



# The Innovation in Behavioral Health (IBH) Model

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# IBH Model Overview

The IBH Model aims to test a value-based payment approach, aligned across Medicaid and Medicare, that enables specialty behavioral health practices, or Practice Participants, to integrate behavioral health care with physical health care and health-related social needs (HRSNs).

## OBJECTIVES

-  **Improve care quality and health outcomes** for adults with moderate to severe behavioral health conditions, including mental health (MH) conditions and/or substance use disorders (SUDs).
-  **Support Practice Participants** to provide integrated, person-centered care in a BH setting, working with other providers as part of an **interprofessional care management team** to address beneficiaries' BH and PH needs as well as health-related social needs (HRSNs).

## INTENDED OUTCOMES



# Overview of Care Delivery Framework

*State recipients (hereafter referred to as “states”), will use a shared vision for population health and health equity outcomes, considering state-specific nuances and context, to build the Medicaid care delivery framework, capitalizing on existing infrastructure and capacity within the state.*

## CARE INTEGRATION

Practice Participants will screen, assess, treat, and refer patients as needed for both BH and PH conditions, within the Practice Participants’ scope of practice.



## CARE MANAGEMENT

An interprofessional care team will address the needs of the beneficiary and provide ongoing care management across the beneficiary’s BH and PH needs.

## HEALTH EQUITY

Practice Participants will engage in activities that foster equitable care through HRSN screenings, a population needs assessment, and a health equity plan.

# Illustrative Sample Beneficiary Experience in the IBH



## Background

**Name:** Robert

**Age:** 65

### Health Conditions:

- Bipolar disorder (BPD)
- Alcohol use disorder (AUD)
- Hypertension (HTN)

### Emergency Department

**Visits:** 4 times in the past 6 months

## Situation

- Recently lost his job
- Under a lot of stress to afford groceries, car repairs, and health care
- Primary care staff are not well informed about BPD and AUD
- His BH clinic is the provider that he visits most often, but the clinic is not equipped to treat his PH needs

## Robert's Experience in the IBH Model



### Initial Contact

- Visits an IBH-participating BH clinic
- Screened for **BH** and **PH** conditions and HRSNs



### Care Integration

- IBH care team contacts Robert's primary care provider (PCP) to discuss the results of his screening
- They discuss how Robert's AUD and BPD make it difficult to manage his HTN



### Care Planning

- Robert, his IBH provider, and PCP create a care plan to address his BH and PH conditions and HRSNs
- His care team plans to connect him to AUD and BPD support groups



### Integration with Social Needs

- A peer worker connects Robert to community organizations that deliver nutritious food and provide transportation to appointments
- Robert begins meeting with his AUD and BPD support groups



### Care Management

- Robert's IBH care team follows up with him before and after his BH appointments to send reminders and check on his experience



### Ongoing Monitoring

- In 6 months, Robert is screened again for BH, PH, and HRSNs by his IBH care team
- His outcomes are improving
- Receives IBH services until no longer medically necessary

## Robert's Outcomes



Supported by his care team and follows his care plan



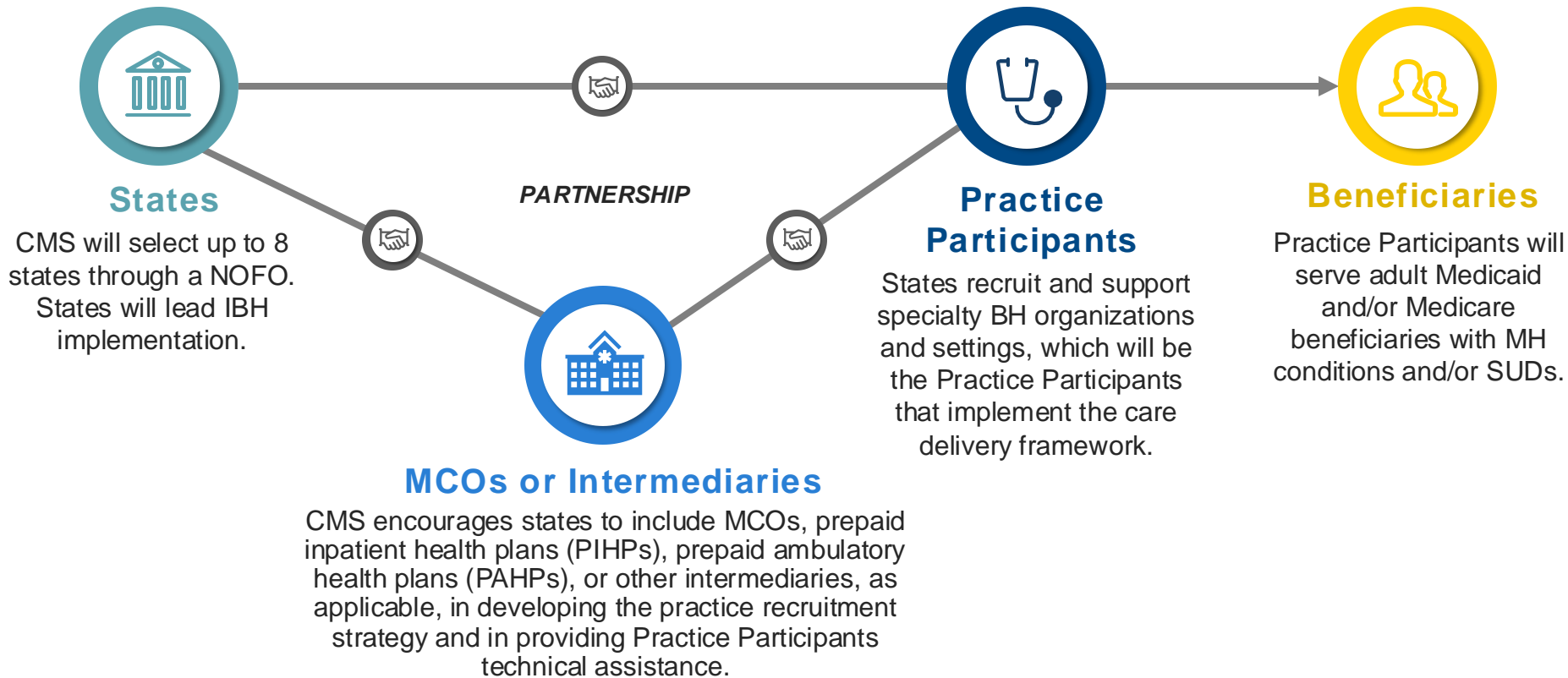
Lower stress, improved medication management, reduced hypertension, and improved food security



Confident enough to start applying for a job

# Overview of IBH Partners

States, Practice Participants, and managed care organizations (MCOs) or other intermediaries will collaborate to implement the IBH Model.



# Model Eligibility and Participation Overview

Model participants are state Medicaid agencies (SMAs) and BH practices that accept Medicaid in the selected states.



**STATES:** CMS will consider all state applicants. Selected states will:

- Receive a maximum of **\$7.5M in cooperative agreement funding**
- Develop and implement the care delivery framework and Medicaid payment approach
- Recruit practice participants
- Invest in statewide and practice level health IT



**MCO OR INTERMEDIARY:** State awardees that use a managed care structure may partner with MCOs or other fiscal intermediaries to implement IBH. This does not apply for states without managed care.



**BH PRACTICES:** BH practices within selected states will be eligible to participate in both the Medicaid and Medicare payment models.

Billing providers within practices must meet all the below criteria:

- Be licensed by the participating state to deliver BH services (e.g., MD, PA, NP, LMFT, LPC/MHC)
- Meet state-specific Medicaid provider enrollment requirements
- Serve adult Medicaid beneficiaries (age 18 and older) with moderate to severe MH conditions and/or SUDs
- Provide MH and/or SUD services at the **outpatient level of care**

**All practices must participate in Medicaid. Practices may also elect to participate in the Medicare payment model.**

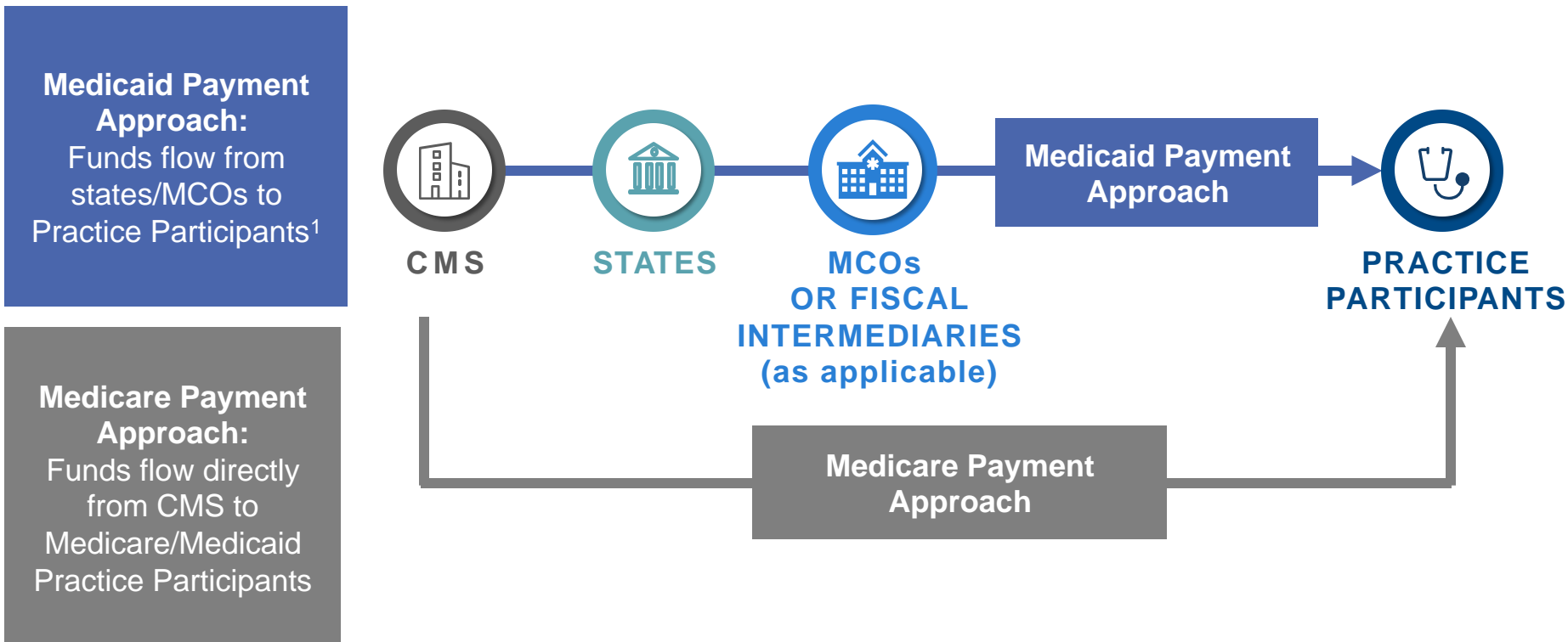


## **BENEFICIARY ELIGIBILITY**

Adult Medicaid and Medicare beneficiaries who receive care for moderate to severe mental health conditions and/or SUDs from a participating practice.

# Model Payment Approach Flow Chart

Below provides an overview of the IBH Model's payment flow to states and Practice Participants.



<sup>1</sup>Practice Participants must serve Medicaid beneficiaries. Medicare is optional.

# Adapting Existing Medicaid Components

*Below are examples of how state awardees can build off existing Medicaid and state-based initiatives to implement IBH.*



## Examples of existing Medicaid and state-based initiatives that states can adapt to implement IBH:

- BH Homes, CCBHCs, Primary Care Case Management, and Promoting Integration of Primary and BH Care
- As applicable, CMS will work with CCBHC participating states and practices to ensure they are aligned with the IBH Model requirements



## CCBHCs

Under the initiative jointly administered by CMS and SAMHSA, a CCBHC provides a comprehensive array of MH and SUD services to individuals regardless of diagnosis or insurance status.



CCBHC demonstration states are eligible to participate in IBH. Model participation can help CCBHCs bolster their existing integration efforts and accelerate uptake of the model among more providers.



If a CCBHC demonstration state participates in IBH, their CCBHCs would be eligible for aligned Medicare payments.

## Examples of existing Medicaid flexibilities states can adapt:

- [State Health Official Letter #23-001, Coverage and Payment Of Interprofessional Consultation](#)
- [State Health Official Letter #16-003, Availability of HITECH Administrative Matching Funds to Help Professionals and Hospitals Eligible for Medicaid EHR Incentive Payments Connect to Other Medicaid Providers](#)



# Key Elements of State Approaches



# Summary of State Approaches

## Service Area

- Most will implement in sub-state regions
- Will focus on urban and rural areas and areas with safety-net providers

## Care Delivery and Health IT

- Medicaid/MH/SUD agencies will implement in partnership with county mental health and/or SUD authorities, private practices, non-profit clinics, and MCOs
- Will engage many stakeholders including social service agencies, government bodies, state associations, MCOs, and healthcare providers in developing the care delivery framework
- Each state has existing data infrastructure, and some will build upon, grow, expand, or create new systems

## Practice Recruitment

- Will recruit directly, through agencies, associations, hospital systems, and in-person and virtual info sessions
- Each state anticipates recruiting between 10-40 practices, reaching 11,000-90,000 Medicaid enrollees

## Medicaid Payment Approach

- Some will build upon payment frameworks like Medicaid Health Homes and CCBHCs
- Some will use State Plan Amendment Authority or State Directed Payment authorities to develop a new Medicaid Payment Approach