

## Supporting Physical and Mental Health Integration

In July 2014, the Centers for Medicare & Medicaid Services (CMS) launched a collaborative between the Center for Medicaid and CHIP Services and the Center for Medicare & Medicaid Innovation called the Medicaid Innovation Accelerator Program (IAP). The goals of IAP are to improve health and health care for Medicaid beneficiaries and to reduce associated costs by supporting states in their ongoing payment and delivery system reforms through targeted technical support. IAP represents CMS's unique commitment to support state Medicaid agency efforts toward system-wide payment reform and delivery system innovation. IAP is also working with states on other health care delivery system reform efforts in three additional program areas: improving care for Medicaid beneficiaries with complex care needs and high costs, promoting community integration via long-term services and supports, and reducing substance use disorders.

### Physical and Mental Health Integration Technical Support

Beginning in April 2016, IAP collaborated with states to expand and/or improve existing Physical and Mental Health (PMH) integration efforts. Leveraging the expertise of state policy leaders and others in the field, IAP provided participating states with technical support to:

- Improve the behavioral and physical health outcomes and experience of care of individuals with a mental health condition(s);
- Create opportunities for states to link payments with improved outcomes for Medicaid beneficiaries with these co-morbid conditions; and
- Expand 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 or to new types of health professionals.

As part of this program area, IAP provided technical support to two groups of states. The first group of states, the Integration Strategy Workgroup, consisted of Idaho, Illinois, Massachusetts, and Hawai'i. Over the course of 11 months, IAP provided these states with focused technical support on two topics of common interest: identifying quality measures to use for integrated care and understanding ways to build provider capacity. Through two group webinars and individualized technical support, states worked on diverse integration efforts, including designing value-based payment approaches for PMH integration, promoting PMH integration in rural settings, and supporting care coordination in managed care organization and provider contracts.

In the second IAP PMH integration group, the following states and territory received individualized coaching and technical support for 12 months. IAP coaches met regularly with state teams to assist them in developing and achieving goals specific to their state's PMH integration work. State teams also participated in group discussions with other states and experts on topics of common interest, including administrative alignment, quality measurement, and value-based payment.

### **NEVADA**

Nevada's IAP goals focused on identifying current programs and initiatives across the state that could provide infrastructure to support PMH integration for individuals with Serious Mental Illness (SMI). Leveraging the state's cross-agency IAP team, the state identified ten measures to use across agencies and projects to track outcomes from integrated care efforts for the SMI population. In addition to convening group learning opportunities that focused on state measurement strategies, IAP assisted the state team in identifying approaches to integrated care for the SMI population in managed care environments, and provided resources on leading states' strategies to support integrated care through managed care contracting.

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## NEW HAMPSHIRE

New Hampshire's IAP goals, which are part of its broader Delivery System Reform Incentive Payment (DSRIP) initiative, included establishing a plan to move 50% of provider payments into value-based purchasing arrangements across both primary and behavioral health providers, use of comprehensive assessment tools by the state's Integrated Delivery Network providers, and reducing behavioral health waitlists in emergency departments. Through their IAP work, the team established consensus on their PMH integration goals, creating a plan that could be used to inform the state's DSRIP work. The state team was able to connect with policymakers from leading states on diverse strategies to address emergency room waitlists, and has convened a collaborative, statewide process to address the issue. The New Hampshire state team also engaged in individualized technical support on alternative payment models to inform its DSRIP payment reform strategies regarding PMH integration.

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## NEW JERSEY

New Jersey's PMH integration goals included developing a roadmap for an integrated physical and behavioral health care delivery system to share with stakeholders, which is a step in their longer-term goal to create a fully integrated behavioral and physical healthcare system across 65% of the state's providers. IAP provided the New Jersey team with technical support to address specific administrative and regulatory barriers, identify value-based payment strategies to support PMH integration, promote engagement of safety net providers in PMH integration strategies, and better engage stakeholders generally on issues related to the substance use disorder components of the state's 1115 demonstration waiver transformation efforts. During the course of the IAP project, the state reached consensus with stakeholders to pursue a unified licensing process for outpatient behavioral and physical health providers to support integration, and made progress in the development of a state vision for expanding the role of Federally Qualified Health Centers in integrated care.

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## PUERTO RICO

The Puerto Rico team leveraged an existing regional pilot project to support broader IAP goals related to the integration of primary care in mental health settings. For the pilot, Puerto Rico closely tracked data on hemoglobin A1c screening of individuals diagnosed with schizophrenia or bipolar disorder, who were prescribed antipsychotic therapy and at high risk of developing diabetes. During the course of the IAP project, Puerto Rico met its goal of A1c testing for 40% of this target population in the Island's Metro-North Region. Through IAP support, the Puerto Rico team also developed a strategy to review managed care contracts to identify how themes explored as part of the pilot activities could be used to promote PMH integration island-wide, including screening for the SMI population, pay-for-performance measures and provider education on integrated care.

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## WASHINGTON

Washington's IAP goals included identifying clinical and community best practices for integrated care, identifying value-based purchasing arrangements to support these practices, and reducing administrative burden on providers. Through IAP, the state team received individualized technical support on state strategies to support clinical models for PMH integration, including managed care contract language, definitions of integration, and value-based purchasing approaches, as well as an overview of changes in 42 CFR part 2 and implications for integrated care. The Washington team also received IAP support to develop strategies to define criteria and measures to evaluate whether clinically integrated care is being purchased by managed care organizations. Washington completed its first year of integrated managed care in one region of the state, positioning the state to launch integrated managed care in a second region in January 2018.

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**CONTACT:** If your state is interested in learning more about the Medicaid IAP PMH Integration Program Area, email [MedicaidIAP@cms.hhs.gov](mailto:MedicaidIAP@cms.hhs.gov). Additional Information on the IAP PMH Integration Program Area is available on the [Medicaid IAP PMH Integration webpage](#).