Directed Payment Program for Behavioral Health Services (DPP BHS) SFY 23			
Pre-Print Question	**HHSC Response** **May 2022 Pre-Print Response**	**HHSC Response** **June 2022 Pre-Print Submission**	**Change to Program**
1	September 1, 2022 – August 31, 2023 managed care contract rating period	September 1, 2022 – August 31, 2023 managed care contract rating period	No changes
2	September 1, 2022 requested start date	September 1, 2022 requested start date	No changes
3	STAR, STAR+PLUS, STAR Kids applicable managed care programs	STAR, STAR+PLUS, STAR Kids applicable managed care programs	No changes
4	Estimated Total Dollar Amount of state directed payment: $214,991,787 Federal share: $128,887,576 Non-federal share: $86,104,210	Estimated Total Dollar Amount of state directed payment: $252,505,666 Federal share: $151,377,147 Non-federal share: $101,128,519	HHSC adjusted total program size and corresponding Federal Share/Non-Federal Share amounts to align with cost-adjusted UPL*. In the previous pre-print, HHSC did not include gross ups in the total dollar amount.
5	No	No	No changes
6	Item b. checkbox selected i. State Fiscal Year 2022 c. Provider Type Change	Item b. checkbox selected i. State Fiscal Year 2022 c. Provider Type Change	No changes

*Changes are highlighted

7	Checkbox selected	Checkbox selected	No changes
8	Please refer to Attachment B for the detailed response to this question. a. Checkbox selected denoting CMS approval Attachment B: No changes	Please refer to Attachment B for the detailed response to this question. a. Checkbox selected denoting CMS approval Attachment B: No changes	No changes
9	Item b checkbox selected: *Fee Schedule Requirements*	Item b checkbox selected: *Fee Schedule Requirements*	No changes
10	None are checked	None are checked	No changes
11 – 13, 15 – 18, & 37	No entry	No entry	No changes
14	No a. N/A b. No entry	No a. N/A b. No entry	No changes
16	Item c checkbox selected: Uniform Dollar or Percentage Increase	Item c checkbox selected: Uniform Dollar or Percentage Increase	No changes
19	a. Unform Dollar Amount and Uniform Percentage Increase b. – d. Attachment C updates Uniform Dollar Increase - $22.64 Uniform Percentage Increase (CCBHC) - 48.46% Uniform Percentage Increase (non-CCBHC) – 43.46%	a. Unform Dollar Amount and Uniform Percentage Increase b. – d. Attachment C updates Uniform Dollar Increase - $24.49 Uniform Percentage Increase (CCBHC) – 52.19% Uniform Percentage Increase (non-CCBHC) 47.19%	a. No change b. – d. **Updated Attachment C** with uniform dollar amount and percentage increase in accordance with

*Changes are highlighted

			updated cost-adjusted UPL
20	a. Other: Community Mental Health Centers (CMHCs) and Local Behavioral Health Authorities (LBHAs) b. There will be 2 classes of providers in this program: 1) CMHCs and LBHAs with CCBHC certification and 2) CMHCs and LBHAs without CCBHC certification c. DPP BHS aligns the goals of CCBHCs within the current Medicaid and behavioral health environment in Texas and demonstrates a commitment to using CCBHCs as a best practice for behavioral health service delivery. Starting in Fiscal Year 2020, HHSC began increasing the number of CCBHCs statewide to expand capacity for community-based behavioral health services and enhance behavioral health care outcomes. While CMHCs or LBHAs can enroll in the program regardless of the certification status, HHSC proposes establishment of two classes to incentivize CMHCs or LBHAs to receive CCBHC certification and maintain it in future years. The higher percentage increase for providers with CCBHC certification in Component 2 recognizes the increased operating costs of the model and provides an incentive for those not yet certified to attain certification.	a. Other: Community Mental Health Centers (CMHCs) and Local Behavioral Health Authorities (LBHAs) b. There will be 2 classes of providers in this program: 1) CMHCs and LBHAs with CCBHC certification and 2) CMHCs and LBHAs without CCBHC certification c. DPP BHS aligns the goals of CCBHCs within the current Medicaid and behavioral health environment in Texas and demonstrates a commitment to using CCBHCs as a best practice for behavioral health service delivery. Starting in Fiscal Year 2020, HHSC began increasing the number of CCBHCs statewide to expand capacity for community-based behavioral health services and enhance behavioral health care outcomes. While CMHCs or LBHAs can enroll in the program regardless of the certification status, HHSC proposes establishment of two classes to incentivize CMHCs or LBHAs to receive CCBHC certification and maintain it in future years. The higher percentage increase for providers with CCBHC certification in Component 2 recognizes the increased operating costs of the model and provides an incentive for those not yet certified to attain certification.	No changes
21	A. For Component 1, payments will be based on the same units by procedure code across all providers based on each CMHC's or LBHA's SFY20	A. For Component 1, payments will be based on the same units by procedure code across all providers based on each CMHC's or LBHA's SFY20 utilization	No changes

*Changes are highlighted

<table>
<tr><td></td><td>utilization with a final reconciliation. Each CMHC or LBHA will receive the same payment increase per unit.

B. For Component 2, the uniform percent increases will be consistent across a) CMHCs or LBHAs without certification and b) CMHCs or LBHAs with CCBHC certification. Certified CMHCs or LBHAs receive a higher percentage increase compared to non-certified CMHCs or LBHA, as the CCBHBC model has additional costs related to providing whole person care.</td><td>with a final reconciliation. Each CMHC or LBHA will receive the same payment increase per unit.

B. For Component 2, the uniform percent increases will be consistent across a) CMHCs or LBHAs without certification and b) CMHCs or LBHA with CCBHC certification. Certified CMHCs or LBHAs receive a higher percentage increase compared to non-certified CMHCs or LBHAs, as the CCBHBC model has additional costs related to providing whole-person care.</td><td></td></tr>
<tr><td>22</td><td>Item c checkbox selected: Require a payment made in addition to the negotiated rate(s) between the plan(s) and provider(s).</td><td>Item c checkbox selected: Require a payment made in addition to the negotiated rate(s) between the plan(s) and provider(s).</td><td>No changes</td></tr>
<tr><td>23</td><td>TABLE 2: Provider Payment Analysis
<table>
<tr><th>Provider Class(es)</th><th>Average Base Payment Level from Plans to Providers (absent the SDP)</th><th>Effect on Total Payment Level of State Directed Payment (SDP)</th><th>Effect on Total Payment Level of Other SDPs</th><th>Effect on Total Payment Level of Pass-Through Payments (PTPs)</th><th>Total Payment Level (after accounting for all SDPs and PTPs</th></tr>
<tr><td>Ex. Rural Inpatient Hospital Services</td><td>80%</td><td>20%</td><td>NA</td><td>NA</td><td>100%</td></tr>
<tr><td>a. CMHCs and LBHAs w/o certification</td><td>0.00%</td><td>0.00%</td><td></td><td></td><td>0.00%</td></tr>
<tr><td>b. CMHCs and LBHAs with certification</td><td>49.00%</td><td>24.00%</td><td></td><td></td><td>72.00%</td></tr>
<tr><td>c. Total</td><td>49.00%</td><td>24.00%</td><td></td><td></td><td>72.00%</td></tr>
</table></td><td>TABLE 2: Provider Payment Analysis
<table>
<tr><th>Provider Class(es)</th><th>Average Base Payment Level from Plans to Providers (absent the SDP)</th><th>Effect on Total Payment Level of State Directed Payment (SDP)</th><th>Effect on Total Payment Level of Other SDPs</th><th>Effect on Total Payment Level of Pass-Through Payments (PTPs)</th><th>Total Payment Level (after accounting for all SDPs and PTPs</th></tr>
<tr><td>Ex. Rural Inpatient Hospital Services</td><td>80%</td><td>20%</td><td>NA</td><td>NA</td><td>100%</td></tr>
<tr><td>a. CMHCs and LBHAs w/o certification</td><td>0.00%</td><td>0.00%</td><td></td><td></td><td>0.00%</td></tr>
<tr><td>b. CMHCs and LBHAs with certification</td><td>49.00%</td><td>25.00%</td><td></td><td></td><td>75.00%</td></tr>
<tr><td>c. Total</td><td>49.00%</td><td>25.00%</td><td></td><td></td><td>75.00%</td></tr>
</table></td><td>Updated provider payment analysis table in accordance with updated new cost adjusted UP</td></tr>
<tr><td>24</td><td>c. Other; Please define: Percentage of CMHC Cost Report PPS-2 rate</td><td>c. Other; Please define: Percentage of CMHC Cost Report PPS-2 rate</td><td>No changes</td></tr>
<tr><td>25</td><td>No</td><td>No</td><td>No changes</td></tr>
<tr><td>26</td><td>No</td><td>No</td><td>No changes</td></tr>
<tr><td>27</td><td>Please see Attachment E</td><td>Please see Attachment E</td><td>No changes</td></tr>
</table>

*Changes are highlighted

28	CMS has provided the state with feedback that reimbursing certified CMHCs or LBHAs utilizing the PPS-2 rates under the CCBHC demonstration model could be considered as the comparison point for a Directed Payment Program incentivizing the CCBHC model of care. The program is designed to reimburse the participants the difference between the PPS-2 rates and MCO payments. Please see question 19.d response for additional detail.	CMS has provided the state with feedback that reimbursing certified CMHCs or LBHAs utilizing the PPS-2 rates under the CCBHC demonstration model could be considered as the comparison point for a Directed Payment Program incentivizing the CCBHC model of care. The program is designed to reimburse the participants for the difference between the PPS-2 rates and MCO payments. Please see question 19.d response for additional detail.	No changes
29	No. b. HHSC will provide the managed care contracts 45 days prior to the effective date.	No. b. HHSC will provide the managed care contracts 45 days prior to the effective date.	No changes
30	No. a. 7/18/2022 No entries on Table 3	No. a. 7/18/2022 No entries on Table 3	No changes
31	Item a checkbox selected: An adjustment applied in the development of the monthly base capitation rates paid to plans.	Item a checkbox selected: An adjustment applied in the development of the monthly base capitation rates paid to plans.	No changes
32	N/A	N/A	No changes
33	Checkbox selected	Checkbox selected	No changes
34	b. Intergovernmental transfers (IGTs) from a State or local government entity	b. Intergovernmental transfers (IGTs) from a State or local government entity	No changes
35	a. Attachment F b. Checkbox selected	a. Attachment F b. Checkbox selected	**Updated Attachment F with FY23 information.**

*Changes are highlighted

	c. There are no written agreements between HHSC and healthcare providers participating in DPP BHS regarding DPP BHS. The state currently collects information from units of local government that provide IGTs to the state to ensure compliance with all federal regulations. Texas began to implement large scale monitoring of the non-federal share several months ago. Texas continues to refine its monitoring mechanisms.	c. There are no written agreements between HHSC and healthcare providers participating in DPP BHS regarding DPP BHS. The state currently collects information from units of local government that provide IGTs to the state to ensure compliance with all federal regulations. Texas began to implement large scale monitoring of the non-federal share several months ago. Texas continues to refine its monitoring mechanisms.	
36	N/A	N/A	No changes
38	Checkbox selected	Checkbox selected	No changes

*Changes are highlighted