



**Office of Addiction  
Services and Supports**

**Request for Information  
Restructure Addiction  
Services Financing  
OASAS Project No. 22108**

**Date Issued: November 4, 2022  
Response Due Date: November 28, 2022**

[www.oasas.ny.gov](http://www.oasas.ny.gov)

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1 PURPOSE:

The New York State Office of Addiction Services and Supports (OASAS) intends to request information about vendors that can review the current system of financing addiction services authorized under Articles 25 and 41 of New York State Mental Hygiene Law (NYS MHL); to make recommendations for changes designed to ensure the equitable reimbursement of substance use disorder (SUD) and gambling services consistent with State law and Federal regulations which is conducive to the provision of effective and high-quality services; and, to assist in the implementation of the selected methodology.

OASAS currently funds approved net operating deficits for services. The net operating cost of a program is determined as total operating expenses approved by OASAS, less all sources of revenue. This operational deficit, or net deficit, is then funded by OASAS as State aid which consists of State General Fund, Federal Substance Abuse Prevention and Treatment Block Grant (SABG), or other Special Revenue Funds. OASAS may fund up to 100 percent of the net operating deficit of a provider. State aid is paid as an advance payment based on the approved program budget either quarterly for non-Federal funds or monthly for Federal funds.

The approved budget for an existing funded program is often based on historical funding patterns. As a result, the State aid funding for older programs may be inconsistent with the State aid funding provided to new programs which creates inequities for the same type of services, even within the same geographic area.

To address these inconsistencies, OASAS is issuing this Request for Information (RFI) to seek alternate funding approaches that will provide greater equity in funding addiction services while maintaining compliance with Federal SABG expenditure rules.

## 2 BACKGROUND:

OASAS provides funding support for addiction services to approximately 1,200 programs operated by over 350 providers. In State Fiscal Year 2021/2022, OASAS provided nearly \$600 million in net deficit funding to eligible providers for addiction services. Eligible providers are defined as not-for-profit entities known as voluntary agencies which are established for the purpose of providing addiction services, and local governmental units (LGU) which may include cities, towns, villages, and counties.

OASAS certifies and/or funds a continuum of addiction treatment, prevention, harm reduction, and recovery services. A description of these services can be found in Attachment C.

## 3 INFORMATION ABOUT OASAS:

### 3.1 OASAS Overview

OASAS oversees one of the nation's largest addiction services systems with nearly 1,700 prevention, treatment, and recovery programs. OASAS programs serve over 680,000 individuals every year.

OASAS:

- Provides accessible, cost-effective quality services;
- Strengthens communities, schools, and families through prevention;
- Meets people where they are with an array of harm reduction services;
- Improves lives through treatment;
- Supports people in all stages of their recovery;
- Meets individual needs through specialized services;
- Fosters partnerships for improved services;
- Links programs with research to improve results;
- Plans for the future and aims to improve and strengthen prevention and treatment;
- Promotes a productive, well-trained workforce; and
- Provides hope for happier, productive lives.

OASAS plans, develops, and regulates the State's system of SUD and treatment, prevention, and recovery agencies. This includes the direct operation of 12 Addiction Treatment Centers (ATCs), which provide inpatient rehabilitation services to approximately 8,000 individuals per year. OASAS inspects and monitors over 900 SUD addiction treatment programs to guarantee quality of care and to ensure compliance with state and national standards.

OASAS also:

- Monitors gambling and substance use trends in the State;
- Provides a comprehensive education and prevention program through approximately 160 school- and community-based providers;
- Promotes public awareness and citizen involvement through community action groups;

- Pursues State, Federal, and private sources of funding for services;
- Links clients served by other agencies and within the criminal justice system to addiction services;
- Provides education and training for persons dealing with clients;
- Certifies for-profit and not-for-profit providers; and
- Administers the credentialing of alcoholism and substance abuse counselors as well as prevention practitioners and prevention specialists.

OASAS is the designated single State agency responsible for the coordination of State and Federal relations in the area of addiction services.

## 4 TIME FRAMES AND KEY DATES:

### 4.1 Time Frames

<u>EVENT</u>	<u>DATE</u>	<u>TIME</u>
Release Date	11/04/2022	
Deadline for Submission of Written Inquiries	11/14/2022	5:00 PM EST
Anticipated Release of Answers to Inquiries by OASAS	11/18/2022	
Response Submission Due Date and Time	11/28/2022	5:00 PM EST

### 4.2 Anticipated Contractual Terms

OASAS may select a vendor for up to a five-year agreement. Vendor will be required to work both on-site and remotely. The work schedule will be determined once the award has been made. OASAS is anticipating a start date of approximately May 1, 2023.

## 5 SCOPE OF WORK AND DELIVERABLES:

### 5.1 Scope of Work

Based on OASAS' needs/requests, a Vendor will review the current system of net deficit financing of addiction services authorized under Articles 25 and 41 of NYS MHL and make recommendations for changes designed to ensure that the financing and reimbursement system utilized by OASAS provides for the equitable reimbursement of providers of addiction services and is conducive to the provision of effective and high-quality services.

Vendor will also be responsible for determining applicability of the new payment methodology(ies) to newly developing service modalities (e.g., crisis stabilization services, harm reduction, certified community behavioral health clinics (CCBHC), etc.)

Finally, Vendor will be required to monitor and assist OASAS with the implementation of their recommendations and issue a final report after each implementation cycle has been completed. Vendor will not be required to maintain or provide ongoing support beyond the post-implementation period for the final new payment methodology(ies) under this RFI.

Given the extensive range of services funded by OASAS, it is expected that the development and

implementation of a new funding mechanism will be phased in by types of service over multiple years.

### **5.1.1 Phases**

OASAS anticipates that each deliverable except the “Evaluation of Rules, Regulations, and Current Processes” may be repeated multiple times as part of different phases due to the size and complexity of the project. Dividing it into subsections may be more efficient.

For example, Vendor may decide after they complete the “Evaluation of Rules, Regulations, and Current Processes” deliverable that the project should be divided into three phases, starting with residential services.

In that case, Vendor would start the first phase of the project by meeting with residential service providers and agency staff, as well as review data collection systems and expenditure data and any other specific residential research to enable Vendor to develop a specific implementation plan for residential services. This first phase would include all the other deliverables outlined below and each deliverable would be done three times, once for each phase. This allows the project to focus on one program area at a time and allows for a phased implementation strategy.

The decision to break the project into phases, and to determine which phases will come first, will be a joint decision between OASAS and Vendor.

## **5.2 Deliverables**

### **5.2.1 Evaluation of Rules, Regulations, and Current Processes**

Vendor will review/analyze OASAS’ current provider funding policies and practices and all associated supporting processes. The comprehensive review of the current system may include but not limited to:

- Articles 25, 32 and 41 of the NYS MHL
- New York State Enacted Budget, specifically the OASAS Aid to Localities appropriation
- New York State Finance Law
- All applicable Federal regulations including but not limited to:
  - Notice of Award
  - The statutory requirements of all sections of the SABG (Public Health Service Act, Sections 1921-1935 and sections 1941-1957) (42 U.S.C. 300x-21-300x-35 and 300x-51-300x-67, as amended), and other administrative and legal requirements as applicable
  - 45 CFR Part 96, as applicable, specifically 45 CFR Part 96.30
  - 45 CFR Part 75, as specified. Except for section 75.202 of Subpart C, and sections 75.351 through 75.353 of Subpart D, the requirements in Subpart C, Subpart D, and Subpart E do not apply to the SAPT Block Grant (reference 45 CFR Part 75 Subpart B, 75.101(d)).
  - 45 CFR 75.351 75.353, Sub-recipient monitoring and management.
- All other OASAS applicable regulations including but not limited to:
  - 14 NYCRR Parts 600, 800, 810, 814, 815, 816, 817, 818, 819, 820, 822, 825, 830, 841 and 857
- The Consolidated Fiscal Reporting (CFR) and Claiming Manual  
[https://www.oms.nysed.gov/rsu/Manuals\\_Forms/Manuals/CFRManual/home.html](https://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFRManual/home.html)
- Medicaid and Ambulatory Patient Group (APG) rates for addiction services
- Provider CFR year-end expenditure reporting
- Current budgeting and payment processes, including the OASAS Budget and Claiming Manual for Calendar and July-June Fiscal Periods
- The State Aid Budgeting and Reporting System (SABRS)
- Any other relevant information related to OASAS’ current system of financing and reimbursements of

- addiction services provided by programs financed under Articles 25 and 41 of the NYS MHL
- Other state’s financing methodologies for payment of addiction services

During this time, Vendor will be responsible for the planning of weekly meetings, setting agendas, determining who should be invited and tracking the project. OASAS will make all reasonable efforts to attend all vendor required meetings and facilitate the attendance of other stakeholders as needed. OASAS will be responsible for providing space for the meeting as needed.

After the research and analysis are completed, Vendor will be required to provide an in-person presentation at 1450 Western Avenue, Albany, NY 12203 on their research analysis and a detailed plan of all other deliverables moving forward.

This plan will include at a minimum:

- A research analysis of the regulations and processes
- A detailed breakdown of all the proposed phases
- A detailed timeline of each phase (OASAS anticipates the timeline will be staggered so different phases may begin at different times but also that phases will overlap. )

In the event OASAS does not believe the current plan is described adequately, or disagrees with the timelines, or the phases selected, OASAS may require revisions to the plan and a new presentation.

It is anticipated that this deliverable will take up to three (3) months.

## **5.2.2 Research, Stakeholder Meetings, and Plan Presentation of Current System**

### *5.2.2.1 Phase-Specific Research*

Vendor will conduct specific research and analysis on the appropriate phases/subject, regulations policies and procedures. This will be similar to the research done in the deliverable above but more detailed and focused only on the elements of the particular phase.

### *5.2.2.2 Phase-Specific collaborations with stakeholders*

Vendor will collaborate with all affected stakeholders, internal and external, to determine the real-world impact of the current process and the needs of all stakeholders.

Collaborations with provider agencies on current processes and procedures should at a minimum, include:

- Meeting and/or surveys on how the current process fosters or does not foster an equitable reimbursement to providers of addiction services and if it is conducive or not conducive to the provision of effective and high-quality service
- Meeting and/or surveys on current programmatic reporting needs and concerns
- Meeting and/or surveys on current fiscal reporting needs and concerns

Collaborations with key state agency staff on current processes and procedures may, at a minimum, include:

- Meeting and/or surveys on equitable reimbursements to providers
- Meeting and/or surveys on the current budgeting process
- Meeting and/or surveys on the current contracting process
- Meeting and/or surveys on the current payment process
- Meeting and/or surveys on provider workplans
- Meeting with different state agencies such as OPWDD and OMH to learn about their processes
  - OASAS staff may help facilitate the meetings, as needed

- Meeting with other states to better understand how states are distributing their Federal SABG funds, as well as state funds, to support addiction services in those states

During this time Vendor will be responsible for the planning of weekly meetings, setting agendas, determining who should be invited and tracking the project. OASAS will make all reasonable efforts to attend all vendor required meetings and facilitate the attendance of other stakeholders as needed. OASAS will be responsible for providing space for the meeting as needed.

### *5.2.2.3 Phase-Specific Current System of Financing and Reimbursements Report and Presentation*

Vendor will create a report outlining the key findings of both their review of the current policies and practices and the information gathered from stake holders. This report will include:

- An analysis of the current system from all stakeholders' perspectives.
- Identified gaps and problems with the current system
- Identified strengths of the current system
- Methods and research used to identify the elements above

Vendor will be required to provide a presentation on the report. This presentation should be presented before the New System of Financing and Reimbursements Implementation Plan Report and Presentation (below) is started as the presentation is critical to ensuring that Vendor understands the current processes.

In the event OASAS does not believe the current process is described accurately or in sufficient depth, OASAS may require revisions to the plan and a new presentation.

It is anticipated that this deliverable will take between three (3) to six (6) months for each phase.

### **5.2.3 New System of Financing and Reimbursements Implementation Plan Report and Presentation**

After the report of the current process is completed for a specific phase, Vendor will develop a plan to update and modernize OASAS' current funding processes for that specific phase. The report should include:

- A new system of financing and reimbursements of addiction services provided to programs funded under Articles 25 and 41 of the NYS MHL and be consistent with Federal regulation for SUD finance by the SABG. The plan must be designed to ensure that the financing and reimbursement system provides for the equitable reimbursements of providers of additional services and is conducive to the provision of effective and high-quality services. This new plan should address all gaps identified above and include as many strengths as feasible in the current system.
- A comprehensive implementation strategy for OASAS to implement the new Financing and Reimbursements system for one cycle.
  - It is anticipated that a cycle will be between 12 to 18 months, however, how a cycle is fully defined must be included in the implementation plan.
  - A cycle is different than a phase as a phase is a subject or area of focus, while a cycle represents the life cycle of that focus. For example, if a phase is residential services, then the cycle would be residential services from procurement to contract to payment to close-out activities.

Vendor will be required to provide an in-person presentation on the new process and the implementation process.

In the event OASAS does not believe the new process will be effective, or the implementation of the new process does not meet the needs of the State, OASAS may require revisions to the plan and a new presentation.

It is anticipated that this deliverable will take approximately three (3) months, although additional time may be provided depending on the complexity of the plan.

#### 5.2.4 Implementation and Process Monitoring

After the New System of Financing and Reimbursements Implementation Plan is delivered for a specific phase and approved by OASAS, Vendor will assist with OASAS's implementation of the plan for that phase and monitor the progress. Vendor will update the plan to address obstacles or any other identified needs. This monitoring will last for one full fiscal cycle, per phase of implementation.

It is anticipated that a cycle will be around 12 to 18 months.

#### 5.2.5 Post Implementation Process Final Report

It is anticipated that during the implementation process situations may arise that require updates to the report. After each phased cycle of implementation has ended, Vendor is required to submit an update to the New System of Financing and Reimbursements and Implementation Plan Report based upon any lessons learned, for each phase of implementation.

It is anticipated that this will take less than one (1) month as the report will be updated as needed during the implementation process.

#### 5.2.6 Schedule of Deliverable Payments

Payment terms may be matched to deliverables for each year of the five-year agreement.

Payment is due upon completion of each deliverable. This method of payment guarantees that OASAS only provides reimbursement to Vendor for work completed that met established delivery goals. If any work is delayed, OASAS does not have to pay until deliverables are received and accepted by OASAS.

<b>Deliverable</b>	<b>Payment Percentage</b>
Evaluation of Rules, Regulations and Current Processes	10%
Research, Stakeholder Meetings and Plan Presentation of Current System	30%
New System of Financing and Reimbursements Implementation Plan Report and Presentation	25%
Implementation Process Monitoring	25%
Post Implementation Process Final Report	10%
<b>Total</b>	<b>100%</b>

The first deliverable will be paid upon the completion and acceptance of the first deliverable. All other deliverables will be paid as per the Schedule of Deliverable Payments divided by the number of phases. For example, if the project calls for three different phases of implementation, then as each phase completes, the payment for that deliverable would be one-third of the amount for each phase.

OASAS may entertain a split of deliverable and phase amounts different than the amounts suggested above if Vendor presents justification for a different split. The acceptance of a different split will be made at OASAS' sole discretion.

## 6 RFI RESPONSE REQUIREMENTS:

### 6.1 Narrative Response



Vendors should submit a response in writing with the following elements below:

- 1) A full description of Vendor with a focus on the following:
  - a. Experience in change management projects
  - b. Experience in fiscal accounting and payments processes
  - c. Experience and knowledge of Federal regulations, particularly with the SABG
  - d. Familiarity with Medicaid and Medicaid Managed Care and other Public Assistance programs
  - e. Experience in equitable reimbursements to diverse services
  - f. Any direct and relevant projects managed by Vendor of similar scope
- 2) A detailed plan of how Vendor will meet the objectives outlined in the scope of work and deliverable section. This plan should include a narrative section for each scope of work and deliverable and include a timeline of the overall project that matches the details in a narrative.
  - a. This plan will be very high level as a detailed plan can only be developed after completing the first objective in the scope of work and deliverables.
- 3) The qualifications and job duties for each Title/Function listed on the budget worksheet

## 6.2 Attachment Response

Vendors should submit the following attachments:

- 1) Attachment A: References - Completed and signed
- 2) Attachment B: Budget Worksheet

## 6.3 In Person Presentation

After reviewing all submissions, OASAS may request up to three providers to attend an in-depth presentation about their qualifications and abilities.

## 6.4 Inquiries

There will be an opportunity for questions and requests for clarification. All questions and requests for clarification should be submitted in writing via email to [Procurements@oasas.ny.gov](mailto:Procurements@oasas.ny.gov) and include "NYS OASAS Project No.22108 " as the subject line no later than **5:00 PM EST on November 14, 2022**. Answers will be issued on or around November 18, 2022, and will be returned via email reply to all interested parties.

Vendors who are interested in receiving the Questions and Answers response but who did not submit any questions should email [Procurements@oasas.ny.gov](mailto:Procurements@oasas.ny.gov) and request to be included in the Questions and Answers response.

**OASAS will not accept or respond to telephone inquiries. All inquiries and requests for clarification should be in writing and directed to [Procurements@oasas.ny.gov](mailto:Procurements@oasas.ny.gov).**

## 6.5 Submission date

To apply for this contracting opportunity, Vendors should submit response in writing via email to [Procurements@oasas.ny.gov](mailto:Procurements@oasas.ny.gov) no later than **5:00 PM EST November 28, 2022** and include "NYS OASAS Project No. 22108" as the subject line. All responses should be received by this date.

## **6.6 Disclaimers**

- 1) Questions and Answers: All submissions, questions, and answers related to this RFI will be subject to the Freedom of Information Act.
- 2) OASAS reserves the right to change any of the scheduled deadlines set forth in this RFI.

## **7 ATTACHMENTS:**

## 7.1 Attachment A: References

### OASAS Project No. 22108 Attachment A – References

List names, addresses, telephone numbers, and fax numbers/email addresses of three (3) business references who have been verified as reachable. Briefly describe the type of service provided. By submitting a response to this Request for Information (RFI) the vendor grants permission to OASAS to contact these references and others, who from OASAS's perspective, may have pertinent information.

#### **Reference #1:**

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Business Name	Address, State, Zip Code
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Contact Name	Telephone Number	Email Address
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Description of types of services provided:

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#### **Reference #2:**

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Business Name	Address, State, Zip Code
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Contact Name	Telephone Number	Email Address
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Description of types of services provided:

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**Reference #3:**

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Business Name	Address, State, Zip Code
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Contact Name	Telephone Number	Email Address
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Description of types of services provided:

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## 7.2 Attachment B: Budget Worksheet

### OASAS Project No. 22108 Attachment B - Budget Worksheet

Provide an estimated costs for the Project by completing the budget worksheet below.

Double Click on the chart below to open the table in Excel and fill in the fields in green, other fields will calculate automatically, then close the excel.

If there is insufficient space, enter the summary information in the “Additional See Attached” row and the details in a new attachment called “Attachment B - Budget Form (Additional attachments)” and include the details on this new attachment.

Once completed the Attachment B Budget Worksheet should be printed and scanned and provided as a separate attachment to this response as per the RFI Response Requirements section of this RFI.

Budget Worksheet will be used for a cost comparison and reasonable of costs, actual billable costs will be determined by the Schedule of Deliverable Payments section.

Billable Hours			
Title/Function	Estimated Billable Hour Rate	Estimated Total # of Hours	Total
Example (Research Analyst)	\$ -	0	\$ -
	\$ -	0	\$ -
	\$ -	0	\$ -
	\$ -	0	\$ -
	\$ -	0	\$ -
	\$ -	0	\$ -
	\$ -	0	\$ -
	\$ -	0	\$ -
	\$ -	0	\$ -
	\$ -	0	\$ -
	\$ -	0	\$ -
<i>Additional See Attached</i>	\$ -	0	\$ -
<b>Total</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>

**Directions**  
 For each Title/Function, enter the estimated billable hour rates for that title/function as per scope of work  
 Each Title and Function should have an attached qualification for that title submitted.  
 Budgets Will be used for reasonableness of cost analysis and billing will be based upon achieved outcomes.  
 If additional Rows are needed attach a separate document and enter the total in Row 15.

Other Costs		
Item	Description/Justification	Total
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
<i>Additional See Attached</i>	<i>Additional See Attached</i>	\$ -
<b>Total</b>		<b>\$ -</b>

**Directions**  
 Enter all other estimated costs including Travel, Equipment and other costs not associated with billable hours  
 If additional Items are need Attached a separate document and include the total in line 37

<b>Project Total</b>		<b>\$ -</b>
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## 7.3 Attachment C: State Aid Net Deficit Services by Program Codes

### 7.3.1 0465 – Job Placement Initiative

Specialized job placement includes intensive and ongoing employment support services for individuals in recovery for substance use disorders. The individual must have a stated employment goal and seek support for a direct job placement in the competitive (minimum wage and hire) work environment. These support services are offered indefinitely by OASAS providers designated to offer individualized employment support services as per Home and Community Based Services (HCBS) guidelines.

**Regulation:** Not Applicable

### 7.3.2 0810 – Case Management

Activities aimed at linking the client to the service system and at coordinating the various services in order to achieve a successful outcome. The objective of case management in a mental health system is continuity of care and service. Services may include linking, monitoring and case-specific advocacy.

**Linking:** The process of referring or transferring a client to all required internal and external services that include the identification and acquisition of appropriate service resources.

**Monitoring:** Observation to assure the continuity of service in accordance with the client's treatment plan.

**Case-Specific Advocacy:** Interceding on the behalf of a client to assure access to services required in the individual service plan. Case management activities are expediting and coordinative in nature rather than the primary treatment services ordinarily provided by a therapist.

Case management services are provided to enrolled clients for whom staff are assigned a continuing case management responsibility. Thus, routine referral would not be included unless the staff member making the referral retains a continuing active responsibility for the client throughout the system of service.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### 7.3.3 0850 – Family Support Navigator

Family Support Navigators help individuals and their families to understand addiction as a progressive disease, identify types of available addiction services, and learn about the process of recovery. They also provide guidance on how to navigate insurance issues and access treatment services.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

#### **7.3.4 0890 – Local Governmental Unit (LGU) Administration**

The Local Governmental Unit is defined in Article 41 of the Mental Hygiene Law. This program category includes all local government costs related to administering mental hygiene services that are provided by a local government or by a voluntary agency pursuant to a contract with a local governmental unit. LGU Administration is funded cooperatively by OASAS, OMH and/or OPWDD. As such, this program is reported as a shared program on the core schedules (CFR-1 through CFR-6) of the CFR. LGU Administration expenses and revenues related to each State Agency are reported on State Agency specific claiming schedules (DMH-2 and DMH-3). **Note:** This program type is exempt from the Ratio Value allocation of agency administration.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

#### **7.3.5 0950 – Peer Engagement**

Peer engagement services are delivered by individuals who are in recovery or who have personal family experience with recovery. They have expertise in addiction and addiction services, allowing them to provide support, encouragement, and guidance to help link individuals to services based on their specific needs, circumstances, and recovery goals.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

#### **7.3.6 2030 – Residential Opioid Treatment**

Opioid treatment programs (OTPs) that dispense methadone and other medication assisted treatment options, in conjunction with a variety of other rehabilitative assistance in a residential setting, to control the physical problems associated with opioid dependence and to provide the opportunity for patients to make major life-style changes over time.

**Regulation:** 822

**Units of Service:** Patient Days



### 7.3.7 2050 – Outpatient Opioid Treatment

Opioid treatment programs (OTPs) where methadone and other medication assisted treatment options are delivered on an ambulatory basis, with most programs located in either a community or hospital setting.

Comprehensive services, targeting individuals with primary Opioid Use Disorders along with other substance use disorders, medical, pharmacological, counseling, peer and other ancillary services.

#### **Regulation:** 822

**Units of Service:** Threshold Visits – each time a patient/collateral crosses the threshold of a facility to receive services at a certified site, without regard to the number of procedures provided during that visit. Count only one threshold visit per patient/collateral per day.

For OASAS Opioid Treatment Programs (OTP) billed under an Ambulatory Patient Group (APG), the facilities should report the number of threshold visits, not the weekly claims. For example, a patient has five threshold visits for the week in which methadone was dispensed and one weekly claim is submitted. Report the five threshold visits. Similarly, if a patient receives a 30-day take home dose in a threshold visit, report one threshold visit. OTP billing under APGs (rate codes 1564 and 1567), while billed weekly, receives a payment for each day during the week that has a patient interaction so each date of service on the weekly claim should be counted as a threshold visit. The OTP Bundles (rate codes 7969 – 7976) are billed and paid weekly regardless of the amount of patient-provider interaction during the week. Each billed week for those codes should be counted as a single threshold visit because there is only a single payment amount for each week.

### 7.3.8 2150 – KEEP Units Outpatient

Opioid treatment programs (OTPs) where medication assisted treatment is delivered on an ambulatory basis. KEEP is an interim (not more than 180 days) protocol that provides intensive medical and support services in order to evaluate the long-term treatment needs of patients.

#### **Regulation:** 822

**Units of Service:** Threshold Visits – each time a patient/collateral crosses the threshold of a facility to receive services at a certified site, without regard to the number of procedures provided during that visit. Count only one threshold visit per patient/collateral per day.

For OASAS Opioid Treatment Programs (OTP) billed under an Ambulatory Patient Group (APG), the facilities should report the number of threshold visits, not the weekly claims. For example, a patient has five threshold visits for the week in which methadone was dispensed and one weekly claim is submitted. Report the five threshold visits. Similarly, if a patient receives a 30-day take home dose in a threshold visit, report one threshold visit. OTP billing under APGs (rate codes 1564 and 1567), while billed weekly, receives a payment for each day during the week that has a patient interaction so each date of service on the weekly claim should be counted as a threshold visit. The OTP Bundles (rate codes 7969 – 7976) are billed and paid weekly regardless of the amount of patient-provider interaction during the week. Each billed week for those codes should be counted

as a single threshold visit because there is only a single payment amount for each week.

### **7.3.9 2710 – Problem Gambling Resource Center**

Problem Gambling Resource Centers are the central hub within its defined geographical area that are responsible for the facilitation and coordination of problem gambling awareness, community education, prevention, treatment, and recovery support as well as collaborative efforts with legalized gambling facilities.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.10 2780 – Problem Gambling Treatment**

Provides outpatient treatment to problem gamblers designed to reduce symptoms, improve functioning and provide ongoing support. A problem gambling treatment program shall provide assessment, screening and referral for other problems, financial management planning, connection to self-help groups for problem gamblers, individual, group and family therapy specific to this diagnosis and crisis intervention.

**Regulation:** 822 and 857

**Units of Service:** Visits

### **7.3.11 2790 – Problem Gambling Prevention**

Programs engage in promising prevention programs, activities and strategies that are targeted to decrease risk factors and increase protective factors related to problem gambling behaviors.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.12 3039 – Medically Supervised Withdrawal Services - Inpatient**

Medically Supervised Withdrawal Services can only be delivered by a provider of services certified by the Office to provide a continuum of care encompassing: residential, inpatient or outpatient substance use disorder treatment services in order to ensure appropriate continuation in treatment. Such services are appropriate for persons suffering from mild to moderate withdrawal, coupled with situational crisis such as unstable living environments, or who are unable to detox on their own without withdrawal complications.

These services include the medical supervision of persons undergoing moderate withdrawal or who are at risk of moderate withdrawal, who may be experiencing non-acute physical or psychiatric complications associated with their substance use disorder. The possible medical/psychiatric needs

of this population require that the service provide sufficient on-site prescribing professional hours to oversee evaluations needed to prescribe any and all necessary medications to ensure safe withdrawal, as well as prescribing professional and nursing personnel available to all patients during all hours of observation.

**Regulation:** 816.7

**Units of Service:** Patient Days

### **7.3.13 3059 – Medically Supervised Withdrawal Services - Outpatient**

Medically Supervised Outpatient services may only be delivered by an OASAS certified provider of residential, inpatient and outpatient services in order to assure appropriate continuation in treatment. Such services are appropriate for persons who are suffering from mild to moderate withdrawal of persons experiencing non-acute physical or psychiatric complications associated with their substance use disorder and who are unable to detox on their own without withdrawal complications, but who retain a stable living environment.

These services include medical supervision of persons undergoing mild to moderate withdrawal or persons experiencing non-acute physical or psychiatric complications associated with their substance use disorder, but who retain a stable living environment. Individuals in this service must be seen by a prescribing professional or registered nurse daily, unless otherwise specified by the overseeing physician. In addition, the provider of services must provide or make available a twenty-four (24) hour telephone crisis line to help facilitate the provision of this information.

**Regulation:** 816.8

**Units of Service:** Visits

### **7.3.14 3078 – Continuum of Care Rental Assistance Case Management**

Provides Case Management to the HUD federally funded permanent supportive housing program. Dedicated supportive services to (chronically) homeless single adults and/or families, which include but are not limited to, counseling, referrals for education/vocational training, employment assistance, as well as assisting tenants in moving toward self-sufficiency and independent living.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.15 3100 – Prevention Resource Centers**

As training and technical assistance centers, these Prevention Resource Centers (PRCs) assist communities, community prevention coalitions (CPCs) and NYS OASAS-funded prevention providers to implement evidence-based programs and strategies in New York State's substance use and problem gambling prevention infrastructure. PRCs serve as a key component in the transfer of knowledge to communities and prevention providers on current prevention science. They help

facilitate partnerships and collaborations with a primary focus on building community prevention coalitions' capacity and resources in a multi-county area. PRCs operate regionally in the multiple counties/boroughs in their designated OASAS region.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.16 3270 – NY NY III: Post-Treatment Housing**

Permanent Supportive Housing opportunities combined with appropriate supportive services that meet the needs of homeless single adults who have completed some course of treatment for a substance use disorder and are at risk of street homelessness or sheltered homelessness and who need long-term supportive housing to sustain sobriety and recovery, as well as achieve independent living.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.17 3370 – NY NY III: Housing for Persons at Risk for Homelessness**

Housing opportunities combined with appropriate supportive services that meet the needs of homeless families where the head of household has a substance use disorder that is a primary barrier to independent living.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.18 3470 – Permanent Supported Housing**

Permanent Supportive Housing opportunities combined with appropriate supportive services that meet the needs of individuals who have a substance use disorder and are a risk of street homelessness or sheltered homelessness, and who need permanent supportive housing to enable recovery and achievement of self-reliant independent living. Congregate and mixed-use affordable housing are single buildings to provide apartments of a size and character that conforms to applicable state and city laws, regulations, and in addition can provide housing for low-income community members. The permanent supportive housing units may be part of a larger mixed-use building. Scattered Site Housing are apartments, rented from private landlords, for the purposes of housing and serving the tenants who are the recipients of this program. The OASAS PSH program also includes the Governor's Empire State Supportive Housing Initiative, targeting housing for homeless families and individuals with various disabilities and documented life-challenges.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.19 3480 – Permanent Supported Housing for High Frequency Medicaid Consumers**

Housing opportunities combined with appropriate supportive services that meet the needs of individuals with addiction problems who are high frequency, high-cost Medicaid services consumers. Services include rental subsidies and other occupancy costs for apartments, housing counseling, and employment counseling.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.20 3500 – Medically Managed Withdrawal and Stabilization Services**

Unless otherwise authorized, Medically Managed Withdrawal and Stabilization Services can only be provided certified by OASAS and certified by the Department of Health as a general hospital. Such services are appropriate for individuals who are acutely ill from substance-related dependence, experiencing severe withdrawal or risk of severe withdrawal symptoms.

These services include medical management of acute intoxication and withdrawal services and require the use of an observation period for up to 48 hours of admission. Due to the acute medical conditions seen in this setting, these services require a Medical Director to oversee the provision of services. In addition, a physician must be on-call at all times, sufficient on-site prescribing professional hours to oversee evaluations needed to prescribe any and all necessary medications to ensure safe withdrawal, and registered nursing personnel immediately available to all patients all the time.

**Regulation:** 816.6

**Units of Service:** Patient Days

### **7.3.21 3510 – Medically Monitored Withdrawal and Stabilization Services**

Medically Monitored Withdrawal and Stabilization Services are designed for persons who are suffering from mild withdrawal coupled with situational crisis, or who are unable to detox on their own without withdrawal complications. Such services do not require physician direction or direct supervision by a physician and are designed to provide a safe environment in which a person may complete withdrawal and secure a referral to the next level of care.

**Regulation:** 816.9

**Units of Service:** Patient Days

### **7.3.22 3520 – Medically Supervised Outpatient**

A Medically Supervised Outpatient Clinic, including Intensive Outpatient Services (IOS) is intended for individuals who can maintain stability without the need for 24-hour supervision, live in an environment that is conducive to recovery, and have demonstrated functional skills for self-care. Intensive Outpatient Services are for those who need time limited intensive services (at least 3 hours a visit date) to solidify stability in preparation for longer term outpatient services. These individuals need more immediate assistance with drug refusal skills, immediate understanding/intervention regarding triggers to hazardous use.

**Regulation:** 822

**Units of Service:** Threshold Visits – each time a patient/collateral crosses the threshold of a facility to receive services at a certified site, without regard to the number of procedures provided during that visit. Count only one threshold visit per patient/collateral per day.

For OASAS Opioid Treatment Programs (OTP) billed under an Ambulatory Patient Group (APG), the facilities should report the number of threshold visits, not the weekly claims. For example, a patient has five threshold visits for the week in which methadone was dispensed and one weekly claim is submitted. Report the five threshold visits. Similarly, if a patient receives a 30-day take home dose in a threshold visit, report one threshold visit. OTP billing under APGs (rate codes 1564 and 1567), while billed weekly, receives a payment for each day during the week that has a patient interaction so each date of service on the weekly claim should be counted as a threshold visit. The OTP Bundles (rate codes 7969 – 7976) are billed and paid weekly regardless of the amount of patient-provider interaction during the week. Each billed week for those codes should be counted as a single threshold visit because there is only a single payment amount for each week.

### **7.3.23 3528 – Enhanced Medically Supervised Outpatient**

These programs represent enhanced services or demonstration projects not required in all certified outpatient programs. Providers report funding separately from the outpatient program the enhancement is attached to as well as any programmatic reporting required for the specific activities or demonstration.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.24 3530 – Outpatient Rehabilitation Services**

Outpatient Rehabilitation provides a more intensive structured array of services to assist individuals who have limited functional skills, including self-care, nutrition, social connection, and recovery support. Services are provided in either 2-hour or 4-hour timeframes per service date 3 to 5 days per week. Individuals may move to the Outpatient Clinic level of care once they have acquired the skills to address their specific functional deficits.

**Regulation:** 822

**Units of Service:** Threshold Visits – each time a patient/collateral crosses the threshold of a facility to receive services at a certified site, without regard to the number of procedures provided during that visit. Count only one threshold visit per patient/collateral per day.

For OASAS Opioid Treatment Programs (OTP) billed under an Ambulatory Patient Group (APG), the facilities should report the number of threshold visits, not the weekly claims. For example, a patient has five threshold visits for the week in which methadone was dispensed and one weekly claim is submitted. Report the five threshold visits. Similarly, if a patient receives a 30-day take home dose in a threshold visit, report one threshold visit. OTP billing under APGs (rate codes 1564 and 1567), while billed weekly, receives a payment for each day during the week that has a patient interaction so each date of service on the weekly claim should be counted as a threshold visit. The OTP Bundles (rate codes 7969 – 7976) are billed and paid weekly regardless of the amount of patient-provider interaction during the week. Each billed week for those codes should be counted as a single threshold visit because there is only a single payment amount for each week.

### **7.3.25 3550 – Substance Use Disorder Inpatient Rehabilitation Services**

Inpatient Rehabilitation Services are OASAS-certified 24-hour, structured, short-term, intensive treatment services provided in a hospital or free-standing facility. Such services are appropriate for individuals with substance use disorders who are not in need of medical detoxification or acute care and are unable to participate in, or comply with, treatment outside of a 24-hour structured treatment setting. They may have physical or psychiatric complications or are using substances in a way that puts them at eminent harm.

Treatment is provided under direction of a physician medical director and the staff includes nursing and clinical staff 24 hours 7 days per week. Activities are structured daily to improve cognitive and behavioral patterns and improve functioning to allow for the development of skills to manage chronic patterns of substance use and develop skills to cope with emotions and stress without return to substance use.

**Regulation:** 818

**Units of Service:** Patient Days

### **7.3.26 3551 – Residential Rehabilitation Services for Youth (RRSY)**

Residential Rehabilitation Services for Youth provide stabilization and rehabilitation services for youth under the age of 21, who need residential treatment for a substance use disorder and/or a substance use disorder and a co-occurring mental health disorder. The program requires a multi-disciplinary team, to include a medical director and the appropriate psychological services, and access to medical services on a 24-hour basis. In an RRSY program, the multi-disciplinary team defined in Part 800 of OASAS' regulations have been expanded to include (1) a psychiatrist, or a physician and a clinical psychologist and (2) a CSW or an RN or an Occupational Therapist. Admission to an RRSY is based on a Pre-Admission Certification by an Independent Pre-Admission Certification team.

**Regulation:** 817

**Units of Service:** Patient Days

### **7.3.27 3580 – Supportive Living**

A substance use disorder residential program designed to promote independent living in a supervised setting for individuals who have completed another course of treatment, and are making the transition to independent living, and whose need for service does not require twenty-four hour a day on-site staffing. Geared toward individuals who are in need of a transitional living environment prior to establishing independent community living.

**Regulation:** 819

**Units of Service:** Patient Days

### **7.3.28 3600 – Residential Services**

Residential services are 24/7 structured treatment/recovery services to persons recovering from substance use disorders. Each Element of Care is distinguished by specific staffing and unique services provided which correspond to the degree of an individual's dysfunction. Services are aligned to the following elements of the treatment/recovery process:

- 1) Stabilization provides a safe environment in which a person may stabilize from mild to moderate withdrawal symptoms, severe cravings, psychiatric and medical symptoms and emotional crisis as well as acclimate to medications specific to individual needs before referral or transition to another program or element of structured treatment/recovery. Stabilization staffing requires the oversight of a physician, medical staff, psychiatrist and clinicians to monitor and meet the needs of this population.
- 2) Rehabilitation provides a structured environment for persons whose potential for independent living is seriously limited due significant functional impairment including the inability to follow social norms, these persons require a course of rehabilitative services specifically in the structured environment with staffing to provide monitoring, support and case management. Rehabilitation requires the oversight of a physician, medical staff, psychiatrist and clinicians to monitor and meet the needs of this population.
- 3) Reintegration provides a community living experience with limited supervision and case management services. Persons appropriate for this Element are transitioning to long-term recovery from substance use disorder and are working towards independent living in their community of origin. Reintegration providers offer linkage to Part 822 Outpatient services as well as Medical, Mental Health, Vocational Employment Supports and Recovery Wellness Supports. Reintegration services may be provided in a congregate setting or scattered site depending upon an individual's therapeutic needs. Congregate settings include 24-hour staff support while the individual receives services in the community whereas scatter site requires at least weekly staff contact to guide and monitor the individual while they access linkages to



community services supporting long term recovery.

**Regulation:** 820

**Units of Service:** Patient Days

### **7.3.29 3920 – Youth Clubhouse**

Youth Clubhouses provide a safe place for youth and young adults to develop pro-social skills that promote long-term health, wellness, recovery and a drug-free lifestyle in a community-based, non-clinical setting that is alcohol/drug-free. Youth Clubhouses promote long-term recovery through skill building, recreation, education, wellness, evidence-based prevention activities and a number of other pro-social activities and offer participants the opportunity to work with each other to achieve personal and common addiction recovery goals.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.30 3970 – Recovery Community Centers**

Recovery Community Centers (RCCs) provide peer-to-peer recovery support services to help people initiate and/or sustain recovery from alcohol and other substance use disorders. RCCs also provide support to family members of people needing, seeking, or in recovery from alcohol and other substance use disorders. The goal of these programs is to help persons in recovery sustain recovery on a long-term basis. To meet this goal, each RCC will provide needed emotional, informational, and social affiliation and instrumental (concrete) supports to persons in recovery, as well as to their families.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.31 3980 – Recovery Community Organizing Initiative**

The Recovery Community Organizing Initiative (RCOI) provides a broad range of services intended to support the building and mobilizing of strong grass-roots recovery organizations across New York State. The RCOI will establish the means to effectively communicate with these communities of recovery to educate professionals, policy makers and the general public about recovery related matters; support research and study to build a better understanding of recovery; and enhance the variety, availability, and quality of prevention, treatment and recovery supports.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.32 4045 – Specialized Services Substance Abuse Programs**

Specialized chemical dependence services not defined in other regulations that must be provided in accordance with the OASAS rules, regulations, and requirements.

**Regulation:** 824

**Units of Service:** None for CFR

### **7.3.33 4072 – Vocational Rehabilitation**

Vocational Rehabilitation (VR) counseling support services are offered by qualified VR Counselors to provide six (6) federal VR benchmark service activities that include an individualized person-centered support and counseling process towards obtaining employment. VR services support individuals with a stated employment goal while enrolled in treatment for substance use disorders. VR counseling support services includes counseling, pre-vocational activities, training, educational services, employability skill building referrals experiences, as well as transitional skill building referrals and placement activities. VR counselors also offer intensive and ongoing employment support services for individuals who are new to employment or who need specific supports to maintain employment or pursue goals that support long term employment. Many of these services are offered in coordination with NY SED ACCESS-VR Regional Offices.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.34 4074 – Support Services - Educational**

Specialized addictions-related support services to provide educational services.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.35 4075 – Community Services**

Specialized addiction-related support services to provide community services by program staff, such as telephone crisis counseling.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.36 4077 – Resource**

Specialized addiction-related support services to provide resource support, such as training.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.37 4078 – Program Administration**

Specialized addiction related support services to provide program administration.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.38 4080 – Support Services**

Addiction related support services for OASAS programs.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.39 4081 – Non-Medical Transportation**

Non-medical transportation for people who use substances or are in recovery from substance use, receive recovery, harm reduction and/or treatment services and for whom transportation will support individualized recovery goals. Non-medical needs include recreational activities likely to increase social connection or emotional well-being, recovery supports, peer interactions, formal or informal mutual support groups such as SMART (Self-Management and Recovery Training) recovery and AA (Alcoholics Anonymous) or NA (Narcotics Anonymous) meetings, rides to treatment or harm reduction services or to service providers (when no medical transportation is available).

**Regulation:** Not Applicable

**Units of Service:** None for CFR

### **7.3.40 4082 – Capital Improvements**

Minor alterations and improvements to fixed equipment and/or physical plant of OASAS program facilities in accordance with OASAS guidelines.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

#### **7.3.41 4480 – HIV Early Intervention Services**

HIV Early Intervention Services (EIS) such as testing, pre- and post-test counseling, awareness/education sessions, and referrals to HIV/AIDS medical care. HIV EIS services are provided at an OASAS-certified program to individuals actively seeking treatment for a substance abuse disorder.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

#### **7.3.42 4778 – Legislative Member Item**

Programs that provide addiction projects and services funded by General Fund, Local Assistance Account Member Item appropriations.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

#### **7.3.43 5520 – Primary Prevention Services**

Primary Prevention is defined as a collaborative and community focused process to prevent or delay substance use and abuse in individuals, families and communities. Prevention service approaches include education, environmental strategies, community capacity building, positive alternatives and information dissemination. The selection of prevention service activities within these service approaches is based on a community needs assessment that identifies levels of substance use, its consequences, elevated risk factors and decreased protective factors. Prevention counseling and early intervention activities with individuals, families and groups are not included as Primary Prevention Services. Individuals who are diagnosable for substance abuse or dependence are not served with Primary Prevention Services. Detailed descriptions of the risk and protective factors for substance abuse, service approaches and activities may be found in the [OASAS 2011 Prevention Guidelines](#).

**Regulation:** Not Applicable

**Units of Service:** None for CFR

#### **7.3.44 5550 – Other Prevention Services**

Other Prevention service approaches funded by OASAS include Prevention Counseling and Early Intervention. Prevention Counseling is an OASAS certified service designed to assess and improve the levels of youth and family risk and protective factors to prevent or reduce substance use, problem gambling and the negative consequences of such behaviors. Prevention Counseling is offered to IOM selected youth who are considered at highest risk for developing substance abuse or gambling

problems. Early Intervention is offered to IOM Indicated individuals who have already begun to exhibit substance use or gambling behaviors but do not meet the DSM-IV criteria of substance abuse or dependence or problem gambling. Individuals may require referral for assessment and treatment with more intensive services. Complete descriptions, policies and procedures, and service approaches for Prevention Counseling and Early Intervention may be found in the OASAS 2011 Prevention Guidelines.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

#### **7.3.45 5990 – Dual Diagnosis Coordinator**

Specialized addiction related support services to provide coordination of care for dually diagnosed patients.

**Regulation:** Not Applicable

**Units of Service:** None for CFR

#### **7.3.46 6030 –Residential Opioid Treatment to Abstinence**

Opioid treatment programs (OTPs) where medication assisted treatment is delivered in a residential setting in gradually decreasing doses to the point of abstinence, followed by continued drug-free treatment.

**Regulation:** 822

**Units of Service:** Patient Days