

Administrative/Regulatory Relief Work Group Minutes January 15, 2013

Opening Remarks

Chuck opened the meeting by welcoming our new members, thanking everyone for making the long trip and acknowledged his and Alexis' appreciation of the commitment of this Work Group. Chuck introduced Sean Byrne, OASAS' new Executive Deputy Commissioner and thanked him for attending the meeting. He also thanked Associate Commissioner Bill Phillips for his commitment and hard work with OASAS and the field and wished him well in his upcoming retirement.

As always, we sent a special thank you to Steve Hanson for serving as our facilitator.

Draft Outpatient and Opioid Treatment Program Regulations

Rob Kent informed the Work Group of the recent posting (12/2012) of the [Draft Chemical Dependence Outpatient and Opioid Treatment Program Regulation](#) and provided the group with some highlights:

- streamlines the admission process by eliminating the comprehensive evaluation and moving to a system where programs can perform admission assessments/evaluations, start providing services and develop the treatment/recovery plan;
- revises the treatment plan development and review process by moving from all members of the multi-disciplinary team signing treatment/recovery plans to a system where the supervisor of the responsible clinical staff member and the Medical Director review and sign. The multi-disciplinary team would still meet regularly to participate in case conferences for a sample of the cases;
- introduces the concept of extended care;
- eliminates specific counselor to patient ratios and moves to reviewing the adequacy of counselor staff by focusing on program outcomes;
- eliminates some of the considerable detail in the current regulation which appears to have no direct connection to providing good patient care, including elimination of the prescriptive details related to Quality Assurance and Utilization Review programs while still requiring providers to have a plan and policy for this function; and
- completes the integration of the outpatient and OTP regulatory provisions.

Rob indicated that the OASAS Client Data System will need some redesigning to accommodate some of the new changes proposed and guidance statements will need to be developed to assist providers and OASAS staff.

The new draft regulation pushes a business concept - outcome measures (place holders) are written in the regulation and providers will be measured against certain outcomes. They also allow OASAS to take a step back and let the providers run their own programs to meet the needs of their patients (less front-end paperwork allowing the counselor to engage the patients). By modifying our regulation to a similar model used by OMH, we will equalize the playing field as they start treating our patients in their programs.

NOTE: The work group asked for a comprehensive side by side document that did a full comparison of the current vs. proposed draft regulations; and, Rob Kent asked the Work Group to submit *written* comments regarding the proposed regulations. To accommodate both the work group's request for the comprehensive side by side; and, the need for an organized process to submit comments, Work Group members will be receiving:

- The comprehensive side-by-side document via electronic submission.
- The side-by-side document will include a place for comments that corresponds to each section.
- A transmittal cover letter will be included explaining the side-by-side document and requesting that Work Group members use that document to electronically submit their specific comments; including any specific recommendations for language deletions or additions.
- A request to submit their comments/revisions electronically to the [TA mailbox](#).
- All submissions would then be organized and discussed at the next Administrative/Regulatory Relief Work Group meeting scheduled in April.
- NOTE: There was a suggestion at the meeting to consider having day long face to face comments session/conference call to obtain comments. However; time constraints; travel budgets; and, the

difficulty of selecting a single date to accommodate all schedules prompted the above approach. The above approach ensure that all members will have the opportunity to comment in a manner that fits with their work schedules

LOCADTR

Pat Lincourt gave a PowerPoint presentation of the revised Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) 3.0 and briefly walked the group through the general steps. Business rules are currently being developed to accompany the document. Currently, Pat is working with outside partners, i.e., The National Center on Addiction and Substance Abuse at Columbia University (CASA), to use the document, identify its usefulness, etc. and to ultimately have an independent review and a validity study (trained clinicians use the document to see if they end up with the same results). Pat also mentioned that a “buy-in” from the managed care system would be needed.

Retention and Outcomes

Steve Hanson gave a PowerPoint presentation on one of OASAS’ new initiatives – Enhancing Retention and Outcomes. Early program retention is critical for treatment success; poor retention leads to unstable utilization (constant turnover in slots/beds) and adds increased work load for staff. Steve also noted that payers will look to purchase services from providers with better outcomes.

Using calendar year 2011 data and using the intensive residential service type as an example, Steve went through a series of graphs/charts using various retention measures (one-month retention, discharges by disposition, discharges by length of stay, etc.) and reviewed the outcome data. OASAS staff will be conducting similar comparisons with the other service types in the future.

Goals of this initiative include: decreasing adverse (LAMA/TERM) discharges; increasing retention; and increasing the percentage of treatment complete discharges. To accomplish this, OASAS is proposing the following strategies: establishing targets for improvement; communication to providers; continued use of the Better Outcomes Tuesday interactive sessions, technical assistance and help providers recognize what they need to do.

Providers will need to be competitive in the market, reduce administrative costs and prepare for performance-based reimbursement. They can begin by: 1) taking a look at their own retention/discharges and identify areas for improvement; 2) adopting/adapting treatment strategies that help with engagement/retention (motivational approaches); and 3) learning from other providers by participating in the [Better Outcomes Tuesdays](#), etc. and visiting the OASAS web site – there is a lot of good information and tools available to assist providers.

Provider Work Group Update

Alexis provided the work group with a summary of the Insurance/Managed Care Subcommittee’s first meeting which was held on 12/12/12. The subcommittee was formed to present recommendations regarding how providers can utilize their existing expertise and competencies to provide guidance and support to the field in preparation for working in an insurance/managed care environment.

The discussion also included:

- providers taking a look at their own data and making adjustments within their own programs accordingly;
- how to be competitive and making your service marketable;
- becoming a multi-layered business model (training staff, knowing the culture change, advocating for themselves, etc.); and
- learning to negotiate and have better outcomes.

Providers were encouraged to review the summary and provide feedback to Alexis via e-mail.

Wrap Up/Adjourn

Chuck and Alexis thanked everyone for a great meeting. When asked if the next meeting should be face-to-face or via telephone, the consensus of the work group was to continue to meet face-to-face. The next scheduled meeting is April 16th from 10:30 to 1:30 in Albany.