

COLLABORATIVE AGREEMENT

BETWEEN

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS)

AND

THE JOINT COMMISSION (TJC)

I. INTRODUCTION

The Office of Alcoholism and Substance Abuse Services (OASAS) and The Joint Commission (TJC) are committed to a collaborative relationship to reduce duplication of effort with respect to routine surveys of OASAS inpatient chemical dependence treatment services in general hospitals.

II. THE OASAS/TJC COLLABORATIVE SURVEY PROCESS

Definition of Terms

For the purposes of this agreement, “hospital” means an OASAS certified inpatient chemical dependence treatment service in a general hospital; “Commissioner” means the Commissioner of the New York State Office of Alcoholism and Substance Abuse Services (OASAS); “deemed status” means OASAS acceptance of TJC accreditation survey results in lieu of OASAS’ recertification reviews.

Agreements

OASAS will provide TJC with the names of eligible hospitals that have notified OASAS of their desire to participate in this deemed status arrangement. TJC will seek agreement from the eligible hospital to participate in the survey process as it relates to OASAS certified services. If an eligible hospital agrees to permit The Joint Commission to survey for OASAS certified services, TJC will notify OASAS in advance of each survey being performed, such information to be kept confidential by OASAS staff.

OASAS will notify TJC of a decision made by the Commissioner to revoke the deemed status eligibility of a hospital.

Scope of TJC Survey

The TJC survey team will be comprised of at least one person with experience and expertise in surveying inpatient behavioral health services. If necessary, TJC may add one or more survey days to its routine survey for the conduct of the OASAS survey addendum, with costs payable by the hospital (see Appendix A). The OASAS addendum includes minimal operational standards established by the Commissioner to supplement TJC's accreditation survey of the hospital.

Notice regarding adverse findings and monitoring

TJC will provide OASAS immediate notice of any finding by the survey team that demonstrates an immediate threat to health and safety in the inpatient chemical dependence treatment service of the hospital that is not resolved during the survey. TJC will provide OASAS immediate notice of any final decision by The Joint Commission regarding the necessity for a follow-up survey, contingent accreditation, or accreditation denied the hospital, for reasons including, but not limited to, OASAS addendum findings.

TJC will notify OASAS when TJC has scheduled any follow-up monitoring assessment through an onsite focused survey, such information to be kept confidential by OASAS staff. If OASAS determines a need to conduct follow-up monitoring, OASAS will conduct the onsite follow-up of the TJC survey collaboratively with TJC, to the extent possible. However, both OASAS and TJC retain their rights to conduct follow-up surveys independently as necessary.

Administrative Issues

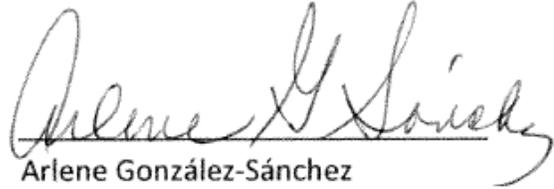
To facilitate communication and understanding between OASAS and TJC in the operational aspects of this survey process, TJC will allow three OASAS staff to attend their annual Executive Briefing training, and will provide OASAS with copies of all TJC manuals, newsletters and directives.

This agreement is effective May 1, 2012 through April 30, 2016, and it shall be reassessed annually by OASAS. Either party to this agreement may terminate this agreement upon 90 days notice to the other party.

III. CONFIDENTIALITY

Findings related to the OASAS survey addendum may be shared with OASAS upon its request and all information shall otherwise be kept confidential by both parties and shall be maintained in a manner consistent with all legal requirements regarding personal privacy and patient confidentiality, including but not limited to, the NYS Personal Privacy Protection Law (Public Officers Law Article 6-A), the Public Health Law, Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the regulations of OASAS; provided, however, information may be disclosed in summary or statistical form which does not identify any particular hospital or individual.

IN WITNESS WHEREOF, the parties hereto have executed this agreement on the 9th day of May, 2012.



Arlene González-Sánchez

Commissioner

New York State Office of Alcoholism and
Substance Abuse Services



Charles Mowll

Executive Vice President

The Joint Commission

5/3/12

Joint Commission Survey Addendum
Chemical Dependence – Part 816 Withdrawal and Stabilization Services

Appendix A

HOSPITAL NAME: _____

HOSPITAL ADDRESS: _____

HOSPITAL CEO NAME: _____

CHEMICAL DEPENDENCE MEDICALLY MANAGED WITHDRAWAL AND STABILIZATION SERVICES

CLINICAL DIRECTOR: _____ ADMINISTRATIVE DIRECTOR: _____

TELEPHONE NUMBER: _____ OC NUMBER: _____

CERTIFIED CAPACITY: _____ OC EXPIRATION DATE: _____

LOCATION OF UNIT(S)/SERVICES AND CAPACITIES OF EACH: (Specify age, specialty area, etc.)

DATE(s) OF VISIT _____ REVIEWERS: _____

Joint Commission Survey Addendum

Chemical Dependence – Part 816 Withdrawal and Stabilization Services

Appendix A

PROTOCOL FOR CONDUCTING SURVEY OF A PART 818 INPATIENT REHABILITATION SERVICE

OASAS strongly recommends the inclusion of a Behavioral Health Specialist with Chemical Dependence experience on the survey team.

1. Conduct a Tracer on at least one (1) active patient; all sample individuals are to be selected by surveyor.
2. Conduct a case record review of at least two (2) inactive/discharged patients; one (1) should be a planned discharge and one (1) should be discharged against medical advice, selected by surveyor.
3. Conduct a walk-through of the Inpatient Rehabilitation Service to include brief observation of activity on the unit to assess active treatment.
4. Complete an environmental/physical plant review of the Inpatient Rehabilitation Service, including OASAS patient rights postings.
5. Review licensing and/or credentialing of a sample of Qualified Health Professionals on staff.
6. Review current program census to determine operations within certified capacity.
7. Review Policy and Procedure Manual to evaluate required policies.

Joint Commission Survey Addendum

Chemical Dependence – Part 816 Withdrawal and Stabilization Services

OASAS Regulation Reference and Review Area	Joint Commission Standard/Element
816.5(g)(5) Comprehensive evaluations must be completed within 24 hours of the admission date	PC.01.02.01 The hospital defines, in writing, the scope and content of screening, assessment, and reassessment information it collects.
Part 816.5(i) Recovery Care Plans must be developed and approved within 24 hours of the admission date.	PC.01.03.01 The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment and results of diagnostic testing. The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.
816.5(i)(1) The recovery care plans must be signed and dated by the: <ul style="list-style-type: none"> ▪ physician, physician's assistant or nurse practitioner; ▪ registered nurse; ▪ counselor; and ▪ patient. 	RC.01.02.01 Only authorized individuals make entries in the medical record.
816.5(j)(1) Recovery care plans must be reviewed as often as necessary, but no later than seven (7) days from the establishment of the recovery care plan.	PC.01.03.01 Based on the goals established in the patient's plan of care, staff evaluate the patient's progress. The hospital revises plans and goals for care, treatment, and services based on the patient's needs.
816.5(j)(1) For patients whose stay is extended beyond seven (7) days, all components of the recovery care plans must be reviewed and modified accordingly at least every three (3) days during the course of the extended stay.	PC.01.03.01 Based on the goals established in the patient's plan of care, staff evaluate the patient's progress. The hospital revises plans and goals for care, treatment, and services based on the patient's needs.
816.5(k)(1) Progress notes must be written at least once per shift.	RC.01.02.01 Only authorized individuals make entries in the medical record. The author of each medical entry is identified in the medical record. Entries in the medical record are authenticated by the author. RC.02.01.01 Record contains the following clinical information: any progress notes.
816.5(f) The service must operate within its certified capacity.	LD.04.01.01 The hospital provides care, treatment, and services in accordance with licensure requirements, laws and rules and regulations.

Joint Commission Survey Addendum

Chemical Dependence – Part 816 Withdrawal and Stabilization Services

OASAS Regulation Reference and Review Area	Joint Commission Standard/Element
<p>816.5(n) The service must have a utilization review plan to consider each patient’s need for withdrawal and stabilization services in accordance with their chemical dependence problem and the continued effectiveness of withdrawal and stabilization services.</p>	Not addressed.
<p>816.5(n)(1) The utilization review plan must include procedures for ensuring that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> all admissions are appropriate; <input type="checkbox"/> retention criteria are met; and <input type="checkbox"/> discharges occur based upon the discharge criteria. 	Not addressed.
<p>816.5(a-b) The service must include among its goals and objectives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the safe and effective withdrawal from alcohol and/or substances of persons who are intoxicated or incapacitated therefrom, and the minimization of the multiple impacts of withdrawal on a chemically dependent person; <input type="checkbox"/> the promotion of abstinence from alcohol and all substances, except those lawfully prescribed and monitored by a prescribing professional knowledgeable about the patient’s chemical dependence; <input type="checkbox"/> the screening and referral to other appropriate health or mental hygiene service providers, if such services cannot be provided by the chemical dependence withdrawal and stabilization service; and <input type="checkbox"/> linkages with other providers of services; referral sources with other chemical dependence treatment providers as well as with other appropriate health, mental hygiene, and human service providers, and keep updated lists of programs in their areas that can meet treatment needs at various levels of care. 	Not addressed.
<p>815.4(a)(2) Statements of patient rights and patient responsibilities, including the phone number of OASAS Patient Advocacy [1-800-553-5790] are to be posted prominently and conspicuously throughout a certified facility.</p>	<p>RI.01.01.01 The hospital has written policies on patient rights.</p> <p>RI.01.07.01 The hospital provides the patient with the phone number and address needed to file a complaint with the relevant state authority.</p>
<p>Part 836 The service must have policies and procedures regarding incident reporting and review in accordance with Part 836 Incident Reporting.</p>	<p>RI.01.06.03 The hospital evaluates all allegations, observations and suspected cases of neglect, exploitation and abuse that occur within the hospital. The hospital reports allegations, observations, and suspected cases of neglect, exploitation and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law.</p>

Joint Commission Survey Addendum
Chemical Dependence – Part 818 Inpatient Rehabilitation Services

HOSPITAL NAME: _____

HOSPITAL ADDRESS: _____

HOSPITAL CEO NAME: _____

CHEMICAL DEPENDENCE INPATIENT REHABILITATION SERVICES

CLINICAL DIRECTOR: _____ ADMINISTRATIVE DIRECTOR: _____

TELEPHONE NUMBER: _____ OC NUMBER: _____

CERTIFIED CAPACITY: _____ OC EXPIRATION DATE: _____

LOCATION OF UNIT(S)/SERVICES AND CAPACITIES OF EACH: (Specify age, specialty area, etc.)

DATE(s) OF VISIT _____ REVIEWERS: _____

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Chemical Dependence – Part 818 Inpatient Rehabilitation Services

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3. Conduct a walk-through of the Inpatient Rehabilitation Service to include brief observation of activity on the unit to assess active treatment.
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Joint Commission Survey Addendum

Chemical Dependence – Part 818 Inpatient Rehabilitation Services

OASAS Regulation Reference and Review Area	Joint Commission Standard
Part 818.4(a)(4) Comprehensive evaluations must be completed within three days of admission.	PC.01.02.01 The hospital defines, in writing, the scope and content of screening, assessment, and reassessment information it collects.
Part 818.4(f) Preliminary individual treatment plans, addressing the patient's immediate needs, must be developed within three days of admission.	PC.01.03.01 The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment and results of diagnostic testing. The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.
Part 818.4(f) Comprehensive individual treatment plans must be developed and implemented within seven days of admission.	PC.01.03.01 The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment and results of diagnostic testing. The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.
Part 818.4(i)(9) A signature by the physician is required within seven days of admission.	RC.01.02.01 Only authorized individuals make entries in the medical record.
Part 818.4(l) Individual treatment plans must be reviewed and revised at least 14 calendar days from the date of the establishment of the treatment plan and no less often than each 14 calendar days thereafter (from the date of the previous treatment plan review).	PC.01.03.01 The hospital revises plans and goals for care, treatment and services based on the patient's needs.
Part 818.4(n)(1) Progress notes must be written at least once per week .	RC.01.02.01 Only authorized individuals make entries in the medical record. The author of each medical entry is identified in the medical record. Entries in the medical record are authenticated by the author. RC.02.01.01 The medical record contains the following clinical information: any progress notes.

Joint Commission Survey Addendum

Chemical Dependence – Part 818 Inpatient Rehabilitation Services

OASAS Regulation Reference and Review Area	Joint Commission Standard
<p>Part 818.3(e)(1-8)</p> <p>The service must have a written policy to ensure that individuals are not denied admission based solely on any one or combination of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> prior treatment history or referral source; <input type="checkbox"/> maintenance on methadone or other medication prescribed and monitored by a physician, physician's assistant or nurse practitioner familiar with the patient's condition; <input type="checkbox"/> pregnancy; <input type="checkbox"/> history of contact with the criminal justice system; <input type="checkbox"/> HIV and AIDS status; <input type="checkbox"/> physical or mental disability; or <input type="checkbox"/> lack of cooperation by significant others in the treatment process. 	<p>RI.01.01.01</p> <p>The hospital prohibits discrimination based on age, race, ethnicity, religion, cultural, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.</p>
<p>818.2(a)(15)</p> <p>The service must have policies regarding clinical supervision and related procedures.</p>	<p>Not addressed</p>
<p>818.2(f)</p> <p>The certified bed capacity of each inpatient service shall not be exceeded at any time.</p>	<p>The hospital provides care, treatment, and services in accordance with licensure requirements, laws and rules and regulations..</p>
<p>815.4(a)(2)</p> <p>Statements of patient rights and patient responsibilities, including the phone number of OASAS Patient Advocacy [1-800-553-5790] are to be posted prominently and conspicuously throughout a certified facility.</p>	<p>RI.01.01.01</p> <p>The hospital has written policies on patient rights.</p> <p>RI.01.07.01</p> <p>The hospital provides the patient with the phone number and address needed to file a complaint with the relevant state authority.</p>