Solicitation Information
February 20, 2013

Addendum #4

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, REVISED FEBRUARY 2013.

Gail Walsh
Buyer

RHODE ISLAND ATR

REVISED 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.

TABLE OF CONTENTS

ARTICLE I. I. INTRODUCTION **2**

II. PRINCIPLES OF SERVICE **3**

III. GENERAL REQUIREMENTS **3**

A. BUSINESS LICENSES 3
B. CONFIDENTIALITY 4
C. CONFLICT OF INTEREST 4
D CREDENTIALING OF PROVIDERS 4
E. GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA) 4
F. GROUP SERVICES GUIDELINES 5
G. INCIDENT REPORTING 5
H. LICENSURE, CERTIFICATION, OR OTHER STAFF QUALIFICATIONS 5
I. ORGANIZATIONAL GOVERNANCE 5
J. PROTECTION OF INDIVIDUALS 6
K. PROVIDER COMPLIANCE WITH HEALTH AND SAFETY REGULATIONS 6
L. PROVIDER LIAISON/ PRIMARY CONTACT 6
M. PROVIDER SERVICES AND LOCATIONS 6
N. QUALITY ASSURANCE 6
O. RELIGIOUS ACTIVITY AND PARTICIPANT CHOICE 7
P. RISK MANAGEMENT PLAN 7
Q. STAFF OR CAPACITY CHANGES 7
R. SUPPLANTING 8
T. VOUCHER MANAGEMENT SYSTEM 9

IV. SERVICE DESCRIPTIONS **11**

A. CARE COORDINATION 12
B. TREATMENT SERVICES 12
1. AFTERCARE/CONTINUING CARE *12*
2. DAY/PARTIAL HOSPITALIZATION *13*
3. INTENSIVE OUTPATIENT SERVICES *13*
4. OUTPATIENT *13*
5. MEDICATION ASSISTED TREATMENT (METHADONE) *13*
6. RESIDENTIAL *13*
C. RECOVERY SUPPORT SERVICES 14
1. CHILDCARE *14*
2. EMPLOYMENT SERVICES OR JOB TRAINING *14*
3. RECOVERY HOUSING *15*
4. INTERPRETER SERVICES FOR THE HEARING IMPAIRED AND NON-ENGLISH SPEAKING PARTICIPANTS *15*
5. LIFE SKILLS (INDIVIDUAL AND GROUP) *16*
6. MENTAL HEALTH SERVICES/ PSYCHIATRIC EVALUATION AND MEDICATION VISITS *16*
7. RECOVERY COACH/PEER MENTOR *16*
8. SPIRITUAL AND FAITH-BASED SUPPORT *17*

V. SERVICE PRICING **18**

RI ATR III Service Pricing *18*

VI. STAFF DIRECTORY **20**

I. INTRODUCTION

The purpose of *Accessing Recovery in Rhode Island* (RI ATR) is to help participants develop personal substance abuse recovery plans and connect them with the treatment and recovery support services that best fit their current needs and goals. Participants choose the providers where they wish to receive services, and the ATR program uses an electronic voucher system to pay for many of these services for a limited time.

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.

Care coordination is a mandatory service for every participant. Care Coordinators create the voucher for services, monitor voucher use, coordinate services and, administer the Government Performance Results Act (GPRA) surveys as well as consumer satisfaction surveys. They also maintain monthly contact with the participant throughout the voucher life. Rhode Island has chosen to bundle assessment and care coordination along with voucher changes and transportation. Electronically screened participants will be given a choice of approved providers for all other services.

Priority Populations:

- The criminal justice population; specifically people leaving prison, those on probation /or parole or involved with the RI Attorney General's Diversion Program, Adult Drug Court or Pre-Trial Services. Persons must have evidence of a substance use disorder within a one year period prior to incarceration
- Parents and caretakers involved with or at risk of being involved with DCYF due to a substance use disorder
- National Guard members returning from Iraq and Afghanistan and their immediate adult family members
- Individuals successfully completing or graduating from residential treatment
- Individuals involved with the Family Care Community Partnership
- All women statewide

Eligibility Criteria:

- Citizen of US or in country lawfully
- Resident of RI for at least 6 months
- 18 years of age or older
- Income not to exceed 200% above federal poverty guideline
- Immediate need for substance abuse treatment and/or recovery support services

Additionally, all participants must:

- ✓ Have a voluntary desire for recovery and a willingness and motivation to change
- ✓ Have used substances in the past six months (or within a year of incarceration)
- ✓ Have a need for treatment and/or recovery support services.
- ✓ Be willing, appropriate, and able to engage in ATR services.

- ✓ Be willing to engage with his/her ATR Care Coordinator on a monthly basis
- ✓ Be willing to respond to a follow up outcome survey 5-6 months from enrollment into ATR.

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. A guiding principal of ATR is the individual's right to informed freedom of choice of appropriate service providers based on his or her assessed needs.

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 his/her 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 participant may require a wide range of services including but not limited to 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. 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. The appropriate duration of services for an individual depends on his or her problems and needs, and must be offered for an adequate period of time. Because people often leave treatment or support services prematurely, programs must include strategies to provide outreach to participants and keep them engaged.

G. Individuals who have successfully completed their ATR services will maintain their progress towards recovery with appropriate discharge planning that should include the use of blended funding streams.

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 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. All providers of treatment services must adhere to the Rules and Regulations for the Licensing of Behavioral Healthcare Organizations. All providers of recovery housing must be members in good standing with the Ocean State Coalition of Recovery Houses (OSCRH) and adhere to all of the policies and procedures prescribed by the OSCRH and the BHDDH ATR Program, as well as to applicable state and municipal laws and regulations.

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 participant confidentiality; maintenance of licensure or other professional standing; maintenance of liability and other essential insurance; ethical and appropriate interaction with participants as individuals, families or group members; nor any other legal, fiscal or ethical responsibility.

E. GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA)

All RI ATR participants are required to complete a survey known as GPRA. Specifically participants are required to complete an intake GPRA; follow-up GPRA and discharge GPRA. Assessment/Care Coordination Providers are responsible for completing all GPRA surveys with their respective participants.

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 surveys 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. Participants completing a follow-up GPRA receive a $20 voucher.

F. GROUP SERVICES GUIDELINES

All ATR participants must be assessed to be group appropriate and group ready. No participant may be coerced or mandated to receive group services if he/she is uncomfortable in a group setting, and should be referred for individual services. ATR will not pay for peer-led, Self-Help or 12 step groups, or groups that the provider offers for free. Groups may contain no more than 12 participants in a process oriented group.

G. INCIDENT REPORTING

All providers must file incident reports with BHDDH when there is an incident involving an unexpected death of a participant, serious injury, suicide or suicide attempt, serious medication error or reaction, participant neglect or abuse, serious staff misconduct, fire, environmental emergency/serious equipment failure, assault, major theft and all other incidents of a serious nature .

The protocol for reporting incidents is as follows:

- Incident Reports must be reported to BHDDH <u>within 48 hrs</u> though the Department requests that if an incident is likely to garner media attention that we be <u>notified</u> as soon as possible if not immediately
- The participant's Care Coordinator must be notified of the incident <u>immediately</u>
- A note describing the incident is placed in the note section of the participant's voucher within 24 hrs.
- Participant death must be immediately reported to BHDDH, the participant's other ATR service providers, and the participant's Care Coordinator. Documentation should also be made on the "notes section" at the bottom of the client's voucher.

H. LICENSURE, CERTIFICATION, OR OTHER STAFF QUALIFICATIONS

Providers must:

- Maintain accurate and up-to-date records of staff qualifications.
- Monitor staff licensure, certification, or other qualifications for employment to ensure that employees are compliant with municipal, county, state and RI ATR program requirements.
- Ensure that appropriate staff participates in ongoing ATR meetings and training as required and approved by BHDDH, including but not limited to Title 42, Confidentiality of Federal Records, Part II, and Ethics specific to persons receiving substance abuse services. Certificates of completion must be faxed or mailed to BHDDH and be retained on file at each site location. Untrained staff may be suspended from using the VMS or from ATR client contact until such training has taken place. Each agency is responsible for locating and paying for appropriate trainings, and for obtaining BHDDH approval of such.

I. 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.

J. 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, any costs to the participant and the exact date that a co-pay will begin or may increase due to a tiered rate of service. This information should be immediately reviewed with the participant. It should be in writing and signed and dated by both the provider and participant, with copies given to the participant and maintained in the participant's file.

BHDDH reserves the right to suspend referrals to providers upon receipt of complaints and allegations of fraud, waste and abuse.

K. PROVIDER COMPLIANCE WITH HEALTH AND SAFETY REGULATIONS

All individuals shall be served in a safe facility. Facilities used by a provider 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. Providers must meet all the requirements of the American with Disabilities Act of 1990.

L. PROVIDER LIAISON/ PRIMARY CONTACT

Providers must have at least one staff person designated at each site as the primary contact person for email messages, trainings and meetings. The individual designated as the liaison /primary contact is responsible for forwarding all RI ATR information to the appropriate RI ATR staff. BHDH ATR staff must be immediately notified of any changes in primary contacts

M. PROVIDER SERVICES AND LOCATIONS

Without exception, all ATR services must be provided at the site identified on the provider's application and Purchase Order. Before a new RI ATR clinical or recovery support service or site can be added to the ATR network, 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.

Unapproved services or services performed at unapproved locations will not be reimbursed.

N. QUALITY ASSURANCE

RI ATR Care Coordinators will conduct consumer satisfaction surveys to ensure quality of services. All clinical and recovery support providers must maintain confidential updated and accurate participant records and agree to make them available for monitoring by ATR staff for quality assurance. Records must be retained throughout the life of the ATR grant.

Participants who are dissatisfied with ATR services are instructed to file a grievance with the provider organization. Complaints will be investigated by the Human Rights Officer within the provider agency. In the case of Recovery Houses, complaints are investigated by the Ombudsman on behalf of the Ocean State Coalition of Recovery Houses.

If a participant is unwilling to file a grievance, the care coordinator may at his/her discretion, communicate the participant's concerns to the provider agency on behalf of the participant.

O. RELIGIOUS ACTIVITY AND PARTICIPANT CHOICE

A faith based or spiritual 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. ATR funds must be utilized to support the costs of ATR participants' attendance in ATR approved programs.

Faith-based and spiritual organizations may use space in their facilities to provide services supported by RI ATR without needing to remove any 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.

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

P. RISK MANAGEMENT PLAN

All providers must have a risk management plan for high risk participants, and a copy must be kept on file and available for review by BHDDH. Plans should address protocol for emergencies, including violent episodes, impairment from substances and mental health crises.

Q. STAFF OR CAPACITY CHANGES

- All providers shall inform RI ATR of all pertinent staff changes within 14 days. Revised staff rosters may be faxed or emailed.
- All providers must inform RI ATR of changes in the provider liaison/primary contact (see section L) within 14 days.
- Changes to employment status or level of licensure, certification or other significant staff modifications shall be promptly reported to the BHDDH RI ATR Team.
- 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.

- Providers must insure that all current and new staff have criminal background checks and are approved, in writing, by the governing body of the organization. Staff with direct contact with children must also have Child Abuse and Neglect Tracking System checks in compliance with DCYF standards.
- 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 and supervision and a resume or application. These files must be available for review by RI ATR, upon request.

R. SUPPLANTING

ATR is payer of last resort. If a provider has open state slots as well as participants that are paid for by ATR, they must fill the slots immediately by moving ATR participants into those slots. In an effort to prevent supplanting of State funded treatment slots, providers must adhere to the following protocol:

- ALL Referral Sources, Assessors and Care Coordinators are expected to refer participants to state funded slots prior to utilizing ATR for treatment.
- ATR providers must utilize other funding prior to using ATR for services that can be paid for in other ways.
- When a payment source is changed, the provider must immediately notify BHDDH staff of the transferred participants' voucher numbers. BHDDH licensed facilities must immediately report the change of payment to the BHDDH RIBHOLD system.

The Dept of BHDDH is actively monitoring providers for their utilization of state funded and ATR slots – If a state slot is available, those participant's Care Coordinators must be immediately notified so that the service can be removed from their vouchers. Failure to follow these steps may result in sanctions, including termination of payments for the ATR participants who should have been moved onto state funded slots, and termination of further ATR referrals to the agency.

In addition, it is important to note that participants with insurance are not automatically exempt from ATR. Participants may utilize ATR for services for which there is no other payment source or for which insurance does not cover. Providers may bill ATR accordingly.

S. TERMINATION OF PROVIDER AGREEMENT

- BHDDH or the Provider may terminate the provider agreement for any reason with forty-five (45) days written notice to the other party.

- If the Provider fails to comply with any terms, conditions, requirements, or provisions of this Handbook, the Provider Continuous Recruitment Solicitation or commits participant 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 participants.

T. VOUCHER MANAGEMENT SYSTEM

Billing, Data Entry and Reimbursement

- 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.
- Service data entered within 15 calendar days of the transaction date will be reimbursed at 100%
- Service data entered within 16 to 45 calendar days of the transaction date will be reimbursed at 50% payment
- Service data entered after 45 calendar days of the transaction date will not be reimbursed
- Providers are paid on a net 45 day schedule. For specifics regarding payment breakdown, please follow the instructions for accessing payment detail by check number on the VMS.
    - Begin by logging in to the ATR3 Voucher Management System, located at https://kitservices3.kithost.net/RIATR/pLogin.aspx.
    - Once you are logged in, accept the System Agreement by clicking on the OK button. This will bring you to the main page.
    - Located at the top of the screen is a tab labeled **UTILIZE DATA**. Click this tab and select **STANDARD REPORTS**.
    - Next you will select the tab labeled **FISCAL**.
    - Select **APPROVED TRANSACTIONS BY CHECK NUMBER**.
    - At this point you will be able to enter your provider name and the check number.
    - In addition you will be able to filter by provider location and service if that level of detail is needed. This will bring up all of the vouchers that are associated with the check number entered.

Voucher Management System Training and Provider Profile Requirements

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. Both billing and direct service staff must participate in VMS training.

All providers must complete their provider profile on the VMS before referrals will be made for their services. Service descriptions and logistical information must be updated as necessary.

Voucher Process, Referral, Management and Oversight

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.

- Participants will be referred through protocol established by RI ATR. Participants will have a choice of assessment/care coordination providers. Participants may be referred to ATR III only one time.
- The participant's chosen assessment/care coordination provider will perform the initial assessment and GPRA, collect participant demographic information and have the participant sign proof of choice and

confidentiality forms. The provider will establish the service plan for both clinical and recovery support services and enter onto the participant's voucher.

- If a participant 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 provider.
- 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.
- At the initial visit, the participant 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 participant 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.
- Those providers listed on the voucher will receive an email message with the participant's voucher number. The provider can then login to the RI ATR website to look at the participant 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.
- If another source of funding is available for any participant service, the receiving provider must notify the care coordinator immediately, so that service may be removed from the ATR voucher.
- The care coordinators have primary responsibility for connecting participants with appropriate service providers with a primary consideration of participant 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 participant, the provider cannot make contact, the care coordinator will be notified by the provider and the service removed from the participant's voucher.
- If no ATR services are rendered to a participant in a 30 day period, the voucher will be auto-suspended on the VMS. The suspension 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 suspension. The care coordinator will attempt to locate and contact the participant. If a participant with a suspended voucher is still interested in participating in RI ATR, the participant reviews services with the care coordinator and the voucher can be reactivated by the care coordinator for the time remaining on the voucher. If the participant is not interested in participating in RI ATR, the voucher will automatically close after **45** days of inactivity (without billing).
- 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 participant choice of provider.
- RI ATR vouchers are issued for a finite period of service and are nonrenewable.
- No RI ATR provider may refer a participant directly to another RI ATR provider. Providers may request changes in services only with participant's permission. The request must be submitted through the VMS. Requests for changes will be processed within 5 business days of receipt.
- Providers must notify their participants 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 participant, at least one week in advance, when co-payments are required.
- Services provided to participants before or after the voucher period are not reimbursable.
- The Assessment/Care Coordination provider supervisor and the RI ATR Clinical and Recovery Support Coordinator shall oversee and monitor appropriate service mix and use of the voucher.

Voucher Suspension

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

- The participant remains in long term residential treatment (more than 90 days).
- The participant is hospitalized or unable to utilize the RI ATR services due to a severe medical condition which lasts for more than 30 days.
- The participant is incarcerated for **90 days or less**. Participants incarcerated for 90 days or less will be reinstated for the time remaining on the voucher at the time of incarceration.
- If a participant 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 participant 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 participant with a 180 day voucher incarcerated on voucher day 80 for 200 days: 80+ 200=280-90=190. Since190 is greater than 180, the voucher is not reinstated.)
- The participant was incarcerated at the time the voucher was created and activated and remained incarcerated more than 30 days after activation.

Technical Support

A complete VMS User Manual can be downloaded from the Knowledge Base menu of the VMS or from the Support Menu of the VMS.

To report problems or request assistance with the voucher management system, please submit a ticket through the Support Menu. From the Support Menu, click the Web Site link and then the Contact Support link. Your ticket will be responded to within 48 hours.

IV. SERVICE DESCRIPTIONS

ATR services are broken down into 3 categories, Care Coordination, Treatment Services, and Recovery Support Services. All participants receive care coordination services. ATR participants may be deemed ineligible to receive certain treatment or recovery support services if the desired services do not fit with the needs identified in the assessment process or the individual's current stage of change.

Providers must encourage and assist participants with a planning process for services that require copayment from the participant.

A. CARE COORDINATION

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

Care Coordinators are also responsible for administering the outcome survey affiliated with the Government Performance Results Act (GPRA) and the participant satisfaction survey.

Care Coordinators should instruct dissatisfied participants to file a grievance with the provider organization. Complaints will be investigated by the Human Rights Officer within the provider agency. In the case of Recovery Houses, complaints are investigated by the Ombudsman on behalf of the Ocean State Coalition of Recovery Houses.

If a participant is unwilling to file a grievance, the Care Coordinator may at his/her discretion, communicate the participant's concerns to the provider agency on behalf of the participant.

Care coordinators must contact BHDDH/ATR Treatment and Recovery Support Coordinator if:

- the response from investigative source is untimely and the nature of the complaint presents an immediate threat to participant health or safety
- the nature of the complaint is service fraud
- participant or Care Coordinator is unsatisfied with the outcome of the response or investigation

Coordinators should be prepared to provide supporting documentation in writing.

B. TREATMENT SERVICES

All Licensed Treatment Providers must adhere to the most recent and up to date RI BHDDH rules and Regulations for the Licensing of Behavioral Health Organizations.

1. AFTERCARE/CONTINUING CARE

Continuing Care offers clients an opportunity to maintain an ongoing relationship with their provider. The key components of this program are: telephone 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 or dropout prematurely from treatment, are eligible for this program. A minimum of one telephone screen per month must be performed.

2. DAY/PARTIAL HOSPITALIZATION

Clients must receive more than 20 hours of clinically intensive programming per week consisting of a minimum of two clinical service hours per day, one individual session per week, and family sessions when indicated. Direct access to psychiatric, medical and laboratory services must be available. Group sessions should have a maximum of twelve participants.

3. INTENSIVE OUTPATIENT SERVICES

Clients must receive a minimum of 9 clinical service hours per week and up to 20 per week with at least one individual session per week, as well as family sessions when indicated. Direct access to psychiatric, medical and laboratory services must be available Group sessions should have a maximum of twelve participants unless they are strictly educational and in lecture format.

4. OUTPATIENT

Clients may receive up to nine hours of clinical services per week.

5. MEDICATION ASSISTED TREATMENT (METHADONE)

ATR participants are eligible for up to 39 weeks of methadone treatment on a 3 tier schedule where tiers 2 and 3 require a client co-payment.

Due to the limited length of the ATR voucher, clinicians must begin work 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. Exclusionary criteria are clients who:

- Have significant untreated psychiatric co-morbidity (e.g. psychosis)
- Are abusing benzodiazepines and /or 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. RESIDENTIAL

Residential treatment provides a minimum of five hours of clinical services per week; 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.

Residential treatment may not be provided to ATR participants who were referred to ATR as having completed a residential treatment program. Exceptions to this rule must be approved by BHDDH Clinical and Recovery Supports Coordinator.

C. RECOVERY SUPPORT SERVICES

All Recovery Support Service Providers <u>must</u> document and report the following information each time a service is provided:

- Participant voucher number and ATR provider ID
- Start and end time of each service, signed and dated by the participant at least at the time of admission.
- 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
- A copy of the dated progress notes signed by the person providing the service must be maintained by the provider in the participant's file.
- For meetings and classes, attendance sheet, signed and dated by the participant
- 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 participant's child(ren) under 14 while the participant is involved 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***)*

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.

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 participant 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 participants must pass an exam or obtain a license, the provider must ensure that the participant is qualified to do so upon completion of the training.
- **Job placement and retention -**placing participants in jobs, providing assistance with job retention post-placement, job coaching
- **Education regarding community resources including:**
    1. ORS/VR program
    2. Network RI
    3. College financial aid offices/student services

4. Adult education
5. Services for the developmentally disabled

3. RECOVERY HOUSING

A recovery house is a dwelling for individuals in recovery that is drug and alcohol free on all floors of the dwelling. ATR offers two types of recovery housing services: **recovery housing for individuals and transitional recovery housing for families**. A family is defined as the ATR participant and his/her children. Participants are expected to use their time in recovery housing as an opportunity to take constructive steps toward establishing a more permanent form of independent living. ATR housing **does not include** emergency/shelter housing, rental payments, security deposits or payments to store participants' possessions.

Recovery Houses must be operational for at least 6months before applying to ATR. Dwellings must meet the minimum standards and regulations required by applicable federal, state and local authorities. Dwellings must conform to state and local fire and building codes. ATR housing providers must be members in good standing of the *Ocean State Coalition of Recovery Houses* and adhere to all policies and procedures for operation and ethical standards established by the Coalition. A description of these standards may be found at http://recoveryhousingri.com/OSCRH/Welcome.html

Additionally, ATR Recovery House Providers must:

A. Have a written plan to address emergencies, including impairment from substances and mental health crises and make referrals as appropriate for detoxification or to a treatment agency and document in VMS and resident record
B. Adhere to the Substance Abuse Confidentiality Regulations, 42 CFR Part 2, that govern the use and disclosure of alcohol and drug abuse patient records
C. 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
D. Perform BCI, NCIC and Child Abuse and Neglect Tracking System checks in compliance with DCYF standards on all residents and staff, if policies permit child visits
E. Maintain records for ATR participants as described at the beginning of this section and have records available for BHDDH audits. Records should document the ATR voucher number, contain a signed copy of the admission agreement, receipts for deposits and co-payments, and document the date and reason for discharge.
F. Have a policy for the storage of clients' possessions in the event of an unexpected absence or discharge

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

These services increase the access to communication for hearing impaired and non-English speaking participants 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.

5. LIFE SKILLS (INDIVIDUAL AND GROUP)

Participants may choose to take life skills classes in individual or group setting. Life skills providers must maintain a written curriculum of lesson plans and materials. Participants may choose one or more of the following Life Skills topics based upon need:

- Social and communication skills
- Anger management
- Stress management
- Nutrition
- Self management and care
- Personal budgeting, financial literacy and money management
- Parenting skills *
- Instruction on navigating resources and systems: medical, legal, housing, custody, etc.

*ATR will not pay for parenting skills classes if they are ordered by DCYF.

ATR will not pay for Life skills classes for a participant who is receiving substance abuse treatment or has completed substance abuse treatment in the past 6 months.

Staff Requirements: Life skills instructors must have a minimum of an Associates Degree in a Human Service related area or minimum of 2 years of relevant job experience.

6. MENTAL HEALTH SERVICES/ PSYCHIATRIC EVALUATION AND MEDICATION VISITS

These are services provided to address the mental health needs of a participant 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, and are expected to be coordinated with the participants' other providers.

7. RECOVERY COACH/PEER MENTOR

Recovery coaches provide encouragement and support to participants as they face the challenges inherent in recovery. Coaches assist participants in developing the skills needed to live successful, independent lives. Coaching is a one-on-one supportive relationship. Services include:

- weekly contact
- face to face meetings, phone calls before and after appointments
- informal guidance with life skills
- encouragement to contact the Care Coordinator if additional services or service changes are needed
- introduction of participants to new healthy communities and wellness activities such as sports, exercise, cooking, social enrichment activities and hobbies.

In order to reduce conflicts of interest, and billing issues, a Recovery Coach may not provide clinical or other services to the people/person they are coaching.

ATR agencies may not require that participants use their recovery coaches in order to receive other services provided by their agency. Payment is made to the agency based on time spent supervising volunteers. Agencies are permitted to pay stipends or reimburse volunteers at their discretion.

Coaches must maintain dated notes for each contact regarding the nature of activities and time spent. These notes must be signed by the participant for all in person meetings.

Staff Requirements: Recovery coaches are **volunteers** in, recovery must be abstinence from alcohol and substances for a **minimum** of 2 years and be able to show documentation of having completed a state approved recovery coach training.

Staff Supervision: 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.

8. SPIRITUAL AND FAITH-BASED SUPPORT

Spiritual and faith based support services assist in the participant'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.

Staff Requirements: 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.

V. SERVICE PRICING

RI ATR III Service Pricing

Treatment Services	Unit	Maximum Units	Dollar Cost per Unit
Aftercare/Continuing Care	¼ hour	3- one per month	$20.25
Day/Partial Hospitalization	1 day	10	$105.25
Intensive Outpatient (IOP)	1 day	12	$94.50
Outpatient Group Counseling	60-90 min	12	$37.25
Outpatient Individual Counseling	30 min 50-60 min	12 12	$40.25 $61.95
Methadone Treatment Tier 1	1 week	13	$80.50
Methadone Treatment Tier 2	1 week	12	$55.00
Residential Treatment	day	30	$94.50
Urinalysis Screen (OP only)	1	12 + 1 renewal	$10.00

Recovery Support Services	Unit	Maximum Units	Dollar Cost per Unit
Child Care (must match to a service)	¼ hour	50 per child	$3.00
Employment Services/Job Training	¼ hour	60	$6.25
Housing Assistance-Individuals Tier 1	1 week	8	Weeks 1-8 $110.00
Housing Assistance-Individuals Tier2		4	Weeks 9-12 $75.00
Housing Assistance-Families	1 week	8 4	Weeks 1-8 $150.00 Weeks 9-12 $100.00
Interpreter Services (must match to a service)	1 hour	60	$50.00
Life Skills – Group	¼ hour	40 total group and individual	$5.00
Life Skills – Individual	¼ hour	40 total group and individual	$10.00
Mental Health Group Counseling	50-60 min.	12	$32.90
Mental Health Individual Counseling	30 min. 50-60 min	12 12	$40.00 $79.95
Mental Health MD Psych Evaluation	appointment	1	$338.50
Mental Health RN Psych Evaluation	appointment	1	$207.45
Medication Visit – MD	¼ hour	3	$49.05
Medication Visit – RN	¼ hour	3	$20.78
Medication Visit – CNS	¼ hour	3	$33.66
Recovery Coach/Peer Mentor	¼ hour	72	$5.00
Spiritual & Faith-based Group	¼ hour	40 total group and individual	$5.00
Spiritual & Faith-based Individual	¼ hour	40 total group and individual	$10.00
Care Coordination Services	**Unit**	**Maximum Units**	**Cost per Unit**
Initial Assessment – Treatment and Recovery Support	1	1	$150.00
Initial Assessment – Recovery Support only	1	1	$100.00
DOC Initial Assessment – Treatment and Recovery Support	1	1	$187.50
In person contact	¼ hour	18	$14.00
Other contact (e-mails, letters, phone)	¼ hour	30	$7.00
GPRA (Follow Up)	1	1	$56.00
GPRA (Discharge)	¼ hour	6	$7.00
Participant Satisfaction Survey	¼ hour	1	$7.00
Gift Certificate Incentive	1	1	$20.00
Transportation	1 month	6	$62.00
Administration	1 month	8	$25.00

VI. STAFF DIRECTORY

RHODE ISLAND ACCESS TO RECOVERY (RI ATR)
BHDDH Staff

Brenda Amodei Project Director	Tel: 462-1747 Fax: 462-6078 bamodei@bhddh.ri.gov
Charles Williams Principal Investigator	Tel: 462-0759 Fax: 462-3204 cwilliams@bhddh.ri.gov
Steven Dean Fiscal Coordinator	Tel: 462-0486 Fax: 462-3204 sdean@bhddh.ri.gov
Lori Dorsey Treatment and Recovery Support Services Coordinator	Tel: 462-0645 Fax: 462-6078 ldorsey@bhddh.ri.gov
Elizabeth Kretchman Information Technology Coordinator	Tel: 462-0644 Fax: 462-6078 ekretchman@bhddh.ri.gov
Rebecca Boss Coordinator of Faith Based Services	Tel: 462-0723 Fax: 462-3204 rboss@bhddh.ri.gov
Susan Parmelee Customer Service Liaison	Tel: 462-5694 Fax: 462-6078 sparmelee@bhddh.ri.gov
Delia Aguilar Recovery House Liaison	Tel: 462-0172 Fax: 462-6078 daguilar@bhddh.ri.gov
Brenda Nault Project Assistant	Tel: 462-1681 Fax: 462- 6078 bnault@bhddh.ri.gov