COLLABORATIVE AGREEMENT

BETWEEN

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS)

AND

THE JOINT COMMISSION (TJC)
I. INTRODUCTION

The Office of Alcoholism and Substance Abuse Services (OASAS) and The Joint Commission (TJC) are committed to a collaborative relationship to reduce duplication of effort with respect to routine surveys of OASAS inpatient, outpatient or opioid treatment services in general hospitals.

II. THE OASAS/TJC COLLABORATIVE SURVEY PROCESS

Definition of Terms

For the purposes of this agreement, "hospital" means an OASAS certified inpatient, outpatient or opioid treatment service in a general hospital; "Commissioner" means the Commissioner of the New York State Office of Alcoholism and Substance Abuse Services (OASAS); "deemed status" means OASAS acceptance of TJC accreditation survey data in lieu of OASAS' recertification reviews.

Agreements

OASAS will provide TJC with the names of eligible hospitals which have notified OASAS of their desire to participate in this deemed status arrangement. TJC will seek agreement from the eligible hospital to participate in the survey process as it relates to OASAS certified services. If an eligible hospital agrees to permit The Joint Commission to survey for OASAS certified services, TJC will notify OASAS in advance of each survey being performed, such information to be kept confidential by OASAS staff.

OASAS will notify TJC of a decision made by the Commissioner to revoke the deemed status eligibility of a hospital.

Scope of TJC Survey

The TJC survey team will be comprised of at least one person with experience and expertise in surveying inpatient, outpatient or opioid treatment services. If necessary, TJC may add one or more survey days to its routine survey for the conduct of the OASAS survey addendum (see Appendix A). The OASAS addendum includes minimal operational standards established by the Commissioner to supplement TJCs accreditation survey of the hospital.

Notice regarding adverse findings and monitoring

TJC will provide OASAS immediate notice of any finding by the survey team demonstrating an immediate threat to health and safety in the inpatient, outpatient or opioid treatment service of the hospital which is not resolved during the survey. TJC will provide OASAS immediate notice of any final decision by The Joint Commission regarding the necessity for a follow-up survey, contingent accreditation, or accreditation denied the hospital, for reasons including, but not limited to, OASAS addendum findings.
TJC will notify OASAS when TJC has scheduled any follow-up monitoring assessment through an onsite focused survey, such information to be kept confidential by OASAS staff. If OASAS determines a need to conduct follow-up monitoring, OASAS will conduct the onsite follow-up of the TJC survey collaboratively with TJC, to the extent possible. However, both OASAS and TJC retain their rights to conduct follow-up surveys independently as necessary.

**Administrative Issues**

To facilitate communication and understanding between OASAS and TJC in the operational aspects of this survey process, TJC will allow three (3) OASAS staff to attend their annual Executive Briefing training, and wilt provide OASAS with copies of all TJC manuals, newsletters and directives.

This agreement is effective January 1, 2019 and is subject to reassessment upon request of either party. Either party to this agreement may terminate this agreement upon 90 days' notice to the other party.

**III. CONFIDENTIALITY**

Findings related to the OASAS survey addendum may be shared with OASAS upon its request and all information shall otherwise be kept confidential by both parties and shall be maintained in a manner consistent with all legal requirements regarding personal privacy and patient confidentiality, including but not limited to, the NYS Personal Privacy Protection Law (Public Officers Law Article 6-A), the Public Health Law, Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the regulations of OASAS; provided, however, information may be disclosed in summary or statistical form which does not identify any particular hospital individual. Information may be shared by OASAS to the extent required by its statutory obligations for regulatory oversight.

**IN WITNESS WHEREOF,** the parties hereto have executed this agreement on the 26th day of November 2018.

Arlene González-Sánchez
Commissioner
New York State Office of Alcoholism and Substance Abuse Services

Brian Enochs
Executive Vice President
The Joint Commission
Joint Commission Survey Addendum
Chemical Dependence – Part 822 Outpatient Programs & Opioid Treatment Programs

HOSPITAL NAME: ____________________________________________________________

HOSPITAL ADDRESS: ________________________________________________________

HOSPITAL CEO NAME: _______________________________________________________

CHEMICAL DEPENDENCE OUTPATIENT PROGRAMS & OPIOID TREATMENT PROGRAMS

CLINICAL DIRECTOR: ___________________________ ADMINISTRATIVE DIRECTOR: _______________________

TELEPHONE NUMBER: ___________________________ OC NUMBER: _______________________

CERTIFIED CAPACITY: ___________________________ OC EXPIRATION DATE: _______________________

LOCATION OF UNIT(s)/SERVICES AND CAPACITIES OF EACH: (Specify age, specialty area, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

DATE(s) OF VISIT ____________________ REVIEWERS: ____________________________

________________________________________ ______________________________________

Last Updated: November 2018
Joint Commission Survey Addendum
Chemical Dependence – Part 822 Outpatient Programs & Opioid Treatment Programs

PROTOCOL FOR CONDUCTING SURVEY OF A PART 822 OUTPATIENT PROGRAM/OPIOID TREATMENT PROGRAM

OASAS strongly recommends the inclusion of a Behavioral Health Specialist with Chemical Dependence experience on the survey team.

1. Conduct a Tracer on at least one (1) active patient; all sample individuals are to be selected by surveyor.
2. Conduct a case record review of at least two (2) inactive/discharged patients; one (1) should be a planned discharge and one (1) should be discharged against medical advice, selected by surveyor.
3. Conduct a walk-through of the Outpatient Service to include brief observation of activity on the unit to assess active treatment.
4. Complete an environmental/physical plant review of the Outpatient Service, including OASAS patient rights postings.
5. Review licensing and/or credentialing of a sample of Qualified Health Professionals on staff.
6. Review current program census to determine operations within certified capacity.
<table>
<thead>
<tr>
<th>OASAS Regulation Reference and Review Area</th>
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| **Section 822.7(g)(3-4)**  
The service shall directly provide individual and group counseling. | **PC.02.01.01 (HAP – CD)**  
**EP 1** The hospital provides the patient with care, treatment, and services according to his or her individualized plan of care.  
**CTS.04.01.01 (BHC-OTP)**  
**EP 1** The organization coordinates the care, treatment, or services provided through internal resources to an individual served |
| **Section 822.9(a)**  
Treatment/recovery plans must be developed **no later than 30 days after admission.** | **PC.01.03.01 (HAP – CD)**  
**EP 1** The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing.  
**EP 5** The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.  
**CTS.03.01.01 (BHC- OTP)**  
**EP 1** The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served. |
| **Section 822.9(b)(4)**  
Treatment/recovery plans must be reviewed, approved and signed **within 10 days of the development of the treatment plan by one of the following:**  
- physician;  
- physician's assistant;  
- licensed psychologist;  
- nurse practitioner; or  
- licensed clinical social worker. | **RC.01.02.01 (HAP/BHC)**  
**EP 4** Entries in the clinical/case record are authenticated by the author. Information introduced into the clinical/case record through transcription or dictation is authenticated by the author. Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubberstamp signatures, or computer key. Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or organization policy. For electronic records, electronic signatures will be date-stamped. |
| **Section 822.9(c)**  
Treatment/recovery plans must be reviewed, and revised if necessary, at least once **within every 90 calendar day window period** from the date of admission for the first year and at least once **within every 180 calendar day window period**, thereafter. | **PC.01.03.01 (HAP – CD)**  
**EP 23** The hospital revises plans and goals for care, treatment, and services based on the patient's needs.  
**CTS.03.01.03 (BHC- OTP)**  
**EP 4** The organization re-evaluates and, when necessary, revises the goals and objectives of the plan for care, treatment, or services based on change(s) in the individual's needs, preferences, and goals and his or her response to...
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<td>care, treatment, or services. If no change(s) occurs, the goals and objectives are reevaluated at a specified time interval established by organization policy.</td>
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**Section 822.11(a)(1-4)**
Individual counseling and group counseling progress notes must be documented as follows:
- written and signed (physical or electronic signature) by the staff member providing the service;
- include type, content, duration and outcome of each service;
- indicate the date the service was delivered;
- include the relationship to the patient’s developing treatment goals described in the treatment/recovery plan; and
- include any recommendations or determinations for initial, continued or revised patient goals and/or treatment.

**Section 822.8(b)(2)**
Patient case records must contain the name of the authorized QHP who made the decision to admit as documented by their signature and date (physical or electronic).

**Section 822.7(k)(1)**
The program must have a full-time on-site clinical director of the program who is responsible for the daily activities and supervision of services provided, a QHP who has at least three years of full-time clinical experience in the chemical dependence field, one of which was supervisory, prior to appointment.

<table>
<thead>
<tr>
<th>RC.01.01.01 (HAP/BHC)</th>
<th>EP 1 The organization defines the components of a complete clinical/case record.</th>
</tr>
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<tbody>
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<td>RC.01.02.01 (HAP/BHC)</td>
<td>EP 3 The author of each clinical/case record entry is authenticated by the author.</td>
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<th>RC.02.01.01 (HAP/BHC)</th>
<th>EP 2 The clinical/case record of the individual served contains the following clinical information:</th>
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<tbody>
<tr>
<td>- The reason(s) for admission for care, treatment, or services</td>
<td></td>
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<td>- The initial diagnosis, diagnostic impression(s), or condition(s)</td>
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<tr>
<td>- Any findings of assessments and reassessments</td>
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</tbody>
</table>

| RC.01.02.01 (HAP/BHC) | EP 3 The author of each clinical/case record entry is identified in the clinical/case record. |

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<tr>
<th>MS.03.01.03 (HAP – CD if clinical director is LIP)</th>
<th>EP 1 Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient’s care, treatment, and services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>LD.04.01.01 (HAP – CD, if clinical director is not LIP)</td>
<td>EP 2 The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.</td>
</tr>
</tbody>
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**Last Updated: November 2018**
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<td><strong>Section 800.3(d)(2)</strong></td>
<td><strong>EP 1</strong> The scope and depth of supervision that staff receive is based on their job duties and responsibilities; their experience with the care, treatment, or services they are providing; and the population(s) served.</td>
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<td>The program <strong>medical director</strong> must hold a Federal DATA 2000 waiver (buprenorphine-certified), within six months of employment.</td>
<td><strong>MS.06.01.05 (HAP – CD)</strong> <strong>EP 1</strong> All licensed independent practitioners that provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation.</td>
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<td><strong>HRM.01.02.01 (BHC- OTP)</strong></td>
<td><strong>EP 8</strong> The program maintains individualized personnel files as a record of employment. The personnel files contain the following:</td>
</tr>
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<td><strong>EP 8</strong></td>
<td>- Employment and credentialing data</td>
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<td>- Employment application data</td>
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<td>- Date of employment</td>
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<td></td>
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<td>- Detailed job descriptions</td>
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<td>- Performance evaluations</td>
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<td><strong>Section 822.7(k)(6)</strong></td>
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| There must be at least one **full-time** qualified health professional (QHP) on staff, qualified in a discipline other than substance use disorder counseling. | **MS.06.01.05 (HAP – CD)**  
**EP 1** All licensed independent practitioners that provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation. |
| **HRM.01.02.01 (BHC – OTP)**               |                          |
| **EP 1** The organization performs primary source verification of staff licensure, certification, or registration in accordance with law and regulation and organization policy at the time of hire and the time of renewal.  
Note 1: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.  
Note 2: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary. | |
| **HRM.01.02.01 (BHC – OTP)**               |                          |
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| There must be at least one **full-time** qualified health professional (QHP) on staff who is a Credentialed Alcoholism and Substance Abuse Counselor (CASAC). | **MS.06.01.05 (HAP – CD)**  
**EP 1** All licensed independent practitioners that provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation. |
| **HRM.01.02.01 (BHC – OTP)**               |                          |
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- Detailed job descriptions  
- Performance evaluations  
- Training records |
| Section 822.7(b) | PC.02.01.11 (HAP – CD)  
EP 2 Resuscitation equipment is available for use based on the needs of the population served.  
CTS.04.03.35 (BHC- OTP)  
EP 1 The organization develops a written policy and procedures for responding to medical emergencies such as respiratory arrest and cardiac arrest. |
| The Outpatient Program must maintain an emergency medical kit at each certified location which includes:  
  • basic first aid supplies; and  
  • at least one Narcan emergency overdose prevention kit. |  |
### ADDITIONAL QUESTIONS FOR OPIOID TREATMENT PROGRAMS

**Section 822.8(d)(1)(2); 822.16(b)(1)**

Prior to admission (first medication dose), a physician must **within 72 hours of first on-site visit**:
- make an in person evaluation of the prospective patient to determine if the patient has had a physiological dependence on opioids for at least the previous 12-month period;
- diagnose and document an addiction or dependence; and
- determine the approved initial medication dose.

**Section 822.8(e)(2)**

The Opioid Treatment Program must orient patients, **within one week after admission**, by providing education and information to support patient rehabilitation including:
- pharmacology of approved medications (methadone and buprenorphine must be included in this review);
- available services;
- operating and mediating hours;
- alternative mediating procedures for emergencies;
- treatment expectations;
- hepatitis B and C (incidence, detection and treatment options); and
- key OTP procedures and guidelines.

**Section 822.8(g)(v)**

For transfer patients, the Opioid Treatment Program must continue the patient’s approved medication dosage and take-home schedule unless new medical or clinical information requires medical staff to review and subsequently order a change.

*(NOTE: Any such changes must be explained to the patient prior to implementation and documented in the case record.)*

**CTS.02.01.07**

For opioid treatment programs: The physical assessment includes an examination of the following:
- Clinical signs of addiction, such as old and fresh needle marks, constricted or dilated pupils, and/or an eroded or perforated nasal septum
- Observable and reported presence of withdrawal signs and symptoms, such as yawning, rhinorrhea, lacrimation, chills, restlessness, irritability, perspiration, piloerection, nausea, and diarrhea

Note: On-site “point of collection” devices may be useful in screening a patient’s current physiological dependence.

**CTS.04.01.03**

For opioid treatment programs: The program provides each patient with an orientation and ongoing education that includes:
- The nature of addictive disorders.
- The benefits of treatment and nature of the recovery process, including the phases of treatment.
- Clinic guidelines, rules, and regulations, including the requirement to sign a formal agreement of consent, and fees and billing procedures.
- Toxicology testing procedures.
- Dispensing medication.

**CTS.06.02.01**

The organization has a process for addressing the continuity of care, treatment, or services after discharge or transfer that includes the following:
- The transfer of responsibility for care, treatment, or services for the individual served from one staff, organization, organizational program, or service to another
- The reason(s) for transfer or discharge when moving from one staff, organization, organizational program, or service to another
- Mechanisms for internal and external transfer
- Identification of the person who has accountability and responsibility for the safety of the individual served during an external transfer.