Innovation in Behavioral Health (IBH) Model: Participation Benefits for State Medicaid Agencies

IBH MODEL OVERVIEW

The IBH Model will test a value-based payment approach that is aligned in Medicaid and Medicare and enables specialty behavioral health (BH) practices to integrate BH care with physical health (PH) care and health-related social needs (HRSNs) for adult beneficiaries with moderate to severe BH conditions.

CMS will award up to eight cooperative agreements (maximum of $7.5M each) to state Medicaid agencies (SMAs), who will use CMS funds to support care integration and coordination between BH and PH providers.

TIMELINE FOR STATES

Q2 2024	Q3 2024	Q4 2024	Q1 2025 - Q4 2027	Q1 2028 - Q4 2032
Applications open	Applications close	State recipient announcement period	State recipient pre-implementation period	Implementation period

During the **pre-implementation period (model years 1-3)**, states will receive funding to develop a Medicaid Payment Approach and build capacity for model implementation. During model year 1, states will recruit BH practices into the IBH Model.

HOW CMS WILL SUPPORT STATE RECIPIENTS

CMS will provide state recipients with funding and technical assistance to complete the below activities.

- Develop a new **Medicaid Payment Approach** or adapt an existing model for IBH services
- Implement the IBH Model's **care delivery framework** at the outpatient level of care
- Develop and enhance **infrastructure** to support states and Practice Participants, especially state and practice level health information technology
- Recruit and engage **Practice Participants**
- Collect, analyze, and share **model data** among practice participants and CMS
- Convene **relevant partners** in model development and implementation with the support of CMS

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EXISTING INITIATIVES THAT STATES CAN ADAPT FOR IBH

SMAs and their partners can build on existing state-based initiatives to implement the IBH Model. Below are some examples of large initiatives that states could use to develop and implement the IBH Model. CMS will work with states to align these and other related initiatives with IBH Model requirements where possible.

Certified Community BH Clinic (CCBHC) Demonstration

- This Medicaid demonstration is designed and managed through a partnership across CMS, the Office of the Assistant Secretary for Planning and Evaluation, and the Substance Abuse and Mental Health Services Administration (SAMHSA).
- CCBHCs directly provide comprehensive outpatient behavioral health care, receiving cost-based reimbursement when they provide these services to Medicaid beneficiaries.
- CCBHCs are responsible for care coordination across PH and BH providers, social supports, and other community systems.
- CCBHCs must meet federal standards and provide a comprehensive set of required mental health and substance use services to individuals regardless of place of residence or ability to pay.

CCBHC SAMHSA Expansion Grants

- SAMHSA provides grant funding to support providers to meet CCBHC standards and provide required services.
- CCBHC Improvement and Advancement (IA) Grants help existing CCBHCs sustain and improve programs and cover uncompensated care.
- CCBHC Planning Development and Implementation (PDI) grants support new CCBHCs to develop their programs and meet federal standards.

Medicaid Health Homes

- This Medicaid state plan option coordinates BH and PH care and long-term services and supports aimed at improving care quality and reducing costs.

Primary Care Case Management

- Medicaid beneficiaries are assigned a primary care physician (PCP) who is paid a monthly case management fee to assume responsibility for care management and coordination.
- States have flexibility to determine which types of providers can serve as PCPs (e.g., role may be filled by a BH provider).

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MULTI-PAYER ALIGNMENT APPROACH

States will partner with fiscal intermediaries (such as Medicaid Managed Care Organizations, if applicable) to develop new or adapt existing **Medicaid Payment Approaches that align with the IBH Model.**

Medicaid and Medicare will align on key model design elements, such as a payment approach and quality measures, which will allow states flexibility while designing and implementing a Medicaid Payment Approach that best meets state needs.

The IBH Model will drive alignment across payers, given variation across states. To drive alignment between payers, the IBH Model has defined minimum alignment expectations, including but not limited to the expectations in the table below.

Design Element	Example of Minimum Expectation for Alignment
Care Delivery Framework	**Care Integration and Management:** Interprofessional care management team; BH, PH, and HRSN screening; care plan development; closed-loop referrals; and follow ups
Payment Progression	**Fee-for-Service to Value-Based Payment:** State develops Medicaid Payment Approach that aligns with the IBH Model Medicare Payment Approach
	Attribution: Practices receive list of prospectively attributed members at least quarterly
Quality Measurement and Incentives	**Quality Measures:** SMAs agree to a parsimonious set of IBH Model quality measures tied to payment and reporting at the state or plan level
	Quality Incentives: Quality incentive approach that uses IBH Model quality measures