Program	Directed Payment Program for Behavioral Health Services (DPP BHS) Year 3 (State Fiscal Year 2024) Requirements
Target Beneficiaries	Adults and children enrolled in STAR, STAR+PLUS, and STAR Kids

Quality Goals

1. 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.
2. Provide the right care in the right place at the right time to ensure people can easily navigate the health system to receive timely services in the least intensive or restrictive setting appropriate.
3. 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.
4. Attract and retain high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers to participate in team based, collaborative, and coordinated care.

Program Overview

- 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:

- 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 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

- Component 1 includes structure measures and Component 2 includes data-based outcome and process 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 3 semiannual reporting is planned to take place during Reporting Period 1 (October 2023) and Reporting Period 2 (April 2024).
  - Reporting Period 1 (October 2023): Providers will report progress on structure measures and data for outcome and process measures for January 1, 2023 through June 30, 2023.
  - Reporting Period 2 (April 2024): Providers will report data for outcome and process measures for January 1, 2023 through December 31, 2023.
- For structure measures, providers must submit responses to qualitative reporting questions that summarize progress towards implementing the structure measure. Providers are not required to implement structure measures as a condition of reporting or program participation.
- For outcome and process measures, providers must submit specified numerator and denominator rates and respond to qualitative reporting questions as specified by HHSC. Providers must report measure 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	Draft Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
B1 – Dollar Increase	B1-105	Health Information Exchange (HIE) Participation	Structure	NA	NA
	B1-145	Certified Community Behavioral Health Clinic (CCBHC) Certification Status	Structure	NA	NA
	B1-147	Provide integrated physical and behavioral health care services to children and adults with serious mental illness	Structure	NA	NA
	B1-163	Non-Medical Drivers of Health (NMDOH) Screening and Follow-up Plan Best Practices	Structure	NA	NA
B2 – Rate Enhancement	B2-149	Preventive Care and 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

Program Component	Draft Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
	B2-152	Follow-Up After Hospitalization for Mental Illness 7-Day (discharges from state hospital)	Outcome	0576	NCQA
	B2-153	Follow-Up after Hospitalization for Mental Illness 30-Day (discharges from state hospital)	Outcome	0576	NCQA
	B2-167	Depression Remission at Six Months (DEPREM-6)	Outcome	0711	MN Community Measurement