

**Program Support for States
Targeting Medicaid Physical and Mental Health Integration (PMH)
Medicaid Innovation Accelerator Program (IAP)
State Selection Factors**

The following factors will be used to review each state's Expression of Interest.

1. Team Composition

Factor: State team composition reflects commitment and requisite state leadership.

- Is the proposed team lead well positioned within the state to marshal resources, as needed, for its PMH work?
- Does the proposed team have the right composition of members given the scope of its work and is the Medicaid Director involved?

Factor: State team composition reflects the goals of its proposed PMH work.

- Does the team include the relevant staff charged with directing the integration efforts in the state?
- Does the team include members from the relevant state agency partners, including, at a minimum, the state behavioral health authority(ies), and align with the scope, focus, and target population of the work?

2. Program Approach

Factor: The state has a current, operational integrated care initiative.

- Does the state have a Medicaid authority under which it can pay for its PMH initiative?
- Does the state have an initial provider network or identified set of providers that are engaging in this work?
- Is the state seeking to expand, enhance, or improve this initiative?

Factor: Current or proposed state PMH integrated care approach falls within the broad IAP PMH definition.

- Does the state's current or proposed integrated care approach include primary care and behavioral health providers working together (may be within primary care, in community mental health or other settings; may be via co-location or virtually through ongoing communication or care coordination)?
- Is the state's current or proposed integrated care approach directed at an identified population or subpopulation (e.g., general adult population, individuals with certain conditions or diagnoses, people with serious mental illness, other)?

- Does the state’s current or proposed integrated care approach use a systematic clinical approach (i.e., patients are identified and engaged; providers share a care plan or problem list and communicate about identified patients)?
- Does the state’s proposed approach allow for the use of or modifications to existing Medicaid authority(ies) as opposed to seeking new authorities?
- Does the state’s proposed approach link payment with improved outcomes for beneficiaries in the target population?

Factor: Proposed PMH work aligns with IAP goals, and will benefit from IAP approach.

- Does the state’s PMH work target the improvement, expansion, or refinement of current state physical and mental health integration initiatives?
- Would the state’s PMH work benefit from the PMH IAP program support strategies, including state-specific support to improve or expand existing models, program support on existing Medicaid funding vehicles to support integrated care, the use of data and data analytics, performance improvement, and program support on targeting specific populations within the timeline of the IAP-PMH initiative?
- Is the state team willing to help spread innovations (within its state) that improve and expand physical and mental health integration initiatives?

3. Quality Measurement

Factor: State can participate in IAP PMH quality measurement and reporting.

- Does the state explain how metrics will be used to support payment strategies and/or to target integration strategies to the appropriate population, geographic area, or professionals?

4. Data Analytics

Factor: State can gather and analyze data needed for its IAP PMH initiative.

- Does the state’s existing data analytics work demonstrate a capacity and willingness to use data analytics to drive its PMH integration efforts?
- Does the state have the infrastructure or/and staff to gather and analyze data needed to participate in IAP performance improvement activities?