

## DEPARTMENT OF STATE HEALTH SERVICES

### OUTREACH, SCREENING, ASSESSMENT, REFERRAL

#### OSAR QUESTIONS AND ANSWERS

NOVEMBER 15, 2004

1. When a provider is requesting approval, and I want to select “as is” for some reason, the system tells me “The approval has been adjusted; the OSAR response to request for approval cannot be as is. “ Not certain what the problem is. **Call the BHIPS Help Line.**
2. How do I delete message on the referral list? The system asks for an item to be deleted, so I make my selection, and step three brings me back to the same list with no deletions. **Call the BHIPS Help Line.**
3. How do I access treatment providers wait list on the BHIPS system? **You cannot access a treatment provider’s Wait List. However, if treatment provider has given you consent to see a client’s Wait List record, it will be displayed on your wait list and you may access it from there.**
4. Does BHIPS measure all activities provided by OSAR? For example how will my supervisor of DSHS know at the end of the year how many clients we served? **The data will be in BHIPS and DSHS does monitor the number of clients served by each provider.**
5. We have some questions on forms that OSAR is required to have. Please help us.
  - a. Is there a Consent to Participate Form already developed and what is it, or do we need to develop our own. **No. There is not a Consent to Participate form in BHIPS and there is not a requirement for a Consent to Participate in OSAR. A Consent to Release Confidential information is in BHIPS and is required.**
  - b. Where do we find the LOS guidelines? **Texas Department of Insurance Length of Stay guidelines can be accessed through the DSHS/TCADA website.**  
[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac\\_view=5&ti=28&pt=1&ch=3&sch=HH&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=5&ti=28&pt=1&ch=3&sch=HH&rl=Y)
  - c. What is the Service Plan we need to have the client sign? Is it the Program Service Plan on BHIPS? **When the OSAR is the business entity in BHIPS, and the OSAR clicks on Treatment Plan on the left side, then the form opens up and is labeled Service Plan. If the OSAR**

**uses the Treatment Plan option from the completed Assessment, the language will all be treatment related so the OSAR will have to remember that the function is to be a service plan and to enter refer, defer, withdraw as necessary.**

d. We have noticed that the levels of treatment are still Level I, II, III, IV. We were told these were going to change, (ie. Ambulatory Detox) Could you direct us on this. **The levels of care were discontinued with the new rules. The information remained in BHIPS during the contract transition period. OSAR providers should not be using any of these identifiers in BHIPS.**

6. I am still confused about the new Client Placement and Severity Guidelines that were recently distributed. First of all, it's not clear to me in Step 2 whether the client has to meet all of the listed problems under each section to count that in the severity calculation or just one of them or more than one of them. For example, under the employment/school section it states "lost job or school suspension/expulsion because of substance abuse within last six months; no technical skills or training; no high school diploma or GED; employment/educational severity on ASI > or = 6. So, does the client have to have all of these listed problems to count in the low, medium or high severity determination or is one of them sufficient? Perhaps the client has no GED or high school diploma but the assessor does not consider the overall severity of the section to be a 6 or greater because, for example, the client has a job and an employable skill.

**In each section, any one of those items listed if positive, makes the section eligible to be counted toward the severity score.**

7. Secondly, in the severity (low, medium, and high) calculation, do we count each of the above as one problem or just count a "1" for each of the nine sections listed in which each at least one of those things listed is true?

**Count a 1 each of nine sections listed when at least one of those items is true.**

8. I have also heard from the OSAR that they were told that clients who are determined to be in the pre-contemplative or contemplative stages of treatment readiness will not be appropriate for residential treatment. This seems to go against all social welfare philosophy of treat the client where they are and against TCADA's stance of using motivational interviewing to treat the client in whatever setting is considered by the clinician to be most appropriate. There are many clients who we believe present at very high risk and who have circumstances that we believe warrants a highly structured and intensive inpatient program to be successful, but the client, although willing to enter the program, is often not ready to admit they have a drug problem. Most of these clients completely turn around once exposed to treatment. Is TCADA's stance now to go ahead and take a chance

on them failing outpatient a couple of times so then they can be proven to be more appropriate for residential?

**Client severity determines placement, not stage of change. OSAR's should take into consideration the stages of change that a client who is determined to be in the pre-contemplation stage and reluctant to enter into residential treatment would do better in outpatient treatment until they are ready for residential care. If the patient is ready to go into residential care, and they meet the severity criteria, then it is appropriate to refer that client to residential care.**

9. We have also been told that clients who present who are veterans with honorable discharge are to be referred to the VA hospital programs even if is 70 miles away and they have no transportation and no opportunity for family involvement in their treatment or even if we have called the VA and they say they cannot get the client in for three months, while we have a bed available right now. I find it hard to believe that we would deny a client treatment under those circumstances.

**In this scenario, if there is bed available and the client meets severity guidelines, then admit the person.**

10. Someone from our agency also asked the question of whether we would be under any possible legal liability if a court orders a client to attend residential treatment at our facility (our facility is actually named in the court order) and the OSAR then does not approve the client for residential treatment and so we don't admit them. I don't think we could have any liability in that case, but thought I'd ask.

**Consult your agency's legal advisor to determine the liability issues. Discussion between the OSAR, court representative and treatment provider may be in order.**