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Addiction Treatment Providers Association is the statewide association representing proprietary substance use disorder providers. These providers, both free standing and hospital based programs, offer a spectrum of care including outpatient and inpatient detoxification and rehabilitation services. ATPA acts as a unified voice working with the legislature, state agencies, other related Coalitions and our communities. As substance use disorder providers who are business owners we have a unique perspective on achieving quality healthcare outcomes and evidence based best practices within the contracts of Managed Care. We have a 20+ year history in New York State collaboratively working with Managed Care Payers to deliver treatment in a cost effective manner. In that vein we provide you with our position on how best to work together to develop a model of substance use disorder care that supports the Affordable Care Act of 2010, the Mental Health Parity and Addiction Equity Act of 2008 and reduces Medicaid costs on New York State.

**ATPA supports the “carve-out” of OASAS and OMH Medicaid to the respective “O” agencies. This “carve-out” is the Medicaid monies which pay for SUD treatment services. We do not support DOH having responsibility for managing behavioral Medicaid monies. In order to accomplish the greatest savings in Medicaid while continuing to deliver the most cost effective services to this population, OASAS and OMH must change their system of care.**

In Wisconsin and in many other states, it has been shown that behavioral care is most cost effectively rendered through the appropriate licensed authority and through the specialized providers that deliver this type of care. In addition, Managed Care plans have a history on the commercial insurance side with this population using separate specialized Behavioral Managed Care Plans because care managed and monitored under these specialized plans delivers the most cost effective care.

OASAS in its role as a Public Policy maker, regulator and convener should support and regulate Managed Medicaid with Parity. OASAS needs to develop a comprehensive, integrated public health approach to the treatment of patients with Substance Use Disorder.

OASAS needs to move the entire system of SUD care from “urgent care” to systematically tracking the care from evidence based practice models to pay for performance outcomes. Care is fragmented and payment streams are fragmented; both need adjustment.

1. OASAS should define SUD benefits with standardization of Intake, Diagnostic Criteria, Medical Necessity, Levels of Care and UR criteria through the use of standardized forms, evidence based practice models and outcome tools.
  - a. Scope of Practice Issues: what degrees, licensing or certification necessary for each of above facets of treatment delivery.
  - b. Create Case Management role that targets the high end users of SUD benefits with payment for this service linked to performance outcomes.
  - c. Support Recovery services that complement and support SUD healthcare: housing, vocational rehabilitation, services for patients in recovery to become more self-care oriented. These non healthcare services should be funded programs through OASAS or other related state agencies, while Healthcare should be funded through health insurance: Medicaid.
  - d. Create a scope of prevention services: early intervention based on scientific research that can provide case finding and low cost screening and intervention approaches, such as SBIRT. Depending upon the credential of the provider they can be funded as a part of healthcare or grants from OASAS.
  - e. OASAS should develop Medicaid quality measures and prevention protocols that mirror the Medicare PQRI (Physician Quality Reporting Initiatives) initiatives.
  
2. OASAS in conjunction with DOI should create an RFP process for Behavioral Managed Care entities to bid on Managing all Medicaid for the SUD population in NYS. As OASAS creates the SUD system of care including the above standardization requirements to meet that care, it can also assure a payment model that decreases the cost of Medicaid but also ensures that the majority of the funding goes to direct patient care. OASAS can set the "profit" goal for MCO just as industry does when it contracts with MCOs.
  - a. Establish regulations that allow for basic medical and psychiatric services rendered in our OASAS licensed system to be paid for those services. Some mental health and medical services can more cost effectively be rendered in OASAS licensed sites.
  - b. Implement APG system which provider community worked with OASAS for months to develop. This will be cost savings to State Medicaid system.
  - c. Establish a PMPM fee that could offset overhead and pay for case management that is not done face-to-face as well as screening services for tobacco and obesity. This PMPM could also allow for decision support and treatment planning tools that help plan and track treatment across a longer episode of care with outcome tools set by OASAS that pay for performance.

- d. OASAS/DOI create oversight subcommittee made up of DOI,OASAS and provider stakeholders to ensure compliance by the BMCOs to meet patient needs and to manage costs.
3. We support the continued focus on decreased use of general hospitals for detox. This service can best be provided in Part 816 Medically Supervised Inpatient Withdrawal and Part 822 Outpatient detox licensed entities. This will necessitate rate changes to allow for these services to be developed. Even with increased funding to these services, elimination of general hospital detox will save the state money. The DOH data indicates that there was a 40.5% decrease in Medicaid detox in general hospitals from June 2007 – 2010, savings of over \$130 million dollars.
4. OMH and OASAS should create dual licensing requirements for treatment of the co-occurring disorder patients. Treatment of dual disordered (psychiatric and substance use disorder) can more cost effectively be rendered via a step down of this care in licensed Part 816 program. This would save both OMH and DOH money.
5. OASAS/OMH should actively support the inclusion of OASAS licensed facilities to participate in the funding that is part of the HITECH Act.

Yours sincerely,



**Gay Hartigan**  
President  
ATPA