

## OASAS Briefing Paper - Residential Redesign:

### Supporting State and National Level Health Care Reform Goals; and further meeting patient needs

To: Commissioners of Local Social Services Departments

From: Rob Kent, OASAS General Counsel

Date 9-30-16

OASAS is writing to update you on several changes to the treatment system. These changes to Medicaid reimbursement and the OASAS certified services are designed to improve access and to deliver higher quality services targeted to the individualized needs of patients presenting for SUD treatment. These changes are designed to provide better access to care to address the urgent needs in communities that have resulted from the opioid crisis. Below is a description of the residential treatment services and LOCADTR changes:

#### **Residential Treatment Services: Crucial to meeting State and National health care reform goals:**

- State and National Medicaid Redesign Initiatives recognize the critical role of substance use disorder (SUD) services; including residential treatment services, within the full continuum of services required to meet the triple aim of: [improving the quality / experience of care, improving the health of populations, and reducing per capita costs of health care.](#)
- Both the Federal ACA / Parity Legislation and New York State Medicaid 1115 Medicaid managed care waiver program support the need for residential services within the full continuum of services, by requiring OASAS Certified residential SUD programs and their treatment services to be included within the covered [Medicaid managed benefit package available to enrollees.](#)

#### **Residential Treatment Services: Meeting Evolving Patient Needs and Responding to the Opioid Public Health Crisis.**

- There is a system need for residential levels of care that can provide a safe environment for people who are beginning opioid treatment, experiencing mild to moderate withdrawal or significant urges or cravings that cannot be managed or have mental health symptoms that are not stable.
- Currently, many of these individuals are served in higher levels of care (for example hospital detoxification units) rather than lower levels of care (outpatient) that can be successful. Residential Redesign is a cornerstone to New York State's ability to respond to this need by strengthening community service access as alternatives to detoxification and providing recovery oriented, supportive residential step downs.
- By working with all current and any new OASAS Certified Residential Service Programs <sup>1,2</sup>, Residential Re-design will meet the needs of individuals and offer opportunities to stabilize patients within community settings.

Continued on next page

---

<sup>1</sup> Residential Programs Currently Certified under [Title 14 NYCRR Part 819](#) will be re-designated / certified under [Title 14 NYCRR Part 820](#)

<sup>2</sup> [All OASAS Certified Residential Programs are qualified to receive Congregate Care Level 2](#)

## OASAS Briefing Paper - Residential Redesign:

### Supporting State and National Level Health Care Reform Goals; and further meeting patient needs

- Residential Redesign incorporates three elements of treatment:
  - Stabilization Element - Individuals will receive medically-directed care to stabilize acute medical, mental health and addiction symptoms. For patients who seek services at the emergency department and who are not in need of a hospital-level detox, the stabilization element will offer an alternative and provide these patients a safe place to stabilize and engage in treatment.
  - Rehabilitation Element - Individuals will learn to manage cravings and maladaptive behaviors within the safety of the program.
  - Community Re-integration Element- Individual will further develop recovery skills and begin to re-integrate into the community.

### LOCADTR<sup>3</sup>: The Power of a Common Clinical Language - the NYS Clinical Placement Tool for SUD services

- Contained within the State level triple aim policy conversations, was agreement of the vital need for coordinated cohesive clinical conversations among all parties engaged in delivering services to SUD service recipients and their families. Key to this was developing tool that supported common language and decision making platforms when discussing clinically appropriate, patient centered levels of care.
- [LOCADTR is](#) the NYS Clinical Placement Tool for SUD services. All OASAS certified programs and Medicaid Managed Care plans are required to use LOCADTR when making level of care determinations.

---

<sup>3</sup> [Comprehensive LOCADTR Information](#)