



Proposed 816 Regulations

**Crisis Withdrawal and
Stabilization Services**

Two Foundation Steps to Detoxification Reform:

1. Reconfigure existing reimbursement methodology for hospital based detoxification. This was done via the 2008-09 Enacted New York State Budget (Art 7.).
2. Amend Part 816 Regulation to support more clinical flexibility in detoxification treatment

General Comments

Foundational Changes should meet the overall goals of the Detoxification Task Force:

- Allow communities to develop increased community-based programs;
- Provide LOC continuum within hospital to meet patient needs. (Medically Managed or Medically Supervised); and
- Increase access / linkage to community based care where safe and appropriate.

Foundation Step One

Reconfigure Reimbursement

Enacted 2008 – 2009 New York State Budget:

1. Re-configured hospital based detoxification reimbursement to more closely reflect actual cost.
2. Eliminated the DRG reimbursement methodology for OASAS certified Medically Managed Detoxification beds and replaced it with a per diem payment.
3. Established a new per diem for hospital based OASAS certified Medically Supervised Inpatient Withdrawal beds.
4. Established a hospital based per diem amount for an up to 48 hour observation period.

Per diem details will be discussed in the afternoon session.

Foundation Step Two

Amend Part 816

SERVICE GOAL:

- Chemical dependence withdrawal and stabilization services are designed to provide a **range of service options, or levels of care, to persons** who are intoxicated or incapacitated by their use of alcohol and/or substances.

AMENDED PART 816 GOAL:

- Revise Part 816 to better reflect in regulation, the primary purpose of crisis services; to stabilize the patient, engage and increase motivation and successfully link the patient to the next level of care.

Part 816: Hospital Based Medically Managed and Supervised Services

- Greater clinical flexibility;
- Observation period during the first 24-48 hours;
- Reduced paperwork requirement;
- Increased patient-centered focus;
- More targeted focus on crisis stabilization and linkage to treatment; and
- Medically Managed Certification will support Medically Supervised Service and the Observation period.
Separate OASAS certification is not required for each level of hospital detoxification.

Part 816: Community Based Medically Supervised Services

- Regulation no longer requires vocational and education assessments.
- Changes the bio/psycho/social assessment to a crisis assessment.
- Targets only information necessary to safely stabilize and engage patient.
- Links Patients to appropriate treatment services.
- Allows more time for counseling services in order to engage the client in the recovery process.

Part 816: Medically Supervised Outpatient Services

- Regulation allows for a face to face visit with a medical professional including a registered nurse
- Allows for the physician to schedule visits less than daily if deemed safe and appropriate.
- Removes huge barrier to the provision of outpatient services; the need for daily physician contact.

Part 816 New Definitions

- Detoxification;
- Medically Managed Withdrawal Services;
- Medically Supervised Withdrawal Services-Inpt;
- Medically Supervised Withdrawal Services-Outpt;
- Medically Monitored;
- Observation Bed;
- Prescribing Professional;
- Program Sponsor;
- Recovery Care Plan; and
- QHP includes Licensed Mental Health Counselors.

No Significant Changes to:

- Medically Monitored Crisis Services at the present time.
- OASAS has convened a workgroup to review and make recommendations for changes to medically monitored crisis services within six months.