



Medicaid Innovation Accelerator Program (IAP)

IAP Information Session:

Physical and Mental Health Integration

December 8th, 2015

2:00-3:00 PM ET



Welcome

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IAP Team for Physical and Mental Health Integration (PMH)

- Karen Llanos, Director Medicaid IAP
- John O'Brien, CMCS
- David Shillcutt, CMCS
- Christa Speicher, CMCS
- Suzanne Fields, University of Maryland
- Contracting team led by:
 - National Academy for State Health Policy (NASHP): Neva Kaye, Kitty Purington, Ledia Tabor, Kathy Witgert
 - Truven Health Analytics: Brian Burwell





Agenda for Today's Call

- What is the Medicaid Innovation Accelerator Program?
- Why Focus on Physical and Mental Health Integration (PMH)?
- Overview and Proposed Approach of Program Support to States
- How to Apply for Program Support
- Next Steps





Medicaid Innovation Accelerator Program

What is the Medicaid Innovation Accelerator Program (IAP)?





Medicaid IAP

- Four year commitment by CMS to build state capacity and accelerate ongoing innovation in Medicaid through targeted program support
- A CMMI-funded program that is led by and lives in CMCS
- Supports states' and HHS delivery system reform efforts
 - The end goal for IAP is to increase the number of states moving towards delivery system reform across program priorities





IAP Program Priority Areas

Substance Use Disorders	Beneficiaries with High Needs & High Costs/ Superutilizers	Community Integration – Long-term Services & Supports	Physical Health/Mental Health Integration
Launched with 7 selected states January, 2015	Work started with 5 selected states in October, 2015	Information session held on October 22, 2015. Expression of Interest was due December 1st.	Today's information session – December 8 th , 2015.

^{*} Target timeframe





Functional Areas: Targeted Technical Support For States

- Functional areas:
 - Data analytics
 - Quality measurement
 - Performance improvement
 - Payment modeling & financial simulations
- States can request targeted technical support unique to their own needs in these areas
- Available in early 2016





How Do We Define Success Across IAP?

- Has participation in IAP led to increased delivery system reform in the IAP program priority areas/populations?
- Has IAP increased states' capacity to make substantial improvements in:
 - Better care, smarter spending, healthier people
- Has IAP built states' capacity in the following areas:
 - Data analytics, quality measurement, performance improvement, payment modeling & financial simulations





PMH

Physical and Mental Health Integration (PMH)





What is Physical and Mental Health Integration within IAP?

 IAP PMH is using a broad interpretation of the AHRQ Lexicon definition to define Physical and Mental Health Integration:

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.





Why Focus on Physical and Mental Health Integration (PMH)?

- Of the top 5% of high-cost Medicaid beneficiaries, over 70% have either a mental health or substance use diagnosis (or both).
- People with serious behavioral health needs also often have multiple comorbidities, poor physical health outcomes, and high costs.
- Both the general Medicaid population and people served in specialty behavioral health settings can benefit from improved integration.
- State feedback indicates PMH can be a challenging area for state policymakers: payment, data sharing and analytics, target population, workforce, measurement, etc.





State Levers to Promote/Improve Physical and Mental Health Integration

- Diverse and flexible Medicaid payment strategies
- Licensing and regulatory changes
- Provider education and support
- Workforce development
- Data and data analytics
- Measurement and shared accountability





Available Support

Overview & Proposed Approach of Program Support Available to State Medicaid Agencies





IAP's Goals for PMH

Selected states will *enhance* or *expand* existing state physical and mental health integration efforts





IAP's Goals for PMH (1 of 2)

May include:

- Improving the behavioral and physical health outcomes and experience of individuals with a mental health condition;
- Linking payments with improved outcomes for Medicaid beneficiaries with these co-morbid conditions;
- Expanding or enhancing existing state physical and mental health integration efforts to include specific populations, new areas of the state, or new health professionals.





IAP's Goals for PMH (2 of 2)

Will also include:

 Identifying and spreading innovations to the field that improve and expand physical and mental health integration initiatives in various settings and for various populations.





Program Support Approach

- Tailored to selected states' unique policy environment
- Support states in improving/expanding use of integrated models for diverse Medicaid populations/subpopulations
- Assistance leveraging/expanding current Medicaid authorities
- Support states in improved use of data in planning, operationalizing, and measuring their integrated care initiatives
- Identify a finite set of measures for IAP PMH program evaluation.
- Provide performance improvement support to set goals and identify drivers to address the goals.





Components of Program Support

Component	Timeframe	State Participation
Kick off and state PMH strategic planning	March-April 2016	Kick off webinar, Strategic planning workshop, Team meetings, as needed
Individualized program support	May 2016 – Jan.2017; ongoing as needed	Monthly one hour calls (or more frequently, as directed by state team)
Virtual state-to-state workshops	May 2016- Jan. 2017	Quarterly 1.5 hour web-assisted workshops (3 total)
Periodic affinity groups as identified by state needs	May, 2016 – Jan. 2017	TBD
In-person meeting(s)	June 2016; Jan 2017 (potential)	1.5 day meeting(s) with state teams





Applying to the Program

How to Apply for Program Support





Key Considerations

- Expression of Interest
- State Selection Factors
- Key Dates
- Where to go with questions or for more information





How to Apply: Expression of Interest

Elements:

- Team Composition
- Existing PMH approach
- Alignment with Goals of IAP PMH





State Selection Factors

- State team composition reflects commitment and requisite state leadership
- State team composition aligns with the goals of its proposed PMH work
- Proposed initiative builds on a current, Medicaid-funded integrated care initiative
- Current or proposed state PMH integrated care approach falls within the broad IAP PMH definition
- Proposed PMH work aligns with IAP goals, and will benefit from the IAP approach
- State can participate in IAP PMH quality measurement and reporting
- State can gather and analyze data needed for its IAP PMH initiative





Examples of States That May Benefit from IAP PMH

- States with Health Homes or Shared Savings programs interested in developing or improving value-based payment strategies
- States with existing integrated care programs that want to spread the model to other populations, areas of the state, or provider types
- States with integrated or specialty behavioral health managed care contracts that want to improve integration and outcomes at the clinical level
- States with established integrated care approaches that seek to improve or enhance aspects of these programs: e.g., data infrastructure, provider capacity, quality measurement





Key Dates

Event	Date
Expression of Interest forms due	January 29 th , 2016
CMS conducts 1:1 calls with interested states	February, 2016
States selected for participation	February/March, 2016
Project Kick-off Webinar	March/April, 2016





To apply, or for more information, visit the Medicaid IAP PMH Page



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News and Activity

IAP Commentary

Reducing Substance Use Disorders

Beneficiaries with Complex

Community Integration -Long-Term Services and Supports

Physical and Mental Health Integration

Medicaid Innovation Accelerator Program (IAP)

CMS launched the Medicaid Innovation Accelerator Program (IAP) in July 2014 with the goal of improving health and health care for Medicaid beneficiaries by supporting states' efforts to accelerate new payment and service delivery reforms.

Through these improvements, we can reduce costs for the Medicaid program and, by extension, the health system more generally. The IAP will enhance CMS's wide ranging efforts to improve care by supporting system-wide payment and delivery system reform innovation. We are using the IAP to work closely with states, consumers, and health providers on these critical issues through technical assistance, tools development and cross-state and national learning opportunities.

Through the IAP, we are building on lessons and recommendations we have heard from our state partners for specific opportunities to advance innovation, and we will develop strategically targeted resources and technical assistance that



Related Resources

The Innovation Center

Medicare-Medicaid Coordination Office

Medicaid IAP Physical and Mental Health Integration Page





Where Can Interested States Go with Questions?

States with questions about this opportunity can email MedicaidIAP@CMS.HHS.gov
Include subject line "PMH Integration"

Watch for SOTA emails from CMS for additional information on IAP





Thank You!

Thank you for joining today's webinar!



