



Ancillary Withdrawal Management for 822 Programs

Revised Clinical Guidance

- In December 2010, OASAS issued Clinical Practice Guidance: Chemical Dependence Outpatient Services Faced with a Patient Displaying Withdrawal Symptoms.
- The new guidance document provides a more structured approach in response to concerns raised by Federal authorities in the use of addiction medications.



Ensuring Patient Safety

- The OASAS Part 822 regulations require and expect that Part 822-4 and 822-5 programs are addressing the need to use approved medications as part of treatment and these programs are authorized to provide or arrange for the provision of medication management services.
 - Thus, while there is clear regulatory authority for OASAS to allow Part 822-4 and Part 822-5 programs to provide ambulatory withdrawal services
 - OASAS must ensure that such services are provided in a safe and effective manner.



A Clinical Option

- This Guidance is presented to help physicians in their determination of when and how the procedure can be applied.
- The decision to employ the practice in the case of a particular patient is left to the prescribing physician's clinical judgment.



How is This Different than an 816.8 Medically Supervised Withdrawal Outpatient?

- An MSW-O/P generally has a specific focus and expertise in detoxification, managing withdrawal symptoms, and referring the patient for ongoing care; presenting a stepped approach.
- An 822 generally has a specific focus and expertise in on-going care which can be supported by addressing mild to moderate withdrawal. Further, offering detoxification services in conjunction with ongoing care may facilitate greater patient engagement in recovery



Guidance for Part 822-4 and Part 822-5 Chemical Dependence Outpatient Services Faced with a Patient Displaying Withdrawal Symptoms



Severe Withdrawal or Recent Significant Use

- OASAS recommends that patients with a Clinical Institute Withdrawal Assessment [CIWA] score **greater than 15** or similarly assessed be referred for Observation and/or Medically Managed Stabilization and Withdrawal.



Severe Withdrawal or Recent Significant Use

- Patients admitted from another level of care or from home that have used substances within the **last 24 hours requiring acute detoxification services** be transferred to a Part 816 service for acute management of withdrawal



Severe Withdrawal or Recent Significant Use

- Patients that are **not admitted and that have used substances within the last 24 hours** requiring acute detoxification services should be referred for Observation and/or Medically Managed Stabilization and Withdrawal.



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Severe Withdrawal or Recent Significant Use

- Patients with **co-morbid acute** (necessitating immediate care and monitoring) medical or psychiatric disorders should not be considered for this level of care.



Mild to Moderate or Persistent Withdrawal

(symptoms that can last for months after acute detoxification)

- The service can provide medication management for symptom relief of mild to moderate or persistent withdrawal as differentiated from acute detoxification services.
 - A patient is admitted directly from a detox service (Part 816) (mild to moderate or persistent withdrawal symptoms are present).
 - A patient is admitted from another level of care or from home and has used substances several days earlier and it appears that he/she is not in need of acute detoxification services, but does require a degree of medical care to alleviate mild to moderate or persistent withdrawal symptoms and become engaged in treatment.
 - A patient is admitted and is exhibiting mild to moderate or persistent withdrawal symptoms as can be seen in alcohol dependence, sedative dependence and opiate dependence.



Accurately Assess Level of Withdrawal

- The service can provide symptom relief and/or addiction medications for the patient in mild to moderate or persistent withdrawal **only after an accurate assessment of the level of withdrawal**, which includes the use of a standardized assessment instrument.
 - Providers should be familiar with Part 816.5 (C)(1) - Procedures for the clinical evaluation and management of alcohol and/or other substance specific withdrawal syndromes, to include the use of standardized withdrawal evaluation instruments, (including, but not limited to, Clinical Institute Withdrawal Assessment [**CIWA**] or Clinical Opiate Withdrawal Scale [**COWS**], if available.)



The service can provide medication management

- The service may provide symptom relief and/or addiction medications for alcohol or opiate withdrawal, or a slow taper of sedatives.



Patient Safety

- The service must ensure patient safety and institute and document vital sign monitoring commensurate with the level of withdrawal and the medication being used.



The service can provide medication management

- The service must have a physician, registered physician's assistant or nurse practitioner readily available on site or by phone for problems and medication management decisions. A registered nurse or physician's assistant may take the initial call but must have a physician or nurse practitioner available for consultation.



Only OTPs Can Dispense Opioids

- The physician, when prescribing detoxification medications (including buprenorphine), should do so using prescriptions that can be filled at an outside pharmacy and the program should not dispense any medication unless they have an Opioid Treatment Program (OTP) certification.



The Prescribing Professional

- Medical orders should be documented at the start of medication and be followed and adjusted as clinically relevant for patients who are medically treated in a Part 822 clinic. The note must document:
 - the initial withdrawal symptoms
 - the medication prescribed
 - a schedule for monitoring vital signs and other withdrawal symptoms
 - behavioral issues
 - must be signed by the prescribing professional within 24 hours.



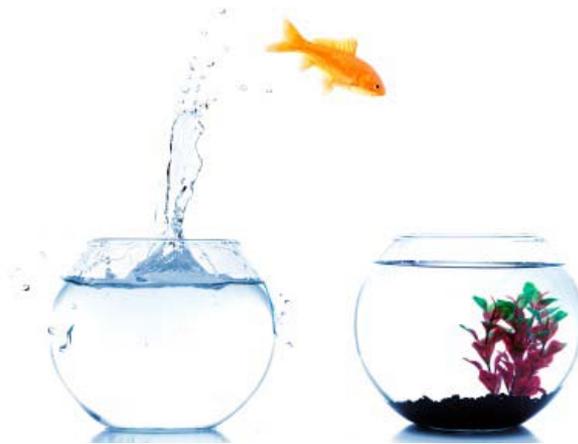
Treatment Planning

- Treatment plan goals might include continued abstinence and/or relapse prevention. These goals would be appropriate under the medical and/or substance abuse functional areas. Such patients would require treatment plan reviews and utilization reviews as specified in the Part 822 regulations.



Buprenorphine

- Long-term treatment utilizing buprenorphine with limited outpatient services is allowable in Part 822 clinics as medically and clinically indicated and in compliance with Part 822 regulations. Should a patient request a referral to methadone treatment (OTP services), every effort must be made to refer the patient to an OASAS provider certified and accredited to provide such services.



Extended Care

- For patients receiving addiction medicine (e.g., buprenorphine) for an extended period of time, who may have met all other treatment plan goals, their treatment plan should continue to address such issues as medication management and monitoring along with ongoing assessment for post acute or post sub-acute withdrawal.



Face-to-Face

- In addition, in a Part 822-4 program, as per Section 822-4.8(e), if patients are seen once per month (which might be the case for long-term buprenorphine patients), **they do not have to be factored into the one full-time equivalent primary counselor for every 35 patients ratio requirement.** Active patients must be seen face-to-face at least once every thirty days by medical and/or clinical staff to appropriately monitor and document progress on remaining treatment plan goal(s).



Service Capacity Limits

- All providers of 822- 4 services are eligible with no capacity of patient limits.
- 822-5 services are eligible with a 10% of total capacity limit (capacity is 100 patients, 90 methadone patients and 10 patients on withdrawal treatment status)



Billing

- APGs can be used for billing – See the APG Billing and Clinical Guidance Manual for more specific information on billing categories, but programs should use the Medication Management series of services
<http://www.oasas.ny.gov/admin/hcf/APG/documents/APGManual-April2011.pdf>

More about this later...



Preparing for System Change

- Have discussions of treatment philosophy.
- Explore patient response
- Examine impact on current policies and procedures
- Develop a viable business model
- Establish a change team
- Plan, Do, Check, Act
- Work as a team
- Expect new learning



Preparing Patients and Yourself

- Work to establish a relationship of watchful trust
- Give examples from your experience to help establish a common language
- Encourage and open dialogue
- Acknowledge challenges
- Provide clear choices
- Help establish expectations
- Convey your coordination with other staff
- Expect experimentation
- Run confirmatory tests
- Be prepared to reassess



How to obtain authorization to provide ambulatory detoxification services in a certified, Part 822 program:

- This is a voluntary service and is not mandated.



How to obtain authorization to provide ambulatory detoxification services in a certified, Part 822 program

- Providers must submit a request to the Certification Bureau for authorization to provide ambulatory detoxification services and approval of protocols by the OASAS Medical Director's Office as outlined below:



How to obtain authorization to provide ambulatory detoxification services in a certified, Part 822 program

- All submissions must be in an electronic format to: CertificationBureau@oasas.ny.gov



Components of the Application

1. Policy on vital sign monitoring to be commensurate with the level of withdrawal and the medication being used;
2. Medical protocol to be used for withdrawal treatment;
3. Use of medications post- withdrawal, i.e. Naltrexone used once withdrawal has ceased;



Components of the Application

4. Organizational and service accommodations to provide adjunct services that you potentially see patients being in need of;



Components of the Application

5. how toxicology testing will be used (i.e., number of tests, intervals, etc.);



Components of the Application

6. how determinations as to which behavioral treatment services the patient receives (part of the normal group structure or specialized withdrawal groups);



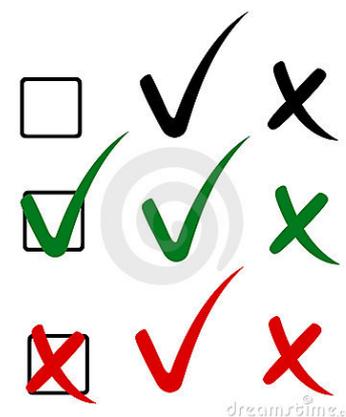
Components of the Application

7. Q.A Plan (How outcomes will be measured; for example: log of untoward events, compliance with monitoring/ staff follow-up, patient retention in 822 v/s detox and discharge)
8. A plan for 24 hour access for emergencies
9. Copy of the Operating Certificate for each PRU where the services may be provided



How to obtain authorization to provide ambulatory detoxification services in a certified, Part 822 program

- OASAS will approve this service as long as it meets the standards set forth above and as necessary and appropriate to meet the service delivery needs of the geographic areas of the State as determined by OASAS.



APG Reimbursement

- The 822 -4 and Part 822-5 Withdrawal Management services are “no – blend” APGs/services; and, reimbursement is set by multiplying the peer group specific base rate by the APG service weight.
- In the OASAS freestanding program’s effective for dates of service 7/1/11-6/31/12 the service / peer group specific payments are listed below.
- Hospital peer group base rates are currently under review. However, it is anticipated that when delivered in a hospital owned and operated program the reimbursement levels for the 822 -4 and Part 822-5 Withdrawal Management services will be equal to or somewhat more than the freestanding reimbursement amounts listed below.



Pricing

Medicaid APG Rate Per Service	822-4 Clinic Upstate	822-4 Clinic Downstate	822-5 Opioid Upstate	822-5 Opioid Downstate
Addiction Medication Induction / H0014	\$122.13	\$142.90	\$112.57	\$131.71
Med Mgt & Monit-Routine / M0064	\$50.89	\$59.54	\$46.91	\$54.88
Med Mgt & Monit-Complex / 90862	\$97.70	\$114.32	\$90.06	\$105.37



Monitor Care! Have Good Linkages!

- If at any time the patient develops symptoms of acute withdrawal, they must immediately be transferred to an emergency room and/or Part 816 withdrawal and stabilization service. Programs that provide medication management should have specific linkages with inpatient withdrawal services and/or emergency rooms and have detailed policies regarding safe transportation of clients in need of these services.



Questions & Comments

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