Administrative/Regulatory Relief Work Group Minutes
March 15, 2011

Opening Remarks

Alexis Gadsden opened the meeting by introducing the Administrative/Regulatory Relief Work Group to Commissioner Arlene González-Sánchez, who was participating via video conference from our NYC office. Commissioner González-Sánchez conveyed her vision for OASAS in terms of providing an efficient quality of service based on individual needs. The Commissioner briefly mentioned the Medicaid Redesign Team (MRT) and their work toward streamlining regulations and providing an integrated system of care. In response to questions from Work Group members, the Commissioner indicated that there are no pre-conceived notions regarding the future; she said that everything is on the table for discussion in an open forum, which includes providers.

Work Group Status Reports

Medicaid Redesign and Regulations Updates

Trisha Schell-Guy reported that the Proposed Part 822 Regulations have passed through GORR and should be out for public comment in a week or two. She indicated that the Governor's Office had some minor changes, but the draft regulations which are posted on the OASAS Website hold true to form. Trisha said that the regulations are still on schedule for enactment on or by July 1, 2011.

Sara Osborne provided an update on the progress of the changes to Part 815, Part 818, and Part 819 Regulations. She said that preparation for forwarding to GORR was in process, and she expects them to go to GOER within a month.

Sara also addressed the Part 836 Incident Reporting Regulations. These regulations were still in emergency status waiting for adoption (NOTE: They were adopted on March 23rd). Sara answered various provider concerns and questions. She indicated that the content in the Incident Reporting form was critical (being in regulatory compliance), not the form itself. With this understanding, policies, procedures and forms do not have to be formally approved by OASAS. If providers want these areas reviewed, they can send them into Counsel's Office. Sara addressed concerns around "strip searches" and the definition of a crime. Counsel's Office is working through clarifying the meaning of strip search in the Part 836 regulations. Currently, there is some confusion around this terminology based on penal law as opposed to how this term is used in a residential treatment setting. As for "crime", Sara asked providers to consider the negative effect the incident might have on the program when deciding to submit a report. Finally, Sara reiterated that these reporting guidelines are meant to keep OASAS notified of pertinent incidents in a timely fashion so that OASAS can respond appropriately.

Rob Kent presented on Medicaid Redesign. The Governor created the MRT to work on re-vamping the Medicaid system; specifically, to focus on working more efficiently while requiring less funding. The MRT report was issued in February with the Governor adding the MRT findings to his Executive Budget. Rob felt that since there was no option to leave things as they are, the results of these discussions were as good as we could hope for. Rob mentioned the following decisions as key to OASAS, OASAS providers, and patients:

- Will conserve carve outs for outpatient and methadone programs
- Behavioral Health Organizations (BHO) - these organizations do not function like your typical HMO – rather more like that of a case management provider. NYS (including OASAS) will be able to contract directly with the provider of these services and will have control over the contract.

- Utilization Threshold Management - further exploration of providers with high Medicaid utilization rates
- Consolidation of regulations and the auditing process (deeming), e.g., utilizing an upgraded JCAHO review as acceptable for OASAS recertification of certain hospital-based inpatient programs
- Implementation of Health Homes
- SBIRT

Rob stressed that there will be transitional timeframes for some of these items to be implemented. He also addressed provider concerns regarding special populations driving up the utilization of Medicaid services. Rob assured the Work Group that special populations were being taken into consideration. Furthermore, both OMH and OASAS are working together to clarify concerns and obstacles to facilitate co-occurring treatment services. Some Work Group members made a brief appeal for the provision of services for adolescents, making sure that this population did not get lost in all the budget shuffling.

APG Spring Trainings & Supportive Documentation

Pat Lincourt and Ilyana Meltzer gave an update on the upcoming APG implementation. Ilyana reported that regional trainings will be held throughout the state the last week of April and first week of May, focusing on clinical integration and supportive documentation. Pat talked briefly about training topics concerning medical necessity and patient centered treatment. The registration for APG training is being handled regionally through the OASAS Field Offices.

Ilyana reminded the Work Group that resource tools are available on the OASAS web site to help providers in the transition process (Medicaid Self-Assessment Tool, OASAS Model Case Record Forms, APG Guidance Document, etc.). She also mentioned that the APG group is working on a web-based question and answer portal for APGs. Pat and Ilyana also pointed out that the 90-day claim period was being waived for opioid providers during the first six months of implementation. Finally, Pat informed the Work Group that a decision was made allowing providers' medical staff to use their judgment with appropriate billing codes for Physical Health Services.

Part 822 Chemical Dependence Outpatient and Opioid Treatment Programs Regulations Update

Bill Lachanski discussed the vetting process that the proposed Part 822 Site Review Instrument (SRI) has been through, including the subcommittee conference call that led to some changes to the SRI. The SRI is undergoing a final review before the draft is posted to the OASAS web site (a final SRI will be posted once the regulations are adopted). Webinar trainings on both the Outpatient and Opioid Treatment Program regulations and corresponding SRIs will be made available to the field between mid-May and mid-June. The PRU will conduct as many of the 2011 Part 822 recertification reviews as possible prior to the July 1, 2011 implementation date. After July 1st, recertification reviews will be suspended until January 1, 2012 to allow providers sufficient time to come into compliance with the new regulations.

Smart Records

Laura Higgins presented the SMART Records Checklist and SMART Records Walkthrough documents to the Work Group. Many thanks went out to the providers who participated on the subcommittee; they provided excellent feedback from their perspective on the process. A question was asked regarding the relationship between NYSCRI and SMART Records. Bill Lachanski explained that although the NYSCRI document process is being supported, it is geared toward current Part 822 regulations, not the upcoming regulations. NYSCRI is limited to a once per year change which will keep regulatory changes from being included in the document for some time. Bill mentioned that OASAS has been developing model case record forms to assist providers in achieving compliance with the proposed Part 822 regulations while helping them to transition to the APG and NYSCRI systems.

Integrated Quality Systems

Chuck provided an update on the Gold Standard Initiative (GSI), which is overseen by the Gold Standard and Outcomes Management Steering Committee. Providers reaching 4-year renewal criteria would be eligible to apply, through an application process, for an additional year (5-year Operating Certificate). Providers, through the application process, would be asked to document performance outcomes in six areas (Talent Management; Quality Improvement; Best, Promising & Evidence Based Practices & Programs; Recovery Support/Community Partnerships; Outcomes Management; and Compliance). In regard to Operating Certificates with multiple PRUs, all PRUs within the Operating Certificate would have to meet the set standards for eligibility.

Open Dialogue

A question was raised regarding the effect, if any, the new regulations will have on existing waivers. Generally speaking, waivers usually do not expire until the operating certificate expires. However, providers were encouraged to review their existing waivers to see if the regulations have changed to an extent that new waivers will need to be submitted.

Adjourn

Chuck and Alexis thanked everyone for a great meeting. The next meeting is scheduled for Tuesday, June 14, 2011.

PLEASE NOTE: MEETING RESCHEDULED TO JUNE 30th