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IBH IT Implementation Plan Workgroup

October 9, 2026

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*Please Note: The information shared in today's
meeting is accurate as of October 9, 2026

Welcome and Introductions

Co-Leads for the ***IT Implementation Plan Workgroup:***

Value Network LLC:

- Jeffrey Bowen, Director of Data Analytics and Infrastructure

NYS Office of Mental Health:

- Kristen McLaughlin, Medical Informatics Director, Office of Population Health and Evaluation

Agenda

- IT Plan Deadline extension
- Progress Updates:
 - PROMIS-10 Global Health Scale development
 - PSYCKES IBH-eligibility flag
 - HEALTHeLINK Feature Developments
 - Integrated Care Plan Update
 - IBH Measures Collection
- Future State Wishlist

IT Plan Deadline Extension

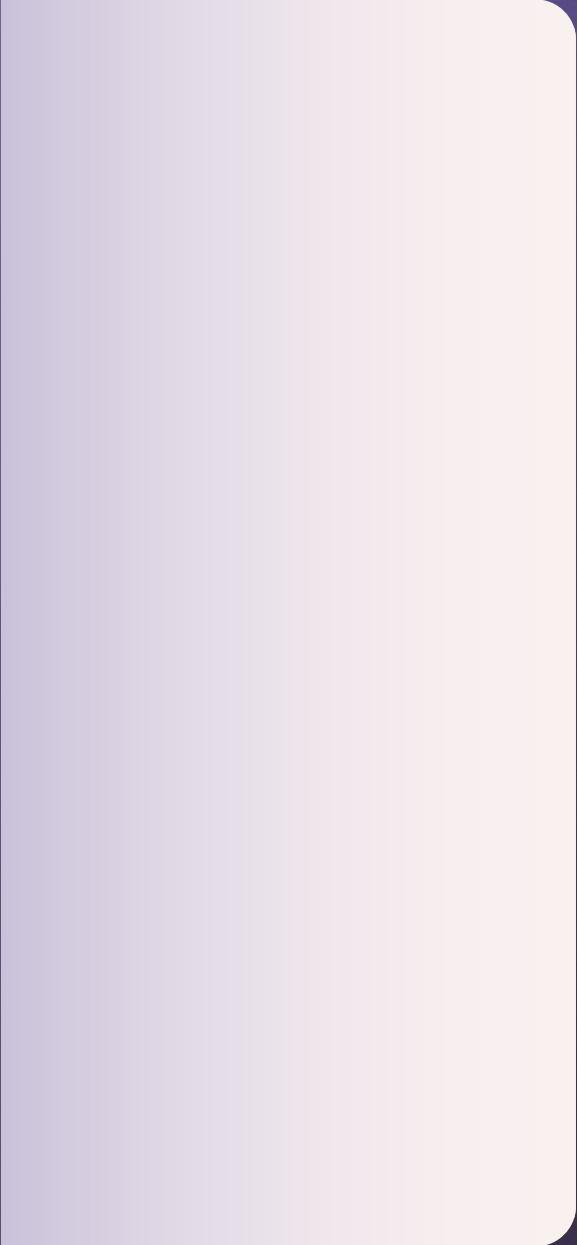
- Final HIT Implementation Plan now due 1/29/2027 (previously 11/1/2026)
 - CMS to provide template (10/6/2027 – delayed)
 - CMS will review and consider state feedback on IT Implementation plan reports from Semi-annual Reports and MY3 application

PROMIS-10 GH Update

- **Purpose:** Use existing OMH Platform (MyCHOIS) to integrate PROMIS-10 tool for patient reported measures
- Based on feedback from our previous workgroup meeting, we presented to CMS our approach for adding PROMIS-10 Global Assessment Scale to an existing OMH Platform (MyCHOIS)
- Met with Health Measures to discuss the licensing and electronic administration permission (HEAP) process for integrating the PROMIS-10 into MyCHOIS
- Next Steps:
 - OPHE to analyze the scoring protocols and begin requirements gathering
 - Submit permission letter and intake forms to HealthMeasures
 - Develop implementation plans & training resources for IBH providers
 - Target build in Q2 2027

PSYCKES IBH-Eligibility Flag

- **Purpose:** To assist IBH providers and plans in identifying clients who may be eligible for IBH, OPHE will develop an "IBH-Eligible" population flag
- NYS IBH Eligibility Criteria:
 - Age 18 and above as of the last day of look-back period
 - Resides in the 8 counties of Western NY - Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming
 - Has at least one claim with primary diagnosis of Moderate to Severe Behavioral Health as defined in the NOFO in the look-back period
 - No commercial coverage in the look-back period
 - Received at least one of the qualifying Art 31/32 services in the look-back period
- Next Steps
 - Begin requirements gathering and scope development
 - Target build in Q1 2027



HEALTHeLINK Feature Updates



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Single Sign-on with PSYCKES

- **Purpose:** Create PSYCKES SSO in HEALTHeLINK patient portal to allow users to access PSYCKES Clinical Summary data directly within QE application, with consent
- HEALTHeLINK was provided Statement of Work (SOW) and schematic recommendation documents to scope out the PSYCKES SSO work
- Our first technical session will be kicking off next week (10/15)
 - Target date for completion: Q3/Q4 2027
- We are also exploring having PSYCKES language added to the HeL QE consent form, to help streamline consents and reduce administrative burden

IBH Patient Roster

- **Purpose:** Identifies IBH-enrolled patients with consent status who should receive enhanced Admission, Discharge, and Transfer (ADT) notifications beyond standard notification services, and who should receive BH One-Page Summary, and identifies core care team members.
- Maintaining a separate roster ensures that only eligible IBH participants are included in the enhanced alerting workflow.
- The roster is based on HEALTHeLINK's existing subscribe and notify template with additional data elements for the IBH program model.

IBH Patient Roster

Data Element	Description
S&N Data Elements	Standard data elements currently included in the existing HEALTHeLINK Subscribe and Notify Template
IBH Enrollment Status	Indicates whether the patient is currently enrolled in the IBH program.
Enrollment Date	Date the patient was enrolled in IBH.
Consent Status	Indicates whether patient consent has been obtained.
Consent Date	Date consent was obtained.
Disenrollment Date	Date of disenrollment from IBH.
PH Consultant Name	Assigned Physical Health Consultant responsible for care coordination activities.
PH Consultant Type	Indicates whether the PH Consultant is internal or external to the agency.
PCP Name	Patient's Primary Care Provider.
PCP Practice/Group	PCP organization or practice affiliation.
PCP Email Address	Contact email for PCP notification and care coordination activities.
Patient Status	Clinical status category (Stable, Improving, or Declining).
Status Change Date	Date of most recent status update.

Enhanced ADT Alerts

- Problem: Internal discussions identified a recurring challenge – when ADT alerts are received by both behavioral health and primary care organizations, staff are often uncertain who should initiate outreach. Adding care team information and patient context would help providers determine ownership and coordinate follow-up more efficiently.
- Proposed Solution: Build on existing HEALTHeLINK Admission, Discharge, and Transfer (ADT) notifications by adding additional clinical and care coordination information for the IBH cohort.
- Purpose: Support real-time care coordination, follow-up after ED visits or hospitalizations, and integrated behavioral/physical health workflows.

Enhanced ADT Alerts

Category	Proposed Element
Base ADT Alert Data	---
Care Coordination	Care team members
Care Coordination	Care team contact information
Risk Stratification	Patient risk score (ACG and HCC)
Clinical Information	Key diagnoses (BH, Diabetes, HTN, Hep C)
Utilization	Emergency Department visits in the past (6/12) months*
Utilization	Inpatient admissions in the past (6/12) months*
Utilization	Primary care visits in the past 12 months
Complex Needs	Indicator that a patient meets complex-needs criteria

** Feedback needed on time period*

BH One-Page Summary

- The proposed summary would provide primary care with:
 - Behavioral Health Diagnoses
 - Medications
 - BH Patient Status
 - Improving, declining, stable
- Primary care providers should be allowed to test and provide feedback on the content, usefulness, and usability of the summary.
- Social Care Data – should this be included?

Integrated Care Plan Update

- **Original Concept**

- The initial vision was to create a shared care plan using CCD/C-CDA documents submitted by behavioral health and primary care organizations through HEALTHeLINK.

- **New Direction**

- Behavioral health creates and maintains the care plan.
- The care plan lives in the behavioral health EHR.
- Physical health information is incorporated manually through collaboration with the physical health consultant and PCP (if different) rather than automatic data feeds.

Integrated Care Plan Update

- **Why It Changed**

- The workgroup concluded that a CCD-driven shared care plan was not feasible within IBH timelines because:
 - Community providers often submit incomplete information.
 - Data not in structured formats.
 - CCD content quality varies widely among EHRs.
 - Different EHRs populate CCD sections differently.
 - Data governance concerns remain unresolved.

IBH Measures Reporting

- Value Network is in the process of purchasing a new data analytics and reporting platform, **Dimensional Insight**.
- All IBH reporting measures will be built into the new platform along with near real-time ADT alerting and triaging.
- Physical health data, particularly IBH-targeted chronic physical health conditions, from HEALTHeLINK will be ingested into the platform.

Future State IBH Wishlist

- Are there any additional technological enhancements that should be considered?

Discussion & Feedback

What **questions, feedback, or concerns** do you have about the items covered today?

Next Workgroup Meeting Tasks

Activities

- Review Slides from Today
- Provide Feedback / Comments / Questions to be addressed during the next workgroup
 - MCTAC mailbox: mctac.info@nyu.edu

Meeting Schedule:

Quarter 4 Convening Structure In-Person -- November 4th 9am-4pm