



**Office of Alcoholism and
Substance Abuse Services**

Transition to the Revised Part 822 Regulations & Clinical Standards

February 3, 2016

Sara Osborne, OASAS Counsel's Office

David Herbert, Program Review Unit (PRU)

Laura Higgins, Practice Innovation and Care Management (PICM)

Presenters



Introduction

Medicaid Redesign fostered new thinking:

- ✓ Value Based Services
- ✓ Medicaid Managed Care

New thinking requires new doing:

- ✓ Revised Parts 822, 800, 820, and 841 regulations
- ✓ Clinical Standards
- ✓ Quality Based Reviews



Revised Regulations

- ✓ Revised Part 822 regulation (also Parts 800, 820 and 841) became effective November 23, 2015; programs are expected to comply with the current regulations as of the effective date
- ✓ Regulations are a minimum standard. Providers may always exceed the minimum standard to meet their own high standards of clinical care
- ✓ The prescriptive nature of the regulations was minimized to allow programs the flexibility to create treatment processes that consider their patient population and their idea of best treatment practice
- ✓ Starting with the regulatory minimum standards, programs will need to provide more detail in policies and procedures to reflect their patient population, good clinical practice, health and safety, and administrative functions

Clinical Standards

Draft Clinical Standards were distributed to programs for comment on September 2, 2015; they are designed to:

- ✓ Provide commonly known, research-based best practices
- ✓ Assist programs in building best practice concepts into all areas of the treatment process
- ✓ Identify areas that will be reviewed in determining positive treatment outcomes



Purpose

The purpose of this training is to:

- ✓ Address frequently asked questions about the new Part 822 regulations
- ✓ Review changes from previous regulations
- ✓ Provide direction for clinical practice
- ✓ Identify further resources



Admission and Initial Services

Level of Care Determination

- ✓ Prior to admission, programs MUST conduct a level of care determination, which must be documented in the case record
- ✓ Requirement of the admission assessment
- ✓ Needed for Managed Care admission and utilization review/management
- ✓ Supported by policies and procedures
- ✓ Further information can be found on the [OASAS LOCADTR webpage](#).



QUESTIONS:

What are the expectations for completing the level of care determination?

- Case records must contain a level of care determination using the OASAS level of care protocol (LOCADTR 3.0) prior to admission and whenever a change in level of care is being considered
- LOCADTR 3.0 supports treatment decisions when negotiating with Managed Care Companies
- LOCADTR 3.0 will be utilized for Managed Care utilization review and management

QUESTIONS:

Who may administer the LOCADTR 3.0?

- Clinical Staff working within their Scope of Practice and with appropriate supervision
- Medical Staff required to complete crisis decision tree when appropriate



QUESTIONS:

How do we document completion of the LOCADTR 3.0?

- All of the following are acceptable for maintaining a record of the LOCADTR:
 - Export into the Electronic Health Record
 - Printed and scanned into an electronic health record
 - Attached to the record as a pdf file
 - Retrieve from server via the application with specifics documented in progress note

Communicable Disease Risk Assessment

- ✓ Prior to admission, programs must conduct a communicable disease risk assessment

- ✓ If clinically indicated by the risk assessment, the program must:
 - Recommend HCV testing
 - Conduct TB testing
 - Recommend HIV testing

- ✓ Medical Director is responsible for medical services and oversight of medical policies and procedures

QUESTIONS:

What are the Program's responsibilities for the communicable disease risk assessment?

- Medical Director develops policies and procedures regarding communicable disease risk assessment
- Communicable disease risk assessment completed prior to admission
- Risk assessment determines if individual has, or is at high risk of having, a communicable disease which can be transmitted through ordinary contact
- Program appropriately addresses individual's needs

QUESTIONS:

Who should conduct the communicable disease risk assessment?

- Medical Director develops policies and procedures which should include identification of appropriate staff to conduct the assessment
- Policies and procedures should include appropriate training for conducting assessments



QUESTIONS:

Do we have to give everyone a TB test?

- TB tests must be administered if clinically indicated
- The tests can be on-site or by referral
- TB tests should be administered as soon as possible, but no later than the development of the treatment/recovery plan



QUESTIONS:

What do we do if a person at high-risk refuses to get tested?

- Every reasonable attempt should be made to explain the importance of TB testing to potential patients
- Medical Director should address this on a case-by-case basis
- Medical Director, within best practice and regulatory requirements, should develop policies and procedures regarding this issue



QUESTIONS:

Are providers required to conduct a search of the Prescription Monitoring Program (PMP) for every individual prior to admission?

- As required per New York State law, programs must check the PMP if prescribing controlled substances
- OASAS considers it best practice to check the PMP if considering prescribing controlled substances
- Medical Director develops policies and procedures regarding prescription and monitoring of controlled substances

QUESTIONS:

When is the admission date and how is it determined?

- Admission date requirements are given in the Client Data System PAS 44N instructions:

“...the Admission Date is the date of the first treatment or clinical service following the decision to admit the client. This may be the first counseling session, a medical visit or a visit to collect information for the comprehensive evaluation. It **is not** the day the admission decision is made unless the client receives a treatment service on the same day that the admission decision is made.”

~ PAS 44N Form instructions

Physical Health Information

- ✓ Determination of medical needs necessary for development of treatment/recovery plan
- ✓ Medical information needs to be obtained as soon as possible after admission
- ✓ Medical issues identified must be accounted for in the treatment/recovery plan
- ✓ Medical Director, within best practice and regulatory requirements, develops policies and procedures regarding physical health



Questions:

What if a patient has not had a physical exam within the past year?

- Program has two options:
 - Face-to-face Medical Assessment by medical staff member to determine need for physical exam
 - OR
 - Direct referral for physical exam; physical health information must be available for development of treatment/recovery plan



Questions:

What if a patient has had a physical exam within the past year?

- Program must obtain existing medical history and physical exam documentation; this information must be reviewed by a medical staff member and determined to be current
- Physical health information must be available for development of treatment/recovery plan



Questions:

Who may review previous physical exam and determine if it is current?

- A medical staff member must review existing medical history and physical exam documentation and determine if it is current
- Medical Director policies and procedures delineate appropriate medical staff and criteria for conducting the physical health information review



Questions:

Who may conduct the face-to-face medical assessment to determine need for physical exam?

- Medical staff member as defined in the Part 800 regulations
- Medical Director's policies and procedures delineate the level of medical staff appropriate for conducting the medical assessments and appropriate assessment criteria for making such a determination



Questions:

Who can refer the individual for a physical examination?

- Program Medical Director is responsible for identifying appropriate staff to make a direct referral and the conditions on which such referral should be made.
- Physical health information must be available for development of treatment/recovery plan



Questions:

The new Part 822 regulation does not specify that each individual have a comprehensive evaluation; does that mean that we do not have to complete one?

- Programs must still gather sufficient information to:
 - Determine a diagnosis of Substance Use Disorder (SUD) as identified in the most current version of the DSM or ICD
 - Determine level of care needed
 - Determine if the individual has any social, medical, or mental health issues which must be addressed immediately
 - Develop a person-centered treatment/recovery plan
 - Policies and procedures will address extent of detail that is comprehensive enough to be sufficient



Treatment/Recovery Plan and Review

Treatment/Recovery Plan

- ✓ Programs must have policies and procedures regarding treatment/recovery plan development and plan review
- ✓ Person-centered, developed with the individual as soon as possible but no later than 30 days after admission; a review 90 days from admission date
- ✓ Signed by responsible clinical staff member and by at least one of the following: physician, physician's assistant, licensed psychologist, nurse practitioner, or licensed clinical social worker

Questions:

The treatment/recovery plan must be developed no later than 30 days from admission; what is the definition of ‘develop’?

- Collaborative effort with the individual
- Clear identification of the pressing needs of the individual
- Interventions/activities (steps) to meet patient needs
- Clear documentation that the individual and counselor agree that the treatment plan has been developed to their mutual satisfaction
- Delineated by responsible clinical staff member’s signature



Questions:

Why was the timeframe for developing the treatment/recovery plan reduced from 45 to 30 days?

- Three words: Engagement, Engagement, Engagement!
- Increases focus on most pressing individual needs
- Immediate application of services to meet those needs



Questions:

Do treatment plans need to be presented to and approved by a multi-disciplinary team (MDT) in case conference?

- MDT as defined in Part 800, must meet regularly to review a sample of active case records; these meetings must be documented
- Determination of clinically appropriate treatment in all domains
- Good clinical practice
- Signed by responsible clinical staff member and by at least one of the following: physician, physician's assistant, licensed psychologist, nurse practitioner, or licensed clinical social worker



Questions:

Which members of program staff must review and approve the treatment/recovery plan?

- Signed by responsible clinical staff member within 30 calendar days of admission
- Reviewed and approved by at least one of the following: physician, physician's assistant, licensed psychologist, nurse practitioner, or licensed clinical social worker, within 10 days of development



Questions:

Who must review and sign the treatment/recovery plan review(s)?

- Must be reviewed and approved by at least one of the following: physician, physician's assistant, licensed psychologist, nurse practitioner, or licensed clinical social worker

Is the timeframe for the treatment/recovery plan review based on the admission date or the date of the establishment of the treatment/recovery plan?

- Established from the admission date and based on individual need
- Treatment/recovery plan must be reviewed at least once within every 90 calendar day window period for the first year; at least once within every 180 calendar day window period thereafter

Questions:

Why are certain licensed professionals (e.g., LMHC; LMSW) not included in the list of treatment/recovery plan signatories?

- Signatories are determined by Center for Medicare and Medicaid Services (CMS). The license for the noted professions includes diagnosis in the scope of practice

If the responsible clinician is one of the approved signatories is another counter-signature required?

- Not required, but worth considering for best practice



Questions:

Is a separate treatment/recovery plan required for an individual in Intensive Outpatient Services (IOS)?

- IOS is a prescribed service meant to meet immediate patient need
- Treatment/recovery plan should identify specific skill set acquisition or steps toward a greater goal

When will the updated Part 822 Model Case Records be made available?

- Programs encouraged to develop documentation practices that best meet the needs of the program and their populations
- Model Case Records being discontinued

Continuing Care

- ✓ Clinical Support for on-going disease management after completion of active treatment goals
- ✓ Representative of the recovery concept
- ✓ Clinical and/or Peer Services once per month
- ✓ Rehabilitative Support or Medication Management Services as needed



Questions:

Do we have to formally discharge an individual prior to them entering continuing care?

- Must be discharged from active treatment including discharge plan, discharge summary, and any relevant PAS forms
- OASAS is working on Client Data System forms to keep track of continuing care services; at this point, they should be reported on the Monthly Services Report (PAS 48)
- Programs should develop policies and procedures regarding continuing care and the documentation of such services
- Continuing Care individuals will not be identified on the program's CDS report but can be accounted for in the program's own census

Administrative Functions



Questions:

What type of training for the medical staff is needed regarding Emergency Response Treatment?

- The most important consideration is to know the needs of the population that you serve
- Medical Director develops policies and procedures which should include training in Emergency Response Treatment

How should a program monitor patients with Narcan kits?

- Limit on-site kits to nasal spray
- Medical Director develops policies and procedures which should include guidelines for Narcan kits

Questions:

When will Part 822 Site Review audits begin?

- Part 822 regulations effective November 23, 2015
- Programs are responsible to ensure compliance from that date forward
- Recertification reviews for Part 822 programs will begin in the Summer 2016
- Responsibility for Clinical Standard compliance will be phased in over time

Questions:

What is the OASAS recertification review process?

- OASAS Program Review Unit (PRU) staff conduct unannounced on-site regulatory compliance recertification reviews
- PRU staff review patient case records and other documents to determine if services provided are clinically appropriate and meet or exceed minimum regulatory requirements
- Exit conference with findings
- Corrective Action Plan (CAP) to address concerns

Questions:

What information should be included in a Corrective Action Plan (CAP)?

- Steps and timeframes for correction of deficiencies
- Appropriate documentation corrective action has been completed
- Identification of staff responsible for implementation of corrective action
- CAPs are due ten (10) calendar days from the exit conference date

Resources

This is the conclusion of the Transition to the Revised Part 822 Regulations & Clinical Standards Training. As the transition continues, check back to the OASAS Webpages for future trainings on topics of interest.

Please see the below resources for information on topics discussed during the training:

- [OASAS Regulations](#):
- [Part 822 FAQ Page](#)
- [LOCADTR 3.0](#)

Further questions regarding the Part 822 Regulations and Clinical Standards should be sent to the PICM Mailbox at PICM@OASAS.ny.gov