



Services and Medicaid in the OASAS Treatment System

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General Patient Statistics

- 261,775 unique individuals were treated in the OASAS system in 2010. Many individuals were seen in multiple modalities.
 - 172,734 individuals received outpatient services
 - 50,962 individuals received crisis (detox) services
 - 45,631 individuals received outpatient Methadone services
 - 34,212 individuals received inpatient rehabilitation services
 - 25,319 individuals received residential services



OASAS Treatment Modalities

All admissions are voluntary

- **Crisis Services:** medically managed detox; medically supervised withdrawal (inpatient/outpatient medically supervised withdrawal); medically monitored.
- **Inpatient Rehabilitation:** includes 12 state-operated ATCs, hospital-based, and free-standing programs
- **Residential Rehab Services for Youth**
- **Chemical Dependence Outpatient Services**
- **Chemical Dependence Outpatient Services for Youth**
- **Residential Services:** Intensive residential, Community residences, supportive living
- **Opioid treatment**



Crisis Services

- **Medically managed detox:**

- Patients are acutely ill and may be experiencing severe withdrawal symptoms and/or a risk of psychiatric co-morbid conditions. Admissions to these programs may be involuntary, emergency admissions. Programs are dual certified as an Article 28 (DOH) service. 5-day average length of stay. Patients stabilized at this level “step down” to a medically supervised service.

- **Medically supervised withdrawal and stabilization:**

- **Inpatient/Residential Medically supervised withdrawal:** Patients have mild to moderate withdrawal, situational crises, and are unable to abstain without withdrawal symptoms. Services include medical supervision and direction. Services may be provided in intensive residential treatment and rehabilitation, community residences, and supportive living programs. Patients stabilized at this level “step down” to a medically supervised outpatient service.
- **Outpatient Medically supervised withdrawal:** Clients have moderate substance withdrawal and do not meet admission criteria for medically managed detox. Clients may also have emotional support from a home environment. Clients are seen by a medical professional daily, receive counseling, and may access a 24-hour hotline.

- **Medically monitored withdrawal and stabilization:**

- May be provided in a free-standing community based setting or as an additional service of an inpatient or residential provider. Services do not require physician direction. Patients have mild withdrawal symptoms and provide a safe environment to complete withdrawal.



Inpatient Rehabilitation

- Chemical dependence inpatient rehabilitation services provide intensive management of chemical dependence symptoms and medical management/monitoring of physical or mental complications from chemical dependence to clients who cannot be effectively served as outpatients and who are not in need of medical detoxification or acute care.
- These services can be provided in a hospital or free-standing facility, and sponsorship may be voluntary not for profit, proprietary or State operated.
- Average length of stay is 21 to 28 days
- Certified providers conduct intensive evaluation, treatment and rehabilitation services in a medically supervised 24 hour/day, 7 days/week setting.
- Services are provided according to an individualized treatment plan and under the supervision of a Medical Director.



Services for Youth: Residential and Outpatient Patients less than 18 years of age

- **Outpatient Services:**
 - Range in intensity of clinical services appropriate and necessary to an individualized treatment plan.
 - Services may extend to significant others or family members of all ages
 - Support services including emergency services, medical/surgical treatment, residential services when appropriate
- **Residential Rehab Services:.**
 - Individual and group counseling
 - Family counseling, as appropriate
 - Recovery support services
 - Education about communicable diseases
 - Introduction to peer-support and self-help groups
 - Life skills training
 - Holistic health education
 - Case management/community support services
 - Vocational and educational assessment and referral
 - Medical and psychiatric consultation



Chemical Dependence Outpatient Services

- Chemical dependence outpatient services assist individuals who suffer from chemical abuse or dependence and their family members and/or significant others.
- Outpatient services may be delivered at different levels of intensity responsive to the severity of the problems presented by the client and include outpatient rehabilitation services which are designed to serve individuals with more chronic conditions who have inadequate support systems, and either have substantial deficits in functional skills or have health care needs requiring attention or monitoring by health care staff.
- These services may be provided in a free standing setting, or may be co-located in a variety of other health and human service settings including hospitals.
- Sponsorship may be voluntary, proprietary or county operated.
- The length of stay and the intensity of services as measured by frequency and duration of visits varies from one category of outpatient services to another and intensity will vary during the course of treatment within a specific category. In general, persons are engaged in outpatient treatment up to a year and visits are more frequent earlier in the treatment process becoming less frequent as treatment progresses.



Opioid Treatment Services

- Opioid treatment is a medical service designed to manage heroin addiction. Opioid treatment programs administer medication, generally methadone by prescription, in conjunction with a variety of other rehabilitative assistance, to control the physical problems associated with heroin dependence and to provide the opportunity for patients to make major life style changes over time.
- Methadone treatment is delivered primarily on an ambulatory basis, with most programs located in either a community or hospital setting. Some specialized programs deliver services in a residential setting, while a few programs deliver services in a prison setting.
- Rehabilitative assistance includes primary medical care, counseling and support services:
- Methadone may be prescribed and administered through a variety of medical protocols, as per individual needs: including Maintenance, Methadone to Abstinence, Medically supervised Withdrawal , LAAM and Key Extended Entry Program (KEEP).



Residential Services

- **Intensive Residential:** in addition to all services required by residential programs, additional intensive residential services include: vocational assessment, job skills training, employment readiness, parenting, social and community living skills; minimum of 40 hours/week of procedures within a therapeutic milieu. Persons in this service category are unable to comply with treatment outside of a 24 hour setting as evidenced by unsuccessful outpatient treatment.
- **Community Residences:** Structured therapeutic milieu. Residents are concurrently enrolled in outpatient services providing addiction counseling. Other services include job training, employment readiness. Persons in this service category may be homeless or with living situations not conducive to recovery and abstinence maintenance.
- **Supportive Living:** Minimum level of professional support (weekly visit to resident by a clinical staff member). Persons in this service category require support of fellow residents to maintain recovery but do not require 24 hour on-site supervision of clinical staff.



How much does NYS spend annually on substance use disorder treatment?

Annual spending for all treatment modalities in 2011-2012 is estimated to be \$1.5 billion



How do we spend the money? “Net Deficit Funding”

- Operating expenses for voluntary funded providers are paid through state aid (Mental Hygiene Law Article 26) to cover the balance left after monies are received by providers from other sources.
- Where are the funding sources?
 - \$ 83.2 million from the Federal SAPT Block Grant
 - \$297.6 million from the NYS General Fund
 - \$32.9 million from Local Government maintenance of effort
 - \$89.4 million from Public Assistance: congregate care II, food stamps, SSI & SSA
 - \$2.7 million from Medicare
 - \$883.4 million from Medicaid (50% is Federal match)
 - \$76.2 million from other revenues that include additional federal and state grants, voluntary local government contributions and other third party revenues



How does Medicaid fit in the OASAS system?

Not all substance use disorder treatment services are eligible for Medicaid reimbursement.

What services are eligible?

Outpatient Services including:

- Chemical Dependence Outpatient Treatment (including outpatient rehabilitation)
- Opioid Treatment
- Medically Supervised Outpatient Withdrawal
- Outpatient Chemical Dependency for Youth

Inpatient Rehabilitation Services including

- Freestanding (funded with State only Medicaid/no FFP)
- State Operated ATC's (funded with State only Medicaid/no FFP)
- Hospital Based

Residential Rehabilitation Services for Youth

Crisis Services/Detox including:

- Medically Managed Inpatient Withdrawal
- Medically Supervised Inpatient Withdrawal
 - Hospital Based
 - Freestanding (funded with State only Medicaid/no FFP)



What is the current Medicaid Managed Care benefit package for SUD services?
 OR
 What's Carved-In and What's Carved-Out (FFS)?

Service	Covered by MMC Plan	Additional Comments
Medically Managed Detoxification	Yes for all enrollees**	
Medically Supervised Inpatient Withdrawal	Yes for all enrollees	
Chemical Dependence Inpatient Rehabilitation	Yes for Non SSI enrollees No, for SSI enrollees	Available through Medicaid FFS for SSI enrollees **
Opioid Treatment (MMTP)	No	Carved-out service, available through Medicaid FFS for all enrollees
Chemical Dependence Outpatient Clinic Programs	No	Carved-out service, available through Medicaid FFS for all enrollees
Medically Supervised Outpatient Withdrawal	Yes for all enrollees	
Outpatient Chemical Dependency for Youth Programs	No	Carved-out service, available through Medicaid FFS for all enrollees

** Homeless individuals in NYC are exempt from enrollment in managed care.
 Rest of the State is subject to the discretion of the LDSS



How much Fee For Service Medicaid is spent annually on SUD treatment services?

<u>SUD Service Type</u>	<u>Dollars in Millions spent in SFY 2010</u>
All SUD services	\$870.1
Crisis/Detox Services (all levels)	\$191.3
Inpatient Rehabilitation Services	\$170.3
Outpatient Services	\$284.8
Opioid Treatment Services	\$202.4
Residential Rehab Services for Youth	\$ 21.3



OASAS Medicaid Fast Facts

(based on SFY 2008,2009 and 2010 eMedNY data)

- SUD services were provided to 159,429 unique Medicaid recipients in 2010 (FFS claims only). Many recipients received services at multiple modalities.
 - The greatest number of recipients were served in outpatient programs (115,104), followed by Opioid Treatment (36,115), Crisis/Detox (25,102), inpatient (18,440) and Residential Rehab Services for youth (1,373)
 - Over 1.75 billion dollars was spent to provide non-SUD services to recipients of SUD services in SFY 2010
- Of the approximate 2.5 million people in NYS age 18 and over eligible for Medicaid, 5.5% received SUD services in SFY 2008
- Statewide trends indicate the number of individuals served and Medicaid dollars spent on Crisis/Detox, Inpatient and Opioid treatment services has been steadily declining; while the units of service and Medicaid dollars spent on non-SUD services for the SUD population has increased.



Where do we go from here?

MRT – BHO's and the Behavioral Health Subcommittee

- Phase 1 BHO's - In progress

RFP issued to award up to five regional contracts for ASO level services for 2 year period

- Phase 2 - Design to be shaped by MRT Behavioral Health Subcommittee

Separate bid for risk bearing managed care entity for behavioral health.

One of three regional options

- Integrated Delivery System (IDS) or full carve in of SUD services.
- Special Needs Plan (SNP) which also manages physical health services for enrolled beneficiaries
- BHO carve out



Where do we go from here?

MRT – BHO's and the Behavioral Health Subcommittee

- Phases 1 and 2 – Health Homes
 - Integrating and Expanding the OASAS Managed Addiction Treatment Services program (MATS) into Health Homes while ensuring continuity of existing case manager and treatment relationships.
 - MATS is the OASAS care coordination/case management program which is not currently funded by Medicaid and is available for high cost/high need patients in NYC, Orange, Westchester, Dutchess, Suffolk and Erie counties.

