Program	Directed Payment Program for Behavioral Health Services
Target Beneficiaries	Adults and children enrolled in STAR, STAR+PLUS, and STAR Kids

Intended Quality Outcomes

1. Continue successful DSRIP innovations by CMHCs to promote and improve access to behavioral health services, care coordination, and successful care transitions.
2. Incentivize continuation of services provided to Medicaid-enrolled individuals that are aligned with the Certified Community Behavioral Health Clinic (CCBHC) model of care.

Program Overview

- This new value-based DPP continues to support the state's transition to the 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.
- Component 1 is a uniform dollar increase issued in monthly payments to all qualifying providers participating in the program. As a condition of participation, providers will report on progress made toward certification or maintenance of CCBHC status. Enrolled providers will also be required to report on the implementation status of activities foundational to quality improvement, such as telehealth services, collaborative care, integration of physical and behavioral health, and improved data exchange.
- Component 2 is a uniform percent increase on certain CCBHC services based on achievement of quality metrics that align with CCBHC measures and goals.
- There will be an application process to participate in the program.

Reporting Requirements

- Component 1 includes structure measures and requires semi-annual reporting of status/progress for all Component 1 measures.
- Component 2 includes process and outcome measures identified as Improvement Over Self (IOS) or benchmark measures and requires semi-annual reporting.
- Reporting is tentatively planned to take place during Quarter 1 (Sep-Nov 2021), and Quarter 3 (Mar-May 2022).
    - Quarter 1: report data for all Component 1 and Component 2 measures for January to June 2021.
    - Quarter 3: report data for all Component 1 and Component 2 measures for January to December 2021.
- For outcome and process measures, CMHCs must report rates stratified by Medicaid, Uninsured, and Other payer types.

Achievement Requirements

- An enrolled provider must report all measures.
- For a structure measure, a provider must submit responses to qualitative reporting questions that summarize provider's progress toward implementation. For outcome and

process measures, a provider must submit numerator and denominator rates as specified by HHSC and submit responses to associated qualitative reporting questions.
- All measures must be reported for a provider to be eligible for payment. If a provider does not meet the minimum denominator volume of 30 Medicaid cases in a pay-for-performance measure, then the measure is not included in calculating achievement.
- For Year 1, IOS measures are reported for CY2021 as a condition of participation in the program. IOS measures may be pay-for-performance in later years.
- Year 1 goals for benchmark measures are to meet or exceed the benchmark, which is either the 25th or 50th percentile of the national HEDIS benchmark as defined in the measure specifications. Providers must have minimum volume and meet or exceed the benchmark for at least one benchmark measure to earn payment for Component 2.

To align with the incentive to achieve CCBHC certification, Component 2 rate increases will be applied to the following codes:H2014, T1017, H2017, 99214, H2011, 99213, 90837, 90792, 90791, H0034, 90834, H0020, 99215, 96372, H0005

Program Component	Measure ID	Measure Name	Measure Type	NQF #	Measure Steward
B1 - Dollar Increase	B1-101	Certified Community Behavioral Health Clinic (CCBHC) Certification Status	Structure	NA	NA
	B1-102	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
	B1-103	Provide integrated physical and behavioral health care services to children and adults with serious mental illness	Structure	NA	NA
	B1-104	Participate in electronic exchange of clinical data with other healthcare providers/entities	Structure	NA	NA
B2 – P4P	B2-105	Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Process	2152	PCPI
	B2-106	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Process	1365	PCPI
	B2-107	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Process	0104	PCPI
	B2-108*	Follow-Up After Hospitalization for Mental Illness 7-Day (discharges from state hospital)	Outcome	0576	NCQA
	B2-109*	Follow-Up after Hospitalization for Mental Illness 30-Day (discharges from state hospital)	Outcome	0576	NCQA
	B2-110*	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Process	0421	CMS

*Denotes Benchmark measure.

Email questions to: DPPQuality@hhs.texas.gov