

December 1, 2011

Re: Behavioral Health Organizations

Dear Colleague,

The Offices of Mental Health (OMH) and Alcoholism and Substance Abuse Services (OASAS) continue to implement Behavioral Health Organizations (BHOs) this fall. We appreciate input from providers at the orientation sessions recently conducted throughout the state and offer the following updates:

1. BHOs will be fully operational by January 2012 in the Western, Central, Hudson River, and New York City regions. It is anticipated that the Long Island BHO will be fully operational by February 2012. If it has not already done so, your regional BHO will contact you shortly with details about Medicaid fee-for-service review procedures.
2. BHOs will review the following populations:
 - a. All fee-for-service admissions to OMH-licensed psychiatric units (all ages) in general hospitals (Article 28 hospitals).
 - b. Fee-for-service children and youth admitted to OMH licensed private psychiatric hospitals (Article 31 hospitals).
 - c. Fee-for-service direct admissions to OMH State-operated children's psychiatric centers or children's units of psychiatric centers.
 - d. Fee-for-service OASAS Certified Part 816 Inpatient Detoxification Services (Article 28/32).
 - e. Fee-for-service OASAS certified hospital (Art 28/32) or freestanding (Article 32 only) Part 818 Chemical Dependence Inpatient Rehabilitation Services.
3. The Offices are developing new regulations related to BHOs. Under these regulations, providers must:
 - a. Notify their regional BHO of an admission for a behavioral health condition for which Medicaid provides coverage on a fee-for-service basis. Based on provider feedback, the time frame for notification has been modified such that the notification shall be provided within 24 hours of admission, except that for admissions which occur on a weekend or holiday such notification would be required by 5 P.M. of the next business day following such week-end or holiday.
 - b. Cooperate with concurrent review activities.

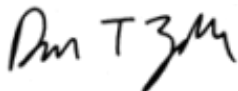
Further details regarding new regulations will be made available.

4. BHOs will complete initial reviews within 72 hours after admission or by 5 P.M. the next business day following notification of the admission by the provider, whichever is later. Follow-up reviews will be conducted at regular intervals depending on the individual's treatment plan. BHOs also will contact outpatient providers to assess post-discharge follow-up with scheduled appointments and to assist with care coordination when indicated.
5. Regional oversight teams for operational management of BHO contracts have been jointly convened by OMH and OASAS. Members include OMH and OASAS regional office leadership, representatives of local governmental units (NYC/Counties) and BHO project directors. BHO oversight meetings will be led by:
 - a. Western Region: Tom Wallace (OMH), Patrick Morrison (OASAS)
 - b. Central Region: Pam Wondro (OMH), Pam Nash (OASAS)
 - c. Hudson River Region: Marcia Fazio (OMH), Tim Donovan (OASAS)
 - d. New York City Region: Anita Appel (OMH), Steve Rabinowitz (OASAS), and Trish Marsik and Lily Tom (NYC Department of Health and Mental Hygiene (DOHMH))
 - e. Long Island Region: Mike Hoffman (OMH), Steve Rabinowitz (OASAS)
6. BHOs are required to engage key stakeholders in their regions. If they have not already done so, BHOs will reach out to key stakeholders including behavioral health inpatient providers (Article 28, 31, and 32), behavioral health outpatient providers, consumers, peers and family peer advocates, child/adolescent clinical experts/advocates, and representatives from other related systems (e.g., Administration for Children's Services, the Office for People with Developmental Disabilities).

Again, we appreciate your willingness to work with us towards a rapid implementation of BHOs. We look forward to continued collaboration.



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