

Administrative/Regulatory Relief Work Group Minutes

September 20, 2011

Opening Remarks

Chuck opened the meeting by welcoming everyone. He indicated that he and Alexis had a prior meeting regarding the agenda for today and realized that a large majority of the items the work group has been working on are either accomplished or soon-to-be accomplished. Since the agenda largely consists of "report outs" Chuck and Alexis wanted to save the work group participants from a long day of travel and expense and decided to hold the meeting via conference call.

Alexis thanked everyone for staying connected and agreed with Chuck that this group has accomplished much over the last four years.

As Steve Hanson was unable to attend the meeting (he actually stopped in at the end of it for a few minutes), Chuck played a dual role as co-chair and as facilitator. In order to control the conversation due to the number of attendees on the phone, the agenda included strategically planned breaks to enable participants to be heard.

Part 822/APG Update

Bill Lachanski and his staff provided some updates and current information on Part 822 regulations and resources.

Part 822 – Regulations in Effect

As planned, the Part 822 regulations became effective July 1, 2011. These regulations merged the Outpatient Services (now Part 822-4) and the Opioid Treatment Program regulations (now Part 822-5) into one set of regulations; however, separate certifications are required for each. The new regulations also incorporated APG requirements.

As previously advised, outpatient and opioid treatment programs were not reviewed for recertification after July 1st. In the interim, the Program Review Unit has been catching up on reviews as well as moving ahead on all of the other certified program categories with recertification reviews.

Beginning January 1, 2012, the Program Review Unit will resume recertification reviews of outpatient and opioid treatment programs. Review approach and methodology for conducting reviews within the purview of the new regulations is currently under development with particular attention to areas with major changes in the regulations (e.g., time period for case record sampling, use of reviewer's notes, how scoring is applied, etc.).

Update: Subsequent to our meeting, it was determined that recertification reviews of outpatient programs beginning in January will review patient case records with admission dates of September 1, 2011 forward. The Bureau of Standards Compliance will not utilize July and August 2011 patient case record documentation during these rectification reviews.

OASAS has also had ongoing discussions with the OMIG about a potential grace period (around APG implementation). We will keep this work group apprised of any progress or results of our communications with the OMIG on this issue.

Parts 815, 818 and 819

David Herbert provided an overview of the regulatory relief efforts regarding Part 815, 818 and 819 that were put forth by this Administrative/Regulatory Relief Work Group. The proposed regulations can be found on the OASAS web site at: <http://www.oasas.ny.gov/regs/index.cfm>.

Site Review Instruments (SRI)

OASAS Technical Assistance/Systems Reform staff has been providing Draft SRIs for both services (822-4 and 822-5) by request. The draft SRIs have undergone extensive internal and external reviews and are near completion. Webinars are currently being taped and should be available in PowerPoint format and posted on the OASAS web site.

Additionally, an advisory was sent to all opioid treatment programs to assist them with DEA regulations with regard to expired operating certificates, including a reminder about recertification reviews beginning January and a copy of the draft opioid treatment program SRI.

Model Case Records

Great news! The Part 822-4 Model Case Records were posted in September. Prior to the posting, Laura Higgins had sent out draft model case records to approximately 125 providers. The forms can be found on the OASAS web site at: <http://www.oasas.ny.gov/mis/forms/reg/822/part822.cfm>.

Bill acknowledged Laura Higgins for her outstanding efforts in developing the forms and for coordinating OASAS and provider review and revision of them. He also thanked Barbara Vuolo for all her hard work in converting the forms to fillable pdfs and preparing the documents for posting to the OASAS web site.

The opioid treatment program model case record forms are under development and Bill will keep this work group and the field apprised of the ongoing progress.

Part 822 Guidance Documents

Laura Higgins indicated that the existing Part 822 Writing Policies and Procedures Guidance Document was in the process of being expanded into a step-by-step guidance document. This 30-page document (and still growing) is just about ready for internal and external review. Providers were asked to contact Laura via e-mail if they are interested in being on the subcommittee to review this document. You can reach Laura at: LauraHiggins@oasas.ny.gov. The goal is to develop a similar guidance document for each service type.

APG

Bill Lachanski provided an update on APGs. OASAS does not yet have Federal State Plan Amendment (SPA) approval to utilize the APG reimbursement methodology or APG rate codes. Therefore, hospital and freestanding programs are operating under the interim period rules and specific interim billing guidance that was previously released to the field. OASAS expects SPA approval will be received during OASAS' Phase 1 APG implementation (7/1/11 – 6/30/12) in freestanding programs. In those limited cases where a patient is Medicare/Medicaid enrolled, OASAS is actively working with DOH to identify a resolution to allow the Medicaid only reimbursable services to come straight to Medicaid.

In response to a question that came up, OASAS still does not have a definitive answer to the 90-day billing requirement. Also, the PAS-48 form is currently under revision to be consistent with the APG requirements and new regulations.

Update: Subsequent to our meeting, a meeting with the OMIG was held where the 90-day billing requirement was addressed. As a result, OASAS and DOH will be issuing notification to the field that DOH is temporarily waiving its 90-day claims submission requirement for OASAS programs. When programs submit claims that are beyond 90 days, the program must enter reason code 3.

Unified Reporting

Alexis reported that the Unified Treatment Reporting form that had been “launched” in Suffolk County appears to be going well and that she has received positive feedback. Chuck indicated that he is in the process of putting a plan together for making this form available to the entire field and for posting to the OASAS web site. However, Chuck reminded the work group that this form will not work for everyone (e.g., HRA – STAR).

NYSCRI

OASAS staff continues to work closely with OMH officials regarding NYSCRI. The revised Part 822 regulations also impact the NYSCRI form set originally developed. OASAS in collaboration with OMH developed an [Interim Documentation Strategy](#) for programs to provide some specific direction and guidance on revised regulations not covered by the current NYSCRI form set and what type of documentation needs to be added to the NYSCRI form set to comply.

Rick Vedder of the OASAS Technical Assistance/Systems Reform Unit did an outstanding job developing the interim strategy and is our lead staff person regarding NYSCRI forms and regulatory matters. The Interim Documentation Strategy is available on the OASAS web site at: <http://www.oasas.ny.gov/mis/forms/reg/822/part822.cfm> as well as on the OMH web site.

In addition, the NYSCRI Review and Implementation Team (RIT) met last week to begin the process of making changes to the NYSCRI form set. However, because there is significant work involved in this process, OASAS has been advised that it may take up to 3-4 months or longer before the revisions may be available. That is why OASAS developed the Interim Documentation Strategy.

ASAP Workshop

Chuck has enlisted the help of four providers to assist him in his ASAP Conference workshop, entitled, “Ensuring Patient Centered Care through Quality Management Systems”. In addition to building in the value, commitment and partnership of this work group, Chuck will be spotlighting 4 of the 6 Gold Standard Elements (Talent Management, Quality Improvement, Evidenced Based Practices and Programs and Compliance). The team he has put together has been very responsive and the planning is almost complete. Moishe Slomowitz of the Downstate Technical Assistance/Systems Reform Unit will also be presenting compliance resource developed by the Unit. The workshop is scheduled for November 1st in Brooklyn.

Northern Tier Presentation/Conference

Chuck will be providing a Gold Standard Initiative (GSI) update to the Northern Tier Providers Coalition on September 27th and has been invited to present on the GSI at their conference scheduled for November 10th.

Open Dialogue

Chuck reminded everyone of the goal of this work group when we began four years ago - to decrease paperwork while increasing care to patients. At that time, OASAS made a commitment to develop a genuine partnership with the field and through this work group, OASAS has been able to keep its commitment. Together, we came up with several key areas in which concrete steps toward administrative relief could be taken (patient centered regulatory relief, reporting requirements, unified reporting, patient centered care and documentation and electronic health records. With the exception of electronic health records, which were deferred to another OASAS/provider work group that was already working in this area, we have accomplished our goals.

So the work group was asked, "Where do we go from here?" Everyone was given an opportunity to voice their opinion and there was an overwhelming consistency in their responses:

- Continue quarterly meetings;
- Allow for conference call setting during the winter months and face-to-face meetings in Albany during the summer months (felt the personal contact was important to maintain);
- While we don't have any "immediate" projects to address, most felt that "things will come up" (APG issues, Behavioral Health Organizations, Health Homes, new regulations, electronic health records, etc) and would like to keep this work group active as a forum for discussion for OASAS to advocate for providers with other governmental bodies.
- Several members wanted to go back to their staff for input/direction for new projects to tackle. The providers were asked to submit their feedback to Laura Higgins by September 30th.

Wrap Up/Adjourn

Chuck and Alexis thanked everyone for a great meeting. The next meeting (conference call) is scheduled for Tuesday, January 24, 2012 from 10:30 – 1:00.