§290bb–42. Integration incentive grants and cooperative agreements

(a) Definitions

In this section:

(1) ~~Collaborative~~ Integrated Care Model.—

The term '~~collaborative~~ integrated care model' means ~~the~~ an evidence-based, integrated behavioral health service delivery method that—

(A) ~~is described on page 80230 of volume 81 of the Federal Register (November 15, 2016) which~~ includes a formal collaborative arrangement among a primary care team consisting of a primary care provider, and one or more ~~a~~ care manager~~s~~, ~~and~~ or ~~a~~ psychiatric or behavioral health specialists and consultant~~s~~; and

(B) includes the following elements:

(i) Care directed by the primary care team.

(ii) Structured case management.

(iii) Weekly or similarly regular assessments of clinical status using developmentally appropriate, validated tools.

(iv) Modification of treatment as appropriate.

(~~1~~2) Eligible entity

The term "eligible entity" means a State, or other appropriate State agency, in collaboration with

(A) 1 or more qualified community programs as described in section **1913(b)(1);** ~~300x–2(b)(1) of this title or~~

(B) 1 or more ~~community~~ health centers as ~~described~~ **defined** in section **330(a); or** ~~254b of this title~~.

(C) 1 or more primary health care practices.

(~~2~~3) Integrated care; Bidirectional integrated care.--

(A) The term "integrated care" means ~~collaborative~~ models or practices **for coordinating and jointly delivering behavioral** ~~offering mental~~ and physical health services, which may include practices that share the same space in the same facility.

(B) The term 'bidirectional integrated care' means the integration of behavioral health care and ~~specialty physical~~ primary health care, and the integration of primary and physical health care into specialty behavioral health settings.

(4) Primary health care physician.—

The term 'primary health care physician' means a physician who—

(A) provides health services related to family medicine, internal medicine, pediatrics, obstetrics, gynecology, or geriatrics; or

(B) is a doctor of medicine or osteopathy who is licensed to practice medicine by the State in which such physician primarily practices.

(5) Primary health care practice.—

The term 'primary health care practice' means a medical practice of primary health care physicians, including a practice within a larger health care system.

(~~3~~6) Special population

The term "special population"**, for an eligible entity that is collaborating with an entity described in subparagraph (A) or (B) of paragraph (3),** means-

(A) adults with a mental illness who have **a** co-occurring physical health condition~~s~~ or chronic disease~~s~~;

(B) adults with a serious mental illness who have **a** co-occurring physical health condition~~s~~ or chronic disease~~s~~;

(C) children and adolescents with a ~~serious emotional disturbance with~~ **mental illness who have a** co-occurring physical health conditions or chronic diseases; or

(D) individuals with a **mental illness who have a co-occurring** substance use disorder.

(b) Grants and cooperative agreements

(1) In general

The Secretary may award grants and cooperative agreements to eligible entities to support the improvement of integrated care for primary care and behavioral health care in accordance with paragraph (2).

(2) ~~Purposes~~ Use of funds

A grant or cooperative agreement awarded under this section shall be ~~designed to~~ **used—**

(A) in the case of an eligible entity that is collaborating with an entity described in subparagraph (A) or (B) of subsection (a)(2)—

(i) **to** ~~(A)~~ promote full integration and collaboration in clinical practices between physical and behavioral health care **for special populations including each population listed in subsection (a)(7);**

(ii) ~~(B)~~ **to** support the improvement of integrated care models for physical and behavioral health care to improve the overall wellness and physical health status of**—**

(I) adults with a serious mental illness or children with a serious emotional disturbance; and

(II) individuals with a substance use disorder; and

(iii) to promote **bidirectional** integrated care services ~~related to~~ **including** screening, diagnosis, prevention, treatment, **and recovery** of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases; **and**

(B) in the case of an eligible entity that is collaborating with a primary care practice, to support the uptake of the collaborative care model, including by—

(i) hiring staff;

(ii) identifying and formalizing contractual relationships with other health care providers, including providers who will function as psychiatric consultants and behavioral health care managers in providing behavioral health integration services through the collaborative care model;

(iii) purchasing or upgrading software and other resources needed to appropriately provide behavioral health integration services through the collaborative care model, including resources needed to establish a patient registry and implement measurement-based care; and

(iv) for such other purposes as the Secretary determines to be necessary.

(c) Applications

(1) In general

An eligible entity **that is collaborating with an entity described in subparagraph (A) or (B) of subsection (a)(2)** seeking a grant or cooperative agreement under ~~this~~ **sub**section **(b)(2)(A)** shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require, including the contents described in paragraph (2).

(2) Contents

~~The contents described in this paragraph are~~ **Any such application of an eligible entity described in subparagraph (A) or (B) of subsection (a)(2) shall include--**

(A) a description of a plan to achieve fully collaborative agreements to provide ~~services~~ **bidirectional integrated care** to special populations;

(B) a document that summarizes the policies, if any, that ~~serve as~~ **are** barriers to the provision of integrated care, and the specific steps, if applicable, that will be taken to address such barriers;

(C) a description of partnerships or other arrangements with local health care providers to provide services to special populations;

(D) an agreement and plan to report to the Secretary performance measures necessary to evaluate patient outcomes and facilitate evaluations across participating projects;

(E) a description of how validated rating scales will be implemented to support the improvement of patient outcomes using measurement-based care, including those related to depression screening, patient follow-up, and symptom remission; and

(~~E~~F) a plan for sustainability beyond the grant or cooperative agreement period under subsection (e).

(3) Collaborative care model grants

An eligible entity that is collaborating with a primary health care practice seeking a grant pursuant to subsection (b)(2)(B) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

(d) Grant and cooperative agreement amounts

(1) Target amount

The target amount that an eligible entity may receive for a year through a grant or cooperative agreement under this section shall be

(A) $2,000,000 **for an eligible entity described in subparagraph (A) or (B) of subsection (a)(2); or**

(B) $100,000 or less for an eligible entity described in subparagraph (C) of subsection (a)(2).

(2) Adjustment permitted

The Secretary, taking into consideration the quality of the application and the number of eligible entities that received grants under this section prior to ~~December 13, 2016~~ **the date of enactment of the Restoring Hope for Mental Health and Well-Being Act of 2022**, may adjust the target amount that an eligible entity may receive for a year through a grant or cooperative agreement under this section.

(3) Limitation

An eligible entity **that is collaborating with an entity described in subparagraph (A) or (B) of subsection (a)(2)** receiving funding under this section—

(A) may not allocate more than ~~10~~ **20** percent of funds awarded under this section to **such eligible entities under this section to** administrative functions, and

(B) shall allocate the remainder of such funding ~~the remaining amounts shall be allocated~~ to health facilities that provide integrated care.

(e) Duration

A grant or cooperative agreement under this section shall be for a period not to exceed 5 years.

(f) Report on program outcomes

An eligible entity receiving a grant or cooperative agreement under this section—

(1) that is ~~collaborating with~~ an entity described in subparagraph (A) or (B) of subsection (a)(2) shall submit an annual report to the Secretary that includes-

(~~1~~ **A**) the progress made to reduce barriers to integrated care as described in the entity's application under subsection (c); and

(~~2~~ **B**) a description of ~~functional~~ outcomes ~~of~~ **with respect to each** special population~~s~~ **listed in subsection (a)(7)**, including outcomes ~~**related to education, employment, and housing**~~-**identified by the Secretary consistent with measures endorsed by the Centers for Medicare and Medicaid Services and the National Quality Forum**

~~(A) with respect to adults with a serious mental illness, participation in supportive housing or independent living programs, attendance in social and rehabilitative programs, participation in job training opportunities, satisfactory performance in work settings, attendance at scheduled medical and mental health appointments, and compliance with prescribed medication regimes;~~

~~(B) with respect to individuals with co-occurring mental illness and physical health conditions and chronic diseases, attendance at scheduled medical and mental health appointments, compliance with prescribed medication regimes, and participation in learning opportunities related to improved health and lifestyle practices; and~~

~~(C) with respect to children and adolescents with a serious emotional disturbance who have co-occurring physical health conditions and chronic diseases, attendance at scheduled medical and mental health appointments, compliance with prescribed medication regimes, and participation in learning opportunities at school and extracurricular activities~~.

(2) that is collaborating with a primary care practice shall submit an annual report to the Secretary that includes—

(A) the progress made to improve access;

(B) the progress made to improve patient outcomes; and

(C) the progress made to reduce referrals to specialty care. ??

(g) Technical assistance for primary-behavioral health care integration

(1) ~~In general~~ Certain recipients

The Secretary may provide appropriate information, training, and technical assistance to eligible entities that **are collaborating with an entity described in subparagraph (A) or (B) of subsection (a)(2) that** receive a grant or cooperative agreement under this section, in order to help such entities meet the requirements of this section, including assistance with-

(A) development and selection of integrated care models;

(B) dissemination of evidence-based interventions in integrated care;

(C) establishment of organizational practices to support operational and administrative success; and

(D) other activities, as the Secretary determines appropriate.

(2) ~~Collaborative~~ Integrated care model recipients.—

The secretary shall provide appropriate information, training, and technical assistance to eligible entities that are collaborating with primary health care practices that receive funds under this section to help such entities implement ~~the collaborative~~ integrated care model~~s~~, including—

(A) developing financial models and budgets for implementing and maintaining an integrated ~~collaborative~~ care model, based on practice size;

(B) developing staffing models for essential staff roles;

(C) providing strategic advice to assist practices seeking to utilize other clinicians for additional psychotherapeutic interventions;

(D) providing information technology expertise to assist with building the ~~collaborative~~ integrated care models into electronic health records, including assistance with care manager tools, patient registry, ongoing patient monitoring, and patient records;

(E) training support for all key staff and operational consultation to develop practice workflows;

(F) establishing methods to ensure the sharing of best practices and operational knowledge among primary health care physicians and primary health care practices that provide behavioral health integration ~~services through the collaborative care model~~; and

(G) providing guidance and instruction to primary health care physicians and primary health care practices on developing and maintaining relationships with community-based mental health and substance use disorder facilities for referral and treatment of patients whose clinical presentation or diagnosis is best suited for treatment at such facilities.

(~~2~~ 3) Additional dissemination of technical information

In addition to providing the assistance described in paragraphs (1) and (2) to recipients of a grant or cooperative agreement under this section, the Secretary may also provide such assistance to other ~~The information and resources provided by the Secretary under paragraph (1) shall, as appropriate, be made available to~~ States, political subdivisions of States, Indian tribes or tribal organizations (as defined in section 5304 of title 25), outpatient mental health and addiction treatment centers, community mental health centers that meet the criteria under section ~~300x–2(c) of this title~~ **1913(c)**, certified community behavioral health clinics described in section 223 of the Protecting Access to Medicare Act of 2014, primary care organizations such as Federally qualified health centers or rural health clinics as defined in section ~~1395x(aa) of this title~~ **1861(aa) of the Social Security Act, primary health care practices**, other community-based organizations, or other entities engaging in integrated care activities, as the Secretary determines appropriate.

(h) Authorization of appropriations

To carry out this section, there are authorized to be appropriated ~~$51,878,000~~ **$60,000,000** for each of fiscal years ~~2018 through 2022~~ **2023 through 2027**.

(July 1, 1944, ch.373, title V, §520K, as added Pub. L. 111–148, title V, §5604, Mar. 23, 2010, 124 Stat. 679 ; amended Pub. L. 114–255, div. B, title IX, §9003, Dec. 13, 2016, 130 Stat. 1235 .)

EDITORIAL NOTES

REFERENCES IN TEXT

Section 223 of the Protecting Access to Medicare Act of 2014, referred to in subsec. (g)(2), is section 223 of Pub. L. 113–93, which is set out as a note under section 1396