

Innovation in Behavioral Health Model (IBH) Overview Factsheet



IBH MODEL OVERVIEW

-  IBH aims to **improve the quality of care and health outcomes for people with moderate to severe behavioral health (BH) conditions**, including mental health conditions and/or substance use disorders (SUDs).
-  The model supports community-based BH practices to provide **person-centered care in a BH setting**. BH providers will work as part of a **care management team**, coordinating with other providers to best serve beneficiaries.
-  The care management team will address **behavioral and physical health (PH) issues as well as health-related social needs (HRSNs)**, which are non-medical issues that could adversely affect a person's health, such as housing and food insecurity.

INTENDED OUTCOMES



Enhanced quality and delivery of whole person care



Increased access to BH, PH, and HRSN services



Improved health and equity outcomes



Fewer avoidable emergency department and inpatient visits



Strengthened health IT systems capacity

PARTICIPANT AND BENEFICIARY ELIGIBILITY



STATES

- CMS will select up to eight states, the District of Columbia, or U.S. territories, to participate through cooperative agreements. Interested states will be required to apply to a Notice of Funding Opportunity.
- Practice participants within selected states will be eligible to participate in both the Medicaid and Medicare payment models.



PRACTICE PARTICIPANTS

Practice participants must be community-based BH organizations, including safety net providers, who, at the time of application, meet all the following criteria:

- Licensed by the state to deliver BH services (either mental health and/or SUD).
- Meet any state-specific Medicaid provider enrollment requirements and be eligible for Medicaid reimbursement.
- Provide mental health and/or SUD services at the outpatient level of care to adult Medicaid beneficiaries (age 18 or older) with moderate to severe BH conditions.



BENEFICIARIES

- Adults enrolled in Medicaid and/or Medicare (or both) who are experiencing behavioral health conditions and receiving care from a participating practice.

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MODEL TIMELINE

Key Activity	Timing
State awardee pre-implementation period	Q4 2024 - Q3 2027
Practice participant enrollment period	Q4 2024 - Q3 2025
Practice participant pre-implementation period	Q4 2025 - Q3 2027
Implementation period (state awardees and practice participants)	Q4 2027 - Q3 2032

CARE DELIVERY FRAMEWORK

IBH will offer integrated care in a behavioral health setting. This means that BH practices will offer person-centered care by screening for and addressing behavioral health conditions and physical health conditions. Since individuals with moderate to severe BH conditions may already visit a BH setting, the BH practice will facilitate close collaboration with primary care, other PH providers, and HRSN partners to support whole-person health.

CARE INTEGRATION

What care is received?

- **Screening and assessment** for BH and PH needs as well as HRSNs
- **Person-centered planning and treatment** of BH and PH conditions and/or close-loop referral to PH care
- **Monitoring of BH conditions** and certain PH conditions
- **Care plan adjustments** if outcomes are not improving



CARE MANAGEMENT

Who provides care?

- **Interprofessional team-based care**
Develop care teams that reflect the needs of the service population, and include the beneficiary, PH expertise, and care management staff
- **Ongoing care management**
Monitor person-centered planning goals, treatment, and outcomes; coordinate beneficiary needs related to BH and PH conditions and HRSNs

HEALTH EQUITY

How is equitable care supported?

- **Screen, refer, and follow-up for HRSNs; collaborate** with HRSN partners
- **Complete population needs assessment** and develop a **health equity plan**

FOUNDATIONAL SUPPORT ACTIVITIES

CMS will provide infrastructure funding to Medicare practice participants beginning in the pre-implementation period for the below activities, which will support the care delivery framework. States will provide similar funding, through their cooperative agreements, for Medicaid-only practice participants:



Health IT infrastructure capacity, such as electronic health records (EHRs), interoperability standards, etc.



Telehealth tools to support delivery of integrated care



Practice transformation activities (IT workflows, staffing development and retention plans, systematic quality improvement, etc.)

OVERVIEW OF ALIGNED PAYMENT APPROACH



Theory of Change: Through a predictable mix of investments and learning supports, IBH will create a glide path for community-based BH practices to progress from fee-for-service (FFS) to value-based payments.



Multi-Payer Alignment: Medicaid and Medicare will align on key model design elements, such as payment model and quality measures, which will allow state partners flexibility while designing and implementing a Medicaid Alternative Payment Model (APM) for their unique state context.

STATE MEDICAID ROLE

- **Develop and enhance statewide infrastructure** to support BH practice participants
- **Work with managed care partners** and/or other state intermediaries to recruit and select BH practices for participation
- **Convene relevant stakeholders** in model development and implementation
- **Develop and Implement a Medicaid APM** that aligns with the IBH Medicare payment model on key features
- **Collect, analyze, and share model data** among practice participants and CMS

MEDICARE PAYMENTS

- **Infrastructure funding to practice participants** who participate in Medicare to support health IT investments and practice transformation
- **Integration Support Payment (ISP)**, a prospective, risk adjusted Medicare per-member-per-month payment for initial and ongoing screening, assessment, and coordination for BH and PH conditions; and HRSN screening and referral
- **Performance-based payments** to incentivize quality outcomes

IBH PAYMENT TIMELINE

Pre-Implementation Period: Model Years 1-3

 **State Medicaid Agencies (SMAs)** will receive cooperative agreement funding for preparation activities to implement the model, including improving statewide health IT infrastructure, supporting practice participants, convening key partners, and developing the Medicaid APM.

 **Medicare practice participants** will receive infrastructure funding from CMS to support health IT, EHRs, practice transformation, new workflows, and staffing investment necessary to implement the model.

Implementation Period: Model Years 4-8

 **SMAs** will receive cooperative agreement funding to support model implementation in Medicaid.

 **Practice participants** will receive aligned payment to implement the IBH care delivery framework through Medicaid, and, if participating, also through Medicare. They will also receive pay for reporting and pay for performance incentives on a limited set of quality measures.

Model Contact Information and Resources

Model Contact Information

Model Webpage Link