



Ohio Alliance of Recovery Providers

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## Paperwork and Administrative Reduction Committee

### ISSUE 1:

#### Administrative Rule and Standard for which variance is being requested:

#### Standard 3793:2-1-06 (k)

**(K) An individualized treatment plan shall be written for each client within seven days of completion of the assessment or at the time of the first face-to-face contact following assessment.**

#### Variance Requested:

*Seven days of completion of the assessment or at the time of the first face-to-face contact following assessment. We are requesting that the Initial Services Plan be limited to engaging the client and stabilizing their condition. Plans focussing on improving quality of life Issues will be developed after a period of initial engagement.*

#### Rationale for Variance Request:

Based on the Motivational Interviewing Model and Stages of Change Model being supported by SAMHSA and GLATTC it is highly improbable that client buy-in to mutually agree upon long-term goals can be achieved at the first face-to-face. Creating a forced or arbitrarily completed treatment plan results in a “cookie cutter” versus individualized treatment plan. While it is imperative for a preliminary goal of treatment, the Individual Service Plan (ISP) must be considered to be a fluid document. A true treatment plan requires more than one face-to-face meeting. Treatment goals are developed after the client has spent time engaging in the process and becomes more invested in the treatment process.

Treatment goals are expected to change as the client’s needs change and usually after the initial session. The first session often results in inaccurate information because relationship building has not occurred and the primary objective is often stabilizing the client, identifying the client’s readiness to change and exploring some initial problem areas. Therefore, forcibly completing the ISP within this timeframe, if the consumer is not ready, becomes “overkill”, “non-individualized” which becomes an exercise in wasted resources.

In keeping the focus of the Milestone Standardization Workgroup of ODADAS, the focus for the initial interactions (first four to ten sessions) must be on effective engagement and

stabilization. Later work with the client can focus on Life Enhancing or Life Improvement targets.

It is requested that the ISP address: 1. Stabilization of the addiction/ceasing the AOD use patterns; 2. Stabilization of life or health threatening conditions (including mental health conditions) if applicable; 3. Unstable NOM's if applicable; and 4. Specific areas that the client defines as important to them (motivational interviewing).

*Benefits of Granting This Variance:*

1. It will take 15 to 30 minutes less to complete the assessment and ISP, resulting in approximately 1.5 hours per week per clinician (based on the average clinician completing 4-6 assessments per week). This permits each clinician to complete an additional assessment per week or 48 additional clients engaged per year per clinician. In cases where funding is reduced resulting in a reduction in clinical staff it will allow the reduction to not reduce the number of clients served; in other words, not create additional burdens on a system where demand already exceeds capacity.
2. The focus on motivational interviewing and focusing early sessions on what the client wants to change rather than overwhelming them with multiple plans addressing multiple issues (it is common for our clients to present with multiple issues) should improve engagement and retention (NIATx Principle).

*Maintenance of Quality of Services if Variance is Granted:*

The agencies of OARP pledge that all necessary steps will be taken to insure that these changes will not decrease quality nor jeopardize client safety.

As described above, the elements of the rules (as they currently exist) do not enhance quality, but may in fact render the treatment plan somewhat less useful than it should be. Consequently, the variance may enhance quality and is minimal enough that any adverse effect would be quite small. It represents primarily a change in how treatment planning is documented and not what is substantively done in treatment.

*Consequences of Not Receiving Variance:*

The consequence of not receiving the variance is that the benefits outlined above would not be realized. In short, fewer clients would be seen, and of those seen, fewer may be successfully engaged.

**ISSUE 2:**

**Administrative Rule and Standard for which variance is being requested:**

**Standard 3793:2-1-08 (k) (3) (g-n)**

**(K) Assessment service means the evaluation of an individual to determine the nature and extent of his/her abuse, misuse and/or addiction to alcohol and/or other drugs. Assessment services shall consist of time limited, structured, face-to-face sessions.**

**(3) Assessment includes at a minimum, the following information:**

**(g) Employment history;**

**(h) Educational history;**

**(i) Legal history to include pending charges and parole/probation status;**

**(j) Mental status screen including but not limited to, appearance, attitude, motor activity, affect, mood, speech and thought content;**

**(k) Psychiatric history;**

**(l) Family history;**

**(m) Sexual history;**

**(n) Religion/spiritual orientation;**

Variance Requested:

*Assessments include a minimum of the following information: (g-n) includes employment history, educational history, legal history, mental status, psychiatric history, family history, sexual history and religion/spiritual orientation. We are requesting that only categories pertinent to the client's current condition and ability to stabilize that condition be required for the assessment.*

Rationale for Variance Request:

Initial contact with the consumers should focus on: 1) the presenting problem, 2) recruiting the client into the recovery process, 3) retaining the client into the recovery process, and 4) leaving the client with a feeling of progress made. Assessments should review conditions specifically related to problems identified and conditions that may hinder the client's recovery, improvement and resources currently available to that client. Utilizing the current assessment protocol and tool (SOQIC) is so prescriptive (on the clinician) and extensive, that clinicians are not given the time or flexibility to explore the unique issues that may impact a specific client's treatment response and compliance.

The first session often results in inaccurate information because relationship building has not occurred and the primary objective is often stabilizing the client, identifying the client's readiness to change and exploring some initial problem areas. Clients are often reluctant to provide complete and accurate histories prior to the relationship building and investment into the treatment process.

Benefits of Granting This Variance:

This variance will allow for the reduction of approximately 30-45 minutes per initial assessment. Should a Provider complete 1500 admission annually, this is a projected reduction of 1125 hours annually which could be utilized to: 1) increase capacity or 2) maintain current capacity at a time when resources are being reduced.

An additional benefit realized will include the retention of clients into the recovery process. Current trend shows that of those clients that have completed the current assessment process, 78% are engaged and return to follow through in the treatment process. It can be projected that there would be an increase in the percentage of clients realizing a feeling of progress and engagement with the focus being the presenting problem, and stabilization, therefore, an increase in the percentage of clients returning after the initial assessment.

Maintenance of Quality of Services if Variance is Granted:

The agencies of OARP pledge that all necessary steps will be taken to insure that these changes will not decrease quality nor jeopardize client safety.

The variance will enhance quality of service because it allows for flexibility and more individualized treatment. It allows time for exploring those issues that may be unique to the client. Therefore, granting of the variance is projected to enhance the quality of service provided to clients. We believe that the variance will improve client care thereby, producing better client outcomes.

Consequences of Not Receiving Variance:

The major consequence of not receiving this variance will be in the overall client care outcomes. Should the variance not be granted, the overall impact will be fewer clients engaged and retained.

**ISSUE 3:**

**Administrative Rule and Standard for which a variance is being requested:**

**Standard 3793:2-1-06 (P)**

**(P) A termination summary shall be prepared within thirty calendar days after treatment has been terminated. Termination summaries/discharge summaries shall include, at a minimum, the following:**

- (1) Client identification (name and/or identification number)**
- (2) Date of admission**
- (3) Date of discharge**
- (4) Diagnosis**

- (5) The degree of severity at admission and at discharge for the following dimensions shall be based on the Ohio Department of Alcohol and Drug Addiction Services' for levels of care (youth and adult) for publicly-funded clients.
  - a. Intoxication and withdrawal
  - b. Biomedical conditions and complications
  - c. Emotional/behavioral/cognitive conditions and complications
  - d. Treatment acceptance/resistance
  - e. Relapse potential
  - f. Recovery environment
  - g. Family or caregiver functioning (for youth)
- (6) Level of care and service(s) provided during course of treatment
- (7) Client's response to treatment
- (8) Recommendations and/or referrals for additional alcohol and drug addiction treatment or other services
- (9) Date, original signature and credentials of a person qualified to provide counseling services in accordance with rule 3793:2-1-08

Variance Requested:

To eliminate the requirement for closure of client records within 30 calendar days of when treatment has been terminated (30 days of last service). Currently we are required to close a client record if no service is provided in the last 30 days. It is requested that client charts remain open until the course of treatment is complete including recovery check-ups and/or through treatment interruptions such as re-incarceration. Recognizing that treatment is not complete just because no service was provided during a 30-day period.

Rationale for Variance Request:

The chronic nature of the disease of addiction dictates that treatment would also be chronic (long-lasting). Physicians' who treat other chronic diseases do not close patients' charts in a specified time frame. A patient's chart remains open and active for the duration of his treatment for the chronic condition or until the patient indicates a desire to have his chart closed.

Based on the Recovery Management Model and the implementation of recovery checkups which may occur quarterly, two times a year or once a year, charts need to remain open until the client is not to receive any additional checkups or requests closure/termination.

Motivational Interviewing and Stages of Change models support including the client in all decisions regarding their care. Clients may be interested in having long breaks from services, allowing them to try new strategies and evaluate the results. The current model prevents clinicians from honoring the requests, expectations, and needs of individual clients.

NIATx principles that have been adopted by ODADAS through the STAR-SI projects, as well as by several other service providers within the State of Ohio, emphasize reducing wait time, decreasing no shows, increasing admissions, and increasing continuation as a method of improving services and business practices of addiction providers. Having to 're-open' charts goes against those very principles by putting up barriers and hurdles for the client to jump in order to access desired and medically necessary services.

In addition, the people who receive addiction services suffer from a chronic disease that often makes attendance at treatment services sporadic and inconsistent. Treatment programs can also be interrupted by a return to incarceration. Many times, the clinician knows the client will return to services upon release and, at times, the release may not occur within the 30-day window.

Requiring chart closure within 30 days of last service puts an undue administrative and clinical strain on agency staff. The result is often the closure of a chart that is re-opened quickly. Practices such as this lead to inaccurate data regarding recidivism, tracking of treatment episodes, and misrepresentation of numbers engaged in services.

*Benefits of Granting This Variance:*

Analysis indicates that approximately 25% of clients re-enter treatment with the same agency. This results in a complete admission process, including registration, reviewing all information required in the standards, and often a complete new bio-psychosocial; in total, approximately 2 ½ hours in administrative and clinical staff time. An agency that admits 1500 clients per year will realize a savings of 937 staff hours per year; almost a .5 FTE.

*Maintenance of Quality of Services if Variance is Granted:*

The agencies of OARP pledge that all necessary steps will be taken to insure that these changes will not decrease quality nor jeopardize client safety.

Procedures will be implemented to insure that cases are closed if clients are not expected to return. Follow-up will occur within a prescribed time frame identified on the Treatment Plan.

*Consequence of Not Receiving Variance:*

The consequence of not receiving the variance is that the benefits outlined above would not be realized. In short, fewer clients would be seen, and of those seen, fewer may be successfully engaged.

The current practice prevents a truly individualized approach to care. The 'rules' and 'standards' start to drive the service delivery and clinical interaction as opposed to the clinical practice driving the administrative processes.

This requirement ties up clinical staff in the completion of administrative procedures, thereby taking them out of service to clients. It prevents them from providing services at the request of a client. Ex: A client calls and requests an appointment, wanting to drop in and discuss some things with his/her previous counselor. He/she hasn't been in services for 60 days so the chart is closed. The clinician must decide what to do:

- a. See the client but don't document. This skews productivity and billing. It does not provide an accurate reflection of clinical interventions necessary to support a client suffering from the chronic disease of addiction. This further skews any and all outcome studies and utilization research.
- b. Tell the client he/she must come in for a screening, intake, and assessment and THEN he/she can see the counselor.

#### **ISSUE 4:**

#### **Administrative Rule and Standard for which a variance is being requested:**

#### **Standard 3793:2-1-08 (n) (v)**

**Individual counseling involves face-to-face encounter between the client or client and family member and the counselor.**

#### **Variance Requested:**

*Individual Counseling involves counseling or therapeutic interactions delivered to a client or client family member by the counselor. These encounters may be face-to-face, via telephone, or over the Internet.*

- *Rational: Based on current technology, some clinical services can now be administered telephonically or over the Internet.*

#### **Rationale for Variance Request:**

Individual Counseling is a critical component to the treatment process, both for rehabilitative levels of care and for outpatient/aftercare services. Current economic conditions including lack of adequate public transportation, clients without transportation, and the high gasoline prices for those who do have transportation are factors that contribute to the high incidence of "no-shows" for attendance to individual counseling sessions. This is further complicated by expecting the client to attend his/her individual counseling session on days not scheduled for IOP, so it requires a fourth or fifth day of commuting to the treatment site.

The consequence of "no-shows" is two-fold. Clients miss an important component of care where they receive individual focus on the issues and conditions related to their illness and important family work may not be addressed. The second consequence is that a "no-show" for a scheduled appointment (even when cancelled or rescheduled) results in

lost clinical/productivity time for the clinician. Currently, agencies are experiencing an approximate 15% “no-show” rate for individual counseling services.

Benefits of Granting This Variance:

1. Continuity of care to the client will improve; clients will receive necessary treatment components even if hampered by transportation or other factors.
2. Clinicians will be able to access other clients and deliver this service if a client cancels due to another scheduling conflict, resulting in more clients served and better productivity by clinical staff. This variance would result in: an additional one to two hours per week of client contact time per clinician; an increase in productivity of 5%; and up to an additional 50 clients served per year.

Maintenance of Quality of Services if Variance is Granted:

The agencies of OARP pledge that all necessary steps will be taken to insure that these changes will not decrease quality nor jeopardize client safety.

Procedures will be implemented to insure client confidentiality (Internet) and the integrity of clinical care are maintained.

Consequences of Not Receiving Variance:

The consequence of not receiving the variance is that the benefits outlined above would not be realized. In short, fewer clients would be seen, and of those seen, fewer may be successfully engaged.

**ISSUE 5:**

**Standard 3793: 2-1-06 (m) (n)**

**Progress notes shall indicate progress a client is making towards achieving the goals and objectives that are identified in the individualized treatment plan and progress notes shall include the outcomes of treatment interventions which are stated in the client’s individualized treatment plan.**

Variance Requested:

*While documentation of client progress is essential, it is unrealistic to document outcomes in every session. A more realistic approach would be assessing patient progress after a series of interventions and documenting on an Interim Progress Summary.*

Rationale for Variance Request:

The client's condition has generally not changed by any one intervention or can that change actually be measured, specifically by that one intervention. It is not realistic to assume that quantifiable changes will occur within one session. Changes typically occur following a series of interventions. Progress notes should highlight the intervention or service administered and the client's response to that intervention. As outcomes are achieved typically over a series of sessions, they are documented in the progress notes as well as treatment plans.

*Benefits of Granting This Variance:*

1. More realistic approach to treatment. Complex, pervasive issues take time and multiple interventions to resolve.
2. Accurate documentation of patient progress.
3. Less time for clinicians to spend on paperwork as this would reduce the need to manipulate documentation to meet the standard. This could result in a two-hour reduction in paperwork (documentation) per week for a clinician with an average caseload of 12. This time could be utilized in clinical services for a 5% increase in productivity.

*Maintenance of Quality of Services if Variance is Granted:*

The agencies of OARP pledge that all necessary steps will be taken to insure that these changes will not decrease quality nor jeopardize client safety.

Implementing this variance will not jeopardize the quality of the services and client safety. Agency peer reviews are utilized to ensure quality patient care and that documentation standards are in place.

*Consequences of Not Receiving Variance:*

The benefits listed above would not be realized. The standard implies immediate progress while treatment is a series of interventions designed to bring about lasting changes for clients.

**ISSUE 6:**

**Administrative Rule and Standard for which Variance is being requested:**

**Standard 3793:2-1-08 (g)**

**Intensive Outpatient Service means structured individual and group alcohol and drug addiction activities and services that are provided at a certified treatment program site for a minimum of eight hours per week, with services provided at least three days per week.**

*Variance Requested:*

*Services that are provided at a certified treatment program site for a minimum of eight hours per week, with services provided at least three days per week. We are requesting greater flexibility in the appropriation of services to clients based on their changing clinical needs.*

*Rationale for Variance Request:*

Based on current research models endorsed by SAMHSA and GLATTC, treatment should be individualized, utilizing step-down or incrementally shifting intensity of care based on client's current condition and functioning. This may mean that IOP can be offered three or four times per week and delivered in three-hour blocks but it may also be appropriate to reduce IOP to one time per week in three-hour blocks or remain three to four times per week and lessen the length of each session. We are asked to be very flexible and responsive to individual changes within the client, which means we will intensify and reduce treatment based on their clinical need without changing level of care until client has maintained at the reduced level over time.

*Benefits of Granting This Variance:*

1. Greater treatment engagement.
2. Provision of services will be based on the clinical needs of the client that may be increased or decreased as needed.
3. Patients will not be overwhelmed with attending lengthy groups that they may not need which may contribute to client dropout rates.
4. Flexible schedules can be tailored not only to client need but other obligations of the client (outside appointments, child care issues).
5. Increased duration of treatment (better prognosis).

*Maintenance of Quality Services if Variance is Granted:*

The agencies of OARP pledge that all necessary steps will be taken to insure that these changes will not decrease quality nor jeopardize client safety.

The quality of services and client safety shall not be jeopardized if this is granted. Services will be provided in accordance with the client's clinical need thus improving the effectiveness of care. The current rule allows little flexibility and promotes rigidity rather than accessibility.

*Consequences of Not Receiving Variance:*

If the variance is not granted clients may be maintained at a frequency of service that's more than is required because the next lower level of care does not provide enough service. Clients who are required to attend more services than they need tend to dropout and those that receive less than they require also tend to dropout. This results in a reduce number of clients engaged and retained in treatment.

**Issue 7:**

**Administrative Rule and Standard for which Variance is being requested:**

**Standard 3793:2-1-05 (F) (G)**

**(F) The Admission, Continued Stay and Discharge/Referral to each level of care based on the Ohio Department of Alcohol and Drug Addiction Services' Protocol for levels of care for publicly-funded clients shall be predicated upon the following factors:**

- 1. A substance related disorder diagnosis**
- 2. The degree of severity for the following dimensions:**
  - a. Intoxication or withdrawal potential.**
  - b. Biomedical conditions and complications.**
  - c. Emotional/behavioral/cognitive conditions and complications.**
  - d. Treatment acceptance/resistance.**
  - e. Relapse potential.**
  - f. Recovery environment.**
  - g. Family or caregiver functioning (for youth).**

**(G) The admission, continued stay and discharge/referral to each level of care for non-publicly-funded clients shall be based on the Ohio Department of Alcohol and Drug Addiction Services' protocol or other objective placement criteria.**

**Variance Requested:**

*We are requesting a reduction in the frequency in which a level of care form must be completed. Level of care changes between the time of admission and discharge are substantiated within the progress notes and treatment plan documentation. Continuous completion of this form throughout the treatment process is both time-consuming and redundant.*

**Rational for Variance Request:**

The information addressed in the current Level of Care (LOC) forms (admission, transition/continued stay, and discharge) are addressed throughout the clinical chart. Admission criteria are covered in the assessment process. Continued stay criteria is addressed through progress notes and treatment plans. Discharge criteria are addressed in the narrative of the discharge summary.

Clinicians make determinations regarding the appropriate level of care and intensity of services based on assessment information (initial assessment as well as on-going assessment), input from client, availability of accessible services, funding restrictions, changes in needs, clinical progress, clinical experience/judgment, and clinical supervision. Level of Care issues are clinical decisions that are often made prior to the

completion of the current required Level of Care forms. The forms are not used to determine level of care placement but rather to re-record information regarding the clinical decision about the appropriate level of care.

Motivational Interviewing and Stages of Change practices encourage clinicians to involve clients in decisions regarding their treatment experience. Adherence to the requirements regarding the use of LOC forms can dismiss or restrict the input of the client. The current forms themselves acknowledge that clients might not agree or accept the recommended level of care and there is a place to document such an event. A progress note will reflect the same information: a clinician's recommendation and the client's acceptance or rejection of that recommendation.

NIATx principles that have been adopted by ODADAS through the STAR-SI projects, as well as by several other service providers within the State of Ohio, emphasize reducing wait time, decreasing no shows, increasing admissions, and increasing continuation as a method of improving services and business practices of addiction providers. Current level-of-care requirements complicate the natural transitioning of clients through a system of care. Patients who suffer from any other chronic disease require a change in intensity of services; so do clients who suffer from the chronic disease of addiction. At times, they require more intensive services and at other times, less intensive services. The needs may change dramatically in a very short period of time. The current transition LOC procedure impedes a clinician's ability to make clinically appropriate decisions regarding service provision.

The rationale for the development of the level of care process was to be able to measure appropriate placement and identify service gaps. There has been no mechanism put in place that accurately collects, distributes and uses that data from these forms.

*Benefits of Granting This Variance:*

A clinician with an average caseload of 12 would see a paperwork reduction of one hour per week. This hour could be utilized for an additional clinical service, a 2.5% increase in productivity.

*Maintenance of Quality of Services if Variance is Granted:*

The agencies of OARP pledge that all necessary steps will be taken to insure that these changes will not decrease quality nor jeopardize client safety.

All publicly-funded programs are managed and supervised in accordance with ODADAS standards leading to the development of internal practices that ensure quality of services delivered, utilization reviews, and peer reviews. These practices are developed and delivered to ensure quality of services and ensure client safety is not jeopardized. Services are provided by licensed and/or credentialed staff that practice within the scope of their clinical training and under a Code of Ethics further ensuring quality and ethical delivery of services.

Consequence of Not Receiving Variance:

The benefits outlined above would not be realized. The administrative requirement would prevent an additional hour of clinical service per clinician per week; a 2.5% increase in productivity opportunity lost.

**Issue 8**

**The following is not a variance request, it is a request for a change in interpretation of Standard 3793:2-1-08**

Variance Requested:

*To permit the billing of other services on the same day that a client participates in IOP services if those services are provided in addition to the IOP service.*

Rational for Variance Request:

IOP is a bundled service that prohibits other services (other than case management) to be billed on an IOP day. Given the effectiveness and increased use of Motivational Interviewing sessions, it is imperative that we be able to bill these services the same day that IOP is provided. An example would be for a client to participate in IOP and later that evening an in-home family counseling session could be provided.

Providing counseling services on IOP days would increase the impact of IOP sessions as clients could further process information within their individual sessions in a timely manner. Additionally, same-day services would be more economical due to gas prices and the limited transportation of our clients.

Our client population faces many barriers to treatment and it is the provider's responsibility to help them overcome these barriers. We are all trying to do more with less and providing the client all the necessary services while at the agency makes sense. Time will be saved for providers because they can deliver the services when the client is at the agency and they will not have to pursue the client to provide the additional necessary services. The time saved can be redirected to other clients.

Maintenance of Quality of Services if Variance is Granted:

The agencies of OARP pledge that all necessary steps will be taken to insure that these changes will not decrease quality nor jeopardize client safety.

Consequence of Not Receiving Variance:

If IOP services remain bundled, it will be a continued hardship for clients. Agencies will lose revenue because the clients will not/cannot come back another day.

