



PUBLIC SECTOR SERVICES

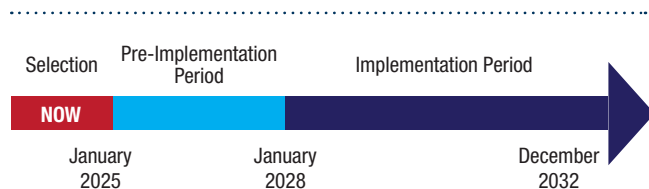
Innovation in Behavioral Health (IBH) Model

State Medicaid Agencies can capitalize on a new, evidence-based opportunity to design better behavioral health systems

The Opportunity

The US is facing a behavioral health (BH) crisis. CMS identifies coordination as a weak point that, if effectively addressed, may improve the underlying issues. Eight states will be awarded funding of up to \$7.5M over eight years to enhance planned or existing infrastructure.¹ This funding represents a small part of the value inherent in this opportunity, with greater impact possible from early adoption of a system-changing model (including enhanced Medicare reimbursement and better outcomes). Focus areas include: a) payer alignment, b) technology enhancement, c) BH-primary care integration, d) value-based reimbursement and e) better payment structures for the dually eligible.

The Schedule



IBH Priorities

- Reduce silos across programs and settings
- Integrate BH and somatic care to ensure that all people have access to evidence based culturally appropriate person-centered care
- Promote screening for health-related social needs (HRSN)
- Use care coordination to increase access to and engagement with primary care and HRSNs
- Increase investment in and utilization of certified health information technology

How Does IBH Align with My State?

- Early innovator in value-based payments
- Using 1115 waiver, In Lieu of Services, or another vehicle to cover HRSNs
- Participating in CCBHC² demonstration, PIPBHC³ or Health Homes programs⁴
- Implementing Sept. '22 HHS Roadmap for BH Integration
- Focusing on reducing silos across program and settings, enhancing care coordination

Applications due 9/9/2024

¹ CMS.gov, Notice of Funding Opportunity, Innovation in Behavioral Health (IBH) Model, accessed June 2024, <https://www.cms.gov/priorities/innovation/innovation-models/innovation-behavioral-health-ibh-model>


² Certified Community Behavioral Health Clinic


³ Promoting Integration of Primary and Behavioral Health Care


⁴ Participating in one or more of these programs is not a formal requirement for participation in IBH


Explore, Assess and Implement IBH


A&M can help with your IBH journey by:

 Assessing whether the IBH model is a good fit, alongside your state's Medicaid agency

 Supporting stakeholder buy-in, information gathering and communication

 Assisting with technical components of implementation (e.g., IT, financial, clinical)

 Engaging in statewide practice transition activities leveraging change management tools

 Providing end-to-end project management

We work with clients to critically explore new opportunities like IBH by a) analyzing the requirements, b) determining whether it is a good fit, and c) designing and operationalizing an implementation strategy.

Additional Considerations

Managed care organizations are not directly incorporated into this model but could engage should IBH prove effective in improving care coordination.

BH practices that already participate in Medicare may receive **additional reimbursement** for services delivered under the model's guidelines, **encouraging and rewarding provider participation**.



Costs

Program Implementation
investment including staff, IT infrastructure and provider training

Investment in **Data Collection** and reporting infrastructure, if not already in place



Benefits

Cooperative Agreement Funding (\$7.5M) to offset upfront costs

Improved Efficiency and Reduced Costs through better care coordination and VBP

Enhanced reimbursement potential under VBP for providers

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