



BHO Phase 1 Provider Update

September 14, 2012

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Agenda

1. Overview: Kristin Woodlock, RN, MPA, Executive Deputy Commissioner, Office of Mental Health
2. BHO Modifications: Thomas Smith, MD, Director of Operations, BHOs, OMH; and Steve Hanson, Associate Commissioner, NYS Office of Alcoholism and Substance Abuse Services
3. Health Homes: Robert Myers, PhD, Senior Deputy Commissioner, Adult Services Division Director, OMH
4. BHO Phase 2: Kristin Woodlock

Medicaid Reform in NYS

- BHO Medicaid Redesign Team was a major victory in paving the way for behavioral health to enter managed care
 - Set stage for vision and structure to advance
- BHO Phase 1
 - Goal of Phase 1 is.....
 - First wave response capacity
 - Demonstrate capacity
 - Provider and system readiness
 - Inform BHO 2 design

Status Check: Phase 1 BHO

- Are we meeting our goal? Yes AND
- BHO Phase 1 on the ground experience:
 - Plans have done what OASAS and OMH asked
 - BHO Phase 1 managed care is unusual – managed care without the tools to manage care....so that tracking every admission and parts of the structure led to:
 - Administrative burden without intended systemic learning
 - Disproportionate focus on hospitals when all levels of care play a role in engagement and access to high-quality, effective care
 - Need more emphasis on using the BHOs as a learning tool for identifying trends and key service gaps/needs
 - Need a Mid-Course Correction

Phase 1 BHOs

- Mid-Course Correction
 - Shift from “all admissions” in-depth approach
 - Targeted reviews
 - Create Learning Collaborative atmosphere
 - Data
 - Systemic Trends and Improvements
 - Innovation
 - Learning
- What new approaches and evidence-based practices do we need:
 - To facilitate transitions from inpatient to the community?
 - To sustain engagement in community-based care?
 - To address co-morbid medical problems and co-occurring mental health/substance use disorders?

Key Modification: Narrow Focus to “Complex Needs” FFS Populations

1. High Need Ineffectively Engaged status previously defined by the Offices
2. Individuals with *Active* AOT orders
3. Adults (age 21 and over) admitted to a mental health inpatient unit with who had a previous mental health admission within the *past 30 days*
4. Youth (under the age of 21) admitted to a mental health inpatient unit who had a previous mental health admission within the *past 90 days*
5. Individuals (all ages) admitted to a substance use disorder (SUD) inpatient unit (Part 816 detox or Part 818 rehab) who had a previous SUD admission within the *past 90 days*
6. High Need Inpatient Detoxification individuals (admissions with 3 or more inpatient detox admissions in the prior 12 months)

Providers may also request BHO involvement for admitted FFS individuals not belonging to the above populations

Phase 1 Modifications Effective 10/1/12

	Complex Needs Admissions	All Others
Provider notifies BHO of admission within 24 hours/1 st business day	Yes	Yes
BHO ensures prior service information shared by 72 hours/3 rd business day	Yes	Yes
Determine if Health Home eligible/enrolled; Determine if under current or prior AOT order	Yes	Yes
Concurrent review	Yes	No
Provider submits discharge plan	Yes	Yes
BHO issues Notification of Preliminary Finding/ Notice of Clinical Determination if MNC not met	No	No

Change to “Long Stay” definition

- An admission will be designated as a Long Stay episode of care when length of stay (LOS) exceeds the region’s 90th percentile threshold for LOS
- All Long Stay admissions will undergo concurrent review by BHO
- BHO reporting will standardize reasons for Long Stay into 12 categories:

Clinically unstable	Awaiting residential services	Awaiting foster care placement
Awaiting AOT order	Awaiting OPWDD services/placement	Awaiting educational services/placement
Awaiting transfer to State Psychiatric Center	Awaiting nursing home screening and placement	Awaiting transfer to substance use residential treatment
Awaiting mental hygiene court appearance	Awaiting case management assignment	Other reason for Long Stay designation

New BHO Activities

(effective 10/1/12; will vary by region):

- Offer inpatient providers enhanced consultation for complex admissions or Long Stay cases;
- Assist providers with facilitating SPOA and other care coordination referrals; and
- Arrange or assign peer/family peer supports or bridgers
- Increase outreach and follow-up with outpatient providers and FFS individuals following an inpatient episode of care;
- Work with providers to identify and engage individuals with multiple detox stays who leave the inpatient unit before care coordination efforts are initiated;
- Assist Offices in identifying gaps in care and developing 'system support processes' that improve efficiency of care coordination referrals and follow-up;

BHO Evaluation and System Transformation (BEST) Meeting Approach

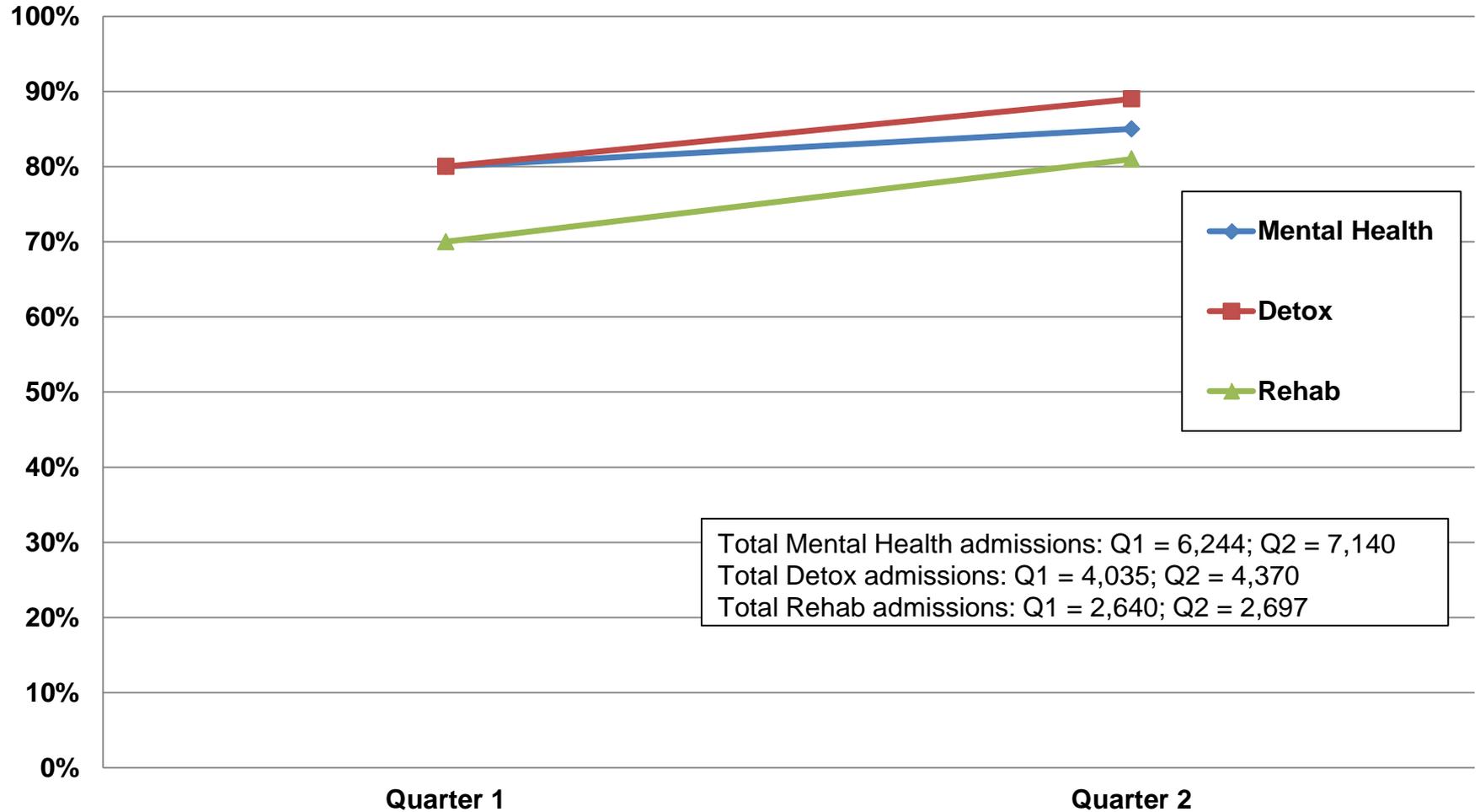
- 1. Identify theme(s)** pertaining to a systems gap or key care coordination process in consultation with BHO Regional Oversight Team (BROT);
- 2. Examine OMH and BHO data** pertinent to the selected theme(s) and identify high-performing providers; and
- 3. Involve selected providers** in a review of their processes and data to identify best practices, barriers to effective care coordination, and care manager activities that facilitate improved care coordination.

New BHO Activities

- BHOs will coordinate processes as indicated with the GNYHA/HANYS/OMH Reducing Readmissions Quality Collaborative (PSYCKES);
- BHOs will align review activities with Health Home care coordination efforts

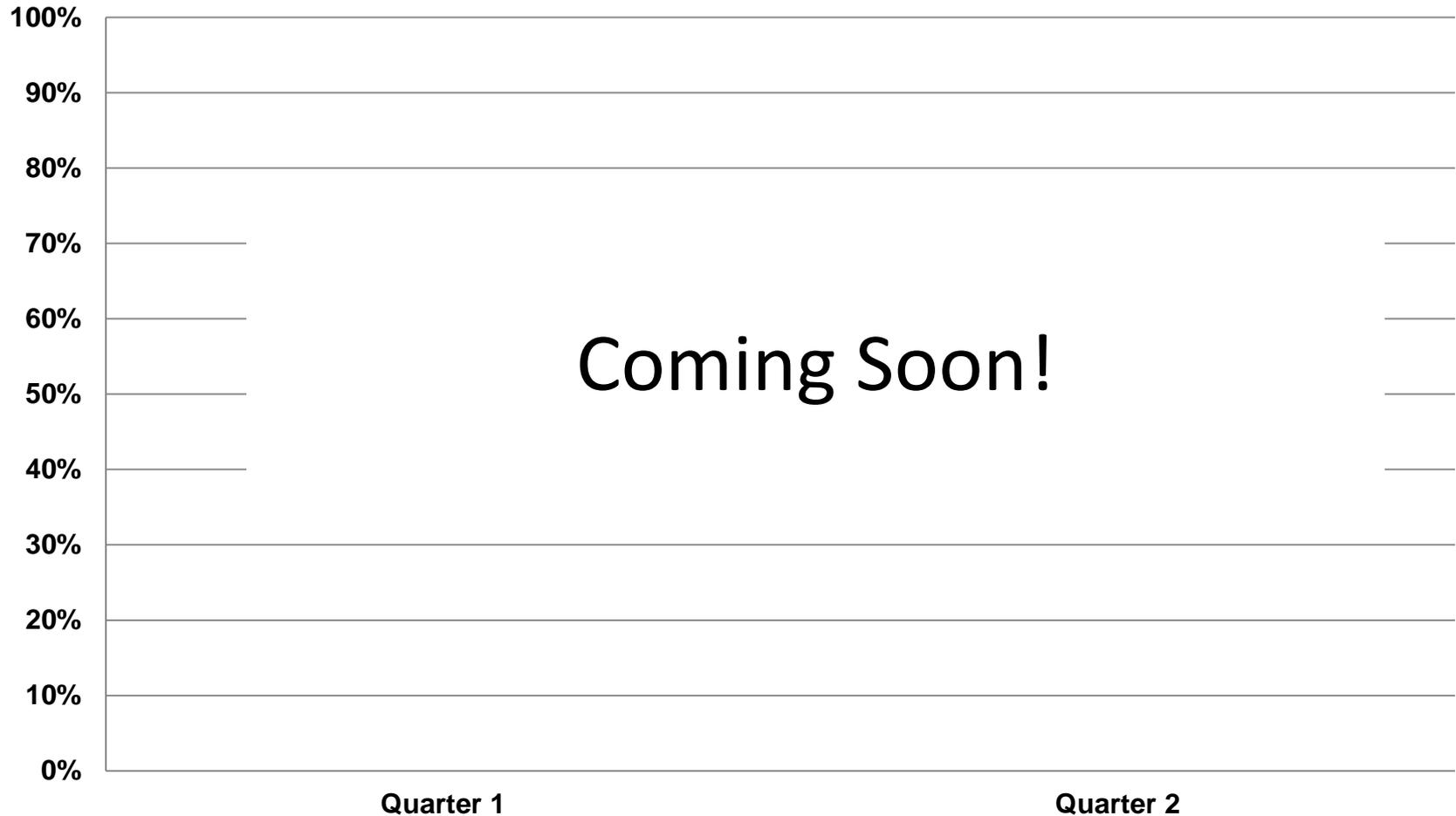
BHO Reporting

Percent of Notified Admissions where BHO Shared Prior Service Use History within 72 Hours
Statewide, Q1 – Q2, 2012



BHO Reporting

**Engagement Outcomes: Rates of Readmission, Attending Aftercare Services,
Filling Psychotropic Medication Prescriptions**



Health Homes

- Targeted case management slots converting to Health Homes
- Health Home eligibility/outreach/enrollment lists will be provided to BHOs
- Further information available at:
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
http://www.omh.ny.gov/omhweb/adults/health_homes/

BHO Phase 2

- Medicaid Redesign Team will be reconvened (will be webcast)
- Phase 2 Special Needs/BHO Models being developed
- Implementation of capitated plans in 2014

Further updates/procedural changes
will be provided by your BHO

Thank you!

Abbreviations

- AOT: Assisted Outpatient Treatment
- BEST: BHO Evaluation and System Transformation
- BHO: Behavioral Health Organization
- BROT: BHO Regional Oversight Team
- Detox: Detoxification
- FFS: Fee-for-Service
- GNYHA: Greater New York Hospital Association
- HANYS: The Healthcare Association of New York State
- LOS: Length of Stay
- MD: Medical Doctor
- MNC: Medical Necessity Criteria
- MPA: Master's in Public Administration

Abbreviations

- NYS: New York State
- OASAS: Office of Alcohol and Substance Abuse
- OMH: Office of Mental Health
- OPWDD: Office for People with Developmental Disabilities
- PhD: Doctor of Philosophy
- PSYCKES: Psychiatric Services and Clinical Knowledge Enhancement System
- Q: Quarter
- RN: Registered Nurse
- SPOA: Single Point of Access
- SUD: Substance Use Disorder
- Rehab: Rehabilitation