A FEDERAL STATE DISCOURSE ON PRIMARY CARE AND BEHAVIORAL HEALTH INTEGRATION

Background Material
The Need for Primary Care and Behavioral Health Integration

- **Individuals with behavioral health needs often have physical co-morbidities**
  - One analysis found that two-thirds of Medicaid beneficiaries with common chronic physical diseases also had a mental illness.

- **Physical and behavioral co-morbidities are a significant burden**
  - Co-morbidities are associated not only with high costs but also with functional impairment and decreases in length and quality of life.

- **Integrated care delivery can improve care processes and outcomes**
  - Greater integration of physical and behavioral health can improve recognition of behavioral health disorders and provide comprehensive care (including behavioral health interventions), leading to better behavioral and physical health outcomes.

- **States are major payers for behavioral health services through Medicaid**
  - Medicaid is the largest source of expenditures for mental health services, and other state and local funds are the largest source of spending on substance abuse services.
Federal and State Roles and Policy Levers to Promote Integration

**Financing**

- Purchaser through public insurance programs (Medicare and Medicaid) and public employee benefits
- Federal approval of Medicaid waivers, demonstrations, and state plan amendments to support new funding models at the state level to facilitate integration
- Federal grant opportunities for states (e.g., State Innovation Model grants or SAMHSA block grants)
- Technical assistance and/or grants to support co-location or coordination of physical, behavioral health

**Regulatory/Policy**

- Alignment across agencies, particularly across public insurers and mental health authorities
- Clarify privacy/information sharing restrictions for providers
- Workforce development to build staff capacity for integrated care delivery
Barriers to Integration

**Financing challenges**
- Lack of support for care management functions under fee-for-service
- Siloed funding streams (e.g., behavioral health carve-outs in managed care)
- Lack of flexibility in payment models to support shared responsibility, team-based care

**Information-sharing obstacles**
- Lack of information technology in behavioral health settings
- Privacy regulations (e.g., state-level protections for behavioral health information that exceed HIPAA or CFR Part 2)

**Barriers to delivery**
- Regulatory or procedural (e.g., medical necessity or prior authorization processes) differences between physical and behavioral health
- Lack of provider experience in working as part of integrated teams/cultural difference between providers
- Challenges of engaging Medicaid population and ensuring behavioral health treatments, interventions are received
Integrating Physical and Behavioral Health Services

Financing strategies

- Incorporating behavioral health services into per member per month care management fees (e.g., supporting medical or health homes, or care networks)
- Pathways to global payments for coordinated or integrated provider groups (e.g., accountable care organizations)
- Plan-level integration (integrated managed care organizations or behavioral health organizations)

Delivery models

- Coordination of physical and behavioral health services with separate systems and no co-location
- Co-location of physical, behavioral services with separate systems
- Co-location of physical, behavioral services with some shared services/partial integration
- Full financial and systemic integration of physical, behavioral health services, with shared systems
## Current State Models Supporting Integration

### Models of Co-location and Behavioral Health Screening in Primary Care

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<thead>
<tr>
<th>State</th>
<th>Model</th>
<th>Description</th>
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<tr>
<td>New York</td>
<td><strong>Co-location:</strong> Children's Mental Health Clinics Co-Located in Primary Care Settings</td>
<td>New York’s Office of Mental Health awarded “one-time funds to promote the establishment of licensed children's satellite mental health clinics co-located within a pediatric or family practice primary care setting.”</td>
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<td>Oklahoma</td>
<td><strong>Incorporating behavioral health screening into primary care:</strong> SoonerCare Choice behavioral health screening</td>
<td>Starting in 2014, Oklahoma’s Medicaid program implemented mandatory behavioral health screening in its statewide patient-centered medical home program.</td>
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<td>Massachusetts</td>
<td><strong>Incorporating behavioral health screening into primary care:</strong> Children’s Behavioral Health Initiative</td>
<td>Children’s Behavioral Health Initiative implements standardized behavioral health screening in primary care settings as part of an effort to develop a comprehensive, community-based system of care for children with behavioral health needs.</td>
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## Current State Models Supporting Integration

### Plan-level Models

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<tr>
<td>Oregon</td>
<td>Integrated Community-based Organizations:</td>
<td>CCOs integrate physical, behavioral health for Medicaid beneficiaries under a single global budget and are working to support integration in medical homes (including through a new learning collaborative on integration).</td>
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<td></td>
<td>Coordinated Care Organizations (CCOs)</td>
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<td>Arizona</td>
<td>Plan-level integration: Regional Behavioral Health Authorities</td>
<td>Regional Behavioral Health Authorities commit to a &quot;Recovery through Whole Health&quot; model and are “funded for and fully responsible for coordinated and integrated behavioral healthcare and physical healthcare” for Medicaid-enrolled adults with SMI.</td>
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<td>Tennessee</td>
<td>Plan-level integration: Integrated MCOs</td>
<td>Integrated Medicaid managed care organizations provide behavioral health and physical health services.</td>
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<td>New York</td>
<td>Plan-level integration: Behavioral Health Organizations</td>
<td>NY Medicaid is transitioning to a managed behavioral health care system that will ultimately “will integrate all behavioral health and physical heath services.”</td>
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<td>Michigan</td>
<td>Plan-level coordination of physical and behavioral benefits (Medicare and Medicaid) for dual eligibles: Integrated Care Organizations and Prepaid Inpatient Health Plans</td>
<td>Physical benefits for duals delivered by new Integrated Care Organizations will be integrated with behavioral health benefits delivered by Prepaid Inpatient Health Plans through “the Care Bridge, a care model that requires the coordination of services and supports between the two entities and involved providers.”</td>
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# Current State Models Supporting Integration

## Integrated Delivery Models

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<tr>
<td>Missouri</td>
<td>Health homes: Community Mental Health Center Health Homes</td>
<td>Health homes led by Community Mental Health Centers provide primary physical and behavioral health care at the same site</td>
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<td>Maine</td>
<td>Health homes and accountable care organizations (ACOs) with behavioral health integration: Accountable Communities and Behavioral Health Homes</td>
<td>MaineCare is supporting Behavioral Health Homes in which a Behavioral Health Home Organization (a community mental health provider) partners with a health home primary care practice” to deliver comprehensive care management and care coordination services.” MaineCare’s Accountable Communities must leverage existing care coordination resources for behavioral health (including for children with SED and adults with SMI) and incorporate relationships with behavioral health providers; they may also partner with Behavioral Health Homes</td>
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<tr>
<td>Alabama</td>
<td>Integration through enhanced primary care case management: Community-based care management networks</td>
<td>Non-profit community-driven networks support primary care practices and help address physical and behavioral health care needs.</td>
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<tr>
<td>Vermont</td>
<td>Integrated care teams: Community Health Teams</td>
<td>Patient-centered medical homes are supported by Community Health Teams that include mental health and substance abuse staffing.</td>
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## Federal Initiatives Supporting Integration

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<td><strong>CMS Innovation Center</strong></td>
<td>Grants from the CMS Innovation Center to “implement projects that aim to deliver better health, improved care, and lower costs to people enrolled in Medicare, Medicaid and the Children’s Health Insurance Program (CHIP), particularly those with the highest health care needs.” Some grantees have focused on physical-behavioral health integration.</td>
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<td><strong>HRSA technical assistance</strong> to FQHCs integrating behavioral and physical health</td>
<td>HRSA has compiled behavioral health integration resources and trainings to support FQHCs at they work to integrate behavioral health services. HRSA also supports integration through health professional training and loan programs, maternal and child health programs, and substance abuse treatment provided under the Ryan White HIV/AIDS Program.</td>
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<td><strong>SAMHSA-HRSA’s Primary and Behavioral Health Care Integration Program</strong></td>
<td>Grants to support “community-based behavioral health agencies’ efforts to build the partnerships and infrastructure needed to initiate or expand the provision of primary healthcare services for people in treatment for serious mental illnesses (SMI) and co-occurring SMI and substance use disorders.”</td>
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<td><strong>SAMHSA-HRSA Health Information Exchange in Behavioral Healthcare</strong></td>
<td>“Provided behavioral health organizations with training and technical assistance to implement electronic health records and resources to health information exchanges [in IL, KY, ME, OK, and RI] to work through the barriers of sharing behavioral health data.”</td>
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<td><strong>CMS Financial Alignment Demonstration for Dual Eligibles</strong></td>
<td>Federal grants will help states test models that integrate Medicare and Medicaid benefits (including “all primary, acute, pharmacy, behavioral health, and long-term services and supports currently covered by Medicare and Medicaid”).</td>
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Medicare  
**same day billing guidelines**
To promote integration, Medicare allows for billing of mental health care services, alcohol and/or substance abuse structured assessment and intervention services, and primary health care services on the same day. These services can be provided in primary care settings or specialty mental health or substance use settings (and may be offered by the same or different professionals).

HRSA  
**Mental Health Service Expansion—Behavioral Health Integration Funding**
Funding opportunity to “improve and expand the delivery of behavioral health services through the establishment/enhancement of an integrated primary care/behavioral health model at existing health centers.”

SAMHSA  
**block grants to states**
Primary and behavioral health care integration activities are an expected use of block grant funds provided to state mental health authorities by SAMHSA.

Medicaid  
**Health Homes**
New Medicaid State Plan Option to create Health Homes. Health Homes providers will integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the whole person.

CMS Innovation Center’s  
**State Innovation Models Initiative**
The Center for Medicare & Medicaid Innovation is providing states with grants to support the design and testing of state-based models for multi-payer payment and delivery system reform—some states are incorporating behavioral health integration into project designs.
Key Resources


http://www.integration.samhsa.gov/integrated-care-models/

