment and have passed the threshold of at least 75 days since their original care inquiry call to that agency.
Population	Children and youth (ages 0-22) served by the Children's Mental Health Case Rate. See the Mental Health Provider Manual for the definition of which programs fall into the case rate for each agency.
Value-Based Payments Benchmarks	CY2023 target: 60%. CY2021-2022 target: 58%. CY2022 90th percentile: 96%. CY2022 Internal 5% meaningful improvement benchmark is specific to the agency. CY2020: baseline measurement year.
Rationale for Benchmark (if available)	The target is defined as 80% of the mean across all agencies raw data without outliers for the measure across the previous three reporting years.
Scoring	To receive points, agencies must achieve the target. Alternately, partial points are available for meaningful improvement. Refer to the Mental Health Provider Manual for points achievable for this measure. Meaningful improvement can be achieved by either:

	• Internal within agency: not meeting the target but showing 5% improvement over the agency's previous three-year average, or • Across the network: The highest achievable benchmark (90th percentile).
Other	*Given the short-term nature of their work, clients open only to emergency services or emergency bed placements are not required to receive a CANS administration. For new clients enrolled after 1/1/20, the initial CANS (and subsequent administrations) must be the CANS CORE version (for ages 14 and up must include transition-aged youth). Modules alone do not count toward numerator. Completeness of CANS must be 90% complete to count.

Percentage of clients with a completed ANSA within the past 12 months of receiving services.	
Measure Definition	The percentage of all clients served by Mental Health Adult Case Rate Programs that have had an Adult Needs and Strengths Assessment (ANSA) administered within the past 12 months as part of any ongoing treatment.
Rationale for Measure	Standardized use of a singular communimetric tool across the system of care will create a common clinical language, promote consistency in assessment practices, and increase access to accessible data for use in treatment planning.
Data Source	Agency Electronic Health Record
Data Retrieved By	Designated Agency
Data Schedule	Data will be shared once annually. For 2022: Measurement is an annual point in time lookback occurring on January 31st, with reporting due March 31st. The administrative window is 12 months of one calendar year, the lookback can extend an additional month after the period to account for scheduling anomalies. The targeted administration frequency for ANSA is each client will receive an initial ANSA within 75 days of enrollment and then continue to receive an updated ANSA every 12 months in perpetuity for the duration of their treatment. Given the target administration window is a twelve-month interval, an additional 30 days were afforded into the calculation period to allow for the majority of reasonable scheduling anomalies.

	This measure is reported once per calendar year. The administrative period is twelve (12) months, the lookback can extend an additional month after the period to account for scheduling anomalies.
Measure Category	How Well
Specifications for Calculations	- Numerator = # of adults in mental health case rate programs who have had an ANSA administered or re-administered on them within the past 13 months of programming. - Denominator = All adults enrolled in Mental Health Case Rate programming who have received a clinical (not emergency) clinical evaluation/assessment and have passed the threshold of at least 75 days since their original care inquiry call to that agency.
Population	Adult Mental Health Case Rate clients. See the Mental Health Provider Manual for the definition of which programs fall into the case rate for each agency.
Value-Based Payments Benchmarks	CY2023 target: 35%. CY2022: baseline measurement year.
Rationale for Benchmark (if available)	N/A.
Scoring	To receive points, agencies must achieve the target. Alternately, partial points are available for meaningful improvement. Refer to the Mental Health Provider Manual for points achievable for this measure. Meaningful improvement can be achieved by either: - Internal within agency: not meeting the target but showing 5% improvement over the agency's previous three-year average, or - Across the network: The highest achievable benchmark (90th percentile).
Other	Given the short-term nature of their work, clients open only to emergency services or emergency bed placements are not required to receive an ANSA administration. *For new clients aged 18-22, either a CANS or an ANSA administration in the related time frame for review can be counted as meeting the criteria for this measure. That is to say, the measures are interchangeable for clients in this age range, based on the clinical judgment of the clinician. As a result, both measures could satisfy the intention of this measure. Completeness of ANSA must be 90% complete to count.

Percentage of children/youth with a follow-up visit after hospitalization for mental illness with a mental health provider within 7 days.	
Measure Definition	The percentage of all youth (ages 6-17 years old) who were discharged from an inpatient mental health stay in a hospital and received a qualified service from their connected agency within seven days.
Rationale for Measure	Clients have better outcomes and are less likely to be re-admitted into hospital settings when they have continuity of care with community resources.[1,2,3] This Healthcare Effectiveness Data and Information Set (HEDIS) measure is a nationally accepted and standardized measure to evaluate the quality of care provided to client.[4] HEDIS measures are used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care and service.[5]
Data Source	Medicaid Management Information System, Monthly Service Report
Data Retrieved By	State
Data Schedule	Quarterly by Calendar Year
Measure Category	How Well
Specifications for Calculations	• Numerator = # of clients with a qualifying service from their agency within seven days of discharge from inpatient stay, not including visits on the date of discharge • Denominator = All clients who were discharged from an inpatient stay Definitions: • 'client' is an individual enrolled in services with the agency • 'inpatient mental health stay' is being admitted to an inpatient psychiatric unit or facility • 'qualifying services' include: see HEDIS FUH measure set Attachment A. • 'connected to the agency' determined by: at least 1 case rate qualifying service in the last 12 months (prior to hospitalization). ○ If a client was served by multiple agencies, a follow up by either agency would count for achieving this measure.
Population	Children/Youth ages 6-17. See the Mental Health Provider Manual for the definition of which programs fall into the case rate for each agency.
Value-Based Payments Benchmarks	Target to follow national standard for Medicaid HMO: Follow-Up After Hospitalization for Mental Illness - NCQA

Rationale for Benchmark (if available)	National standard for this measure.
Scoring	CY2023: baseline measurement year.
Other	1. Barekatain M, Maracy MR, Rajabi F, Baratian H. Aftercare services for patients with severe mental disorder: A randomized controlled trial. *J Res Med Sci*. 2014 Mar;19(3):240-5. 2. Luxton DD, June JD, Comtois KA. Can post-discharge follow-up contacts prevent suicide and suicidal behavior? A review of the evidence. *Crisis*. 2013;34(1):32-41. doi: 10.1027/0227-5910/a000158. 3. Glazer, W. Tackling adherence in the real world. *Behavioral Healthcare.* 2010 Mar;30(3), 28-30. 4. Healthcare Effectiveness Data and Information Set (HEDIS)	CMS 5. Healthcare Effectiveness Data and Information Set (HEDIS) - Healthy People 2030	health.gov

Percentage of adults with a follow-up visit after hospitalization for mental illness with a mental health provider within 7 days.	
Measure Definition	The percentage of all adults (ages 18 years and older) who were discharged from an inpatient mental health stay in a hospital and received a qualified service from their connected agency within seven days.
Rationale for Measure	Clients have better outcomes and are less likely to be re-admitted into hospital settings when they have continuity of care with community resources.[1,2,3] This Healthcare Effectiveness Data and Information Set (HEDIS) measure is a nationally accepted and standardized measure to evaluate the quality of care provided to client.[4] HEDIS measures are used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care and service.[5]
Data Source	Medicaid Management Information System, Monthly Service Report
Data Retrieved By	State
Data Schedule	Quarterly by Calendar Year
Measure Category	How Well
Specifications for Calculations	• Numerator = # of clients with a qualifying service from their agency within seven days of discharge from inpatient stay, not including visits on the date of discharge • Denominator = All clients who were discharged from an inpatient stay Definitions:

	'client' is an individual enrolled in services with the agency 'inpatient mental health stay' is being admitted to an inpatient psychiatric unit or facility 'qualifying services' include: see HEDIS FUH measure set Attachment A. 'connected to the agency' determined by: at least 1 case rate qualifying service in the last 12 months (prior to hospitalization). - If a client was served by multiple agencies, a follow up by either agency would count for achieving this measure.
Population	Adults ages 18 and older. See the Mental Health Provider Manual for the definition of which programs fall into the case rate for each agency.
Value-Based Payments Benchmarks	Target to follow national standard for Medicaid HMO: Follow-Up After Hospitalization for Mental Illness - NCQA
Rationale for Benchmark (if available)	National standard for this measure.
Scoring	CY2023: baseline measurement year.
Other	1. Barekatain M, Maracy MR, Rajabi F, Baratian H. Aftercare services for patients with severe mental disorder: A randomized controlled trial. *J Res Med Sci*. 2014 Mar;19(3):240-5. 2. Luxton DD, June JD, Comtois KA. Can post-discharge follow-up contacts prevent suicide and suicidal behavior? A review of the evidence. *Crisis*. 2013;34(1):32-41. doi: 10.1027/0227-5910/a000158. 3. Glazer, W. Tackling adherence in the real world. *Behavioral Healthcare.* 2010 Mar;30(3), 28-30. 4. Healthcare Effectiveness Data and Information Set (HEDIS)	CMS 5. Healthcare Effectiveness Data and Information Set (HEDIS) - Healthy People 2030	health.gov

Attachment A: HEDIS Specifications – see code book for more detailed information*

*All the following information is taken from the federal measure specifications and interpreted for Vermont agencies to read. This is intended as a point-in-time list and may adjust over time if federal specifications change (such as codes that are discontinued).

The federal measure set allows agencies to include either the first or second table to achieve the FUH measure as a follow-up appointment.

Any of the following codes, if used in conjunction with one of the allowable "Places of Service" listed here	
Code	Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy with patient, 30 minutes
90833	Psychotherapy with patient for evaluation & management, 30 minutes
90834	Psychotherapy with patient, 45 minutes
90836	Psychotherapy with patient for evaluation & management, 45 minutes
90837	Psychotherapy with patient, 60 minutes
90838	Psychotherapy with patient for evaluation & management, 60 minutes
90839	Psychotherapy crisis initial, 60 minutes
90840	Psychotherapy crisis, each additional 30 minutes
90847	Family psychotherapy (conjoint psychotherapy with patient present), 50 minutes
90853	Group psychotherapy (other than of a multiple-family group)
Place of Service (any of these, when allowable for that code)	
2	Telehealth
3	School
11	Office
12	Home
13	Assisted living facility
14	Group home
15	Mobile unit
17	Walk in retail health clinic
18	Place of employment
19	Off campus outpatient hospital
20	Urgent care facility
22	On campus outpatient hospital
33	Custodial care facility
50	Federally qualified health center
52	Psychiatric facility partial hospitalization

71	Public health clinic
72	Rural health clinic

Any of the following codes, regardless of the place of service listed	
99202	Office visit outpatient for evaluation & management with new client, 20 minutes
99203	Office visit outpatient for evaluation & management with new client, 30 minutes
99204	Office visit outpatient for evaluation & management with new client, 40 minutes
99205	Office visit outpatient for evaluation & management with new client, 60 minutes
99213	Evaluation and management of an established patient in an office or outpatient location for 25 minutes
99214	Evaluation and management of an established patient in an office or outpatient location for 35 minutes
99215	Evaluation and management of an established patient in an office or outpatient location for 45 minutes
99242	Office consultation, low severity, 30 minutes
99243	Office consultation, moderate severity, 40 minutes
99244	Office consultation, moderate to high severity, 60 minutes
99245	Office consultation, moderate to high severity, 80 minutes
H0004	Behavioral health counseling and therapy, 15 minutes
H0031	Mental health assessment by non-physician
H0040	Assertive community treatment program, per diem
H2000	Comprehensive multidisciplinary evaluation
H2010	Comprehensive medication services per 15 minutes
H2011	Crisis intervention service per 15 minutes
H2014	Skills training and development per 15 minutes
H2015	Comprehensive community support services, per 15 minutes
H2017	Psychosocial rehabilitation services per 15 minutes
H2019	Therapeutic behavioral services, per 15 minutes
H2020	Therapeutic behavioral services, per diem