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**RECOMMENDATIONS FOR LEGISLATIVE AND REGULATORY POLICY CHANGE TO ADVANCE
BEHAVIORAL HEALTH INTEGRATION (BHI) IN PRIMARY CARE**

(in endorsement of the 3/30/21 Bipartisan Policy Center BHI Report*)

Congressional Legislative Action:

1. Congress direct CMS to encourage behavioral health integration (BHI) in State Medicaid programs as a priority through creation of a new Social Security Act Sec 1115 waiver opportunity, or new grant program for States. Sec. 1115 waivers for a BHI model should be with benchmarks tied to incentive payments for each level of integration achieved (BPC pp. 8-43).
2. Congress direct CMS to create and offer an Integrated Health Model (IHM) voluntary option for primary care providers in traditional Medicare, offering comprehensive, risk-adjusted, PMPM payments for outpatient primary care with integrated BH services (BPC 49-51).
3. Congress update the Affordable Care Act (ACA) to: (a) include BH in the Medicare Shared Savings Program (MSSP) program requirements, and (b) update Accountable Care Organizations (ACOs) defined components to require sufficient number of BH professionals per number of Medicare beneficiaries, and make BHI a core ACO process (BPC 44).
4. Congress require HHS BHI-relevant operating units (e.g. CMS, SAMHSA, NIMH, HRSA, IHS etc) to advance BHI through creation of a Federal Strategic Plan for BHI, including developing greater inter-unit coordination and collaboration to advance medical-BH integrated care.
5. Congress use its legislative authority to provide funding to expand post-degree training programs and opportunities for physicians, nurses, social workers, BH professionals and expand existing education and training programs to develop new training for behavioral health integration (BPC 75).
6. Congress direct NIH/NIMH to prioritize health service delivery research specifically intended to develop new models of medical-BH integrated care, and improve widespread implementation of existing successful models of BHI (BPC 75).

Agency (HHS) Executive Regulatory Action:

7. Secretary of HHS review and develop a standardized set of quality measures in consultation with leaders in BHI practice and implementation, and develop an integrated care quality initiative

inclusive of process and outcomes measures, implementing those measures, in Medicaid MCOs, Medicare MSSPs, Medicare ACOs, and Medicare Advantage programs and plans (BPC 27-29).

8. Secretary of HHS review and develop core quality measures for BHI in consultation with leaders in BHI practice and implementation, and apply across all HHS units and programs (BPC 62).
9. Secretary of HHS require Medicaid MCOs, Medicare ACOs and MA plans and other entities providing integrated medical-BH services to report on measures that capture mobile health and EHR interoperability and add BH professionals to receive HITECH Act federal financial incentives for EHR adoption (BPC 81).

Agency Operating Division Regulatory Action:

10. CMS work with States and insurers to ensure multi-payer alignment with Medicaid and commercial payers including in Medicare MA plans for providing BHI.
11. CMS require States to describe in their State Quality Statement for Medicaid MCO contracts how States will work with MCOs to advance BHI (BPC 36-7).
12. CMS revise the Medicare MA performance rewards STAR ratings to add BHI measures (BPC 46).

State Government Action:

13. Ensure State Medicaid MCO contract requirements place a greater emphasis on BHI (BPC 32).
14. Develop new Social Security Act Sec. 1115 waiver opportunities, working with CMS, for a BHI innovation care delivery and payment model with requirements for benchmarks tied to incentive payments for each level of integration achieved (BPC 39, 42).

Respectfully submitted:

NHMH – No Health without Mental Health

NACBHDD – National Association of County Behavioral Health & Developmental Disability Directors

NARMH - National Association for Rural Mental Health

AAHD - American Association on Health & Disability

Lakeshore Foundation

* Bipartisan Policy Center Behavioral Health Integration Report of March 30, 2021:
<https://bipartisanpolicy.org/report/behavioral-health-2021/>