

DEPARTMENT OF STATE HEALTH SERVICES

OUTREACH, SCREENING, ASSESSMENT, REFERRAL

OSAR QUESTIONS AND ANSWERS

NOVEMBER 9, 2004

1. Conflicting reports. The questions asked from the OSAR meeting came back and one of the questions asked about original consents. The answers from the team that answered the OSAR questions from training said that we had to have the original.

I had asked earlier about when OSAR is requested by the Tx prov to authorize consent then BHIPS will ask for a consent to release. No problem if the client presented at the OSAR first but it becomes a problem if client presented at the Tx prov and is at Tx prov. I was told that I could have a faxed consent.

When the client presents at the residential provider, that provider completes the screening, assessment, consent and sends a “Provider Request for Residential Approval” to the regional OSAR. The OSAR obtains access to the necessary clinical information to make the authorization determination and does not require a signed original consent to answer the provider’s request for authorization.

Residential providers need to be sure to select Client Profile, Screening, Assessment, and Financial Eligibility on the consent so that the OSAR has access to the necessary clinical and financial information with which to make the approval.

When the client presents at the OSAR, the OSAR completes the screening, assessment, consent, and referral to a residential provider. The treatment center does not need a signed consent.

2. I am talking with a case manager who works with individuals who get out of jail and some have been mandated by TDCJ to go into residential services by the system. The case manager likes the idea of the OSAR but I have told him that the screening parameter is for last the 6 mo's, and it is here and now. I told him that the screening score will come out zero. He wants his clients to go the OSAR within the first two weeks after their release from incarceration. The case manager informs me that after the two weeks period the clients are usually busy trying to find jobs or working.

Request the client to answer the screening and assessment questions based upon the six month period prior to incarceration. Make a note in the comment section that explains the process.

3. We have lost numerous clients off BHIPS as far back as August. Entire records have just disappeared from the system. Please advise how to proceed.

Call the help line when there are specific problems with BHIPS.

4. We were recently told by our OSAR that a pregnant female in the Amarillo area requesting services would have to wait a month to be screened for treatment services. We admitted the client directly into our program. However, 50% of our treatment clients are from the Amarillo area.

Treatment providers are to complete screening, assessments and referrals for any person that presents at the provider treatment site. OSAR authorization for residential care is required. OSAR providers do not have to do all the screening, assessments and referrals.

5. Are OSAR and Provider waiting lists maintained concurrently? Will that process continue, or will provider waiting lists be phased out?

The authorization for admission is done by the OSAR and therefore, the centralized waitlist is the source from which all eligible clients are authorized for care. The OSAR puts clients approved for residential services who do not have immediate placement on a centralized waitlist. OSARs manage the centralized waitlist.

The residential treatment provider needs to be completing the available capacity reports daily. OSAR and residential providers need to be communicating with each other regarding the client's access to care. When there is an OSAR for the region, it is in the best interest of the clients that the only waitlist from which clients can be admitted are off of the centralized waitlist.

6. Staff of MCC treatment programs conduct an average of 10 to 15 screenings and assessments daily. It does not appear that our OSAR will be able to handle the load of client screenings and assessments to keep beds full and waiting lists at a minimum.

All DSHS funded providers are to complete screening, assessments and referrals for any person that presents at the provider treatment site.

7. What if we get referrals from all over the state of Texas, do we need to get an OSAR approval from that region?

Residential providers seek authorization from their regional OSAR regardless of the client's home address.

8. CORRECTED ANSWER FOR CLINICAL QUESTION #3 DATED NOVEMBER 2, 2004.

Our training on BHIPS contradicts what our contract states: We will only serve high severity clients; the training indicates moderate/medium to high severity clients?

Admission to residential care is allowed for moderate/medium to high severity clients meeting clinical criteria and requires OSAR approval. Service Coordination is for only high severity clients.

9. After reviewing we still have an important question concerning the lack of adult (non-specialized) outpatient. Region 9 – Out Patient Referral Limitations presents a problem in meeting the 35% referral performance measure. In conversation it was discussed that if a recommended treatment was not available, then the client moved up to the next level of treatment. I do not know if that is wishful thinking or an actual approved procedure.

DSHS recognizes the issues you have asked about outpatient services in Region 9. A DSHS team is working on the resolutions to the problems you are encountering. We appreciate the efforts you are making to help residential treatment providers obtain their 35% outpatient referral measure and hope to have a resolution to these issues soon.