



LESS RED TAPE. BETTER RESULTS.

9 RECOMMENDATIONS TO CUT COSTS, REDUCE DELAYS, AND STRENGTHEN CARE IN NY'S HUMAN SERVICE SECTOR

1 PROBLEM: DUPLICATIVE EMPLOYEE CLEARANCE PROCESS

While background checks are essential for safety, New York's current process is antiquated, duplicative, expensive, and slow. Individuals often undergo multiple, non-transferable background checks across agencies, including the Justice Center, OCFS, DOH, OMH, OPWDD, and NYSED, each requiring redundant submissions and reviews.



SOLUTION:

Develop a "Portable Clearance Passport" model that is recognized across state systems, reducing repetitive checks and administrative cost.

IMPACT:

- Eliminates redundant processes and costs.
- Accelerates hiring and workforce onboarding.
- Increases service capacity and system efficiency.

2 PROBLEM: REPETITIVE AND TRAUMATIZING EVALUATION STEPS

New York State's Health Home Care Management and Foster Care evaluations are burdened by duplication across OMH, DOH, OCFS, SED, and managed care systems.

Families are repeatedly assessed and asked for the same information, while care managers reenter identical data into multiple platforms. This redundancy creates frustration for families, administrative burden for providers, and fragmented plans of care, undermining the program's goal of delivering streamlined, coordinated, person-centered services.



SOLUTION:

To address the repetitive and traumatizing evaluation process, New York State should adopt a standardized core assessment recognized across OMH, DOH, OCFS, SED, and managed care systems. This should be paired with enhanced data integration and interoperability to reduce redundant data entry and improve information sharing. By implementing cross-agency recognition of assessments and unifying care planning requirements, families would no longer need to repeat their stories, and providers could deliver more coordinated, person-centered care. Achieving this will require policy and regulatory alignment to support consistency and collaboration across all systems.

IMPACT:

- Administrative efficiency yielding leaner administrative processes.
- System simplification resulting in error reduction, lower costs, and fraud / abuse mitigation.
- Downstream cost avoidance.

3 PROBLEM: BURDENSOME LICENSING AND RENEWAL REQUIREMENTS

Licensing, re-designation, and recertification processes are lengthy and resource-intensive for both agencies and regulators. Many programs are licensed by multiple agencies, creating redundant reviews and lost productivity.





SOLUTION:

Implement a performance-based review model that allows high-performing agencies to use truncated or virtual renewal processes and extended licensure periods (up to five years). Encourage inter-agency recognition of performance data to avoid duplicative reviews.

IMPACT:

- Reduces travel and administrative costs.
- Mitigates productivity loss.
- Streamlines oversight while maintaining accountability.

4 PROBLEM: SCARCITY OF LICENSED WORKFORCE

Workforce challenges have driven costs for program implementation higher, at a rate that outpaces non-licensed workforce costs significantly. This shortage yields higher expenses, extended wait times, and administrative burdens pertaining to supervision.



SOLUTION:

Introduce credentialed mental health support specialists and expand scope of practice to allow BA / BS / BSW level providers to address items of less significant acuity within the system of care as it relates to the mental health epidemic.

Establish a waiver for positions to modify scope of practice for BA / BS / BSW level providers.

IMPACT:

- Cost mitigation.
- Expanded access to timely services.
- Relieves pressure on licensed workforce.

5 PROBLEM: BURDENSOME OPERATION REQUIREMENTS

Increased regulation regarding licensure requirements for service provision roles have narrowed applicant pools to an untenable degree to maintain programming. Provider agencies are often unable to find candidates who satisfy criteria and once found the salary requirements to sustain these roles are incompatible with current state rate structures.



SOLUTION:

Engage in Regulatory Relief practices. Examples include:

- Standardize and require MCO's to have consistent credentialing, billing, and prior authorization requirements.
- Modification of the requirement for MD sign off on all restraints to allow for NP sign off in lieu of MD.
- Reduce the requirement which mandates Mobile Crisis programs to ensure licensed providers are available to facilitate all assessments and allow for non-licensed staff to facilitate telephonic / remote assessment upon outreach.
- Expand use of peer workforce to address system gaps.

IMPACT:

- Cost mitigation.
- Expanded access to timely services.

6 PROBLEM: ANTIQUATED AUDIT PROCESS

Current in-person audits are valuable for accountability but impose disproportionate administrative burdens on providers. Agencies often undergo duplicative reviews from OMH, DOH, OCFS, and Medicaid, diverting staff from direct care and creating conflicting interpretations and redundant corrective action plans.



SOLUTION:

Modernize the in-person audit process by adopting a risk-based approach that prioritizes higher-risk providers, leveraging shared data across oversight agencies to eliminate duplicative reviews, and standardizing audit criteria to ensure consistency.

Additionally, incorporating technology-enabled documentation, AI, and remote audit options where appropriate can streamline preparation and reduce disruption to service delivery.

IMPACT:

- Preserves accountability while reducing burden.
- Strengthens efficiency and consistency.
- Enables earlier, scalable fraud detection.



7 **PROBLEM:** **INEFFICIENT PROFESSIONAL LICENSURE PROCESS**

Currently, licensing, and license renewals, are at frequencies which drive high utilization of NY state resources. Given the current time periods there are significant delays with issuing of licenses which impact access to care and the availability of licensed professionals in the workforce.



SOLUTION:

Extension of the licensure period for professionals regulated by the New York State Education Department (SED), Office of the Professions, could be fiscally advantageous both for the state and for licensees.

IMPACT:

- Administrative cost savings.
- Improved efficiency.
- Revenue neutrality if renewal fees adjust proportionally.

8 **PROBLEM:** **INSUFFICIENT USE OF TELEHEALTH**

Despite proven success, barriers remain to fully utilizing telehealth for mental health and substance use treatment. Outdated regulations and reimbursement limits constrain its potential.



SOLUTION:

Review OMH's regulations regarding use of telehealth and remove any barriers that inhibit its use and reimbursement.

IMPACT:

- Expands access in underserved and rural areas.
- Reduces facility and infrastructure costs.
- Lowers missed appointments and emergency visits.

9 **PROBLEM:** **LIMITED WAIVER AUTHORITY**

Currently NYS OMH has waiver authority regarding specific requirements. Pursuant to 14 NYCRR Part §501.3, the Commissioner is authorized to grant a waiver of an OMH regulation that is not otherwise required by State or Federal law. Under the regulation, the Commissioner is permitted to grant a waiver of regulatory requirement under the following conditions:

“(i) the rights, health and safety of clients would not be diminished; (ii) the best interests of clients would be served; (iii) the benefits of waiving the requirement outweigh the public interest in meeting the requirement; and (iv) the purpose of the request is to implement/test deemed appropriate by the Commissioner.”



SOLUTION:

Extend waiver authority to OCFS, OPWDD, and OASAS Commissioners, enabling innovation and local adaptation while maintaining quality standards.

IMPACT:

- Encourages innovative, efficient programming.
- Allows flexible, community-based service models.
- Maintains program integrity and accountability.



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