

Clinic-Collected-Required Measures: Screening for Depression & Follow-up Plan (CDF-AD and CDF-CH) Depression Remission at Six Months (DEP-REM-6)

Peggy O'Brien and Shweta Palakkode
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

November 1, 2023
2:30-4:00 PM ET



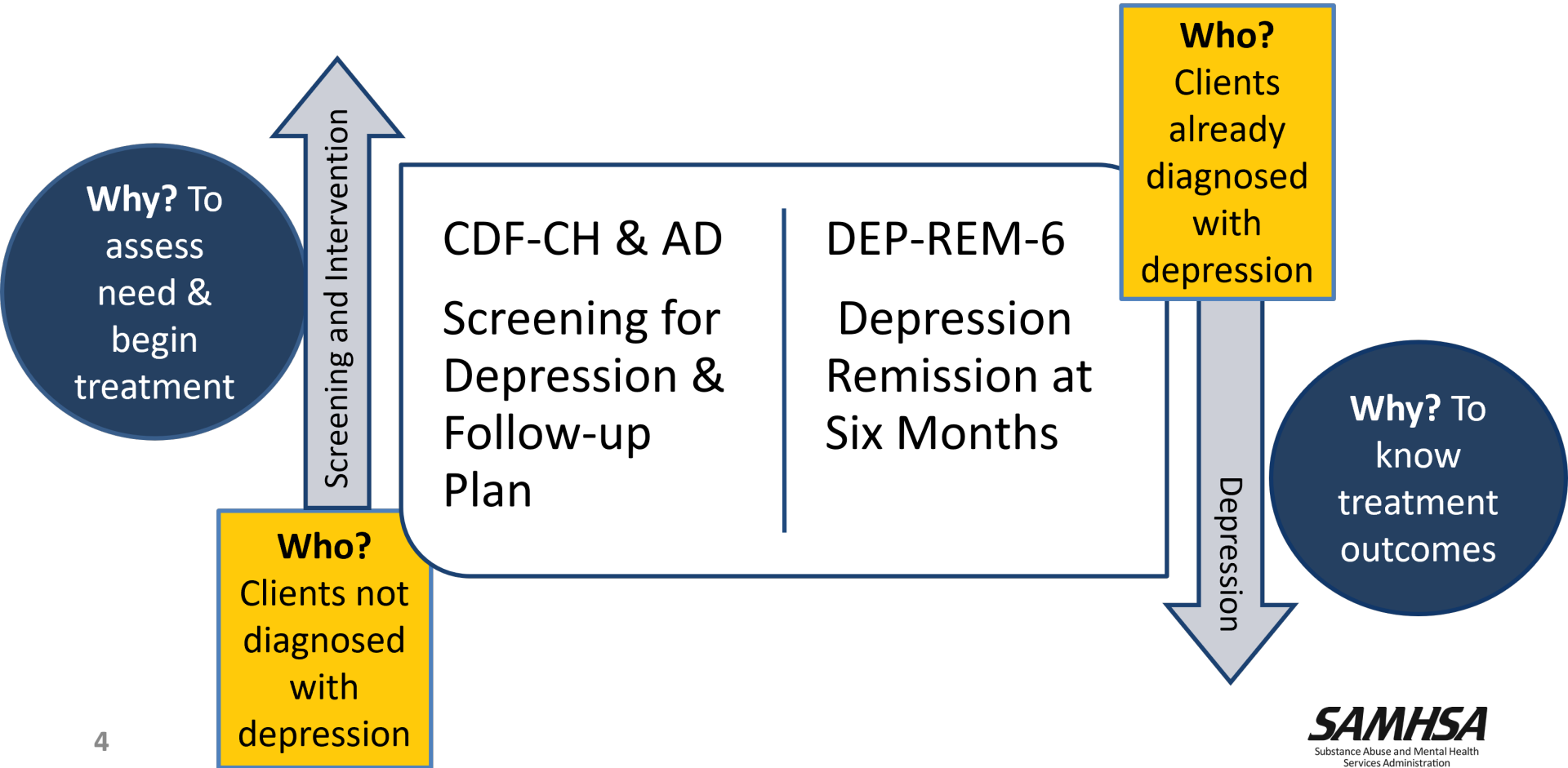
SAMHSA
Substance Abuse and Mental Health
Services Administration

- 🎤 This webinar is being **recorded** and closed captioning is provided. The recording will be available about a week after the presentation and will be posted on the [SAMHSA CCBHC website](#) for later reference.
- 🔊 Please **mute** your lines (**Thank you!**).
- 💡 We will have time for **discussion and questions** at the end. In the meantime, please feel free to put questions in the chat. We will address them at the end as well.

Intended audience for this webinar

1. Prospective and existing CCBHC Section 223 Demonstration state staff and CCBHCs
2. Independent state CCBHC initiative personnel
3. CCBHC-Expansion (CCBHC-PDI and -IA) grant clinics and SAMHSA GPOs

Overview of Today's Clinic-Collected Required Measures



Screening for Depression & Follow-up Plan (CDF- AD and CDF-CH)

Who?

Clients not
diagnosed
with
depression

Why? To
assess
need &
begin
treatment

Poll #1

1. Our clinic is prepared to screen for depression and plan for treatment [select one response]
 - a) Yes
 - b) Yes AND deliver services
 - c) No
 - d) Partly
 - e) I do not know

CDF-AD Measure: Description and Source

The CDF-AD measure calculates the percentage of clients ages 18 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.

- Source: Based on CMS Medicaid Adult Core Set Measure (2023), stewarded by CMS

CMS: Centers for Medicare & Medicaid Services

CDF-CH Measure: Description and Source

The CDF-CH measure calculates the percentage of clients ages 12 to 17 years screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.

- Source: Based on CMS Medicaid Child Core Set Measure (2023), stewarded by CMS

CMS: Centers for Medicare & Medicaid Services

CDF-AD & CDF-CH Measures: Importance and Uses

- Importance:
 - ✓ Among U.S. adolescents in 2021, 20.1 percent had a past year Major Depressive Episode (MDE) and, of those, 59 percent received no treatment for depression (SAMHSA, 2022).
 - ✓ Among adults in 2021, 8.3 percent had a past year MDE, with higher rates among those ages 18 to 49 years of age. Overall, 39 percent of adults with past year MDE did not receive treatment, with rates of nontreatment higher among those ages 18 to 25 years (SAMHSA, 2022).
- Use for Quality Improvement:
 - ✓ Implement evidence-based screening for depression
 - ✓ Determine client needs
 - ✓ Develop plan for follow-up services
- Use for evaluation of the CCBHC model
- Potential use for PPS

- Data source: Administrative data or electronic health records
- Measurement Period (aka, the time period that data must cover): The Measurement Year (*example*: Jan. 1, 2025-Dec. 31, 2025)

CDF-AD & CDF-CH Measures: Calculation of Denominators

- Denominator is all clients in the Eligible Population:
 - ✓ All **clients** receiving at least one CCBHC service (identified by one of the Current Procedural Terminology [CPT®] **encounter codes** in the specifications) during the Measurement Year
 - ✓ For **CDF-AD: Age** 18 years or older on date of service
 - ✓ For **CDF-CH: Age** 12-17 years on date of service
 - ✓ Excluding those with existing **diagnosis of depression or bipolar disorder**
- Stratification: **payer, race, ethnicity**

➤ Numerator is all **clients in the appropriate Denominator (AD or CH):**

- ✓ **Screened for depression** on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool
- ✓ **AND, if positive, a follow-up plan is documented on the date of the eligible encounter**

Exception: If the client does not meet the numerator criteria but meets the following exception criteria, they should be removed from the measure denominator:

- Client reason: Client **refuses to participate**.
- Medical reason: Client is in an **urgent or emergent situation** where time is of the essence and to delay treatment would jeopardize client's health status, OR situations where client's **cognitive, functional, or motivational limitations may impact the accuracy of results of screening**.

However, if the client meets the numerator criteria, the client would be included in the measure denominator.

Bold indicates data need.

CDF-CH Measure: Practice Example

Denominator

Number of people receiving CCBHC service in Measurement Year (MY)	2,500
Of those, service was one of the appropriate encounter codes	2,250
Of those, ages 12-17 at date of service	500
Of those, already diagnosed with depression or bipolar disorder	225
Denominator	275 - 15 = 260

CDF-CH rate = $225/260 = .87$ (87%)

Numerator

Number in Denominator	275 - 15 = 260
Screened during encounter (or up to 14 days before), no depression	125
Screened during encounter (or up to 14 days before), yes depression and follow-up plan	100
Screened during encounter (or up to 14 days before), yes depression and NO follow-up plan	35
Not screened for depression during encounter	15 - 15
Numerator	225

BUT, Exceptions!

Not screened, because:	15
Refused	4
Urgent	9
Other medical excuse	2
Total Exceptions	15
Screened despite medical excuse (Keep in D and N)	3

CDF-AD & CDF-CH Examples of Standardized Depression Screening Tools

A normalized and validated depression screening tool developed for the population in which it is being utilized. Examples of depression screening tools **include but are not limited to:**

- **Adult Screening Tools (age 18 and older)**
 - **Patient Health Questionnaire (PHQ-9)**, Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety- Depression Scale (DADS), Geriatric Depression Scale (GDS), Cornell Scale for Depression in Dementia (CSDD), PRIME MD-PHQ2, Hamilton Rating Scale for Depression (HAM-D), Quick Inventory of Depressive Symptomatology Self-Report (QID-SR), Computerized Adaptive Testing Depression Inventory (CAT-DI), and Computerized Adaptive Diagnostic Screener (CAD-MDD).
- **Adolescent Screening Tools (12–17 years)**
 - Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI-PC), Mood Feeling Questionnaire (MFQ), Center for Epidemiologic Studies Depression Scale (CES-D), **Patient Health Questionnaire (PHQ-9)**, Pediatric Symptom Checklist (PSC-17), and PRIME MD-PHQ2
- **Perinatal Screening Tools**
 - Edinburgh Postnatal Depression Scale, Postpartum Depression Screening Scale, Patient Health Questionnaire 9 (PHQ-9), Beck Depression Inventory, Beck Depression Inventory–II, Center for Epidemiologic Studies Depression Scale, and Zung Self-rating Depression Scale.

CDF-AD & CDF-CH Follow-up Planning

- Documented follow-up for a positive depression screening *must* include one or more of the following:
 - Referral to a provider for additional evaluation and assessment to formulate a follow-up plan for a positive depression screen.
 - Pharmacological interventions.
 - Other interventions or follow-up for the diagnosis or treatment of depression.
- Examples of a follow-up plan include but are not limited to:
 - Referral to a provider or program for further evaluation for depression; for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health service such as family or group therapy, support group, depression management program, or other service for treatment of depression.
 - Other interventions designed to treat depression such as behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options.
- The documented follow-up plan must be related to positive depression screening; for example: “Client referred for psychiatric evaluation due to positive depression screening.”

CDF-AD & CDF-CH Measures: To Do in 2024

Needed for the CDF Measures:

1. Identify standardized Depression screening tool(s) you will use, considering requirements of the DEP-REM-6 measure as well
2. Determine where, when, and how in the clinic workflow screening and follow-up planning will be implemented and documented
3. Prepare documentation systems needed to capture whether screening and follow-up planning have or have not occurred, as well as results of screening
4. Train staff, as needed, regarding screening, follow-up planning, and documentation

Also Important:

1. The depression screening must be reviewed and addressed by the provider on the date of the encounter. Positive pre-screening results indicating a client is at high risk for self-harm should receive more urgent intervention as determined by the provider practice, including but not limited to, suicide risk assessment and appropriate clinical response.

Depression Remission at Six Months (DEP-REM-6)

Who?

Clients
already
diagnosed
with
depression

Why? To
know
treatment
outcomes

1. Our clinic is prepared to conduct client follow-up for depression six months after a new diagnosis of depression [select one response]:
 - a) Yes, only if they are still in treatment after six months
 - b) Yes, even if they are no longer receiving our services
 - c) No
 - d) Partly
 - e) I do not know

DEP-REM-6: Description and Source

The DEP-REM-6 measure calculates the percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission Six Months (+/- 60 days) after an Index Event Date.

- Source: Based on CMS MIPS CQMS #370 (2023), stewarded by MN Community Measurement (CBE #0710), modified for Depression Remission at Six Months (CBE #0711)

DEP-REM-6 Measure: Importance and Uses

- **Importance:** “Patients with depression, an isolating condition, are less capable of reaching out, keeping appointments, and maintaining a connection with their provider compared to patients with other conditions. Maintaining proactive contact (in person, phone or other mode) is key to recovery and improved outcomes” (MN Community Measurement, 2018).
- **Use for Quality Improvement:**
 - ✓ Implement medium-term follow-up for clients diagnosed with depression
 - ✓ Understand effectiveness of treatment over time
 - ✓ Reconnect as needed with clients out of treatment to determine if additional treatment is needed
- Use for evaluation of the CCBHC model
- Potential use for PPS

DEP-REM-6 Measure: Data Source and Measurement Period

- Data source: Medical records (e.g., electronic health records)
- Measurement Period (aka, the time period that data must cover): The Measurement Period for the **denominator** is the Measurement Year (*example*: Jan. 1, 2025-Dec. 31, 2025) and for the **numerator** begins four months after the beginning of the Measurement Year and extends eight (8) months past the end of the Measurement Year (*example*: May 1, 2025-August 31, 2026).

DEP-REM-6 Visual of Measurement Year, Measurement Periods, & Index Event Dates (Figure 1 in Technical Specification)

		Index screening may be 7 days before first possible IED																			
Months:		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
		MY																			
		Denominator MP: 12 mo MY																			
		Numerator MP: 6 mo +/- 60 days after IED																			
If IED=x, R may be measured:		x				R	R	R	R	R											
If IED=x, R may be measured:			x				R	R	R	R	R										
If IED=x, R may be measured:				x				R	R	R	R	R									
If IED=x, R may be measured:					x				R	R	R	R	R								
If IED=x, R may be measured:						x				R	R	R	R	R							
If IED=x, R may be measured:							x				R	R	R	R	R						
If IED=x, R may be measured:								x				R	R	R	R	R					
If IED=x, R may be measured:									x				R	R	R	R	R				
If IED=x, R may be measured:										x				R	R	R	R	R			
If IED=x, R may be measured:											x				R	R	R	R	R		
If IED=x, R may be measured:												x				R	R	R	R	R	
If IED=x, R may be measured:													x				R	R	R	R	R

IED: Index Event Date; MY: Measurement Year; MP: Measurement Period; R: Six Month Remission may be measured, depending on date, 4-8 months after IED (6 months (+/- 60 days)).

DEP-REM-6 Measure: Calculation of Denominator

- Denominator is all clients in the Eligible Population:
 - ✓ All **clients** receiving at least one CCBHC service (identified by one of the Current Procedural Terminology [CPT®] **encounter codes** in the specifications) during the Measurement Year
 - ✓ **Age** 12 years or older on the Index Event Date
 - ✓ Who have an **active diagnosis of Major Depression or Dysthymia**
 - ✓ Who have an Index Event Date **PHQ-9 or PHQ-9M score greater than nine (9)** documented during the Measurement Year
 - ✓ Excluding those who meet specified criteria for: Bipolar Disorder, Personality Disorder, Schizophrenia or Psychotic Disorder, or Pervasive Developmental Disorder, or died before the end of their numerator Measurement Period, or received hospice or palliative care
- Stratification: **age, payer, race, ethnicity**

Bold indicates data need.

Note: **Index Event Date** is the date on which the first instance of PHQ-9 or PHQ-9M > nine AND diagnosis of Depression or Dysthymia occurs during the Measurement Year.

Note: Diagnosis **AND** PHQ score must be documented on the same date or up to seven days before the Index Event.

DEP-REM-6 Measure: Calculation of Numerator

- Numerator is all **clients in the denominator:**
 - ✓ **Who achieved Remission at Six Months as demonstrated by a PHQ-9 or PHQ-9M score of less than five (5)**
 - ✓ Remission at Six Months is defined as a Six Month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five (5)
- Documentation needed for the numerator includes:
 - Performance Met (Remission achieved during the allowable Numerator Measurement Period), OR
 - Performance Not Met:
 - ✓ Six Month score not less than five (5), OR
 - ✓ Not assessed during the allowed time period

Visual of DEP-REM-6 Specification (Figure 2 in Technical Specification)

Numerator MP → ^a



In the Denominator population, all those who achieved Remission at Six Months as demonstrated by a Six Month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five (5)



Denominator MP →



1. The number of all clients seen during the MY who have an active diagnosis of Major Depression or Dysthymia and a PHQ-9 or PHQ-9M score greater than nine (9) at an encounter during the MY (Index Event)

2. Exclude those age 11 years or younger at the Index Event Date

3. Exclude those with any of these active diagnoses: Bipolar Disorder, Personality Disorder, Schizophrenia or Psychotic Disorder, or Pervasive Developmental Disorder, or who died prior to the end of their numerator Measurement Period; or who received hospice or palliative care at any time during their numerator MP



MP: Measurement Period; **MY:** Measurement Year.

a The Numerator MP is the total potential time for which data must be available to compute the numerator. The reporter does not have 20 months to meet remission for Clients. Rather, this MP is for the entire group of Clients in the denominator, with the individual's remission measured depending on when the Index Event occurred in the 12 month MY.

DEP-REM-6: Practice Example

Denominator

Number of people receiving CCBHC service in Measurement Year (MY)	2,500
Of those, service was one of the appropriate encounter codes	2,300
Of those, 12 or older at date of service	2,100
Dx of MDD or Dysthymia AND PHQ-9 > nine (9) documented same date (or up to seven days before) as the service	1,850
Of those, excluded as already diagnosed with bipolar disorder, etc	-400
Denominator (1,850 – 400)	1,450

Numerator

Number in Denominator	1,450
Screened six months (+/- 60 days) and score < five	700
Screened six months (+/- 60 days) and score five or more	425
Not screened six months (+/- 60 days)	325
Numerator	700

DEP-REM-6 rate = $700/1,450 = .48$ (or 48%)

Screening Requirements for DEP-REM-6

- Patient Health Questionnaire – 9 item version (PHQ-9), available at [PHQ Screeners](#)

OR

- [Patient Health Questionnaire – 9 Modified for Teens and Adolescents](#) (PHQ-9M), available at

DEP-REM-6 Measure: To Do in 2024

Needed for the DEP-REM-6 Measure:

1. Prepare to use the PHQ-9 (or 9M) for follow-up (and earlier as appropriate)
2. Determine how follow-up to obtain these six-month outcomes will be implemented and documented
3. Prepare documentation systems needed to capture follow-up screening, as well as results of screening
4. Train staff, as needed, regarding follow-up screening and documentation

Also Important:

1. Positive follow-up screening results indicating a client is at high risk for self-harm should receive more urgent intervention as determined by the provider practice, including but not limited to, suicide risk assessment and appropriate clinical response.

Upcoming Quality Measure Webinars



Upcoming Quality Measure Webinars

Schedule of Clinic-Collected Measure-Specific Webinars

Friday, October 27, 2023

- Clinic-Collected-Required Measures: I-SERV, SDOH, ASC

Wednesday, November 1, 2023 (TODAY)

- Clinic-Collected-Required Measures: CDF-AD & CH, DEP-REM-6

Thursday, November 9, 2023

- Clinic-Collected-Optional Measures: TSC, SRA-A & C, CBP, WCC

Subsequent Technical Assistance

November or December 2023, Office Hours for Clinic-Collected Measures

January 18, 2024, State-Collected-Required Measures Part 1

February 15, 2024, State-Collected-Required Part 2 and Optional Measures

Late February or March 2024, Reporting Template and Commonly Asked Quality Measure Questions

March 2024, Office Hours for State-Collected Measures

Questions and Discussion



Poll #3

In the last 90 minutes, I have learned (*please select the best option*):

- A. A lot of useful new information
- B. Some useful new information
- C. Very little new information
- D. Not sure
- E. Other (*please add comments to the chat box*)

References

- MN Community Measurement, 2018: MN Community Measurement (2018). Depression Care in Minnesota. Available at [MNCM Depression Report 2018](#)
- SAMHSA, 2022: Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Available at [2021 NSDUH Annual National Report](#)

Thank You

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Direct Quality Measure Questions to:

CCBHCMeasuresSubmission@samhsa.hhs.gov

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)