

Implementing Behavioral Health Organizations

9-16-2011

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Agenda

- Medicaid Redesign Team
- Goals of the BHO
- BHO Responsibilities
- Phase I vs Phase II
- Phase I Functions
- Procurement Process
- Implementation Time Frame

Medicaid Redesign Team

- Created by Governor Andrew Cuomo's to:
 - Conduct a fundamental restructuring of the Medicaid program
 - Achieve measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure
- Composed of representatives from

| | |
|----------------------------------|-------------------------|
| The Legislature | Counties |
| Commissioners of OMH and OASAS | Patient advocacy groups |
| New York State Medicaid Director | Health care industry |

Medicaid Redesign Team

- MRT Goals
 - Improve system management
 - Improve care
 - Reduce unnecessary service utilization
 - Improve efficiency

MRT Projects Affecting Behavioral Health

- Enrollment in Managed Care
 - Within 3 years, all Medicaid recipients will be in some form of Managed care
- Behavioral Health Organizations(BHO)
- Health Homes
- Other - Utilization Thresholds, Pharmacy carve-in to managed care.

MRT 93–BHO

Long Term Goals.

- Manage behavioral health services not "covered" under the State's various Medicaid Managed Care plans;
- Impose a management structure on a fragmented system of care;
- Improve coordination of care between services and across service systems; and
- Reduce unnecessary behavioral health and physical health inpatient care.

BHO - Two Phases

- In Phase II, all care is managed under one of 3 regional options:
 - Integrated Delivery System (IDS) able to accept/manage risk
 - Special Needs Plan (SNP) which also manages physical health services for enrolled beneficiaries
 - BHO
- Phase II – In all options, risk bearing entity
- Design to be shaped by MRT behavioral health subcommittee.

BHO - Phase 1 Functions

- BHO will be non-risk bearing. It is not an insurance plan and has no covered lives.
- Task 1: Monitor, review and assess the use of behavioral health inpatient care
 - Concurrent review of admissions and utilization management
 - Provide information from Medicaid data to inpatient clinical staff
 - Monitor hospital discharge planning activities
- Task 2: Monitor and track children's outpatient SED
- Task 3: Profile providers (in collaboration with OMH and OASAS)
- Task 4: Facilitate cross-system linkage
 - Improve engagement and re-engagement, continuity of care, accountability and service integration across levels of behavioral and physical health care

Phase 1 Population Focus

- Adult and Child Medicaid Fee for Service inpatients
 - Admissions to OMH-licensed psychiatric units (all ages) in general hospitals (Article 28 hospitals);
 - Children and youth admitted to OMH licensed psychiatric hospitals (Article 31 hospitals);
 - Children and youth direct admissions (i.e., not transfers) to OMH State operated children's psychiatric centers or children's units of psychiatric centers;
 - OASAS certified hospital (Art 28/32) or freestanding (Article 32 only) Part 818 Chemical Dependence Inpatient Rehabilitation Services; and
 - OASAS Certified Part 816 Inpatient Detoxification Services (Article 28/32).
- Children with an SED diagnosis covered by MMC and receiving care in OMH clinics.
- Excludes Medicare/Medicaid Duals in year 1

Additional Capabilities

1. Define, engage and link cohorts of disengaged or high risk individuals to appropriate treatment
2. Review outpatient engagement for post-discharge follow up care
3. Suicide prevention for high need/high risk populations discharged from inpatient settings
4. Reducing costs for people with high cost physical and behavioral health conditions
5. Behavioral health emergency diversion/inpatient diversion

Some or all of these Capabilities may be funded separately after discussion with BHOs

BHO - Phase 1 Procurement

- Commissioners of OMH and OASAS authorized to enter into BHO contract(s) through an accelerated procurement and contract process.
- Vendors Selected for Negotiation
 - New York City Region: OptumHealth
 - Hudson River Region: Community Care Behavioral Health
 - Central Region: Magellan Behavioral Health
 - Western Region: New York Care Coordination Program
 - LI - Final determination not yet been made
- Full implementation by January 1, 2012