

Administrative/Regulatory Relief Work Group Minutes June 15, 2010

Chuck Monson began the meeting by acknowledging how rewarding it is for him to see everyone's continued participation in this workgroup. He also thanked everyone for putting forth the effort to attend the meetings, especially with the current fiscal constraints facing the State of New York.

Chuck indicated that one of the current key priorities for OASAS is the proposed Part 822 Outpatient Services regulations which will incorporate the newly revised Part 828 Opioid Treatment Services and the implementation of APGs. He acknowledged the hard work put in by his staff (Bill Lachanski, Joan Disare, Joe Chelales, David Herbert, Janet Paloski and Barbara Vuolo) for their assistance in making it happen and gave a special thank you to Pat Lincourt, Trisha Shell-Guy and Ilyana Meltzer for their diligence and hard work in pulling it all together. Alexis Gadsden added that the world around us is changing and that we have a lot of work/tweaking to do, especially with the implementation of APGs -- but she's not worried with OASAS as our partners.

Chuck also thanked Steve Hanson for facilitating the meeting and turned it over to him in order to remain on schedule.

822 Update (Bill Lachanski and Bob Lebman)

Bill provided the workgroup with an update on the Part 822 regulations. He informed everyone that the Part 822 Chemical Dependence Outpatient regulations were merged with the Part 828 Opioid Treatment Program regulations and also include the implementation of APGs. Regulations specific to Part 822 Outpatient Services are now designated as 822-4 while specific Opioid Services regulations are now designated as 822-5.

Bill emphasized that there is no impact regarding a provider's outpatient or opioid treatment certification and that the operating certificates will remain separate at this time.

He also informed everyone that the 822-4 outpatient section includes the draft language brought forth by the Administrative/Regulatory Relief Workgroup. The changes were recommended to: better reflect individualized patient-centered care and focus on immediate treatment needs; allow more time for initial engagement period; extend timeframes so paperwork is completed on patients who engage rather than those who drop out early in treatment; and reduce administrative and paperwork burdens on clinical staff. Some of the highlights of the Draft Part 822-4 section of the regulations include:

- allow for 3 assessment visits within 30 days of initial contact;
- defines the focus of the admission assessment;
- reallocation of medical staff time for participation in the case conference process and elimination of the face-to-face determination of the need for a physical examination;
- extends the time frame for completion of the comprehensive evaluation and the comprehensive treatment plan to 45 days after admission;
- extends the time frame for the physician's signature on the comprehensive treatment plan from 7 to 10 days;
- progress note changes – requires a progress note for each counseling session; and

- provides regulatory relief associated with patients seen once per month for Suboxone and other medication assisted treatment (not included in the counselor-to-patient ratio).

Internal OASAS discussions are in process to determine how these new regulations will be implemented and OASAS Program Review staff are in the process of developing new site review instruments. Once developed, these instruments will be presented to this workgroup for review and approval and placed on the OASAS web site.

As Chair for the ASAP Regulatory Committee, Bob Lebman outlined the process for obtaining/reviewing/submitting proposed regulations to OASAS on behalf of ASAP. ASAP members, as well as other non-ASAP committees/groups, are provided an opportunity to review and propose changes to the draft regulations prior to the public comment period. Upon internal review by the ASAP Regulatory Committee, one consolidated document of proposed comments/recommendation is submitted to OASAS for possible inclusion in the “draft regulations”. In addition to providing conformity around the state, this process ensures clarity (reduces the possibility of misinterpretation and alleviates the prospect of becoming a “sitting duck” for an OMIG audit).

APG/Clinical Supervision Updates (Pat Lincourt)

Pat Lincourt updated the workgroup on the status of Ambulatory Patient Groups (APG). As indicated earlier, the draft Part 822 Outpatient regulations includes recommended revisions by this workgroup, incorporates APG implementation and Part 828 Opioid Treatment Services regulations. Promulgation of these regulations will move OASAS closer to one outpatient system of care. The draft Part 822 Outpatient regulations can be found on the OASAS web site at: <http://www.oasas.state.ny.us/regs/documents/822merge.pdf>.

Implementation of APGs will also support New York State’s overall effort to reform Medicaid reimbursement and rationalize service delivery. APGs will change the way providers submit outpatient Medicaid claims from the current threshold visit rate codes to a new APG coding construct and will define and support a new range of medically necessary clinic services, (e.g., screening (pre-admission), brief intervention (pre-admission), and brief treatment (post-admission) visits (each service is 15 minutes in length).

Additional information regarding APGs can be found on the OASAS web site at: <http://www.oasas.ny.gov/admin/hcf/APG/Index.cfm>.

Pat informed the workgroup that she was nearing finalization of the Clinical Guidance document and thanked this workgroup for their input. She also indicated that a Local Services Bulletin regarding Clinical Supervision was being developed and would be presented to this workgroup prior to implementation.

Administrative/Regulatory Relief Work Group Report Outs

Unified Reporting

Alexis asked for feedback from the workgroup as to how to proceed with Unified Reporting. She informed the workgroup that Sandra Schleicher had converted the unified reporting form that had been developed and made it a fillable pdf for possible placement on the OASAS web site. She also reminded the workgroup that screenshots of HRA's STARS web-based system had been sent to everyone for their review for possible use. In past conversations with HRA, they indicated their willingness to allow OASAS providers access to their system to enter required reporting data. However, they would not be responsible for distribution of the form to the required entities. While it was decided that electronic case records would be the best viable choice for distribution requirements, not all providers are in a position (now or in the future) to be able to move ahead with moving toward an electronic case record system (too costly).

Alexis offered the following options to the workgroup: 1) stop all efforts in this regard (unified reporting is not doable at this time); 2) move the form forward with Commissioner Carpenter-Palumbo's approval and ask her to secure buy-in from other necessary state agencies; 3) consider HRA's offer of using their system; or 4) OASAS builds a database for the field to be able to enter/retrieve/disburse the data. Option 4 was ruled out as OASAS' Information Technology Bureau is not in a position to be able to accommodate this request at this time. The workgroup chose Option 2 and would like to request that the Commissioner sponsor the form and permit Tom Nightingale to present it to the leadership agencies for agreement to use it as a "universal reporting instrument" for the field.

SMART Records (Joe Chelales)

Joe Chelales informed the workgroup that the SMART Records Guidance document and two sample Patient Handbooks provided to the workgroup prior to meeting for review and approval are in the process of being converted and placed on the OASAS website. These tools will enable a provider to conduct their own paperwork reduction case record review and implementation a Patient Handbook to assist providers in eliminating and reducing redundancy in the patient case records while continuing to inform the patients of the requirements/rules for participation in the program (allows for only one patient signature for receipt of numerous program documents).

Regulatory Comments/Recommendations (Joe Chelales)

Joe Chelales informed the workgroup that the comments/recommendations put forth by this workgroup in regard to Parts 815, 818 and 819 have been finalized and are being forwarded to Counsel's office for possible implementation. In addition, Joe informed the group that his staff are currently working on two documents: 1) a side-by-side comparison of the Program Review Unit Site Review Instrument and the proposed Part 822 regulations; and 2) a comprehensive side-by-side comparison of the Part 822 regulations and the new APG requirements.

A suggestion was made that another document be developed that would: 1) indicate the APG regulation; 2) provide a guidance statement to explain the regulation; and 3) provide an example of its use. It was felt that this document would be an excellent resource for Part 822 providers. A new workgroup was formed, headed by Joe Chelales with a provider co-chair to be named, to begin the development this document.

Quality Management Planning Subcommittee (Joan Disare)

Joan informed the workgroup that the Quality Management Planning Subcommittee is not currently active as Medicaid Mondays is currently the main focus. The first two presentations included Medicaid Planning Compliance and an overview presentation by OMIG staff.

Update: The third presentation was held on June 21st and provided the audience with provider perspectives of a Medicaid audit and the 4th and final presentation was held on July 12th in which OASAS staff provided guidance on the “Top 10” Medicaid audit issues. All of the presentations have been archived and are available on the OASAS web site at: <http://www.oasas.state.ny.us/admin/hcf/Part521.cfm>.

Joan expects to bring the subcommittee back together after the last presentation to begin work on developing Gold Standard “tools”, such as:

- developing a Quality Improvement Plan (what it should look like);
- getting a foundation in place; and
- develop training (with the possible use of the Quality Services Management staff).

A suggestion was made that providers should maintain on site copies of all regulations that have been or are currently in place so that if OMIG reviews your program, you will have the correct regulations that were in place at the time the case record was active.

If you are interested in joining the Quality Management Planning Subcommittee, please contact Joan at: joandisare@oasas.state.ny.us.

Open Issues

Chuck started the conversation by posing the following questions:

- Is this group working?
- What do you like/don't like?
- What issue(s) do you want to tackle?

Several members thought the workgroup was functioning well and that we have a “wonderful process” in place. They like that the group is very interactive, responsible and professional and expressed that they hoped this process could continue if there is a new administration in place next year.

Although there were many complaints about OMIG and the OMIG audit process, they recognize how helpful OASAS has been in supporting the providers during the audit process. Chuck thanked Bill Lachanski and Joan Disare for there “hands on” assistance with OMIG.

Next Meeting

Chuck and Alexis thanked everyone for the great work accomplished and announced that the next meeting will be **September 21st**.