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Innovation in Behavioral Health (IBH) Convening Meeting

May 6, 2026

Funded by  **NEW YORK STATE** | Office of Mental Health

Housekeeping



Closed captioning is available via the Zoom toolbar



Slides and additional resources will be shared following the session. This meeting will be recorded and be made available to the convening structure and workgroup members.



Please use the Zoom chat feature to submit any questions, comments, or concerns



Information discussed and shared is accurate as of today.

Please note that our Zoom account does not allow AI Bots to join this webinar. However, we encourage you to take advantage of other functions such as captions and transcripts for today's event.

Agenda

01 Introductions

02 IBH Recap

03 Workgroups Updates

04 Cross-Workgroup Conversation

05 Next Steps

01

Introductions



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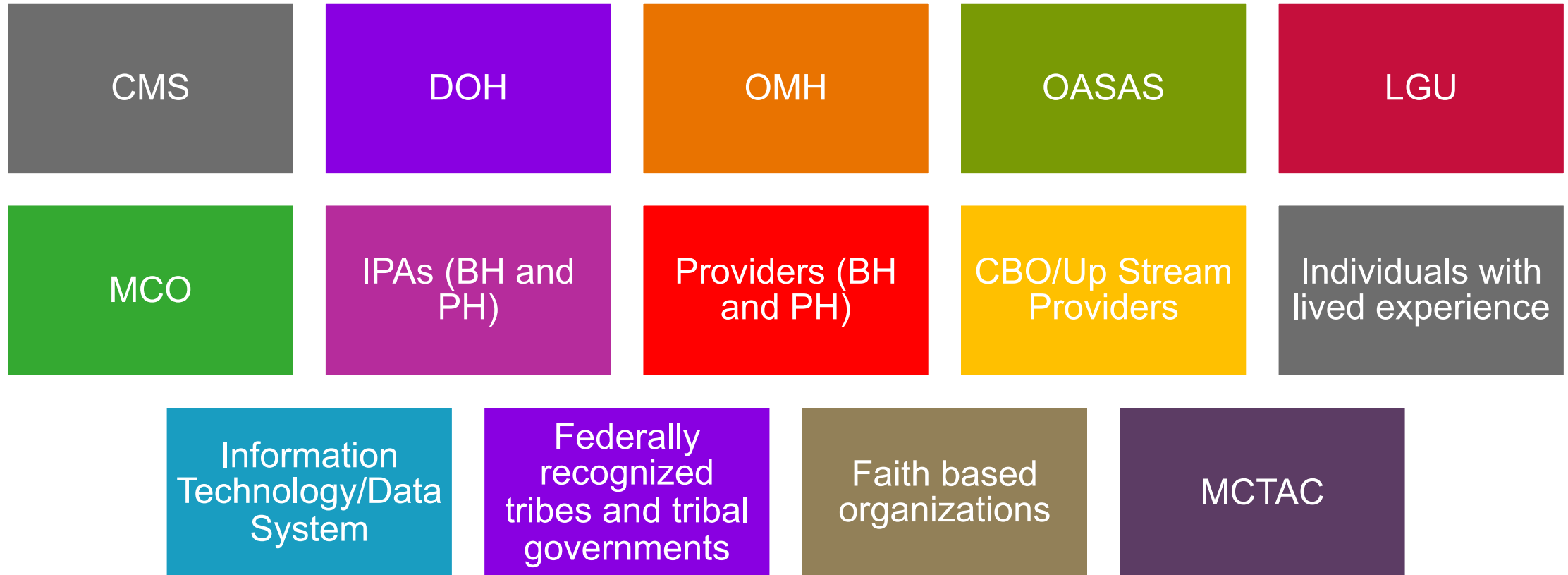
Welcome and Introductions

Please chat in the following information:

- Name
- Title
- Organization



Convening Members



02

IBH Recap



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IBH Overview

- **CMS Innovation Center (CMMI) Innovation Model**
- **Focused on Improving Integrated Care for People with Moderate-to-Severe Behavioral Health (MSBH) Conditions**
 - Strengthen Behavioral Health (PH) and Physical Health (PH) Connections
 - Incorporate Care Management
 - Address Upstream Drivers of Health (e.g., nutrition, housing, transportation, etc.)
- **Serving Individuals Enrolled in Medicaid Managed Care, Medicaid Fee-for-Service (FFS), and/or Medicare FFS**

**Care Delivery
Framework**

**Payment
Approaches**

**Health IT
Implementation**

Core NYS IBH Objectives

- **Implement a Care Delivery Framework**
 - Physical Health Screenings
 - Reduce Avoidable Inpatient & Emergency Usage
 - Improve Patient Outcomes
- **Invest in Health IT (HIT) Infrastructure to Support Integration**
 - Enhance Provider-to-Provider Communication
 - Facilitate Integrated Care Plans
 - Support Data Collection and Measures Tracking
- **Provide a Pathway to Alternative Payment Models (APM)/Value-Based Payment for BH Providers and Align Medicaid/Medicare Payment Approaches**
 - Provide APM/VBP Guidelines
 - Facilitate Medicaid Managed Care Plan Involvement

IBH Model Solutions

Challenges

Poor Clinical Outcomes
Increased Expenditure
Uncoordinated Systems

Interprofessional Care Team

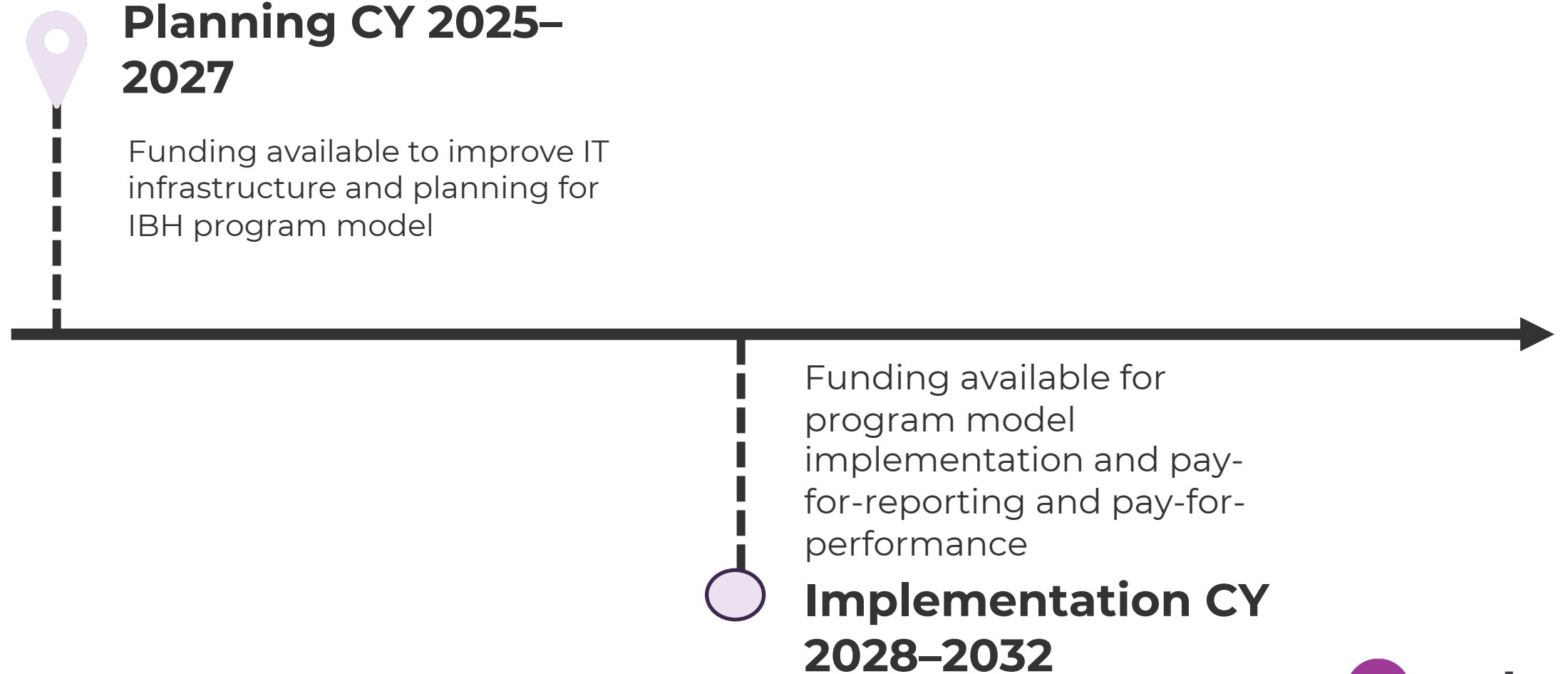
Health Information
Technology Barriers

HIT Funds

Lack of Payment
Innovation/Capital
Reserve

APM/VBP Payment Models

IBH Model Timeline



Convening Structure



Purpose – advisory forum for stakeholder input, collaboration and operational support



Scope – support design and implementation of the IBH model



Activity – align efforts to improve key behavioral health outcomes



Managed Care Technical Assistance Center (MCTAC) is the third-party convener

Convening Structure Charter



Authorities and
Boundaries



Decision Making
Process



Meetings and
Communication

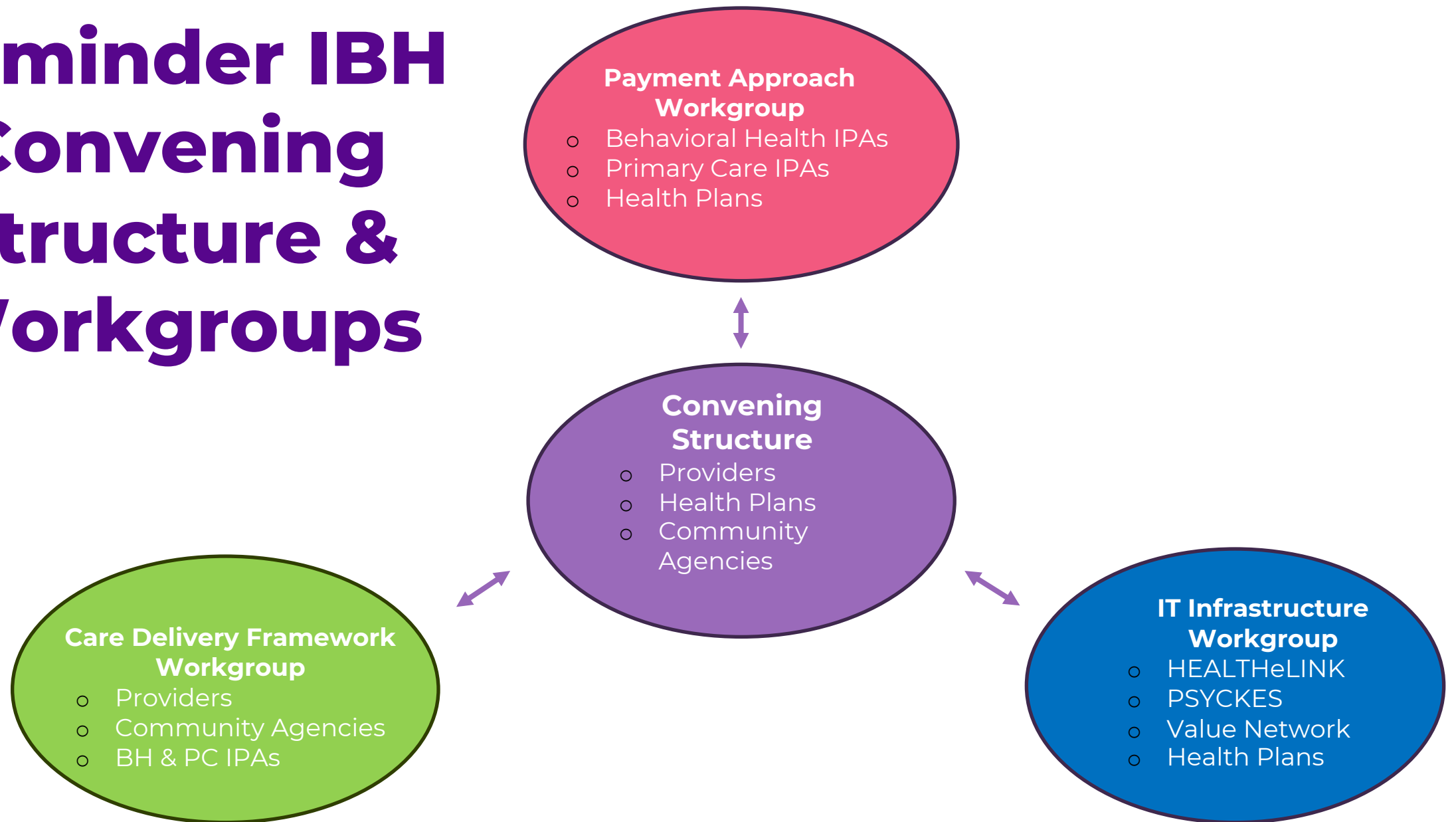


Reporting and
Accountability



Resources and
Support

Reminder IBH Convening Structure & Workgroups



Today's Meeting: Purpose and Objective

- To obtain feedback and input
- Input and feedback will support ongoing work by each workgroup in developing care delivery, fiscal and HIT models

Reminder Meetings

Convening Structure Meetings:

The full convening structure body will meet 4 times per year begin in 2026



Workgroup Meetings:

Workgroups will meet in between the convening structure meetings

Proposed workgroups are:

- Care delivery framework
- Fiscal
- Health IT

03

Work Group Updates



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Care Delivery Framework (CDF) Workgroup

Advisory role in drafting the NYS IBH Care Delivery Framework

- **Care Delivery Framework:**
 - State-developed clinical approach to delivering integrated PH, BH, and care management services, designed for sustainability beyond the 8-yr implementation period
 - Gather input and recommendations from across WNY Clinical Partners
 - Will leverage the State's existing Medicaid benefit package, including Health Home Care Management and CCBHC Targeted Case Management (TCM).
 - Facilitate goals of improving access to and coordination of services for individuals with moderate-to-severe behavioral health (MSBH) conditions.

Formal draft recommendations -- Due 10/30/2026

CDF Workgroup Progress Update

MPA Workgroup: March 16, 2026.

Chair: Kelly Bevins, Deputy Director Bureau of Rehabilitation Services, Treatment, and Care Coordination – *NYS OMH*

Co-Chair: LaTonya Credle, Director of Clinical/Quality and Transformation – *Value Network IPA, LLC*

3/16 Meeting Summary

- Overview of IBH Model Components
 - Described goals of the Care Delivery Framework
 - Increase connections between BH, Physical Health, and Upstream Drivers of Health providers
 - Use closed-loop referrals as common practice supported by enhanced information systems
 - Address 4 Target Co-morbidities (Diabetes, Hypertension, Tobacco Use & Hepatitis C)
 - Deliver high quality care that reduces ER/IP presentations and total cost of care with three Core Elements of IBH
- General Discussion & Review of Next Steps

CDF Workgroup: Key Concepts

- **Integrated Care**
 - Interdisciplinary Team
 - Shared Care Plan
 - Engaging Clients
 - Empowering Care Managers
- **Cross-Agency Collaboration**
 - Enhancing communications
 - Leveraging referral pathways
 - Building relationships
- **Workflow & System Improvements**
 - Coordinating / Triaging patient follow ups
 - Digital tools for viewing care plans and closed-loop referrals

CDF Workgroup Next Steps

- **Reviewing CMS Operational Guidance**
 - Released 4/28
 - Drafting NYS Care Delivery Framework
- **June 4th Workgroup Call**
 - Present progress and solicit feedback

Questions for Care Delivery Workgroup



Medicaid Payment Approach (MPA) Workgroup

Advisory role in drafting the NYS IBH Medicaid Payment Approach

- Medicaid Payment Approach:
 - State-developed reimbursement strategy for delivering integrated PH, BH, and care management services, designed for sustainability beyond the 8-yr implementation period
 - Requires a performance-based component tied to quality outcomes
 - Will leverage the State's existing Medicaid reimbursement structures
 - Facilitate goals of improving access to and coordination of services for individuals with moderate-to-severe behavioral health (MSBH) conditions.
- Advise on design of a Value-Based Payment Approach (such as TCoC, shared savings, and other alternative payment models)

Formal draft recommendations -- Due 10/30/2026

MPA Workgroup Progress Update

MPA Workgroup: March 13, 2026.

Chair: Laura Foss, Deputy Bureau Director, Finance & Data Analytics – *NYS OMH*

Co-Chair: Andrea J. Wanat, CEO - *Value Network IPA, LLC*

3/13 Meeting Summary

- Overview of IBH Payment Approach Components
- Review of IBH-Eligible Population Data
 - Medicaid Enrollment
 - Demographics
 - Utilization
 - Cost Analyses
- Value Network Presentation of Example VBP Model
- General Discussion & Review of Next Steps

Potential Value-Based Payment Approaches

IBH aims to help Practice Participants gain access to Value-Based and Alternative Payment arrangements with Medicaid Managed Care plans.

Potential Approaches May Include:

- Incentive Payments
- Pay-for-Performance
- Utilization Savings Approach
- Total Cost of Care Model

MPA Workgroup Overview & Next Steps

- NYS proposing to utilize Health Home & CCBHC Targeted Case Management to meet the Care Management component of IBH.
- Information Gathering to Support Medicaid Payment Approach Design
 - Seeking feedback from provider groups (CCBHC, Article 31 / 32, FQHC, etc.)
 - Comparing Medicaid Benefit services against IBH Care Delivery Framework to determine overlaps and leverage existing payment structure.
- OMH Distributed IBH-Eligible Data to Fidelis, Highmark, IHA, and Molina.
 - Plans are reviewing and comparing state analysis to their own cost data.
 - Scheduling meetings to discuss approaches to VBP arrangements.

Next Meeting: June 12, 2026-12:30-2pm

Questions for Medicaid Payment Approach Workgroup



IT Implementation Plan Workgroup

Advisory role in drafting the NYS IBH IT Implementation

IT Implementation Plan:

- Revision of the IT Plan included in the NYS IBH Application, adjusted to reflect Convening Structure feedback and goals of the Care Delivery Framework.
- Planned Health IT Enhancements to Facilitate Care Coordination
- Design Shared Care Plan
- Develop information sharing strategies for IBH service delivery and data-reporting infrastructure to support the Care Delivery Framework and Medicaid Payment Approach.

Formal draft recommendations - Tentative 8/30/2026

IT Plan Workgroup Progress Update

IT Plan Workgroup: March 10, 2026

Chair: Kristen McLaughlin, Medical Informatics Director, Office of Population Health & Evaluation – *NYS OMH*

Co-Chair: Jeff Bowen, Director of Data Analytics & Infrastructure – *Value Network IPA, LLC*

3/10 Convening Summary

- Overview of IT Implementation Goals
 - Ensure Support for VBP Models
 - Expand real-time decision-making alerts
 - Increase Consent
 - Review and Assess Measures for Reporting Outcomes
 - Connect IBH Practice Participants to HEALTHeLINK / PSYCKES
 - Explore possibility of connecting HEALTHeLINK to PSYCKES
- Value Network Presentation of Current Data Landscape
- General Discussion & Review of Next Steps

IT Plan Workgroup Discussion & Feedback Overview

- Support Communication AND Coordination among providers
 - Consent for Data Sharing
 - Direct messaging between care team providers
 - Enhance ADT alerts to include the care team associated w/ patient
- Facilitating / Supporting Referrals through Real-Time Data
 - Reporting to: Plans, IPAs, QEs
- Streamline workflows
 - Single Sign On capabilities, data delivered directly into EMRs
- Comprehensive Data reports to include data from:
 - Health Home, Findhelp, SCN, Medicaid Claims Data, PSYCKES (Non-Medicaid Data Sources)
- Developing Integrated Care Plan
 - Improve healthcare data quality shared across agencies and platforms

IT Plan Workgroup Overview & Next Steps

- Reviewing Practice Participants' HIT Needs Assessments to identify gaps and tailor supports to need.
- Additional requirements gathering and meetings with HEALTHeLINK to discuss:
 - Single Sign On (SSO) integration between PSYCKES and Qualified Entities
 - Complex Needs Alerts
 - Enhancements to the ADTs out of Fusion
 - Integrated Care Plan / Community Care Plan via SMART on FHIR app
- Schedule meeting with Care Delivery Framework workgroup to determine what data is useful and feasible to include in a patient's shared Integrated Care Plan/ Community Care Plan.

Questions for Health IT (HIT) Workgroup



04

Cross- Workgroup Conversation



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Discussion & Feedback



05

Next Steps



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CMMI IBH Updates

- CMS has released the **Request for Applications** (RFA) to invite NYS Practice Participants to apply for the Medicare Payment Approach of the IBH Model.
 - Applications are due by May 26, 2026
 - RFA Applicants must complete the Health IT and Practice Transformation Needs Assessment by June 30, 2026.

Next Steps

The next two Convening Meetings will be held on August 6th (virtually) and November 4th (in-person)

The next workgroups meetings will take place in June, July, September and October

Develop first draft of each model

Share draft of model at next convening meeting

Resources

- [CMS IBH Model](#)
- [DOH Award Announcement](#)
- [MCTAC IBH Special Initiatives Page](#)
- To contact MCTAC: mctac.info@nyu.edu