Innovation in Behavioral Health (IBH) Notice of Funding Opportunity (NOFO) Webinar
July 11, 2024

>>Sarah Grantham, CMS: Good afternoon, everyone, and thank you for joining us. Our webinar will start very soon. Hello everybody, there we go, now I'm on camera, perfect. Thank you again for joining us. My name is Sarah Grantham, and I am a Co-Lead for the Innovation in Behavioral Health Model, or IBH for short. My colleagues and I are excited to share about the Notice of Funding Opportunity, or NOFO, for this groundbreaking model.

Before we get started, let's start with a few housekeeping items. During today's presentation, all participants will be in listen-only mode. We recommend that you listen via your computer speakers, but we also have the opportunity to dial-in from your phone. The dial-in information is available right there on your screen.

Please feel free to submit any questions you have throughout today's presentation in the Q&A pod, which is on the right side of your Zoom window. Given today's time constraints, we may not get to every question, but we will collect all the questions for future events and FAQs that we will post on our webpage. You can also reach our help desk at IBHModel@CMS.hhs.gov, which you'll find in chat. We'll also share a brief survey at the end of the webinar and would welcome your feedback there.

You should know that today's presentation is being recorded. If you have any objections, please hang up now. This slide deck, along with the recording, and a transcript of today's webinar, will be available on the IBH Model website in the coming days. For questions about any of today's topics, please see the NOFO, is the sole source of information about IBH Model details and the application process. Next slide, please.

Thank you, great. Here is our agenda for today. First, we will start with this welcome and introductions. And next, we will provide an overview of the IBH NOFO, including a high-level summary of the sections throughout the NOFO. We will then briefly describe the IBH Model and explain the NOFO in greater detail. We'll cover the funding available, the eligibility, how to apply, the selection process, the post-award requirements and information, and finally, important dates.

At the end of our webinar, we'll finish off with a Question-and-Answer session where our team will answer audience questions, including those that you all submitted through the registration form to attend today's event. And as a reminder, you can also submit questions throughout today's sessions using that Q&A function at the bottom right corner of your Zoom window. And finally, we'll wrap up by sharing some brief closing remarks and resources. Next slide, please.

Now we will introduce today's speakers. You'll see on the left side of your screen, Isaac Devoid is my IBH Model Co-Lead from the CMS Innovation Center, and he will present today's model information along with me. We are also happily joined by Grants Management Officer Jamie Atwood, from the CMS Office of Acquisitions and Grants Management. Jamie will walk through the following topic areas of the NOFO: the federal award information, eligibility, application and submission information, federal award administration, and the application timing and process. Next slide, please.

We're going to launch a quick, interactive poll to learn more about all of you in the audience. My spot will be right in Washington, D.C., that's where I am today. But please let us know from where you are joining from today by selecting the corresponding state on the map. Your responses will be anonymous.

And you can join this activity by scanning the QR code on the screen with your phone or mobile device. If you're representing a territory or other location that is not on the map, please let us know where you're calling from through the chat. I'll give you a few moments to respond.

We'll close the poll now. Thank you so much for sharing all this information. It looks like we have folks joining from almost all over the place, which is really, really exciting to see. Thank you for participating. Next slide, please.

Now we will provide an overview of the NOFO. Of course, the NOFO is the mechanism that CMS, through the Innovation Center, is using to seek applications for the IBH Model. The NOFO describes the specific requirements of the IBH Model to help applicants understand how to apply. Medicaid agencies in all 50 states, Washington, D.C., and the U.S. territories may apply for the IBH Model by responding to the NOFO through www.grants.gov. The deadline is 11:59 PM Eastern, on September 9th, 2024. I'll say that again, 11:59 PM Eastern, on September 9th, 2024.

The NOFO starts with a Program Description section, which goes through the model's purpose, background, technical assistance, requirements, and policy. The Federal Award Information section describes the award type, the funding amounts, and the period of performance dates. The Eligibility Information section describes eligible applicants and other important eligibility criteria. And then the Application and Submission Information section explains how to apply, including the requirements for submission of standard forms and other required documents. Next, the Application Review Information section covers the application criteria, the merit review, and the selection process. The Federal Award Administration Information section outlines federal award notices, terms and conditions, and reporting.

And then, lastly, the NOFO includes CMS contacts. Specifically, the IBH Model's contact information for programmatic, administrative, and budget questions. And we will go through those NOFO topics throughout today's webinar. Next slide, please.

So, we will now describe the different components of the IBH Model's Program Description in the NOFO. Next slide, please. Thank you.

The IBH Model enables behavioral health practices to integrate behavioral health with physical health care and health-related social needs. Additionally, the model is designed as a glide path to value-based payments for specialty behavioral health practices, which is aligned across Medicaid and Medicare.

The model's objectives include, first and foremost, improving care quality and health outcomes for adults with moderate to severe behavioral health conditions. This includes mental health conditions and/or substance use disorders. A complete list of diagnoses can be found in the NOFO's appendices. I'm sure many of you will appreciate this, given the questions we've received on this topic thus far.

Another key model goal is supporting Practice Participants as they provide integrated, person-centered care in the behavioral health setting. Practice Participants will work with other providers as part of an interprofessional care team to address beneficiary behavioral health needs and physical health needs as well as health-related social needs.

The IBH Model's intended outcomes are many, but the primary ones are enhanced quality and delivery of whole person care, and increased access to services that meet beneficiaries' behavioral health and physical health needs, as well as their health-related social needs. Other model goals improve, include

improved health and equity outcomes, fewer avoidable emergency department and inpatient visits, and strengthened capacity in health information technology systems that can support care integration.

Next, we will provide a quick refresher on the IBH Model's care delivery framework, and how the model aims to progress towards these goals. Next slide, please.

This slide shows an overview of the IBH Model's care delivery framework. State cooperative agreement recipients, which we will now refer to as "states," will partner with CMS to implement the IBH Model's care delivery framework. To build the Medicaid care delivery framework, states will consider their state-specific nuances and contexts. CMS is committed to collaboratively working with states to develop a shared vision for population health and health equity outcomes that is based on the state-specific context.

As you see here, the three core elements of the care delivery framework are care integration, care management, and health equity. All states will recruit and support specialty behavioral health practices or Practice Participants to deliver these services.

To strengthen care integration, Practice Participants will screen, assess, treat, and refer patients as needed, for both behavioral and physical health conditions within the provider scope of practice. To support care management, an interprofessional care team will address the needs of the beneficiary. This includes providing ongoing care management across the beneficiary's behavioral and physical health needs. To advance health equity, Practice Participants will engage in activities that foster equitable care, such as health-related social needs screening and a health equity plan. Next slide, please.

This slide shows some of the key partners who will work together to design and implement the IBH Model, including the care delivery framework we just discussed. Let's start with the role of states. CMS will select up to eight of them through the NOFO application process. These states will receive cooperative agreement funding and lead IBH Model implementation. States will partner with their state agencies focused on mental health and/or substance use disorders to ensure state alignment in programming and policy. The IBH Model is designed to allow states and their partners to build on existing Medicaid and state-based initiatives. This approach aims to reduce state administrative burden and improve the likelihood of sustainability after the IBH Model ends.

Alongside CMS, states will identify a third-party convener to host IBH Model-related efforts. The convening structure will include other state agencies, payers, tribal organizations, beneficiaries with lived experience, Practice Participants, and other stakeholders who will also help to design and operationalize the care delivery framework.

If the state's behavioral health network is managed through a managed care organization, prepaid inpatient health plan, or prepaid ambulatory health plan, the state must secure a letter of intent from at least one of these organizations. These organizations may help recruit Practice Participants and provide them with technical assistance. States without managed care are also eligible to participate in the IBH Model, and they may identify other partners to fulfill similar roles.

With partner support, states will identify and recruit specialty behavioral health practices and settings and help them develop the infrastructure and the technical expertise necessary for model success. Of course, as I mentioned, these we refer to as Practice Participants. And we will now go over the role and eligibility criteria for these participants. Practice Participants are specialty behavioral health 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 Participants must have at least one behavioral health provider who is an employee, a leased employee, or an independent contractor of the practice. This provider must be licensed by the state to deliver behavioral health treatment services. The provider must meet all state-specific requirements to deliver behavioral health services as applicable. Additionally, the provider must meet any state-specific Medicaid provider enrollment requirements. Practice Participants must also provide longitudinal mental health and/or substance use disorder treatment services at the outpatient level of care. This does not include the intensive outpatient level of care or other short-term services. As noted, Practice Participants must serve at the outpatient level of care, and an average of 25 people per month, who are enrolled in Medicaid. These are folks aged 18 or older, who have a moderate to severe behavioral health condition, or conditions.

Now we'll talk about the beneficiaries who will be eligible for the IBH Model. All adult Medicare, Medicaid, and dually eligible beneficiaries receiving care from an IBH Model Practice Participant will be eligible for IBH Model services. This is regardless of their specific behavioral health diagnosis, as long as the Practice Participant determines that the IBH Model services are reasonable and medically necessary. CMS anticipates each state will include approximately 10,000 Medicaid enrolled persons with moderate to severe behavioral health conditions throughout the course of the model.

For more details about the model's partners and other roles and requirements for each IBH Model partner, please review the NOFO. At this point, I will pass it over to Isaac to go over the model payment, approach cooperative agreement requirements and more. Next slide, please.

>>Isaac Devoid, CMS: Thanks, Sarah. Now we're going to go over how the IBH Model payment flows to states and Practice Participants.

So, in the model, Medicaid funds will flow from states or managed care organizations to Medicaid Practice Participants, as shown by the blue line on this slide. Please note that all Practice Participants must serve Medicaid beneficiaries, while participation in the IBH Model's Medicare Payment Approach is optional. Medicare funds will flow directly from CMS to Practice Participants that serve both people enrolled in Medicare and Medicaid, as shown by the gray line on this slide. Next slide, please.

Now we will go over state cooperative agreement requirements. The cooperative agreement is the administrative and funding vehicle used for the IBH Model. Cooperative agreements require substantial CMS programmatic involvement and CMS will be involved in program execution and oversight with each state throughout the model.

Over the model lifespan, CMS will issue up to $7.5 million total to each state, through cooperative agreement funding, to conduct model activities required by the cooperative agreement's Program Terms and Conditions. Some of these requirements are listed here and include working with CMS and other partners to recruit eligible specialty behavioral health practices, design and implement the care delivery framework, and design, establish, and implement the IBH Model Medicaid Payment Approach, in partnership with CMS.

In addition, states are required to allocate Infrastructure Funding to establish the resources crucial to achieve IBH Model goals, identify and convene relevant IBH Model parties, and enable the flow of model data, including providing technical assistance for Practice Participants. CMS will provide ample technical assistance and other support to help states implement cooperative agreement requirements and respond to any challenges throughout the model. Now we will go into more detail about these cooperative agreement requirements. Next slide, please.

As we discussed, states will recruit eligible Practice Participants into the IBH Model, with support from managed care organizations or other intermediaries. During the pre-implementation period, states will develop and implement a Practice Participant recruitment strategy which will include approaches to identify, recruit, and enroll eligible specialty behavioral health practices. The Practice Participant recruitment strategy must incorporate plans to recruit rural safety net specialty behavioral health practices, under-resourced practices, and other practices that can help reach historically underrepresented populations.

During the implementation period, states can continue to enroll practices and retain specialty behavioral health practices. States can continue to recruit a diverse range of Practice Participants through the end of Model Year 4.

And now we will discuss the next cooperative agreement requirement for states, designing and implementing the care delivery framework. During the pre-implementation period, states will receive technical assistance and other support from CMS to design and prepare to implement the care delivery framework. They'll also develop a compliance plan during the pre-implementation period to ensure non-duplication of services and payment. And during the implementation period, states will continue to receive support from CMS to carry out that care delivery framework and address any challenges that arise during implementation.

States will also provide updates and lessons learned about care delivery framework implementation and quarterly progress reports to best help CMS provide states with relevant technical assistance. CMS understands that designing and implementing the care delivery framework will take time, technical assistance, resources and ultimately involve course corrections. Throughout the model, CMS will provide support to help states meet these model requirements and goals. Next slide, please.

We'll now go over more information of the requirements related to the IBH Model Medicaid Payment Approach, along with infrastructure development and funding, which are building blocks to the care delivery framework. States will partner with CMS, and other relevant parties, to develop the IBH Medicaid Payment Approach by the end of Model Year 3. And during both pre-implementation and implementation period, states will provide updates about the Medicaid Payment Approach in their quarterly progress reports. CMS will use this information to better support states with relevant technical assistance or other resources. States will also provide a list of attributed Medicaid beneficiaries on a quarterly basis during the implementation period.

And now we're going to move on to talk about requirements relating to infrastructure development and funding. So here, states will be required to distribute Infrastructure Funding to help Medicaid only Practice Participants develop and maintain the infrastructure necessary to execute the care delivery framework. This includes support and funding investments in certified health information technology products and infrastructure improvements for the practice and patient population. Infrastructure

Funding will also help Practice Participants take part in value-based payment activities. Practice Participants that participate in both Medicaid and Medicare will receive all of their Infrastructure Funding, up to $200,000, directly from CMS.

During both the pre-implementation and implementation period, states will develop yearly funding requests for cooperative agreement funding through non-competing continuation, or NCC applications. During pre-implementation, states will develop and implement the health information technology implementation plan, which includes approaches to ensuring privacy, facilitating data sharing agreements, and submitting relevant claims and encounter data. As mentioned earlier, CMS will provide support to states in designing, implementing, and addressing challenges throughout the model. This includes support related to the IBH Model Medicaid Payment Approach and infrastructure development. Next slide, please.

We'll now discuss the last two main cooperative agreement requirements. Those are, the IBH Model convening structure, as well as data, quality, and evaluation. So, the convening structure is really aimed to improve data management, design; and implement the Medicaid Payment Approach and care delivery framework; and serve as a channel for CMS, state Medicaid agencies; and manage care organizations to provide technical assistance to Practice Participants. CMS will partner with states to build or adapt an existing convening structure during the pre-implementation period by identifying a neutral convener by month 6 of Model Year 1. And by the start of Model Year 2, the convening structure will begin to meet at least quarterly.

Finally, in Model Year 4, the implementation period, states will provide technical assistance to Practice Participants, such as capturing and reporting data, or implementing health information technology, as well as troubleshoot data sharing challenges among partners. The convening structure will really be a space where states, payers, Practice Participants, and others interested will exchange best practices for improving key behavioral health outcomes and for providing operational support.

Finally, let's move on to the data, quality, and evaluation requirements. So here, states will submit quality measures to CMS on both a quarterly and an annual basis to help evaluate the patient and caregiver experience under the IBH Model. During both pre-implementation and implementation periods, states will facilitate data sharing agreements between providers and payers, and they'll also support data sharing and interoperability to ensure data can flow continuously across Practice Participants as well as other partners during this time.

States will also provide Practice Participants with data-related technical assistance, and they'll also submit relevant claims and encounter data to facilitate data alignment. During the implementation period, states will report the nine state-based and five practice-based quality measures that are listed in the NOFO. And, as you can see on this slide, states will also support primary data collection related efforts. States will work with Practice Participants during the implementation period to analyze quarterly data, and ultimately make course corrections and improvements over time.

Next, we will go over the types of technical assistance and support CMS will provide to help states meet these cooperative agreement requirements. Next slide, please.

So, CMS will provide ample technical assistance and other support to really help state Practice Participants implement the IBH Model. This includes the targeted activities listed on this slide, some of

which we discussed briefly earlier. For payment, CMS support may include helping to identify the correct federal or state authority and designing a sustainable, value-based payment approach. In the recruitment of practices, CMS support may include helping states operationalize Practice Participant eligibility criteria. And additionally, CMS will support states and Practice Participants as they develop and enhance their infrastructure, especially for state and practice level information technology. This support comes through cooperative agreement funding for states and Infrastructure Funding for Practice Participants.

CMS will also help states implement the IBH Model's care delivery framework at the outpatient level of care. This may include guidance documents for states and Practice Participants along with support for adapting the IBH care delivery framework for the state-specific context. Additionally, CMS will help states collect, analyze, and share model data among Practice Participants. And CMS may also help states make data-driven decisions and troubleshoot data-related issues. CMS will also help states convene relevant partners throughout the life of the model to support peer-to-peer learning at the state and practice levels. Lastly, in addition to receiving technical assistance and support from CMS, states will also have a three-year pre-implementation period to prepare for IBH Model implementation. Next slide, please.

Alright, we're now going to go over an example of what a state's experience might look like when participating in the IBH Model. So, this is just one illustrative example of how a state Medicaid agency may experience the model. Overall, the IBH Model is suited to address the needs in a range of states, practices, and beneficiaries. But in this example, a state Medicaid agency might have priorities such as improving beneficiary behavioral health outcomes, integrating behavioral and physical health care, expanding access to quality care, and modernizing data management. However, the state Medicaid agency might face challenges such as the behavioral health crisis, unpredictable funding, and silos between behavioral and physical health.

Now I will walk us through the state Medicaid agency's experience with the IBH Model. First, the state Medicaid agency discusses the IBH Model with partners across the state, such as the state mental health authority, or single state agency for substance use disorders, other state and local public health organizations and behavioral health providers, as well as payers. Discussion topics might include IBH Model program requirements, federal award information, application steps and model benefits to determine whether to apply.

Once the state Medicaid agency decides to apply to the IBH Model, they work on the NOFO application. And in the application, the state Medicaid agency provides information such as characteristics of the proposed model region and population, their organization's capacity, and the intended process for developing the IBH care delivery framework. In their application, the state Medicaid agency also includes letters of support and other required documents, as described in the NOFO.

The state Medicaid agency submits their NOFO application through Grants.Gov by September 9th, 2024. Merit reviewers will use the NOFO to evaluate each application and as detailed in the NOFO's program requirements and expectations and application criteria sections. During this time, the state Medicaid agency may respond to follow-up questions from CMS about their application. In December of 2024, the state Medicaid agency finds out that it has been awarded the cooperative agreement. And the pre-implementation period would then take place from January of 2025 to December of 2027.

And during this pre-implementation period, the state recruits a variety of practices to participate in the model, which may include rural, safety net, specialty behavioral health practices, under-resourced practices, tribal practices, and practices serving vulnerable populations. Also during the pre-implementation period, the state uses cooperative agreement funding to develop statewide infrastructure and capacity that enhances the state's ability to facilitate data sharing agreements between practices, payers, and other partners; provide data and health information technology technical assistance to Practice Participants; and facilitate data alignment between payers, managed care organizations, and Practice Participants.

Practices use Infrastructure Funding to upgrade or adopt electronic health records, and for practice transformation activities to enable the delivery of integrated care. And simultaneously, parties in the state use the convening structure to begin developing the details of the Medicaid Payment Approach and the care delivery framework.

The state, with input from interested parties and CMS, develops a Medicaid Payment Approach that is aligned with the existing level of value-based payment experience among their proposed Practice Participants. And during the implementation period, the state will work to implement the IBH Model care delivery framework and Medicaid Payment Approach.

CMS, as well as the implementation and monitoring contractor, as well as the learning system contractor, will continuously provide technical assistance and expertise to aid the state in making necessary course corrections. Additionally, the state and Practice Participants will participate in peer-to-peer learning with subject matter expertise to streamline solutions to obstacles. Throughout the implementation period, funding, technical assistance, and expertise help to improve quality of care, access to care, equity and outcomes, emergency department and inpatient utilization rates and health information technology systems capacity.

Integrated care also complements other state priorities, like improving crisis behavioral health. And throughout the implementation period, CMS and states will work together to improve the model's likelihood of sustainability.

I will now hand it over to Grants Management Officer, Jamie Atwood, to discuss federal award and application information. Next slide, please, and over to you, Jamie.

>> Jamie Atwood, OAGM: Alright. Thanks, Isaac. As mentioned earlier, I'm Jamie Atwood from the Office of Acquisition and Grants Management. I'll walk us through federal award information, eligibility, application process and submission and federal award administration.

Let's start with the Federal Award Information first, next slide, please.

As mentioned earlier, the type of award issued for IBH Model will be a cooperative agreement. Compared to grants, cooperative agreements require substantial federal involvement. Under the IBH Model, recipients should expect CMS engagement and model implementation and oversight.

The purpose of cooperative agreement funding is to increase state capacity to implement the Medicaid Payment Approach and care delivery framework while addressing the sustainability of the model in the long term. Examples of readiness and technical assistance activities the states and their partners can use cooperative agreement funding to undertake include, but are not limited to, identifying and recruiting

Practice Participants, building and updating state and provider-level health information technology infrastructure and capacity, convening partners to develop the Medicaid Payment Approach, ensuring the flow and analysis of data needed for monitoring evaluation and payment, and hiring key staff to admit the model. After the initial award, continued funding will be distributed annually through non-competing continuation awards, as described earlier. Next slide, please.

As mentioned earlier, CMS anticipates awarding up to eight Cooperative Agreement awards of up to $7.5 million each. The exact amount of the cooperative agreement award will vary, depending on a range of factors, including the total budget available, the allowability and reasonableness, and the state's need for cooperative agreement funding, also based in the response that you submit in the application. Excuse me. Next slide, please.

We will now review the IBH Model timeline and highlight key dates. First, states will submit their NOFO application, again, by September 9th, 2024. Awards will be made in December 2024. The IBH Model will have an eight-year performance period. The pre-implementation period will take place for three years, from January 2025 to December 2027. The implementation period will take place for five years, from January 2028 to December 2032. Section A4 of the NOFO Program Requirements includes more details about pre-implementation period requirements in addition to the information we provided earlier.

Next, we'll talk about the types of funding and how cooperative agreement funding aligns with the IBH Model timeline. Next slide, please.

So, as stated before, the IBH Model provides three types of funding. You have your cooperative agreement funding, your Infrastructure Funding and then value-based payment for carrying out the IBH care delivery framework. States receive cooperative agreement funding to enhance the capacity to develop and implement the IBH Model, and to support practices. States will be required to allocate a portion of a cooperative agreement funding for each Medicaid only practice between Model Years 2 through 5, using a standardized practice needs assessment. This funding must be passed through for practice-level Infrastructure Funding. Practice Participants receive Infrastructure Funding to develop the infrastructure and capacity to implement the IBH Model.

Practice Participants also receive value-based payments through the Medicaid alternative payment model, Medicare risk-adjusted Integration Support Payment, and Medicaid and Medicare performance-based payments. The purpose of this funding is to provide a glide path to value-based payments. Please view the NOFO's payment sections for more details about funding types.

All states receive cooperative funding for each model year through both pre-implementation and implementation periods as noted on the table, on the bottom of the slide. In Model Year 1, each state will receive a maximum of $1.25 million of cooperative agreement funding. During Model Years 2 through 6, each state will receive up to $1 million of cooperative agreement funding per year. And in Model Year 7, you receive, each state will receive up to $750,000. And finally, in Model Year 8, each state will receive a maximum $500,000. Next slide, please.

Next, we'll go over state eligibility requirements. Next slide, please.

As mentioned earlier, Medicaid agencies in all 50 U.S. states, Washington, D.C., and U.S. territories will be eligible to apply to participate in the model. U.S. territories include American Samoa, Guam,

Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. State Medicaid agencies with the authority and capacity to accept cooperative agreement funding can apply.

Applicants can implement the IBH Model at the state level or designate a sub-state region, subject to CMS approval during the application review process. Applicants must specify the geographic area or areas in which they propose to implement the IBH Model in their application. Please note that applicants must only submit one application per state. In order to be issued each additional year of funding, states must show satisfactory progress during the current budget period through the non-competing continuation process. Next slide, please.

Now we'll go over application and submission information. Next slide, please.

As listed on this slide, there are several application submission requirements. Applicants must have a valid Employer Identification Number or Taxpayer Identification Number, have a Unique Entity Identifier, and register in the System for Award Management, or SAM, database. SAM registration must be renewed annually, so please make sure your account is active when you apply. Applicants must also have a login.gov account.

The Authorized Organization Representative must officially submit the application on behalf of the organization. And note that the individual who actually logs in and submits the application – that signature will populate across the application. And the signature of the AOR must be the person that signs on page 3 of the 424. So please make sure that your Authorized Organization Representative submits the application, and their information is filled out on page 3 of the 424.

This AOR is the individual named by and authorized to act for the applicant organization. They assume the obligations imposed by federal laws, regulations, requirements, and conditions that apply to grant applications for awards. The AOR must register with Grants.gov to obtain a username and password. Next slide, please.

Now we'll highlight some key sections of the NOFO. In Section D and Appendix II of the NOFO, this includes instructions for submitting a complete application. Section E1 describes application criteria, so please view this section to understand how applications will be assessed. Section D2 goes over formatting and content requirements such as font sizes, page limits, and required forms and documents. Please review each of these sections to submit a complete eligible application. Next slide, please.

All applications also require a variety of standard and additional forms, which we will now go over. These include the following: a one-page project abstract summary, this should include project goals, total budget, a description of how funding will be used, and the proposed geographic region. Applicants are also required to submit Standard Form 424, Application for Federal Assistance. This form is used to apply for federal grants. The AOR signs this form. Applicants are also required to submit Standard Form 424A, the budget information form for non-construction programs. Next slide, please.

All applicants are also required to submit Standard Form, SF LLL, a disclosure of land lobbying activities. If your entity does not engage in lobbying, you must still complete and submit this form, you would fill out all of the fields, and then in fields 10a and 10b, you can put “non-applicable.” The AOR still must sign this form, and their name and contact information must be included. So again, you must complete and submit the entire form, but you can put non-applicable in 10a and 10b if this does not apply to your

organization. Additionally, all applicants are required to submit the Project / Performance Site Location form to inform CMS of where model activities will take place. Next slide, please.

Applicants must also include a Project Narrative, a Budget Narrative, and Business Assessment of the Applicant Organization. The Project Narrative is mainly where applicants will communicate application requirements to CMS. This includes proposed goals, measurable objectives, and milestones. The Project Narrative has a maximum page limit of 60 pages. You may view additional information about the Project Narrative details in section D2.4.1 and section A4 of the NOFO.

Next, the Budget Narrative supplements Standard Form 424A and includes a breakdown of costs for each line item according to the budget period. You may view additional Budget Narrative details in D2.4.2 in the NOFO. A sample Budget Narrative is also included in Appendix I. And please also note that, given the length of this award, applicants must submit two SF 424A forms to cover all eight years of the project. These directions are also included in Appendix I of the NOFO. This section will include a clear description of the proposed set of services covered with award funds for each activity or cost within the line Item. The Budget Narrative has a maximum of 15 pages.

The next form is the Business Assessment of Applicant Organization, which is required by CMS in accordance with 45 CFR Part 75, which is the HHS Grant Regulations to evaluate the risk posed by an applicant before you issue an award. CMS will analyze applicant quality, such as financial stability, quality of management systems, internal controls, and the ability to meet management standards. Please note the Business Assessment of Applicant Organization has a maximum of 12 pages. Next slide, please.

Applicants with a current negotiated indirect cost rate agreement must submit a copy of the agreement with the application. This has no page limit.

Additionally, all applicants must provide up to five pages about Program Duplication. In this section, applicants explain how they would use IBH Model funds to provide new and distinct care integration, care management, and health equity services for Medicaid beneficiaries with moderate to severe behavioral health conditions in the proposed model region. The explanation must identify how the applicant would build on current programs and initiatives while avoiding duplication with Medicaid Title V and any other federal, state, or local funding used for care coordination for the attributed population.

Additionally, applicants must also describe their strategy for avoiding program duplication in the future if they are simultaneously participating a similar program serving Medicaid beneficiaries with moderate to severe behavioral health conditions. Examples include Medicaid health homes or the Certified Community Behavioral Health Clinic, or CCBHC, initiative. Next slide, please.

Applicants will provide additional forms in the appendices. Appendices can be up to 20 pages. States administering behavioral health services through managed care organizations, risk-based prepaid inpatient health plans, or risk-based prepaid ambulatory health plans are required to include a letter of intent from least one of these entities, as mentioned earlier. Letters of support indicate an organization's commitment to assist with model implementation and operationalizing the Medicaid Payment Approach.

Applicants are also required to include letters of intent from state mental health authorities and the single state agencies for substance use disorders. Applicants are required to include resumes or

curriculum vitae for identified managers, project directors, and other key personnel identified the time of application. Applicants are also required to provide job descriptions for key model personnel and an organization chart. These can be provided in either the appendix or project narrative.

Now we'll go over appendices that are optional for all applicants. Applicants have the option to include letters of support from the governor, state legislators, hospitals, primary care providers, and / or others. Applicants also have the option to include letters of interest from specialty behavioral health organizations. Applicants may also choose to include other letters of support from community and government partners. View Section D in the NOFO for more details about required forms. Next slide, please.

Now we'll go over the federal award administration information. If an application is successful, the applicant will receive a Notice of Award signed and dated by the CMS Grants Management Officer. This is a legal document authorizing the cooperative agreement award and is issued to the applicant. It will be issued through our grants management system, Grant Solutions. Any communication between CMS and the applicant prior to award issuance is not an authorization to begin project performance.

If an application is unsuccessful, CMS will notify the applicant through the email address listed on Standard Form 424, within 30 days of the award date. Next slide, please.

Okay, federal award administration. Next slide, please.

So, this gives you a high-level diagram of the process. The announcement starts when the NOFO is published. Applicants will then prepare their applications and apply by the due date. Eligible applications will proceed to a merit review process, and once CMS finishes the internal evaluation of the application, there will be a negotiation process where CMS may outline questions and concerns that need to be resolved before issuing an award. Then, selected applicants will receive a Notice of Award. Afterwards, recipients complete post award activities. CMS conducts post award monitoring and then close out takes place. Next slide, please.

The sources listed on the slide include regulatory and policy requirements that apply to federal grant cooperation agreement awards. HHS Grant Regulation 45 CFR Part 75 covers, uniform administrative requirements, cost principles, and audit requirements for HHS Awards. HHS Grants Policy Statement outlines general terms and conditions of the department's grant and cooperate agreement awards.

SAM.gov, which was mentioned earlier, includes information about the entity, exclusions, qualification which was previously referred to as Federal Awardee Performance and Integrity Information System, or FAPIIS, and reps and certs or financial assistance. Make sure your agency is up to date in SAM.gov and review the resources listed on the slide and Section F of the NOFO for grant regulation details. Next slide, please.

Next, we'll share an overview of the application timeline. The state NOFO application period opened on June 17th, 2024. The deadline is September 9th, 2024, by 11:59 PM Eastern. We strongly recommend that applicants do not wait until the application due date to start the application submission process. The anticipated award announcement date is December 17th, 2024. Pre-implementation, again, is from January 2025 to December 2027. Implementation period is January 2028 to December 2032.

Please visit www.grants.gov, which is also linked in the chat, to view application materials, start the registration process and submit applications. And now I'll pass it back over to Isaac to start today's Q&A session.

>>Isaac Devoid, CMS: Awesome. Thank you so much, Jamie, really appreciate it. Like Jamie just mentioned, we're going to get started on our Q&A portion of today's webinar. But before we dive into those questions, we'd really appreciate if you could take some time and complete the post event survey that's linked in the chat to share your feedback on this webinar. Next slide, please.

Alright. So, to start off, we would like to know whether you are planning to apply for the IBH Model. So, this question is for those on the call that are representing a state agency. So, thinking of members like Medicaid agencies, the state mental health authorities, or single state agencies for substance use disorder, or the state public health agency. If you are on the call not representing a state agency, please select D, not applicable, and we'll have a question for you in just a moment. I'll give folks just another few seconds to complete the poll. Alright. I think we can move on to the next one. Thank you so much for participating. Next slide, please.

So, this poll is for those of you who are not representing a state agency. Using the poll on your screen, please let us know if you would want to participate in the IBH Model once states are selected. And if you'd like to share more about your answer, please add to the Q&A box. We'd really appreciate that. And just going to give folks another few seconds to respond here. Awesome, thank you so much for participating. Next slide, please.

And lastly, please let us know which of the following IBH topics you'd like more information about. When you have a second, please answer the poll on your screen. And if you'd like more information about a topic that's not listed here, or if you'd like to share more about your answer, please feel free to add that to the Q&A box as well. And I'll just give about ten more seconds to respond to this poll. Awesome, thank you so much for participating. This is really going to help us inform future model resources.

And with that, I'm going to pass it back over to Sarah to answer some of your questions. Next slide, please.

>>Sarah Grantham, CMS: Thank you so much, Isaac. We will now share some of the frequently asked questions that we collected from this webinar's registration form. Then, if time permits, we'll answer some live questions that were submitted during the webinar.

One common question was: Does the grant application have to come directly from a state entity, or can individual organizations apply? The answer is state Medicaid agencies, which we've also been referring to as states, or SMAs, from all U.S states, U.S territories, and the District of Columbia are eligible to apply to participate in the IBH Model. CMS will select up to eight states to participate. Next question, please.

Another common one is: What amount of Infrastructure Funding would be provided directly to specialty behavioral health practices participating in the IBH Model's Medicare Payment Approach? The answer to that is that CMS anticipates providing a maximum of $200,000 in Infrastructure Funding to practices participating in the Medicare Payment Approach. This funding will be provided between Model Years 2 through 5 and will, and the funding level will be determined through a practice needs assessment. Next question, please.

Another one we got was: Are Tribes eligible to apply, and can they work with their states more closely to encourage states to apply? Medicaid agencies in all 50 states, Washington D.C., and the U.S. territories may apply for this Notice of Funding Opportunity. Federally recognized tribes and tribal governments will be an essential partner in the state's convening structure, where applicable. State, local, tribal, and or territorial and public health agencies will also be required in the convening structure. Furthermore, we expect many tribal health organizations and clinics will meet our eligibility criteria for Practice Participants. A complete list of eligible practices is located in Section A 4.2.1 in the NOFO. That's A 4.2.1 in the NOFO. Next slide, please.

The next common question we got was: What are similarities and differences between the IBH Model and Certified Community Behavioral Health Clinics, or CCBHCs? How does the IBH Model align with CCBHCs? Well, the IBH Model was designed to complement the existing programs and initiatives in states, including CCBHCs. As we noted earlier, the IBH Model is focused on care integration. Some CCBHCs are focused on care integration, in addition to providing nine cores, or core services. The IBH Model will provide CCBHCs with a dedicated core care integration framework, allowing them to bolster any existing integration efforts or to develop an integration framework for the first time. In addition, the IBH Model will offer CCBHCs the opportunity to be reimbursed for care management, care integration and health equity services by serving Medicare beneficiaries. Next slide.

Another common question from the registration form was: How will CMS, the Substance Abuse and Mental Health Services Administration, or SAMHSA, and the Health Resources and Services Administration, or HRSA, collaborate on the IBH Model and other behavioral health programs like CCBHCs? The CMS Innovation Center sought input for the model from these federal partners and from a range of behavioral health experts, including advocacy groups, provider and beneficiary groups, state Medicaid agencies and other interested parties from across the country, as well as the federal partners, SAMHSA, HRSA, and the Center for Medicaid and Chip Services (CMCS), the Indian Health Service (IHS), and the office of the National Coordinator for Health Information Technology, which is referred to as ONC. CMS plans to continue to consult with these partners and with states and providers and beneficiaries and other experts and interested groups during the life of the model to support effective implementation and proactively address any emerging hurdles. We appreciate everybody's guidance on successful model implementation. Next slide, please.

Another question that was common was: How do potential Practice Participants let state agencies know if they were interested in the IBH Model? During the NOFO application process, of course, interested specialty behavioral health practices can reach out to their state Medicaid agency to inform a state's application to participate in the model. Next slide, please.

Now we've reached the final common registration form question from today, and that is: How will the IBH Model impact our billing, programming, and other areas? The IBH Model will provide additional funding for participating practices on top of what they currently receive for delivering behavioral health services. These aligned value-based payment approaches are aligned across Medicare and Medicaid, and they will provide participating practices with a more predictable revenue stream that will allow them to hire additional staff to develop an interprofessional care team that is foundational to the delivery of whole-person, integrated care. In addition, the model affords practices with the opportunity and funding to make important program improvements through practice transformation, health information technology implementation, technical assistance, and peer-to-peer learning.

We will now transition to open Q&A. Please submit any questions, additional ones in the Q&A box. And next slide, please. And Isaac, I'll pass it to you.

>>Isaac Devoid, CMS: Awesome. I don't think that we have time for too many more questions, but I can try to take a couple with the remaining time that we have left.

So, one that we received was: Can primary care services delivered onsite be reimbursed, or is it limited to having a PCP as a consultant? So, the IBH Model payment approach includes payment for care management, care integration, and health equity. This includes screening, assessment, and referral for physical health conditions, and if primary care services are provided onsite, these must be reimbursed with existing billing or payment systems.

Alright. And I can take one more here, and that was: I would like to understand if there will be a direct Medicare model that participants can participate in? Practices that serve Medicare beneficiaries can participate in the model only if they are participating on the Medicaid portion of the model as well. Medicare-only participation is not permitted at this time.

Alright. And, Sarah, I think we can hand it back over to you for some closing remarks, but noting we're definitely jotting all these questions down and can answer them in future sessions.

>>Sarah Grantham, CMS: Thanks, Isaac. As we wrap up our session, next slide, please.

As we wrap up our session today, please remember to complete the post event survey to share your feedback in the webinar. And this slide is where we have an opportunity to highlight some of the ways that you can stay connected. To learn more about the IBH Model, visit the IBH webpage, which is in the chat. To view application materials to start an application process or submit an application, please visit www.grants.gov, which is also going to be in the chat. And then to review general information about the IBH Model, to view the IBH Overview Webinar resources, the Model Overview Fact Sheet, frequently asked questions, or a patient visual, you can check those all out on the IBH Model webpage.

You can also send questions to the IBH mailbox. And please stay posted for more information about the NOFO Office Hours. Keep your heads up. We will send those out through the listserv, where you can ask additional questions. And then for additional updates from CMS, sign up for the CMS listserv through the IBH webpage. Next slide, please.

This concludes today's webinar. Thank you all so much for joining us today. We hope it was helpful. Please email us at ibhmodel@CMS.hhs.gov with the subject line IBH Model NOFO with any additional questions. And as always, we look forward to continuing to connect with you all, and please stay tuned for a follow-up email. Thanks a lot.

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