



**Office of Addiction  
Services and Supports**

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# **OASAS Outpatient SUD/OTPs**

- **Integration & Expansion** •

# Historical Practices

- 822 Outpatient services & 822 OTP Services
- OTP PRU patients with more intensive clinical services needs are often referred to another program
- Patients needing MAT services are often referred to an OTP or OP that provide MAT services
- Instances of dual enrollment
- Reimbursements are not equal
- Two programs = two separate staff and overhead
- Two programs = two site visits



# Comprehensive Integrated Outpatient Treatment



# What is Comprehensive Outpatient Programs?

- Integrating co-located 822 OTP and 822 Outpatient Treatment Services to provide services available in either program to all patients in each PRU (other than methadone).
- Four means of integration:
  1. Integrating 822 Outpatient/822 OTP services already co-located
  2. Integrating new 822 OTP w/existing 822 Outpatient program
  3. Integrating new 822 Outpatient w/existing 822 OTP
  4. Integrating new 822 Outpatient & new 822 OTP



# What is Comprehensive Outpatient Programs?

- All services available in one location (one stop shopping)
- Can site other services within an integrated program—but must be separate PRUs (physical health, mental health, outpatient rehabilitation)
- Integrated groups and caseloads
- Single point of access intake and admissions process
- All services are under one PRU



# What is Comprehensive Integrated Treatment?

- MAT services available to all patients
- All staff document in the case notes
- Shared staffing
- Services, billing and reporting is integrated



# Why Integrate?

- Expands access to OTP treatment in underserved areas by siting OTP services within an existing program—sharing staff and space, with no need to develop a new program from the ground up
- Increases services available for OTP patients while also providing access to MAT to patients enrolled in Outpatient services (or not previously enrolled in treatment)



# Why Integrate?

- One stop care: no need for patients to be dual-enrolled or travel to other programs
- Many need some type of MOUD services
- Decreases stigma related to OTP services and MOUD by being one program rather than two





# Why Integrate?

- Enhances group availability and participation
- Offers a skilled workforce that can deal with both populations
- Streamlines admissions process
- Improves client engagement when more services are available
- One OASAS audit rather than two
- Business Model: more efficient to manage just one program—and to pay for two separate spaces



# How to prepare?

- Develop updated policies and procedures
- Identify integrated staffing patterns to eliminate staffing duplication—and streamline clinical and clerical functions
- Develop updated organizational structure
- Ensure the physical location is integrated throughout\*

\*other than a dosing area that must stay in separate area—available only to patients enrolled in OTP services



# What is needed?

- Develop evidenced-based trainings so all staff can serve all populations
- Develop and provide orientation for patients and staff
- Eliminate census capacity
- Construction or relocate, as needed



# Future of Integration 2024 and Beyond

- One PRU Starting 8/1
- One EHR: Makes documenting services easier
- Billing parity: New billing rates
- Eliminate need for patient transfer if changing service type
- Allow OTPs to launch “integrated programs” and admit non-MAT patients
- Integrate primary and mental health services into a ‘one stop’ setting



# Questions?

