

# Innovation in Behavioral Health (IBH) Model

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## Cohort II Introduction Webinar

December 11, 2025

Centers for Medicare & Medicaid Services | Center for Medicare & Medicaid Innovation



# Housekeeping and Logistics



## DIAL IN

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## PARTICIPATE

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If you have questions for the IBH Team, please use the Q&A box at the bottom of your screen.



## SHARE FEEDBACK

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Please complete a short survey that will be available at the end of the event.

Closed captioning is available at the bottom of the screen.

# Agenda

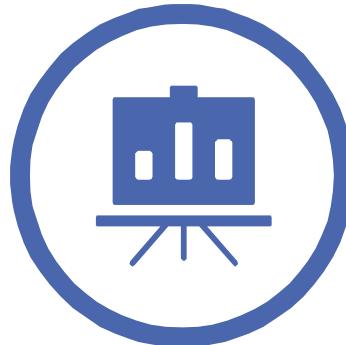
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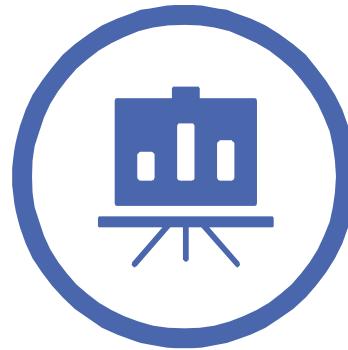
Please Respond to the Live Poll Using The Zoom Platform



**Where are you calling from today?**

***Please type your response in the chat.***

Please Respond To The Live Poll Using The Zoom Platform



**How familiar are you with the IBH Model?**

- A. Very familiar
- B. Somewhat familiar
- C. Not very familiar
- D. Not familiar at all

# Welcome and Introductions

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# Today's Presenters



**Karin Bleeg**  
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# IBH Model Overview

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# IBH Model Overview

The IBH Model will test a value-based payment (VBP) approach across Medicaid and Medicare that supports an integrated care delivery framework in specialty BH settings for adult Medicaid, Medicare, and dually eligible beneficiaries with MSBH conditions, substance use disorders (SUDs), or both.

## — INTENDED OUTCOMES —



Build and strengthen connections to **physical health care** for beneficiaries



Promote **screening and referrals** for beneficiary issues that interfere with diagnosis, management, and treatment of health conditions, such as food, housing, and transportation needs



Leverage **care management and care coordination** to increase access to and engagement with primary care and community services



Encourage investments in certified **health IT** products and infrastructure improvement for practices and patient populations

## CMS will evaluate the Model's ability to:



Improve quality of care



Achieve higher quality, whole person care



Strengthen health IT systems capacity



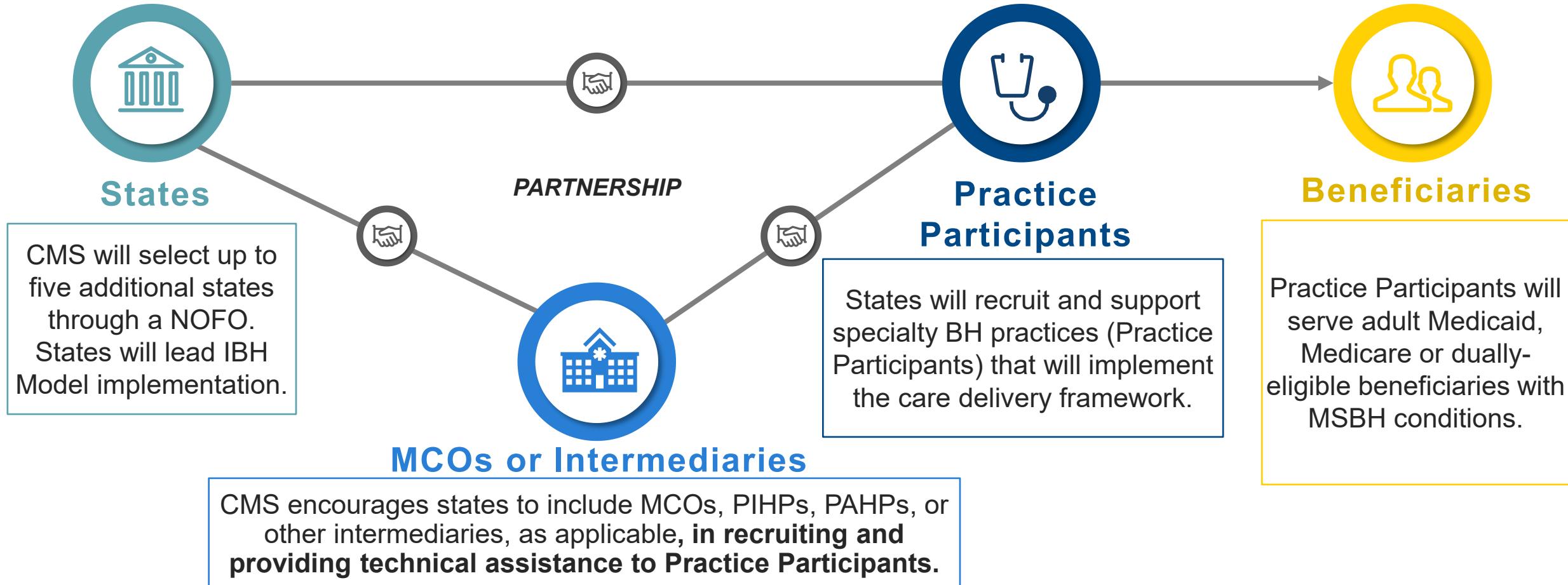
Increase access to care



Reduce avoidable emergency department and inpatient utilization, and thereby reduce Medicare and Medicaid expenditures

# Overview of IBH Model Partners

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



## IBH Cohort I Success Story



New York state streamlined care coordination by leveraging its Independent Practice Association to connect diverse providers to the Statewide Health Information Network for New York, the state-sponsored health information exchange.

# Applicant Eligibility Information

Medicaid agencies in all 50 states, Washington, D.C., and eligible U.S. territories—including American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands—may apply to participate in Cohort II of the IBH Model. *Note: Those who are already participating in Cohort I of the IBH Model are not eligible to apply for Cohort II nor to receive additional funding through this NOFO.*



## WHO CAN APPLY?



**State Medicaid agencies (SMA), and state BH systems** are eligible to apply (only in partnership with the SMA) and with the authority and capacity to accept cooperative agreement funding on behalf of the state.

*Note: Those who are already participating in Cohort I are not eligible to apply to Cohort II.*



## APPLICATION DEADLINE



Applications must be submitted in response to the NOFO on Grants.gov **by 11:59 PM Eastern on June 3, 2026.**



## APPLICATION NOTES



Applicants may propose to implement their program state-wide or designate a sub-state region.

# Practice Eligibility Information

Practice Participants are specialty BH practices and settings located in the service areas where the state has chosen to implement the IBH Model. With support from states and CMS, Practice Participants will implement the care delivery framework and carry out other model requirements.



## PRACTICE ELIGIBILITY

Practice Participants can be existing practices that selected states are already working with and/or states may recruit additional practices. **Practice Participants must:**

- Serve at the **outpatient level of care**, an **average of at least 25 people per month who are enrolled in Medicaid (age 18 or older) with moderate to severe behavioral health (MSBH) conditions**.
- **Have at least one BH provider** who is an employee, leased employee, or independent contractor of the practice. **Provider must:**
  - **Be licensed by the state to deliver BH treatment services.**
  - **Meet all other state-specific requirements** to deliver BH services, as applicable.
  - **Be eligible for Medicaid reimbursement.**



## MEDICARE PRACTICE ELIGIBILITY

IBH Model Medicaid practices, serving at least 25 Medicaid beneficiaries with MSBH conditions on average per month, may also opt to participate in the Medicare arm of the model by responding to a forthcoming CMS Request for Applications (RFA). CMS will be responsible for monitoring these Medicare practices for compliance, as well as providing technical assistance (TA) and other support. Those practices participating in the Medicare arm of the model will be eligible for additional funding from CMS to help support health IT, practice transformation, and delivering model services.

# Overview of Care Delivery Framework

States must design and prepare for implementation of the IBH care delivery framework that enables Practice Participants and their partners to deliver care integration, care management, preventive care and health promotion services. States are also encouraged to build on existing initiatives and may include additional care delivery services.

## CARE INTEGRATION

Practice Participants will screen, assess, and treat and/or refer patients as needed for both behavioral health and physical health conditions, within the Practice Participant's scope of practice. Screening must include evidence-based tools for behavioral health, physical health, and relevant upstream drivers of health (UDOH) such as food, housing, and transportation needs.

Screening results should be incorporated into individualized care plans and documented through appropriate billing mechanisms.



## CARE MANAGEMENT

An interprofessional care team will address the needs of the beneficiary and provide ongoing care management across the beneficiary's behavioral and physical health needs. Care management will include coordinating and following up on referrals related to behavioral health, physical health and UDOH.

## PREVENTIVE CARE AND HEALTH PROMOTION

Practice Participants will engage in activities that improve health for all beneficiaries by managing and monitoring priority health conditions, including tobacco use, diabetes, and hypertension. States may add additional health conditions based on their physical health needs assessment (PHNA). Practices should promote prevention and health education strategies and leverage existing state and practice-level population health data to inform these activities.

# IBH Patient Journey

The following illustration depicts a hypothetical patient journey within the IBH Model.



Julia is living with bipolar disorder and opioid use disorder (OUD) and needs support managing her diabetes. She visits a behavioral health provider in her community who is participating in the IBH Model.

## BEHAVIORAL HEALTH

Julia's BH team—a BH therapist, psychiatrist, peer support specialist, and case manager—works with her and her family to **develop and deliver a personalized care plan** for her bipolar disorder and OUD. Her psychiatrist **screens for physical health needs** and her BH therapist assesses her social needs and **connects her to a PCP for diabetes management** and a community program for healthy food delivery.



## PHYSICAL HEALTH CARE

Julia **develops a plan** for managing her diabetes with her PCP. Her **PCP and BH provider discuss** Julia's treatment plan so they can support her and help her adjust her plan as needed

## COMMUNITY SUPPORT

Julia meets with a **local organization that provides her with social supports**. They sign her up for a healthy food delivery program and maintain her nutrition plan.

Because of the IBH Model, Julia and her care team are better able to work together to manage her treatment plan and address her needs holistically. She and her family continue to partner with her BH provider and other care team members.



# Funding and Payment Overview

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# IBH Model Funding and Payment Overview

Outlined below are the key funding and payment arrangements available under the IBH Model.

	<b>Cooperative Agreement <u>Funding</u></b>	<b>Medicare Infrastructure <u>Funding</u></b>	<b>Medicare Integration Support <u>Payment (ISP) for Care Delivery Framework</u></b>	<b>Medicaid Value Based <u>Payment for Care Delivery Framework</u></b>
<b>Recipient</b>	States	Medicare Practice Participants	Medicare Practice Participants	Medicaid Practice Participants
<b>Purpose</b>	Enhance state capacity to develop and implement the IBH Model and support practices	Develop infrastructure and practice capacity to implement the IBH Model	Provide reimbursement for the cost of managing the care for patients attributed under the IBH Model	Provide BH practices with a glidepath to VBP
<b>Timing</b>	2027 – 2033 ( <i>MYs 1 – 7</i> )	2028 – 2031 ( <i>MYs 2 – 5</i> )	2030 – 2033 ( <i>MYs 4 – 7</i> )	<ul style="list-style-type: none"> <li><b>Pay-for-reporting:</b> 2029 (MY3)</li> <li><b>Pay-for-reporting &amp; Pay-for-performance:</b> 2030 (MY4)</li> <li><b>Pay-for-performance with downside risk:</b> 2031 - 2033 (MYs 5 – 7)</li> </ul>
<b>Source</b>	CMS	CMS	CMS	Existing Medicaid payment authority or mechanism

## Funding Sources Considerations



CMS provides up to \$200K per practice in Medicare Infrastructure Funding directly to Medicare Practice Participants.



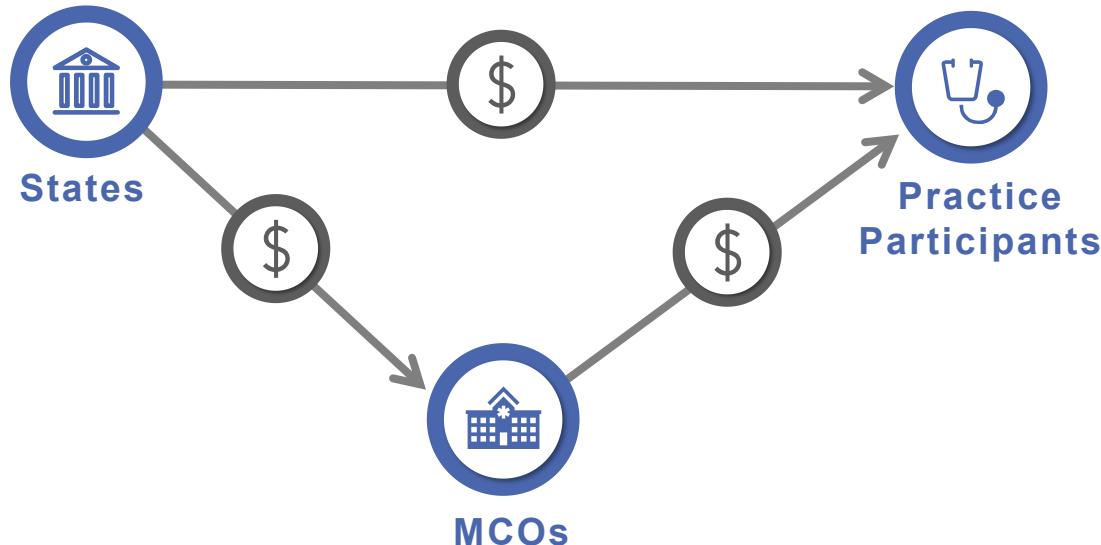
States are encouraged to use up to \$100K in cooperative agreement funding (per practice) to advance the model's aims to Medicaid-Only Practice Participants.

# Medicare & Medicaid Payment Approach

Along with cooperative agreement funds for participating states, the IBH Model offers an aligned payment approach across both Medicaid and Medicare.

## Medicaid Payment Approach

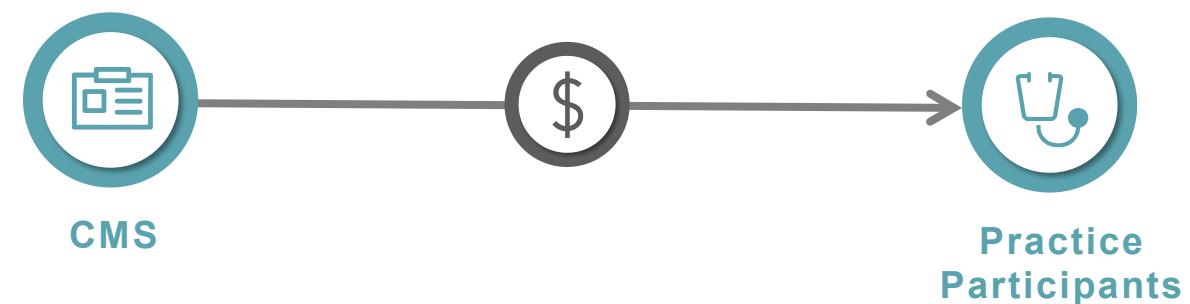
Medicaid payments for model services are made by states and/or MCOs directly to practice participants.



Practice Participants must at minimum participate in their state's Medicaid Payment Approach to participate in the IBH Model.

## Medicare Payment Approach

Medicare payments for model services are made directly by CMS to Medicare and Medicaid practice participants.



**Note:** Payment approaches described here are distinct from cooperative agreement funding.

# Medicaid Payment Approach

The IBH Model permits states to develop a new or leverage an existing Medicaid payment approach in collaboration with CMCS, subject to CMCS approval. State IBH Medicaid payment approaches must follow these guidelines:



## CONVENING STRUCTURE

- Alongside CMS, states must identify a **neutral party** to host the IBH Model-related convening structure by month 6 of MY1; it is strongly recommended the convening structure meets **at least quarterly**, no later than the end of Q2 of MY1
- The convening structure will support **development of the Medicaid Payment Approach** and the **care delivery framework** among the relevant parties with technical assistance from CMS prior to the end of MY2
- **Implement the convening structure** to provide technical assistance (e.g., capturing and reporting data, implementing health IT) to Practice Participants and to troubleshoot data sharing challenges among partners
- Through the convening structure, exchange **best practices** for improving key BH outcomes and operational support among payers, Practice Participants, and others interested

## ATTRIBUTION

- States will attribute beneficiaries to the IBH Model **using the state's own attribution methodology** (or using an existing attribution model, e.g., health homes) that generally aligns with the Medicare alignment parameters
- States will provide CMS, on a quarterly basis, a **list of all dually eligible and Medicaid-attributed beneficiaries**

## PURPOSE OF ALIGNMENT

- Introduces **two-sided risk-structure** for participants
- **Rewards** improvements in **cost and quality**
- Supports key features of the **IBH Model care delivery framework**
- Introduces **state-based quality measures** for participants
- Introduces **performance-based quality incentives** for participants

# Medicare Payment Approach

Medicare payments are provided to eligible Practice Participants who are enrolled in Medicare and have agreed to participate in the IBH Medicare Payment Approach. Details on Medicare participation will be available to practices through a forthcoming RFA. The IBH Medicare Payment Approach includes two core elements:

**1**

## Integration Support Payment (ISP)

**WHEN**

MY3 – MY7

**2**

## Pay-for-reporting and Pay-for-performance Bonuses

- Pay-for-reporting **MY3 – MY4**
- Pay-for-performance **MY4 – MY5**
- Pay-for-performance with a withhold **MY6 – MY7**

**HOW**

Via prospective per-beneficiary-per-month (PBPM) payment calculated based on the values of the pre-existing collaborative care management model and billing codes (~\$200 - \$220 PBPM)

Via annual Performance based Payment

**PURPOSE**

Cover the cost of managing care for patients attributed under the IBH Model.

Designed to encourage and reward behaviors such as data reporting, care integration and coordination, care efficiency, and patient-centered outcomes.

# Closing and Resources

# Notice of Funding Opportunity (NOFO) Webinar

## Upcoming Event: IBH Notice of Funding Opportunity (NOFO) Webinar

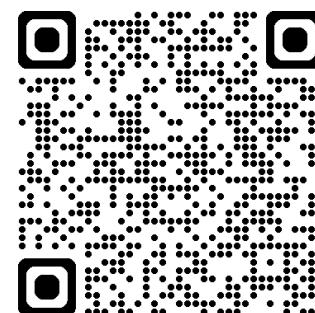
*January 15, 2026, 2:00 – 3:00pm ET*

The webinar will provide a deep dive into the NOFO content, including:

- Cooperative Agreement
- Funding
- Application Process

**Common questions received during today's webinar will help to inform the information presented in the January NOFO webinar.**

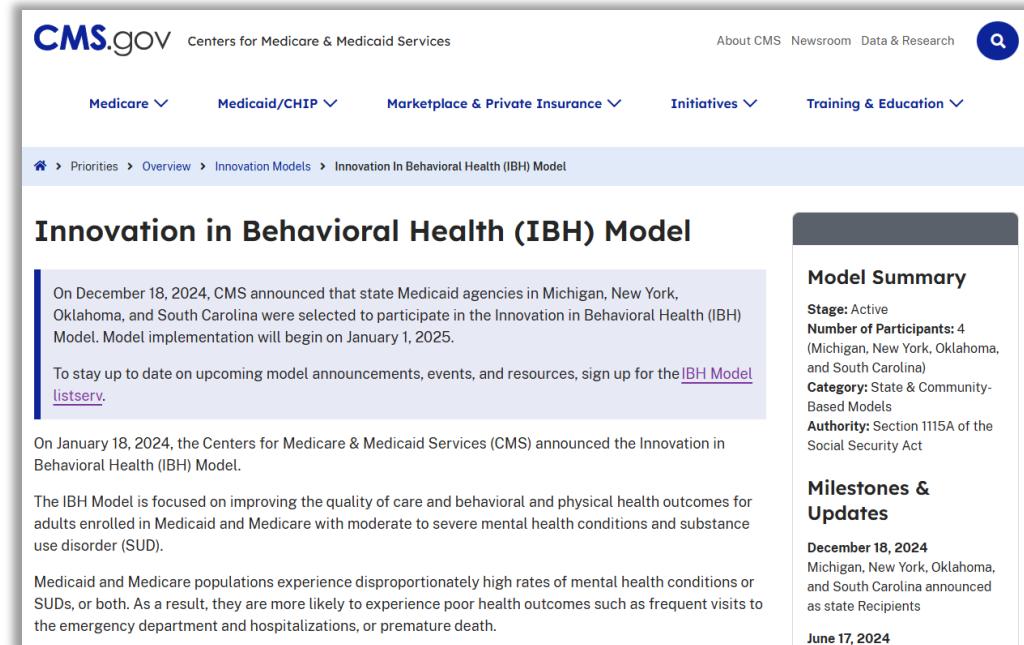
Register for the January NOFO Webinar using this QR code:  
(also linked in Zoom chat)



# Application Resources

*The below resources are designed to support applicants.*

- [IBH Model Webpage](#)
- [Frequently Asked Questions](#)
- IBH Mailbox:  
[IBHModel@cms.hhs.gov](mailto:IBHModel@cms.hhs.gov)



The screenshot shows the CMS.gov website with the following details:

- Header:** CMS.gov Centers for Medicare & Medicaid Services, About CMS, Newsroom, Data & Research, and a search icon.
- Breadcrumbs:** Home > Priorities > Overview > Innovation Models > Innovation In Behavioral Health (IBH) Model
- Section Title:** Innovation in Behavioral Health (IBH) Model
- Text:** On December 18, 2024, CMS announced that state Medicaid agencies in Michigan, New York, Oklahoma, and South Carolina were selected to participate in the Innovation in Behavioral Health (IBH) Model. Model implementation will begin on January 1, 2025.  
To stay up to date on upcoming model announcements, events, and resources, sign up for the [IBH Model listserve](#).
- Model Summary:**
  - Stage:** Active
  - Number of Participants:** 4 (Michigan, New York, Oklahoma, and South Carolina)
  - Category:** State & Community-Based Models
  - Authority:** Section 1115A of the Social Security Act
- Milestones & Updates:**
  - December 18, 2024:** Michigan, New York, Oklahoma, and South Carolina announced as state Recipients
  - June 17, 2024:** (date of screenshot)

All states interested in applying to the IBH Model will submit applications through <http://grants.gov>.

# Thank You



**We appreciate your time and interest!**

Please share feedback via the post-event survey.

**Questions? Email [IBHModel@cms.hhs.gov](mailto:IBHModel@cms.hhs.gov).**