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Regulatory Modernization Initiative (RMI) Recommendations

OVERVIEW

On February 20th, the New York State Department of Health (DOH) announced that its Regulatory Modernization Initiative (RMI) has issued a series of proposals for regulatory reforms to improve health care delivery in New York, with a focus on regulatory improvements to the Medicaid system. These proposals are the result of the first phase of the RMI, which convened six workgroups in 2017 to examine the current regulatory landscape, identify barriers to care, and streamline policies, regulations, and statutes. The workgroup focus areas were:

- Integrated Primary Care and Behavioral Health;
- Telehealth;
- Post-Acute Care Management;
- Cardiac Services;
- Off-Campus Emergency Departments; and
- Long Term Care Need Methodologies and Innovative Models.

Participants in these groups included staff from DOH, the Office of Mental Health (OMH), the Office of Alcoholism and Substance Abuse Services (OASAS), and the Office for People with Developmental Disabilities (OPWDD), as well as members of the Public Health and Health Planning Council (PHHPC) and external stakeholders.

The State has listed a series of next steps to implement some of these proposed reforms, which are summarized in the below document. Some reforms have already been included in guidance or regulations promulgated by relevant State agencies, while others are included in the Governor's FY 2018-19 Executive Budget proposal and its accompanying legislation, such as the Article VII Health and Mental Hygiene (HMH) bill. Where available, this document lists whether implementation has already started, and the source of implementation authority or mechanisms (i.e., statute or regulation).

The complete report also contains further recommendations that have not yet been identified for implementation, which are not summarized below. The full report is available here.

INTEGRATED PRIMARY CARE AND BEHAVIORAL HEALTH

In order to provide services for primary care, mental health, and substance use disorders in a single clinic setting, providers must currently navigate complex and inflexible regulations. Each service type is subject to separate licensing requirements, regulations, billing methodologies, and oversight processes by DOH, OMH, OASAS, and/or OPWDD.

The Integrated Primary Care and Behavioral Health workgroup examined obstacles to integration and developed recommendations for the State to transition to integrated, coordinated care. Based on these recommendations, the State plans to implement next steps, which are summarized in the table below:

Proposal Description	Started?	Implementation Mechanism
Propose regulations for a new integrated licensure category with standard requirements across DOH, OMH, and OASAS that would allow clinics to provide additional services without needing to procure multiple licenses.	No	TBD
Implement a streamlined application and approval process for the new integrated licensure category.	No	TBD
Clarify that Article 28 and Article 31/32 providers are able to deliver integrated services for primary care, mental health, and/or substance use disorders when authorized by an agency (DOH, OMH, or OASAS) without having to obtain additional licenses from the other agencies.	Yes	Included in 2018-19 Executive Budget, Article VII HMH Bill, S.7507/A.9507, Part S, Subpart B
Allow providers of DSRIP 3.a.i and sites approved under Integrated Outpatient Services Regulations (IOS) to be reimbursed for the delivery of behavioral health and physical health services or two behavioral health services on the same day.	Yes	Guidance provided in the September 2017 Medicaid Update
Ensure that health providers can bill for the provision of both behavioral and physical health services.	Yes	Guidance provided in the September 2017 Medicaid Update
Establish an Integrated Billing Workgroup to address reimbursement issues between managed care organizations (MCOs) and providers of integrated care.	Yes	N/A

POST-ACUTE CARE MANAGEMENT MODELS

The Post-Acute Care Management Models workgroup developed recommendations to support innovative care delivery models that achieve care coordination and allow for more seamless care transitions that help to reduce hospital readmissions and improve patient outcomes. Based on these recommendations, DOH plans to implement the following next steps:

Proposal Description	Started?	Implementation Mechanism
Implement community paramedicine by authorizing Emergency Medical Technicians (EMTs) to provide services in non-emergency situations and under medical supervision	No	Included in 2018-19 Executive Budget, Article VII HMH Bill, S.7507/A.9507, Part S, Subpart A

Proposal Description	Started?	Implementation Mechanism
Allocate resources for telehealth and invest in other health information technology to support post-acute care services through a third round of funding for the Statewide Health Care Facility Transformation Program	No	Included in 2018-19 Executive Budget, Article VII HMH Bill, S.7507/A.9507, Part Q
Develop a comprehensive, multi-disciplinary advanced care planning proposal that educates providers and the public on hospice and palliative care.	No	TBD
Issue a Request for Information (RFI) to replace the Patient Review Instrument (PRI) assessment with a new documentation process for nursing home admissions.	No	TBD
Issue guidance and provide education among homecare providers, hospitals, nursing homes, physicians, and others to further post-acute collaboration.	Yes	Included in guidance: Dear Administrator Letter of December 19, 2017

CARDIAC SERVICES

The Cardiac Services workgroup examined the existing Certificate of Need (CON) process for cardiac surgery and percutaneous coronary intervention (PCI) services, which requires that hospital locations must perform a minimum volume of procedures or surgeries to ensure an acceptable level of quality. Since technological advances have made these procedures significantly safer and current regulations present a barrier to the creation of new cardiac surgery/PCI programs that would otherwise increase patient access to high-quality cardiac procedures, DOH plans to propose regulations for the following two new models of care:

- The co-establishment model, where the applicant is co-established within a hospital system; and
- The sponsor model, where the new PCI applicant provider enters into a clinical cardiac affiliation agreement with an existing licensed cardiac surgery/PCI provider (i.e. the sponsoring hospital.)

The State's proposed amendments will update cardiac CON submission standards, address staff sharing agreements, ensure quality assurance and patient safety programs, and alter minimum threshold volume requirements for procedures performed. Details of these amendments are given in the State's complete report.

TELEHEALTH

To ensure that more patients are able to remotely access high-quality care, the Telehealth Workgroup considered regulatory and statutory changes to enable the adoption of emerging

telehealth models, ensure reimbursement for telehealth services, and standardize telehealth policies across State agencies.

Interagency workgroup meetings (including representatives from DOH, OMH, OASAS, and OPWDD) will continue to share telehealth best practices; align regulations, rules, and policies across agencies; and engage in further collaborations. The State will also release detailed guidance for providers to implement any new telehealth regulations.

Agency	Proposal Description	Started?	Implementation Mechanism
DOH	Expand the definition of "originating sites" for reimbursement of telehealth services to include a patient's residence as well as any other location where the patient may be located, for all telehealth modalities.	No	Included in 2018-19 Executive Budget, Article VII HMH Bill, S.7507/A.9507, Part S, Subpart C, Section 2
DOH	Allow Credentialed Alcoholism and Substance Abuse Counselors (CASACs) and Early Intervention Program providers to deliver telehealth services.	No	Included in 2018-19 Executive Budget, Article VII HMH Bill, S.7507/A.9507, Part S, Subpart C, Section 1
DOH	Allow regulatory agencies to permit other providers to deliver telehealth services through regulation	Yes	Included in 2018-19 Executive Budget, Article VII HMH Bill, S.7507/A.9507, Part S, Subpart C
DOH	Release a Medicaid Update article on telehealth reimbursement to inform Medicaid providers about coverage requirements.	No	TBD
DOH	Review and approve "In lieu of" services (ILS) requests and Telehealth Innovation Plans submitted by MMC plans to cover telehealth modalities and services currently not included in Public Health Law.	Yes	Included in Telehealtlh Innovation Plan guidance for MMC plans
OMH	Modify and expand existing regulations on telepsychiatry services to "telemental services" by adding additional mental health practitioner types and requirements for interactive telecommunication systems and recordkeeping.	No	No proposal yet, but modifications would be made to Title 14 NYCRR Part 596

Agency	Proposal Description	Started?	Implementation Mechanism
OASAS	Finalize Designated Services for telepractices with accompanying standards, including guidance for medication-assisted treatment (MAT) using buprenorphine.	Yes	Included in regulations under OASAS 14 NYCRR Part 830 as of January 24th
OPWDD	Modify and expand existing regulations to allow for the provision of teleservices.	No	TBD

OFF-CAMPUS EMERGENCY DEPARTMENTS

Off-Campus Emergency Departments, which traditionally have provided emergency medical services in rural communities lacking access to acute care hospitals, have in recent years expanded to suburban and urban areas. As the State has not previously developed specific regulations regarding the medical need or operation of Off-Campus Emergency Departments, this workgroup convened to determine standards for the establishment of Off-Campus Emergency Departments in areas where a hospital did not previously exist. Based on the workgroup's recommendations, the State will:

- Continue to authorize Off-Campus Emergency Departments that are affiliated with a hospital or hospital system; and
- Determine whether the Department will advance a need methodology that considers utilization, geographic access (including a minimum distance from other emergency departments), and potential impact on other hospital or Off-Campus emergency departments.

LTC NEEDS METHODOLOGIES AND INNOVATIVE MODELS

The Long Term Care Needs Methodologies workgroup is still in progress and will publish its final recommendations and next steps in an amended version of this report, which is expected to be released by the end of the first quarter in calendar year 2018.