

# **ACCESS TO RECOVERY IOWA**

## **Provider Manual**

**October 2014**



Call 1-866-923-1085 or  
go to [www.idph.state.ia.us/atr](http://www.idph.state.ia.us/atr)

## **A. Introduction**

Access to Recovery - Iowa (ATR) is a three year grant awarded to the Iowa Department of Public Health (IDPH) by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (SAMHSA) in October 2014. ATR provides funding to individuals to purchase services and supports linked to their recovery from substance abuse. ATR emphasizes client choice and increases the array of available community-based services, supports, and providers.

***ATR funding supplements, but does not replace or supplant,  
existing services and funding streams.***

Iowa's Access to Recovery project is consistent with IDPH's "recovery-oriented system of care" model that integrates substance abuse prevention, treatment, and recovery support services. Total funding available for ATR - Iowa covered services is \$7,866,666. ATR will serve at a minimum, the following number of clients in each year of the grant, beginning October 1, 2014:

- Year One      1,750
- Year Two      2,750
- Year Three    2,000

ATR covered services are managed through an electronic Voucher Management System (VMS). Care Coordination providers enter vouchers into the VMS for selected covered services. All ATR providers enter encounters into the VMS when they provide a covered service to a client. IDPH pays ATR providers by matching claims to vouchers and encounters.

ATR policies and requirements are addressed in this *Provider Manual*. ATR information is also available at [www.idph.state.ia.us/atr](http://www.idph.state.ia.us/atr).

***This Provider Manual and its requirements are incorporated by reference  
into IDPH cooperative agreements with ATR providers.***

## **B. ATR Vision and Principles**

***Access to Recovery enhances substance abuse recovery for individual Iowans  
by funding a broad array of client-selected, community-based services and supports.***

Iowa's implementation of ATR is based on the following principles:

- Individuals with substance abuse problems and their families have the right to choose recovery and the recovery-related services and supports that best meet their needs.
- Client choice is enhanced by a recovery-oriented system of care that honors each client's familial, cultural, spiritual, economic, and logistical needs.
- Individualized choice enhances client retention in treatment and strengthens client commitment to and success in recovery.

- Participation in ATR is voluntary and can be terminated by the client at any time, without repercussion to the client or family member.

IDPH assures provider and client input to the ATR project through stakeholder discussions, satisfaction surveys, and solicitation of client and staff feedback during site visits. IDPH staff are available for technical assistance and case consultation.

### **C. ATR Client Eligibility**

An individual who meets all of the following criteria is eligible for participation in ATR:

1. resident of the state of Iowa
2. age 12 or older
3. at or below 200% of the Federal Poverty Level
  - Active Military/National Guard personnel only
    - at or below 200% of the Federal Poverty level: all ATR services
    - at or above 201% of the Federal Poverty Level: ATR Care Coordination and behavioral health services (see *E. ATR Covered Services.*)
4. a positive screening for a substance disorder
  - a score of 3 or more on Section 3/SDScr (meaning at least 3 out of the 5 responses must be a rated a 2 or higher) on the Global Appraisal of Individual Needs – Short Screener (GAIN-SS). For clients released within the past 3 months from a correctional facility where they were incarcerated for 12 months or longer, GAIN-SS responses can be based on the 12-month period prior to incarceration.
5. documented need for ATR covered services
6. without insurance or other financial resources to pay for ATR covered services

IDPH reserves the right to make exceptions to the eligibility criteria on a case by case basis. Providers requesting an exception to the established criteria must do so through the exceptions process outlined in *O. Changes or Exceptions to the Provider Manual.*

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| <p><b><i>Care Coordination providers must maintain documentation of client eligibility, including proof of income and GAIN-SS screening results.</i></b></p> |
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### **D. ATR Provider Eligibility and Cooperative Agreements**

Prospective providers can initiate a cooperative agreement with IDPH, during the established contracting periods, to provide ATR covered services by submitting a completed ATR Provider Application. All prospective ATR providers must submit the ATR Provider Application and supporting documents for review. The completed application must be mailed to:

Iowa Department of Public Health  
Division of Behavioral Health  
Access to Recovery – Iowa  
Lucas State Office Building, 6<sup>th</sup> Floor  
321 E. 12<sup>th</sup> Street

## Des Moines, IA 50319

After receiving the ATR application, IDPH staff review all application documents and submit accepted applications for issuance of a Cooperative Agreement. Potential providers whose applications are not accepted will be contacted and given the opportunity to provide additional documentation. Providers have 30 days to provide IDPH with the additional documentation needed to complete the application process or the application will be denied. Providers whose applications are denied will be notified in writing. Once an application has been reviewed, accepted, and processed by IDPH, a cooperative agreement will be e-mailed to the provider for review and signature. Potential providers review, electronically sign, and return completed cooperative agreements to IDPH by e-mail. The application process generally takes six weeks from the time IDPH receives the completed application packet and all necessary additional documentation. IDPH retains the right to deny an application when there are a sufficient number of similar providers in a specific service area.

To participate in ATR, a provider must have a signed cooperative agreement with IDPH to provide specific ATR covered services. See *Appendix A Access to Recovery - Service Descriptions, Rates, and Qualifications* in the links section of the application for required provider qualifications for each ATR covered service.

To be eligible to enter into a cooperative agreement with IDPH to provide ATR covered services, providers must demonstrate the computer capability necessary to work with the VMS. The minimum required computer capability is Windows Internet Explorer 10.0 and above, or another browser such as Safari, Firefox or Google Chrome.

### **E. ATR Covered Services**

For the purposes of this project, IDPH has established the ATR covered services listed below. (For complete information on each covered service, including service descriptions, units of service, reimbursement rates, and qualification requirements, see *Appendix A Access to Recovery - Service Descriptions, Rates, and Qualifications*.) In general, clients participating in ATR choose the covered services they want; the amount, frequency, and duration of their selected covered services (***generally up to \$2,000***), and their covered services providers.

***For ATR clients under age 18, parent/guardian permission is required for all referrals made on the client's behalf, with the exception of substance abuse treatment.***

There are three types of covered services available through ATR: care coordination services, recovery support services, and behavioral health services for Active Military/National Guard personnel.

#### **1. Care Coordination Services**

All ATR clients receive Care Coordination, the central service around which Iowa's ATR program is organized. Care coordination services providers establish and maintain relationships with ATR clients over time and assist clients in identifying and accessing ATR covered services. ATR covered services are selected through the care coordination

services process and are vouchered through care coordination services providers. Generally, up to **\$545** in ATR funding is available in total for the following care coordination services:

- ATR Assessment with GPRA Intake Interview
- Care Coordination
- Care Coordination with GPRA Discharge Interview
- Care Coordination with GPRA Follow-up Interview

While client choice is a core principle of ATR, ATR funding is not an entitlement. Care Coordination providers have the responsibility to determine the appropriate use of funding and amount of funding as related to a client's recovery goal.

Each Care Coordination provider is assigned a client admission cap each quarter. Admission caps support overall project management and are determined by a variety of factors including total project clients, available funding, and provider performance, e.g. GPRA follow-up rates.

Because of GPRA reporting requirements, transferring Care Coordination services from one provider to another is typically not allowed unless a client is permanently relocating to another city/town. For all transfers of Care Coordination services, the Care Coordination provider must request prior approval from IDPH by submitting an Exception Request Form (see *Appendix K Access to Recovery – Exception Request Form.*)

## **2. Recovery Support Services**

All ATR clients (except for Active Military/National Guard personnel at or above 201% of the Federal Poverty Level) may receive recovery support services. Clients select the recovery support services that best meet their needs through the care coordination process and the care coordination services provider inputs vouchers for the selected services into the VMS. Generally, up to **\$1,455** in ATR funding is available in total for the following recovery support services:

- Brief Treatment\*
- Celebrating Families\*
- Child Care
- Co-Pays
- Drug Testing\*
- Integrated Therapy
- Life Skills Coaching
- Pharmacological Interventions
- Recovery Calls
- Recovery Peer Coaching
- Sober Living Activities
- Spiritual Counseling

- Supplemental Needs – Clothing/Personal Hygiene
- Supplemental Needs – Education
- Supplemental Needs – Gas Cards
- Supplemental Needs – Utility Assistance/Cellular Phone Service
- Supplemental Needs – Wellness
- Transportation – Bus
- Transportation – Cab

\*These services are for specific populations of focus in ATR. For more information, see [Appendix A Access to Recovery - Service Descriptions, Rates, and Qualifications](#).

### **3. Behavioral Health Services for Active Military/National Guard Personnel**

Active Military/National Guard personnel at or above 201% of the Federal Poverty Level may select mental health therapy and/or substance abuse treatment, through the care coordination process. The care coordination services provider assists the client in accessing mental health and/or substance abuse treatment services and inputs vouchers for those services that will be funded through ATR into the VMS. Generally, up to \$925 in ATR funding is available in total for the following services:

- Mental Health Therapy
- Substance Abuse Treatment:
  - Assessment
  - Continuing Care (ASAM Level I)
  - Extended Outpatient Treatment (ASAM Level I)
  - Halfway House (ASAM Level III.1)
  - Intensive Outpatient Treatment (ASAM Level II.1)
  - Residential (ASAM Level III.3 and III.5)

## **F. Accessing ATR Covered Services**

Prospective clients access ATR covered services through an ATR Assessment with GPRA Intake Interview (see [Appendix B Access to Recovery - ATR Assessment Form](#)) with a provider with a cooperative agreement with IDPH for that purpose. For a list of ATR Assessment providers, go to [www.idph.state.ia.us/atr](http://www.idph.state.ia.us/atr).

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| <p><i>Generally, clients participate in ATR for up to 12 months,<br/>as long as ATR covered services are needed and requested.</i></p> |
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Through ATR Assessment and Care Coordination, the prospective client and ATR care coordination services provider:

- determine a prospective client's eligibility for ATR participation
- assess the client's need for ATR covered services
- discuss the client's preferences for ATR covered services

- review the list of locally available ATR covered services and providers as listed on the IDPH ATR website at [www.idph.state.ia.us/atr](http://www.idph.state.ia.us/atr)
- identify client-selected ATR covered services and providers
- complete required paperwork, including, but not limited to, the GPRA Intake Interview
- review the care coordination services process and schedule the next Care Coordination contact
  - The ATR Assessment provider should schedule the Care Coordination with GPRA Follow-up Interview during the ATR Assessment session.
- contact other providers, as indicated, to schedule or otherwise facilitate access to selected ATR covered services.

### **1. Accessing Sober Living Activities and Supplemental Needs**

Specific additional requirements apply for ATR clients who select Sober Living Activities and Supplemental Needs.

- ATR clients are eligible to receive up to \$100 for Sober Living Activities beginning 30 days after admission to ATR.
- ATR clients are eligible to receive up to **\$350** for Supplemental Needs services beginning 30 days after admission into ATR, with the following exceptions:
  - Clients are eligible for Gas Cards upon admission into ATR.
  - Clients released from a correctional facility within 90 days prior to admission into ATR are eligible for up to \$75 of Supplemental Needs for clothing/hygiene upon admission into ATR.
- ATR clients are eligible to receive an additional **\$350** for Supplemental Needs services after five months of ATR participation.
- With the exception of Gas Cards, no other Supplemental Needs funding is to be given directly to clients. This includes cash, checks or gift cards.
- To access Supplemental Needs covered services, ATR clients must be participating in substance abuse treatment through any payor or be receiving at least one of the following recovery services:
  - Spiritual Counseling
  - Integrated Therapy
  - Life Skills Coaching or Recovery Peer Coaching
  - 12 Step Support Groups
  - Spiritual Recovery related activities
  - Family Treatment/Drug Court
- Care Coordination providers are to collect documentation of client involvement in recovery services not funded by ATR. Failure on the part of the client to obtain documentation from these service providers may result in interruption of funding.

### **2. Accessing ATR Behavioral Health Services for Active Military/National Guard Personnel**

Specific additional requirements apply for Active Military/National Guard personnel clients who select mental health therapy and/or substance abuse treatment services to support their recovery.

- While any ATR client may be involved in mental health therapy and substance abuse treatment services, only eligible Active Military/National Guard personnel without insurance or other resources to pay for such services may be funded through ATR
  - The reimbursement rates for ATR substance abuse treatment services are set at approximately 75% of the prevailing IDPH/Medicaid unit of service reimbursement rates.
  - ATR substance abuse treatment services providers may assess client co-pays for the 25% balance of the allowable ATR maximum rate for each service. Such co-pay, and ATR reimbursement, will be considered as payment in full.
- ATR funding does not cover OWI evaluations, insurance co-pays/deductibles, or funding after exhaustion/denial of other insurance carriers.

## G. Vouchers

Following the ATR Assessment with GPRA Intake Interview with the client, the care coordination services provider enters vouchers into the Voucher Management System. The care coordination services provider may enter additional vouchers at later dates for ATR covered services identified with the client through on-going care coordination services. When a voucher is entered, the VMS sends an electronic notification to the recovery support services and/or substance abuse treatment services provider who can choose to accept or not accept the voucher. It is the responsibility of the care coordination services provider to facilitate the client-selected referral, including contacting the referral provider to coordinate care.

- Vouchers must specify selected ATR covered services and providers, the number of units for each vouchered service, and the start and end dates (date range) of the voucher.
- The maximum date range for a voucher is 90 calendar days.
- ATR care coordination services providers may extend the voucher prior to the voucher end date, based on on-going discussion with the client and client choice.

For any voucher that would put total expenditures for a specific ATR client at more than **\$2,000**, the Care Coordination provider must request prior approval by IDPH by submitting an Exception Request Form (see [\*Appendix K Access to Recovery – Exception Request Form.\*](#)) IDPH will respond to Care Coordination provider approval requests with a decision within fifteen calendar days.

***IDPH reserves the right to change the client expenditure limit or otherwise revise funding or terminate vouchers based on the availability of ATR funds.***

## H. Encounters and Payment

ATR providers document provision of ATR covered services, enter encounter information into the VMS, and submit requests for payment to IDPH, as described below.



***Provider failure to follow the processes and requirements outlined below may result in delayed or denied payment.***

**1. Encounters**

Each ATR provider must enter service delivery encounter information into the VMS for the ATR covered services they provide.

- Each ATR covered service provided must be consistent with the voucher in the VMS.
- Each ATR covered service provided must be documented in the provider's record system. (See Appendix F Access to Recovery - Documentation Requirements.)
- An encounter must be entered into the VMS for each ATR covered service provided.
- Each encounter must be entered into the VMS within seven calendar days of the date the ATR covered service was provided.
- Each encounter entered into the VMS must be consistent with the voucher and with documentation in the provider's record system.

**2. Payment**

An ATR covered service is reimbursable through ATR funding only when there is no other funding source for that service. Care coordination services providers are responsible for determining and documenting lack of funding for each vouchered ATR covered service.

***If an ATR covered service is a covered service under any other payor, that service cannot be submitted to IDPH for payment through ATR, regardless of whether or not payment is received from that other payor.***

Each ATR provider must submit one GAX form (see Appendix G General Accounting Expenditure) to IDPH by the 15<sup>th</sup> of each month that summarizes payment requested for all ATR covered services that provider provided during the previous calendar month.

- Providers can review a summary of encounter documentation in the VMS to assist in completing the GAX form.
- ATR covered services claimed on the GAX form must be consistent with encounter information in the VMS and with documentation in the provider's record system.
- IDPH verifies requests for payment by reviewing the GAX form against encounter information in the VMS.
  - IDPH may review documentation in the provider's record system as part of the GAX verification process.
- Generally, IDPH processes and pays GAX requests within 60 days of receipt.

Submit GAX forms to IDPH at:

Iowa Department of Public Health  
Division of Behavioral Health  
Access to Recovery - GAX  
Lucas State Office Building, 6<sup>th</sup> Floor  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319

***Unless otherwise indicated, providers may not bill an ATR client at or below 200% of the Federal Poverty Level for any portion of an ATR Covered Service.***

## **I. GPRA Data Collection**

***Providers with a cooperative agreement with IDPH to provide Care Coordination must meet face-to-face with their ATR clients to collect and submit required GPRA Intake and Discharge Interviews. The GPRA Follow-up Interview may be completed face-to-face or by telephone.***

Providers with a cooperative agreement with IDPH to provide care coordination services collect GPRA (Government Performance Results Act) data at three specific times, using the GPRA tool in the VMS:

### **1. GPRA Intake**

GPRA intake information is completed during the face-to-face ATR Assessment with GPRA Intake Interview that initiates admission to the ATR project.

### **2. GPRA Discharge**

GPRA discharge information is completed during the face-to-face Care Coordination with GPRA Discharge Interview conducted on the date of discharge from the ATR project.

- If an ATR client does not present on the scheduled day of discharge, the provider should arrange to meet with the client to complete the Care Coordination with GPRA Discharge Interview within 14 calendar days.
- If an ATR client has not received services for 30 consecutive days, the provider should arrange to meet with the client to complete the Care Coordination with GPRA Discharge Interview within 14 calendar days of the 30<sup>th</sup> day of inactivity.
- If the Care Coordination with GPRA Discharge Interview cannot be completed within 14 calendar days of the discharge date, the provider should submit an Administrative Discharge by completing sections A, J, and K of the GPRA tool.
- In the event a GPRA Discharge Interview occurs prior to completion of the GPRA Follow-up Interview, the Care Coordination provider is still required to locate the client to complete the GPRA Follow-up Interview.

### 3. **GPRA Follow-up**

GPRA follow-up information is completed during the Care Coordination with GPRA Follow-up Interview conducted between five and eight months after the date of the client's admission to the ATR project. (For information on effective follow-up strategies, see [Appendix J Access to Recovery - GPRA Follow-up Strategies.](#))

- The Care Coordination with GPRA Follow-up Interview should be scheduled during the ATR Assessment for between five and eight months from the admission date.
- ATR clients who complete a Care Coordination with GPRA Follow-up Interview receive a \$30 gift card from the provider. If a GPRA Follow-up Interview is conducted by telephone, a gift card should be mailed to the client. If the client is incarcerated, the gift card should be mailed to an individual designated by the client. Gift cards cannot be mailed directly to the incarcerated client.
  - The reimbursement rate for Care Coordination with GPRA Follow-up Interview covers the provider's purchase, management, and distribution of client gift cards.
  - The distribution of client gift cards should be documented on [Appendix L Access to Recovery – Receipt Form.](#)

***SAMHSA policy requires that after 30 days of no activity, defined as no receipt of any ATR covered service, the client should be discharged from ATR. The GPRA Discharge Interview and GPRA Follow-up Interview must still be completed within the required timeframes.***

GPRA interviews must be entered into the VMS within seven calendar days of the date of the interview. Information regarding the administration of the GPRA tool can be found in the VMS User Guide at [www.idph.state.ia.us/atr](http://www.idph.state.ia.us/atr).

***Follow-up is a key requirement of the ATR grant.  
Providers must conduct GPRA Follow-up Interviews with at least 80% of their ATR clients.***

### **J. Confidentiality**

Confidentiality of client information is an ethical obligation for all providers and a legal right for every client, whether such information is received verbally or in writing and whether it is received from the client or a third party. ATR providers must comply with confidentiality of client information and protected health information requirements as set forth in state and federal regulations.

Providers must obtain a completed release of information (see [Appendix E Access to Recovery - Release of Information](#)) from each ATR client, for each party to whom information is disclosed.

Providers with a cooperative agreement with IDPH to provide ATR Assessment should ask ATR clients to list three personal contacts on [Appendix D Access to Recovery - Collateral Contacts Form](#), or within the client profile in the VMS, and sign a release of information to each contact

to help the provider locate the client to complete the Care Coordination with GPRA Follow-up Interview.

Providers should use the unique client identification number assigned by the VMS when referring to an ATR client in written communications, including e-mail. The provider may not disclose protected health information in e-mail communications.

## **K. Additional Requirements**

ATR providers must comply with the following additional requirements:

### **1. Audit or Examination of Records**

The Auditor of the State of Iowa or any authorized representative of the State and, where Federal funds are involved, the Comptroller General of the United States or any other authorized representative of the United States Government, shall have access to, and the right to examine, audit, excerpt and transcribe any pertinent books, documents, paper, and records of the provider related to order, invoices, or payments of the ATR cooperative agreement. The provider agrees that IDPH may have access to ATR records.

### **2. Cultural Competence**

ATR clients have the right to culturally competent services. If a provider is unable to provide services to a client with specific cultural needs, the provider should locate appropriate services for the client or contact IDPH for assistance in locating services.

### **3. Health and Safety**

All individuals shall be served in a safe facility. Providers shall maintain documentation of all inspections and correction of all cited deficiencies to assure compliance with state and local fire safety and health requirements. All facilities must be clean, sanitary and in good repair at all times. All facilities will be tobacco free environments. Firearms and other weapons are prohibited on the premises.

### **4. Volunteer Policy**

Volunteers who work with ATR clients must comply with policies required by the provider through which they volunteer and with the *ATR Provider Manual*. Volunteers must follow standard provider personnel policies, including, but not limited to: ethical behavior, safety, confidentiality, protected health information, computer use, financial responsibility, and drug and alcohol use.

### **5. Conflict of Interest**

The contractor shall establish safeguards to prevent employees, consultants, and members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by the desire for private gain for themselves or others with whom they have family, business, or other ties. ATR clients may not purchase services or goods from any person or persons whom a potential conflict of interest may occur.

## **L. Guiding Principles**

Provider staff and volunteers must comply with the guiding principles listed below. Provider staff who are licensed or certified in a specific profession must comply with the code of ethics for their profession as well as with the guiding principles, whichever is the higher standard.

- ATR clients and family members are treated with honesty, dignity, and respect.
- Providers shall abstain from alcohol or other drug usage prior to or during the provision of ATR services.
- Providers shall not accept commissions, gratuities, rebates, gifts, favors, or any other form of non-IDPH payment for ATR services.
- Providers shall not misrepresent themselves or their qualifications, licensing or other accreditation requirements, education, experience, or status.
- Providers shall not perform services outside their area of expertise, scope of practice, training, or applicable license or other accreditation by the State of Iowa.
- Providers who are unable to provide a service to a client will refer the client to a provider qualified to provide that service.
- Providers shall not discriminate on the basis of color, age, gender, sexual orientation, national origin, socio-economic status, spiritual/faith beliefs, psychiatric or physical status, or culture, ethnic, or racial background.
- Providers shall not participate in false or fraudulent activities including, but not limited to, submission of claims for services not rendered, submission of false data, knowingly assisting another provider to enter false claims or data, charging a client for all or any part of a service, and/or providing false representation of credentials, qualifications, insurance, or licensure documents.

## **M. Monitoring and Evaluation**

IDPH monitors and evaluates ATR services and providers. Monitoring and evaluation areas include, but are not limited to, client eligibility, provider eligibility, provider facilities and policies, service documentation, voucher and encounter data, GPRA reporting, GAX forms, critical and provider incidents, and satisfaction surveys. IDPH will conduct site visits and may talk with ATR clients and with provider staff. Providers are generally notified of planned site visits in advance but IDPH retains the right to conduct site visits at IDPH discretion. The *Access to Recovery Audit Tool* can be found at [www.idph.state.ia.us/atr](http://www.idph.state.ia.us/atr).

Providers who do not meet requirements as stated in the *Provider Manual* and the cooperative agreement may receive technical assistance from IDPH and may be required to conduct corrective action. Certain violations, safety concerns, or performance below established requirements may result in termination of the provider's cooperative agreement.

### **1. Client Rights**

The provider and client shall review client rights as outlined on *Appendix C Access to Recovery - Voluntary Consent Form* and a signature is required for ATR clients.

## 2. Complaints

Providers must have a policy for handling client complaints. ATR clients may file a complaint with IDPH by going to [www.idph.state.ia.us/atr](http://www.idph.state.ia.us/atr), by calling 1-866-923-1085, or by writing to:

Iowa Department of Public Health  
Division of Behavioral Health  
Access to Recovery - Complaint  
Lucas State Office Building, 6<sup>th</sup> Floor  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319

## 3. Incident Reporting

a. **Critical Incidents** are those events that occur while a client is receiving ATR services that negatively impact the client, client's family, other individual or the ATR program including but not limited to:

- death
- suicide attempt
- injury to self
- assault or injury to others
- sexual/physical abuse or neglect, or allegation thereof
- incarceration
- inappropriate use of ATR funds by client

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| <p><b><i>Providers must submit an Access to Recovery - Critical Incident Report (see <u>Appendix I</u>) within 24 hours of becoming aware of the incident.</i></b></p> |
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b. A **Provider Incident** is reported when a provider action is believed to be out of compliance with *Provider Manual* or cooperative agreement requirements. For this purpose, individuals can submit an *Access to Recovery - Provider Incident Report* (see Appendix O).

IDPH researches Critical and Provider Incidents as indicated. Follow-up on reported incidents may include, but is not limited to, technical assistance, requirement of corrective action, funding repayment, cooperative agreement revision or termination, or determination that no inappropriate incident occurred. Report Provider Incidents to IDPH at [www.idph.state.ia.us/atr](http://www.idph.state.ia.us/atr) or at 1-866-923-1085.

## 4. Client Satisfaction Surveys

The *Access to Recovery - Client Satisfaction Survey* (see Appendix H) is administered by care coordination services providers during their Care Coordination with Follow-up GPRA Interview. When Follow-up GPRA Interviews are completed by telephone, care coordinators may obtain client satisfaction survey responses by telephone. Providers mail or fax completed surveys to IDPH at:

Iowa Department of Public Health  
Division of Behavioral Health  
Access to Recovery - Satisfaction Survey  
Lucas State Office Building, 6<sup>th</sup> Floor  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319  
Fax: 515-281-4535

**5. Fraud, Abuse, and Waste Monitoring**

IDPH takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the ATR project.

- a. For ATR project purposes, fraudulent practices include, but are not limited to:
  - falsifying information on the provider application or omitting relevant material facts
  - misrepresenting staff credentials or qualifications or billing for services provided by unqualified staff
  - falsifying client files, records, or other documentation
  - billing for services not rendered
  - billing multiple times for the same service
  - accepting payment for services not rendered
  - improper billing to clients for services rendered
- b. For ATR project purposes, abusive practices include, but are not limited to:
  - making improper diagnoses
  - providing client services that are not necessary or services that are inappropriate for the client's condition
  - knowingly not billing a primary payor for an eligible client
  - offering or accepting payment to refer clients to a particular provider
  - coercing a client to choose a particular provider
  - misrepresenting client outcomes
- c. If a provider or any of its employees, volunteers, or board members commits client abuse, neglect or exploitation; malpractice; or fraud, embezzlement, or other serious misuse of funds, IDPH may terminate the provider's participation in the ATR project immediately upon written notice to the provider and may seek repayment of funds.
- d. If a client commits fraud or other serious misuse of funds, IDPH may terminate the client's participation in the ATR project immediately upon written notice to the client and providers and may seek repayment of funds.

## **6. Programming and Licensure Changes**

It is the provider's responsibility to inform IDPH of any change in licensure status or other qualifications or in programming that may affect the provider's ability to provide ATR covered services.

## **N. Appeals**

An ATR provider who disagrees with an IDPH decision to deny a request for approval of an ATR covered service or deny payment for an ATR covered service may request an informal appeal in writing within 30 calendar days of notice of the action being appealed. The appeal must include the provider's name, the client's unique ATR identification number, and specific information to support the provider's appeal. An ATR provider, pursuant to this section, is not entitled to a contested case proceeding. The appeal will be reviewed by the IDPH Behavioral Health Division Director or the Director's designee(s). A decision letter will be mailed to the provider within 14 calendar days of the date the appeal was received by IDPH. Appeals must be addressed to:

Iowa Department of Public Health  
Division of Behavioral Health  
Access to Recovery - Appeal  
Lucas State Office Building, 6<sup>th</sup> Floor  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319

## **O. Changes or Exceptions to the Provider Manual**

The *Provider Manual* is subject to change. IDPH will endeavor to inform providers of any changes 30 days before the effective date of the change using the following methods:

- website update
- provider calls
- e-mail notification

In order to stay current on changes to the *Provider Manual*, it is the providers responsibility to regularly review the ATR website and participate in provider calls.

Providers may request an exception to a *Provider Manual* requirement by submitting *Appendix K Access to Recovery - Exception Request Form* to IDPH in writing at:

Iowa Department of Public Health  
Division of Behavioral Health  
Access to Recovery - Exception Request  
Lucas State Office Building, 6<sup>th</sup> Floor  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319

IDPH reserves the right to take up to 15 calendar days to review all Exception Requests.



## Appendix A

| Access to Recovery - Service Descriptions, Rates, and Qualifications  |  |                                  |  |
|---|--|----------------------------------|--|
| Service Description   | Unit of Service  | Payment Rate                     | Required Qualifications  |
| <b>CARE COORDINATION SERVICES</b>   |  |                                  |  |
| <p><b>ATR Assessment with GPRA Intake Interview</b><br/>One time, face-to-face meeting with a prospective ATR client conducted prior to admission to ATR to determine client eligibility for ATR participation as well as client needs and requests for specific ATR covered services.</p> <p>Includes the following ATR <i>Provider Manual</i> forms:</p> <ul style="list-style-type: none"> <li>• <i>ATR Assessment Form (Appendix B)</i></li> <li>• <i>Collateral Contacts Form (Appendix D)</i></li> <li>• <i>Release of Information (Appendix E)</i></li> <li>• <i>Voluntary Consent Form (Appendix C)</i></li> </ul> <p>Includes:</p> <ul style="list-style-type: none"> <li>• determining client eligibility and need for ATR services</li> <li>• reviewing IDPH approved list of locally available ATR covered services and providers</li> <li>• discussing client choices for ATR covered services and providers</li> <li>• entering vouchers for selected ATR covered services, including Care Coordination, in the ATR VMS</li> <li>• completing the GPRA Intake interview and entering it in the ATR VMS</li> <li>• initiating client access to covered services with selected providers</li> <li>• scheduling the 6-month Care Coordination with GPRA Follow-up Interview with the client</li> <li>• documenting the service in the provider's records (<i>Appendix F</i>)</li> <li>• entering the encounter in the ATR VMS</li> </ul> | <p>Unit<br/>=<br/>1 session</p> <p>Total<br/>available<br/>units<br/>=<br/>1</p> | <p>Unit rate<br/>=<br/>\$125</p> | <p>Person delivering the service must be age 18 or older and be employed by and qualified by:</p> <ul style="list-style-type: none"> <li>• a licensed substance abuse treatment program, or</li> <li>• an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services</li> </ul> <p>and<br/>with a cooperative agreement with IDPH to provide ATR Care Coordination.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications  |   |                        |   |
|---|---|------------------------|---|
| Service Description   | Unit of Service   | Payment Rate           | Required Qualifications   |
| <b>Care Coordination</b><br>On-going, face-to-face or telephone meetings with client, conducted as needed to coordinate and support client access to, participation in, and continuation in ATR covered services.<br><br>Includes: <ul style="list-style-type: none"> <li>discussing client participation in chosen ATR covered services</li> <li>supporting client continuation in ATR</li> <li>entering vouchers for additional ATR covered services, as needed</li> <li>documenting each service in the provider's client records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul> | Unit<br>= 10 minutes<br><br>Total available units<br>= 20 | Unit rate<br>= \$10.00 | Person delivering the service must be age 18 or older and be employed by and qualified by: <ul style="list-style-type: none"> <li>a licensed substance abuse treatment program, or</li> <li>an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services</li> </ul> and<br>with a cooperative agreement with IDPH to provide ATR Care Coordination. |
| <b>Care Coordination with GPRA Discharge Interview</b><br>One time, face-to-face meeting with client, conducted at discharge from ATR, to review client participation in ATR covered services and to complete GPRA Discharge Interview.<br><br>Includes: <ul style="list-style-type: none"> <li>completing the GPRA Discharge Interview and entering it in the ATR VMS</li> <li>documenting the service in the provider's records (<i>Appendix F</i>)</li> <li>entering the encounter in the ATR VMS</li> </ul>   | Unit<br>= 1 meeting<br><br>Total available units<br>= 1   | Unit rate<br>= \$40    | Person delivering the service must be age 18 or older and be employed by and qualified by: <ul style="list-style-type: none"> <li>a licensed substance abuse treatment program, or</li> <li>an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services</li> </ul> and<br>with a cooperative agreement with IDPH to provide ATR Care Coordination. |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |  |                                  |  |
|--|--|----------------------------------|--|
| Service Description  | Unit of Service  | Payment Rate                     | Required Qualifications  |
| <p><b>Care Coordination with GPRA Follow-up Interview</b><br/>One time, face-to-face or telephone meeting with client, conducted six months following admission to ATR, to assess satisfaction with ATR and to complete GPRA Follow-up Interview.</p> <p>Includes the following ATR <i>Provider Manual</i> form:</p> <ul style="list-style-type: none"> <li>• <i>Client Satisfaction Survey</i> (<a href="#">Appendix H</a>)</li> </ul> <p>Includes:</p> <ul style="list-style-type: none"> <li>• completing the GPRA Follow-up Interview and entering it in the ATR VMS</li> <li>• giving client \$30 gift card</li> <li>• documenting the service in the provider's records (<a href="#">Appendix F</a>)</li> <li>• entering the encounter in the ATR VMS</li> </ul> | <p>Unit<br/>=<br/>1 meeting</p> <p>Total<br/>available<br/>units<br/>=<br/>1</p> | <p>Unit rate<br/>=<br/>\$180</p> | <p>Person delivering the service must be age 18 or older and be employed by and qualified by:</p> <ul style="list-style-type: none"> <li>• a licensed substance abuse treatment program, or</li> <li>• an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services</li> </ul> <p>and<br/>with a cooperative agreement with IDPH to provide ATR Care Coordination.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications  |                 |   |  |
|---|-----------------|---|--|
| Service Description   | Unit of Service | Payment Rate                                      | Required Qualifications  |
| <b>RECOVERY SUPPORT SERVICES</b>  |                 |   |  |
| <b>Brief Treatment*</b><br>An organized treatment service, delivered by addiction professionals, that focuses on early intervention and treatment of substance related disorders.<br><br><b>*Providers of this service are part of previously selected “Pilot Sites” that will be focusing on collaboration of ATR and SBIRT services in FQHCs (Federally Qualified Health Centers).</b><br><br>Includes: <ul style="list-style-type: none"> <li>documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul>  | Unit<br>= 1 day | Unit rate<br>= \$50<br><br>maximum of 12 sessions | Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with IDPH to provide Brief Treatment services.<br><br>Providers of this service must be a previously approved pilot site.<br><br>Qualifications include documented training in the use of Integrated Change Therapy/Brief Treatment and the SBIRT (Screening, Brief Intervention and Referral to Treatment) process.  |
| <b>Celebrating Families*</b><br>Participation in weekly Celebrating Families support group activities for families in which one or both parents have a serious problem with alcohol or other drugs.<br><br><b>*Providers of this service are part of previously selected “Pilot Sites” that will be focusing on collaboration of ATR and SBIRT services in Family Treatment/Drug Courts and with Active Military/National Guard Members and their families.</b><br><br>Includes: <ul style="list-style-type: none"> <li>documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul> | Unit<br>= 1 day | Unit rate<br>= \$35                               | Person delivering the service must be age 18 or older and be employed by or have a formalized volunteer relationship with an organization that has a cooperative agreement with IDPH to provide the Celebrating Families curriculum.<br><br>Providers of this service must be a previously approved pilot site.<br><br>Qualifications include documented training in Celebrating Families that is acceptable to IDPH.<br><br>Celebrating Families staff must be covered under the provider’s personnel and liability policies. |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |                              |                                    |   |
|--|------------------------------|------------------------------------|---|
| Service Description  | Unit of Service              | Payment Rate                       | Required Qualifications   |
| <p><b>Child Care</b><br/>Childcare for the client's dependent children, under 14 years of age, while the client is engaged in substance abuse treatment or in ATR covered services or is directly en route to or from treatment or ATR covered services.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider's records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul> | <p>Unit<br/>=<br/>1 hour</p> | <p>Unit rate<br/>=<br/>\$15.00</p> | <p>If the ATR client is not present in the childcare building, person delivering the service must be, or must be employed by, an organization licensed by or registered with the Iowa Department of Human Services (DHS) to provide childcare in compliance with Iowa Code, Chapter 237A and with a cooperative agreement with IDPH to provide ATR Child Care.</p> <p>If the ATR client is present in the building receiving ATR covered services, the provider is not required to be licensed according to DHS. The provider must complete criminal and child abuse record checks for each employee or volunteer that provides the childcare.</p> <p>Employees and volunteers who examine, attend, counsel or treat children must receive, at a minimum, 2 hours of mandatory child abuse training as approved by the Iowa Department of Public Health (Iowa Code, Chapter 232).</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |                         |  |   |
|--|-------------------------|--|---|
| Service Description  | Unit of Service         | Payment Rate   | Required Qualifications   |
| <p><b>Co-Pays</b><br/>Out-of pocket fees assessed to clients for Iowa Plan IDPH-funded substance abuse treatment services. ATR will pay the assessed client out-of-pocket co-pay up to \$400 (using maximum allowable rates on which co-pays may be based for services as outlined under Co-Pay Maximums and Services for Active Military/National Guard Personnel in Appendix A.). Only co-pays based on ATR substance abuse treatment services may be covered.</p> <p>Only one covered service co-pay may be billed per day.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider's records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul> | <p>Unit<br/>=<br/>1</p> | <p>Unit rate<br/>=<br/>\$1<br/><br/>maximum of<br/>\$400</p> | <p>Person delivering the service must be a clinician employed by and qualified by an Iowa Plan IDPH-funded substance abuse treatment program with a cooperative agreement with IDPH to provide Co-Pays.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |                              |  |  |
|--|------------------------------|--|--|
| Service Description  | Unit of Service              | Payment Rate   | Required Qualifications  |
| <p><b>Drug Testing*</b></p> <p>A laboratory test to collect and analyze urine, blood, hair, or saliva, to determine whether a client is using, or has used, alcohol or other drugs.</p> <p>Clients are to receive incentive gift cards based on the number of consecutive negative drug test screens, and the increased unit reimbursement should go to the client in the form of a gift card administered by the provider as follows:</p> <ul style="list-style-type: none"> <li>• \$5 gift card after 3 consecutive negative screens</li> <li>• \$10 gift card after 6 consecutive negative screens</li> <li>• \$15 gift card after 9 consecutive negative screens</li> <li>• \$20 gift card after 12 consecutive negative screens</li> </ul> <p>Upon completion of 12 consecutive negative screens, incentives are to be discontinued and providers should bill only the standard unit rate. Should a client receive a positive drug screen during involvement in the incentive programming for Drug Testing, incentives are to be discontinued.</p> <p><b>*This service is available only to Family Treatment/Drug Court clients. No more than two Drug Tests can be funded by ATR per seven day period.</b></p> <p>Specimens obtained from clients shall be collected under direct supervision and analyzed as indicated by the program.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• documenting each service in the provider's client records (<a href="#">Appendix F</a>)</li> <li>• documenting client receipt of goods or services (<a href="#">Appendix L</a>)</li> <li>• entering each encounter in the ATR VMS</li> <li>• documenting involvement in Family Treatment/Drug Court in the client record</li> </ul> | <p>Unit<br/>=<br/>1 test</p> | <p>Unit rate<br/>=<br/>\$32</p> <p>\$37<br/>with 3<br/>consecutive<br/>negative<br/>screens</p> <p>\$42<br/>with 6<br/>consecutive<br/>negative<br/>screens</p> <p>\$47<br/>with 9<br/>consecutive<br/>negative<br/>screens</p> <p>\$52<br/>with 12<br/>consecutive<br/>negative<br/>screens</p> <p>maximum of<br/>\$448</p> | <p>Provider delivering this service must be a licensed substance abuse treatment program with a cooperative agreement with IDPH to provide ATR Drug Testing.</p> <p>Any laboratory used by the provider for drug testing and analysis shall comply, if applicable, with all federal and state proficiency testing programs. Any provider conducting on-site urine testing shall comply with the Clinical Laboratory Improvement Act regulations.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |                                  |  |  |
|--|----------------------------------|--|--|
| Service Description  | Unit of Service                  | Payment Rate   | Required Qualifications  |
| <p><b>Integrated Therapy</b><br/>Face-to-face individual therapy with the client to address concurrent mental health and substance abuse disorders.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider's client records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul> | <p>Unit<br/>=<br/>30 minutes</p> | <p>Unit rate<br/>=<br/>\$50<br/>for individual therapy</p> | <p>Individuals employed by a substance abuse treatment agency licensed by IDPH who wish to provide Integrated Therapy must submit the following documentation to IDPH with their application:</p> <ul style="list-style-type: none"> <li>a copy of their current license verifying licensure at the independent level</li> </ul> <p>Individuals not employed by a substance abuse treatment agency licensed by IDPH who wish to provide Integrated Therapy must submit the following documentation to IDPH with their application:</p> <ul style="list-style-type: none"> <li>a copy of their current license verifying licensure at the independent level</li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>a copy of their current substance abuse certification as identified by the Iowa Board of Certification</li> </ul> <p>with a cooperative agreement with IDPH to provide Integrated Therapy.</p> |



| Access to Recovery - Service Descriptions, Rates, and Qualifications   |   |                                 |   |
|--|---|---------------------------------|---|
| Service Description  | Unit of Service   | Payment Rate                    | Required Qualifications   |
| <p><b>Life Skills Coaching</b></p> <p>Individual coaching with clients to develop the skills that help individuals make informed decisions, communicate effectively, and develop self-management skills that may assist their recovery. This includes involvement and assistance to obtain housing, employment preparation (resume development, interview skills, computer training), assistance with applications and funding, obtaining basic needs, and assisting in providing community linkages. These services may be provided in an office setting or in the community.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider's client records (<a href="#">Appendix F</a>)</li> <li>entering each encounter in the ATR VMS</li> <li>cost of transportation</li> </ul> | <p>Unit<br/>=<br/>30 minutes</p> <p>Total<br/>available<br/>units per<br/>month<br/>=<br/>6</p> | <p>Unit rate<br/>=<br/>\$25</p> | <p>Person delivering the service must be age 18 or older and be employed by and qualified by an organization which has documented experience in providing referrals, linkages, and coordination of multiple services, and have a cooperative agreement with IDPH to provide ATR Life Skills Coaching.</p> <p>The organization must have a documented history of providing Life Skills Coaching during the 12 consecutive months immediately prior to the date of application to IDPH to become an ATR provider.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |                               |  |   |
|--|-------------------------------|--|---|
| Service Description  | Unit of Service               | Payment Rate   | Required Qualifications   |
| <p><b>Pharmacological Interventions</b></p> <p>Assistance provided to clients ages 18 and over to purchase prescription pharmacological medications used only for the treatment of substance addiction, only including:</p> <ul style="list-style-type: none"> <li>• Acamprosate</li> <li>• Antabuse</li> <li>• Naltrexone</li> <li>• Suboxone</li> </ul> <p>If costs for this service are higher than the maximum amount of funding allowed per month, the provider of this service can collect the remaining amount owed from the ATR client.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• documentation of adherence to medical protocols</li> <li>• entering the voucher in the ATR VMS</li> <li>• documentation of medication prescription and/or pharmacy receipt</li> <li>• documenting client receipt of goods or services (<i>Appendix L</i>)</li> <li>• documenting each service in the provider's records (<i>Appendix F</i>)</li> <li>• entering each encounter in the ATR VMS</li> </ul> | <p>Unit</p> <p>=</p> <p>1</p> | <p>Unit rate</p> <p>=</p> <p>\$1</p> <p>maximum of \$200 per month</p> | <p>Organizations or practitioners who deliver these services must meet all state and federal guidelines and licensure requirements in prescribing pharmacological interventions, and have a cooperative agreement with IDPH to provide Pharmacological Interventions.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |   |  |  |
|--|---|--|--|
| Service Description  | Unit of Service   | Payment Rate   | Required Qualifications  |
| <p><b>Recovery Calls</b></p> <p>Weekly telephone meetings between the ATR client and an employee or volunteer using the established tool to discuss routine recovery issues following discharge from substance abuse treatment services.</p> <p>This service cannot be provided to the client in conjunction with Life Skills Coaching, Recovery Peer Coaching, or Substance Abuse Treatment.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting client contacts and outcomes using the ATR Recovery Calls Check-up Questionnaire (<i>Appendix M</i>)</li> <li>documenting each service in the provider's client records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> <li>providing IDPH data or copies of recovery calls each quarter</li> </ul> | <p>Unit<br/>=<br/>1</p> <p>Total<br/>available<br/>units per<br/>week<br/>=<br/>1</p> <p>Total<br/>available<br/>units<br/>=<br/>12</p> | <p>Unit rate<br/>=<br/>\$20<br/>per<br/>completed<br/>call</p> | <p>Person delivering the service must be age 18 or older and be employed by or have a formalized volunteer relationship with an organization that has a cooperative agreement with IDPH to provide ATR Recovery Calls.</p> <p>Qualifications include documented protocols which evidence training and education to employees and/or volunteers that is acceptable to IDPH.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |  |                                    |   |
|--|--|------------------------------------|---|
| Service Description  | Unit of Service  | Payment Rate                       | Required Qualifications   |
| <p><b>Recovery Peer Coaching</b><br/>Face-to-face meetings, provided on an individual basis between the client and a Recovery Peer Coach to discuss routine recovery issues from a peer perspective.</p> <p>Transportation costs are included in the unit rate.</p> <p>This service cannot be provided to the client in conjunction with Recovery Calls.</p> <p>This service is not intended as a substitute for counseling.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider's client records (<i>Appendix F</i>)</li> <li>documenting recovery goals in the Recovery Plan (<i>Appendix N</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul> | <p>Unit<br/>=<br/>15 minutes</p> <p>Total<br/>available<br/>units per<br/>month<br/>=<br/>16</p> | <p>Unit rate<br/>=<br/>\$12.50</p> | <p>Person delivering the service must be age 18 or older and be employed by or have a formalized volunteer relationship with an organization that has a cooperative agreement with IDPH to provide ATR Recovery Peer Coaching.</p> <p>Additional eligibility requirements include:</p> <ul style="list-style-type: none"> <li>Must be a person in recovery from a substance use disorder, have worked on their own recovery, and be willing to share those experiences</li> <li>Must have documented training in recovery peer coaching or peer facilitation or peer support that is acceptable to IDPH</li> <li>If the proposed recovery peer coach is trained/educated in a behavioral health field, training as a recovery peer coach must have occurred prior to training/education in a behavioral health field</li> </ul> <p>Recovery Peer Coach position and employee must be covered under the organization's personnel and liability policies.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications  |                         |  |   |
|---|-------------------------|--|---|
| Service Description   | Unit of Service         | Payment Rate   | Required Qualifications   |
| <p><b>Sober Living Activities</b><br/>Participation for ATR clients in an organized recreational or social event for recovering persons and family members such as:</p> <ul style="list-style-type: none"> <li>• recovery dance</li> <li>• twelve step conference</li> <li>• sports team</li> <li>• organized community recovery events</li> </ul> <p>The Care Coordination provider enters the voucher for approved Sober Living Activities and funding. The Care Coordination provider pays for the activity directly, consistent with the voucher, obtains a receipt documenting payment for the activity, and enters the encounter in the VMS.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• entering the voucher in the ATR VMS</li> <li>• documenting each service in the provider's records (<i>Appendix F</i>)</li> <li>• entering each encounter in the ATR VMS</li> </ul> | <p>Unit<br/>=<br/>1</p> | <p>Unit rate<br/>=<br/>\$1<br/><br/>maximum of<br/>\$100</p> | <p>Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with IDPH to provide Sober Living Activities.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications  |                                  |  |   |
|---|----------------------------------|--|---|
| Service Description   | Unit of Service                  | Payment Rate   | Required Qualifications   |
| <p><b>Spiritual Counseling</b><br/>Face-to-face counseling or spiritual guidance with the client to address spiritual issues that negatively impact recovery or that can support recovery, including, establishing/re-establishing a relationship with a higher power, acquiring skills to cope with life-changing incidents, adopting positive values/principles, identifying a sense of purpose/mission for one's life, achieving serenity/peace of mind, responsible decision-making, social engagement, and family responsibility.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider's records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> <li>maintaining a summary of progress for each ATR client</li> </ul> | <p>Unit<br/>=<br/>30 minutes</p> | <p>Unit rate<br/>=<br/>\$50<br/>for individual<br/>counseling</p> <p>\$20<br/>for group<br/>counseling</p> | <p>Person delivering the service must be:</p> <ol style="list-style-type: none"> <li>1) duly ordained, commissioned or licensed minister or equivalent, pastor, bishop, deacon, evangelist, rabbi, imam or other whom is given ministerial status according to the procedure followed by a particular faith's denomination, or</li> <li>2) an individual with an active relationship with a local religious body and with that religious body's endorsement to minister to clients and with demonstrated experience and/or education in the field of faith-based services, or</li> <li>3) an individual that meets traditional and recognized standards as defined within a respective Native American tribal community and have an endorsement from that tribal community, or</li> <li>4) a master's level professional licensed at the independent level of practice with documented experience and/or education in spiritual counseling, employed by a Community Mental Health Center, group or individual private practice, hospital, or licensed substance abuse program</li> </ol> <p>with a cooperative agreement with IDPH to provide ATR Spiritual Counseling.</p> <p>The organization or individual must have a documented history of providing spiritual counseling during the 12 consecutive months immediately prior to the date of application to IDPH to become an ATR provider.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |                           |  |   |
|--|---------------------------|--|---|
| Service Description  | Unit of Service           | Payment Rate   | Required Qualifications   |
| <p><b>Supplemental Needs – Clothing/Personal Hygiene Products</b><br/>Assistance provided to clients to purchase clothing or personal hygiene products that supports the client’s recovery.</p> <p><b>Clothing:</b><br/>This service includes clothing to be used for employment, education, and other recovery-related needs. Clothing vouchers may be issued in segments as related to agency policy or client need.</p> <p><b>Personal Hygiene:</b><br/>This service includes hygiene products related to individual daily needs, including soap, shampoo, toothpaste, deodorant, shaving needs, feminine hygiene products, and dental products. This service does not include perfume, cologne, nail polish, nail polish remover, make-up, hair color, electric razors, cleaning supplies or other purchases as designated by the care coordination provider. Products containing alcohol are strongly discouraged.</p> <p>The Care Coordination provider enters the voucher for Supplemental Needs and funding. The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS.</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>entering the voucher in the ATR VMS</li> <li>documenting the distribution of funding (<i>Appendix L</i>)</li> <li>documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul> | <p>Unit<br/>=<br/>\$1</p> | <p>Unit rate<br/>=<br/>\$1<br/><br/>maximum of<br/>\$125</p> | <p>Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with IDPH to provide Supplemental Needs - Clothing.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |                           |  |  |
|--|---------------------------|--|--|
| Service Description  | Unit of Service           | Payment Rate   | Required Qualifications  |
| <p><b>Supplemental Needs – Education</b></p> <p>Assistance provided to clients for the purpose of completing or continuing education. This service may be used for GED coursework and testing, English as a second language classes (ESL), or educational materials, books and tuition at a secondary educational institution.</p> <p>The Care Coordination provider enters the voucher for Supplemental Needs and funding. The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the ATR VMS</li> <li>documenting the distribution of funding (<i>Appendix L</i>)</li> <li>documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul> | <p>Unit<br/>=<br/>\$1</p> | <p>Unit rate<br/>=<br/>\$1<br/><br/>maximum of<br/>\$400</p> | <p>Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with IDPH to provide Supplemental Needs - Education.</p> |



| Access to Recovery - Service Descriptions, Rates, and Qualifications  |                                  |  |  |
|---|----------------------------------|--|--|
| Service Description   | Unit of Service                  | Payment Rate   | Required Qualifications  |
| <p><b>Supplemental Needs - Gas Cards</b></p> <p>Transportation assistance in the form of gas cards, to be given directly to the client on a weekly basis, for the purpose of transportation to and from an activity related to a client's recovery. Gas cards may not be used solely for the purpose of transportation to and from work.</p> <p>Clients receiving Transportation – Bus / Cab are eligible for up to \$10 per week of Supplemental Needs - Gas Cards.</p> <p>Prior to the distribution of additional gas cards, individuals must provide a receipt for the use of the previous gas card. Failure to provide a receipt for gas cards used may result in the loss of <u>all</u> Supplemental Needs.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the ATR VMS</li> <li>purchasing and distributing gas cards</li> <li>documenting the distribution of funding (<i>Appendix L</i>)</li> <li>documenting the appropriate use of gas cards</li> <li>documenting follow up from inappropriate use of gas cards</li> <li>documenting each service in the provider's client records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul> | <p>Unit<br/>=<br/>1 gas card</p> | <p>Unit Rate<br/>=<br/>\$1<br/><br/>maximum of<br/>\$700</p> | <p>Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with IDPH to provide Supplemental Needs - Gas Cards.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |                           |  |   |
|--|---------------------------|--|---|
| Service Description  | Unit of Service           | Payment Rate   | Required Qualifications   |
| <p><b>Supplemental Needs –Utility Assistance/Cellular Phone Service</b><br/>Assistance provided to clients to pay past due utilities/deposits (electricity, gas, water) that assist in establishing or maintaining their residence, or current cellular phone service.</p> <p>Utility Assistance: Client must have documentation of denial from other sources for utility assistance and documentation of utility bill. Utility Assistance can be used for past due bills that are interfering in the client’s ability to obtain housing. Utility bills must be in the ATR client’s name.</p> <p>Cellular Phone Service:</p> <ul style="list-style-type: none"> <li>For clients using continuous monthly cellular service, payment is to be made directly to the cellular carrier by the Care Coordination provider or through the purchase of a gift card specific to the cellular carrier by the Care Coordination provider.</li> <li>For clients using monthly minutes purchasing plans, payment is to be made by the Care Coordination provider purchasing the additional minutes and directly enter them into the client’s phone.</li> </ul> <p>For clients using continuous monthly cellular service, a receipt documenting the use of the previous month’s phone gift card must be provided. Failure to provide a receipt for phone gift cards used may result in the loss of <u>all</u> Supplemental Needs.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the ATR VMS</li> <li>documenting the distribution of funding (<i>Appendix L</i>)</li> <li>documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> <li>maintaining copies of utility bills</li> </ul> | <p>Unit<br/>=<br/>\$1</p> | <p>Unit rate<br/>=<br/>\$1</p> <p>maximum of<br/>\$200</p> <p>(\$25 monthly maximum for Cell Phone Service; up to category maximum of \$200)</p> | <p>Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with IDPH to provide Supplemental Needs - Utility Assistance.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications  |                                 |   |   |
|---|---------------------------------|---|---|
| Service Description   | Unit of Service                 | Payment Rate  | Required Qualifications   |
| <p><b>Supplemental Needs – Wellness</b></p> <p>Assistance provided to clients for the purchase of items or services that support improved health. This may include an eye exam or the purchase of eye glasses/contact lenses, fitness memberships (including family memberships), smoking cessation, or nutritional counseling.</p> <p>This service does not cover costs associated with treatment for general medical/health related issues.</p> <p>The Care Coordination provider enters the voucher for Supplemental Needs and funding. The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the ATR VMS</li> <li>documenting the distribution of funding (<i>Appendix L</i>)</li> <li>documenting each service in the provider's records (<i>Appendix F</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul> | <p>Unit</p> <p>=</p> <p>\$1</p> | <p>Unit rate</p> <p>=</p> <p>\$1</p> <p>maximum of</p> <p>\$400</p> | <p>Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with IDPH to provide Supplemental Needs - Wellness.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications  |                           |                                |  |
|---|---------------------------|--------------------------------|--|
| Service Description   | Unit of Service           | Payment Rate                   | Required Qualifications  |
| <p><b>Transportation - Bus</b><br/>Transportation by bus to and from an activity related to the client's recovery.</p> <p>A provider with a cooperative agreement with IDPH to provide ATR Transportation - Bus may purchase and distribute bus passes to clients or otherwise pay for client bus transportation and be reimbursed through ATR.</p> <p>Prior to the distribution of additional bus passes, individuals must provide/show their previous months bus pass to Care Coordination staff. Failure to provide/show their previous month's bus pass may result in the loss of <u>all</u> future bus passes.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the ATR VMS</li> <li>documenting each service in the provider's records (<i>Appendix F</i>)</li> <li>documenting the distribution of funding (<i>Appendix L</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul> | <p>Unit<br/>=<br/>\$1</p> | <p>Unit rate<br/>=<br/>\$1</p> | <p>Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with IDPH to provide Transportation - Bus.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |                           |                                |  |
|--|---------------------------|--------------------------------|--|
| Service Description  | Unit of Service           | Payment Rate                   | Required Qualifications  |
| <p><b>Transportation – Cab</b><br/>Transportation by cab to and from an activity related to the client’s recovery.</p> <p>A provider with a cooperative agreement with IDPH to provide ATR Transportation – Cab may purchase and distribute cab passes to clients or otherwise pay for client cab transportation and be reimbursed through ATR.</p> <p>Cab passes may only be used for substance abuse treatment activities, 12 Step Support Groups, and ATR covered services. Cab passes are not intended to be used for transportation to and from work on a regular and consistent basis.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the ATR VMS</li> <li>documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>documenting the distribution of funding (<i>Appendix L</i>)</li> <li>entering each encounter in the ATR VMS</li> </ul> | <p>Unit<br/>=<br/>\$1</p> | <p>Unit rate<br/>=<br/>\$1</p> | <p>Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with IDPH to provide Transportation - Cab.</p> |

**THE FOLLOWING SERVICE DESCRIPTIONS OUTLINE UNIT RATES OF REIMBURSEMENT FOR ACTIVE MILITARY/NATIONAL GUARD MEMBERS AT/ABOVE 201% OF THE FEDERAL POVERTY LEVEL GUIDELINES, AND MAXIMUM ALLOWABLE RATES ON WHICH THE ATR SERVICE “CO-PAYS” MAY BE BASED**

| Access to Recovery - Service Descriptions, Rates, and Qualifications  |                          |  |  |
|---|--------------------------|--|--|
| Service Description   | Unit of Service          | Payment Rate   | Required Qualifications  |
| <p><b>Mental Health Therapy</b><br/>Face-to-face therapy with the active military/National Guard client to address issues that negatively impact their life and recovery, using evidence-based approaches.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider’s client records (<a href="#">Appendix F</a>)</li> <li>entering each encounter in the ATR VMS</li> </ul>  | Unit<br>=<br>30 minutes  | Unit<br>=<br>\$50  | <p>Person delivering the service must be a masters level professional or above in a behavioral health field, who is:</p> <ul style="list-style-type: none"> <li>licensed at the independent level of practice, or</li> <li>employed by a Community Mental Health Center, group practice, hospital, agency, or licensed substance abuse program,</li> </ul> <p>with a cooperative agreement with IDPH to provide Mental Health Therapy.</p> |
| <p><b>Substance Abuse Treatment - Assessment</b><br/>The process in which a client is evaluated as to their strengths, weaknesses, problems, and needs for the purpose of defining a course of treatment. This includes use of the standardized placement screening and any additional client/patient profile information and development of a comprehensive treatment plan.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider’s client records (<a href="#">Appendix F</a>)</li> <li>entering each encounter in the ATR VMS</li> </ul> <p>This service may only be provided to those active military/National Guard clients at or above 201% of federal poverty guidelines.</p> | Unit<br>=<br>1 interview | <p>Unit rate<br/>=<br/>\$94</p> <p>Maximum allowable rate on which co-pay may be based<br/>=<br/>\$125</p> | <p>Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with IDPH to provide Substance Abuse Treatment - Assessment services.</p>  |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |                             |   |  |
|--|-----------------------------|---|--|
| Service Description  | Unit of Service             | Payment Rate  | Required Qualifications  |
| <p><b>Substance Abuse Treatment - Continuing Care (Level I)</b><br/>An organized service delivered by addiction professionals or addiction credentialed clinicians, which provides on-going supportive counseling for individuals who have completed substance abuse treatment.</p> <p>This service cannot be provided to the client in conjunction with Life Skills Coaching, Recovery Peer Coaching, or Recovery Calls.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the providers' client records (<a href="#">Appendix F</a>)</li> <li>entering each encounter in the ATR VMS</li> </ul> <p>This service may only be provided to those active military/National Guard clients at or above 201% of federal poverty guidelines.</p> | <p>Unit<br/>=<br/>1 day</p> | <p>Unit rate<br/>=<br/>\$27</p> <p>Maximum allowable rate on which co-pay may be based<br/>=<br/>\$35</p> | <p>Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with IDPH to provide Substance Abuse Treatment - Continuing Care services.</p>     |
| <p><b>Substance Abuse Treatment - Extended Outpatient (Level I)</b><br/>An organized service, delivered in a variety of settings, in which treatment staff provide professionally directed evaluation and treatment of substance related disorders.</p> <p>This service cannot be provided to the client in conjunction with Life Skills Coaching, Recovery Peer Coaching, or Recovery Calls.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider's client records (<a href="#">Appendix F</a>)</li> <li>entering each encounter in the ATR VMS</li> </ul> <p>This service may only be provided to those active military/National Guard clients at or above 201% of federal poverty guidelines.</p>                             | <p>Unit<br/>=<br/>1 day</p> | <p>Unit rate<br/>=<br/>\$38</p> <p>Maximum allowable rate on which co-pay may be based<br/>=<br/>\$50</p> | <p>Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with IDPH to provide Substance Abuse Treatment - Extended Outpatient services.</p> |

| Access to Recovery - Service Descriptions, Rates, and Qualifications   |                    |  |  |
|--|--------------------|--|--|
| Service Description  | Unit of Service    | Payment Rate   | Required Qualifications  |
| <p><b>Substance Abuse Treatment - Halfway House (Level III.1)</b><br/>An organized service delivered by addiction professionals which provides addiction treatment services at least 5 hours per week in a 24 hour setting.</p> <p>This service cannot be provided to the client in conjunction with Life Skills Coaching, Recovery Peer Coaching, or Recovery Calls.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider's client records (<a href="#">Appendix F</a>)</li> <li>entering each encounter in the ATR VMS</li> </ul> <p>This service may only be provided to those active military/National Guard clients at or above 201% of federal poverty guidelines.</p>   | Unit<br>=<br>1 day | Unit rate<br>=<br>\$38<br><br>Maximum allowable rate on which co-pay may be based<br>=<br>\$50 | Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with IDPH to provide Substance Abuse Treatment - Halfway House services.                  |
| <p><b>Substance Abuse Treatment - Intensive Outpatient Treatment (Level II.1)</b><br/>An organized service delivered by addiction professionals or addiction credentialed clinicians, which provides a planned regimen of treatment, consisting of regularly scheduled sessions within a structured program, for a minimum of 9 hours of treatment per week for adults and 6 hours of treatment per week for adolescents.</p> <p>This service cannot be provided to the client in conjunction with Life Skills Coaching, Recovery Peer Coaching, or Recovery Calls.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider's client records (<a href="#">Appendix F</a>)</li> <li>entering each encounter in the ATR VMS</li> </ul> <p>This service may only be provided to those active military/National Guard clients at or above 201% of federal poverty guidelines.</p> | Unit<br>=<br>1 day | Unit rate<br>=<br>\$61<br><br>Maximum allowable rate on which co-pay may be based<br>=<br>\$81 | Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with IDPH to provide Substance Abuse Treatment - Intensive Outpatient Treatment services. |



| Access to Recovery - Service Descriptions, Rates, and Qualifications  |                             |  |  |
|---|-----------------------------|--|--|
| Service Description   | Unit of Service             | Payment Rate   | Required Qualifications  |
| <p><b>Substance Abuse Treatment - Residential (Level III.3 and III.5)</b><br/>An organized service delivered by addiction professionals or addiction credentialed clinicians, which provides a 24-hour live-in, seven-day-a-week substance abuse treatment program providing a structured recovery environment to support recovery from substance related disorders.</p> <p>This service cannot be provided to the client in conjunction with Life Skills Coaching, Recovery Peer Coaching, or Recovery Calls.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider's client records (<a href="#">Appendix F</a>)</li> <li>entering each encounter in the ATR VMS</li> </ul> <p>This service may only be provided to those active military/National Guard clients at or above 201% of federal poverty guidelines.</p> | <p>Unit<br/>=<br/>1 day</p> | <p>Unit rate<br/>=<br/>\$85</p> <p>Maximum allowable rate on which co-pay may be based<br/>=<br/>\$113</p> | <p>Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with IDPH to provide Substance Abuse Treatment - Residential Treatment services.</p> |

## **Appendix B**

### **Access to Recovery - Assessment Form**

Date of Session: \_\_\_\_\_ Client Name: \_\_\_\_\_  
Client DOB: \_\_\_\_\_ Client ID: \_\_\_\_\_  
Client Address: \_\_\_\_\_  
Client Phones: \_\_\_\_\_  
Care Coordination Provider: \_\_\_\_\_

**Section I** - The client is eligible for ATR services if questions 1 through 5 are answered Yes and the agency has obtained the required documentation that the individual meets the federal poverty guidelines.

#### **Recovery Support Services Eligibility**

1. The client is 12 years of age or older. YES \_\_\_\_\_ NO \_\_\_\_\_
2. The client has a positive screening for a substance disorder (at least 3 out of the 5 responses on Section 3/SDScr must be a rated a 2 or higher) on the Global Appraisal of Individual Needs – Short Screener (GAIN-SS) YES \_\_\_\_\_ NO \_\_\_\_\_
3. The client demonstrates the need for ATR covered services. YES \_\_\_\_\_ NO \_\_\_\_\_
4. The client is at or below 200% of the current Federal Poverty Level Guidelines. Please refer to the current Federal Poverty Level Guidelines at <http://aspe.hhs.gov/poverty>. YES \_\_\_\_\_ NO \_\_\_\_\_
5. The client does not have insurance or personal financial resources to pay for requested ATR covered services documented in Section II. YES \_\_\_\_\_ NO \_\_\_\_\_

#### **Behavioral Health Service Eligibility for Active Military or National Guard Personnel** (must answer Yes to questions 1 - 3 and 5 - 7)

6. The client is Active Military or National Guard Personnel and is at or above 201% of the current Federal Poverty Level Guidelines. YES \_\_\_\_\_ NO \_\_\_\_\_
7. The client expresses behavioral health needs at this time and requests services. YES \_\_\_\_\_ NO \_\_\_\_\_

**Section II - Document client needs and requests for specific ATR covered services.**  
Document lack of insurance or other financial resources for requested ATR covered services

**All ATR clients receive the following covered services:**

- ATR Assessment with GPRA Intake Interview (1 session)
- Care Coordination (up to 20 sessions)
- Care Coordination with GPRA Discharge Interview (1 session)
- Care Coordination with GPRA Follow-up Interview (1 session)

**Document need, request, and lack of other payment for the following ATR covered services:**

**Recovery Support Services**

☐ Brief Treatment:\*

☐ Celebrating Families:\*

☐ Child Care:

☐ Co-Pays:

☐ Drug Testing:\*

☐ Integrated Therapy:

☐ Life Skills Coaching:

☐ Pharmacological Interventions:

☐ Recovery Calls:

☐ Recovery Peer Coaching:

☐ Sober Living Activities:

☐ Spiritual Counseling:

☐ Supplemental Needs – Clothing/Personal Hygiene:

☐ Supplemental Needs – Education:

☐ Supplemental Needs – Gas Cards:

☐ Supplemental Needs – Utility Assistance/Cellular Phone Service:

☐ Supplemental Needs – Wellness:

☐ Transportation – Bus:

☐ Transportation – Cab:

---

|   |
|---|
| <b>Behavioral Health Services for Active Military/National Guard Personnel At/Above 201% FPL Only</b> |
|---|

☐ Mental Health Therapy:

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☐ Substance Abuse Treatment – Assessment:

---

☐ Substance Abuse Treatment – Continuing Care:

---

☐ Substance Abuse Treatment – Extended Outpatient Treatment:

---

☐ Substance Abuse Treatment – Halfway House:

---

☐ Substance Abuse Treatment – Intensive Outpatient Treatment:

---

☐ Substance Abuse Treatment – Residential:

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*\*These services are for specific populations of focus in ATR. For more information, see Appendix A Access to Recovery - Service Descriptions, Rates, and Qualifications in the ATR Provider Manual – October 2014.*

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

Provider / Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix C**

### **Access to Recovery - Voluntary Consent Form**

**Introduction:** Welcome to Access to Recovery (ATR). ATR is a three-year Iowa Department of Public Health (IDPH) project funded by a grant from the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (SAMHSA). ATR provides opportunities for clients through use of a voucher system to purchase ATR covered services from providers with cooperative agreements with IDPH.

*ATR services are based on client needs, agency policy, and current available ATR voucher funding, and are subject to change. Clients may participate in ATR for up to 12 months.*

**Information from the ATR project** will help local, state, and federal providers and funding authorities improve alcohol and drug treatment and recovery services for you and others in your community.

**Data Interviews:** If you consent to participate in ATR, you will be asked to take part in **three GPRA data interviews** that take 15 to 45 minutes each. GPRA (Government Performance Results Act) interviews ask questions about alcohol and drug use, education and employment, family and living conditions, involvement in the criminal justice system, and participation in social support and recovery groups. You will receive a \$30 dollar gift card for completing the GPRA Follow-up interview. In the event that during the attempted completion of the GPRA Follow-up Interview it is discovered that you're residing in a restricted setting, by signing this consent you grant your Care Coordination provider the ability to attempt contact with you which may include disclosure to the facility at which you reside of your involvement in ATR.

**Release of Information:** As part of your involvement in ATR, you are authorizing contact between IDPH and SAMHSA and each provider you're receiving services from, to obtain information necessary for ATR project management. This may include, but is not limited to, information related to fiscal reporting, quality improvement, client progress, and data collection. By signing this form you are authorizing release of information between you and IDPH and SAMHSA. You may revoke your release of information at any time except to the extent that action has already been taken. This consent expires automatically 6 months after your final GPRA interview.

**Satisfaction Survey:** You will be asked to complete an ATR Client Satisfaction Survey at the time you complete the GPRA Follow-up interview.

**ATR is voluntary:** You can refuse to participate in ATR or leave at any time. Refusal to participate in ATR will not affect any current or future substance abuse treatment you may receive. You may refuse to answer certain questions and still participate in ATR. If you refuse to answer a question, no one associated with ATR will seek the information you did not provide from some other source. If you participate in ATR and later choose not to participate, information you already have given will remain in the project.

**Risks and Confidentiality:** IDPH and ATR providers take the privacy of your information seriously. ATR providers, IDPH and SAMHSA must comply with confidentiality and protected health information requirements as set forth in Federal and State Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, 160 & 164). Your records are protected and cannot be disclosed without your written consent. Because ATR involves coordination of services you want, providers will ask you to sign a release of information to allow them to talk with other

providers. You may revoke your release of information at any time except to the extent that action has already been taken. Generally, a program may not condition your services on whether you sign a release of information, however, in the special circumstances of the voluntary ATR project, you cannot participate if you do not sign the Voluntary Consent Form.

A unique identification number will be assigned to you as an ATR participant. Authorized representatives from IDPH may have access to records that identify you by name. Any information you provide that is part of aggregate data given to SAMHSA will not include your name or other identifying data. If any publications or presentations result from the ATR project, you will not be identified.

As part of your involvement in ATR you will receive services from a Care Coordination provider. To assist you with your involvement in ATR and utilization of services in your recovery, Care Coordination providers establish policies and determine the appropriate use of funding (i.e. amounts, frequency, services or vendors), up to the available limits, as it pertains to your goals in recovery. Services you receive will be from a community provider as arranged by your care coordinator and shall not represent a conflict of interest.

**Client Rights:** You have the right to:

- appropriate and considerate care and protection
- recognition and consideration of your cultural and spiritual values
- be told of all available ATR covered services and providers
- choose the services and providers you want from the list of available ATR covered services and providers
- refuse a recommended service or plan of care
- review records and information about your services
- expect providers, IDPH, and SAMHSA to keep all communications and records confidential

**Maintaining Involvement:** If you do not receive at least one ATR service or participate in scheduled Care Coordination every 30 days, you will be discharged from the ATR program. It is your responsibility to make contact with your Care Coordination provider during this timeframe. In addition, if you do not return required documentation for services provided, ongoing services may be reduced or discontinued entirely. By signing this form, you agree to these conditions in order to maintain involvement.

**Questions:** If you have questions or concerns about the ATR project, contact IDPH at 1-866-923-1085 or at [www.idph.state.ia.us/atr](http://www.idph.state.ia.us/atr).

**I have received, read, and understand the Access to Recovery - Voluntary Consent Form and all its contents. I agree to the conditions outlined above and choose to participate in the ATR program.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Provider / Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix D**

### **Access to Recovery - Collateral Contacts Form**

The Access to Recovery project requires a GPRA Follow Up interview be completed for each client. To assist with this requirement, obtain at least three collateral contacts from the client to help in locating the client six months after intake. Collateral contacts can be individuals that have regular contact with the client (e.g. probation officers, family members, or case workers). Obtain a release of information from the client for each collateral contact.

|   |
|---|
| <p><i>Documentation of collateral contacts may be completed<br/>in the ATR VMS in lieu of completing this form.</i></p> |
|---|

#### **Contact #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### **Contact #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### **Contact #3**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **Appendix E**

### **Access to Recovery - Release of Information**

I, \_\_\_\_\_ authorize \_\_\_\_\_  
(Client) (Care Coordination Provider)

to exchange information verbally and/or in writing with:

\_\_\_\_\_  
(Provider/Individual)

The nature and amount of the information shared will be as limited as possible, but may include:

- ☐ personal identifying information
- ☐ participation and status in ATR covered services
- ☐ drug test results
- ☐ collateral contacts for follow-up
- ☐ other (specify): \_\_\_\_\_

This consent is specific to my participation in Access to Recovery and will be used for care coordination, to monitor and evaluate services, and to submit claims to the Iowa Department of Public Health.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. Federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted in writing. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that, in any event, this consent expires automatically on the date on which all billing and reporting requirements related to my participation in Access to Recovery have been completely processed.

I understand that, generally, a program may not condition my services on whether I sign a release of information, however, in the special circumstances of the voluntary ATR project, I understand that I cannot participate if I do not sign a release of information.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Provider / Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_



## **Appendix F**

### **Access to Recovery - Documentation Requirements**

*Each provider must document each ATR service provided.  
All ATR documentation must be available for IDPH review as requested.*

#### **All ATR providers must:**

1. have an organized system to document ATR covered services provision
2. document each client's name, ATR unique identification number, address, and phone number in the Voucher Management System
3. document the date, time and length of each ATR covered service provided
4. summarize the ATR covered service provided
5. maintain records in a secure manner that ensures confidentiality and complies with all state and federal laws and regulations pertaining to confidentiality of records
6. have policies and procedures in place for any volunteers associated with the provider
7. maintain personnel files that document an employee or volunteer is qualified to provide ATR covered services as outlined in Appendix A Access to Recovery - Service Descriptions, Rates, and Qualifications
8. document any services or goods delivered to, or purchased on behalf of, clients using ATR funds (e.g. membership fees, service denials, estimates)
9. maintain documentation consistent with their specific licensure requirements; all other providers must maintain records of services provided for a minimum of five (5) years

#### **All Care Coordination Providers must:**

1. ensure each client signs all ATR forms in which a signature is required
2. maintain documentation of receipts which detail all items purchased pertaining to specific funds expended
3. maintain documentation of all estimates and/or purchases from a recognized vendor, which must be on company letterhead, dated by vendor, and include vendor phone and address
4. document medications detailing name of medication, prescribing practitioner, copy of prescription, and receipt of purchase
5. document any case of misuse or inappropriate use of ATR funds, including actions taken
6. document satisfaction survey distribution
7. document the distribution, including method of delivery, of incentive gift cards to the client or designee

## Appendix G

Attach supporting documentation  
to the back of this form

# STATE OF IOWA

# GAX

|   |          |                                       |                                 |  |               |  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
|---|----------|---------------------------------------|---------------------------------|--|---------------|--|---------|---|----------------------|-------------------|---------------------|------------------|-------------|------------|--------|-------------|-----------------|--------------------|--|--------------------|--|
| <b>BUDGET FY</b><br><br><b>15</b>   |          | <b>General Accounting Expenditure</b> |                                 |  |               |  |         | <b>DOCUMENT NUMBER</b>                                |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
|   |          | DATE                                  |                                 | ACCTG PERIOD (mm/vv)   |               |  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| VENDOR CODE   |          |                                       |                                 | AGENCY NAME  |               |  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| VENDOR NAME AND ADDRESS   |          |                                       |                                 | BILL TO ADDRESS (ORDERING AGENCY)  |               |  |         | SHIP TO ADDRESS                                       |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
|   |          |                                       |                                 | Iowa Dept. of Public Health<br>Division of Behavioral Health - ATR<br>321 E. 12 <sup>th</sup> Street, Lucas Bldg.<br>Des Moines, IA 50319-0075 |               |  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
|   |          | FOB                                   |                                 | ORDER APPROVED BY  |               |  |         | GOODS RECEIVED/SERVICES<br>PERFORMED<br>DATE INITIALS |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| QUANTITY  |          | VENDOR'S INVOICE DATE                 |                                 | VENDOR'S INVOICE NUMBER  |               |  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| ORDERED   | RECEIVED | UNIT OF<br>MEASURE                    | DESCRIPTION                     |  |               |  |         | UNIT PRICE  | TOTAL PRICE          |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
|   |          |                                       | Services for the month of _____ |  |               |  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| <b>DOCUMENT TOTAL</b>   |          |                                       |                                 |  |               |  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| <b>CLAIMANT'S CERTIFICATION</b>   |          |                                       |                                 |  |               | <b>AGENCY CERTIFICATION</b>  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN PAID. |          |                                       |                                 |  |               | I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY: |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| <b>DATE</b>   |          | <b>TITLE</b>                          |                                 |  |               | <b>CODE OR CHAPTER SECTION(S)</b>  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| <b>CLAIMANT'S SIGNATURE</b>   |          |                                       |                                 |  |               | <b>AUTHORIZED SIGNATURE</b>  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| <b>THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY</b>   |          |                                       |                                 |  |               |  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| DOC TYPE (PO or PV)   |          | DOC NUMBER                            |                                 | DOC DATE   |               | ACCTG PRD  |         | BUDGET<br>FY  |                      | ACTION<br>NEW/MOD |                     | PO SHIP<br>INSTR |             | PV<br>TYPE |        | INT<br>IND  |                 | INT SELLER<br>FUND |  | INT SELLER<br>AGCY |  |
| GAX   |          |                                       |                                 |  |               | Er   |         | 09hh  |                      | E                 |                     |                  |             | 1          |        |             |                 |                    |  |                    |  |
| VENDOR CODE   |          |                                       | ADDR<br>OVERRIDE                |  | F/A INDICATOR |  | EFT IND |   | TEXT-po's only (Y/N) |                   |                     | TEXT (po's only) |             |            |        |             |                 |                    |  |                    |  |
| REF DOC TYPE  |          | REF DOC NUMBER                        |                                 | REF DOC LINE   |               | COM LN   |         | VEND INVOICE #  |                      |                   |                     | COMMODITY CODE   |             |            |        | GS CONTRACT |                 |                    |  |                    |  |
| LINE  | FUND     | AGCY                                  | ORG                             | SUB<br>ORG   | ACTV          | FUNC   | OBJT    | SUB<br>OBJT   | JOB NUMBER           | REP<br>CAT        | QUANTITY /<br>UNITS | I/D              | DESCRIPTION |            | AMOUNT |             | I/D<br>P<br>/ F |                    |  |                    |  |
| 01  |          |                                       |                                 |  |               |  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| 02  |          |                                       |                                 |  |               |  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |
| 03  |          |                                       |                                 |  |               |  |         |   |                      |                   |                     | I                |             |            |        |             |                 |                    |  |                    |  |
| 04  |          |                                       |                                 |  |               |  |         |   |                      |                   |                     | I                |             |            |        |             |                 |                    |  |                    |  |
| 05  |          |                                       |                                 |  |               |  |         |   |                      |                   |                     | I                |             |            |        |             |                 |                    |  |                    |  |
| <b>DOCUMENT TOTAL</b>   |          |                                       |                                 |  |               |  |         |   |                      |                   |                     |                  |             |            |        |             |                 |                    |  |                    |  |

**GAX**

**WARRANT #**

**AUDITED BY**

**PAID**

## **Appendix H**

### **Access to Recovery - Client Satisfaction Survey**

Please take a few moments to complete the following survey. The answers you provide will help the Iowa Department of Public Health evaluate the services you have received. We appreciate any suggestions you have on how we may improve our program. Thank you.

|   |  |             |
|---|--|-------------|
| <b>Name (optional):</b>   | <b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F | <b>Age:</b> |
| <b>Provider:</b>  | <b>Date:</b>   |             |
| <b>GPRA Follow-up Interview completed:</b> <input type="checkbox"/> Face-to-face <input type="checkbox"/> Telephone |  |             |

|   |  |   |
|---|--|---|
| <b>Race:</b>                                    | <input type="checkbox"/> Asian           | <input type="checkbox"/> Native American                  |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Alaskan Native         | <input type="checkbox"/> Hispanic/Latino |   |

| <b>For each item, circle the answer that best matches your experience in the ATR program:</b>                              | <b>Strongly Agree</b> | <b>Agree</b> | <b>Neutral</b> | <b>Disagree</b> | <b>Strongly Disagree</b> | <b>Not Applicable</b> |
|--|-----------------------|--------------|----------------|-----------------|--------------------------|-----------------------|
| 1. I was given a choice of ATR service providers.  | SA                    | A            | N              | D               | SD                       | NA                    |
| 2. I have been treated with respect.   | SA                    | A            | N              | D               | SD                       | NA                    |
| 3. I was given choices of services and providers related to my ethnic, spiritual and/or cultural diversity (if applicable) | SA                    | A            | N              | D               | SD                       | NA                    |
| 4. The staff assisted me in getting the services I requested and needed.   | SA                    | A            | N              | D               | SD                       | NA                    |
| 5. The services I received have helped me in my recovery.  | SA                    | A            | N              | D               | SD                       | NA                    |
| 6. I would recommend this program to other family, friends or neighbors.   | SA                    | A            | N              | D               | SD                       | NA                    |
| 7. I am more able to recover from my problems.   | SA                    | A            | N              | D               | SD                       | NA                    |
| 8. I would come back for services if I needed help.  | SA                    | A            | N              | D               | SD                       | NA                    |

During your involvement with ATR, what service was most helpful for you?

During your involvement with ATR, what other services would have been helpful in your recovery?

Other comments?

## **Appendix I**

### **Access to Recovery - Critical Incident Report**

Please fax to: IDPH at 515-281-4535 within 24 hours of becoming aware of the incident

Today's Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Date Learned of Incident: \_\_\_\_\_

Name/Title of Individual Completing Form: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Location where Incident Occurred: \_\_\_\_\_

#### **CLIENT INVOLVED IN INCIDENT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ATR ID #: \_\_\_\_\_

☐ Male ☐ Female

List any other involved party (i.e. other client, visitor, staff, etc.): \_\_\_\_\_

#### **NATURE OF INCIDENT**

- ☐ Death (from any cause after entry into ATR services) - cause of death: \_\_\_\_\_
- ☐ Suicide attempt
- ☐ Injury to self
- ☐ Injury to or assault on others
- ☐ Sexual / physical abuse or neglect, or allegation thereof
- ☐ Incarceration
- ☐ Inappropriate use of ATR funds by client
- ☐ Other - specify: \_\_\_\_\_

Describe incident: \_\_\_\_\_

Follow-up actions taken: \_\_\_\_\_

**Critical Incident Reports are to be completed on every client involved in ATR until discharged from the program and GPRA Follow-up Interview has been completed or GPRA Follow-up window has closed.**

## **Appendix J**

### **Access to Recovery - GPRA Follow-Up Strategies**

**There are several different ways to track clients in order to conduct follow-ups. Some examples are:**

- collateral contacts
- mail contacts
- telephone contacts
- internet searches
- home visits
- public information sources
- specialized institutional information systems

**Some things to remember about follow-up:**

- Follow-up starts at the ATR Assessment with GPRA Intake Interview, continues through the client's total ATR involvement, and ends when all clients are accounted for
- Think of follow-up as a process and not as an event

**Recommendations for follow-up:**

- Make the intake process a positive experience
- Prepare the client for tracking at each Care Coordination contact
- Have an updated list of collateral contacts

**Tips for follow-up:**

- Keep in touch with clients between the ATR Assessment with GPRA Intake Interview and the Care Coordination with GPRA Follow-up Interview.
- One month prior to the scheduled Care Coordination with GPRA Follow-up Interview, call the client or schedule a Care Coordination session and call the client's collateral contacts to verify the client's whereabouts
- Keep a tracking log
- Make sure the client has your phone number

## **Appendix K**

### **Access to Recovery – Exception Request Form**

Please fax to: IDPH at 515-281-4535

|                               |                        |
|-------------------------------|------------------------|
| Date Requested:               | Provider Organization: |
| Client Name:                  | Provider Staff:        |
| Client Identification Number: | Provider Telephone:    |
|                               | Provider Fax:          |

Describe the exception request and how it supports the client's *recovery*:

☐ Approved      ☐ Denied

Notes:

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

Provider / Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

IDPH Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix L**

### **Access to Recovery – Receipt Form**

I, \_\_\_\_\_ acknowledge the receipt/distribution of:  
(client name)

- ☐ **Drug Testing Incentive** (Card #): \_\_\_\_\_
- ☐ **GPRA Follow-up Incentive** (Card #): \_\_\_\_\_
- ☐ **Sober Living:** \_\_\_\_\_
- Supplemental Needs**
- ☐ Clothing/Personal Hygiene Products: \_\_\_\_\_
- ☐ Education: \_\_\_\_\_
- ☐ Gas Cards (Card #): \_\_\_\_\_
- ☐ Utility Assistance/Cellular Phone: \_\_\_\_\_
- ☐ Wellness: \_\_\_\_\_
- ☐ **Transportation Bus** (Month/Pass #): \_\_\_\_\_
- ☐ **Transportation Cab:** \_\_\_\_\_
- ☐ **Other:** \_\_\_\_\_

from \_\_\_\_\_ (ATR provider organization name) in the  
amount of \$\_\_\_\_\_.

If applicable, I must provide documentation or receipt of goods or services and will provide that  
documentation or receipt by \_\_\_\_\_ (date)

**Clients who do not provide accurate documentation or receipts and/or who purchase unauthorized goods or services will not receive additional services for which the receipt was not provided and may be determined ineligible for participation in ATR. In addition, IDPH reserves the right to collect reimbursement for the misused funding directly from the client.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

Provider / Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix M**

### **Recovery Call Questionnaire**

|                      |        |
|----------------------|--------|
| Client Name:         | Date:  |
| Client Phone Number: | Staff: |

Start the call by providing a summary to the client of the process you will use when conducting Recovery Check-Up Calls (purpose, use of tool, goals, how often and long calls will be made) and validate release of information is on file prior to call.

|  |  |
|--|--|
| How has your recovery been going?            |  |
| Have you been able to sustain your recovery? |  |
| What has contributed to your success?        |  |

Complete the following questions if recovery has been sustained:

|   |                      |
|---|----------------------|
| What has helped you sustain your recovery?  |                      |
| Have there been specific services or supports that have helped sustain your recovery? |                      |
| Have you been regularly attending support group meetings?                             |                      |
| If yes, please specify type (AA/NA, Aftercare, etc.)                                  |                      |
| If no, would you like information on these resources?                                 |                      |
| Do you have anyone in your life you can talk to about your recovery?                  |                      |
| If yes, please specify who  |                      |
| Have you been talking with them recently?   |                      |
| Have you been doing things lately that bring you enjoyment?                           |                      |
| Do you feel like you're progressing towards goals you have set for yourself?          |                      |
| Is there anything that you can think of that would helpful to your recovery?          |                      |
| Do you have any questions or need any information I can help you obtain?              |                      |
| Would you like to schedule another call? If yes, when?                                |                      |
| On a scale of 1-10, how beneficial are these calls?                                   | 1 2 3 4 5 6 7 8 9 10 |



**Complete the following questions if recovery has not been sustained:**

|   |                             |
|---|-----------------------------|
| <b>When did you relapse?</b>  |                             |
| <b>What triggered the relapse?</b>  |                             |
| <b>What have you been using?</b>  |                             |
| <b>How often have you been using?</b>   |                             |
| <b>How much have you been using?</b>  |                             |
| <b>What has worked well for you in the past when you have relapsed?</b>             |                             |
| <b>Do you have a recovery plan and if so, have you followed the plan?</b>           |                             |
| <b>Can I assist you to access treatment or other recovery support services?</b>     |                             |
| <b>Have you been regularly attending support group meetings?</b>                    |                             |
| <b>If yes, please specify type (AA/NA, Aftercare, etc.)</b>                         |                             |
| <b>If no, would you like information on these resources?</b>                        |                             |
| <b>Do you have anyone in your life you can talk to about your recovery?</b>         |                             |
| <b>If yes, please specify who</b>   |                             |
| <b>Have you been talking with them recently?</b>                                    |                             |
| <b>Have you been doing things lately that bring you enjoyment?</b>                  |                             |
| <b>Do you feel like you're progressing towards goals you have set for yourself?</b> |                             |
| <b>Is there anything that you can think of that would helpful to your recovery?</b> |                             |
| <b>Do you have any questions or need any information I can help you obtain?</b>     |                             |
| <b>Would you like to schedule another call? If yes, when?</b>                       |                             |
| <b>On a scale of 1-10, how beneficial are these calls?</b>                          | <b>1 2 3 4 5 6 7 8 9 10</b> |

**Appendix N**

RECOVERY PEER COACHING  
RECOVERY PLAN

This plan belongs to: \_\_\_\_\_ Date: \_\_\_\_\_

My hopes and dreams are: \_\_\_\_\_  
\_\_\_\_\_

My hopes and dreams are important because: \_\_\_\_\_  
\_\_\_\_\_

My plan focuses on this/these areas:

\_\_\_Living \_\_\_Learning \_\_\_Working \_\_\_Social Skills \_\_\_Whole Health

If choosing a Whole Health focus, what specific area do I choose to address at this time?

Healthy Eating      Physical Activity      Restful Sleep      Spirituality

Stress Management      Service to Others      Support Network      Emotional

The steps I plan to take in realizing my hopes and dreams are: \_\_\_\_\_  
\_\_\_\_\_

The ways others can empower me are: \_\_\_\_\_  
\_\_\_\_\_

Who can empower me and how? \_\_\_\_\_  
\_\_\_\_\_

I will know that I am making progress toward realizing my hopes and dreams if:  
\_\_\_\_\_  
\_\_\_\_\_

Some things that could interfere with that realization are: \_\_\_\_\_  
\_\_\_\_\_

How important is realizing your hopes and dreams? 0= not at all 10= most important

0    1    2    3    4    5    6    7    8    9    10

How confident are you that you can make these changes? 0= not at all 10=completely confident

0    1    2    3    4    5    6    7    8    9    10

## **Appendix O**

### PROVIDER INCIDENT REPORT

---

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Complaint         | Issue relates to (mark all that apply):             | Complaint/Provider Incident Source          |
| <input type="checkbox"/> Provider Incident | <input type="checkbox"/> Provider activity or staff | <input type="checkbox"/> Provider           |
|  | <input type="checkbox"/> IDPH activity or staff     | <input type="checkbox"/> Client             |
|  | <input type="checkbox"/> ATR client                 | <input type="checkbox"/> ATR telephone line |
|  | <input type="checkbox"/> ATR covered services       | <input type="checkbox"/> Other (specify):   |
|  | <input type="checkbox"/> Other (specify):           |   |

---

Date Received:  
(Month/Day/Year)

Time:

IDPH Receiving Staff Name:

Caller Name:

If applicable, Caller Title/Position:

Caller Phone Number:

If applicable, Provider Name:

Caller Address:

If applicable, Client Name:

If applicable, ATR unique Identification #:

---

Describe the Complaint/Provider Incident:

---

Date resolved (Month/Day/Year):

Describe how Complaint/Provider Incident was resolved (include dates/times of all contacts):

Source of Complaint/Provider Incident satisfied with resolution:

Yes

No

IDPH Signature: \_\_\_\_\_ Date Resolved: \_\_\_\_\_