



**Office of Alcoholism and
Substance Abuse Services**

OASAS Residential Redesign

Transitioning to the New Paradigm

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Introduction:



Learning Objectives

- Identify the strategies, and culture change needed to implement residential redesign.
- Define the underpinnings of Part 820 Residential Redesign.
- Differentiate criteria and services within the Elements of Care.

Residential Redesign Transformation

Residential Redesign Opportunity To:

1. Utilize 1115 Waiver Authority (Effective 10-1-2015) to successfully work with managed care plans to support provision of SUD treatment services in an OASAS Certified residential program.
2. Model supports advancements in clinical quality
 - Access to MAT
 - Integrated Care
 - Evidenced Based Programming
3. Model allows for enhanced staffing
 - Address Medical and Mental Health needs of participants
4. Care Matching to reduce per capita cost
 - Decrease emphasis on hospital detox
 - Increase community based options



Advancing Quality Care

Person-centered /Trauma Informed

- Utilize LOCADTR
- Matching People to the best level of care to meet their needs.
- Participant not Program driven services
- Flexible in ability to address the person's needs within a timeframe suitable to the person's abilities and experience.
- Realizes the widespread impact of trauma as an important component of effective behavioral health service delivery

Recovery-oriented

- Views recovery as a life long journey.
- Seeks to create continuity within the journey. Strong handoffs.
- Includes community re-integration as key in every element.

Outcome-oriented

- Measurement Based Care Tools utilized to develop baselines and demonstrate objective gains in functioning.
 - Standardizing language within an integrated system of care
- Developing Metrics and Utilize data to determine program effectiveness and make improvements in program practice.

Fixing Behavioral Health Care in America

https://thekennedyforum-dot-org.s3.amazonaws.com/documents/KennedyForum-MeasurementBasedCare_2.pdf



Agency Benefits to Transition

- Enhanced Staffing for the provision of integrated services
 - MAT
 - Mental Health
 - Medical
- Expansion of referral sources to include **new** community stakeholders
 - DSRIP
 - PPS
 - Managed Care Organizations
 - BHCC
- Clinicians report:
 - Decrease Resistance
 - Increase Retention
 - Increase in communication between trans-disciplinary team
 - Ability to provide in-house evidenced based interventions
- Managed Care Organizations
 - Find value in the 820 model:
 - Increased access to the Elements of Stabilization and Rehabilitation
 - Objective measurement of outcomes



Participants Benefits to Transition

- Increase in satisfaction as reported by internal program satisfaction surveys.

Due to :

- Access to MAT = less stigma
- Integrated Care = Medically triaged within 24 hours
- MH = Increased staff attention and ability to address co-occurring disorders
- Ability to have choice from a menu of services
- SUD services = focused on trauma informed, strength based principles
- Recovery Wellness = Activities and Recovery Peer Advocates and supports

What will be needed to make this transition?

- The ability to conceptualize that each Element is “free standing”
- A clear plan/philosophy of treatment that:
 - ❑ Identifies the population being served and their most pressing needs.
 - ❑ Identifies the level of staff needed to effectively and efficiently implement and sustain the plan.
 - ❑ An accurate, appropriate delineation of expected outcomes and outcome measurement.
- Linkages to other service providers and the community.
- Physical Plant that can adequately contain the program.
- <https://ctacny.org/sites/default/files/residential-readiness-guide.pdf>



Defining the Elements

Stabilization

Stabilization requires the supervision of a physician and clinical monitoring to address:

- Mild to moderate withdrawal
- Severe cravings
- Psychiatric and medical symptoms
- Emotional Conflicts



Rehabilitation Element

Rehabilitation is designed for individuals with significant functional impairment:

- Social
- Employment
- Inability to follow social norms
- Housing



Reintegration Element

Reintegration in a congregate setting or scattered site setting will provide:

- Linkage to Part 822 Outpatient Services
- Opportunities to actualize skills learned in treatment in the community.
- Linkages to community services/resources.
- Services for those transitioning to long term recovery and independent living.



Part 820 Certification

- Program will be certified for residential services with a designation noted for each of the service Elements (stabilization, rehabilitation, reintegration) approved for delivery
- Bed distribution will be determined by participant demand.
- Distribution of bed type/designation will be fluid
- All programs will submit an application for designation
 - Specific staffing structure
 - Treatment approach
 - Policies and procedures in accordance with 820 regs.
- Approved designation will be reflected on program operating certificate



Section Two: Implementation and / or Operational guidance documents



**Title 14 NYCRR Part 820 Application=
Program Application
Clinical Vision
Fiscal Information**



Title 14 NYCRR Part 820 Program Application

Part 820 Designation Application Webinar:

<https://ctacny.org/training/820-revised-designation-application-webinar>

Reviewing the webinar is a good place to start to:

- assist providers in developing responses for the designation application, and provided strategies and resources for developing and implementing the transition to the residential redesign elements of care.



Part 820 Program Application Components and Resources.

[OASAS Residential Re-Design Conversion Application:](#)

<https://www.oasas.ny.gov/legal/CertApp/documents/ResRedesignApp.pdf>

[OASAS Residential Re-Design Personnel Qualifications Worksheet :](#)

<https://ctacny.org/sites/default/files/personnelqual022416.pdf>

[OASAS Residential Re-Design Application Staffing Worksheet:](#)

<https://ctacny.org/sites/default/files/StaffingWksht.pdf>

[OASAS Part 820 Policy and Procedure Guidance :](#)

<https://ctacny.org/sites/default/files/OASAS%20Part%20820%20Policy%20and%20Procedure%20Guidance.pdf>

[OASAS Part 820 Transition Planning Checklist:](#)

<http://ctacny.org/sites/default/files/OASAS%20Part%20820%20Transition%20Checklist.xlsx>

[OASAS Residential Services Policies, Procedures and Methods Checklist](#)

<https://www.oasas.ny.gov/legal/CertApp/documents/Part820Checklist.pdf>

[NEW PAS FORMS AND INSTRUCTIONS FOR OASAS PART 820 PROVIDERS WEBINAR](#)

Fixing Behavioral Health Care in America

https://thekennedyforum-dot-org.s3.amazonaws.com/documents/KennedyForum-MeasurementBasedCare_2.pdf



Part 820 Program Clinical Components and Resources.

Clinical Pathways Document:

<https://www.oasas.ny.gov/ManCare/BHO/documents/ClinicalPathwayResidentialRedesign-FINAL.pdf>

OASAS Part 820 Nurses' FAQ:

https://ctacny.org/sites/default/files/Final%20Part%20820%20Nurses%20FAQ.Final_.4-2017.pdf

Level of Care for Alcohol and Drug Treatment Referral (LOCADTR)

<https://www.oasas.ny.gov/treatment/health/locadtr/index.cfm>

Shared Program Experience – Learning from others

Programs are also encouraged to view the following videos that discuss two programs' administrative and billing experiences in transitioning to a Part 820

[Chapter 1: Administrative Readiness](#) :

<http://ctacny.org/training/oasas-820-implementation-chapter-1-administrative-readiness>

[Chapter 2: Clinical Readiness](#) :

<http://ctacny.org/training/oasas-820-implementation-chapter-2-clinical-readiness>



Part 820 Fiscal Information

Revenue Source	Stabilization	Rehabilitation	Reintegration
Congregate Care Level II	X	X	X
Food Stamps	X	X	X
SAPT Block Grant	X	X	X
OASAS Net Deficit (for not for profit programs)	X	X	X
Medicaid Tx Per Diem (paid by Medicaid Managed care)	X	X	N/A (tx services provided in community)
One time \$205,000 start up funds	X	X	N/A

Medicaid Part 820 Treatment Per Diem – Paid by Medicaid Managed Care

Medicaid per diem reimbursement/revenue for treatment services delivered in Part 820 Stabilization and Rehabilitation elements will **be via the Medicaid Managed Care Program**, through contractual arrangement with a Medicaid Managed Care enrollee's health plan.

Authorization for the inclusion of the Part 820 programs in the Medicaid managed care benefit package and payment of the Part 820 treatment per diem is through the CMS approved New York State 1115 managed care waiver as part of the Medicaid managed care program.

Plan Contact Information: Plan Contact Matrix at <https://matrix.ctacny.org/> OR Directory of Plans at https://www.health.ny.gov/health_care/managed_care/mcplans.htm

Currently, Medicaid ffs is not available and programs **may not submit claims** for the Part 820 stabilization and rehabilitation per diem **to straight Medicaid ffs.**

Part 820 Managed Care Billing (Stabilization and Rehabilitation)

Part 820 Programs **should review all** of the following documents related to Part 820 claims submission :

- The "[New York State HARP Mainstream BH Billing and Coding Manual](#) provides billing mechanics for all the Medicaid fee-for-service "government rate" services, including Part 820 Stabilization and Rehabilitation treatment services under both the Office of Mental Health and the Office of Alcoholism and Substance Abuse Services. ***This manual should be reviewed in conjunction with the two items below.***
- [Title 14 NYCRR Part 820 Reimbursement and Claiming FAQs - Plan Focused](https://www.oasas.ny.gov/ManCare/BHO/documents/42518PlanFocusedPart820ResourceGuide.pdf)
- [Title 14 NYCRR Part 820 Reimbursement and Claiming FAQs - Provider Focused](#)
- [Emedny Part 820 Medicaid Application](#) - For providers that are either new to New York State Medicaid and require an MMIS number; or, for those programs seeking to obtain an MMIS number that is unique to the Part 820 program. As a reminder, reimbursement is through the Managed Care Company and not NYS Medicaid Fee-For-Service (FFS). Programs will utilize the MMIS number for configuration within plan claiming systems.



Expedited Medicaid Managed Care Enrollment

- An expedited Medicaid managed care enrollment process has been established for individuals receiving services from a [Title 14 NYCRR OASAS Certified Part 820 Residential Service Program](#)
- Programs should review the following guidance / instruction document titled "[Expedited Medicaid Managed Care Enrollment for Individuals Receiving Services From a Title 14 NYCRR OASAS Certified Part 820 Residential Service Program](#) <https://www.oasas.ny.gov/ManCare/BHO/documents/Final-ExpeditedEnrollmentforPart820Progams.pdf>
- Plan Contact Information: Plan Contact Matrix at <https://matrix.ctacny.org/> OR

Part 820 Fiscal Guidance Documents

[OASAS Residential Treatment Revenue Calculator](#)

http://ctacny.org/sites/default/files/oasas_residential_treatment_revenue_calculator_0.xlsx

[May 23, 2016 letter regarding \\$205,000 Start-up funds](#)

<https://www.oasas.ny.gov/pio/documents/VAPFunding.pdf>

[Briefing Paper for Commissioners of Local Social Services Departments](#) affirms Congregate Care Level II for Part 820

programs.<https://www.oasas.ny.gov/ManCare/BHO/documents/Part820brief.pdf>

[Emedny Part 820 Medicaid Application](#)

<https://www.emedny.org/info/ProviderEnrollment/OASAS/index.aspx>





Forward Questions Regarding
Transition from Part 819/816 to Part 820 to
the PICM Mailbox

PICM@oasas.ny.gov

