

Overview of Program Support for States Physical and Mental Health Integration

Medicaid Innovation Accelerator Program

The Medicaid Innovation Accelerator Program (IAP) is a Center for Medicaid and CHIP Services-Center for Medicare-Medicaid Innovation collaboration designed to build state capacity and support ongoing innovation in Medicaid. IAP provides targeted support to states' ongoing delivery system reform efforts across four program priority areas: (1) substance use disorders; (2) Medicaid beneficiaries with complex needs and high costs; (3) community integration-long-term services and supports; (4) physical/mental health integration.

IAP's fourth program area, Physical and Mental Health Integration (PMH) will provide targeted program support to states seeking to expand and/or refine existing physical and mental health integration efforts. It is not expected that each state will focus on the same target population or implement the same integration approach in their initiatives. However, selected states will share common interests and goals that align with IAP's goals for Physical and Mental Health Integration:

- Improve the behavioral and physical health outcomes and experience of care of individuals with a mental health condition;
- Create opportunities for states to link payments with improved outcomes for beneficiaries with these co-morbid conditions;
- Expand and/or enhance existing state physical and mental health integration efforts to:
 - Customize for specific populations; and/or,
 - Spread integration efforts to new areas of the state; and/or,
 - Spread integration efforts to new types of health professionals;
- Identify and spread innovations to the field that improve and expand physical and mental health integration initiatives in various settings and for various populations.

How will IAP Support Physical and Mental Health Integration?

Through IAP, states will receive program support designed to improve or expand the state infrastructure required to support diverse integration approaches, including enhancing data-related capabilities, payment and delivery system reforms, and improved understanding of which existing quality measures can be used to support integration. As part of this work, states can target efforts at the structural/policy level that may support integration across varied settings (e.g., primary care, community mental health centers, school-based health centers), for different populations (e.g., adults and children, individuals with serious mental illness), and/or a variety of evidence-based models of integrated care (co-location, bidirectional integration, primary care-oriented, etc.). For the purposes of this program area, IAP has adopted the definition of integration set forth in the [Lexicon for Behavioral Health and Primary Care Integration](#) prepared for the Agency for Healthcare Research and Quality (AHRQ). See **Appendix A** for further information on the AHRQ Lexicon.

Overview of Program Support Available

IAP PMH will provide up to ten states program support:

- Tailored to states' existing environment, resources, policy levers, payment and delivery system reform efforts, and unique challenges;
- Targeted to states in improving and/or expanding their use of integrated approaches for diverse Medicaid populations, including support that can be tailored to integrated care efforts focused on specific populations, such as children and adolescents, adults with serious mental illness (including individuals with co-occurring mental illness and substance use disorders), underserved racial and/or ethnic groups, and people with comorbid mental health conditions and developmental or intellectual disabilities.

- Focused on improving state understanding and use of existing Medicaid authorities, including providing clarification and individualized guidance to participating states on their current Medicaid regulatory structures to support integrated care.

Objectives for this program support are to:

- Provide support to states on various payment approaches that are available for implementing physical and mental health integration;
- Support states in enhanced use of data in planning, operationalizing, and measuring their integrated care approaches, including tools and strategies to support risk and population stratification to better focus state efforts;
- Provide targeted support on areas of emerging state interest or challenges, such as, model contract language, and other issues as they are identified by state participants;
- Provide strategic planning support in the context of performance improvement techniques and the model for improvement.

Content and method of program support delivery will be refined based selected states' needs identified over the course of the ten months and will likely include:

1. **Strategic planning** to drill down into states' integrated care goals, objectives, and technical support needs.
2. **In-Person workshop(s)** tailored to selected states' needs that may include expert content, opportunity for subgroup/specialty issues discussions, team time with the state's assigned coach to work on outstanding issues, assistance with performance improvement tools,. At the end of the ten months, IAP may bring states together again to share lessons learned and to identify ongoing technical support or other resources to support states efforts.
3. **Individualized technical support** based on state-specific needs identified through the strategic project planning process.
4. **State-to-State learning** opportunities through virtual learning opportunities, on areas of identified common challenges.

How Do Interested States Apply for Program Support?

Interested states should attend the information session on December 8, 2015 from 2:00-3:00 ET and complete an Expression of Interest form, which will be released as part of the December session. More information about the program can be found on the [Medicaid IAP](#) website. Direct questions to MedicaidIAP@cms.hhs.gov subject line "PMH Integration."

Appendix A: AHRQ Lexicon and Sample Programs Integrating Physical and Mental Health

The Agency for Healthcare Research and Quality (AHRQ) Lexicon

In April 2013, the National Integration Academy Council released the [Lexicon for Behavioral Health and Primary Care Integration](#) prepared for the Agency for Healthcare Research and Quality (AHRQ) (hereinafter, the Lexicon).ⁱ The Lexicon is a set of concepts and definitions developed by expert consensus to provide a practical definition for behavioral health and primary care integration. This Lexicon can be used to enable effective communication and concerted action among clinicians, care systems, health plans, payers, researchers, policymakers, business modelers, and patients working for effective, widespread implementation on a meaningful scale. The Lexicon aligns with and adds to existing resources by focusing on key components at the intersection of behavioral health and primary care. The tool was recommended by an expert panel convened for IAP that included state policymakers, who noted the need for definition within a flexible framework.

While the Lexicon is focused on primary care integration, its broad definition can encompass the range of integrated care efforts underway in states:

“The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.”ⁱⁱ

As discussed in the IAP Program Overview, a range of integration models fit the Medicaid IAP’s definition of physical and mental health integration. Federal and state agencies, health care providers, and health insurers have all advanced integration models through initiatives that vary in three important ways:

1. **Target Population:** Some initiatives target individuals with chronic physical health conditions, while others target adults with severe and persistent mental illness and/or children with serious emotional disturbance. Some initiatives specifically serve pediatrics or individuals with intellectual and developmental disabilities.
2. **Locus of integration:** Some initiatives focus on integration within the primary care setting, while others are located within behavioral health clinics or even specialty, tertiary, or long-term care settings. Some initiatives leverage independent organizations that provide shared services to local providers.
3. **Method of integration:** Some initiatives embed or co-locate providers directly in primary care practices, others embed integration efforts in health and social systems (i.e., child welfare, housing); while others use technology to virtually connect providers.

Examples of existing state initiatives follow, sorted alphabetically by state. **Please note:** *These initiatives are included for illustrative purposes only and should not be construed as recommendations for applicant states. Furthermore, all Medicaid agencies are invited to participate in this IAP, including those referenced below.* [Sources](#)

State/Program	Scope/Target Population	Locus of Integration	Method of Integration	Key Program Features	Sources
Arizona: Recovery Through Whole Health	Maricopa County (Phoenix): Adults with SMI	Health Plan	Enhanced coordination across plan’s provider network	Integrated coverage for medical, behavioral, and social support services. Health information exchange facilitates data sharing across providers. Provider level-case management.	Health Resources in Action of Boston Behavioral Health Paper Arizona’s Recovery Through Whole Health Initiative: Integrating Behavioral and Physical Healthcare Delivery

State/Program	Scope/Target Population	Locus of Integration	Method of Integration	Key Program Features	Sources
Maine: Behavioral Health Homes	Statewide: Adults with SMI; Children with SED	Behavioral Health (Community Mental Health Providers)	Partnerships between community mental health providers and one or more NCQA-recognized Medicaid Health Homes.	Comprehensive individualized patient-centered care plan for each enrollee.	Maine.gov Webpage Regarding Behavioral Health Homes Maine State Plan Amendment to alter Title XIX
Massachusetts: Massachusetts Child Psychiatry Access Project (MCPAP)	Statewide: Children with behavioral health needs	Primary Care Practices	Virtual Collaborative Care Model: Telephonic consultation between primary care providers and regional behavioral health teams.	Each regional team includes child psychiatrists, licensed therapists, and care coordinators. Referral to in-person psychiatric visits as necessary and appropriate.	Massachusetts Child Psychiatry Access Project Website
Missouri: Primary Care Health Home Initiative	Statewide: Adults and children with certain chronic physical health conditions	FQHCs, RHCs, and outpatient primary care clinics	Embedded behavioral health consultant as part of the health home team	Comprehensive individualized patient-centered care plan and self-management goals for each enrollee and CyberAccess (a web-based electronic health record for Medicaid providers).	CMS State Plan Amendment Missouri Department of Social Services website outlining HealthNet's Primary Care Health Home initiative
New York: Health Homes for Enrollees with Chronic Conditions	Statewide (phased in): High-risk adults and children with certain chronic physical or behavioral health conditions	Lead health home entities including hospitals, health centers, non-profit organizations, and a local health department. Beginning in 2016, managed care plans also serve as lead entities.	Partnerships between lead health home entities and subcontracted “downstream providers” that provide comprehensive care management services. Health home networks were required to include physical health, mental health, and substance abuse providers.	Comprehensive individualized patient-centered care plan for each enrollee. Prioritized assignment based on 3M Clinical Risk Groups. Individual can also be referred for health home services.	New York State Medicaid Health Home Website New York State Plan Amendment
Rhode Island: CEDARR Family Centers	Statewide: Children and youth (birth-21) with special health care needs	Independent organizations meeting state certification standards	Each CEDARR Family Center employs a range of licensed health care professionals that regularly consult, coordinate, and collaborate with a child’s medical and behavioral health providers.	Needs assessments for each child and family, which inform the development of individualized family care plans. Built into health home state plan option.	Rhode Island Executive Office of Health & Human Services Medicaid Model Data Lab

State/Program	Scope/Target Population	Locus of Integration	Method of Integration	Key Program Features	Sources
Vermont: Care Alliance for Opioid Dependence	Statewide (phased in): Individuals receiving medication assisted therapy for opioid dependence (ages served not specified)	Primary Care Providers and Opioid Treatment Centers	Hub-and-spoke system (hub = opioid treatment centers; spoke = providers that prescribe Buprenorphine – primarily primary care providers, but also OB-GYNs, psychiatrists, specialty pain, and specialty substance abuse providers).	Supported by multi-disciplinary community health teams to connect individuals with community-based support services. Built into health home state plan option.	Care Alliance for Opioid Addiction Vermont State Plan Amendment Vermont Integrated Treatment Continuum for Substance Use Dependence
Washington: Mental Health Integration Program	Statewide: Community Health Plan of Washington Medicaid Managed Care adult members with behavioral health needs	Primary Care Clinics	Collaborative Care Model: Embedded care manager with psychiatric consultation	All members of the care team share access to a patient registry.	Washington State's Mental Health Integration Program Website
Wisconsin: Wraparound Milwaukee	Milwaukee County: Children with SED at immediate risk of residential or correctional placement or psychiatric hospitalization	Health Plan	Enhanced coordination across plan's provider network	Individualized care management for children and families. Six community agencies providing more than 80 services to families.	Wrap Around Milwaukee Site Page

Acronyms: **CEDARR** is Comprehensive Evaluation, Diagnosis, Assessment, Referral, and Re-evaluation; **FQHC** is Federally Qualified Health Center; **NCQA** is National Committee for Quality Assurance; **PCMH** is Patient-Centered Medical Home; **RHC** is Rural Health Center; **SED** is Serious Emotional Disturbance; and **SMI** is Serious Mental Illness.

ⁱ Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013.

ⁱⁱ Ibid.