

Behavioral Health Organizations

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Behavioral Health in NYS

Service Fragmentation Documented in MRT Report

- 600K people in public mental health system with \$7B in spending
- 250K people in substance abuse treatment system at \$1.7B in spending

“Despite the significant spending on behavioral health care, the system offers little comprehensive care coordination even to the highest-need individuals, and there is little accountability for the provision of quality care and for improved outcomes for patients/consumers.”

Efforts to improve care coordination for individuals with serious mental illness

- 2009: NYC Mental Health Care Monitoring Initiative
Goal: Screen and identify high-need individuals
- 2011: Phase 1 Behavioral Health Organizations
Goal: Improve provider awareness and attention to care coordination needs of high-cost/high-need individuals
- 2012 - 2013: Health Homes
Goal: Implement new care management service
- 2014: Phase 2 Behavioral Health Organizations
Goal: Fully capitated system with managed care plans overseeing integrated care coordination

OMH/OASAS challenge to managed care companies for phase 1 BHOs

- We know you are good at evaluating whether individuals meet criteria for specific levels of care,

BUT...

- Can you also tell us who are the most vulnerable and how you can help providers get them the services they need?

BHO Phase 1 Complex Needs Populations

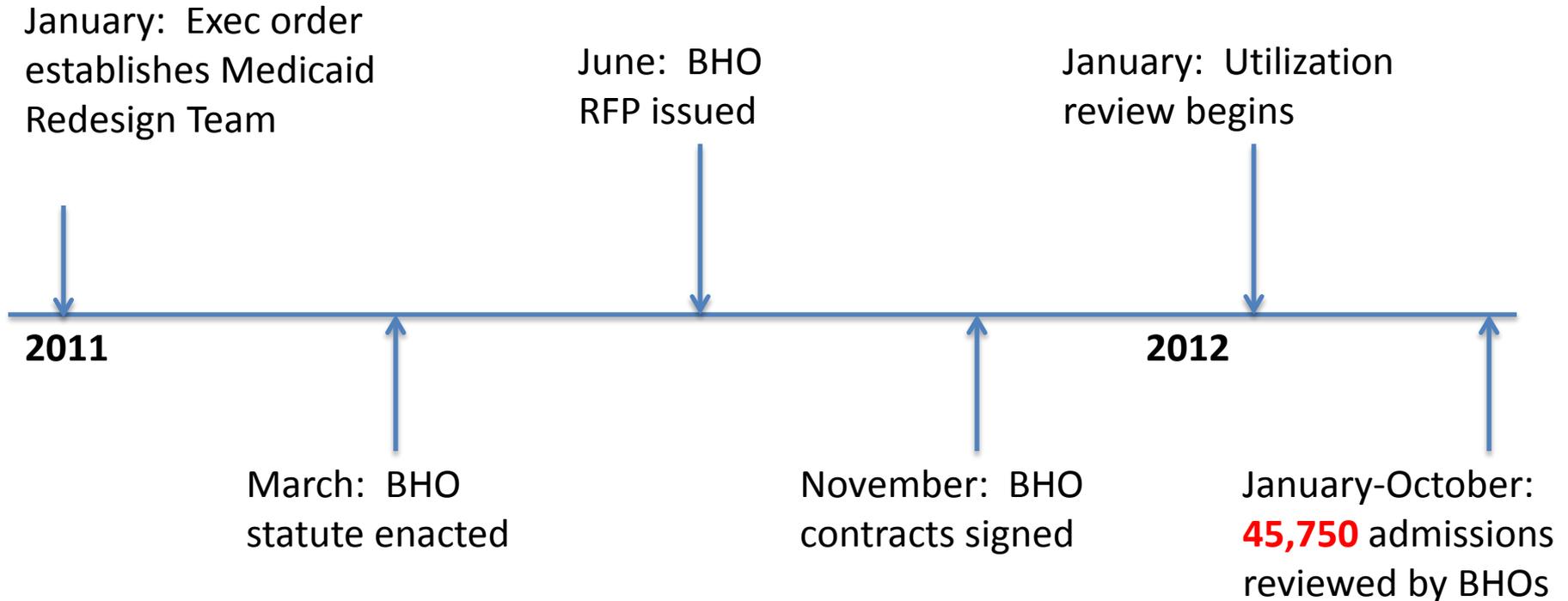
1. High Need Ineffectively Engaged status previously defined by the Offices
2. Individuals with Active AOT orders
3. Adults (age 21 and over) admitted to a mental health inpatient unit with who had a previous mental health admission within the *past 30 days*
4. Youth (under the age of 21) admitted to 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 Regional BHOs

- New York City Region:
OptumHealth
- Hudson River Region:
Community Care Behavioral Health
- Central Region:
Magellan Behavioral Health
- Western Region:
New York Care Coordination Program (with Beacon)
- Long Island:
Long Island Behavioral Health Management
(North Shore/Long Island Jewish & Value Options)

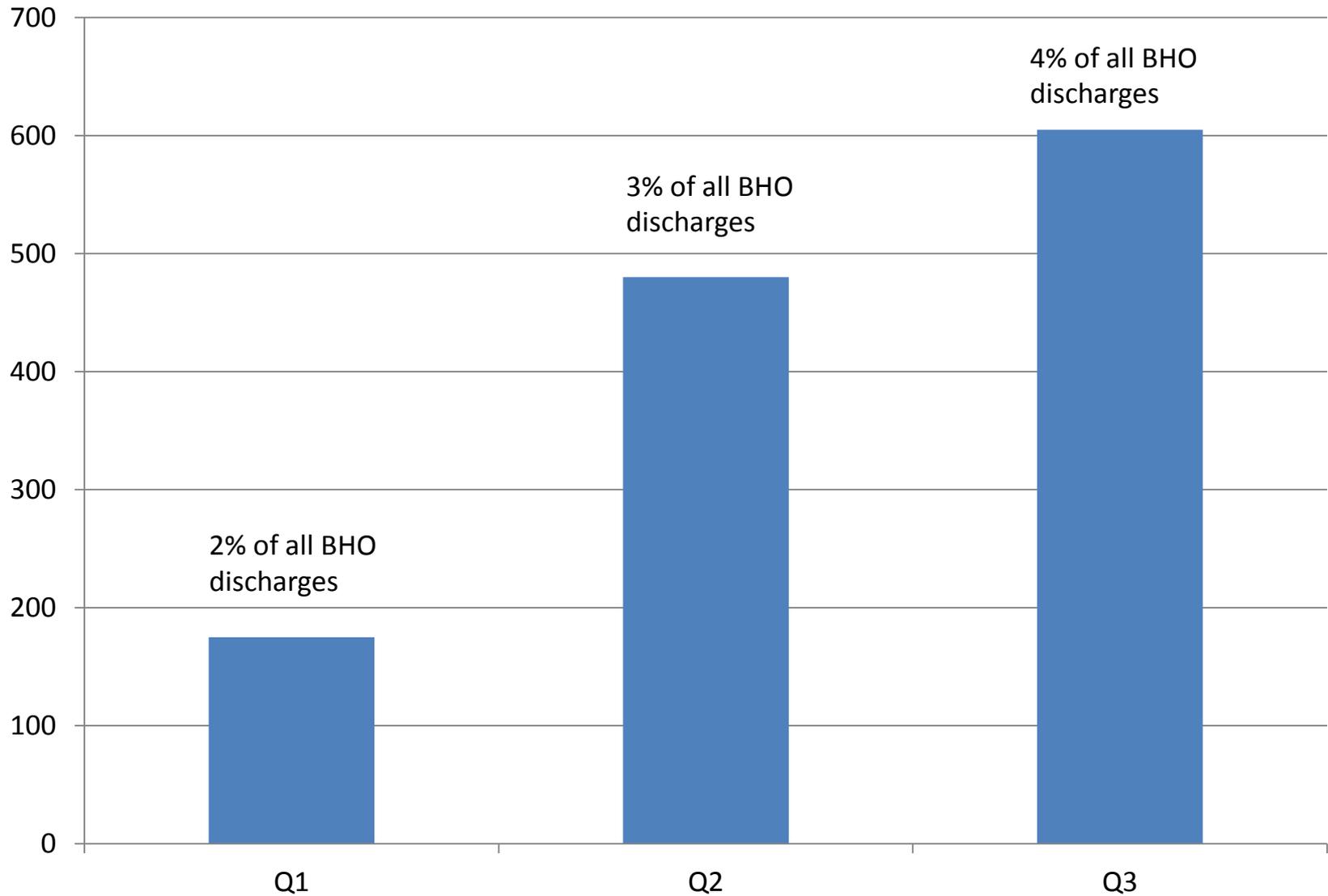
BHO Phase 1 Timeline



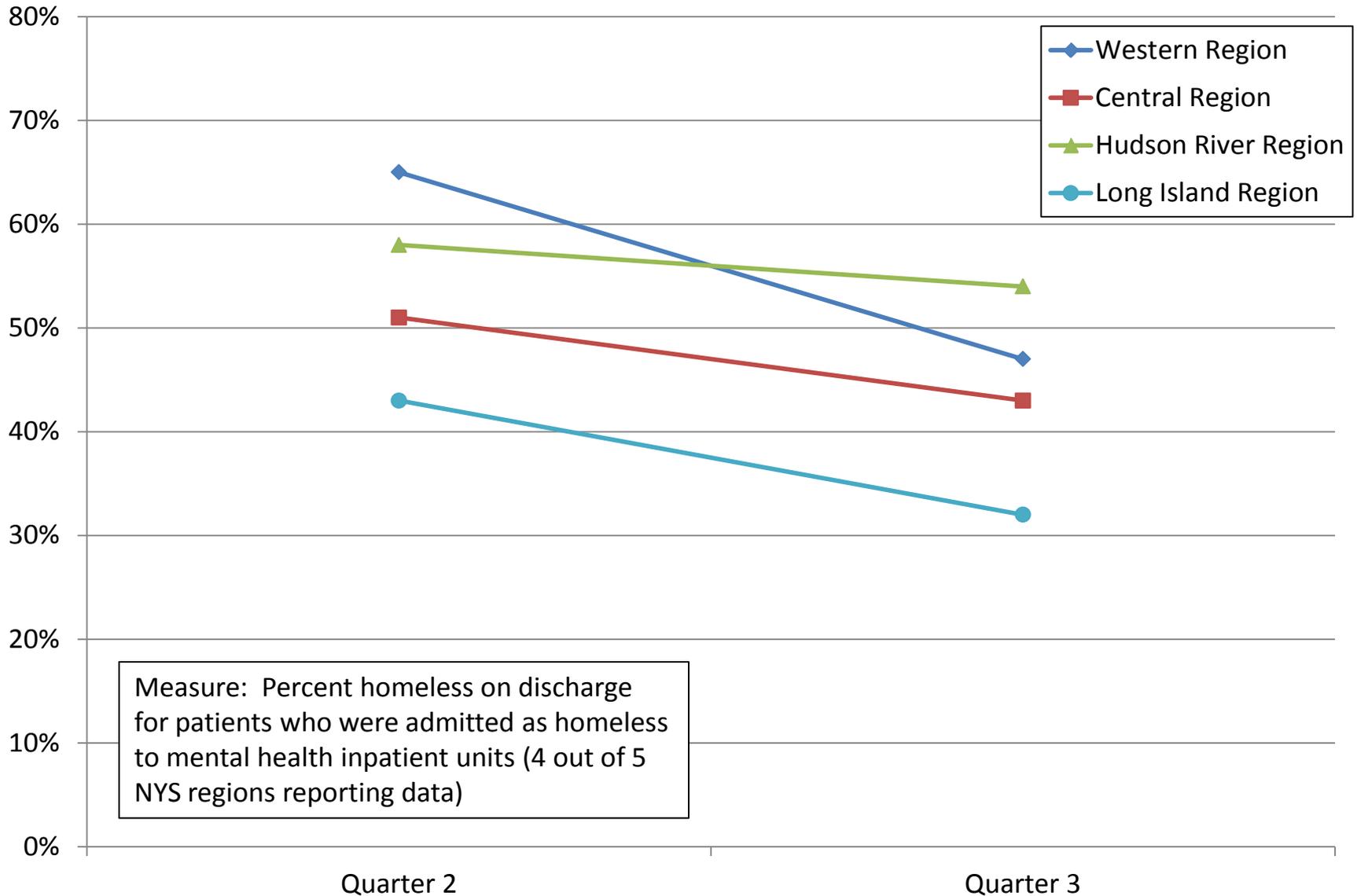
BHO concurrent review metrics (partial list)

- Notification of Admissions within 24 hrs/1st business day
- Shared service use data within 72 hrs/3rd business day
- Admissions with Complex Needs designation
- Current/prior outpatient provider contacted
- Provider contacted Health Home
- Provider made referral for new case management services
- Post-discharge appointments scheduled within 7/14 days of discharge
- Housing status at discharge
- Provided discharge summary to aftercare provider

Impact of BHOs: Increase in *referrals for new case management* services in 2012 (statewide, for all behavioral health inpatient discharges reviewed by BHOs)



Impact of BHOs: Decrease in rate of individuals *homeless at discharge* following BHO implementation (among those who were homeless on admission)



2011 BHO Performance Measures

Region: Statewide

Domain: Engagement in Care

Measure	Age Group	Numerator	Denominator	Rate
Percentage of MH Discharges Followed by Two or More MH Outpatient Visits within 30 Days ¹	Adult	9,808	31,639	31.0%
	Youth	3,562	8,413	42.3%
Percentage of SUD Detox or Rehabilitation Discharges Followed by Three or More Lower Level SUD Services within 30 Days²	Adult	12,353	49,341	25.0%

¹For Mental Health Discharges: Adult is age 21 and above. Youth is age under 21.

²For Substance Use Disorder Discharges: Adult is age 18 and above.

PHASE 2 BEHAVIORAL HEALTH ORGANIZATIONS

How do you create incentives for managed care plans to ensure quality care coordination?

BHO Phase 2

- Medicaid Redesign Team was reconvened
- Phase 2 models being developed:
 - Upstate: BHOs and Mainstream Plans
 - NYC: Mainstream Plans and “Health and Recovery Plans” (HARPs)

Phase 2: Mainstream Plans/ Behavioral Health Organizations

- Mainstream plans will become responsible for managing all behavioral health services for their members, including services currently “carved-out” of mainstream plans.
- In areas outside of NYC, it is expected that a mainstream plan/BHO model will be the predominant approach. The viability of full benefit (behavioral and physical health) Special Needs Plans (SNPs) for regions outside NYC will be considered. If a SNP is not viable, the mainstream BHO model will be the only model in that area.
- Plans will be required to either contract with a state certified BHO OR demonstrate capacity to meet specific, rigorous requirements for the clinical management of behavioral health benefits to be developed and monitored by OMH, OASAS, and DOH.
- OMH, OASAS, and DOH will develop and implement behavioral health quality measures to track the performance of BHOs and plans.
- The total behavioral health premium will be separately identified from the health premium. Behavioral health service savings will be identified and available for reinvestment under a State approved reinvestment plan.
- With appropriate CMS approvals, plans will be given responsibility to pay for inpatient care at State psychiatric hospitals and coordinate discharge planning.

Benefits being considered for oversight by plans

- Health home/care coordination
- Crisis intervention, respite, and hospital/ER diversion
- Health promotion activities
- Care coordination for individuals with criminal justice involvement
- Supported employment
- Housing supports
- Multicultural initiatives

BHO Phase 2 Timeline

BHO/SNP Draft Implementation Timeline

Date	Task
Spring 2013	Finalize BHO/SNP program design
Summer 2013	Finalize BHO/SNP managed care contract requirements and financing
	Publish procurement documents for minimum 30 days
Fall/Winter 2013	Select SNPs/BHOs
Spring 2014	Fully operational

Thanks