

Innovation in Behavioral Health (IBH) Model

Model Notice of Funding Opportunity (NOFO) Webinar

July 11, 2024

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





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PARTICIPATE

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Agenda

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Today's Presenters



Isaac Devoid
IBH Model Co-Lead,
CMS Innovation Center



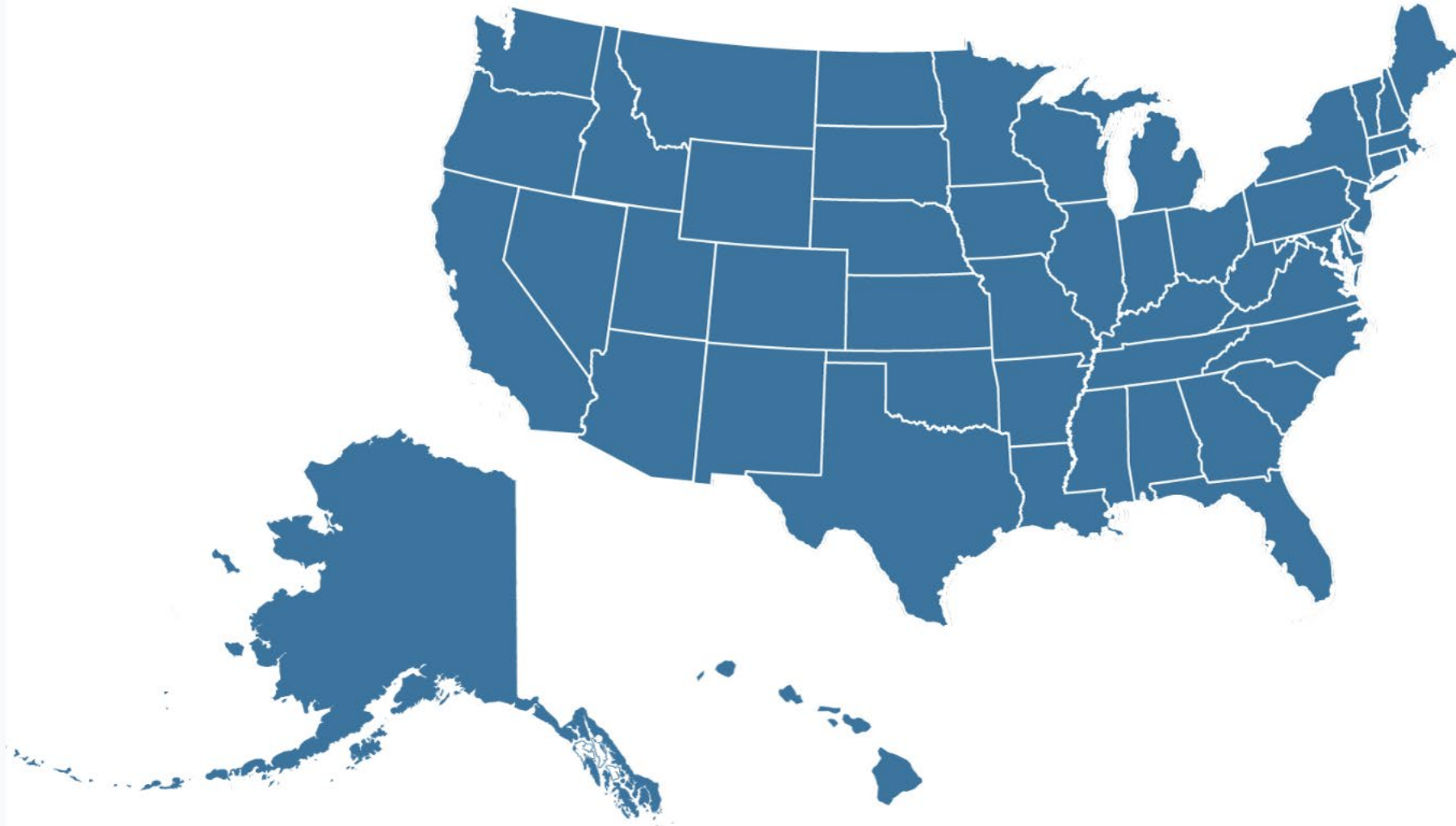
Sarah Grantham
IBH Model Co-Lead,
CMS Innovation Center



Jamie Atwood
Grants Management
Officer, CMS Office of
Acquisition and Grants
Management



Where are you calling from?



Notice of Funding Opportunity (NOFO) Overview








CMS seeks applications for the IBH Model. Medicaid agencies in all 50 states, Washington, D.C., and territories may apply by responding to the NOFO on Grants.gov by 11:59 PM Eastern on September 9, 2024.



PURPOSE

The NOFO articulates IBH Model requirements to help state applicants understand how to apply to participate in the model.

KEY NOFO COMPONENTS



-  **Program Description**, including the model's purpose, background, and requirements
-  **Federal Award Information**, including award type, funding amounts, and timeline
-  **Eligibility Information**, including eligible participants and criteria for ineligibility
-  **Application and Submission Information**, including application format and requirements
-  **Application Review Information**, including review criteria, merit review, and selection process
-  **Federal Award Administration Information**, including terms and conditions
-  **CMS Contacts**, including IBH Model resources for programmatic, administrative, and budget questions

IBH Model Description

IBH Model Overview

The IBH Model aims to test a value-based payment (VBP) approach, aligned across Medicaid and Medicare, that enables specialty behavioral health (BH) practices, or Practice Participants, to integrate BH care with physical health (PH) care and health-related social needs (HRSNs).

OBJECTIVES

-  **Improve care quality and health outcomes** for adults with moderate to severe behavioral health (MSBH) conditions, including mental health (MH) conditions and/or substance use disorders (SUDs).
-  **Support Practice Participants** to provide integrated, person-centered care in a BH setting, working with other providers as part of an **interprofessional care management team** to address beneficiaries' BH and PH needs as well as health-related social needs (HRSNs).

INTENDED OUTCOMES



Overview of Care Delivery Framework

State recipients (hereafter referred to as “states”), will use a shared vision for population health and health equity outcomes, considering state-specific nuances and context, to build the Medicaid care delivery framework, capitalizing on existing infrastructure and capacity within the state.

CARE INTEGRATION

Practice Participants will screen, assess, treat, and refer patients as needed for both BH and PH conditions, within the Practice Participants’ scope of practice.



CARE MANAGEMENT

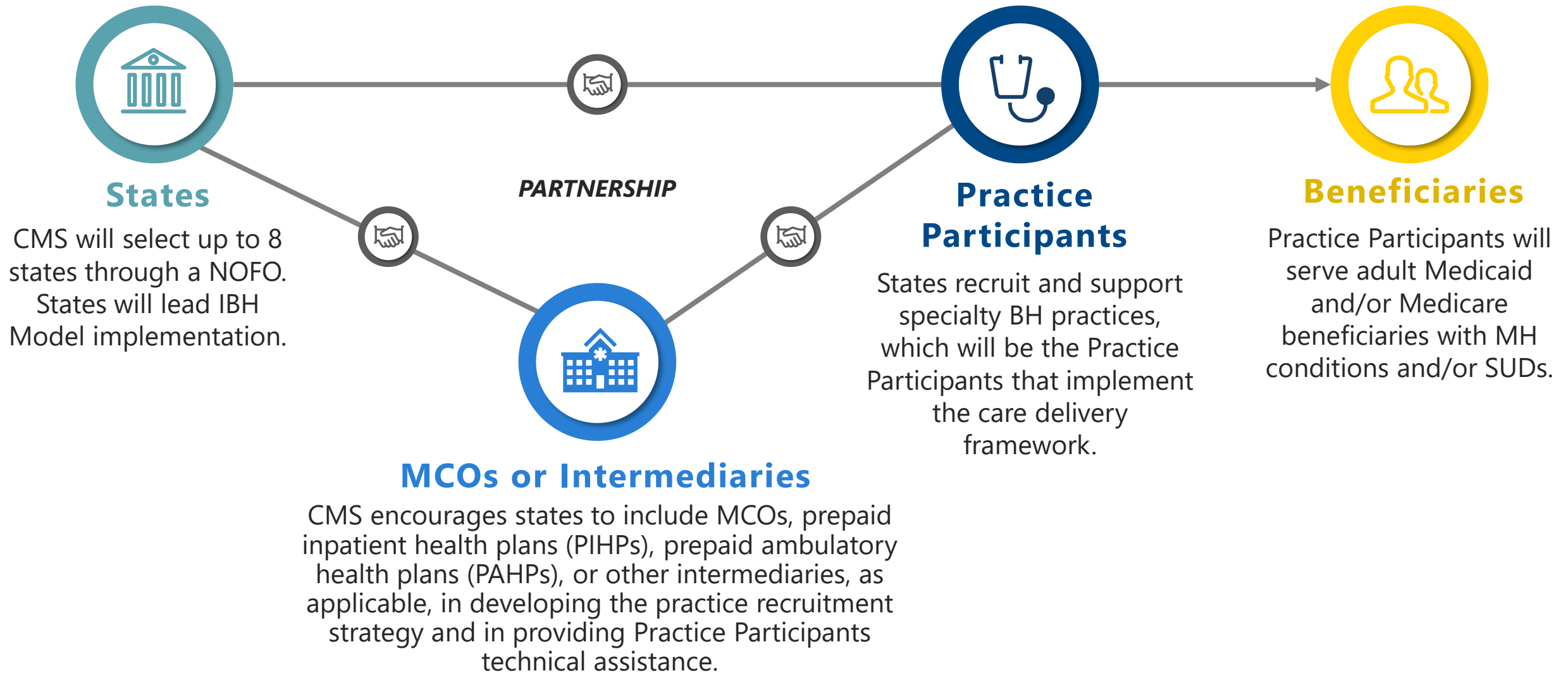
An interprofessional care team will address the needs of the beneficiary and provide ongoing care management across the beneficiary’s BH and PH needs.

HEALTH EQUITY

Practice Participants will engage in activities that foster equitable care through HRSN screenings, a population needs assessment, and a health equity plan.

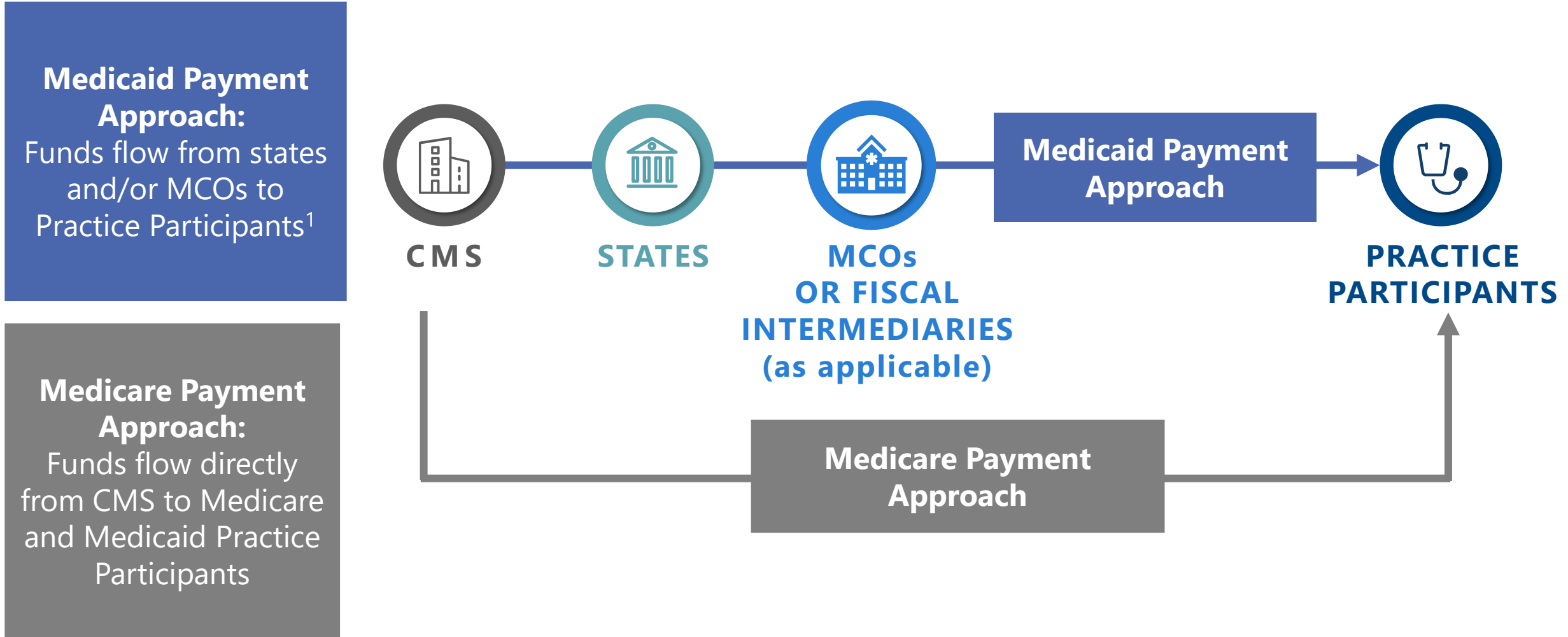
Overview of IBH Partners

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



Model Payment Approach Flow Chart

Below provides an overview of the IBH Model's payment flow to states and Practice Participants.



¹All Practice Participants must serve Medicaid beneficiaries. Participation in the IBH Model's Medicare Payment Approach is optional.


Overview of Cooperative Agreement Requirements for States

States must meet cooperative agreement requirements summarized below and described in subsequent slides during the model pre-implementation and implementation periods.

COOPERATIVE AGREEMENT OVERVIEW

The administrative and funding vehicle used for the IBH Model is a **cooperative agreement**, which requires **substantial CMS programmatic involvement** with each state during the model's pre-implementation and implementation periods. During this time, states receive these funds to conduct the model activities listed below, as required by the cooperative agreement's **Program Terms and Conditions**.

COOPERATIVE AGREEMENT REQUIREMENTS AT-A-GLANCE

-  Work with relevant parties to **recruit eligible specialty BH Practices** into the IBH Model
-  Collaborate with CMS, Practice Participants, and relevant parties to design and implement the **care delivery framework**
-  Design, establish, and implement the **IBH Medicaid Payment Approach** in partnership with CMS
-  Allocate **Infrastructure Funding** to establish resources crucial to achieve model goals
-  Identify and **convene** relevant IBH parties
-  Enable the **flow of model data**, including through technical assistance for Practice Participants

Cooperative Agreement Requirements for States (1/3)

With support from MCOs or other intermediaries, states will recruit eligible Practice Participants into the IBH Model. CMS will provide technical assistance and other support for states to design and implement the IBH care delivery framework.



RECRUIT PRACTICE PARTICIPANTS

PRE-IMPLEMENTATION STATE ACTIONS

- Develop and implement a **Practice Participant recruitment strategy** to identify, recruit, and enroll specialty BH Practice Participants that incorporates rural, safety-net, and under-resourced specialty BH providers
- **Secure a letter of intent** from one MCO, PIHP, or PAHP (where applicable) to participate in the model

IMPLEMENTATION STATE ACTIONS

- **Enroll and retain** specialty BH Practice Participants
- Continue to **recruit diverse Practice Participants** through the end of Model Year 4



DESIGN AND IMPLEMENT CARE DELIVERY FRAMEWORK

PRE-IMPLEMENTATION STATE ACTIONS

- Receive CMS technical assistance and support to design and prepare to implement the **IBH Model care delivery framework**
- Develop a **compliance plan** to ensure non-duplication of services and payment

IMPLEMENTATION STATE ACTIONS

- Partner with CMS to implement the **IBH care delivery framework**, receiving support from CMS to address any challenges throughout implementation
- Provide implementation updates and lessons learned in **quarterly progress reports** to best help CMS better support states with relevant technical assistance

Cooperative Agreement Requirements for States (2/3)

States will develop and implement the Medicaid Payment Approach to support the IBH Model care delivery framework.¹ States will also distribute Infrastructure Funding to help Practice Participants develop and maintain the infrastructure necessary to execute the care delivery framework and participate in value-based payment activities.



IBH MEDICAID PAYMENT APPROACH

PRE-IMPLEMENTATION STATE ACTIONS

- Engage with CMS in the development of the IBH Model **Medicaid Payment Approach**, which includes a Medicare attribution policy
- Submit updates on the Medicaid Payment Approach in **quarterly progress reports**

IMPLEMENTATION STATE ACTIONS

- Partner with CMS and other relevant parties to **implement** the IBH Medicaid Payment Approach by the end of MY3
- Incorporate updates on the Medicaid Payment Approach into the **quarterly progress reports**
- Provide CMS with a list of **attributed Medicaid beneficiaries** quarterly



INFRASTRUCTURE DEVELOPMENT AND FUNDING

PRE-IMPLEMENTATION STATE ACTIONS

- Develop **yearly funding requests** for cooperative agreement funding through non-competing continuation (NCC) applications
- Develop and implement the **Health IT implementation plan**
- **Allocate a portion of cooperative agreement funding** for each Medicaid-only practice based on a standardized practice needs assessment process

IMPLEMENTATION STATE ACTIONS

- Develop **yearly funding requests** for cooperative agreement funding through NCC applications
- **Distribute funding** to eligible subrecipients, where applicable

¹Payments for the Medicaid Payment Approach must come from existing state Medicaid funds.

Cooperative Agreement Requirements for States (3/3)

CMS will partner with states to build or adapt an existing convening structure to improve data management, provide Practice Participants with technical assistance, and help implement the Medicaid Payment Approach. States will also submit quality measures to CMS on a quarterly and annual basis to help evaluate patient and caregiver experiences in the IBH Model.



CONVENING STRUCTURE

PRE-IMPLEMENTATION STATE ACTIONS

- Alongside CMS, identify a **neutral party** to host the IBH Model-related convening structure by month 6 of MY1; the convening structure will meet **at least quarterly**, no later than the start of MY2

IMPLEMENTATION STATE ACTIONS

- **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



DATA, QUALITY, AND EVALUATION

PRE-IMPLEMENTATION STATE ACTIONS

- **Facilitate data sharing agreements** between providers and payers and support data alignment across Practice Participants and partners
- Provide **data technical assistance** to Practice Participants
- **Submit relevant claims and encounter data** and facilitate data alignment

IMPLEMENTATION STATE ACTIONS

- Report state/practice-based **quality measures** and cooperate in **primary data collection/facilitation**
- With CMS support, **facilitate data alignment** and **provide technical assistance** to Practice Participants
- Work with Practice Participants to make **course corrections** based on quarterly data

Technical Assistance and Support for States

CMS will provide states and Practice Participants technical assistance and support for in the IBH Model. Technical assistance will target the below activities.



Develop a new Medicaid **Payment Approach** or adapt an existing model for IBH services



Identify and recruit **Practice Participants** into the model



Develop and enhance **infrastructure** to support states and Practice Participants, especially state and practice level information technology



Implement the IBH Model's **care delivery framework** at the **outpatient level of care**



Collect, analyze, and share **model data** among Practice Participants and CMS



Convene relevant partners throughout the life of the model with CMS support

States have a **three-year pre-implementation period** to prepare to implement the IBH Model.

State Persona

Below is an illustration of what the IBH Model participation experience may be for states. This example is for illustrative purposes only.

STATE LANDSCAPE

PRIORITIES



Improve beneficiary health outcomes



Integrate BH and PH care



Expand access to quality care



Modernize data management

CHALLENGES



Behavioral health crisis



Unpredictable funding



BH/PH silos

EXPERIENCE UNDER IBH

Dec. 2024
Receive award.



Throughout All Model Years

Distribute funding to eligible parties and send quarterly and annual progress reports to CMS.



Jun. 2024

Discuss with State Mental Health authority or single state agency, BH providers, payers, and others.



Sep. 2024

Submit NOFO application with all required documents and prepare for potential follow up questions.



Jan. 2025 – Dec. 2027

Model Pre-Implementation: States and Practice Participants use model funding and technical assistance to develop infrastructure and capacity (e.g., health IT) necessary to deliver integrated care and value-based payments.



Jan. 2028 – Dec. 2032

Implementation Period: Care transformation enables states and practices to improve care for beneficiaries with MSBH conditions. Integrated care complements other state priorities like improving crisis BH care.

Federal Award Information

Federal Award Information

The type of award issued under this NOFO is a cooperative agreement, which differs from a grant in that it has a higher degree of federal involvement.

IBH Cooperative Agreement

CMS anticipates awarding up to eight cooperative agreement awards of **up to \$7.5 million** each.



A cooperative agreement provides for **substantial involvement between the federal awarding agency and the non-federal entity** (e.g., state) in carrying out the activity described in the federal award.



After the initial award, continued funding is distributed via **non-competing continuation awards** annually.

Cooperative Agreement Amount Factors

The amount of each cooperative agreement award¹ may vary by state due to the following factors.



Total Budget



The total proposed budget submitted by the state in response to the NOFO



Available Funds



The model will have up to \$60 million to support states, subject to availability of funds



Costs Proposed



Funding amounts will be determined based on allowability and reasonableness of the costs proposed



Funding Need



State need for cooperative agreement funding, as demonstrated in the application submitted in response to the NOFO

¹A state Medicaid agency with the authority and capacity to accept the award funding must be the recipient of the cooperative agreement.

IBH Timeline

The IBH Model is an eight-year model comprised of a three-year pre-implementation period and five-year implementation period.

Period	Time
NOFO Application Due Date	September 9, 2024, at 11:59 PM Eastern
Pre-Implementation Period	January 1, 2025 – December 31, 2027 (3 years)
Implementation Period	January 1, 2028 – December 31, 2032 (5 years)

Section A4. Program Requirements in the NOFO includes details about Pre-Implementation Period and Implementation Period requirements.

Funding Overview

All states will receive cooperative agreement funding for each model year throughout the pre-implementation and implementation periods.

FUNDING TYPES

	Cooperative Agreement Funding	Infrastructure Funding	VBP for IBH Care Delivery Framework ¹
Recipient	States	Practice Participants	
Purpose	Enhance state capacity to develop and implement the IBH Model and to support practices	Develop infrastructure and practice capacity to implement the IBH Model	Provide BH practices with a glidepath to VBP

MAXIMUM COOPERATIVE AGREEMENT FUNDING PER YEAR

Model Year(s)	Timing	Maximum Cooperative Agreement Funding
Pre-Implementation Period		
1	Jan. 1, 2025 – Dec. 31, 2025	\$1,250,000
2-3	Jan. 1, 2026 – Dec. 31, 2027	\$1,000,000 per year
Implementation Period		
4-6	Jan. 1, 2028 – Dec. 31, 2030	\$1,000,000 per year
7	Jan. 1, 2031 – Dec. 31, 2031	\$750,000
8	Jan. 1, 2032 – Dec. 31, 2032	\$500,000

¹Distributed through the Medicaid alternative payment model, Medicare risk adjusted Integration Support Payment (ISP), and Medicaid and Medicare performance-based payments (PBP).

Eligibility Information

State Eligibility Requirements

Medicaid Agencies in all 50 states, Washington, D.C., and territories are eligible to apply. Applicants may select to participate at the state level or designate a sub-state region, subject to CMS approval during the application review.



WHO CAN APPLY?



State Medicaid Agencies with the authority and capacity to accept cooperative agreement funding.

Application Notes



Applicants should specify the **geographic area(s)** in which they propose to implement the model. Applicants can propose to implement the IBH Model on a statewide basis or in a sub-state region.



Applicants must submit only **one application per state**.



CONTINUED ELIGIBILITY

States must show satisfactory progress during the prior budget period to receive another year of funding through a **non-competing continuation (NCC) award**.

Application and Submission Information

Application Submission

The Authorized Organizational Representative (AOR), who will officially submit an application on behalf of the organization, must register with Grants.gov to obtain a username and password.

Application Submission Requirements

- Have a valid Employer Identification Number (EIN) / Taxpayer Identification Number (TIN)
- Have a Unique Entity Identifier (UEI)
- Register in the System for Award Management (SAM) database to be able to submit an application – this registration must be annually renewed
- Have a Login.gov account

Electronic Signature

- The electronic signature of the individual who is logged in and submits the application to Grants.gov will automatically populate throughout the application
- The electronic signature must match the AOR named on Standard Form 424

AOR Submission

- The AOR is the individual, named by the applicant/recipient organization, who is authorized to act for the applicant/recipient and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or awards
- The AOR must submit the application to Grants.gov

Key NOFO Sections

Please reference the NOFO sections highlighted below for application submission criteria and formatting requirements.



Application Instructions

Applicants should review **Section D and Appendix II** of the NOFO for instructions on how to submit a complete application.

Please follow the application instructions.



Application Review Criteria

Applicants should review **Section E1** for application review criteria.

This section explains how applications will be assessed.



Formatting Requirements

Applicants must adhere to the formatting and content requirements included in **Section D2** (e.g., font size, formatting, page limitations, required forms and documents, etc.) to ensure that the application is eligible.

Application Standard Forms (1/2)

All applications must include the following standard forms (SFs).¹



Project Abstract Summary



- One-page abstract
- Serves as a succinct **description of the proposed project**
- Includes the goals of the project, the total budget, a description of how the funds will be used, and the proposed model geographic region (e.g., state-wide/territory-wide or sub-state/sub-territory region)



SF 424: Official Application for Federal Assistance



- Used to **apply for federal grants**
- The federal awarding agencies and Office of Management and Budget (OMB) use information reported on this form for general management of federal assistance awards programs
- The AOR completes and signs this form



SF 424A: Budget Information Non-Construction



- Used to **budget and request grant funds** for non-construction programs
- The federal awarding agencies and OMB use information reported on this form for general management of federal assistance awards programs

¹Refer to Notice of Funding Opportunity (NOFO): Section D.

Application Standard Forms (2/2)

All applications must include the following standard forms.¹



SF LLL: Disclosure of Lobbying Activities



- **All applicants must submit** this SF-LLL form
- If an entity does not engage in lobbying, please insert “Non-Applicable” on the form (fields 10a and 10b), complete the remainder of the form, and include the required AOR name, contact information, and signature



Project / Performance Site Location



- **All applicants must submit** this Project / Performance Site Location form

¹Refer to Notice of Funding Opportunity (NOFO): Section D.

Additional Application Forms (1/3)

All applications must include the following additional forms.¹



Project Narrative

Maximum 60 pages



- Articulates in detail the **proposed goals, measurable objectives, and milestones** in accordance with the instructions and content requirements provided in this section of the NOFO, consistent with the criteria described in section A4, *Program Requirements*



Budget Narrative

Maximum 15 pages



- Supplements Form SF-424A
- Includes a **breakdown of costs**, for each line item outlined in the SF-424A, according to the budget period
- Includes a clear description of the **proposed set of services** covered with award funds for each activity/cost within the line item



Business Assessment of Applicant Organization

Maximum 12 pages



- As required by Code of Federal Regulations 45 CFR §75.205 for cooperative agreements, CMS **evaluates the risk posed by an applicant** before they receive an award
- This analysis of risk includes items such as financial stability, quality of management systems, internal controls, and the ability to meet the management standards prescribed in 45 CFR Part 75

¹Refer to Notice of Funding Opportunity (NOFO): Section D.

Additional Application Forms (2/3)

All applications must include the following additional forms.¹



Negotiated Indirect Cost Rate Agreement

No page limit



- If the applicant entity has a current negotiated indirect cost rate agreement (NICRA) and is requesting indirect costs, a copy of the **current NICRA** must be submitted with the application



Program Duplication

Maximum 5 pages



- Applicants must explain how they would use IBH Model funds to provide **new and distinct care integration, care management, and health equity** for Medicaid beneficiaries with MSBH conditions in the proposed model region
- The explanation must identify how the applicant would **build upon current programs and initiatives**, if applicable, while **avoiding duplication** with Medicaid, Title V, and any other federal, state, or local funding used for care coordination expenses for or related to the attributed population
- In addition, applicants must describe their strategy for **avoiding program duplication** if they are simultaneously participating in a similar program serving Medicaid beneficiaries with MSBH conditions in the proposed model region including with a Medicaid health home or certified community behavioral health clinic (CCBHC) initiative

¹Refer to Notice of Funding Opportunity (NOFO): Section D.

Additional Application Forms (3/3)

All applications must include the following additional forms.¹



Appendices

Maximum 20 pages



Required

- Letter of **intent** from **at least one MCO, PIHP, or PAHP** indicating commitment to assist with model implementation activities and operationalize the Medicaid Payment Approach (required for states administering BH services through MCOs, PIHPs, or PAHPs)
- Letters of **intent** from **State Mental Health authorities** and **single state agencies for SUDs**
- **Resumes** and/or curriculum vitae for identified managers, project director, and all other key personnel identified at the time of application
- **Job descriptions** for key model personnel (can be provided in the project narrative or this appendix)
- **Organization chart** (can be provided in the project narrative or this appendix)

Optional

- Letters of **support** from the applicant's **governor or state legislators, hospitals, primary care providers**, and/or others
- Letters of **interest** from **specialty BH organizations**
- Other letters of **support** from **community and governmental partners**

¹Refer to Notice of Funding Opportunity (NOFO): Section D.

Federal Award Administration Information

If successful, applicants will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer.

The NoA is the legal document authorizing the cooperative agreement award and issued to the applicant as listed on the SF-424.



NoA Administration

The NoA is available to the applicant organization through the online grants management system used by CMS and Recipient Organizations, GrantSolutions.

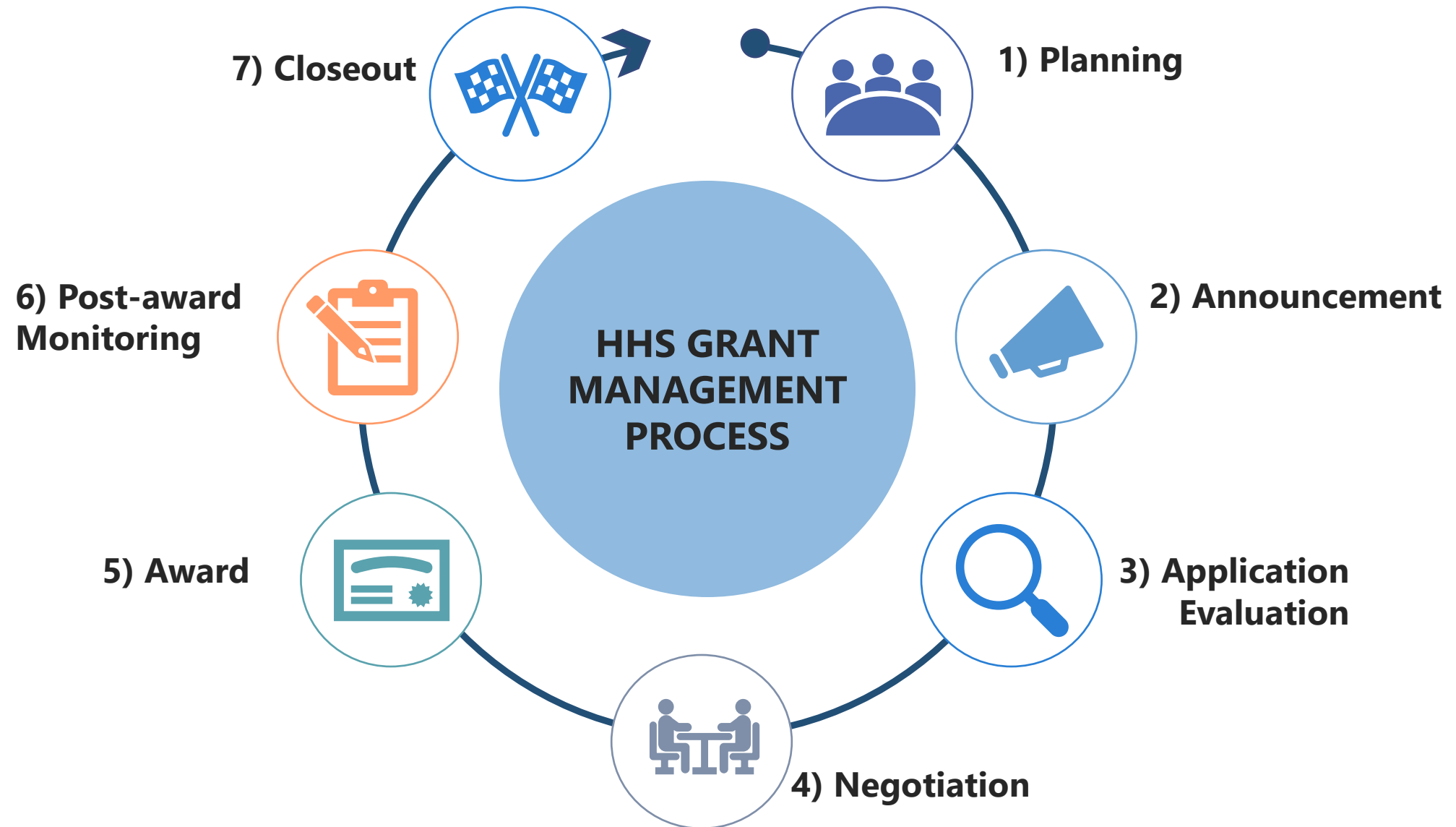
Any communication between CMS and the applicant prior to issuance of the NoA is not an authorization to begin performance of a project.

If the application is unsuccessful, CMS will notify the applicant electronically via the email address listed on its SF-424, within 30 days of the award date.

Federal Award Administration

HHS Grant Management Process

The Grant Management Process describes the steps related to the management of competitive grant awards.



Grant Regulation and Policy

The sources cited below address regulatory and policy requirements which apply to federal grant and cooperative agreement awards.¹



Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

- 45 CFR Subpart 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards



HHS Grants Policy Statement



SAM.gov

- Entity Information
- Exclusions
- Responsibility/Qualification – previously Federal Awardee Performance and Integrity Information System (FAPIIS)
- Representations and Certifications, or Reps/Certs (Financial Assistance)

¹Refer to Notice of Funding Opportunity: Section F.

Application Timing and Process

Application Timeline and Materials

HHS strongly recommends that applicants do not wait until the application due date to begin the application submission process.



Timeline

Key Activity	Timing
NOFO Publication	June 17, 2024
State NOFO Due	September 9, 2024, at 11:59 PM Eastern
Anticipated Award Date	December 17, 2024
SMA Pre-Implementation Period	January 2025 – December 2027
SMA Implementation Period	January 2028 – December 2032



Application Materials

At <http://www.grants.gov>, applicants may:



View application materials



Start the registration process

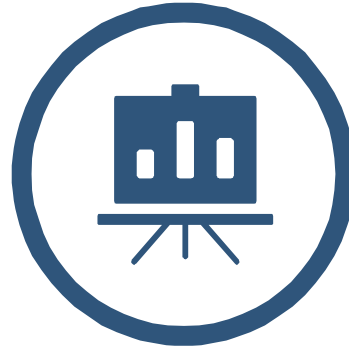


Submit applications

Q&A Session

Poll #1

Please respond to the live poll using the Zoom platform.

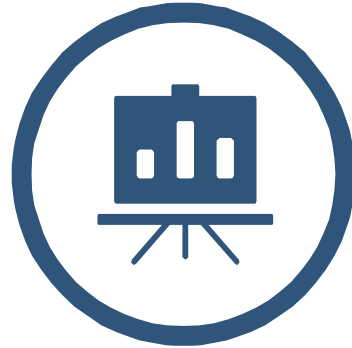


If you are representing a state agency (Medicaid, Behavioral Health, Public Health, or other), are you seriously considering applying to the IBH Model?

- a. Yes
- b. No
- c. Not sure: Please share more about your answer in the Q&A
- d. Not applicable: Not representing a state agency

Poll #2

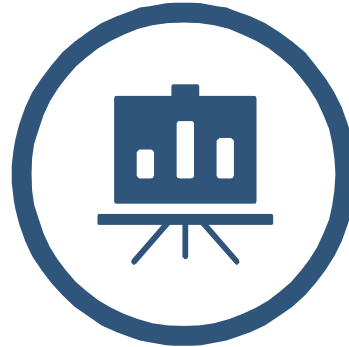
Please respond to the live poll using the Zoom platform.



If you are not representing a state agency, would you want to participate in the IBH Model once states are selected?

- a. Yes
- b. No
- c. Not sure: Please share more about your answer in the Q&A
- d. Not applicable

Please respond to the live poll using the Zoom platform.



Which IBH topic(s) would you like more information about?

- a. Program Description
- b. Federal Award Information
- c. Eligibility Information
- d. Application and Submission Information
- e. Application Review Information
- f. Federal Award Administration
- g. Other: Please share more about your answer in the Q&A

Question 1

Does the grant application have to come directly from a state entity, or can individual organizations apply?

What amount of infrastructure funding would be provided directly to specialty behavioral health practices participating in the IBH Model Medicare Payment Approach?

Are Tribes eligible to apply? Can Tribes work with their states more closely to encourage them to apply?

What are similarities and differences between the IBH Model and Certified Community Behavioral Health Clinics (CCBHCs)? How does the IBH Model align with CCBHCs?

How will CMS, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA) collaborate on the IBH Model and other behavioral health programs, like CCBHCs?

How do potential Practice Participants let state Medicaid agencies know they are interested in the IBH Model?

How will the IBH Model impact our programming, billing, and other areas?



Open Q&A

Please **submit questions via the Q&A box** to the right of your screen.

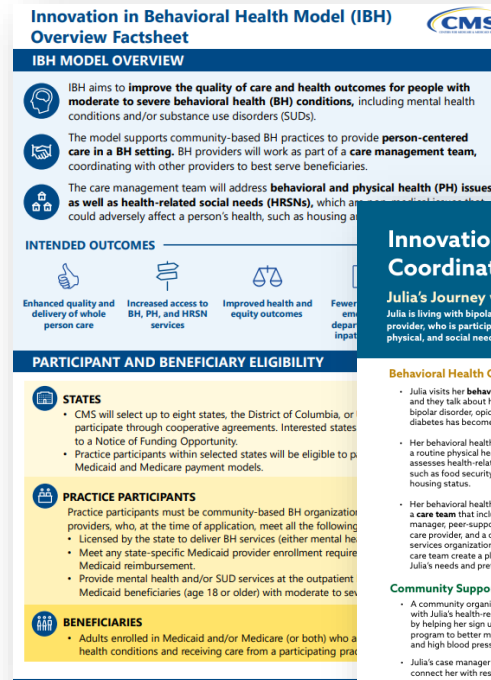
Specific questions about your organization can be submitted to IBHModel@cms.hhs.gov.

Closing and Resources

Application Resources

The below resources are designed to support applicants. To access them, please visit the Model's webpage at <http://go.cms.gov/ibh>.

- [Grants.gov](#)
- [IBH Overview Webinar](#)
- [Model Overview Factsheet](#)
- [Frequently Asked Questions](#)
- [IBH Model Patient Visual](#)
- IBH Mailbox: IBHModel@cms.hhs.gov



Innovation in Behavioral Health Model (IBH) Overview Factsheet

IBH MODEL OVERVIEW

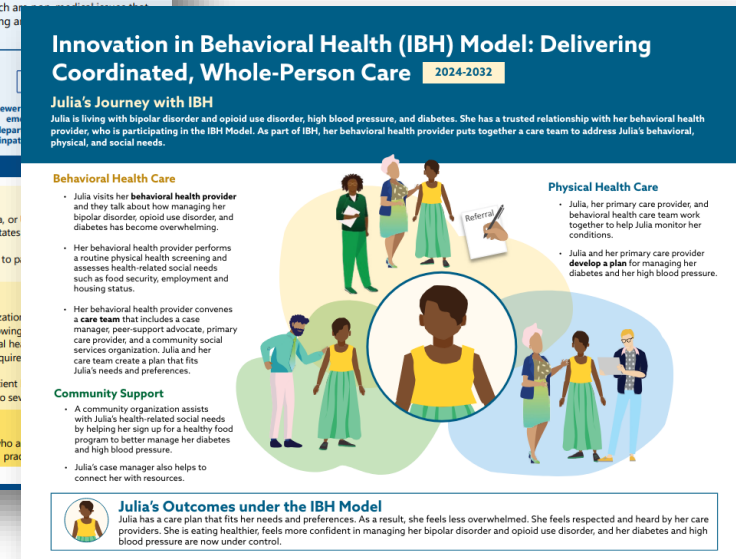
- IBH aims to **improve the quality of care and health outcomes for people with moderate to severe behavioral health (BH) conditions**, including mental health conditions and/or substance use disorders (SUDs).
- The model supports community-based BH practices to provide **person-centered care in a BH 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 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 emergency department visits

PARTICIPANT AND BENEFICIARY ELIGIBILITY

- STATES**
 - CMS will select up to eight states, the District of Columbia, or participate through cooperative agreements. Interested states to a Notice of Funding Opportunity.
 - Practice participants within selected states will be eligible to participate in Medicaid and Medicare payment models.
- PRACTICE PARTICIPANTS**
 - Practice participants must be community-based BH organization providers, who, at the time of application, meet all the following:
 - Licensed by the state to deliver BH services (either mental health or substance use disorder services).
 - Meet any state-specific Medicaid provider enrollment requirements.
 - Provide mental health and/or SUD services at the outpatient setting.
- BENEFICIARIES**
 - Adults enrolled in Medicaid and/or Medicare (or both) who have moderate to severe behavioral health conditions and receiving care from a participating practice.



Innovation in Behavioral Health (IBH) Model: Delivering Coordinated, Whole-Person Care 2024-2032

Julia's Journey with IBH

Julia is living with bipolar disorder and opioid use disorder, high blood pressure, and diabetes. She has a trusted relationship with her behavioral health provider, who is participating in the IBH Model. As part of IBH, her behavioral health provider puts together a care team to address Julia's behavioral, physical, and social needs.

Behavioral Health Care

- Julia visits her behavioral health provider and they talk about how managing her bipolar disorder, opioid use disorder, and diabetes has become overwhelming.
- Her behavioral health provider performs a routine physical health screening and assesses health-related social needs such as food security, employment and housing status.
- Her behavioral health provider convenes a care team that includes a case manager, peer-support advocate, primary care provider, and a community social services organization. Julia and her care team create a plan that fits Julia's needs and preferences.

Physical Health Care

- Julia, her primary care provider, and behavioral health care team work together to help Julia monitor her conditions.
- Julia and her primary care provider develop a plan for managing her diabetes and her high blood pressure.

Community Support

- A community organization assists with Julia's health-related social needs by helping her sign up for a healthy food program to better manage her diabetes and high blood pressure.
- Julia's case manager also helps to connect her with resources.

Julia's Outcomes under the IBH Model

Julia has a care plan that fits her needs and preferences. As a result, she feels less overwhelmed. She feels respected and heard by her care providers. She is eating healthier, feels more confident in managing her bipolar disorder and opioid use disorder, and her diabetes and high blood pressure are now under control.

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



We appreciate your time and interest!

Please take the survey following this webinar so we can learn how to make our events better.

Questions? Email IBHModel@cms.hhs.gov.