



## MRT Work Group Meeting Summary

### WORK GROUP NAME:

Behavioral Health Reform Work Group

### MEETING DATE, TIME, LOCATION:

July 12, 2011

1:00 P.M. - 4:00 P.M.

1450 Western Avenue, Albany, New York

### MEMBERS IN ATTENDANCE:

Mike Hogan, Andrea Cohen for Linda Gibbs, Wendy Brennan, Pam Brier, Kathy Shore for Alison Burke, Lauri Cole, Donna Colonna, John Coppola, Betty Currier, Philip Endress, Arlene Gonzalez-Sanchez, Kelly Hansen, Ellen Healion, Tino Hernandez, Cindy Levernois, Ilene Margolin, Gail Nayowith, Kathy Riddle, Harvey Rosenthal, Paul Samuels, Phil Saperia, Sanjiv Shah, Richard Sheola, Ann Sullivan

### SUMMARY OF KEY MEETING CONTENT:

*Welcome by Michael Hogan. Andrea Cohen substituted for Linda Gibbs.*

The Workgroup reviewed documents that summarized expressed principles of managed care and outcome measures by which such managed care systems should be measured, which were identified in the June 30, 2011 meeting of the Work Group. These items had been prioritized by way of voting at that last meeting and the documents showed the results of the voting. Commissioner Hogan then led a discussion about the results, inclusive of changes/modifications the Work Group Members seek. The results will be presented at the next meeting of the Work Group, scheduled for August 1, 2011.

### **Greg Allen, from NYS DOH presented on the Health Homes Initiative**

Presentation is available online at:

[http://www.health.state.ny.us/health\\_care/medicaid/redesign/behavioral\\_health\\_reform.htm](http://www.health.state.ny.us/health_care/medicaid/redesign/behavioral_health_reform.htm)

Discussion afterward involved the following topics:

- How will Health Homes get assembled and designated? A: DOH will not create new certification category. Provider networks will attest to meeting domain requirements in provider requirements. DOH will assign people to the most robust, integrated Health home with best IT technology and mobile capacity. DOH is looking for a strong network of community organizations, providers, hospitals, etc. working together and seeks to identify a few robust regional networks. BHO will be involved in the patient assignments to Health Homes and regional management structures with BHO/MCO/Health Home may be necessary. Children will be assigned to a Health Home if they meet Health Home criteria, however, most children will not qualify.
- What is the level of patient choice in Health Home assignment? A: Patients will be assigned on an opt-out basis. DOH is working toward a 1115 waiver for mandatory enrollment.

- How will TCM transfer to Health Homes? A: Federal government has signaled that Health Homes are preferred over TCM, in part because of billing and overlap. Health Homes allow more flexibility and has a 90% FFP. There is a two year plan to get from TCM to Health Homes. Existing TCM and CIDP will keep current rates for two years for existing slots. Most TCM programs will be moved into Health Homes in the short term. The long term capacity will depend on capacity and resources (Greg Allen). We will need to negotiate who gets assigned and how people will move from higher to lower intensity (Mike Hogan).
- What are the outcome measurements and the audit functions? A: Key measures are avoidable emergency room and reduced readmissions.

**Ilene Margolin, from Emblem Health, presented on Managed Care Principles and Practices**

Presentation is available online at:

[http://www.health.state.ny.us/health\\_care/medicaid/redesign/behavioral\\_health\\_reform.htm](http://www.health.state.ny.us/health_care/medicaid/redesign/behavioral_health_reform.htm)

Discussion afterward included:

- 2% of Emblem Health Care members use 50% of the dollars. Using case management programs with on-site care managers has cut growth of health care costs for this population and reduced readmission rate by 17-18%.

**Mike Hogan presented on Managed Care and Behavioral Health**

Presentation is available online at:

[http://www.health.state.ny.us/health\\_care/medicaid/redesign/behavioral\\_health\\_reform.htm](http://www.health.state.ny.us/health_care/medicaid/redesign/behavioral_health_reform.htm)

Discussion afterward included:

- What services can Medicaid managed care actually pay for? How many silos can we get out of with managed care? – Donna Colonna.
- There are very few indicators of behavioral health performance in managed care. There needs to be talk about managed care performance and change as well as provider change. – Lauri Cole
- Concerned about the final product (larger system savings by cannibalizing the current systems). There needs to be balance. Substance abuse was not mentioned in the presentation. How much can be influenced by this group's work? – John Coppola
- We need to have a true conversation about managed care of behavioral health services, including substance abuse expertise. – Commissioner Gonzalez-Sanchez

**NEXT STEPS/PRELIMINARY AGENDA FOR NEXT MEETING:**

- Report from Gail Nayowith on the development of the children's subgroup.
- Review of work products developed thus far, consolidated into groups of related items and reflective of July 12, 2011 meeting input.
- Presentation on behavioral health management approaches in other states – Center for Health Care Strategies.
- Continue BHO/Health Home conversation, with group exercise to help condense the issues/recommendations.
- Commissioner Gonzalez-Sanchez presentation on behavioral health management of substance abuse disorder services.
- Provide overview of the different financing options with regard to behavioral health.
- Presentation and discussion on outcome measures.
- Presentation on lessons learned from the NYS/NYC Mental Health/Criminal Justice Review Panel.

**NEXT MEETING DATE, TIME, LOCATION:**

August 1, 2011  
1 p.m. – 4 p.m.  
DOH Metropolitan Regional Office, 90 Church Street  
4<sup>th</sup> Floor, Conference Room A/B  
New York, New York