



Office of Addiction Services and Supports

KATHY HOCHUL
Governor

CHINAZO CUNNINGHAM, MD
Commissioner

May 17, 2024

Ms. Heather Pratt, Audit Director
NYS Office of the State Comptroller
Division of State Government Accountability
110 State Street 11th Floor
Albany, NY 12236

180-Day Response to Final Audit
Report 2021-S-35

Dear Ms. Pratt:

Thank you for the opportunity to comment on the NYS Office of the State Comptroller's final audit report entitled "Addiction Support During Emergencies" (report #2021-S-35 dated November 2023). Attached is the response being submitted by the NYS Office of Addiction Services and Supports.

Very truly yours,

A handwritten signature in black ink that reads "Steven J. Shrager".

Steven J. Shrager
Director, Office of Audit Services

cc: Dr. Chinazo Cunningham, Commissioner
Tracey Collins, Executive Deputy Commissioner
Trishia Allen, General Counsel
Keith McCarthy, Associate Commissioner



INTRODUCTION

The New York State Office of Addiction Services and Supports (OASAS) appreciates the opportunity to respond to the Office of the State Comptroller's (OSC) final audit report entitled "Addiction Support Services During Emergencies" (Report 2021-S-35) which covers the period January 2019 through November 2022 (hereinafter "final").

OASAS shares OSC's goal of ensuring that our provider community is prepared to best serve its target population in case of an emergency.

OASAS' RESPONSE TO FINDINGS AND RECOMMENDATIONS IN THE OSC's Final REPORT

Key Findings:

Although OASAS provides guidance to help providers ensure they're able to deliver addiction support services during emergency situations, such as fires or evacuations, OASAS should improve upon the extent and clarity of this guidance.

OASAS strives to facilitate the ability of our residential and outpatient providers to continue to provide substance use disorder (SUD) services during emergency situations. The development of a provider specific emergency plan starts with a submission of a proposed plan from an organization that is applying to be certified to operate a SUD program in the state of New York. OASAS reviews this plan to ensure that it complies with the Local Services Bulletins (LSB) that detail recommended aspects of a plan, and OASAS staff work with providers to ensure that the proposed plan meets minimum requirements.

OASAS continues to issue guidance to the provider community covering a wide variety of topics including updates that pertain to patient health and safety as well as emergency preparedness. Guidance issued to the provider community was greatly expanded starting in early 2020 with the onset of the Covid-19 pandemic. OASAS worked together with the provider community to adapt to the many pandemic-related issues to ensure that providers were able to safely continue providing services and maintain patient health and safety. While the extent of new guidance has decreased this past year, OASAS always takes great care to understand and evaluate current conditions and continues to issue new advisements that are topical, timely, appropriate and clear in its content and intent.

Given the disruptions that accompanied the COVID-19 pandemic, OASAS should also improve its monitoring to better ensure that provider Plans are revised when warranted, and that they include strategies to manage and mitigate prolonged disruptions to prevent the related loss of progress and momentum.

The Covid-19 pandemic changed not only the approach to emergency preparedness, but also the need to determine how best to help OASAS certified providers operate safely under extraordinary and unknown conditions. OASAS issued numerous advisements and increased its monitoring and technical assistance to help providers anticipate and mitigate concerns. With circumstances changing so quickly, it was not practical, nor reasonable, to expect providers to update their written emergency plans each time new guidance was issued. Instead, the agency approach was to ensure that when critical updates and guidance were issued, that they could be adopted by providers in real time. OASAS providers are still required to submit an annual attestation that senior management and/or its board of directors, have reviewed the existing emergency plan and that the plan continues to be relevant and appropriate. In addition, providers continue to be required to reevaluate their plan at the end of an incident, regardless of the incident's magnitude, for the purpose of reviewing, training, and future enhancement of their plan. After such an incident, the OASAS Regional Office (RO) conducts a debriefing session with the provider and directs them to revise policies and procedures accordingly.

Further, OASAS should do more to gain assurance that certain tools and that provider's use – such as eFINDS and waiting lists – are in place and suitable to use for managing services to their clients. The weaknesses we identified indicate that Programs may not be adequately prepared for emergency situations, which could compromise safety and continuity of care.

When an organization is certified to provide residential SUD services, OASAS provides instructions how to sign up for eFINDS and its operational requirements. Created and overseen by the New York State Department of Health (DOH), eFINDS was originally started with nursing homes and other long-term care facilities in mind to be prepared for a possible evacuation. OASAS quickly adopted the eFINDS program for all certified residential programs.

The OSC audit identified some gaps where a small number of providers were either not fully set up in the eFINDS system or not in compliance with the requirements of identifying specific staff to oversee and operate the program. OASAS addresses the eFINDS issue in the recommendation section below.

OASAS created a waiting list process to limit the amount of time an individual would need to wait before getting into residential treatment. The OSC audit identified a small number of providers who were not in compliance with the waiting list requirements (e.g., adding names to the list and/or not properly managing the waiting list information so that the information was accurate in the OASAS system). OASAS addresses the waiting list issue in the recommendation section below.

Regardless of any issues that might have been found during the audit, neither eFinds nor the waiting list does not impact emergency preparedness nor in any way compromise safety and continuity of care.

Recommendation #1

OSC recommended that OASAS review and revise LSBs, site review instruments, and any other guidance, as considered necessary, to:

- ***Incorporate provisions that address providers' plans to manage and mitigate prolonged disruptions of service.***

On an ongoing basis, OASAS reviews its issued guidance, site instruments, and Local Service Bulletins (LSB) to ensure relevancy, accuracy and appropriateness. In May of 2022, in response to discussions with OSC auditors, OASAS added questions to the RO site instruments to ensure that field staff were appropriately reviewing provider documents that attest to the required annual internal review of a provider's existing emergency plans. In addition, OASAS finalized updated versions of both LSBs specifically pertaining to emergency management of residential and outpatient programs, to eliminate any ambiguity in its guidance.

The updated LSBs contain a framework and specific guidance for existing providers to update their emergency plans and better information for prospective providers to utilize in creating their first emergency plan as part of the application process. New applicants cannot be granted a certification to provide SUD services without OASAS first determining that the plan is appropriate and sufficient.

OASAS strongly asserts that it has taken appropriate steps and issued appropriate guidance to mitigate any potential disruptions of service for our provider community. OASAS further notes that the Report's findings seem at times to conflate emergency plans relevant to evacuating a facility with guidance for living through and operating during a pandemic. During the pandemic, OASAS issued countless advisements to the provider community as circumstances developed during COVID. OASAS' continued efforts were vital in helping our provider community avoid any prolonged disruptions of service during the pandemic.

- ***Clearly describe the responsibilities of both providers and OASAS personnel related to Plans, eFINDS readiness, and waiting list requirements.***

OASAS believes that the responsibilities of both providers and OASAS personnel are clearly defined in its issued guidance. In response to variances found by the OSC, OASAS recently communicated with its entire provider community reminding them of the requirements of emergency plans, eFINDS readiness and waiting list requirements to promote compliance.

Recommendation #2

Implement a risk-based method to:

- ***Review plans subsequent to the initial certification***

OASAS is currently evaluating the most effective manner to review existing plans and who would be best situated to do so. Possible solutions under consideration include, but are not limited to, OASAS RO reviewing the existing plan when an operating certificate is up for renewal, OASAS Fiscal Audit and Review Unit reviewing plans during the course of conducting a fiscal review, and lastly, enlisting the local government units (LGU) across the state to do their part in ensuring that emergency plans remain relevant and timely.

- ***Verify provider access to eFINDS, including that assignments to key roles are current.***

OASAS has started a conversation with other state agencies who control the eFINDS program to determine a more effective way to ensure compliance by OASAS provider communities. Any changes must be implemented by DOH as the eFINDS program is under DOH jurisdiction and oversight. In the recent communication with OASAS provider communities, the agency reconnected providers back to the existing guidance and requirements.

Recommendation #3

- ***Improve the use of waiting list information submitted by providers to better support OASAS' decision making and oversight.***

The OSC audit identified some instances where OASAS waiting list data base information was not accurate and instances where providers were either not entering information into the waiting list system or not doing so appropriately. In its recent communication to the provider community, OASAS directed providers to review the existing waiting list program and offered specific guidance in areas where we believed their compliance fell short.

OASAS strongly asserts that these anomalies did not prevent OASAS from utilizing the vast amount of accurate information entered into the system to assist in getting patients into residential treatment and is confident that the current state of the waiting list program has neither negatively impacted nor hindered its decision making and appropriate oversight of its residential programs.