



Solicitation Information
November 29, 2010

Addendum #1

CR-26 ACCESS TO RECOVERY 3 – CLINICAL TREATMENT SERVICES

Continuous Recruitment: Through December 31, 2015

ATTACHED IS A COPY OF THE ATR PROVIDER HANDBOOK REFERENCED IN THIS SOLICITATION.

**Gail Walsh
Buyer**

RHODE ISLAND ATR **PROVIDER** **HANDBOOK**



Accessing Recovery **in** **Rhode Island**

Accessing Recovery in Rhode Island (ATR) is funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), a public health agency within the United States Department of Health and Human Services. Its mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA awarded ATR to the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. The grant number for RI ATR is TI-10-008.

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I. INTRODUCTION

***Accessing Recovery in Rhode Island (RI ATR)* is a client-centered, community based recovery program involving clinical treatment, faith-based counseling and support, and other services that provide client support during the recovery process. RI ATR is a federally funded initiative designed to increase access to substance abuse services and other assistance through independent assessment, client choice of all providers, and linkages with faith based and community based organizations. Services are funded through an electronic voucher issued to clients.**

RI ATR is funded by a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) awarded to the State of Rhode Island and administered by the RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). This is a four year grant that runs from September 30, 2010 to September 29, 2014.

Clients must have a choice of assessment and care coordination providers. These are mandatory, voucherable services for every client. Care Coordinators will create the voucher for services, monitor voucher use, coordinate services, administer and enter all Government Performance Results Act (GPRA) surveys and the Rhode Island Outcomes Evaluation Instrument (OEI). They will also maintain monthly contact with the client throughout the voucher life. Rhode Island has chosen to bundle assessment and care coordination along with voucher changes and transportation. Electronically screened clients will be given a choice of approved providers for these services.

RI ATR's target populations are:

- The criminal justice population- specifically people leaving prison, those on probation or parole or involved with the RI Attorney General's Diversion Program
- Parents and caretakers involved with DCYF
- National Guard members and their families
- residential treatment completers
- individuals completing detoxification who are homeless and/or chronic recidivists
- all women statewide - phase 2 (The inclusion of all women statewide requires additional preparation. There will be a delay, therefore, in adding this population.)

II. PRINCIPLES OF SERVICE

A. No single service is appropriate for all individuals. Matching settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

B. Treatment and Recovery Support Services (RSS) need to be readily available so that individuals with substance use disorders may take advantage of opportunities when they are ready to do so.

C. Effective RSS and treatment attend to multiple needs of the individual, not just substance use. To be effective, all components of RSS and treatment must address the individual's substance use as well as associated medical, psychological, social, spiritual, vocational, and legal problems.

D. An individual's treatment and RSS plan must be continually assessed and modified as necessary to ensure the person's changing needs are met. A person may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a client may require a wide range of services to support their recovery including but not limited to addiction medications, family therapy, parenting instruction and vocational rehabilitation. It is vital that RI ATR services be appropriate to the individual's age, gender, ethnicity, language, spiritual beliefs and culture.

E. Services should be available, accessible, and acceptable to diverse groups of men or women, regardless of age, gender, language ability, culture, race, sexual orientation, physical, mental or developmental ability. In addition, traditions, customs or other practices and principles related to healing and recovery employed by specific groups, tribes, faith-based organizations, or other entities are recognized as significant components of self-identity, self-value and recovery and as appropriate for RI ATR funding.

F. Duration of services for an adequate period of time is essential for effectiveness. The appropriate duration for an individual depends on his or her problems and needs. Because people often leave treatment or support services prematurely, programs should include strategies to outreach to clients and keep them engaged.

G. Aftercare for those individuals who have successfully completed treatment will maintain the progress towards recovery.

III. GENERAL REQUIREMENTS

A. BUSINESS LICENSES

Providers must document all applicable business licenses including, but not limited to: Business Registration and State of Rhode Island Taxation and Revenue Department Certificate.

B. CONFIDENTIALITY

Providers shall maintain a record for each individual and the individual's identifying information in a confidential manner, and secure consent for the release of client information in accordance with State and Federal Regulations (Title 42, Code of Federal Regulations, Part 2).

C. CONFLICT OF INTEREST

Each institution participating in the RI ATR network must have written policy guidelines on conflict of interest and avoidance thereof. These rules must indicate how outside activities, relationships, and financial interests are reviewed and reported by the responsible institution official(s).

D. CREDENTIALING OF PROVIDERS

BHDDH reserves exclusive rights to determine Provider eligibility, appropriateness for service, and access to the RI ATR network. Such determination may be based on licensure in good standing; training or certification; evidence of competency; length of time providing the service; interviews; or other knowledge of significance unique to the individual provider. The determination of eligibility by RI ATR indicates approval to provide only services in the geographic location specified in the provider application or addendum to the application. RI ATR does not award or assign any sort of

licensure of certification, nor supersede the legal requirements or responsibilities of Federal, Tribal, State, County or municipal law regarding the following: protection of client confidentiality; maintenance of licensure or other professional standing; maintenance of liability and other essential insurance; ethical and appropriate interaction with clients as individuals, families or group members; nor any other legal, fiscal or ethical responsibility.

E. GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA)

All RI ATR clients are required to complete a survey known as GPRA. Specifically clients are required to complete an intake GPRA; follow-up GPRA and discharge GPRA. Assessment/Care Coordination Providers are responsible for completing all GPRA's.

The follow-up GPRA must be conducted and entered into the voucher management system 5 to 8 months after intake. Failure to complete 80% of follow-up GPRA's will impact the success of the grant and jeopardize future funding. Administration and entry of the GPRA surveys are reimbursable through the RI ATR voucher system. Clients completing a follow-up GPRA are eligible for a \$20 voucher.

F. LICENSURE, CERTIFICATION, OR OTHER STAFF QUALIFICATIONS

1. Providers must maintain accurate and up-to-date records of staff qualifications.
2. Providers must monitor staff licensure, certification, or other qualifications for employment to ensure that employees are compliant with municipal, county, state or RI ATR program requirements.
3. Providers must ensure that appropriate staff participate in ongoing ATR and related trainings as required by BHDDH.

G. ORGANIZATIONAL GOVERNANCE

Each organization must have a governing body, or recognize a tradition, custom or other form of governance which establishes the foundation for accepted and appropriate practice within the community being served (hereafter referred to as "governing body"). The governing body must meet to provide organizational and operational management as well as a written budget, planning and quality assurance, as appropriate.

H. ADDING PROVIDER SERVICES OR LOCATIONS

1. Before a new RI ATR clinical or recovery support service or site can be added for an approved provider, a revised application must be submitted to the Division of Purchasing. These procedures also apply if there is a change in the geographical location where specific RI ATR services are provided.
2. Unapproved services or services performed at unapproved locations will not be reimbursed.

I. PROVIDER COMPLIANCE WITH HEALTH AND SAFETY REGULATIONS

All individuals shall be served in a safe facility. Facilities used by a program are required by law to be in compliance with fire and safety standards established and enforced by the State Fire Marshall, and health, safety and occupational codes enforced at the local level. In providing services, programs must meet all the requirements of the American with Disabilities Act of 1990.

J. PROVIDER LIAISON/ PRIMARY CONTACT

Providers must have at least one staff person designated at each site as the primary contact person for email messages, RI ATR RI trainings and meetings. The liaison /representative is responsible for forwarding all RI ATR information to appropriate RI ATR staff within their agency.

K. PROTECTION OF INDIVIDUALS

The rights of individuals who are admitted to programs shall be assured and defined in each Provider’s operating standards. This includes operating standards that protect the dignity, health, and safety of individuals.

Providers must be open and clear about the nature, extent, end date, cost and dates a co-pay will begin or increase due to a tiered rate for the service. This information should also be in writing and signed by both the provider and client, with copies given to the client and maintained in the client’s file.

L. QUALITY ASSURANCE

RI ATR Care Coordinators will conduct client satisfaction surveys to ensure quality of services. All clinical and recovery support providers must maintain confidential updated and accurate client records and agree to make them available for monitoring by ATR staff for quality assurance.

M. RELIGIOUS ACTIVITY AND CLIENT CHOICE

1. Religious Character and Independence.

A faith based organization that provides services for RI ATR will retain its independence from Federal, State, local governments and BHDDH. It may continue to carry out its mission, including the definition, practice and expression of its religious beliefs. The organization may not expend funds that it receives for RI ATR services to support any inherently religious activities.

Faith-based organizations may use space in their facilities to provide services supported by RI ATR without removing religious art, icons, scriptures, or other symbols. In addition, a religious organization retains authority over its internal governance, and it may retain religious terms in its organization’s name, select its board members on a religious basis, and include religious references in its organization’s mission statements and other governing documents.

2. Referral to an Alternate Provider.

If an RI ATR client, while receiving services, objects to the religious character of an RI ATR provider, that provider shall, within 5 business days, refer the client to the Care Coordinator for alternate RI ATR RSS.

N. STAFF OR CAPACITY CHANGES

1. Providers of RSS shall inform RI ATR of all pertinent staff changes within 30 days.

2. All providers must inform RI ATR of changes in the provider liaison/primary contact (see section J) within 30 days.

3. Changes to employment status or level of licensure, certification or other significant staff modifications shall be promptly reported to the BHDDH RI ATR Team.
4. Providers must notify RI ATR, in writing, 2 weeks prior to temporarily or permanently closing for new referrals. RI ATR will make every effort to stop referrals as soon as possible, but no later than 2 weeks after receiving a written request. Providers agree to continue accepting referrals during this 2 week period.
5. Providers must insure that all current and new staff has criminal background checks and are approved, in writing, by the governing body of the organization. Staff working with children must also have Child Abuse and Neglect Tracking System checks in compliance with DCYF standards
6. Providers must keep employee files. The files must contain, at a minimum, the employee's job description, proof of criminal background check, incident reports, evidence of training or supervision and a resume or application. These files must be available for review by RI ATR, upon request.

O. TERMINATION OF PROVIDER AGREEMENT

1. BHDDH or the Provider may terminate the provider agreement for any reason with forty-five (45) days written notice to the other party.
2. If the Provider fails to comply with any terms, conditions, requirements, or provisions of this Handbook, the Provider Continuous Recruitment Solicitation or commits client abuse, exploitation, malpractice, fraud, embezzlement or any other serious misuse of funds, BHDDH may notify the Provider in writing. If the Provider does not remedy the situation within a period of time specified in writing by BHDDH, the provider agreement may be terminated immediately following the end of the time period for remedial action or earlier if it affects the health or welfare of clients.

P. VOUCHER PROCESS, REFERRAL, AND MANAGEMENT

Careful monitoring and management of the voucher is vital to the fiscal solvency and viability of RI ATR funds and to the effectiveness of the RI ATR service model. Voucher management is a primary responsibility of all RI ATR providers. To this end, all RI ATR stakeholders must understand and comply with the fundamental requirements of the voucher process. The following outline of policies and procedures are intended to provide guidelines on the voucher process, referral and management.

1. Clients will be referred through protocol established by RI ATR. Clients will have a choice of assessment/care coordination agencies.
2. The client's chosen assessment/care coordination agency will perform the initial assessment, GPRA, client demographic information and have the client sign proof of choice and confidentiality forms. The agency will establish the service plan for both clinical and recovery support services and load them onto the client's voucher.
3. If a client does not complete an assessment, is deemed ineligible for ATR, or is denied services, the referral source will be informed by the assessment/care coordination agency.
4. Care coordinators will make efforts to set up all initial appointments during the initial visit but no later than 2 business days after the assessment.
5. At the initial visit, the client will sign a consent form and receive a written copy of all services on the voucher, contact information for all providers as well as the care coordinator and the date, time and location of appointments made and those that are pending or need to be scheduled. The client

will also be informed orally and in writing, of the end date of the voucher, the importance of the follow-up GPRA and availability of the follow-up GPRA gift certificate.

- 6.** Those providers listed on the voucher will receive an email message with the client's voucher number. The provider can then login to the RI ATR website to look at the client information. It is expected that services begin within 2 weeks of referral, with the exception of psychiatric services. Providers must notify the care coordinator if they are not able to begin services in this timeframe.
- 7.** If another source of funding is available for any client service, the receiving agency must notify the Care Coordinator immediately, so that service may be removed from the ATR voucher.
- 8.** The care coordinators have primary responsibility for connecting clients with appropriate service providers with a primary consideration of client choice. If a care coordinator is unable to set up the initial appointment, it is the providers' obligation to do so. If, after making reasonable efforts to locate the client, the provider cannot make contact, the care coordinator will be notified by the provider and the service removed from the client's voucher.
- 9.** If no ATR services are rendered to a client in a 30 day period, the voucher becomes inactive. The inactivity of a voucher has no impact on the voucher length. In other words, the life of the voucher is not extended or shortened due to voucher inactivity. The care coordinator will attempt to locate and contact the client. If a client with an inactive voucher is still interested in participating in RI ATR, the client reviews services with the care coordinator and the voucher can be reactivated for the time remaining on the voucher.
- 10.** The assessor and care coordinator shall have primary responsibility for assessing eligibility and need for RI ATR services and for assigning individuals to appropriate service providers with a primary consideration for client choice.
- 11.** RI ATR vouchers are issued for one 6-month period of service; with the exception of recovery coaching, methadone, suboxone, psychiatric evaluations and medication visits, and aftercare. These services may be issued for 12 months. Vouchers are nonrenewable.
- 12.** No RI ATR provider may refer a client directly to another RI ATR provider. Providers may request changes in services only with client's permission. The request must be in writing and submitted on designated forms. Written requests for changes will be processed within 5 business days of receipt.
- 13.** Providers must notify their clients at least one week prior to the last appointment paid by the voucher of the cost and conditions for continuation of services. They must also notify the client, at least one week in advance, when co-payments are required.
- 14.** Services provided to clients before or after the voucher period are not reimbursable.

Q. VOUCHER SUSPENSION

A voucher suspension stops the voucher clock and allows the client to utilize the remaining time left on the voucher once the voucher is reinstated. Care Coordinators will determine entitlement to a suspension and reinstatement based on verification of circumstances. Vouchers may be suspended for the following reasons:

1. The client remains in long term residential treatment beyond the time period paid for by RI ATR.
2. The client is hospitalized or unable to utilize the RI ATR services due to a severe medical condition which lasts for more than 30 days.

3. The client is incarcerated for **90 days or less**. Clients incarcerated for 90 days or less will be reinstated for the time remaining on the voucher at the time of incarceration. **Suspensions due to incarceration are only available one time.**

If a client is incarcerated for **more than 90 days**, the amount of time remaining on the voucher will be the voucher day of incarceration plus the number of days incarcerated minus 90 days. (For example, a client with a 180 day voucher is incarcerated on voucher day 80 for 120 days. The reinstatement date would be voucher day 110 ($80 + 120 = 200 - 90 = 110$). If the **reinstatement date exceeds the end date of the voucher**, the voucher will not be reinstated. (For example, there would be no time remaining for a client with a 180 day voucher incarcerated on voucher day 80 for 200 days: $80 + 200 = 280 - 90 = 190$. Since 190 is greater than 180, the voucher is not reinstated.)

4. The client was incarcerated at the time the voucher was created and activated and remained incarcerated more than 30 days after activation.

R. VOUCHER OVERSIGHT

The Assessment/Care Coordination Agency supervisor and the RI ATR Clinical and Recovery Supports Coordinator shall oversee and monitor appropriate mix and use of the voucher.

S. VOUCHER MANAGEMENT SYSTEM TRAINING AND PROVIDER PROFILE REQUIREMENTS

1. All RI ATR providers or a designated staff trainer must attend RI ATR trainings pertinent to RI ATR and the services offered, including the voucher management system prior to providing services.
2. All providers must submit a provider profile for each approved service before receiving referrals. The profile will be completed on a template provided by BHDDH.

T. BILLING, DATA ENTRY AND REIMBURSEMENT

1. Service data will be entered directly in the VMS website. This data must be entered weekly. No paper bills or invoices are permitted. Providers must also maintain their own records regarding services provided.
2. Service data entered within 15 calendar days of the transaction date will be reimbursed at 100%
3. Service data entered within 16 to 45 calendar days of the transaction date will be reimbursed at 50% payment
4. Service data entered after 45 calendar days of the transaction date will not be reimbursed
5. Assistance is available for providers needing help with billing.
6. Agencies are paid on a net 45 day schedule. For specifics regarding payment breakdown, please e-mail dbhcontracts@BHDDH.ri.gov.

IV. SERVICES PROVIDED

A detailed list of provider profiles is maintained in the ATR Provider Directory. The ATR Provider Directory is located in the library section of the Voucher Management System and on the BHDDH website. Rates for services as well as the number of units allotted per service are located in Attachment A at the end of this Handbook.

ATR services are broken down into 2 categories, Recovery Support Services and Treatment Services. Recovery Support Services include all services other than Substance Use Disorder Services. Treatment Services are Substance Use Disorder Services. The following are descriptions of all ATR services and specific requirements for each service.

A. RECOVERY SUPPORT SERVICES

- **GENERAL REQUIREMENTS FOR ALL RECOVERY SUPPORT SERVICE PROVIDERS**

All Recovery Support Service Providers must document and report the following information every time a service is provided:

- *Client voucher number and ATR provider ID*
- *begin and end time of each service*
- *Specific service(s) provided or action taken and name of person providing service*
- *If service provided is in a group, number of people in group*
- *Dated progress notes attached to each bill. A copy of the dated progress notes signed by the person providing the service must be maintained by the provider in the client's file.*
- *For meetings and classes, attendance sheet, signed and dated by the client*
- *If provider has more than 1 location, the location where the services are provided*

1. CHILDCARE

This service includes care and supervision provided to a client's child(ren) under 14 while the client is participating in ATR treatment and/or recovery support activities.

Providers must be a licensed child care provider by the Department of Children, Youth, and Families (DCYF). (DCYF standards can be found at: www.dcyf.state.ri.us)

Providers are expected to have client records available for ATR Grant monitoring. They must comply with the General Requirements for Recovery Support Service Providers at the beginning of the section.

2. EMPLOYMENT SERVICES OR JOB TRAINING

These activities are directed toward obtaining, improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, as well as training in a specific skill or trade. Providers must be approved to provide services by the RI Office of Rehabilitative Services (ORS).

Types of Services Provided

- **pre-employment training** – work readiness (dress, behavior, getting to work on time), resume writing, cover letters, interviewing, job counseling, job search, how to use public transportation to go to work, career exploration, development of an Individualized Plan for Employment
- **employment/vocational/situational assessments**- testing to determine if client is ready and able to work as well as needed accommodations and adaptive devices to work. This may include testing to determine likes and dislikes, skills and abilities or on site assessment of work performance/behaviors.
- **Short term job training**- this may include learning a trade or skills for a job, internships and supervised volunteer work. If clients must pass an exam or obtain a license, the provider must ensure that the client is qualified to do so upon completion of the training.
- **job placement and retention** -placing clients in jobs, providing assistance with job retention post-placement, job coaching

Providers are expected to have client records available. They must comply with the General Requirements for Recovery Support Service Providers at the beginning of the section.

3. HOUSING SERVICES

ATR has two types of housing services: **recovery housing for individuals and transitional housing for families**. A recovery house is a dwelling for a group of individuals in recovery that is drug and alcohol free. A transitional house for families is a dwelling that provides housing for homeless families. A family is defined at the ATR client and his/her children. ATR housing **does not include** emergency/shelter housing, rental payments, security deposits or payments to store clients' possessions. (*Assistance with accessing housing referrals and tenant/landlord counseling are included in the Lifeskills section of this Handbook.*)

In order for housing payments to be covered, the dwelling must be approved by RI ATR, meet the minimum housing standards required by state or federal law and conform to state and local fire and building codes. Providers can not charge RI ATR for housing clients in non-approved ATR dwellings. RI ATR clients receiving housing vouchers **must be engaged in lifeskills and outpatient counseling**.

In addition, all housing must:

- A. have a written mission statement
- B. have written admission criteria
- C. have a written plan to address emergencies, including mental health crises.

- D. provide proof of ownership of dwelling and have, on reserve, 6 months of working capital or have written permission of the landlord to use the space for housing as well as a signed statement of the landlord that they have 6 months of working capital on reserve
- E. Be operational for at least 6 months before applying for ATR
- F. Minimum standards for each dwelling unit include:
 - a. All living space must be finished, and have operational locks on exterior doors and first floor windows.
 - b. A fully functional kitchen, including a stove, sink and refrigerator
 - c. Fully functional bathrooms, including a toilet, sink, and bathtub or shower, with no more than (8) people sharing a bathroom.
 - d. A heating system in working condition for all living spaces
 - e. Screens on windows
 - f. Each bedroom must allow a reasonable amount of living space including a bed and storage of clothing and other belongings
 - g. The exterior and interior appearance of each unit must be neat and clean.
 - h. A maintenance policy to address routine and emergency repairs and maintenance in a timely fashion.
- G. Have written rules and regulations which are reviewed with all residents, signed by each resident and include provisions on:
 - a. How the agency responds to relapse, stealing, violence and/or overtly disruptive behavior
 - b. Guest policy, including a policy on children. Houses allowing children to visit or reside in the facility must perform BCI, NCIC and Child Abuse and Neglect Tracking System checks in compliance with DCYF standards on all residents and staff
 - c. Overnight visits
 - d. Employment or daytime activities
 - e. Smoking
 - f. Medication storage and restrictions, if any
 - g. Provider contact information
 - h. Safety, fire and emergency procedures
 - i. Grievance procedures
 - j. Emergency contact information for each resident
 - k. Drug and alcohol testing
- H. Be accessible to public transportation or the application must reflect how alternate transportation will be provided.
- I. Disclose all fees and any additional costs or charges and provide a copy of a receipt for housing payment, security deposit, or other expenses, which must be maintained in the client record and be available to the client and for BHDDH review.
- J. Agree to file Incident Reports for serious events with BHDDH within 24 hours of an incident.
- K. Document the date and reason for clients leaving prematurely and have a policy for storage of clients possessions.

L. Providers are expected to have client records available. They must comply with the General Requirements for Recovery Support Service Providers at the beginning of the section.

- ADDITIONAL REQUIREMENTS FOR RECOVERY HOUSING FOR INDIVIDUALS

A. Recovery housing providers must be members in good standing of the *Ocean State Coalition of Recovery Houses* which is affiliated with Rhode Island Communities for Addiction Recovery Efforts

B Living spaces must be furnished. Furniture must be complete, clean, and in good repair. Houses must

provide sheets, blankets and pillows and central heating.

C. House rules and regulations must be posted in a common area of each house.

D House owners and managers shall not engage in sexual contact or other non-professional relationships with residents.

4. INTERPRETER SERVICES FOR THE HEARING IMPAIRED AND NON-ENGLISH SPEAKING CLIENTS

These services increase the access to communication for hearing impaired and non-English speaking clients by providing quality interpretation. They are designed to be provided in conjunction with another service.

Interpreters for the hearing impaired must be licensed through the Department of Health, Board of Examiners for Interpreters for the Deaf and Hard of Hearing and Registered at the Commission of the Deaf and Hard of Hearing. Providers are expected to have client records available. They must comply with the Mandatory Requirements for Recovery Support Service Providers at the beginning of the section.

5. LIFE SKILLS (INDIVIDUAL AND GROUP)

Life skills services address client issues identified in their assessment regarding activities in daily living. Written curricula should reflect evidence based practices and include objectives and lesson plans for each class. The life skills instructor must have at least a Bachelor's degree in a human service field OR one year of education/training experience in the field. Providers are expected to maintain client records which comply with the General Requirements for Recovery Support Service Providers at the beginning of the section.

The following are examples of life skills:

a. Social and recreational activities designed to create a positive use of leisure time and life skill building.

b. Programs designed to create a positive use of leisure time through visual, written and performing arts as well as physical activities

c. Social and communication skills

d. Personal budgeting, financial literacy and money management

- e. Goal setting and attainment
- f. Classes addressing legal issues such as record expungement, paying fines/restitution, consumer rights, custody/visitation
- g. Parent education and child development. Parenting assistance assists with parenting skills; teaching, monitoring, and modeling appropriate discipline strategies and techniques; and provides information and advocacy on child development, age appropriate needs and expectations, parent groups, and other related issues.
- h. Assistance with finding and maintaining temporary or permanent housing including landlord/tenant issues

6. MENTAL HEALTH SERVICES/ PSYCHIATRIC EVALUATION AND MEDICATION VISITS

These are services provided to address the mental health needs of a client as the primary focus, whether by providing an evaluation, acute stabilization, ongoing treatment or medication management. Services may exist in a variety of settings, such as traditional outpatient mental health centers or more intensive treatment units.

Mental Health Services may be provided by BHDDH licensed facilities or by independently licensed practitioners. Classes must have a written curriculum which uses evidence based practices. Providers are expected to have client records available. They must comply with the General Requirements for Recovery Support Service Providers at the beginning of the section.

7. RECOVERY COACH/PEER MENTOR

Recovery coaches are **volunteers** who provide encouragement and support to clients as they face the challenges inherent in recovery. In order to reduce conflicts of interest, Recovery Coaches cannot provide clinical services to the people they are coaching.

Coaches assist clients in developing the skills needed to live successful, independent lives. Coaching is a one-on-one supportive relationship. It includes face to face meetings, phone calls before and after appointments, informal guidance with life skills, and encouragement to contact the Care Coordinator if additional services are needed. Coaches are encouraged to introduce clients to new healthy communities and activities beyond those geared toward recovery, such as sports, exercise, cooking, social enrichment activities and hobbies.

ATR agencies cannot require that clients use their recovery coaches in order to receive other services provided by their agency. Payment is made to the agency based on each agency's time for supervising volunteers. Agencies are permitted to pay stipends or reimburse volunteers for expenses.

Agencies providing recovery coaching must have a staff person designated and trained to supervise coaches. That person will be responsible for ensuring that coaches complete RI ATR designated coach training before coaching and attend supervision meetings on a regular basis. The staff person must also maintain current, accurate information regarding each coach's contact information, regularly supervise coaches, have contact with each coach at least on a monthly basis and update the recovery coach roster on file with BHDDH within 30 days of any change. S/he must maintain recovery coaching records which include verification of each coach's attendance at

supervision meetings and a review of coaching notes. Records must also comply with the General Requirements for Recovery Support Service Providers at the beginning of the section.

All coaches must be supervised by an RI ATR provider organization and must:

1. Maintain dated notes for each contact regarding the nature of activities and time spent. These notes must be signed by the client for all in person meetings.
2. Maintain weekly contact with each client, when possible.
3. Coaches in recovery must be abstinent from alcohol and substances for a **minimum** of 2 years
4. Refer clients to the Care Coordinator for voucher changes

8. SPIRITUAL AND FAITH-BASED SUPPORT

Spiritual and faith based support services assist in the client's spiritual development. Activities include but are not limited to, establishing or re-establishing a relationship with a higher power, acquiring skills needed to cope with life-changing incidents, adopting positive values or principles, identifying a sense of purpose and mission for one's life, and achieving serenity and peace of mind. Faith-based services include spiritual resources designed to help persons in recovery better integrate their faith and recovery. Such services are usually provided in a religious or spiritual setting by spiritual leaders or other staff who are knowledgeable about the spiritual values of the community and are equipped to assist individuals in drawing on the resources of their faith tradition and community to support their recovery.

Providers must have a written curricula or plan for sessions or classes which use evidence based practice. Sessions must include the client and show regard for safety, group and individual difference. Spiritual and faith based activities must be recognized and approved by the organization's governing body and the providers must be recognized by the organization's governing body as being trained and qualified to provide this support service.

Providers are expected to have client records available. They must comply with the Mandatory Requirements for Recovery Support Service Providers at the beginning of the section.

9. TRANSPORTATION

Commuting services are provided to clients who are engaged in treatment and/or recovery support-related appointments and activities and who have no other means of transportation. Clients receiving a monthly bus pass will be required to sign for the receipt of the pass and return it to their Care Coordinator before receiving a new one.

10. CARE COORDINATION

Care Coordinators are individuals who establish an ongoing working relationship with the client to ensure that the client directed recovery plan is actualized. The care coordinator plays an important role in creating the recovery care plan, coordinating and integrating services, assisting the client with specific care choices and ensuring that the client obtains the services needed. Care Coordinators ensure that their clients receive high quality services and full access to all other government programs for which they qualify. The relationship begins at Intake/Assessment and continues throughout the voucher life.

Care Coordinators help ensure client engagement and retention by assessing needs and strengths, offering choice of appropriate services/providers and creating a client centered care plan. They provide support and advocacy as clients navigate a variety of services and move through a continuum of care. Care Coordinators maintain at least monthly contact with their clients to review voucher information and service utilization. They outreach to clients who appear to have disengaged from services and remain responsive and involved as clients return to change or add services.

The following are examples of Care Coordination:

- Orient all clients to their rights as RI ATR participants, explain RI ATR services available to that client, and explain the “client choice” program component.
- Assist client in creation and coordination of an individualize recovery care plan
- Assist with making appointments, managing and monitoring referrals and outcomes
- Administer GPRAs.
- Track clients progress throughout the program.
- Monthly review and update of the service plan and client locator form
- Keep an ongoing electronic and physical record of all contact with clients.
- Outreach to clients not engaged in ATR services in 30 day period
- Voucher changes directly from client or through agency on behalf of client
- Provide bus passes, when applicable.

B. CLINICAL TREATMENT SERVICES

• GENERAL REQUIREMENTS FOR CLINICAL TREATMENT SERVICES

• Family Services

Programs should provide a range of family interventions to assist clients in being able to live in a functional family that can support their efforts to achieve and maintain sobriety/recovery. Programs should offer one or more of the following: family counseling, couples/marriage therapy, family/parent education.

• Group Counseling

Programs should provide group counseling that can meet a variety of the different rehabilitation needs common to substance abuse clients. Examples include: therapeutic groups that focus on behavior such as anger management, grief resolution; topic specific groups that address issues such as how to seek and secure gainful employment or dealing with stress, and

relationship issues such as loneliness, or difficulty being assertive; educational groups where clients can develop skills such as time management or budgeting and gender specific groups that address issues common to men or women. Programs must offer a range of group counseling activities for their clients.

- **Case Management**

All clinical providers must ensure clients receive case management services either within their agency or through a referral to another provider. It will be incumbent upon the primary provider to coordinate case management services with the ATR care coordinator. The treatment case manager, and care coordinator must collaborate to ensure that individuals receive comprehensive care. A primary counselor, nurse, or a trained case manager can provide these services.

- **Standards for Staff**

Staff providing clinical services must meet the minimum requirements in the BHDDH Rules and Regulations for the Licensing of Behavioral Healthcare Organizations, as amended in April 2010, Section 9.0, Staff Competency and Training,

- **Toxicology Screens**

Each client will receive a minimum of one random supervised 5-panel urine screen per week for the first 90 days of treatment; unless it is clinically determined otherwise. Toxicology screens are to be continued throughout treatment with documentation of clinical necessity. Toxicology screening is not to be considered a counseling session and is included in each clinical service rate.

1. RESIDENTIAL

Programs serving adult residential clients must adhere to the BHDDH Rules and Regulations for the Licensing of Behavioral Health Organizations, as amended in April 2010, Section 40.0, Residential Services. A minimum of twelve hours of clinical services per week is required; this includes two hours of individual session. Residential programs which require clients to work or contribute to the program cost are permitted to treat ATR clients similarly.

2. DAY/PARTIAL HOSPITALIZATION

For this service, clients must receive at least 20 hours of clinically intensive programming per week consisting of a minimum of two clinical service hours per day and one individual session per week. Direct access to psychiatric, medical and laboratory services must be available.

3. OUTPATIENT

Each program serving these clients must adhere to BHDDH Rules and Regulations for the Licensing of Behavioral Healthcare Organizations, as amended in April 2010, Section 31.0, General Outpatient Services. Clients must receive up to nine hours of clinical services per week.

4. INTENSIVE OUTPATIENT SERVICES

Each program serving these clients must adhere to the BHDDH Rules and Regulations for the Licensing of Behavioral Healthcare Organizations Services Section 34.0 Intensive Outpatient Services. Clients must receive a minimum of nine clinical service hours per week and up to twenty per week with at least one individual session per week. Group sessions should have a maximum of twelve participants.

5. MEDICATION ASSISTED TREATMENT (METHADONE AND SUBOXONE)

Each program serving these clients should adhere to the applicable BHDDH Rules and Regulations for the Licensing of Behavioral Healthcare Organizations Services, as amended in April 2010. Due to the limited length of the ATR voucher, clinicians must be working with the patient upon intake to secure alternative funding options and develop a transition plan for medication upon discharge from ATR. Clinicians should document this transition plan in the patient record to be available for review during clinical chart audits.

For suboxone, the target population is adults with no other payer source whose dependency on opiates began in the last 3 years. They must also show significant motivation toward recovery. Exclusionary criteria are clients who:

- Are receiving methadone maintenance
- Have significant untreated psychiatric comorbidity (e.g. psychosis)
- Are abusing benzodiazepines and / alcohol;
- Are pregnant or breastfeeding
- Have significant medical complications (e.g. end-stage liver disease)
- Have active or chronic suicidal or homicidal ideation or attempts

6. AFTERCARE/CONTINUING CARE

Continuing care offers clients an opportunity to maintain an ongoing relationship with their provider. The key components of this program are: phone based assessment and counseling, face-to-face sessions as needed and linkages to case management to meet their full array of needs (e.g. housing, employment, access to medical care, etc.). Clients who complete primary care or dropout prematurely are eligible for this program. A minimum of one phone screen per month must be performed.

RI ATR -RECOVERY SUPPORT SERVICES

service	units	maximum units	dollar cost per unit
Childcare (must match to a service)	¼ hr	100 per child-1 renewal	3
Employment services/ job training	¼ hr	120	6.25
Housing Assistance- Transitional Housing for families	week	20	Weeks 1-8 150 Weeks 9-16 100 Weeks 17-20 50
Housing Assistance- Recovery Housing for individuals	week	20	Weeks 1-8 110 Weeks 9-16 75 Weeks 17-20 40
Interpreter services (must match to a service)	hour	60- 1 renewal	50
Life skills group	¼ hr	120 total for group and individual	5
Life skills individual	¼ hr	120 total for group and individual	10
Mental health- MD psych. Eval.	appointment	1	338.50
Mental health-eval Psych. nurse	appointment	1	207.45
Med visit-MD	¼ hr	3 – 1 renewal for suboxone clients	49.05
Med visit- RN	¼ hr	3 – 1 renewal for suboxone clients	20.78
Med visit- RN/CNS	¼ hr	3 – 1 renewal for suboxone clients	33.66

ATR 3-RECOVERY SUPPORT SERVICES

service	units	Maximum units	dollar Cost per unit
Mental Health-group	50-60 min.	12 + 1 renewal	32.90
Mental Health-individual	50-60 min	12 + 1 renewal	79.95
Mental Health- individual	½ hr.	12 + 1 renewal	40
Recovery Coaching (paid to agency for coordinating and administering program)	¼ hr.	140	5
spiritual and faith-based support group	¼ hr	120 total for group and individual	5
spiritual and faith-based support individual	¼ hr	120 total for group and individual	7

CARE COORDINATION SERVICES	unit	maximum units	cost per unit
In person client contact	¼ hour	24	\$14
Other client contact (e-mails, letters, phone)	¼ hour	12	\$7
Administration (GPRAs, OEI, Voucher changes, reinstatement of suspended voucher, write up care coordination plan, update of service plan and client locator form)	¼ hour	12	\$7
Assessment – Treatment and Recovery Support	1	1	\$111.55
Assessment – Recovery Support only			
Client incentive	1	1	\$20
Transportation	1	6	\$62
CARE COORDINATION ADMINISTRATION	unit	maximum units	cost per unit
<p>This includes the following tasks:</p> <ul style="list-style-type: none"> • check reports for service usage • electronic and physical record of client contact • referral source questions • monitoring referrals and outcomes • setting up client appointments • any instance where more than one client is provided a service at the same time. 	Client actively involved in services for more than ½ of a month	6	\$25

RI ATR TREATMENT SERVICES

service	units	maximum units	Dollar cost per unit
individual counseling	50-60 min	12 + 1 renewal	61.95
individual counseling	30 min	12 + 1 renewal	40.25
group counseling	60-90 min	12 + 1 renewal	37.25
adult residential	day	90	1-30 105.80 31-60 92 61-90 79
IOP	day	36	94.5
day treatment	day	20	105.25
Continued care	15 minutes	12 –one per month	20.25
methadone	week	52	Months 1-4 80.50 Months 5-8 55 Months 9-12 30
Family/couple counseling	60-90 minutes	12 one renewal	70
Urinalysis screen (must not be already included in bundled rate)	week	24	10
Suboxone	week	52	Week 1 400 (induction fee) Months 1-4 (minus week 1) 80.50 Months 5-8 55 Months 9-12 30 Medication paid by cmap 3 medication visits (billed separately)

RHODE ISLAND ACCESS TO RECOVERY (RI ATR)

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