State Medical Board of Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

APPLICATION FOR BOARD APPROVAL
AS A ONE BITE TREATMENT PROVIDER FOR
IMPAIRED PRACTITIONERS

This application must be completed by any provider of chemical dependency treatment services who wishes to have approval from the State Medical Board of Ohio to provide treatment for impaired practitioners as part of the One Bite program in accordance with Sections 4731.251 4731.252, Ohio Revised Code and Rule 4731-16-20, Ohio Administrative Code.

This application ***DOES NOT*** confer approval from the State Medical Board of Ohio to provide treatment for impaired practitioners in accordance with Section 4731.25, Ohio Revised Code. A separate application to provide treatment for said licensees may be found on the Board's website.

Board approval is valid for a period of three years.

If you have any questions regarding this application, please contact:
med.compliance@med.ohio.gov

SUBMIT BY MAIL:

State Medical Board of Ohio
Attn: Amy Pridday
30 East Broad Street, 3rd
Floor Columbus, Ohio 43215
Amy.Pridday@Med.Ohio.gov
614-644-9085

APPLICANT NAME:

TREAMENT PROVIDER NAME:

ADDRESS:

TELEPHONE:

FAX:

EMAIL:

TREATMENT PROVIDER OWNER:

PLEASE PROVIDE DETAILED ANSWERS TO THE FOLLOWING QUESTIONS:

1. Does the applicant base its philosophy and individualized treatment plan on the disease concept of chemical dependency?

2. Does the applicant base its model of treatment on a twelve-step program such as Alcoholics Anonymous?

3. Does the applicant adhere to the principle that treatment of chemical dependency requires total abstinence from alcohol and other mind-altering drugs?

4. Is the applicant subject to the confidentiality requirements of Title 42, Part 2, of the Code of Federal Regulation?

5. Is the applicant accredited by the Joint Commission or the Commission on Accreditation of Rehabilitation Facilities (CARF) to provide substance abuse treatment? ***(attach a copy of Joint Commission or CARF accreditation certificate)***

6. Does the applicant hold a current state certificate to provide treatment for substance abuse/addiction at the following sites on the dates indicated below: ***(attach a copy of the certificate)***

7. Is the medical director a board-certified addictionologist or board-certified addiction psychiatrist?

- **a.** Does the medical director have experience in diagnosing and treating physicians and other health care practitioners with substance use disorders?
- **b.** Will the medical director oversee the initial assessment and diagnosis, ongoing treatment processes, including medications, treatment planning, and discharge planning?
- **c.** Does the medical director have knowledge and experience with prescribing medications specifically indicated for use in patients with substance use disorders and with medications to be avoided for patients with substance use disorders?

d. Does the medical director have specific training and knowledge regarding the interpretation of the results of toxicology screenings for drugs and alcohol?

8. Is a board-certified psychiatrist available to evaluate and provide treatment for co-occurring mental health conditions?

9. Is group therapy supervised by one of the following:

a. A board certified addictionologist, board certified addiction psychiatrist, or psychiatrist licensed under Chapter 4731, Ohio Revised Code?

b. A masters level or higher licensed independent chemical dependency counsel-clinical supervisor, licensed independent chemical dependency counselor, licensed chemical dependency counselor III, or licensed chemical dependency counselor II licensed under Chapter 4758, Ohio Revised Code?

c. A masters level or higher professional clinical counselor, licensed professional counselor, licensed independent social worker, licensed social worker, or marriage and family therapist licensed under Chapter 4757, Ohio Revised Code ?

d. An advanced practice registered nurse, licensed as a clinical nurse specialist under Chapter 4723, Ohio Revised Code, who holds certification as a psychiatric mental health clinical nurse specialist issued by the American nurses credentialing center?

e. An advanced practice registered nurse, licensed as a nurse practitioner under Chapter 4723, Ohio Revised Code, who holds certification as a psychiatric mental health nurse practitioner issued by the American nurses credentialing center?

f. A psychologist, as defined in division (A) of Section 4732.01, Ohio Revised Code, licensed under Chapter 4732, Ohio Revised Code?

g. An advanced practice registered nurse licensed under Chapter 4723, Ohio Revised Code, who holds subspecialty certification as a certified addiction registered nurse-advanced practice issued by the addiction nursing certification board?

10. Does the treatment provider have a process to provide training regarding the eligibility for the One Bite program to all staff on a quarterly basis?

11. Does the treatment provider have a process to provide training regarding the Board's statutes, rules, and policies regarding impairment and reporting violations to all staff on a quarterly basis?

12. Is the treatment provider capable of completing evaluations pursuant to Rule 4731-16-05,Ohio Administrative Code?

13. Does the treatment provider provide abstinence-based education and treatment for all types of substance use disorders?

14. Does the treatment provider provide one or more of the following levels of patient care?

a. Medical detoxification?

b. Inpatient or residential treatment

c. Extended residential treatment?

d. Partial hospitalization?

e. Intensive outpatient treatment?

f. Continuing care?

g. Others as necessary?

15. Does the treatment provider have the ability to provide extended residential care for patients who require continued treatment for substance use disorders?

16. Does the medical director of the treatment provider perform evaluations pursuant to Rule 4731-16-05, Ohio Administrative Code, to determine the degree of impairment of the licensee? Will the medical director develop an individualized treatment plan?

17. Does the treatment provider require the licensee to immediately suspend practice upon entering treatment (upon determination of impairment) and not return to practice for at least thirty dates? Does the treatment provider require clearance from the medical director and monitoring organization medical director prior to returning to practice?

18. Does the treatment provider have a process to notify the monitoring organization of the determination of impairment and the treatment plan?

19. Does the treatment plan include, at least once per week, group therapy with other patients who work in similar disciplines as the licensee or other professionals?

20. Does the treatment plan include education for licensees regarding the Medical Board's statutes, rules, and policies with respect to impairment?

21. Does the treatment plan include education and group therapy to assist the licensee to transition back to work?

22. Does the treatment provider have a process to report instances of violations of Chapter 4731-16, Ohio Administrative Code, to the monitoring organization and the Medical Board?

23. Will the treatment provider complete and maintain records for each licensee seen for evaluation or treatment under the One Bite program in accordance with Rule 4731-16-07(C), Ohio Administrative Code?

24. Will the treatment provider provide to the monitoring organization and the Medical Board a report and/or records related to Rule 4731-16-20(E),Ohio Administrative Code, that are appropriately de-identified in accordance with Rule 4731-16-20(F),Ohio Administrative Code ?

25. Describe in detail the evaluation process and procedures used to identify patterns, progressions, and stages of recovery during treatment. Include details regarding level of involvement with a certified addictionologist, the medical director, and treatment team.

26. Describe any procedures used to assess treatment success rates (e.g. - surveys of former patients, collaterals).

27. Describe how the treatment provider involves family and significant others in the patient's treatment.

28. List all agencies and professionals to which the applicant refers patients and significant others to meet needs which exceed the applicant's expertise or available facilities.

29. List other services provided at this program site and including details regarding medical and nursing services provided for patients in each stage of treatment.

30. Describe the applicant's procedures to arrange payment for treatment costs not covered by insurance.

PROGRAM SITE(S)

Please provide the following information for ***each location site*** operated by the applicant.

You must also attach a table of organization and a list of the names and position titles of ALL licensed physicians on staff.

Treatment Provider/Location:
Address:
Telephone:
Fax:
Email:

Medical Director:
Addictionologist:

Preferred Contact:
Title:
Telephone:
Fax:
Email:

Please indicate which service(s) listed below are available at the above location:

- Residential Treatment
- Intensive Inpatient Treatment
- Intensive Outpatient Treatment
- Aftercare
- 72-Hour Evaluations to Determine Initial Treatment Needs
- Outpatient Evaluations to Determine Initial Treatment Needs
- Evaluations to Determine Fitness to Return to Practice

AGREEMENT OF ONE BITE TREATMENT PROVIDER APPLICANT

By execution of the Affidavit and Release of Applicant, the applicant agrees that upon Board Approval:

1. It shall be bound by and comply with the requirements contained in Section 4731.25, Ohio Revised Code, and Rule 4731-16-20, Ohio Administrative Code; and
2. It shall provide appropriate training to its staff to assure compliance; and
3. It shall provide to each patient and referral source who is under the jurisdiction of the State Medical Board of Ohio the written statements and notices required by the Board; and
4. It shall immediately notify the State Medical Board of Ohio if changes occur, including, but not limited to, transfer of ownership of the program; change in location or locations of the program; or change of directorship, which could affect its eligibility for approved status under Section 4731.25, Ohio Revised Code, or Chapter 4731-16, Ohio Administrative Code.

AFFIDAVIT AND RELEASE OF ONE BITE TREATMENT PROVIDER APPLICANT

The affidavit and release below must be completed by BOTH the chief executive officer and the medical director of the applicant treatment provider. The form MUST be notarized. Failure to submit the affidavit and release completed and notarized with the application will result in the application being considered incomplete.

State of
County of

On behalf of , an applicant for a certificate of good standing as a One Bite treatment provider for impaired practitioners, the undersigned hereby certify under oath that we are the duly appointed chief executive officer and medical director, respectively, of the applicant; that we submit this application under the authority of the governing body of the applicant; that all statements we have made or shall make with respect to the application are true; and that all document forms, or copies thereof furnished or to be furnished with respect to this application are strictly true in every respect.

We acknowledge that we have read and are able to provide services in compliance with Section 4731.251, Ohio Revised Code and Chapter 4731-16, Ohio Administrative Code.

We further state that by filing this application for a certificate of good standing as a One Bite treatment provider for impaired practitioners, we hereby authorize and consent to have an investigation made as to the applicant's qualifications to provide such treatment. We agree to give any further information which may be required in reference to the applicant's qualifications or eligibility for approval.

We further understand that this application of a certificate of good standing as a One Bite treatment provider for impaired practitioners is an ongoing process. We will immediately notify the State Medical Board of Ohio in writing of any changes to the answers of any questions contained in the application if such changes occur at any time prior to a certificate of good standing being granted by the State Medical Board of Ohio.

On behalf of the applicant, we authorize every person, hospital, clinic governmental agency (local, state, or federal), court, association, institution, or law enforcement agency having control of any documents, records, and other information pertaining to the application to furnish to the State Medical Board of Ohio any such information, documents, or records, including records regarding charges or complaints filed against the applicant, formal or informal, pending or closed, and we authorize the State Medical Board of Ohio or any of its agents or representative to inspect and make copies of such documents, records, and other information in connection with this applicant, subsequent grant of a certificate of good standing or practice thereunder.

On behalf of the applicant and acting under the authority of its governing body, we hereby release, discharge, and exonerate the State Medical Board of Ohio, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the State Medical Board of Ohio. We authorize the State Medical Board of Ohio to release information, material, documents, order or the like relating to the applicant or to this application to any governmental agency (local, state, or federal); or to any hospital, nursing home, clinic, health maintenance organization or similar institution; or to any professional association.

We further understand the issuance of a certificate of good standing will be considered based on the truth of the statements and documents contained herein or to be furnished, which if false, can subject the applicant to denial of said certificate.

Signature of Chief Executive Officer

Signature of Medical Director

(NOTARY SEAL) Subscribed and sworn to before me this day of 20

Notary Public Signature

Date Commission Expires