



**Office of Alcoholism and
Substance Abuse Services**

LOCADTR 3.0

February 2015

March 5, 2015



Office of Alcoholism and Substance Abuse Services

Welcome!

LOCADTR 3.0 Training Goals:

1. Understand the principles and logic behind LOCADTR 3.0;
2. Understand question content and use;
3. Understand LOCADTR application (access and use)

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BACKGROUND



Office of Alcoholism and
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Why a new tool?



Transition to Managed Care

- Want to ensure access to care
- Need standardized tool for provider-client-plan communication
- Tool aligned with NY treatment system



Goals

- Reliable/valid/credible
- Include collective understanding of level determination
- Placement in least restrictive yet appropriate setting
- Simplified and expedient administration



LOCADTR 3.0 will:

- Preserve Access and Availability for all levels of care across system
- Add value for purchaser and client
- Improve Outcomes – more is not always better – treatment should be matched to client need



What We Want in a Tool

- **Speed** – able to be completed in minutes
- **Relevance** – Includes Levels of Care known and understood in New York
- **Reliability** – Predictably and accurately recommends the best level of care
- **Credibility**- Plans and providers accept the tool and agree that there is evidence to support the tool, face validity and empirical support
- **Clinical Support** – Provides information to clinicians to support level of care decisions to payers and auditors



Tool Development



- Partnered with CASA Columbia
- Clinical Advisory Group recommended revising LOCADTR
- A sub-group with expert representation from each level of care developed the questions and the logic – from review of the existing tools and practical clinical knowledge and experience
- Risk/ Resource paradigm – what risk is the person at and what resources do they have to support recovery goals at a lower level of care.
- Substance specific logic thread
- Crisis decision tree



Development Process

- Held focus groups with members of the panel
- Refined questions and logic
- Cognitive testing at three sites to further refine questions
- Developed web-based tool
- Second round of cognitive testing using web-based tool to inform additional refinements
- Field tested across the state



THE PRINCIPLES BEHIND LOCADTR



- Treatment should occur in the least restrictive setting that is likely to be successful.
- Resources may be added to increase the likelihood that the client can succeed in a lower level of care including care coordination through a health home, peer or other support services.
- Failure at an outpatient level of care, by itself, should not necessarily lead to a higher level of care.
- Access to a needed higher level of care should not be denied because the client has not yet failed at a lower level of care.



- Need for a higher level of care is based on the risk of harm to the client.
- Level of care is the setting, treatment is what occurs in that setting.
- Sometimes the setting needs to be adjusted to allow for successful treatment, but more often the treatment needs to be adjusted.



- Level of care is determined by the current risk of harm if substance use continues and the resources that the client has to support success.
- Level of care is one part of the treatment planning process. The LOCADTR considers only the issues that relate to the setting in which treatment should occur.
- Consideration of varying factors determine the type of treatment and the goals and objectives for the individual client.



INTERFACE OVERVIEW

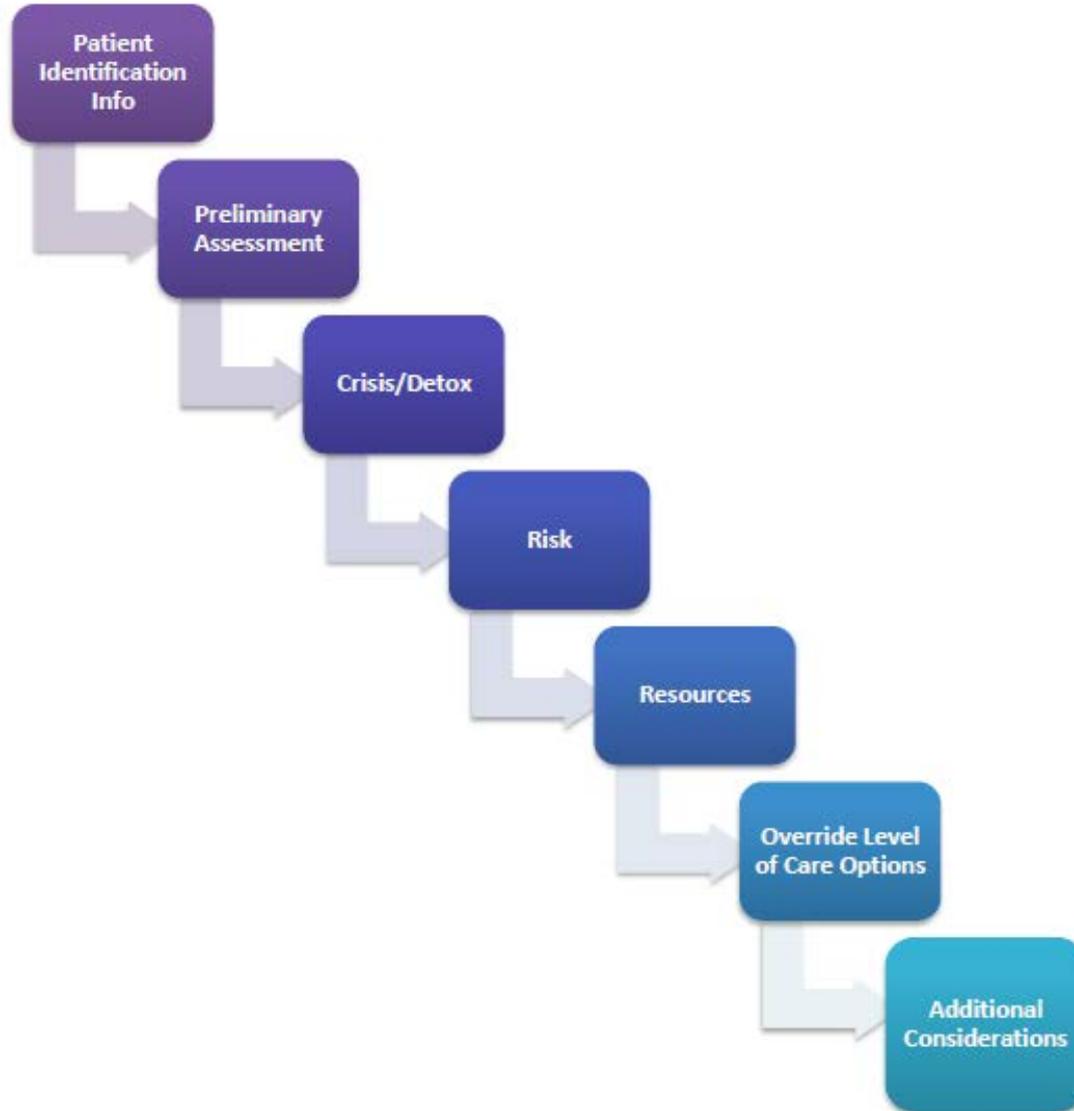


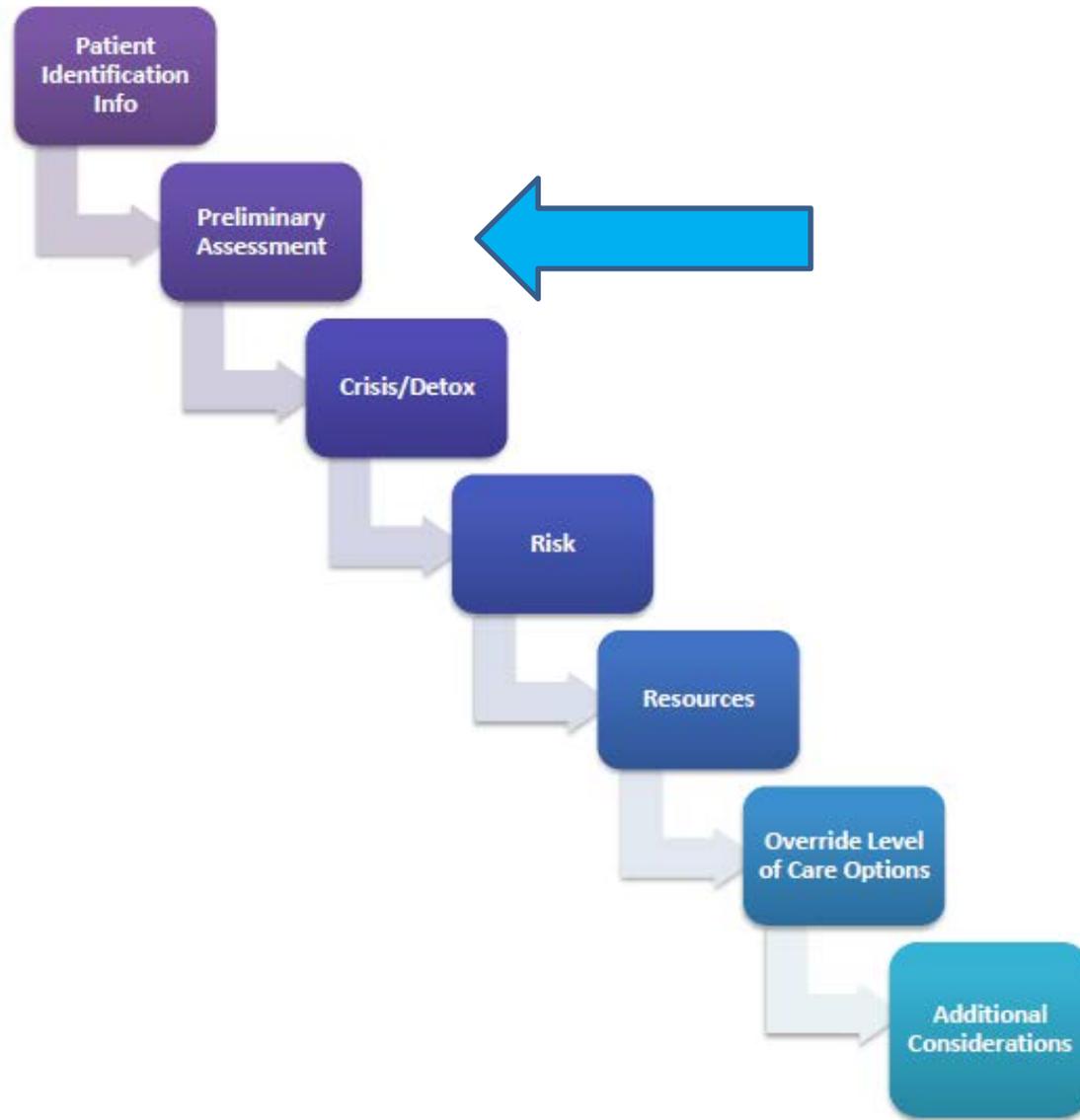
Health Commerce System

- The LOCADTR is a web-based application
- Accessed via the Department of Health – Health Commerce System (HCS) using a LOCADTR specific url.
- Users need to create an HCS account with a user name and password.
- Each program will have an account administrator who has the ability to add users.



LOCADTR Schematic





Preliminary Assessment

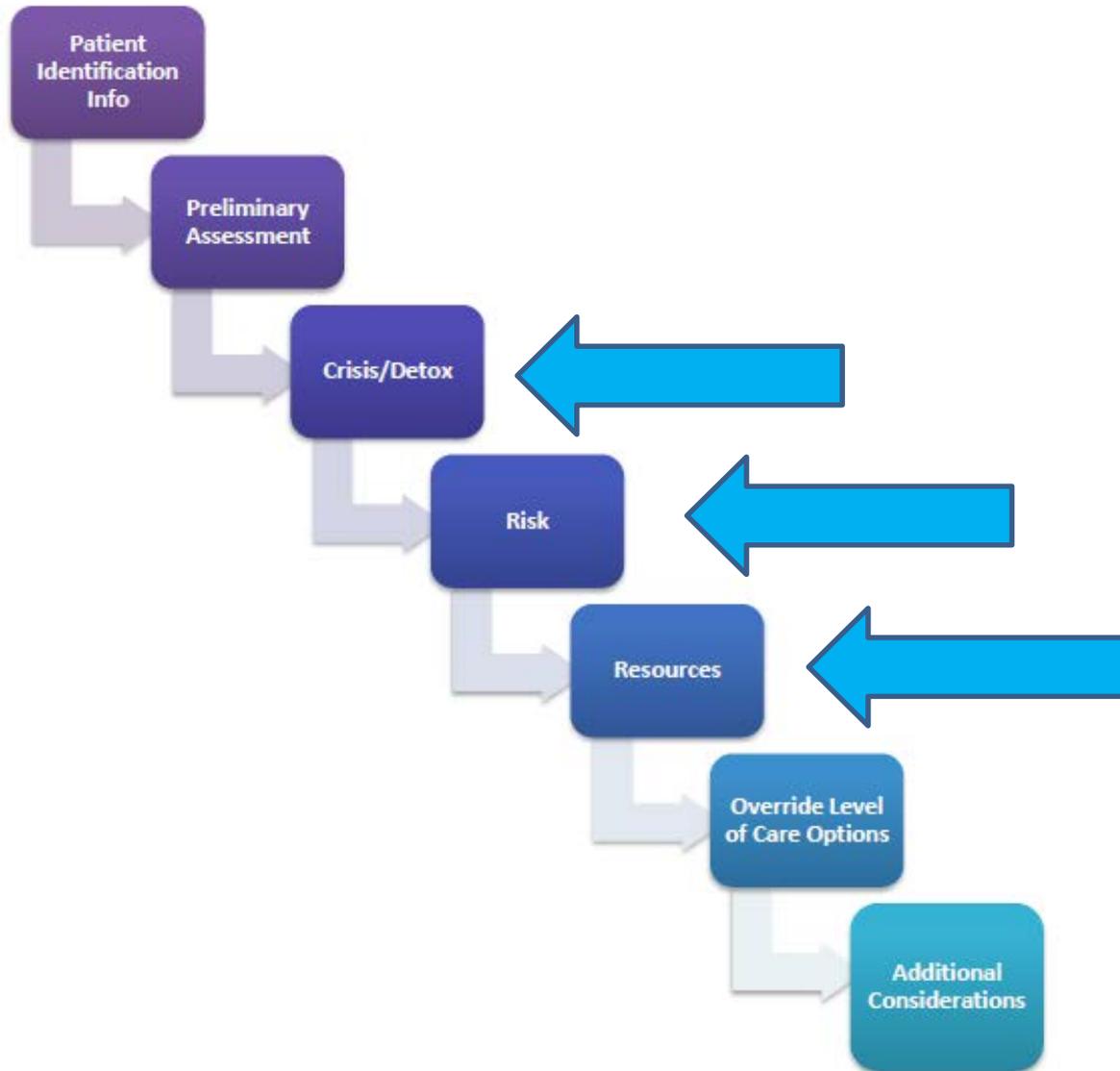
- The assessment will inform the LOCADTR, but has a more broad purpose in informing the treatment plan.
- Some information will be important to level of care and other information is more important for developing an appropriate, client–centered treatment plan.
- The LOCADTR considers issues that relate to the setting in which treatment should occur.
- The LOCADTR should be completed by a clinical staff member.



Level of care determination is based on a full assessment including at minimum:

- Presenting problem and history
- Substance Use - current and history of use
- Diagnostic Impressions
- Medical - current and history
- Mental Health screening
- Mental Health - current symptoms and history
- Legal
- Employment
- Family/Social
- Housing





Crisis

1. Acute physical or psychological conditions requiring immediate intervention.
2. Other life threatening conditions.
3. Severe withdrawal.



Risks

1. Medical complications
2. Psychiatric complications
3. Using hazardously
4. Poor socialization



Resources

1. Role performance
2. Self-efficacy
3. Supportive social network
4. Therapeutic alliance
5. Ability to manage environmental triggers
6. Access to food and shelter



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Logic Pathway



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Substance and Diagnosis

- The substance will connect the clinician to specific decision logic and considerations.
- DSM 5 diagnostic criteria should be met
- Symptoms of SUD are included in the LOCADTR
- When completing diagnostic criteria, it is especially important to address withdrawal and tolerance as these criteria directly relate to the crisis logic questions.

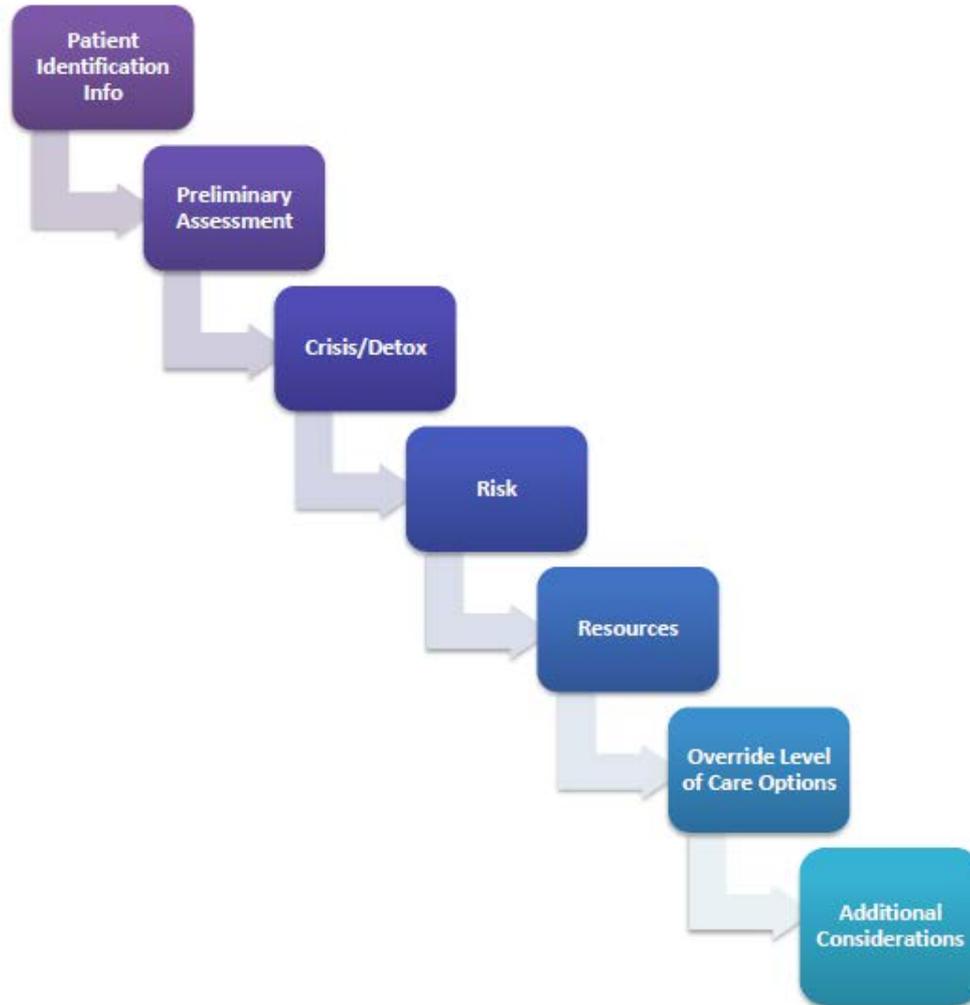


At-Risk Substance

- It is common that clients use multiple substances.
- LOCADTR asks for the clinician to determine the substance **that puts the client at most immediate and/or serious risk.**
- This may or may not be the substance that the client is most dependent on so it is not necessarily the primary substance of abuse.



LOCADTR Questions by Section



Preliminary Assessment

PR1: Does the person require immediate hospitalization for a **life-threatening** medical condition or for a **severe** psychiatric **crisis**?

PR2: Which substance is the person using that has the **most** potential to **cause harm to self or others**?

PR3: Does the person meet criteria for a Substance Use Disorder?

PR4: Is the person in full remission from a Substance Use Disorder?

PR5: Does the person have strong desires or urges to use a substance that are distressing and affect their ability to maintain sobriety OR is the remission due to being in a controlled environment or on Medication Assisted Treatment?





Detox/Crisis



Detox/Crisis

CD1: Is the person using substances with risk of medical complications from withdrawal?

CD2: Does the person have serious psychiatric or medical symptoms that would require 24-hour inpatient medical management in a hospital setting where a physician is in attendance daily?

CD3: Is the risk of withdrawal limited to opioids?

CD4: Can the person be managed in an outpatient setting through Medication Assisted Treatment (MAT)?

CD5: Does the person require medical supervision and stabilization in an inpatient setting with 24-hour medical oversight and vital sign monitoring to manage withdrawal?

CD6: Does the person have a safe environment that can support outpatient treatment which includes outpatient management of mild withdrawal symptoms?

CD7: Are outpatient ancillary withdrawal services available to the client?





RISK



Risk

RK1: Does the person have serious medical symptoms that need to be managed in an inpatient rehab setting for SUD treatment to be effective?

RK2: Does the person have serious psychiatric symptoms that need to be managed in an inpatient rehab setting for SUD treatment to be effective?

RK3: Does the person use in hazardous situations, in amounts or frequencies likely to **imminently** cause severe physical or emotional harm to self or others?

RK4: Do any of the following apply?

- Is medication assisted treatment (MAT) available in the community?
- Is the person willing to utilize it on an outpatient basis?
- Is the person expected to stabilize on medication on an outpatient basis?

RK5: Does the person have any interpersonal or personal skills deficits indicated by:

- An inability to establish and maintain stable employment.
- An inability to establish and maintain stable relationships.
- Persistent disregard for social norms, rules and/or obligations.



Risk

RK6: Does the person have a recent history of use or threats of physical or emotional violence or predatory behavior that creates harm to others?

RK7: Does the person have a psychiatric condition that requires 24-hour care in a secured environment?

RK8: Does the person have any of the following that would require stabilization with medical oversight in a residential setting?

- Strong cravings and/or urges to use that are unmanageable;
- Behavioral or emotional instability.

RK9: Does the person need 24-hour medical monitoring in a structured setting?

RK10: Can the person be managed in an outpatient setting?





RESOURCES



Resources

RSC1: Is the person adequately performing responsibilities in their work, social and family roles?

RSC2: Does the person have strong self-efficacy or confidence that he/she can pursue recovery goals outside of a highly structured setting?

RSC3: Is the person connected to a social or family network supportive of recovery goals?

RSC4: Has the person demonstrated a therapeutic alliance with at least one professional helper in the past?



Resources

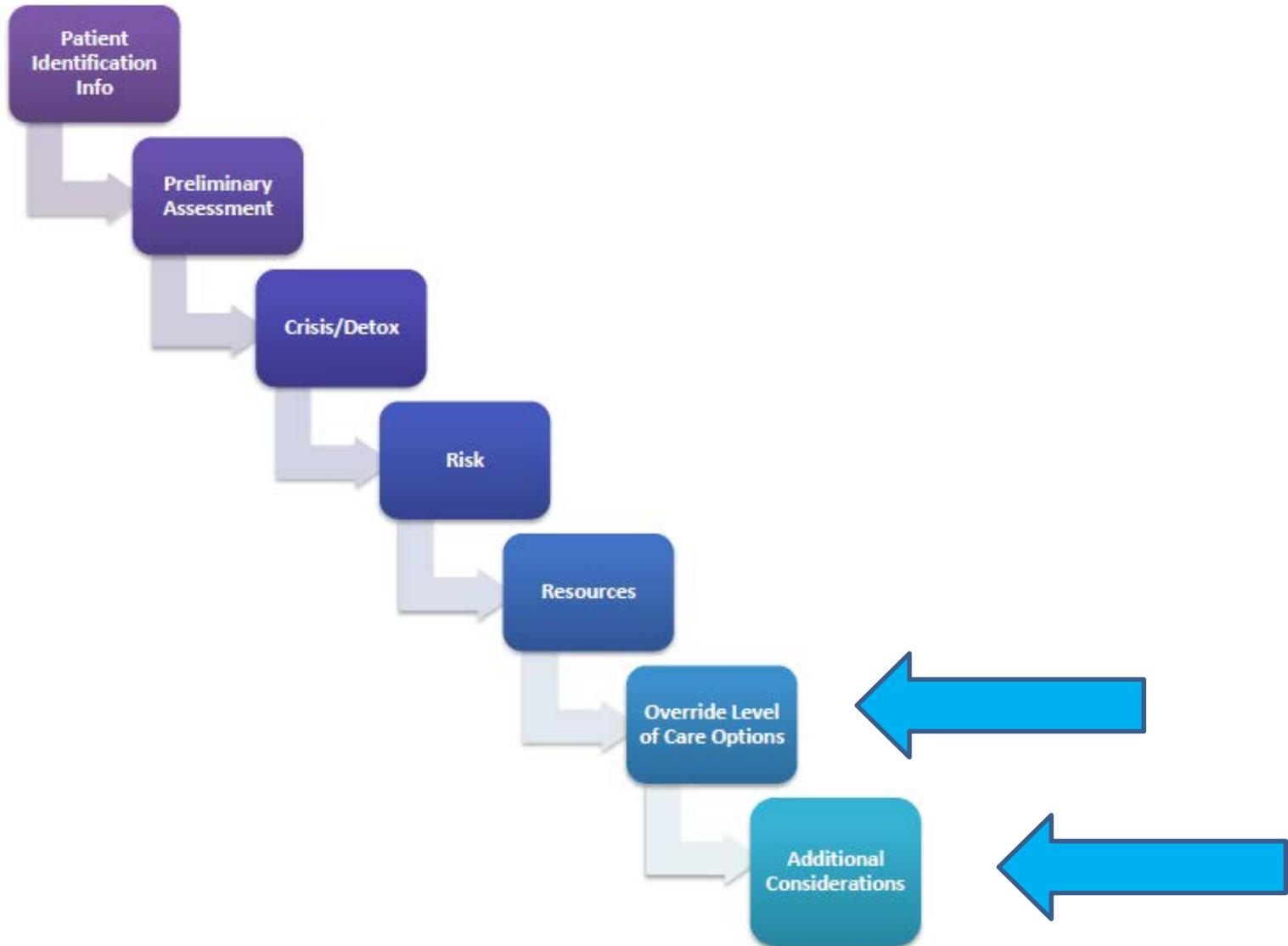
RSC5: Can the person be managed in an outpatient setting with additional recovery supports?

RSC6: Can the person manage triggers for substance use in their environment?

RSC7: Does person have stable access to food and shelter?

RSC8: Is the person able to meet recovery goals in an independent living environment with supports?





Override Level of Care

Do any of the following apply?

- The LOCADTR Level of care is not available.
- There are additional clinical factors that impact the client's ability to meet goals at the LOCADTR Level of Care.
- There are external sources requiring a different Level of Care for compliance with a mandate.



Additional Considerations

Do any of the following apply?

- Client has a history or symptoms of a psychiatric condition that requires further assessment.
- Client has a chronic health condition that is not well controlled.
- Client has strong desires or urges to use substance that are distressing and affect their ability to maintain sobriety.



LOCADTR LEVELS OF CARE



LOCADTR Levels of Care - Definitions



APPLICATION WALKTHROUGH



System Access

LOCADTR web address:

<https://extapps.oasas.ny.gov>

Health Commerce System user name and password required.



(go to web application...

https://uatextapps.oasas.ny.gov/public/oasas/oasas_login.html



Welcome to OASAS External apps

Andrew M. Cuomo, Governor | Arlene González-Sánchez, Commissioner

Please login to begin using OASAS External apps



User Id:

Password:



[Forgot your password?](#)

To use the forgotten password feature you must first activate it, see the [Quick Reference Guide](#).

[Forgot your user ID?](#)

Site Policies/Terms of Use

Violation of the security and use agreement (e.g. sharing your account userid and password with someone else) will result in the temporary suspension of your account privileges until required remedial action is taken by executives at your facility.

Repeat offenses may result in the permanent removal of the account.

Contacting the Commerce Accounts Management Unit (CAMU) with someone else's account information will result in the account being disabled due to a security breach.

Important Site Notices

Contact the [CAMU help desk](#) For password and account questions.

Contact hinweb@health.state.ny.us if you are experiencing technical problems with the site.

The Office of Cyber Security necessitates that passwords for secured sites meet minimum requirements. [View the password requirements.](#)



Log-in and Access

Registered users have access to all completed LOCADTR interviews for the program in two tables – “My Assessments” and “Other Clinicians.”



Log on

Explore

Ask questions



For clinical or technical assistance, call 518-485-2322 and ask for LOCADTR support
or
send an email to the LOCADTR Mailbox at: LOCADTR@OASAS.ny.gov

