

## MEMORANDUM

**To:** Suzanne Feeney, General Manager, Medicaid, Behavioral Solutions, OptumHealth  
Adele Gorges, Executive Director, New York Care Coordination Program  
Deb Happ, PhD, Magellan, Vice President, Operations, Magellan Behavioral Health  
Richard Sheola, Corporate Vice President, ValueOptions  
Mitchell Shuwall, Associate Executive Director, The Zucker Hillside Hospital, LIJMC  
Carole Taylor, Chief Clinical Officer, Community Care Behavioral Health

**From:** Tom Smith, OMH Director of Operations, NYS BHOs  
Don Zalucki, OMH Director, Bureau of Program and Policy Development

**Date:** December 14, 2011

**Re:** Guidance to BHOs re Task 2 Children/Youth SED

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The BHO contract Appendix D Work Plan notes that: “Clinics that are licensed by OMH under Article 31 of the Mental Hygiene Law and designated as Specialty Clinics shall be required by OMH to notify the Contractor of each new episode of care initiated for a child who is diagnosed as having a Serious Emotional Disturbance and who is covered by Medicaid Managed Care.” OMH offers the following clarification:

1. The age range for the target population is youth up to but not including their 19<sup>th</sup> birthday.
2. OMH-designated specialty clinics must report on all children/youth who begin an episode of care and have a Serious Emotional Disturbance (SED). SED criteria are listed in the NYS OMH Clinic Treatment Program regulations (14NYCRR Part 599.4(ay)):

*Serious emotional disturbance* means a child or adolescent has a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) and has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The functional limitations must be moderate in at least two of the following areas or severe in at least one of the following areas:

- a. Ability to care for self (e.g., personal hygiene; obtaining and eating food; dressing; avoiding injuries); or
- b. Family life (e.g., capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or

- c. Social relationships (e.g., establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or
- d. Self-direction/self-control (e.g., ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); or
- e. Ability to learn (e.g., school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

There are no anchor definitions for rating 'moderate' vs. 'severe' limitations. Providers making the SED determination should use clinical judgment.

3. BHOs should collect the specified data elements for only those children/youth who are enrolled in Medicaid Managed Care and designated SED by the provider. The Offices want to know which area(s) of functional limitations contributed to the SED designation, regardless of whether the limitation was judged to be moderate or severe.

Thank you for your consideration.

CC: Robert Myers, OMH  
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