



Health and Human Services

Directed Payment Program for Behavioral Health Services (DPP BHS) Proposed SFY 2027 Quality Metrics and Requirements Public Hearing

December 11, 2025

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





HHSC conducted an online public hearing on December 11, 2025, at 2:00 p.m. CDT to review and receive public comment on proposed quality metrics and requirements for SFY 2027 of DPP BHS

The Directed Payment Program for Behavioral Health Services is one of four [directed payment programs \(DPPs\)](#) HHSC submitted to the Centers for Medicare and Medicaid Services (CMS) for approval as part of the Delivery System Reform Incentive Payment Transition Plan. CMS approved DPP BHS on Nov. 15, 2021.

Background

DPP BHS is a DPP for community mental health centers (CMHCs) to promote and improve access to behavioral health services, care coordination, and successful care transitions for individuals enrolled in the STAR, STAR+PLUS, and STAR Kids Medicaid managed care programs. It also incentivizes continuation of care for these individuals using the Certified Community Behavioral Health Clinic (CCBHC) model of care.

HHSC has included dates after each file below to indicate when they were last updated.

SFY 2026 (Y5) Measures and Requirements

- [SFY 2026 Requirements \(PDF\)](#) (2/21/2025)
- [SFY 2026 Measure Specifications \(Excel\)](#) (9/4/2025)
- [Stakeholder Feedback for SFY 2026 \(PDF\)](#) (2/21/2025)

Proposed SFY 2027 (Y6) Measures and Requirements

- [Proposed SFY 2027 Requirements \(PDF\)](#) (12/8/2025)
- [Proposed SFY 2027 Measure Specifications \(Excel\)](#) (12/8/2025)

HHSC Presentation



Updated Quality Strategy goals

- 1 Promote optimal health for Texans
- 2 Promote effective practices for people with chronic, complex, and serious conditions

Quality measure changes

- Using the SFY 2026 measure specifications for SFY 2027
- Removing two structure measures for SFY 2027:
 - B1-105: Health Information Exchange (HIE) Participation
 - B1-145: Certified Community Behavioral Health Clinic (CCBHC) Certification Status



Quality Metrics Changes and Continuity for SFY 2027

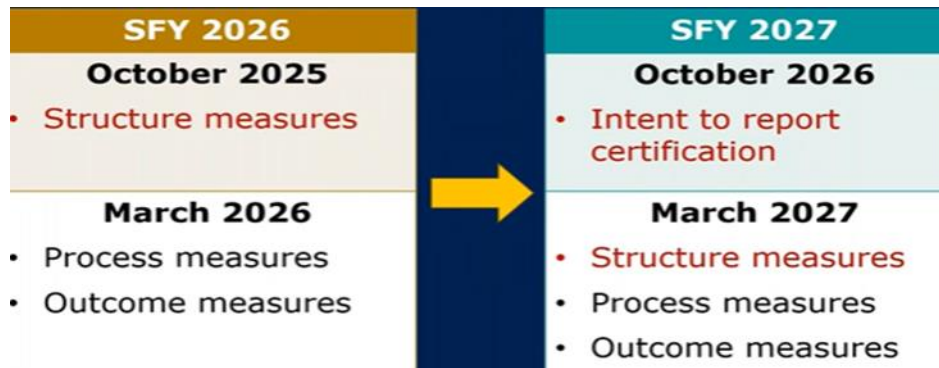
- No major changes are expected for SFY 2027, but changes are planned for 2028-2030.
- Quality advancement goals, same process and outcome metrics, and no pay-for-performance remain.
- For 2027, the same metric specifications used in 2026 are proposed, unlike prior years when they were updated annually.
- Two structure metrics are removed: B1-105 (HIE Participation) and B1-145 (CCBHC Certification Status), to reduce administrative burden and focus on process and outcome metrics preferred by CMS.
- CCBHC certification is now requirement
- The revised quality goals are: promote optimal health for Texans; and promote effective practices for chronic, complex, and serious conditions.

Outcome Measures

Measure ID	Measure Name	Measure Type	CBE ID	Measure Steward	Reporting Payer Type
B1-147	Provide integrated physical and behavioral health services	Structure	N/A	N/A	N/A
B1-149	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Process	2152	PCPI	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer
B1-150	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Process	1365	Mathematica	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer

Measure ID	Measure Name	Measure Type	CBE ID	Measure Steward	Reporting Payer Type
B1-151	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Process	0104e	Mathematica	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer
B1-152	Follow-Up After Hospitalization for Mental Illness 7-Day (discharges from state hospital)	Outcome	0576	NCQA	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer
B1-153	Follow-Up after Hospitalization for Mental Illness 30-Day (discharges from state hospital)	Outcome	0576	NCQA	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer
B1-161	Food Insecurity Screening and Follow-up Plan	Process	N/A	N/A	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer
B1-167	Depression Remission at Six Months (DEPREM-6)	Outcome	0711	MNCM	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer

In October SFY 2026, providers reported structure metrics; for 2027, they will only submit an Intent to Report Certification confirming understanding of requirements and metrics for March reporting. In March SFY 2027, providers will report all metrics (structure, process, and outcome), aligning with SHARP and TIPS programs.





Quality Goals DPP BHS aims to advance the goals of the Texas Managed Care Quality Strategy. Participating providers will report quality measures that tie to the following quality strategy goals:

- Promote optimal health through prevention and by engaging people, families, communities, and the health care system to optimize health outcomes.
- 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.

Program Structure Note: The program structure and reporting requirements are subject to change if the Centers for Medicare and Medicaid Services (CMS) requires the change or HHSC determines the change is necessary to continue to meet policy and program goals while complying with federal law and regulations.

DPP BHS includes one component for state fiscal year (SFY) 2027. DPP BHS provides a uniform dollar increase in the form of prospective, monthly payments to all qualifying CMHCs and LBHAs. CMHCs and LBHAs must apply to participate in the program.

Component 1 Component 1 includes structure, process, and outcome measures. Component 1 requires yearly submission of status updates for the structure measure and yearly submission of data for the process and outcome measures. All measures in Component 1 must be reported as a condition of participation by each provider.

Reporting Requirements As a condition of participation in DPP BHS, a provider must report data for all measures by the deadlines communicated by HHSC. Failure of provider to meet this condition of participation will result in removal of the provider from DPP BHS and recoupment of all funds previously paid during the program period.

Key Reporting Requirements

- Reporting Certification (October 2026): Providers will submit an Intent to Report certification.
- Performance Reporting (March 2027): Providers will report progress on structure measures as of August 31, 2026, as well as data for outcome and process measures for January 1, 2026, to December 31, 2026.



Reporting must follow the detailed measure specifications described in the SFY 2027 Measure Specifications (Excel file).

For structure measures, providers must submit responses to qualitative reporting questions that summarize their progress toward 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, a provider must submit specified numerator and denominator data and respond to qualitative reporting questions as specified by HHSC. Providers must report data stratified by the specified reporting payer type.

Reported qualitative and numeric data will be used to monitor provider-level progress toward state quality objectives.

Component 1 Provider-Reported Measures

Measure ID	Measure Name	Measure Type	CBE ID	Measure Steward	Reporting Payer Type
B1-147	Provide integrated physical and behavioral health care services (mental health and/or substance use services) to children and adults with serious mental illness and/or substance use conditions	Structure	N/A	N/A	N/A
B1-149	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Process	2152	Physician Consortium for Performance Improvement	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer
B1-150	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Process	1365	Mathematica	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer
B1-151	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Process	0104e	Mathematica	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured

					<ul style="list-style-type: none"> • All-Payer
B1-152	Follow-Up After Hospitalization for Mental Illness 7-Day (discharges from state hospital)	Outcome	0576	NCQA	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer
B1-153	Follow-Up after Hospitalization for Mental Illness 30-Day (discharges from state hospital)	Outcome	0576	NCQA	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer
B1-161	Food Insecurity Screening and Follow-up Plan	Process	N/A	N/A	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer
B1-167	Depression Remission at Six Months (DEPREM-6)	Outcome	0711	MN Community Measurement	<ul style="list-style-type: none"> • STAR/STAR+PLUS/STAR Kids • Other Medicaid • Uninsured • All-Payer

For more detail please see. Proposed SFY 2027 (Y6) Measures and Requirements

- [Proposed SFY 2027 Requirements \(PDF\)](#) (12/8/2025)
- [Proposed SFY 2027 Measure Specifications \(Excel\)](#) (12/8/2025)

Public Comments and Questions. There were no public comments or questions



The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
