Administrative/Regulatory Relief Work Group Meeting
January 13, 2009

Debbie Pantin, who was sitting in as Co-Chair for Alexis Gadsden, and Charles Monson thanked the members of the Administrative/Regulatory Relief Work Group for their continued hard work and dedication. Chuck personally extended his appreciation to everyone for continued participation as the Work Group participants have remained fairly constant since its inception (September 2007). Chuck also thanked Steve Hanson for continuing to serve as our expert Facilitator, even with the recent additional assignments he has received.

Chuck discussed the upcoming ASAP Pre-Conference institute scheduled for January 25, 2009 in New York City; Alexis and Debbie were instrumental in obtaining the Pre-Conference slot. The Institute entitled, "Gold Standard Partnership – Models for Success" will promote the various partnership structures ongoing between the field and OASAS, highlight the Administrative/Regulatory Relief Work Group accomplishments to date, discuss tools currently available to assist clinicians, and discuss how providers can implement models of effective intervention into their programs (e.g., motivational interviewing principles, TAP-21 A, compliance/competence and conceptual framework – what you do and how it relates to paperwork).

Chuck also indicated to the group that the 3 Part 822 Outpatient immediate action items should be approved shortly and that he hopes to be able to announce the approval at the ASAP conference.

Commissioner Karen M. Carpenter-Palumbo stopped by to address the Work Group along with Executive Deputy Commissioner Kathleen Caggiano-Siino; Kathleen was able to stay and join us for the morning session. The Commissioner stated her commitment to keeping things moving forward and encouraged our lively discussion regarding the draft Part 822 regulations. She congratulated the Work Group for all they have done so far and encouraged them to continue on the mission of partnering with OASAS to increase patient care while reducing administrative paperwork, especially during these fiscal times where utilizing the dollars we have to obtain better outcomes is so essential.

Steve Hanson went over "the plan" for the day and introduced Bill Lachanski, Bureau Director for Standards Compliance and Pat Lincourt, Bureau of Treatment Services. They provided the Work Group with handouts and prepared a Powerpoint presentation regarding the Draft Part 822 Outpatient revisions. They identified key sections of the regulations and discussed how the revisions would improve patient-centered care and how the regulation change would help to reduce paperwork. The Work Group provided feedback to the presenters after each section was discussed. The attached document outlines the feedback received.

- The Work Group was asked to forward any additional issues/concerns/language edits to Mike Ballester (ASAP Regulatory Committee Chair) at mballester@phoenixhouse.org and to Bill Lachanski of OASAS at WilliamLachanski@oasas.ny.gov for further review and possible inclusion to the draft. The Subcommittee will present the changes again to the Work Group at its earliest convenience.

Due to the lengthy dialogue from Work Group participants regarding the Draft Part 822 Outpatient Regulations, there wasn't enough time to review/update the Work Group on the other subcommittees. However, they should continue with their mission and report back any progress made by March 26th. The entire Work Group is scheduled to meet again in Albany on April 28th.

Attachment

PART 822 ADMINISTRATIVE RELIEF WORKGROUP OPEN DISCUSSION
January 12, 2009

Pre-Admission Assessment

- Diagnosis not required
- Need PAS info
- 3 visits within 30 days …. Admission visit could be later
- 822.3(d)(x) patients' priority
- 822.11(k) reimburse for 3rd visit
- Clarify genesis of 822 changes
- 819/822 assessment question

Initial Treatment Plan

- Adds a piece of paper (at 2 weeks)
- Format/carry the document
- Treatment plan addenda
- "cookie cutter" concern
- Address critical patient issues based on presenting problems
- Flush out the treatment plan once you know the patient
- Comprehensive plan may be an extension of initial
- Assessment summary
- Issue of patient signature

Face-to-Face Medical

- Refusal/inability to get a physical exam …. Evidence of referral/treatment plan is acceptable
- Meeting – RN is important (can do rule out for exam?)
- Clinical guidance re: referral
- Medical info "may"
  - Revisit/move to guidance

Comprehensive Evaluation

- Add ability to utilize updated evaluation – discharge summary omitted in new regs
- 60 day readmit
- Can do comprehensive evaluation in "initial" time frame
- Evaluation and treatment plan are on same 45-day clock

Comprehensive Treatment Plan

- OMIG issues with changes to time frames? check with OMIG
- Recommend to move to guidance what should be in a medical exam

Clinical Justification for 5 Days

- Over 5 days
- Time limited
- Medical/clinical justification in the treatment plan?
- Program description
- Utilization review
- Mandates
- Case conference
  Program description
  Admission note

∗ Send draft language changes for this section directly to Mike Ballester (ASAP)

Quality Improvement

- Monthly went to quarterly
- Required counseling staff may be difficult/burdensome (eliminate counseling staff)
- Takes counselors away from paperwork/patients

Progress Notes

- Individual vs. group clarified
- OMIG in agreement with other forms of documentation of group size
- Day rehab note question

Miscellaneous

- Terminology – use days instead of visits/weeks
- Review number of visits vs. time frames
- d/c plans - formal written referral