

## Attachment C – DPP BHS Question 11

**11. Provide a brief summary or description of the required payment arrangement selected above and describe how the payment arrangement intends to recognize value or outcomes over volume of services. If “other” was checked above, identify the payment model. The State should specifically discuss what must occur in order for the provider to receive the payment (e.g., meet or exceed a performance benchmark on provider quality metrics).**

The Directed Payment Program (DPP) for Behavioral Health Services (BHS) was developed to advance goals of the State’s Quality Strategy and to align with Delivery System Reform Incentive Payments (DSRIP) transition. DPP for BHS is designed to:

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

The program includes two components: Component 1 includes structure measures, while Component 2 includes process and outcome measures specific to the CCBHC model of care.

Component 1 is tied to the implementation status of quality improvement activities. These structure measures build on the best practices for CMHCs identified through DSRIP and aligned with the CCBHC model of care, including achieving and maintaining CCBHC certification, providing telemedicine and other remote healthcare services, providing integrated physical and behavioral health, and participating in healthcare data exchange.

Component 2 is focused on improving the quality of care for individuals with serious mental illness, including those with a dual diagnosis of mental health and substance use disorder. It includes measures for alcohol screening, BMI screening, suicide risk assessment for children and adults, and follow-up after hospitalization for mental illness.

In Year 1 for Component 2, providers are required to report baselines for IOS measures as a condition of participating in the program and meet or exceed national benchmarks for designated benchmark measures. All measures must be reported as a condition of participation in the program.