

## **Administrative/Regulatory Relief Work Group Meeting June 17, 2008**

Alexis Gadsden and Charles Monson welcomed the members of the Administrative/Regulatory Relief Work Group and also thanked Steve Hanson for serving as our expert Facilitator once again.

Chuck thanked the members for their on-going commitment to this group and for all their hard work and accomplishments to date (especially in the area of regulatory reform). He asked that we keep the momentum high and reiterated Commissioner Karen M. Carpenter-Palumbo's continued support as the group moves forward to increase patient care and reduce administrative paperwork.

Chuck provided the Work Group with an update on the Gold Standard Forums. These forums were developed with the goal of assisting providers in building a foundation for excellence, increasing Medicaid audit readiness and developing "best practice" service approaches. To date, three forums have already been provided (Nassau and Suffolk Counties and Rochester) with the next scheduled forums to take place on June 23<sup>rd</sup> and 24<sup>th</sup> in New York City.

Chuck indicated that two common themes have already arisen from the forums:

- the need for administrative relief; and
- the need to increase counselor competency.

Each of the Work Group's subcommittees is co-chaired by a provider representative and an OASAS staff person. The Administrative/Regulatory Relief Work Group originally had five subcommittees; however, the Patient-Centered Care and Documentation subcommittee merged with the Patient-Centered Regulatory Reform subcommittee to form the Patient-Centered Regulatory Reform/Care and Document subcommittee as each of these groups' objectives/goals were beginning to overlap. In addition, the Electronic Records Subcommittee was absorbed by and now exists under the OASAS Information Technology Work Group.

One of the primary goals of this meeting was to summarize the progress of the three remaining subcommittees, as follows:

- **Patient-Centered Regulatory Reform/Care and Documentation**

The Work Group has made significant strides in revising the three key regulation changes in the Part 822 Chemical Dependence Outpatient Regulations:

1. The subcommittee's OASAS co-chair updated the Work Group on the progress made in processing the three previously identified regulation changes that, if eliminated and/or revised, would provide immediate relief for providers in Part 822 Chemical Dependence Outpatient Services (i.e., revisions to the 1 in 10 individual counseling requirement; extension of the face-to-face medical assessment requirement and prior physical exam time frame; and deletion of the admission and discharge utilization review process). These proposed changes were presented to the OASAS Executive Team for review and approval. After a second presentation to the Executive Team detailing additional requested data,

the Executive Team agreed to remove the 1 in 10 counseling visit requirement; extend the face-to-face medical assessment requirement from 30 days to 45 days, extend the time frame for physical exams from 6 months to 1 year and remove the utilization review admission and discharge requirements.

Approval to proceed has also been acquired from the Governor's Advisory Council; final approval is expected by the end of the summer.

2. An open discussion ensued in regard to the Part 822 Draft Treatment Protocol document that was distributed to the Work Group. This document is a conceptual preliminary framework for the eventual revision of Part 822 and includes recommendations from the Patient-Centered Regulatory Reform and Patient-Centered Care and Documentation subcommittees prior to their merging. It is anticipated that this framework will allow for a more patient-centered early engagement/therapeutic alliance approach rather than the paperwork-laden processes currently required during the first several visits. The Patient-Centered Regulatory Reform/Care and Documentation subcommittee will be working closely with the Co-Occurring Task Force, OASAS' Medical Director and Counsel's Office in this regard.

Providers indicated that changes identified on the document would allow for more flexibility by extending the required paperwork over the course of treatment rather than trying to complete it over the first several visits, giving counselors options depending upon the severity of the patient. However, the issue of allowing up to four assessment visits without a time frame was debated and this issue will need to be addressed further.

Additionally, a discussion around the 30 minute session, as it pertains to physician time, was discussed. The OASAS co-chair indicated that this issue was under review to possibly allow the physician and another staff member (possibly a qualified health professional or a nurse) to split the 30 minutes. However, this compromise did not seem to appeal to the providers of the Work Group and this issue will need to be addressed further.

- **OASAS Reporting Requirements**

The subcommittee's OASAS co-chair indicated that the subcommittee's 4 top priorities are well under way.

1. The Bureau of Evaluation and Performance Improvement (BEPI) received comments and suggestions from providers on clarifying/improving the instructions for completing PAS Forms, which are currently under review.
2. A document describing the reasons for collecting data on the PAS Forms has been completed and will be posted on the OASAS Web page shortly.
3. The OASAS Bureau of Information Technology (IT) has agreed to expand the reporting capabilities on the Client Data System (CDS) to allow for downloading in spreadsheet format. It is anticipated that IT will complete this task in early fall.

4. Revisions to MATS requirements are well under way. Effective April 9, 2009, with the release of the new CDS, a mechanism will be in place to allow providers to indicate that a “client is not MATS eligible” or that a “county is not MATS eligible”, alleviating unnecessary paperwork. In the interim, OASAS Counsel indicated that providers may check “no” on the MATS Consent Form until such time as the form has been revised.

The Reporting Requirements Subcommittee has lost some of its members and is actively recruiting new members. A Subcommittee Sign-Up Sheet was circulated and 4 new members/delegates have signed up. The subcommittee will meet shortly to determine its next steps.

- **Unified Reporting**

The subcommittee developed a draft Unified Patient Progress Report form. After meeting with the Office of Court Administration (OCA) to discuss this new form, it was determined that the form currently used by OCA was very similar to the form the subcommittee developed. It was at this time that the subcommittee also discovered that the form currently used by OCA was a collaborative effort with OASAS under a former OASAS Administration.

For those interested, on July 29<sup>th</sup>, OCA will be providing the Work Group with a demonstration of the web-based on-line electronic form.

After the demonstration, the subcommittee will determine how best to move forward with this initiative.

**Future Endeavors** - The group then proceeded to brainstorm/discuss future endeavors and came up with a list of Good Things vs. Challenges/Frustrations.

Good Things included, but are not limited to:

- Very positive interaction between providers and OASAS
- Upfront provider input into regulations
- Partnership between OASAS and providers (repaired relationship as well)
- First time working together for patients
- Longevity of the Committee; Committee staying grounded; concrete issues being discussed/resolved

Challenges/Frustrations included, but are not limited to:

- Need to see something happen soon, so as not to lose momentum
- More prospective participation – Part 815 Regulations developed without this process
- The need for OASAS auditing staff to be present for the meeting to hear and be part of the conversation
- Streamlining bureaucracy

- In 2002, the Article 28/822 conflict, which prohibits some Article 28 providers from applying for an 822 operating certificate
- How to increase buy in from other providers
- How to disseminate the function/progress of the Work Group to other providers

There was a common concern among the providers that tasks/objectives/goals of the Administrative/Regulatory Relief Work Group were not being disseminated to line staff and other OASAS providers. The group discussed the possibility of: informing/involving the coalitions; conducting a Learning Thursdays webinar; video conferencing capabilities; and contacting ASAP for locations with applicable equipment in which to conduct meetings.

**Additional Regulation Review** - The group was asked to recommend the next set of regulations to review for regulatory reform. There was an overwhelming response for the Part 815 – Patient Rights regulations to be the next priority as the providers felt that they were over burdensome and there was no administrative or regulatory relief in these regulations. It was decided that Subcommittee Sign-Up Sheets would be disseminated for continued work on regulatory reform. Subcommittees were formed to continue work on regulatory relief for Parts 815, 817, 818, and 819.

**Outpatient Quality Indicator/Medicaid Findings Intersection** – Data analysis was conducted for Part 822 Outpatient Services using Quality Indicator scores from recertification reviews and comparing them to the top 10 Medicaid findings. This data clearly showed parallel findings between OASAS and the Office of the Medicaid Inspector General in the areas of Comprehensive Evaluations, Treatment Planning and Progress Notes. This information will be used to develop a training protocol for counselors.

**Training for Counselors and Clinical Supervisors on Comprehensive Evaluation, Treatment Planning and Progress Notes** - Volunteers from the Work Group were pursued for a subcommittee to develop training protocols and an overwhelming response was received. The OASAS Training Unit will also be approached for their input into this subcommittee. The main task will be to develop “Training in a Box”, aimed at clinical supervisors with the goal of compliance and competence in the areas of Comprehensive Evaluations, Treatment Planning and Progress Notes, keeping in mind current fiscal budget constraints.

**Paperwork Reduction, Model Case Records, and Sample Provider Case Record** - With the goal of increasing patient care and decreasing paperwork, an open discussion ensued. Another subcommittee will be developed (Subcommittee Sign-In Sheets were completed) to:

- determine what model case records are available in the field;
- develop a process to reduce paperwork;
- train program supervisors (as opposed to program directors) to disseminate the information back to line staff;
- streamline paperwork across all applicable regulations; and
- provide guidelines for other providers to do their own case records review to streamline their process.

It was agreed that each subcommittee would report back and progress made by August 12, 2008 and that the entire Work Group would meet again in Albany on September 23<sup>rd</sup>.