



MENTAL HEALTH BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

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SUBJECT

Cooperation with Utilization Review

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SCOPE: County Mental Health Programs
MH/MR Providers Association
Psychiatric Outpatient Clinics
Psychiatric Partial Hospitalization Programs
Private Psychiatric Hospitals
Psychiatric Inpatient Units of General Hospitals
Intensive Case Management Providers
Family Based Mental Health Service & Providers

PURPOSE: To reaffirm the obligation of mental health services providers receiving Medical Assistance reimbursement to cooperate fully with Utilization Review activities conducted by the Office of Medical Assistance Programs, the Office of Mental Health, and their agents. This includes providers offering publicly funded psychiatric in-patient, psychiatric outpatient clinic, partial hospitalization, intensive case management, family based mental health, clozapine support, and other Medical Assistance reimbursed services as they develop.

OTHER RELATED INFORMATION:

Medical Assistance Manual Sections 1101.71 and 1153.51(e)
Title 55, Chapter 5100, Section 5100.32

OBSOLETE:

Mental Health Bulletin #1153-81-01, Cooperation with Office of Medical Assistance Utilization Review

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Medical Director

717/772-2351 or Network 447-8011