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| Program | Directed Payment Program for Behavioral Health Services (DPP BHS) |
| Target Beneficiaries | Adults and children enrolled in STAR, STAR+PLUS, and STAR Kids |
| Quality Goals | |
| <ol style="list-style-type: none"> Promote optimal health for Texans at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address root causes of poor health. Promote effective practices for people with chronic, complex and serious conditions to improve people’s quality of life and independence, reduce mortality rates, and better manage the leading drivers of health care costs. | |
| Program Overview | |
| <ul style="list-style-type: none"> DPP BHS is a directed payment program for Community Mental Health Centers (CMHCs) and Local Behavioral Health Authorities (LBHAs) to promote and improve access to behavioral health services, care coordination, and successful care transitions. The program supports the state’s transition to the Certified Community Behavioral Health Clinic (CCBHC) model of care. CCBHCs provide a comprehensive range of evidence-based mental health and substance use disorder services, with an emphasis on the provision of 24-hour crisis care, care coordination with local primary care and hospital providers, and integration with physical health care. DPP BHS has two components: <ul style="list-style-type: none"> Component 1 is a uniform dollar increase issued in monthly payments to entities participating in the program. As a condition of participation, providers will report on progress made toward certification or maintenance of CCBHC status and provide status updates on DPP BHS quality improvement activities. Component 2 is a uniform percent increase on certain CCBHC services paid on adjudicated claims. As a condition of participation, providers are required to report on metrics that align with CCBHC measures and goals. Providers that have CCBHC certification are eligible for a higher rate enhancement in this component. Eligibility for the program is determined through an application process. | |
| Reporting Requirements | |
| <ul style="list-style-type: none"> Component 1 includes structure measures, and Component 2 includes process and outcome measures. Participating providers must report structure measures annually and outcome and process measures semiannually as a condition of participation in the program. Providers that fail to submit the required data by the deadlines communicated by HHSC will be removed from the program and will have all funds they were previously paid during the program period recouped. Year 2 semiannual reporting is planned to take place during Reporting Period 1 (Oct 2022) and Reporting Period 2 (Apr 2023). | |

- Reporting Period 1 (Oct 2022): Providers will report progress on structure measures and data for outcome and process measures for January 1, 2022 through June 30, 2022.
- Reporting Period 2 (Apr 2023): The data measurement period for reported measures will be January 1, 2022 through December 31, 2022.
- For a structure measure, a provider must submit responses to qualitative reporting questions that summarize progress towards implementing a structure measure. Providers are not required to implement structure measures as a condition of reporting or program participation.
- For outcome and process measures, a provider must submit specified numerator and denominator rates and respond to qualitative reporting questions as specified by HHSC.
- For Component 2 process and outcome measures, providers must report rates stratified by the following payer types: Medicaid Managed Care, Other Medicaid, Uninsured, and All Payer.
- Reported qualitative and numeric data will be used to monitor provider-level progress toward state quality objectives.

DPP BHS Measures by Program Component

| Program Component | Measure ID | Measure Name | Measure Type | NQF # | Measure Steward |
|-----------------------|------------|---|--------------|-------|-----------------|
| B1 – Dollar Increase | B1-145 | Certified Community Behavioral Health Clinic (CCBHC) Certification Status | Structure | NA | NA |
| | B1-146 | Provide patients with services by using remote technology including audio/video, client portals and apps for the provision of services such as telehealth, assessment collection and remote health monitoring/screening | Structure | NA | NA |
| | B1-147 | Provide integrated physical and behavioral health care services to children and adults with serious mental illness | Structure | NA | NA |
| | B1-148 | Participate in electronic exchange of clinical data with other healthcare providers/entities | Structure | NA | NA |
| B2 – Rate Enhancement | B2-149 | Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling | Process | 2152 | NCQA |
| | B2-150 | Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment | Process | 1365 | Mathematica |
| | B2-151 | Adult Major Depressive Disorder (MDD): Suicide Risk Assessment | Process | 0104 | Mathematica |
| | B2-152 | Follow-Up After Hospitalization for Mental Illness 7-Day (discharges from state hospital) | Outcome | 0576 | NCQA |

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| | B2-153 | Follow-Up after Hospitalization for Mental Illness 30-Day (discharges from state hospital) | Outcome | 0576 | NCQA |
| | B2-154 | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up | Process | 0421 | CMS |