

Below are funding streams available to integrate primary care and behavioral health services. (Updated in February 2018)

Grant Mechanism	Objective & Structure	Dates and Timeline	Funding Elements/Other Requirements	Participation
<p>Comprehensive Primary Care Plus (CPC+) Initiative https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus</p>	<p>Care delivery transformation and multiple payer reform through two “primary care practice tracks,” focusing on: Access & Continuity; Care Management; Comprehensiveness & Coordination; Patient & Caregiver Engagement; Planned Care and Population Health</p>	<p>1st performance period for Round 1: 01/01/2017 Round 2: 01/01/2018</p> <p>Five performance years; practices to participate full 5 years of their round</p>	<p>3 payment elements: Care Management Fee (CMF); Performance-based incentive payment; Medicare Physician Fee Schedule</p> <p><u>HIT requirements:</u> Yes</p> <p><u>BH component:</u> https://innovation.cms.gov/Files/x/cpcplus-bhinteg-options.pdf</p>	<p>As of 01/23/2018:</p> <ul style="list-style-type: none"> • 2982 primary care practices • 165 new primary care practices participating in 2018 • 61 aligned payers in 18 regions (see URL under “Background” for complete list) •
<p>Accountable Health Communities https://innovation.cms.gov/initiatives/ahcm/</p>	<p>Focuses on clinical-community linkages that ID health-related social needs of Medicare and Medicaid beneficiaries (e.g., food insecurity, inadequate housing, etc.) that affect healthcare use.</p> <p>3 service delivery Tracks: Awareness, Assistance, Alignment</p>	<p>Model supported for 5-year period.</p> <p>As of 04/06/2017, orgs are participating only in the Assistance and Alignment Tracks (applications were due May 2016)</p> <p>Awareness track withdrawn due to lack of qualified applicants</p>	<p>Funds support model infrastructure and staffing needs for bridge organizations; they do not directly or indirectly pay for any community services (e.g., housing, food, transport, etc.) Health-Related Social Needs Screening Tool released in January 2018</p>	<p>32 organizations are participating in the Assistance and Alignment tracks: 12 Assistance, 20 Alignment. Full list available: https://data.cms.gov/Special-Programs-Initiatives-Speed-Adoption-of-Bes/Accountable-Health-Communities-Filtered-View/xjfx-cdeh)</p>

<p>State Innovation Models Initiative: https://innovation.cms.gov/initiatives/state-innovations/</p>	<p>Advance multi-payer payment and delivery reform models, led by the states.</p> <p>2 Rounds divided into 3 approaches: Model Test Awards (implement and test strategies) and Model Design and Pre-Test Awards (plan and design strategies).</p> <p>Recipients engage various stakeholders: public/private payers, providers, consumers, through multiple policy levers.</p>	<p>09/2016: Second annual report Model Test Awards Round 1 <u>completed</u></p> <p>05/2015: Model Design Awards – Round 1 Final evaluation report <u>completed</u></p> <p>05/2015: Model Pre-Test Awards Round 1 final evaluation report <u>completed.</u></p> <p>02/1/2015: Round 2 performance period began for both Model Test and Model Design Awards</p>	<p>Round 1: <u>Model Test Awards:</u> ~\$250 million supporting 6 states</p> <p><u>Model Design Awards:</u> ~\$30 million</p> <p><u>Model Pre-Test Awards:</u> ~\$4 million</p> <hr/> <p>Round 2: <u>Model Test Awards</u> - Total of ~\$622 million</p> <p><u>Model Design Awards:</u> ~\$42 million</p>	<p>Round 1: 38 total awardees; 34 states, 3 territories, and DC; 61% of US population affected by SIMs</p> <p><u>Model Test Awards:</u> 6 states participating (AR, ME, MA, MN, OR, VT)</p> <p><u>Model Design Awards:</u> 16 States ((CA, CT, DL, HI, ID, IL, MD, MI, NH, OH, PA, RI, TN, TX, UT)</p> <p><u>Model Pre-Test Awards</u> Round 1: 3 states (CO, NY, WA)</p> <hr/> <p>Round 2: 32 awardees;</p> <p>Model Test: 11 states participating (CO, CT, DE, ID, IA, MI, NY, RI, OH, TN, WA)</p> <p>Model Design: 21 awardees (AS, AZ, CA, DC, HI, KY, IL, MD, MT, NV, NH, NJ, NM, MP, OK, PA, PR, UT, VA, WV, WI)</p>
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<p>Transforming Clinical Practices Initiative (TCPI)</p> <p>https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/</p>	<p>Initiative will assist 140,000 clinicians to develop, share, and adapt their comprehensive quality strategies.</p> <p>Practice Transformation Networks peer-based learning networks to coach, assist, and mentor clinicians to develop core-competencies need for practice transformation.</p> <p>Support and Alignment Networks will support 5 phases of implementation: Set aims; use data to drive care; achieve progress on aims; achieve benchmark status; thrive as a business via pay-for-value approaches.</p>	<p>First round of awards announced in September 2015.</p> <p>09/29/2016: Second round of awardees announced</p> <p>09/2016 – 09/2019: Performance period for SANs.</p>	<p>Total of \$685 million over four years</p> <p>SAN 2.0: 3, 12-month budgets</p>	<p>Total Participants: 41</p> <p>29 Practice Transformation Networks. Those indicating integration of behavioral health services:</p> <ul style="list-style-type: none"> - Community Care of North Carolina - Mayo Clinic - National Council for Behavioral Health - Washington State Department of Health <p>Support and Alignment Networks:</p> <ul style="list-style-type: none"> - American Psychiatric Association - American Psychological Association
<p>SAMHSA's Promoting Integration of Primary and Behavioral Health Care</p>	<p>The goals of the grant are to: (1) promote full integration and collaboration in clinical practice between primary and behavioral healthcare; (2) support the improvement of integrated care models for primary care and behavioral health care to improve the overall wellness and physical health status of adults with a serious mental illness (SMI) or children with a serious emotional</p>		<p>Total of \$22.6 million up to 5 years, dependent on appropriations.</p>	<p>2017 Awardees:</p> <p>Kentucky Care Integration</p> <p>NYS OASAS PIPBHC Project</p> <p>Vermont Family Centered Healthcare Home Project</p>

	disturbance (SED); and (3) promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases. SAMHSA expects that a continuum of prevention, treatment and recovery support services will be offered to consumers within the PIPBHC grant program.			
Medicaid				
<p>Section 223 Demonstration: Planning Grant for Certified Community Behavioral Health Clinics</p> <p>*Coordinated with SAMHSA https://www.medicaid.gov/medicaid/financing-and-reimbursement/223-demonstration/index.html</p>	<p>Grants will help to strengthen state's payment for behavioral health services for Medicaid and CHIP patients.</p> <p>Divided into Planning and Demonstration grants.</p> <p>Planning grants to help: Certify CCBHCs, establish a PPS, improve data collection and reporting systems, engage stakeholders on implementation plan.</p>	<p>Ongoing Awardees announced in October 2015</p> <p>01/2017: Two-year demonstration project began.</p>	Total of \$22.9 million	<p>24 Planning Grant awardees; 8 states selected for Demonstration Program (MN, MS, NJ, NY, NV, OK, OR, PA)</p> <p>https://www.samhsa.gov/sites/default/files/demonstration-states-points-of-contact.pdf</p>
<p>Medicaid Health Homes https://www.medicaid.gov/medicaid/ltss/health-homes/index.html</p>	<p>ACA established State Plan to establish Health Homes under SSA to integrate and coordinate all primary, acute, BH, and LTPAC services for beneficiaries with: 2+ chronic conditions; one chronic</p>	<p>Ongoing, with reports to Congress.</p> <p><u>HIT provisions:</u> no Federal requirements for health homes; individual states have</p>	<p>States receive 90% enhanced Federal Medical Assistance Percentage match for health home services;</p> <p>Most states use per member per month health home fee to</p>	<p>As of December 2017: 21 states and DC have total of 33 approved health home models.</p> <p>Complete matrix of states, model type, target</p>

	<p>condition + at least for 2nd; serious/persistent MH condition.</p> <p>Three types of home provider arrangements: Designated providers; team of healthcare professionals linking to designated provider; interdisciplinary, inter-professional health team.</p> <p>Medicaid Health Home Factsheet: https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/hh-overview-fact-sheet.pdf</p>	<p>adopted requirements.</p> <p><u>Patient enrollment</u>: two types, state-driven and provider-driven.</p>	<p>pay the health homes (excepting 2 states). Some tier monthly fee based on patient's degree of illness, geography, and provider capabilities.</p>	<p>population (including SMI, SUD designations): https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/state-hh-spa-at-a-glance-matrix.pdf</p> <p>** note that some states ID specific conditions for qualifying SMI **</p>
<p>Medicaid Innovation Accelerator Program (IAP) https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/innovation-accelerator-program.html</p>	<p>Stakeholders: states, consumers, health providers.</p> <p>Provides targeted technical support to states that complements other reform initiatives (including SIM) across 4 functional areas: Data Analytics, Quality Measurement, Performance Improvement, and Payment Modeling/Financial Simulations. (https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-functional-areas/index.html)</p>	<p>Launched in 2014; Four year commitment by CMS</p>	<p>Ongoing funding (last update online – December 2016)</p> <p>Not a grant program; targeted technical assistance; state participation is voluntary</p> <p>Difference in funding between SIM and IAP: SIM funds state healthcare innovation plans through cooperative agreements with states. IAP supports states' efforts through technical assistance.</p>	<p>Since 2014, all 50 states, the District of Columbia, and three territories have participated in at least one IAP track.</p> <p>https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-commentary/index.html#/entry/40419</p>

	<p>Includes SUD Component: https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/reducing-substance-use-disorders/reducing-substance-use-disorders.html</p> <p>Includes physical & MH integration: https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/physical-and-mental-health-integration/physical-and-mental-health-integration.html</p>			
<p>Section 1115 Demonstrations https://www.medicaid.gov/medicaid/section-1115-demo/index.html</p>	<p>Section 1115 to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs.</p> <p>Example program objectives: expand eligibility to those not CHIP/Medicaid eligible; use delivery systems that improve care, increase efficiency, reduce cost.</p>	<p>Ongoing</p> <p>September 2014: CMS initiated cross-state eval of several 1115 programs.</p> <p>Evaluation effort to continue through Federal FY 2019.</p> <p>Generally approved for initial 5-year period; can be extended for 3 years thereafter.</p> <p>Application process: https://www.medicaid.gov/medicaid/section-1115-demo/how-</p>	<p>Demonstrations must be "budget neutral" to the Federal government—during the course of the project Federal Medicaid expenditures will not be more than Federal spending without the demonstration.</p> <p>Info on cost and budget: https://www.medicaid.gov/medicaid/section-1115-demo/downloads/about-1115/all-state-presentation.pdf</p> <p>Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries https://www.medicaid.gov/federal-policy-</p>	<p>Numerous participants. Complete State Waivers list found at: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/waivers_faceted.html</p>

		states-apply/index.html	guidance/downloads/smd18002.pdf	
<p>Early and Periodic Screening, Diagnostic and Treatment Benefit (EPSDT)</p> <p>https://www.medicaid.gov/medicaid/benefits/epsdt/index.html</p>	Medicaid/ CMS	<p>Provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.</p>	<p>States are required to provide health care services under EPSDT under the Federal Medicaid program</p> <p>Care coordination efforts to comply with the EPSDT benefit are included in a number of CMS demonstration grants (e.g. SMI).</p> <ul style="list-style-type: none"> - 13 states are including children in the ACO population demonstration projects - 12 states are receiving federal funding to support state planning for health homes 	
<p>Delivery System Reform Incentive Payment (DSRIP)</p> <p>http://medicaiddirectors.org/wp-content/uploads/2015/08/medicaid_delivery_system_reform_incentive_pool_1.pdf</p>	<p>DSRIP programs are part of broader section 1115 Waiver programs for states to focus on care to Medicaid beneficiaries.</p> <p>Waivers focus on 4 main areas w/increasing focus on clinical and population improvements over time: Infrastructure Development (process), System Redesign (process), Clinical Outcome Improvements (Outcomes), and Population Focused Improvements (Outcomes).</p>	<p>Ongoing. Waivers are usually for 5 years with options to extend.</p>	<p>Must be budget-neutral for Federal spending.</p> <p>Non-Federal share usually provided through intergovernmental transfers from public hospitals.</p> <p>Generally support two goals: Preserving/expanding supplemental payments under managed care; promoting value-based purchasing</p>	<p>Participants (per MacPac and Virginia Medicaid): CA, MA, TX, NJ, KN, NY, Overview of funding and participation among DSRIP programs:</p> <p>https://www.macpac.gov/wp-content/uploads/2015/03/01_Delivery-System-Reform-Incentive-Payment-DSRIP-Programs1.pdf</p>

				2015: National Academy State Health Policy report on State Experience Designing and Implementing DSRIP: https://www.macpac.gov/ wp- content/uploads/2015/06 /State-Experiences- Designing-DSRIP-Pools.pdf
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