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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 93 LCM-89

Date: July 23, 1993

Division: H<C

TO: Local District Commissioners

SUBJECT: OASAS Alcoholism Treatment Centers

ATTACHMENTS: Patients Served by Alcohol Treatment Centers SFY 91/92
(Not Available On-Line)

As you may be aware, for many years the New York State Office of Alcoholism and Substance Abuse Services (OASAS) has been operating 13 alcoholism rehabilitation programs for persons suffering from alcoholism. For purposes of Medical Assistance these programs have been viewed as units of state psychiatric hospitals of the Office of Mental Health for individuals under 21 and 65 and over. A recent federal audit has concluded that, since the programs have been separately accredited by the Joint Commission on Accreditation of Healthcare Organizations and are administratively responsible to a different state agency, they are no longer eligible to be included in the Medicaid program as units of the psychiatric hospitals.

Section 365-a paragraph (n) of the Social Services Law, added by Chapter 743 of the Laws of 1986, provides for Medical Assistance payment for the services of freestanding alcoholism rehabilitation programs which meet standards established in law and regulation and are certified by OASAS. Services for which payment may be made are limited to those found to be needed by the patient in accordance with an approved utilization review plan. Nineteen privately operated programs are enrolled in Medicaid in accordance with this provision of law. Federal financial participation is not available for these services because the Federal government does not recognize non-hospital inpatient treatment.

The alcoholism rehabilitation programs operated by OASAS will also be enrolled in the Medical Assistance Program in accordance with Section 365-a(n). The

Office of Alcoholism and Substance Abuse Services is currently reviewing each of the programs to determine its compliance with the requirements of Article 31 of the Mental Hygiene Law and Parts 374 and 381 of the regulations (Title 14 NYCRR). The utilization review plan is being reviewed in accordance with Part 376 to ensure compliance with Medical Assistance requirements. If compliance is found, each program will be issued an operating certificate as a freestanding alcoholism rehabilitation program. The State Department of Social Services will be notified of compliance and will complete the provider enrollment process for the program. As soon as enrollment is completed, the program will be able to initiate Medicaid billing for eligible patients.

Each alcoholism will establish contact with the local social services districts to establish eligibility for persons in the program whose eligibility has not already been established prior to admission.

Eligibility

Budgeting for MA-only individuals is determined in accordance with the applicant/recipient's (A/R's) categorical relatedness. For HR-related MA-Only A/Rs, districts must continue to follow the instructions provided in 88 INF-15.

Federally related individuals shall have their eligibility determined as if they continued to be a member of their former household (i.e., temporarily absent) for purposes of determining the appropriate MA-only exemption level or the PA Standard of Need, whichever is higher. If the total net available income exceeds the higher of the MA Income Exemption Level or the PA Standard of Need, eligibility shall be determined under the provisions of the excess income program for the month(s) in which care is given.

NOTE: As appropriate, applicants should be reviewed for certification of disability. Such evaluation will assist in capturing federal reimbursement for services received once the individual is discharged from the rehabilitation program.

Residency

Persons entering an approved alcoholism treatment facility will remain the fiscal responsibility of the county in which they were residing at the time of placement. Applicants or recipients do not gain residence by being an inpatient in these facilities. This is in accordance with Section 62.5(d) of the Social Services Law.

Below is the list of the OASAS Alcoholism Treatment Centers (ATC) with the locations and facility director:

<u>Program</u>	<u>City</u>	<u>County</u>	<u>Contact Person</u>
Russel E. Blaisdell	Orangeburg	Rockland	Louis Brandeis, M.D.
Bronx	Bronx	NY City	Ronald Lonesome, M.D.
Creedmoor	Queens Village	NY City	Jose Sarabia, M.D.
Dick Van Dyke	Willard	Seneca	John Cole, CSW
Manhattan	New York	NY City	Katherine Santiago-Vazquez
Mc Pike	Utica	Oneida	John Robertson, Ph.D.
Middletown	Middletown	Orange	Richard Ward
J. L. Norris	Rochester	Monroe	Thomas E. Nightingale
C. K. Post	West Brentwood	Suffolk	Phillip A. Dawes
St. Lawrence	Ogdensburg	St. Lawrence	Phillip Dranger
South Beach	Staten Island	Richmond	Gerlando Verruso, CSW
Stutzman	Buffalo	Erie	Steven Schwartz

OASAS has estimated the annual county costs for ATC Services based on the number of Medicaid patients who received services in State Fiscal Year 1991/1992. The estimate for your county is noted in Attachment A.

If you have any questions concerning OASAS Treatment Centers, please contact Beth Brown, Division of Health and Long Term Care, 1-800-342-3009, extension 3-5956, User I.D. AX2240.

Sue Kelly
Deputy Commissioner
Division of Health and Long Term Care