

**Directed Payment Program  
for Behavioral Health  
Services Stakeholder  
Feedback on Proposed Year 3  
(State Fiscal Year 2024)  
Quality Measures and  
Reporting Requirements**

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**As Required by**

**Texas Administrative Code**

**§353.1322**

**Texas Health and Human**

**Services Commission**

**March 2023**



**TEXAS**  
Health and Human  
Services

# 1. Overview

On January 4, 2023, HHSC released the draft quality measures and reporting requirements for Year 3 (State Fiscal Year 2024) of the Directed Payment Program for Behavioral Health Services (DPP BHS) for stakeholder feedback. The documents included measure specifications, attribution methodology, reporting requirements, and payer type stratification. On January 11, 2023 HHSC hosted a webinar to provide an overview of the proposed measures and requirements and answer stakeholder questions. Stakeholders submitted feedback through an online survey that closed on January 27, 2023.

This document summarizes the stakeholder feedback HHSC received through one respondent to the survey and three emailed responses. HHSC reviewed and considered the stakeholder comments and made one change to the proposed Year 3 *DPP BHS Measure Specifications* and *DPP for BHS Requirements*. Updated file versions of the Year 3 *DPP BHS Measure Specifications* and *DPP BHS Requirements* have been published to the DPP BHS Quality webpage. A new *DPP BHS Measure Specifications FAQ* file for the proposed Year 3 measures has also been published to the DPP BHS Quality webpage.

HHSC will include the quality measures and reporting requirements in the DPP BHS state directed payment preprint submission to the Centers for Medicare & Medicaid Services (CMS) in March 2023. All DPP BHS Year 3 requirements are subject to CMS approval. HHSC will post any changes required by CMS as described in TAC §353.1322.

## 2. Stakeholder Comments

HHSC did not receive any feedback on Component 1 measure B1-105; Component 2 measures B2-149, B2-150, B2-151, B2-152, or B2-153; attribution methodology; or payer type stratification.

Based on stakeholder questions to clarify measure specifications for the proposed Year 3 measures, HHSC has published a new *DPP BHS Measure Specifications FAQ* file for the proposed Year 3 measures to the [DPP BHS Quality webpage](#). HHSC will also continue to clarify any detailed measure specifications questions via email at [DPPQuality@hhs.texas.gov](mailto:DPPQuality@hhs.texas.gov).

### Component 1

#### Component 1 General Feedback

1. One stakeholder asked when stakeholders will see the proposed revised questions for measures B1-145: Certified Community Behavioral Health Clinic (CCBHC) Certification Status and B1-147: Provide integrated physical and behavioral health care services to children and adults with serious mental illness.

**HHSC Response:** HHSC will try to give providers as much time as possible to review structure measure reporting questions.

#### B1-163: Non-Medical Drivers of Health (NMDOH) Screening and Follow-up Plan Best Practices

2. Several stakeholders asked clarifying questions regarding the measure specifications for the proposed new measure. One stakeholder asked whether the measure would align with the proposed CCBHC measure Screening for Social Drivers of Health (SDOH), another asked whether HHSC will provide a guide on recommended tools, and a third asked what level of staff could complete the screening and at what frequency the tool should be used.

**HHSC Response:** HHSC will provide additional information regarding reporting once the questions have been developed. At this time for all DPPs, reporting on structure measures will primarily be formatted as multiple-choice selections with some qualitative questions.

“Structure Measures” are a type of measure that help provide a sense of a provider’s capacity, infrastructure, and strategy for delivering evidence-based best practices for high quality care. Providers are not required to have implemented or be working towards implementing a structure measure;

providers are only required to complete reporting on structure measures. At this time, there are not any prescribed implementation or achievement requirements tied to a structure measure in any of the DPPs; the proposed structure measures require status reports only.

## Component 2

### B2-167: Depression Remission at Twelve Months (DEP-REM-12)

3. Two stakeholders commented that the Substance Abuse and Mental Health Services Administration (SAMHSA) held a public hearing in January 2023 regarding updating the certification criteria for CCHBCs where they proposed changing Depression Remission at Twelve Months (DEP-REM-12) to Depression Remission at Six Months (DEP-REM-6) and aligning the measure specifications with the most recent measure steward specifications.

**HHSC Response:** HHSC is changing the originally proposed Depression Remission at Twelve Months to the Depression Remission at Six Months measure to align DPP BHS measures as best possible with CCBHC measures. The measure specifications will align with the specifications from the measure steward, MN Community Measurement, and include any modifications made by SAMHSA. The final specifications from SAMHSA are anticipated to be released in March 2023.

4. One stakeholder commented that Depression Remission at Twelve Months (DEP-REM-12) was too difficult to achieve at the level indicated in the measure specifications and suggested replacing with Screening for Clinical Depression and Follow-Up Plan.

**HHSC Response:** HHSC did not make changes in response to this comment. HHSC has identified behavioral health as a priority area for additional quality improvement in Medicaid and this measure is related to the Texas Managed Care Quality Strategy goal of promoting 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. During planning meetings for Year 3 changes, most stakeholders supported adding the Depression Remission measure and aligning the measure specifications with the CCBHC measure many providers already report.

## Reporting Requirements

5. One stakeholder asked whether participating providers would report a status update for measures B1-105: Health Information Exchange Participation and B1-163: NMDOH Screening and Follow-up Plan Best Practices in Reporting

Period 2. Another stakeholder asked when the reporting periods for Year 3 will be.

**HHSC Response:** During Reporting Period 1 (tentatively in October 2023), providers will report progress on structure measures and data for outcome and process measures for January 1, 2023, to June 30, 2023. In Reporting Period 2 (tentatively in April 2024), providers will report data for outcome and process measures for January 1, 2023, to December 31, 2023.

## General Comments

6. One stakeholder suggested that measure specifications align with HHSC Performance Contracts, CCBHC measures, and Joint Commission in order to align with evidence-based practices.

**HHSC Response:** HHSC appreciates this feedback and aims to align DPP measures with those in other quality programs as possible. HHSC is changing the originally proposed Depression Remission at Twelve Months to the Depression Remission at Six Months measure to align DPP BHS measures as best possible with CCBHC measures (see Component 2 section).