

MEMORANDUM

To: Suzanne Feeney, General Manager, Medicaid, Behavioral Solutions, OptumHealth
William Fishbein, PhD, Executive Director, OptumHealth NYC BHO
Adele Gorges, Executive Director, New York Care Coordination Program
Deb Happ, PhD, Vice President, Operations, Magellan Behavioral Health
Kelly Lauletta, Hudson River Regional Director, Community Care Behavioral Health
Christine Mangione, Beacon Team Lead, NYCCP
Katharine O'Connell, General Manager, Magellan Central New York BHO
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
Steve Hanson, OASAS Acting Associate Commissioner

Date: December 28, 2011

Re: Guidance to BHOs re child/adolescent admissions to state PCs; Reconsideration Reviews; Medicaid Managed Care plan contact information; Notice Letters

The Offices are offering guidance regarding the following:

1. **Admissions of children and youth to state psychiatric centers.** The BHO Selection Process Document and contracts note that concurrent reviews will be completed for fee-for-service children and youth direct admissions (i.e., not transfers) to OMH State operated children's psychiatric centers or children's units of psychiatric centers. OMH is modifying this requirement to include all Medicaid children and youth direct admissions (i.e., not transfers) to OMH State operated children's psychiatric centers or children's units of psychiatric centers. The Medicaid fee-for-service program covers all children admitted to psychiatric centers, even those who are enrolled in a Medicaid managed care plan.
2. **CPEP admissions.** Comprehensive Psychiatric Emergency Programs (CPEPs) provide emergency psychiatric services including admission to Extended Observation Beds (EOBs) for up to 72 hours. BHOs are not responsible for reviewing EOB admissions. Hospitals should be instructed to notify BHOs only when an individual is admitted to an inpatient level of care.
3. **Reconsideration Reviews.** The BHO contracts Appendix E Work Plan notes that Reconsideration Reviews shall be completed within 24 hours of the Notice of Preliminary Finding. The Offices are modifying this requirement to note that Reconsideration Reviews shall be completed within 24 hours or by 5:00 P.M. the

next business day if the Notice of Preliminary Finding is issued on a Friday or on a day prior to a holiday.

4. **Medicaid managed care plan contact information.** The BHO contract Appendix D Work Plan notes that BHOs may need to communicate with Medicaid managed care plans to coordinate physical health services for enrolled individuals. A directory of plans is available through the NYS Dept. of Health website at: http://www.health.ny.gov/health_care/managed_care/pdf/cnty_dir.pdf
5. **Notice Letters.** The Offices will set up an email account for BHOs to submit copies of all Notice Letters sent to providers (address to be provided). When sending copies of Notice Letters, please include the following information in the email subject line: *Notice Letter, [BHO], [Service Type], [Date]*

BHO names should be listed as: BHM, CC, Magellan, NYCCP, or Optum. Service type options should be: MH, Detox, and Rehab. Date should be the date the Notice Letter was issued, formatted as: MM/DD/YYYY. Examples:

Notice Letter, Magellan, MH, 01/09/2012
Notice Letter, CC, Detox, 01/22/2012
Notice Letter, Optum, Rehab, 02/07/2012

Please let us know if you have any questions.

CC: Robert Myers, OMH
Kristin Riley, OMH
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