



Innovation in Behavioral Health (IBH) Model Model Overlaps Policies Fact Sheet

States, health care providers, and other entities may wish to participate in multiple CMS Center for Medicare & Medicaid Innovation (Innovation Center) models or value-based care initiatives to accelerate innovation care delivery, reduce the cost of care, and improve population health. This fact sheet details the Innovation in Behavioral Health (IBH) Model’s policy regarding IBH Model participation overlapping with Innovation Center models cited below. As new models are announced, the Innovation Center will evaluate whether IBH Model participants may simultaneously participate in those new models on a case-by-case basis; these policies will be described in subsequent updates to this document.

State Participation Combinations

States selected to participate in the IBH Model will receive cooperative agreement funding to support model pre-implementation and implementation activities. The IBH Model may operate statewide or in a sub-state region. This overlap document addresses overlap policy for the following models:

- [Cell and Gene Therapy \(CGT\) Access Model](#)
- [States Advancing All-Payer Health Equity Approaches and Development \(AHEAD\) Model](#)
- [Making Care Primary \(MCP\) Model](#)
- [Transforming Maternal Health \(TMaH\) Model](#)

Some model combinations have certain conditions and restrictions detailed in the table on page two.

Community-based behavioral health organizations and settings¹ within participating IBH Model states will have the opportunity to be a practice participant in an aligned Medicaid and Medicare payment model that supports an integrated care delivery framework. These practice participants will be responsible for delivering integrated care to Medicaid and Medicare beneficiaries with moderate to severe mental health conditions, substance use disorders, or both and will be eligible to receive Medicaid and Medicare reimbursement for implementing the IBH Model’s care delivery framework.

Practice Level Overlaps

Information on model overlaps is provided below, including the impact on practice participants.² The policies will be further described in and subject to the terms of the IBH Model’s Cooperative Agreements and Participation Agreements. Policies described in this fact sheet are subject to change and any such changes will be outlined in updates to this document and finalized in the legal agreements.

¹ The definition of “community-based behavioral health organizations and settings” will be provided in the IBH Model Notice of Funding Opportunity (NOFO). Examples include, but are not limited to, community mental health centers, hospital outpatient behavioral health clinics, independent health care providers with and without academic affiliations, Tribal sites, and Certified Community Behavioral Health Clinics.

² For the purposes of overlaps, the Innovation Center will identify providers participating in other Innovation Center models through, for example, a combination of Tax Identification Number (TIN) and National Practice Identifier (NPI). Detailed information will be provided in the NOFO.



Table 1. IBH Model: Permitted Overlaps

IBH Model Interested Party	CGT Overlap	MCP Overlap	TMaH Overlap	AHEAD Overlap
State: model can overlap on a state-wide basis	Permitted	Permitted	Permitted	Permitted
Sub-State: state can operate model combination within the same sub-state region concurrently	Permitted	Permitted	Permitted	Permitted
Provider: providers within the state can participate in model combination concurrently and receive model payments for both	N/A*	Not Permitted	Not Permitted	Not Permitted
Beneficiary: beneficiaries within the state can be attributed to both models and receive combination of model services concurrently	Permitted	Permitted	Permitted	Permitted

*The CGT Model does not include practice or provider participants.

Details on provider overlaps not permitted between AHEAD, MCP, TMaH and IBH models:

- **AHEAD:**
 - Percipient hospitals, including crucial access hospitals (CAHs), may not simultaneously receive IBH Model payments and AHEAD hospital global budget payments.
 - Practice percipients that deliver primary care services, including FQHCs and Rural Health Clinics, may not simultaneously receive IBH Model payments and AHEAD Enhanced Primary Care Payments.
- **MCP:**
 - Practice percipients that deliver primary care services, including FQHCs, may not simultaneously receive IBH Model payments and MCP Model payments.
- **TMaH:**
 - Participating hospitals and practices, including FQHCs, may not simultaneously receive IBH Model payments and TMaH Model payments.

Due to increased risk of duplicative payments, services, or both, these providers may not participate in and receive payments from both the IBH Model and the identified model. In the event of a state participating in a combination of IBH and AHEAD, MCP, or TMaH models, providers that meet the eligibility for both the IBH Model and another model within the state should work with their states and the Innovation Center to understand the participation options for each model.



For additional assistance: The Innovation Center recognizes that applicants may have questions about these policies. Applicants may submit questions to the IBH Model team at IBHmodel@cms.hhs.gov.