

**DATE:** January 19, 2024

**RE:** CMS - Behavioral Health Stakeholder Call Introducing the Innovation in Behavioral Health (IBH) Model

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**Overview:**

The U.S. Department of Health and Human Services, through the Centers for Medicare & Medicaid Services (CMS), has introduced a new model called the Innovation in Behavioral Health (IBH) Model. This initiative, announced on January 18, 2024, aims to enhance the quality of care, access, and outcomes for individuals with mental health conditions and substance use disorders under Medicaid and Medicare. The key components of this model include addressing behavioral and physical health, health-related social needs, and fostering collaboration between community-based behavioral health practices.

**Speaker Panel**

- **Xavier Becerra**, Secretary, U.S. Department of Health and Human Services
- **Eden Tesfaye**, Advisor for External Affairs, Centers for Medicare & Medicaid Services (CMS)
- **Dr. Elizabeth Fowler**, Deputy Administrator and Director, Center for Medicare and Medicaid Innovation, CMS
- **Dr. Miriam Delphin-Rittmon**, Assistant Secretary for Mental Health and Substance Use (SAMHSA)
- **Trina Dutta**, Senior Advisor to the Assistant Secretary, SAMHSA
- **Tequila Terry**, Director of the State & Population Health Group at the CMS Innovation Center

**U.S. Department of Health and Human Services' Remarks**

Becerra gave a concise introduction and commended the work put into the development of the IBH model. Moreover, the IBH Model seeks to bridge the gaps between physical and behavioral health, ultimately improving health outcomes for individuals with moderate to severe behavioral health conditions.

**Centers for Medicare & Medicaid Services' Remarks**

The Centers for Medicare & Medicaid Services (CMS) has underscored the significance of the newly introduced Innovation in Behavioral Health (IBH) Model, emphasizing its commitment to improving the quality of care, access, and outcomes for individuals with mental health conditions and substance use disorders. The agency's dedication to supporting behavioral health practices in providing integrated care was highlighted. The "no wrong door" approach, promoting collaboration among interprofessional care teams, reflects CMS's commitment to addressing the behavioral and physical health needs of Medicaid and Medicare beneficiaries comprehensively. Dr. Fowler emphasized the model's role in breaking down historical silos within the health system, promoting whole-person care, and improving overall health outcomes. She reinforced CMS's strategic focus on advancing innovative models to address the nation's behavioral health crisis and promote a more integrated and patient-centered healthcare approach.

**Substance Abuse and Mental Health Administration's Remarks**

Dr. Delphin-Rittmon emphasized the critical role that the IBH Model plays in enhancing the quality of care and health outcomes for individuals with moderate to severe behavioral health conditions. Recognizing the significant impact of behavioral health on the Medicare and Medicaid populations, SAMHSA is supportive of the model's approach in building the behavioral health system infrastructure

and improving staffing to better support individuals with mental health conditions and substance use disorders. She underscored the agency's commitment to advancing innovative solutions and fostering an integrated approach to addressing mental health and substance use challenges in the United States.

#### **Key Features:**

1. **Interprofessional Care Teams:** Community-based behavioral health practices will form interprofessional care teams consisting of behavioral and physical health providers, as well as community-based support.
2. **No Wrong Door Approach:** The model ensures a "no wrong door" approach, allowing individuals access to services regardless of their entry point into care.
3. **Health IT Capacity Building:** Promotion of health information technology (health IT) capacity building through infrastructure payments and other activities.
4. **Reduced Program Expenditures:** The IBH Model aims to reduce overall program expenditures while improving the overall quality of care.

#### **Implementation:**

The CMS Innovation Center will test the IBH Model, launching in Fall 2024 and operating for eight years in up to eight states. A Notice of Funding Opportunity for the model is anticipated to be released in Spring 2024.

#### **Q&A Session**

During the Q&A session, attendees raised a series of questions about the implementation of the Innovation in Behavioral Health (IBH) Model. Trina Dutta, representing SAMHSA, responded to a query about additional resources for mental health agencies, health providers, social workers, and essential psychiatrists. She directed participants to a grant program launched in 2010, which has evolved into a state-centric resource. Another question focused on the composition of the interprofessional teams mentioned in the IBH Model, and Tequila Terry, the Director of the State & Population Health Group at the CMS Innovation Center, provided detailed insights into the structure of these teams. Trina Dutta also addressed a query regarding the distinctions between IBH and the Certified Community Behavioral Health Clinic (CCBHC) model, emphasizing the differences in their approach to screening, referrals, and integrated treatment teams. The CCBHC model does include a requirement for engaging in screening and referrals to primary care. However, it differs from the Innovation in Behavioral Health (IBH) model in that CCBHC lacks integrated treatment teams, the provision of physical healthcare, and the supplementation of treatments. In contrast to IBH, CCBHC focuses on specific aspects of care coordination and referrals rather than the comprehensive integration of behavioral and physical health services. Finally, Tequila Terry shed light on the timeline for the eight demonstration states and outlined the technical assistance available, indicating that the application cycle would commence in the spring, involving a selection process for Medicaid applicants and states, then followed by the selection of agencies.