

**Screening, Access and CANS measure specifications for 2020 Value Based Payment**

Last updated 6/18/20

<b>1. Percentage of clients with an assessment who have been screened for substance use.</b>	
Measure Definition	The percentage with a new episode of care that have been screened for substance use with the CAGE-AID on/by the completion of the assessment
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 Type	Process
Measure Category	How Well
Specifications for Calculations	<ul style="list-style-type: none"> <li>• Numerator = # of new episode of care screened for substance use using the CAGE-AID</li> <li>• Denominator = Total # of clients with a new episode of care in the time frame with an initial assessment</li> </ul>
Population	Adult
Value-Based Payments Benchmarks	CY2020 Baseline
Rationale for Benchmark (if available)	None available
Scoring	Eligible for 2 points (1 point for “timely annual” submission, 1 point for “standard and complete” submission)
Other	<i>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.</i>

<b>2. Percentage of clients with an assessment who have been screened for psychological trauma history.</b>	
Measure Definition	The percentage 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 assessment
Rationale for Measure	From <a href="http://www.integration.samhsa.gov/clinical-practice/trauma">http://www.integration.samhsa.gov/clinical-practice/trauma</a> : In the United States, 90 percent of clients in public behavioral health care settings have experienced trauma. If trauma goes unaddressed, people with mental illnesses and addictions will have poor physical health outcomes and ignoring trauma can hinder recovery. Providing care in a trauma-informed manner promotes positive health outcomes.
Data Source	Agency Electronic Health Record

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Data Schedule	Quarterly by Calendar Year
Measure Type	Process
Measure Category	How Well
Specifications for Calculations	<ul style="list-style-type: none"> <li>• Numerator = # of new episode of care screened for psychological trauma history using the PC-PTSD-5</li> <li>• Denominator = Total # of clients with a new episode of care in the time frame with an initial assessment</li> </ul>
Population	Adult
Value-Based Payments Benchmarks	CY2020 – Baseline
Rationale for Benchmark (if available)	None Available
Scoring	Eligible for 2 points (1 point for “timely annual” submission, 1 point for “standard and complete” submission)
Other	<i>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.</i>

<b>3. Percentage of clients with an assessment who have been screened for depression.</b>	
Measure Definition	The percentage with a new episode of care that have been screened for depression using the PHQ2/--9 on/by the completion of the assessment.
Rationale for Measure	<p>Depression is the second leading cause of disability worldwide and greatly affects both mental and physical health. Screening for depression is highlighted in national measures highlighted by HEDIS (Healthcare Quality Measurement and Information Set; <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures">http://www.ncqa.org/hedis-quality-measurement/hedis-measures</a>, and the use of a depression screen is highlighted as an important step in identifying people requiring further assessment for depression</p> <p>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 (USPSTF) recommends screening in adolescents and adults in clinical practices that have systems in place to ensure accurate diagnosis, effective treatment, and follow-up(Kroenke, Spitzer &amp; Williams (2001)).</p>
Data Source	Agency Electronic Health Record

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Data Retrieved By	Designated Agency
Data Schedule	Quarterly by Calendar Year
Measure Type	Process
Measure Category	How Well
Specifications for Calculations	<ul style="list-style-type: none"> <li>• Numerator = # of new episode of care screened for depression using the PHQ-9</li> <li>• Denominator = Total # of clients with a new episode of care in the time frame with an initial assessment</li> </ul>
Population	Adult
Value-Based Payments Benchmarks	CY2020 – Baseline
Rationale for Benchmark (if available)	None Available
Scoring	Eligible for 2 points (1 point for “timely annual” submission, 1 point for “standard and complete” submission)
Other	<i>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.</i>

<b>4. Percentage of clients offered a face-to-face contact within five calendar days of initial request.</b>	
Measure Definition	The percentage of clients to whom the agency offers a face-to-face contact within five calendar days of initial contact with agency.
Rationale for Measure	Clients who are seen quickly and in person are more likely to engage and remain in services. This measure looks at the agency’s role in providing clients a reasonably convenient opportunity for face-to-face contact.
Data Source	Agency Electronic Health Record
Data Retrieved By	Designated Agency
Data Schedule	Quarterly by Calendar Year
Measure Type	Process
Measure Category	How Well
Specifications for Calculations	Please calculate each person’s wait between when the person called, and the first appointment offered:

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	<ul style="list-style-type: none"> <li>• Numerator = # of inactive clients offered a face to face (or telehealth) appointment within five calendar days</li> <li>• Denominator = Total # inactive clients calling saying they need help</li> </ul>
Population	Children, Adult
Value-Based Payments Benchmarks	CY 2020 – Baseline
Rationale for Benchmark (if available)	None available
Scoring	Not yet determined
Other	Agencies will continue their ongoing efforts to provide appointments that are suited to the client’s schedule.

<b>5. Percentage of clients seen for treatment within 14 calendar days of assessment</b>	
Measure Definition	The percentage of clients with an intake assessment who receive follow up for any clinically indicated service within 14 calendar days.
Rationale for Measure	Clients who receive continuous care are more likely to remain engaged in care.
Data Source	Agency Electronic Health Record
Data Retrieved By	Designated Agency
Data Schedule	Quarterly by Calendar Year
Measure Type	Process
Measure Category	How Well
Specifications for Calculations	<ul style="list-style-type: none"> <li>• Numerator = # seen face to face (or telehealth) for any clinically indicated service within 14 days after the intake assessment (psychosocial assessment) is completed</li> <li>• Denominator = Total # of previously inactive clients seen within the calendar year (January 1 to December 31) with a completed intake assessment <del>calendar year</del></li> </ul>
Population	Children, Adult
Value-Based Payments Benchmarks	CY2020 – Baseline
Rationale for Benchmark (if available)	None available
Scoring	Not yet determined
Other	Agencies will continue their ongoing efforts to provide appointments that are suited to the client’s schedule.

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	Please note that completion of assessment refers to the end of all billed 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.
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<b>6. Percentage of clients with a completed CANS within the past 6 months of receiving services</b>	
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	For 2020: Measurement is point in time lookback occurring twice a year (July 30, 2020 and December 30, 2020). In 2021 and beyond: measurement will happen quarterly on the calendar year. The window is a 7-month retrospective lookback (one month is a grace period).
Measure Type	Process
Measure Category	How Well
Specifications for Calculations	<ul style="list-style-type: none"> <li>• Numerator = # of children and youth who have had a CANS administered or re-administered on them within the past 6 months of programming.</li> <li>• Denominator = All youth enrolled in CYFS programming* (5-22 in year one, 0-22 in years 2 and beyond) who have received a clinical (not emergency) assessment and have passed the threshold of at least 75 days since their original care inquiry call to that agency.</li> </ul>
Population	Children and Youth ages 5-22 starting in CY20, children and youth ages 0-22 starting in CY21
Value-Based Payments Benchmarks	CY2020 Baseline
Rationale for Benchmark (if available)	None available

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Scoring	Eligible for 2 points. In CY 2020, 1 point garnered for timely submission, 1 point for standard and complete submission (2 points total). In CY 2021 and beyond: 2 points for submission that falls above the determined benchmark. 1 point for a submission that falls below the benchmark but with meaningful improvement. 0 points for below the benchmark and no meaningful improvement.
Other	<p><i>*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.</i></p> <p><i>For new clients enrolled after 1/1/20, the initial CANS (and subsequent administrations) must be the CANS CORE version (for 14 and up must include transition aged youth).</i></p> <p><i>Modules alone do not count toward numerator.</i></p> <p><i>Completeness of CANS must be 90% complete to count</i></p>