

Consolidation Subcommittee
MINUTES

DATE: October 24, 2012
TIME: 10:30 a.m. *Teleconference Number*
LOCATION: SAPTA Conference Room 1-888-363-4735
4126 Technology Way, 2nd Floor Access Code: 1602938
Carson City, Nevada

Committee Members Present

Brad Greenstein	Central Recovery / Las Vegas Recovery Center
Diaz Dixon	Step 2
Frank Parenti	Bridge Counseling Associates
Kevin Quint	Join Together Northern Nevada
Lana Robards	New Frontier Treatment Center

Committee Members Absent

Steve Burt	Ridge House
Maurice Lee (Proxy Amy Roukie)	WestCare, Inc.

Others Present

Mark Disselkoen	CASAT
Michelle Berry	CASAT

SAPTA Staff Present

Betsy Fedor	Health Program Specialist - SAPTA
Becky Ritter	GPA II, SAPTA
Deborah McBride	Agency Director, SAPTA
Meg Matta (recorder)	Administrative Assistant III, SAPTA
Steve McLaughlin	Health Program Specialist - Treatment Team Supervisor
Charlene Herst	Health Program Manager II, SAPTA

1. **Welcome and Introductions**

A quorum was established, and the meeting was opened at 10:35 a.m. Frank Parenti volunteered to chair the committee, and all were in favor.

2. **Public Comment**

There was no public comment.

3. **Discussion, Recommendation and Approval Regarding Consolidation of Certification, monitor, and Compliance Documents**

Deborah provided background on the task facing the subcommittee. The SAPTA Advisory Board has directed that the subcommittee look into all the various documents used in monitors, certifications conducted by SAPTA, as well as the documents used by Health Care Quality and Compliance (HCQC) to see if redundancies can be removed and the process streamlined in such a way as to reduce the number of visits to the providers, and consolidate the various documents into one.

All members have a packet of documents to review which included a total of 17 documents. HCQC documents are watermarked 9 through 14. They were not able to attend this meeting but may be at the next.

Frank questioned how the documents could be all inclusive, as they are reasonably different in focus. Kevin affirmed that the documents were to be used for different purposes, but also pointed out that there is duplication in the documents that could be eliminated. Frank added that one of the purposes for using CASAT was to eliminate any conflict of interest, so that the funding source was not performing the reviews.

Deborah suggested that the providers may want to begin by comparing HCQC documents with SAPTA, and eliminating the overlaps. Brad noted that there are at least three different types of substance abuse licenses from HCQC to consider: hospital licensures, which include psychiatric hospitals doing COD; alcohol and drug facilities (ADAs); and modified medical detox (MDX). He added that there may be even more: the halfway houses and the opiate treatment facilities are examples. He is definitely in favor of gathering up all the pieces and combining where possible.

Mark said that another way to streamline is to implement annual fees, which were recommended and approved by the SAPTA Advisory Board in August of 2011. This would allow CASAT to make one site visit to the providers annually to review all the levels of service that will be renewed in the coming year. He explained that there can be many different expiration dates for the levels of service provided at a single site, which has necessitated many visits a year. However, even if the expiration dates were aligned, they would soon be out of sync again because some certifications may be for one year only, and others for two years. He can devise a weighted score that would manage the varying certification time frames, and effectively keep all the expiration dates together. The process has not been entirely worked out yet, and policies and procedures will need to be written. Lana confirmed that this would solve one of her problems.

Looking at HCQC document 14, Frank asked if the various types of licenses they provide could be removed from the HCQC document and placed in the SAPTA documents that certify those same levels of care. Brad asked if the two agencies, SAPTA and HCQC, couldn't simply come together and perform their visits at the same time and use a combined instrument. He said that three-quarters of the instrument is going to be HCQC anyway, because they need to look at the physical parts of the facilities, like kitchens, life safety, etc. This way, both visits could happen on the same day. Frank questioned the logistics of that type of coordination.

Betsy established that the fee for HCQC to come out on a site visit begins at \$192/bed. Brad added that the fee depends on the type of licensure – his facility pays about \$15,000 per year for 40 beds, which includes medical monitor detox services. Betsy commented that SAPTA only certified the medically monitored services, but did not fund them. Frank asked if the medically monitored services could be covered by HCQC.

Lana commented that HCQC addresses the facility more than the clinical aspects. In her case, it's the JCAHO requirements that cover health and safety, environmental care, etc. She is not clear on the areas of responsibility of the different agencies. Perhaps all we need is a clearer definition on what each agency will be looking at. She said that SAPTA doesn't really look at

the facility, so she doesn't see much duplication there; but she does see duplication in the certification and monitor documents. Frank agreed, and wants to visit combining the monitor and certification documents, as well as integrating the JCAHO, CARF and COA or other certifications so that SAPTA does not have to duplicate reviews. Some states will waive their review if national accreditation has been attained. He added that those three accreditations are so different from one another, however, that it is another problem to figure out how to apply them fairly. He also realizes it interferes with funding requirements. Mark commented that there would be a statutory issue with that kind of change, as the NAC and NRS would have to be changed to allow recognition of outside accreditation.

Kevin suggested that the first step in the process could be to remove duplication between the certification document and the monitor document.

Second step: look at the HCQC document and remove the overlap. Their language could be written into the SAPTA documents so that HCQC can see the duplication.

It was unanimously agreed that this would be a committee recommendation.

Lana asked if it is possible to combine the two SAPTA documents. Deborah said if the committee can accomplish it, the Advisory Board approves it, and the changes comply with Nevada law, she doesn't see any problem with it. SAPTA is certainly open to changes.

Betsy reminded the members that items in the monitor only apply to funded providers, as required by the federal block grant. But the duplications in the monitor could be removed to the certification instrument. File documentation and staff training could be removed to certification. Care has to be taken, as those providers who are certified but not funded are not subject to monitoring. Brad asked if the certification for certain levels of services and clinical review could be moved to HCQC. Mark asked if HCQC reviewers have the clinical knowledge to perform those tasks in light of ASAM, and Brad said that in his experience, the HCQC reviewers were typically registered nurses. Mark said that it required a licensed clinical background to review the ASAM. The issue was present for JHACO reviews as well. Charlene asked how often the JHACO reviewers visit, and Lana answered that the regulations say every 18 months to three years, but she's been visited every 18 months, and never by anyone with less credentials than a LCSW. Brad said he gets visited every three years, and always seems to get nurse practitioners or psychiatric nurse practitioners.

It was agreed that the clinical protocols and operations part of the monitor will be moved to the certification instrument to remove redundancy. Betsy suggested that some of the facility requirements in the HCQC review be moved to the monitor. Brad suggested that a big fix could be for HCQC to use their budget to hire clinicians who could perform clinical reviews. Frank said he felt more comfortable streamlining the SAPTA process for the immediate future, and making long term recommendations that may take longer to accomplish.

The administrative part of the certification instrument needs to stay in that document because it is in the NAC. On the monitor, the focus is on the contract management and policy requirements. Steve has a draft of documents where the clinical COD piece in the monitor was moved to the certification instrument that he will email to Mark to look at. The two documents

were kept separate on the recommendation of the federal block grant auditors for purposes of separation of powers. Mark explained for those who were not funded and not monitored, that the monitor addresses contract management: SAPTA gives the provider a certain amount of funding for a certain level of service and specified units of service. So the monitor is about money and what a provider has to do for that money, and the certification is about compliance with state statutes. Charlene asked if the requirements of the marijuana registry were included and was assured they were.

GOALS:

Reduce the number of visits to the site in each year.

Remove duplications in documents.

RECOMMENDATIONS:

Remove duplication between the SAPTA certification and SAPTA monitor documents by moving the clinical piece from the monitor to the certification instrument. Also, to move any possible administrative pieces not pertaining to contract management to the certification instrument. In this way, both funded and unfunded providers will be held to the same standards.

Remove the overlap between the SAPTA and the HCQC documents, and suggest a realignment of responsibilities.

It was so moved by Kevin Quint, and carried unanimously.

Betsy added that SAPTA is trying to combine all fiscal and program monitor visits to further reduce the visits. Frank said we still need to touch on the prevention and fiscal documents.

4. Review Possible Agenda Items and Future Meeting Dates

Deborah will look for available dates for the next meeting by sending out emails, and will announce the next date as it is established.

The agenda items will be on the contents of the documents and focus on sanctions.

5. Public Comment

There was no public comment.

6. Adjourn

Frank thanked everyone for their efforts and appreciated Mark's expertise. Mark will obtain similar documents from other states and forward them to SAPTA. The meeting was adjourned at 11:40 p.m.