

**Louisiana Department of Health and
Hospitals**

Office for Addictive Disorders

**Access to Recovery II
LA-ATR II**

Provider Manual



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INTRODUCTION

OFFICE FOR ADDICTIVE DISORDERS

The Office for Addictive Disorders (OAD) is the state agency that is charged with implementing Louisiana's full continuum of prevention and treatment services for citizens affected by alcohol, drugs and gambling addictions. The continuum of care for treatment includes but is not limited to detoxification services, inpatient services, residential community-based services and outpatient community based services. OAD supports services for adults and adolescents, as well as specialized treatment programs to serve women, pregnant women, women with dependent children and persons with compulsive gambling problems. OAD is the designated administrator and regulator of the Access to Recovery II (ATR-II) grant that authorizes eligible entities to provide services to individuals through a voucher based system.

ACCESS TO RECOVERY

The ATR-II program is part of a Presidential initiative to 1) provide client choice among substance abuse clinical treatment and recovery support providers, 2) expand access to a comprehensive array of clinical treatment and recovery support options, including faith and community-based organizations, and 3) increase substance abuse treatment capacity.

The United States Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) awards the ATR-II grant to Louisiana and other states across the nation. ATR-II aims to include more faith and community based caregivers and to enhance and expand overall services. Key features of ATR-II are that substance abuse treatment individuals will have a free choice of providers and recovery support services are included in the continuum of care.

ATR-II providers will be expected to use their ATR-II provider privileges and ATR-II funds to facilitate individual choice and promote individualized pathways to recovery through the provision of evidence-based substance abuse treatment and recovery support services. All ATR-II provider activities and services offered to individuals are to be entered into the ATR-II web-based voucher and electronic case record system.

Providers should ensure that:

- ◆ Each client receives an assessment by an ATR-II trained and approved assessor for the appropriate level of services and is then provided a genuine, free, and independent choice among eligible providers, among them at least one provider to which the client has no religious objection.

- ◆ All substance abuse assessment, clinical treatment, and recovery support services funded through the ATR-II project are provided through vouchers given to a client by the state utilizing the web-based voucher system.

PURPOSE OF THE LA-ATR II POLICY AND PROCEDURE MANUAL

This manual was developed by OAD for providers of ATR-II substance abuse treatment and recovery support services. ATR-II service providers may include state facilities or contractors, faith-based, community-based, or private sector agencies, credentialed professionals, or any other type of authorized provider. Because each individual will exercise free choice in selecting service providers, OAD will approve providers for participation in ATR-II but will not contract with them for payment. Instead, providers will be paid for their services via the electronic Access to Recovery Voucher System.

This policy and procedure manual addresses topics of interest to caregivers who are considering or have decided to provide services to ATR-II individuals. It includes information about:

- Provider enrollment and eligibility,
- Pre-screening and client eligibility determination,
- Consent to participate,
- Comprehensive assessment,
- GPRA completion and follow-ups,
- Freedom of Choice,
- Patient placement,
- Recovery Support Services selection,
- Treatment interventions,
- Care coordination,
- Client transfers and discharges,
- Post-treatment services,
- Documentation and billing requirements.

This manual will also serve as a resource to describe technical features of ATR-II and its electronic voucher system, from creating a voucher to securing payment for services.

Provider performance, quality of care, and treatment outcomes will be closely monitored. ATR-II provider performance and treatment outcomes will be compared with service providers throughout the state. We anticipate that the unique aspects of ATR-II will increase access to recovery, improve overall outcomes, and increase quality of life for our clients. Together, we will use ATR-II funding to progress toward making Louisiana's addiction treatment network among the best in the United States.

1.0 PROVIDER ELIGIBILITY

PROVIDER ELIGIBILITY AND ENROLLMENT

All providers who participate in the Louisiana ATR II program must comply with all the applicable requirements. For more information see **(appendix A)** for a sample copy of the LA-ATR II facility enrollment application packet.

1.1 GENERAL REQUIREMENTS

All providers must adhere to the following general requirements and submit the appropriate supporting documentation.

1.1. A ENROLLMENT APPLICATION

The enrollment application process begins electronically online at the www.la-atr.com/atr2 website. Before starting the application process, make sure that all of the necessary information is readily available to complete the application. For security reasons, the system will not save incomplete facility enrollment applications. Existing ATR-II providers must complete the required paper re-application process as directed, but they are not required to re-enroll online.

Facilities should be prepared to enter the ATR-II Facility Application elements below to complete the online application process:

- Legal Name of Facility
- Physical & Mailing Address
- Web Address
- Administrator Name, Phone Number, & Email Address
- Federal Tax ID
- Class Code
- Facility Type
- Bank Name & Address
- Bank Account & Routing Numbers
- Target Population
- Services Provided
- Agency License
- Organizational Status
- Staff Credentials

Applicants should carefully enter their e-mail address. An e-mail will be sent to the email address entered on the first screen to verify that the online application was completed successfully. A list of the forms and documents that are required to complete the facility enrollment process will be included in the email (**see Appendix A**).

For more detailed information regarding enrollment online, please refer to instructions found in the LA-ATR II User Manual located online at www.la-atr.com/atr2 under the "LINKS" tab.

1.1. B ORGANIZATIONAL DATA

The facility application should include the following organizational information:

- Mission statement and/or vision statement of the facility/organization
- Table of organization or organizational chart of the facility/organization
- Facility/organization budget
- Drug and Alcohol Free Workplace policy
- Current inspections and certifications from Board of Health and Fire Marshal (not required for licensed clinical treatment, housing and childcare facilities since this paperwork is part of the annual license renewal process)

1.1. C PROGRAM SUMMARY

All applications should include a brief Program Summary narrative. The Program Summary should be 2-5 pages, including any charts, graphs, footnotes, etc. The narrative should be typed single space using Times New Roman 12 font with one inch margins (left, right, top, and bottom).

• SERVICES APPROACH

Describe the following:

- Population served
- ATR-II services to be provided by the facility
- Curricula and/or Models utilized for each service provided
- Hours of Operation and Facility Service Schedule
- Crisis Management Plan to ensure client safety in the event of personal crisis and/or natural disaster (this includes client evacuation plans)

• QUALITY ASSURANCE AND MONITORING

Clinical Treatment Providers should describe the following:

- Process to ensure that clients are placed in the appropriate levels of care and receive vouchers for the most appropriate services and are transitioned between services based on established criteria.
- Plans to ensure that clients are given genuine, free and independent choice among clinical treatment and recovery support service providers.
- Procedures and policies for screening, assessment and level of care determinations to identify appropriate clinical treatment and recovery support service options and to place clients with the eligible provider of their choice.

Clinical Treatment and Recovery Support Providers should describe the following:

- Provide plans for monitoring the operations and services of the facility and its effectiveness in meeting the needs of the clients.

- In addition to the ATR-II client satisfaction survey, what other method/process does your program utilize for measuring client satisfaction in program.
- Describe the collaboration efforts of the agency with other community partners.
- **SUSTAINABILITY**
 - Since it is a priority for ATR-II to ensure providers are partnering with other agencies and include sustainability in their strategic plan, describe other services provided by your facility that are not directly funded by ATR-II.
- **LESSONS LEARNED**
 - As providers of services to persons with addictive disorders, all applicants should indicate what lessons have been learned as a service provider and how those lessons learned are used to modify and build upon programming as an ATR-II provider.

1.1. D PROVIDER AGREEMENTS

The facility application packet includes the following provider agreements:

- *Louisiana Access to Recovery Direct Deposit (EFT) Authorization*
Electronic funds transfer (EFT), also known as direct deposit, is required for enrollment in the Louisiana Access to Recovery program. All payments will be transmitted to the financial account information on file.
- *Louisiana Access to Recovery Direct Deposit (EFT) Account Information*
An original voided check or a signed letter from a representative of the bank on the institution's letterhead must be included with the authorization agreement. Temporary or counter checks are not acceptable.
- *Louisiana Access to Recovery Provider Requirements and Conditions*
- *Office for Addictive Disorders Code of Conduct and Conduct Definitions*
- *Provider Acceptance OAD/LA-ATR-II Requirements and Conditions* (must be notarized by a Louisiana commissioned notary in good standing with the LA Secretary of State who is not affiliated with the provider agency)

1.1.E EMPLOYEE PAPERWORK

The facility application packet should include the following documents for each employee of the facility (this includes transportation drivers). These documents should also be submitted for any additional employees hired while an ATR-II provider.

- *Employee Survey Form*
- *Employee Acknowledgement of Code of Conduct*
- *Resume*
- *Copies of all licenses and/or certifications*
- *Professional Liability Insurance (as applicable)*
- *Louisiana Access to Recovery Criminal Conviction Disclosure*
All administrators, owners, and employees of the facility should complete this form. This requirement does not apply to state-operated facilities and has limited applicability to parish-operated facilities.
- *Criminal Background Check*
All providers are required to submit a current criminal background check for all employees/staff. The criminal background check must be conducted at the National or State level. State level background checks can be conducted by the Louisiana State Police, Bureau of Criminal Identification.

1.1. F INCORPORATION

All providers must be incorporated with the Louisiana Secretary of State as a corporation (for-profit or non-profit) or a limited liability company. Sole proprietors, partnerships or “DBAs” (doing business as) are not acceptable. Incorporations must have an “active” status and must have an annual reporting status of “in good standing” with the Secretary of State.

Faith-based providers of clinical and recovery support services are subject to the same fiscal accountability standards as other providers for the use of government funds. Therefore, faith-based providers are encouraged to incorporate their ATR-II approved facility separately from their religious organization.

Information and all the necessary forms on incorporation may be obtained from the Louisiana Secretary of State website at www.sos.louisiana.gov. State-operated facilities and parish-operated facilities are exempt from this requirement. Parish operated means a direct appropriation of parish government.

1.1. G FINANCIAL STATEMENTS AND AUDITS

Current financial statements must be submitted with the enrollment application. These financial statements should be prepared by a certified public accountant (CPA) or CPA firm in good standing with the State Board of Certified Public Accountants of Louisiana. The Louisiana Legislative Auditor maintains a CPA

listing which is located at www.la.state.la.us/lla/cpa.htm. The financial statements must be prepared in accordance with the organization's calendar year.

All providers (faith-based and private) of clinical and recovery support services are subject to the same fiscal accountability standards as other providers for the use of government funds. Submission of financial statements and audit requirements do not apply to state-operated facilities.

Once a facility is approved as an ATR-II provider, certain annual audit requirements are required based on a \$100,000 revenue test. All providers that receive over \$100,000 revenue during the state fiscal year (July 1st - June 30th) must submit a financial and compliance audit. All providers that receive under \$100,000 revenue during the state fiscal year (July 1st - June 30th) must submit current financial statements. Financial statements and audit requirements must be completed by a CPA or CPA firm in good standing with the State Board of Certified Public Accountants of Louisiana that is also independent from the provider agency. It is the responsibility of the provider to hire and pay an independent certified public accountant to perform the audit.

In accordance with state policy, any agency receiving funds through the state has six months from the end of the state fiscal year to submit their completed financial and compliance audit or financial statements; therefore, providers must submit their completed financial reports to the Office for Addictive Disorders – Access to Recovery no later than December 31st. If a provider operates in accordance with a year that differs from the state fiscal years (i.e. calendar year or federal fiscal year) then the agency may submit the appropriate financial report for their fiscal year and financial statements for the period of January 1 through June 30. Providers that operate outside of the state fiscal year and submit their financial audits/reports for a different fiscal year will also be required to submit verification of their operational year as recognized by the Internal Revenue Service.

1.1. H DISCLOSURE OF OWNERSHIP AND MANAGEMENT INFORMATION

Disclosure of ownership must be completed to identify 1) all individuals that have direct or indirect ownership or a controlling interest greater than 5%; and 2) individuals that are considered to be part of the provider's management structure including but not limited to Board of Directors and/or Advisory Boards, members, directors, and agents.

The Louisiana Access to Recovery (LA-ATR II) Disclosure of Ownership and Management Information forms must be submitted with the facility enrollment application. The Louisiana Secretary of State Disclosure of Ownership form may be submitted in lieu of the Louisiana Access to Recovery (LA-ATR II) Disclosure of Ownership. The Louisiana Secretary of State Disclosure of Ownership form must be a photocopy of the "filed" form and must be current. Please note that the Louisiana Secretary of State Disclosure of Ownership form is not appropriate for non-profit corporations organized on a "non-stock" basis.

Changes in Ownership

Any change in ownership must be reported to the ATR II staff within 30 calendar days of the effective date of change. The following information should be submitted:

- Louisiana Secretary of State Disclosure of Ownership form or Louisiana Access to Recovery II (LA-ATR II) Disclosure of Ownership form (not required for state-operated facilities or parish/local government operated facilities)
- Tax Identification letter from the Internal Revenue Service
- LA-ATR II Management Information form
- Articles of Incorporation (if changed) or a current certificate of good standing from the Louisiana Secretary of State
- Updated Louisiana Access to Recovery Direct Deposit Account Information form

1.1. I INSURANCE

General liability insurance of at least \$1 million is required for all clinical treatment facilities as well as all transportation, childcare, and housing recovery support providers. All other recovery support providers must maintain general liability insurance of at least \$500,000. The insurance policy must be issued in the name of the facility. All enrollment applications must include a certificate of insurance for the liability insurance stating that the policy has been paid in advance for a minimum of 90 days. Insurance binders are not acceptable.

Annual updates demonstrating proof of current and valid insurance is the responsibility of the provider. Any changes in insurance or insurance carrier must be submitted to the ATR-II office within 60 days.

1.1. J INTERNET AND E-MAIL CAPABLE COMPUTER

All providers in the ATR-II program are required to have computers with internet access and e-mail capability. The internet access may be T1, DSL, or Cable (Broadband). However, Cable (Broadband) or DSL is recommended. Only Recovery Support Services providers will be allowed to use Dial-up for internet access. Any Treatment provider using Dial-up internet access will be required to upgrade in order to participate in ATR-II. Please refer to section **10.0 Technical Requirements** for more details.

The facility must maintain a working and valid email address. In addition, all employees must have valid working email addresses. Failure to keep email addresses updated may result in revocation of ATR-II privileges. It is the provider's responsibility to keep the ATR-II staff informed of any changes to their email addresses.

1.1. K MANDATORY TRAINING

All providers must complete the mandatory training requirements that are outlined in section **7.0 ATR-II Provider Training Requirements**.

1.2 CLINICAL TREATMENT REQUIREMENTS

All clinical providers that participate in the Louisiana Access to Recovery II program must submit all of the documentation outlined below as well as provide three (3) letters of support. The letters of support may be from business associates, community leaders, consumers, and/or constituents. At least one of the letters of support must be from another funding source. Any provider without another funding source must describe their strategic plan and efforts to obtain other funding. Only one letter of support from a consumer (client) will be permitted.

1.2. A LICENSED SUBSTANCE ABUSE TREATMENT FACILITY

All clinical treatment providers must be licensed as a substance abuse facility by the Department of Health and Hospitals, Health Standards Section. A copy of the facility's license must be submitted with the application.

Clinical treatment providers must have at least six (6) months of operation as a licensed substance abuse treatment facility.

All clinical providers are expected to adhere to the Substance Abuse-Addiction Treatment Facilities Minimum Standards licensing law at all times. Failure to adhere to the licensing law may result in suspension or termination of provider privileges in the LA-ATR II program.

When a facility is approved as an ATR-II treatment facility, the facility is responsible for submitting a copy of its renewal license annually.

OUTPATIENT / INTENSIVE OUTPATIENT

- Facility must be licensed through the Bureau of Health Standards;
- Staff must be qualified and licensed as appropriate;
- Facility and staff must comply with all applicable provisions of LAC 48:I.Chapter 74;
- Intensive Outpatient alcohol and/or drug abuse treatment services with or without medication, including counseling and supportive services totaling nine hours per week or more; for example, two and a quarter hours for four days per week, or at least three hours for three days per week;
- Outpatient alcohol and/or drug abuse treatment services with or without medications, including counseling and supportive services at prescribed intervals greater than intensive outpatient;

- Provide recovery aftercare and rehabilitation services, including counseling and supportive services;
- Provide outreach services for social, mental and physical health issues and link to referral services as part of a comprehensive treatment plan

1.2. B COMPLIANCE WITH 42 CFR, Part 2 and HIPAA

All ATR-II approved facilities will comply with 42 Code of Federal Regulations (CFR), Part 2 and Health Information Portability Accountability Act (HIPAA) disclosure and signature requirements for handling protected health information of individuals they serve.

The following URLs will provide you with more information regarding 42 CFR, part 2 and HIPAA:

<http://www.hipaa.samhsa.gov/download2/SAMHSA'sPart2-HIPAAComparisonClearedWordVersion.doc>.

<http://www.insighthouse.com/Confidentiality.html>.

<http://www.hipaa.samhsa.gov/download2/Part2-HIPAAOverheads100202.ppt#4>.

1.2. C CLINICAL TREATMENT PROVIDERS – LICENSING LAW

Treatment facilities and programs providing services in all modalities of care (Outpatient and Intensive Outpatient) must have a current license and comply with the Substance Abuse-Addiction Treatment Facilities Minimum Standards (LAC 48:I.Chapter 74 - **See appendix B**), which provides information regarding:

- General Provisions
- Core Requirements for all programs
- Individual Records and Documentation for all programs
- Children/Adolescent Programs
- Core Requirements for Treatment Programs
- Outpatient Programs
- Twenty-Four Hour Facilities
- Community-Based Programs

All facility staff must be qualified and licensed, as appropriate for services being rendered. At a minimum, facility and staff must comply with all applicable provisions of the Substance Abuse-Addiction Treatment Facilities Minimum Standards (LAC 48:I.Chapter 74) and provide services as described in §7451 of the Standards; however, ATR II requirements may exceed these minimum standards.

1.2. D FREEDOM OF CHOICE

In addition to the above, all facilities, programs and individual providers will ensure that each client has been provided an explanation of the Access To Recovery II program, has voluntarily consented to participate in ATR-II, and has been provided freedom of choice for all initial and subsequent substance abuse treatment and recovery support services needed.

Choice is defined as a client being able to choose from at least two or more providers qualified to render the identified services needed, at least one provider to which the client has no religious objections. Individuals are requested to indicate a first and second choice of a provider from among those available providers on the Louisiana Access to Recovery (LA-ATR II) Freedom of Choice form. For more detailed instructions of ensuring genuine, free, and independent choice for individuals receiving services in the ATR-II program, please review section **4.3.F Facilitating Freedom of Choice**.

1.2. E COMPREHENSIVE ASSESSMENT PROVIDERS

Assessors who wish to be approved as comprehensive assessment providers in the ATR-II program must be OAD trained and/or approved to use the Addiction Severity Index (ASI) for adults and/or the Comprehensive Adolescent Severity Inventory (CASI) for adolescents as appropriate. In addition, assessors who wish to be approved for comprehensive assessment in the ATR-II program must be OAD trained and/or approved in Patient Placement Decision Making and Writing Clinical Justifications. All comprehensive assessment providers will be required to complete re-certification trainings as mandated by OAD.

1.3 RECOVERY SUPPORT SERVICES REQUIREMENTS

Recovery support caregivers who participate in LA-ATR II:

- Comply with 42 CFR, Part 2 and HIPAA disclosure and signature requirements for handling protected health information;
- Meet licensure, certification, registration or accreditation requirements, as appropriate, or if this does not apply, have experience in providing the service they seek to offer for a minimum of six (6) months;
- Operate according to an OAD approved curriculum, plan, or agenda;
- Provide three letters of support from business associates, community leaders, consumers, and/or constituents. One letter must be from another funding source and only one letter from a consumer/client will be permitted. Any provider without another funding source must describe their strategic plan and efforts to obtain other funding; and
- Participate in mandatory ATR-II training in cultural competency and core competencies.
- Recovery support service providers are bound by the Office for Addictive Disorders Code of Conduct and Code Definitions as well as the Code Ethics.

- All Recovery support service providers are required to provide a detailed case note specifying each service provided and the outcome of the service in the ATR-II system in order to be reimbursed for the service. See section **6.4 Case Notes for Treatment & Recovery Support Services** for detailed information required for all case notes.

1.3. A CARE COORDINATOR

Approved care coordinators must meet the following minimum eligibility requirements:

- Master's degree in social services discipline; or
- Bachelors degree in a social services discipline with at least one year relevant experience; or
- High school diploma with at least four (4) years relevant experience.
- "Relevant experience" as well as "acceptable social services discipline" is determined at the sole discretion of the ATR-II staff.
- An approved care coordinator is allowed a caseload ratio of 30:1, meaning 30 individuals to every one care coordinator.
- If an approved care coordinator also functions as a clinician, then the allowed caseload ratio is 25:1.
- Additional care coordinator responsibilities are detailed in the ATR-II Service Provider Roles and Responsibilities section of this manual.

1.3. B TRANSPORTATION

Treatment facilities and recovery support services programs providing transportation services must comply with the following standards, which include:

- A vehicle suitable for transporting clients must be used/owned by the facility. Pick-up trucks and two-door cars are not considered suitable vehicles. Suitable vehicles are determined at the sole discretion of the ATR-II staff.
- Each driver must be over 21 years of age.
- Each driver must possess a Louisiana Chauffeurs' License (Class D or higher) from the Office of Motor Vehicles.
- Each driver must submit a current copy of their online driver record from the Office of Motor Vehicles
- Each driver must submit proof of successfully completing a National Safety Council approved Defensive Driving course.
- Complete the Louisiana Access to Recovery Driver Information Form for each facility driver.
- Initial and sign the Louisiana Access to Recovery Transportation Requirements and Conditions.
- Maintain commercial automobile liability of \$100,000 per person and \$300,000 per accident or a combined service limit of \$300,000 at the

minimum. This commercial automobile liability insurance requirement is in addition to the general liability insurance policy.

- Submit a certificate of insurance for commercial automobile liability and commercial general liability stating that the policy has been paid in advance for a minimum of 90 days. Insurance identification cards and insurance binders are not acceptable
- Submit all required paperwork for any additional vehicles used/owned and /or new employees/drivers while an ATR-II provider
- ATR-II cannot be billed for transporting clients to inherently religious activities, such as worship activities, church, or bible study.

1.3. C TRANSITIONAL HOUSING - Adults and Adolescents

Transitional housing providers must be currently licensed by the Louisiana Department of Social Services (DSS) or by the Louisiana Department of Health and Hospitals (DHH) as appropriate for the services provided. A copy of the facility's license must be submitted with the application.

All transitional housing providers are expected to adhere to the Adult Residential Care Minimum Standards licensing law for Shelter Care and/or the Substance Abuse Addiction Treatment Facilities Minimum Standards licensing law at all times. Failure to adhere to the licensing law will result in suspension or termination of provider privileges in the LA-ATR II program.

When a facility is approved as an ATR-II transitional housing provider, the facility is responsible for submitting a copy of its renewal license annually. All ATR-II housing providers are responsible for providing residents with both board and care.

1.3. D SPIRITUAL SUPPORT GROUPS AND PASTORAL COUNSELING

Approved Spiritual Support Group and Pastoral Counseling providers must meet the following minimum requirements:

- Licensed or ordained as a minister, pastor, priest, clergy, reverend, etc. A copy of the license or ordained certificate must be included in the facility application.
- Spiritual Support Groups and Pastoral Counseling sessions must last for a minimum of 45 minutes.
- A Pastoral Counseling session is conducted as an individual session. A Spiritual Support Group is conducted as a small group session that does not exceed 15 persons per group.
- Inherently religious activities, such as worship activities, church, or bible study, may not be billed to ATR-II as spiritual support group, pastoral counseling sessions or any other recovery support services.

1.3. E ALCOHOL AND DRUG FREE SOCIAL ACTIVITIES

Alcohol and Drug Free Social Activities should be simple activities that foster healthy relationships, involve little stress, and encourage clients to engage in new and constructive activities. These activities may involve small or large groups, and they should foster communication and socialization skills in a drug-free environment. Activities on Friday and Saturday nights, as well as during holidays, are encouraged, as these are the times that substance abusing clients are most susceptible to relapse.

Approved providers must meet the following minimum requirements:

- Activities must operate based on an OAD approved curriculum, plan, or agenda, and they should be planned systematically and in advance.
- Activities may be opened to outsiders, including family and friends of the clients, in order to further support the clients' support network.
- Events may involve an array of activities, such as ball games, picnics, holiday meals, and community service projects.
- A session should be conducted with the group before and after the activity, in order to assist the clients with processing the activity.
- A session should last a minimum of 45 minutes.
- A session may not exceed 25 participants.
- Inherently religious activities, such as worship activities, church, or bible study, may not be billed to ATR-II as alcohol and drug free activities or any other recovery support services.

1.3. F JOB READINESS (EDUCATION AND EMPLOYMENT SUPPORTS)

Job Readiness is a recovery support service intended for use with clients that are employable and are in need of some guidance/direction with the process of obtaining and maintaining employment. If a client requires additional resources and education, such as a GED, then the client should be referred to a local adult education program by their Care Coordinator. Job Readiness curricula may topics such as Values & Ethics in the Workplace, Taking Directions and Accepting Criticism, Time Management, Money Management, Self Motivation, Completing a Job Application and/or Resume, and Interview Protocol.

Approved providers must meet the following minimum requirements:

- Job Readiness programs must operate based on an OAD approved curriculum, plan, or agenda, and sessions should be planned systematically and in advance.
- A session should last a minimum of 45 minutes.
- A session may be an individual session or a small group setting that does not exceed 25 participants.

- Inherently religious activities, such as worship activities, church, or bible study, may not be billed to ATR-II as job readiness or any other recovery support services.

1.3. G LIFE SKILLS

Life Skills curriculum may include topics such as Parenting, Healthy Relationships, HIV/AIDS Education, and Marriage and Family Therapy.

- Life Skills programs must operate based on an OAD approved curriculum, plan, or agenda. Sessions should be planned systematically and in advance.
- A session may be an individual session or a small group setting that does not exceed 25 participants.
- A session should last a minimum of 45 minutes.
- Inherently religious activities, such as worship activities, church, or bible study, may not be billed to ATR-II as life skills or any other recovery support services.

1.3. H CHILD CARE

Child care centers or homes must be licensed by the Louisiana Department of Social Services (DSS). A copy of the facility's license must be submitted with the application.

All child care providers are expected to adhere to the Child Day Care Center Class "A" Minimum Standards or Child Day Care Center Class "B" Minimum Standards licensing law at all times.

Failure to adhere to the licensing law may result in suspension or termination of provider privileges in the LA-ATR II program.

When a facility is approved as an ATR-II child care provider, the facility is responsible for submitting a copy of its renewal license annually.

1.3. I ANGER MANAGEMENT

Approved providers must meet the following minimum requirements:

- Anger Management sessions must operate based on an OAD approved curriculum, plan, or agenda. Sessions should be planned systematically and in advance.
- A session may be an individual session or a small group setting that does not exceed 25 participants.
- A session should last a minimum of 45 minutes.

1.3. J FAMILY EDUCATION

Family Education sessions are held in a group setting and include the family members from multiple clients. The client may or may not be present during these sessions. Approved providers must meet the following minimum requirements:

- Family Education sessions must operate based on an OAD approved curriculum, plan, or agenda. Sessions should be planned systematically and in advance.
- A session should be held in a small group setting that does not exceed 25 participants.
- A session should last a minimum of 45 minutes.

1.3. K RECREATIONAL THERAPY

Approved providers must meet the following minimum requirements:

- Recreational Therapy sessions must be conducted by a Certified Recreational Therapist or a therapist with an equivalent certification/licensure as defined by OAD. Sessions must operate based on an OAD approved curriculum, plan, or agenda, and they should be planned systematically and in advance.
- A session may be an individual session or a small group setting that does not exceed 25 participants.
- A session should last a minimum of 45 minutes.

2.0 APPLICATION SUBMISSION

APPLICATION SUBMISSION

One complete, original, and notarized application packet and one complete copy are to be submitted to DHH-OAD. Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).

Providers should make a copy of their completed application for their records prior to submission.

Applications must be received by the application deadline, or you must have proof of its timely submission as specified below:

- For packages submitted via DHL, Federal Express (FedEx), or United Parcel Service (UPS), proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least 24 hours prior to the application deadline. The date affixed to the package by the applicant will not be sufficient evidence of timely submission.
- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark no later than the specified deadline, and the following upon request by DHH-OAD:
 - proof of mailing using USPS Form 3817 (Certificate of Mailing); or
 - receipt from the Post Office containing the post office name, location, and date and time of mailing.
- The following addresses should be used accordingly:

**United States Postal Service
Regular Delivery**

Attn: Access to Recovery
Provider Enrollment
LA Department of Health & Hospitals
Office for Addictive Disorders
P. O. Box 3868, Bin #9
Baton Rouge, LA 70821

**DHL, Federal Express (FedEx), or
United Parcel Service (UPS)
Overnight or Hand Delivery**

Attn: Access to Recovery
Provider Enrollment
LA Department of Health & Hospitals
Office for Addictive Disorders
628 N. 4th Street, 4th Floor
Baton Rouge, LA 70802

If you require a phone number for delivery, you may use (225) 342-6717.

Agencies will be notified by e-mail that their application has been received.

Late applications will not be considered for review. Please remember that mail sent to government facilities undergoes a security screening prior to delivery. Allow sufficient time for your package to be delivered. If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it will cause the application to be considered late and ineligible for review.

Applications sent by facsimile will not be accepted or considered for review.

Incomplete applications will not be considered for review. OAD is not responsible for incomplete applications and will return to provider any application that does not include all items listed on the Facility Application Checklist.

Applications submitted by programs and/or agencies listed on the “DHH Banned from Business List” will not be considered for review.

Submission of an application packet does not indicate approval as an ATR-II provider. All completed application packets, as well as previous performance as a provider, will be reviewed to determine which agencies will be approved as providers with ATR-II.

3.0 PROVIDER ROLES & RESPONSIBILITIES

3.1 SERVICE PROVIDER ROLES AND RESPONSIBILITIES

Because credentialing may differ for the various ATR-II provider roles, ATR-II providers may offer services only in the roles for which they have been approved ~ Specific Level(s) of Care, Specific Identified Target Populations (Adolescents vs. Adults), and Specific Recovery Support Services.

3.1. A FACILITY ADMINISTRATOR

- Functions as the director of the facility
- Exercises supervisory responsibility over all care coordinators, clinicians, assessors and Counselors In Training (CIT's) within the treatment facility. See **Appendix C** for ADRA Clinical Supervision Guidelines. Documentation of all supervision should be maintained and available for review upon request.
- Exercises authority to override the initial treatment plan developed from the comprehensive assessment, as deemed appropriate
- Assigns staff to roles within the ATR-II electronic data system and monitors appropriate access to the system
- Generates and monitors facility status reports
- Develops and implements ongoing performance and outcomes monitoring plans regarding the quality and appropriateness of all assessments, patient placement decisions, clinical justifications, treatment plans, transfers, and discharge planning

3.1. B SCREENER

- Determines the client's immediate needs for detoxification/withdrawal treatment, and/or medical and psychiatric stabilization, using direct observation, screening tool or self-report
- Determines that the client meets both the financial and clinical eligibility criteria for ATR-II
- Retains copy of client documentation of financial eligibility
- Refers the client to an ATR-II approved assessor

3.1. C ASSESSOR

An Assessor must be a Licensed Clinician or a Counselor in Training (CIT) under current supervision. If a screening has not been completed before the assessor meets with the client, the assessor is responsible for completing all of the screener roles identified above before beginning the assessment. The assessor is responsible for the following activities:

- Collects referral source information from the client
- Determines that the client meets both the financial (see **Section 4.1.B**) and clinical eligibility (see **Section 4.2**) criteria for ATR-II
- Conducts the assessment either using the Addiction Severity Index (ASI) or the Comprehensive Adolescent Severity Inventory (CASI) with the client
- Obtains and documents client's consent to participate in Access To Recovery
- Determines and documents appropriate level of care recommendations
- Determines, documents and justifies appropriate treatment and recovery support services
- Provides client with and documents Freedom of Choice
- Calls the provider(s) chosen by the client to inform them of the client's choice and ensures the provider can serve the client
- Arranges initial appointment for the client with the chosen provider(s)
- Provides the client with a card with his appointment information and Internal Control Number (ICN)
- Inputs any additional data/comments into the ATR-II electronic data system
- Completes, closes and locks the case within 72 hours from the conclusion of the assessment
- Creates a treatment plan consistent with needs identified in the assessment and with the six problem dimensions of assessment used by the American Society of Addiction Medicine
- Follows up with client to ensure treatment is initiated post assessment

3.1. D CARE COORDINATOR

A care coordinator will be available at each treatment facility to ensure assigned recovery support services are appropriate for the client and that the level of care and stage of recovery are justified according to the assessment, case notes and/or other forms of documentation. An approved care coordinator must meet the following qualifications:

- Master's degree in social services discipline; or
- Bachelors degree in a social services discipline with at least one year relevant experience; or
- High school diploma with at least four (4) years relevant experience.
- "Relevant experience" as well as "acceptable social services discipline" is determined at the sole discretion of the ATR-II staff.

Care coordinators will ensure the consumer is properly linked to both appropriate recovery support services and levels of care. A care coordinator should not be assigned as the client primary counselor. The care coordinator is responsible for the following activities:

- Evaluates the appropriateness of the recovery support services selected for the client

- Ensures recovery support services assigned are appropriate for the identified level of care and stage of recovery
- Approves or denies recovery support services assigned, and documents justifications for services utilizing ATR-II recommended format. See **Section 6.0 ATR-II Documentation Requirements.**
- Ensures that the client initiates and engages in all treatment and recovery support services
- Assumes primary responsibility for recording recovery support services provided, and ensures that an appropriate service note has been entered into the “Case Notes” section of the ATR electronic data system on the date of service
- Works as liaison between recovery support service providers and treatment providers
- Assumes primary responsibility for monitoring the completion of Government Performance Requirements Act (GPRA) assessments, entering the data as necessary into the ATR-II electronic data system
- Provides community resource outreach and networking
- Monitors recovery support services to ensure services are provided in an ethical and professional manner

3.1. E TREATMENT PROVIDER

- Provides the client with treatment and/or recovery support services appropriate for the identified level of care and stage of recovery
- Completes GPRA discharge monitoring tools “face to face” or over the telephone with clients as scheduled. This service is automatically reimbursed through the ATR-II system and should not be billed as Care Coordination.
- Enters all services and data into ATR-II electronic data system on the date of service
- Documents all services provided in the “CASE NOTES” tab of the ATR-II web based system using the ATR-II recommended format. See **Section 6.0 ATR-II Documentation Requirements.**
- Maintains a paper chart incorporating all ATR-II documents and case notes with appropriate client and worker signatures

3.1. F RECOVERY SUPPORT PROVIDER

- Provides client with recovery support services as specified in the client’s voucher and as approved by the care coordinator
- Documents all recovery support services provided, and provides case notes for all services utilizing the ATR-II recommended format and content required
- Enters services rendered and billing information or gives the information to the care coordinator for entry into the ATR-II system, as agreed upon by the entities involved

3.2 STAFF QUALIFICATIONS

Services must be provided by individuals who meet the education and experience requirements as defined in this section. All applications should include a copy of (1) all staff resumes; (2) current licensures and/or certifications for all employees; and (3) professional liability insurance as appropriate for staff.

3.2. A Physician: Providers shall have a contract with a physician or physicians to provide consultation and/or services at the OAD office, an off-site service delivery location or in a recipient's natural environment (home or school) as medically necessary. The physician must be a licensed medical doctor (M.D. or D.O.) who is board-certified or board eligible and authorized to practice medicine in Louisiana.

3.2. B Psychologist: An individual who is licensed as a practicing psychologist under the provision of R.S. 37:2351-2367.

3.2. C Registered Nurse: A nurse who is licensed as a registered nurse or an advanced practice registered nurse in the state of Louisiana by the Board of Nursing.

Note: A registered nurse providing services shall have documented evidence of five (5) CEU's annually that are specifically related to behavioral health and medication management issues.

3.2. D Social Worker: An individual who has a master's degree in social work from an accredited school of social work and is a licensed clinical social worker under the provisions of R.S. 37:2701-2723.

3.2. E Certified Clinical Supervisor: An individual who has a master's degree in a mental health or addictions related field, is a current Licensed Addiction Counselor and holds the advanced supervisory certificate under the provisions of R.S. 17:403 (C).

3.2. F Licensed Addiction Counselor: An individual who has a master's degree in a mental health or addictions related field and is licensed under the provisions of R.S. 17: 403 (c).

3.2. G Certified Addiction Counselor: An individual who has a bachelor's degree in a mental health or addictions related field and is certified under the provisions of R.S. 17: 403 (c).

3.2. H Registered Addiction Counselor: An individual who has a high school diploma and is registered under the provisions of R.S. 17: 403 (c).

3.2. I Licensed Professional Counselor: An individual who has a master's degree in a mental health or addictions related field and is licensed under the provisions of R.S. 37:1101-1115.

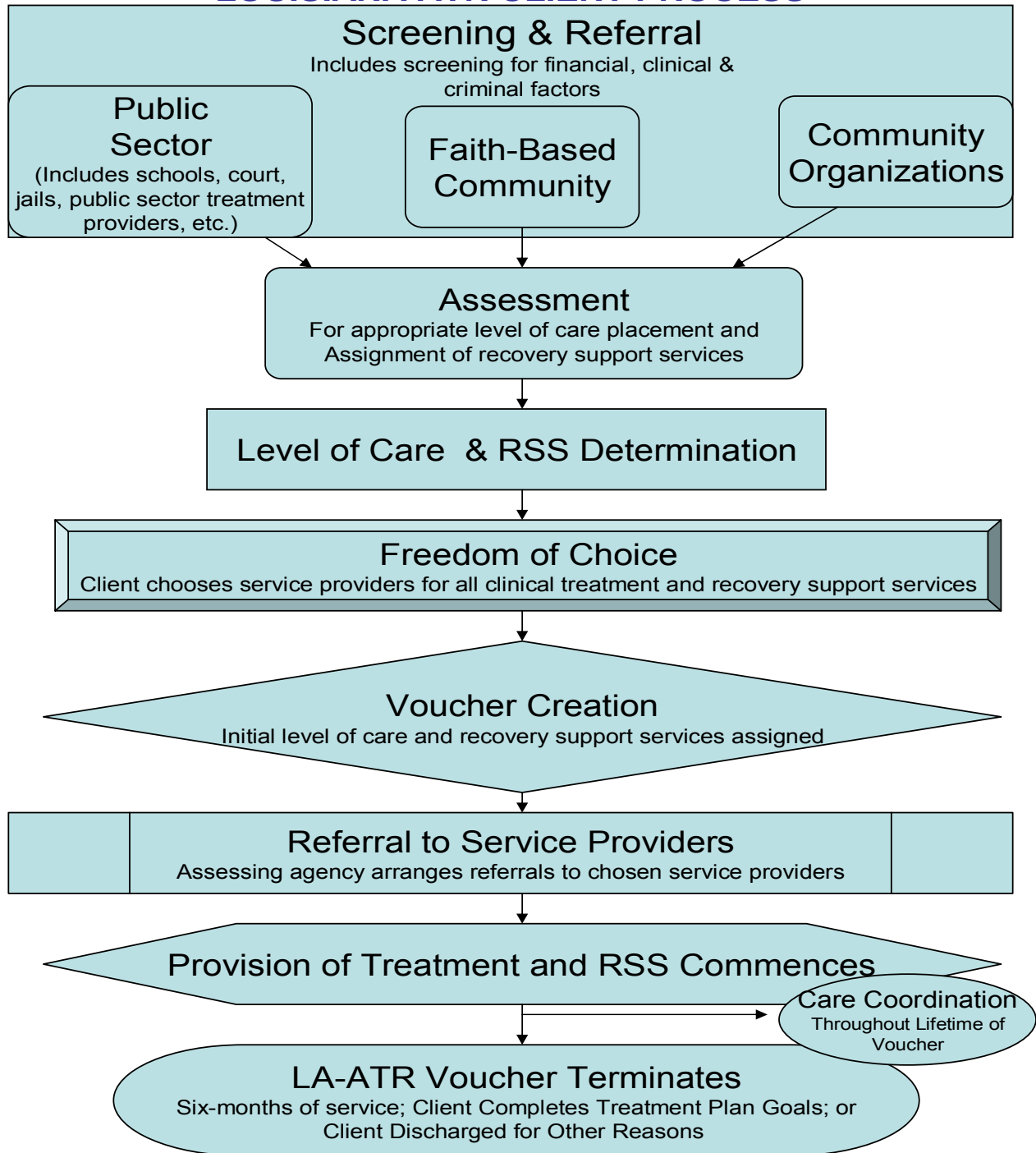
3.2. J Licensed Practical Nurse: An individual who is licensed as a licensed practical nurse by the Louisiana Board of Practical Nurse Examiners. **Note:** A licensed practical nurse providing services shall have documented evidence of five (5) CEU's annually that are specifically related to behavioral health and medication management issues.

3.2.K Counselor in Training: An individual who has not yet met the qualification to become a licensed, certified or registered counselor. A counselor-in-training may only work under the direct supervision of a certified clinical supervisor under the provisions of R.S. 17: 403 (c).

3.2. L All ATR-II Providers: For all staff working with adolescent recipients that have an addictive diagnosis, an additional one (1) year of experience in working with adolescents who have mental health and/or addiction issues or the equivalent amount of years of formal academic (university) training or internship working with such adolescents is required. Professionals delivering Family Substance Abuse Counseling must have at least one (1) semester of course work in family systems theory. Documentation of this coursework must be maintained in the staff's personnel files and readily retrievable for review. Each definition may have additional staff qualifications which apply.

4.0 THE ATR-II PROCESS

LOUISIANA ATR CLIENT PROCESS



4.1 SCREENING AND REFERRAL TO ATR-II

Screening may occur in churches, faith based or other community organizations, at OAD clinical treatment offices, in women's public health clinics, at school-based health clinics, safe and drug free schools, juvenile drug court, at the Office of Community Services, or other entities.

In order for approved providers to enter a client into the ATR-II system, the following criteria are to be met:

Criteria 1: Criminal Justice Involvement (Priority Admission Status)

- Client incarcerated within the past 12 months
- Client currently on probation/parole
- Client referred by criminal justice/court system

NOTE: The provider MUST have documented proof from the criminal justice system verifying any of the above. This documentation should be placed in the client's chart for review during monthly monitoring visits and fiscal audits.

Criteria 2: Client reported using Methamphetamines or Ecstasy in the past 90 days (Priority Admission Status)

REMINDER: If a client has been incarcerated/detained or in an inpatient/hospital setting for the past 90 days, then the "past 90 days" questions should reference the 90 days prior to their being incarcerated or hospitalized.

Criteria 3: Existing ATR-I providers that have reached their limit in ATR-I can admit their "overflow" clients that meet the clinical and financial eligibility criteria into ATR-II. New ATR-II providers that are not involved in ATR-I can admit any clients into ATR-II that meet the clinical and financial eligibility criteria.

The target populations for ATR II are those involved with the criminal justice system that also have a diagnosis of substance abuse or dependence AND methamphetamine or ecstasy using clients. Any clients meeting the clinical and financial eligibility criteria identified in Criteria 4 and Criteria 5 below may be entered into ATR-II; however, those meeting Criteria 1 and Criteria 2 above are to be given priority status for admission into ATR-II.

***Criteria 4: Client has clinical diagnosis of alcohol and/or drug abuse or dependence**

NOTE: For these criteria, the federal government will mainly look at drug use over the past 30 days. Generally, if a client reports using in the past 30 days, they are considered to be eligible for ATR-II. If a client does not report any use in the past 30 days, the provider should offer additional comments to justify placing the client in treatment.

REMINDER: If a client has been incarcerated/detained or in an inpatient/hospital setting for the past 30 days, then the "past 30 days" questions should reference the 30 days prior to their being incarcerated or hospitalized.

***Criteria 5: Client meets income eligibility criteria**

NOTE: The provider MUST have documented proof of income in client's chart

ALL clients entered into ATR-II must meet Criteria 4 and Criteria 5.

Providers CANNOT discharge clients from ATR-I and immediately admit them into ATR-II under their agency. A client has to be discharged from ATR-I for a minimum of 60 days before the client can be considered for admission into ATR-II by that agency.

Clients are not to be placed in both ATR I and ATR II at the same time.

ATR-II does not allow for re-admission of clients. If a client has been discharged from ATR-II for a minimum of 60 days and is found to be in need of substance abuse treatment services again, then the client may be considered for admission into ATR-I or another treatment program with the Office for Addictive Disorders (OAD).

4.1. A SUBSTANCE USE SCREENING TOOLS AND RESOURCES

Both the CRAFFT test for alcohol and drug use (**see Appendix D**) and the AUDIT test for alcohol use (**see Appendix D**) are brief tools, tested and found to be sensitive in determining if adolescents need further assessment and treatment.

Some recommended tools to screen for substance use in the general population are the CAGE-AID Drug and Alcohol Screen (**see Appendix D**) and the AUDIT (Alcohol Use Disorders Identification Test) (**see Appendix D**). The CAGE-AID is not recommended for use among adolescents.

Young women, and particularly pregnant women, should be informed that there is no known safe level of alcohol or drugs for the developing baby. Developing fetuses are at particular risk for life-long effects if their mothers use drugs or alcohol. Screeners who serve pregnant women or women of childbearing age may wish to familiarize themselves with the (**Appendix D**) 5Ps Prenatal Substance Abuse Screen Instructions "How to Screen – A Brief Intervention" to fully serve such clients.

Because clients may be in crisis related to their substance use, mental health or other issues, screeners should maintain a contact list for their local crisis, suicide prevention or help line. OAD maintains a 24-hour help line for substance abuse issues, 877-664-2248

These screens are simple, quick questionnaires that aim to provide prevention and early treatment of substance abuse problems. The AUDIT and the 5Ps Prenatal Substance Abuse Screen are also available on OAD's website at www.addictionsla.com.

4.1. B FINANCIAL ELIGIBILITY SCREEN

The priority for ATR-II funding is to expand services to those adults and adolescents involved in the criminal justice system and methamphetamine or ecstasy users. However, ATR-II vouchers will be available to all Louisiana residents who meet the financial and substance abuse screen criteria. Once a client's eligibility has been determined, it is valid through the duration of the six month voucher.

4.1. C ANNUAL INCOME LIMITS AND DOCUMENTATION

ATR-II Financial Eligibility SFY 2008-2009	
If the client's family size is:	Client's yearly income must be less than or equal to:
1	\$21,000
2	\$28,000
3	\$36,000
4	\$43,000
5	\$50,000
6	\$57,000
7	\$64,000
8	\$72,000
9	\$79,000

Income may be prorated using the last three months of income. Income verification documents may include any of the following:

- copy of last income tax return
- copy of last two check stubs
- copy of last retirement and/or Social Security check
- copy of Medicare Award Letter
- copy of Award Letter of Unemployment Benefits or last unemployment check
- **Unemployment must be verified by documentation from the Unemployment Office**
- confirmation that a client is Medicaid eligible
- signed statement from the client's employer, on identifiable company letterhead or with company stamp, listing the client's wages/income
- Income verification from the Department of Labor website
- Other possible means to verify eligibility include notices of eligibility for means-tested services. Acceptable means-tested services include: FITAP,

Medicaid, Food stamps, Social Security, Kinship Care Subsidy Program, Childcare Assistance, LACHIP and SSI.

- notarized statement signed by the client listing annual income (must utilize attached Fee Determination Form - see **Appendix E**) **This notarized statement should be an option of last resort after attempts are made to collect other income documents.**

If the client or responsible party refuses to provide the necessary information, they will be presumed to be financially ineligible for ATR-II. It is the responsibility of the provider to collect income documentation from the client prior to entering the client in ATR-II. Income verification for each client must be retained for audit purposes.

After clients are deemed eligible for ATR-II, they will be asked to sign the (1) OAD Notification of Patients Rights, Authorizations, and ATR-II Consent Form, and the (2) HIPAA Compliance Consent Form (see **Appendix E**). After consent is collected, an assessment voucher can be generated to authorize an ATR-II approved assessor to provide a comprehensive assessment to the client.

4.1. D ATR-II AND LADDS DATA SYSTEMS

It is important that ***OAD state operated and contracted providers*** fulfill their baseline Block Grant admission requirements before entering clients into ATR-II for treatment services. Providers must enter clients into the appropriate data system. This determination must be made at the time of screening, prior to assessment.

- A client can receive both ATR-II and LADDS services, i.e., clinical services through LADDS and recovery support services through ATR-II. Such a client would be entered into both the LADDS and the ATR-II data system.
- Enter clients who receive only LADDS services into the LADDS system and not into the ATR-II system.
- Enter clients who receive only ATR-II services into the ATR-II system and not into the LADDS system.

4.2 CLINICAL ASSESSMENT

Incarcerated individuals may be provided a comprehensive assessment only if they are within 15 days of their scheduled release. Otherwise, incarcerated individuals are not eligible for ATR-II. This is the only instance in which an assessment can be conducted outside of a LA-ATR II approved facility.

In order to be considered clinically eligible for ATR II, a client must meet the criteria for substance abuse or dependence as defined by the DSM-IV-TR.

Stability and support in all life areas can be affected by substance use and abuse. Clients will meet with an ATR-II assessment provider for a comprehensive evaluation of their service needs.

Demographic information and formal documentation of the client's referral source and financial eligibility are required to generate the assessment voucher. An assessment voucher must be generated before the assessing clinician can be paid for this service.

The clinical assessments are to be conducted by a licensed clinician or counselor-in-training supervised by a licensed clinician in a face-to-face setting with the client. Responses to the assessments are to be entered into the computer with the client present, unless granted other permissions by ATR-II Administrative Staff. The clinician will utilize the Addiction Severity Index (ASI) if the client is an adult. If the client is under age 18, the Comprehensive Adolescent Severity Inventory (CASI) will be used.

The ASI examines the medical status and needs, employment status, legal status, family and social relationships, and mental health status of the adult client. At the conclusion of the ASI, the clinician will print a copy of the problems list to assist in making an appropriate Level of Care recommendation, the assignment of Recovery Support Services, and Treatment Planning. The problem list should be attached to the ASI narrative report. Both documents should be signed by the Clinician and placed in the client's paper case record.

The CASI addresses health status, stressful life events, educational status, social networks and support, peer relationships, sexual behavior, family relationships, legal issues and mental health status of the adolescent client. The CASI narrative report should be printed out, and the last page summarizing client needs should be used to guide the appropriate Level of Care recommendation, the assignment of Recovery Support Services, and Treatment Planning.

The electronic ATR-II system will utilize information from the comprehensive assessment to support clinicians in making Level of Care recommendations and in selecting Recovery Support Services and Treatment Interventions to meet the needs of their clients. Clients may be issued an ATR-II treatment voucher if they are eligible.

The electronic ATR-II system will process and track the clinical assessments and level of care recommendations. Assessors will be assigned a login and password that will enable them to use the web-based application to perform the assessment, make patient placement decisions, and select necessary recovery support services as indicated in the assessment. Ongoing training in the use of the electronic ATR-II system will be provided and technical support will be available as needed.

NOTE: Assessments conducted by non ATR-II approved assessors will not be reimbursed. All subsequent treatment interventions and recovery support services delivered following an assessment conducted by a non approved assessor will not be

reimbursed. ATR will recoup all funds pertaining to assessments conducted by **non approved** assessors and subsequent delivered services.

4.3 PATIENT PLACEMENT AND LEVEL OF CARE

Referral to the “APPROPRIATE” Level of Care (e.g., outpatient, intensive outpatient, residential, or other inpatient modalities) is required for reimbursement. A client’s movement / progress along the continuum of care is to be clinically driven (based on the client status in treatment), NOT Program Driven (based on the length of the program).

4.3. A CONTINUUM OF CARE

"Continuum of care" refers to a treatment system in which clients enter treatment at a level appropriate to their needs and then “steps up” to more intense treatment or “steps down” to less intense treatment as needed. An effective continuum of care features successful transfer of the client between levels of care, similar treatment philosophy across levels of care, and efficient transfer of client records. The American Society of Addiction Medicine (ASAM) has established five main levels in a continuum of care for substance abuse treatment:

- Level 0.5:** Early intervention services
- Level I:** Outpatient services
- Level II:** Intensive outpatient/Partial hospitalization services (Level II is subdivided into levels II.1 and II.5)
- Level III:** Residential/Inpatient services (Level III is subdivided into levels III.1, III.3, III.5, and III.7)
- Level IV:** Medically managed intensive inpatient services

An overview and brief description of the levels of care is provided in (**Appendix I and J**). It is recommended that all providers purchase *The American Society of Addiction Medicine’s (ASAM) PPC II-R* text book. This text can be ordered from ASAM at www.asam.org.

See **Appendix G** “ATR-II Matrix of Levels of Care” for levels of care reimbursed by ATRII

- Outpatient
- Intensive Outpatient

4.3. B TREATMENT CONTINUUM OF CARE

Clients will progress through treatment at their own pace. ATR-II will provide the following treatment services through community and faith based public and private providers:

- **Outpatient**
 - Maximum of 52 sessions
- **Intensive Outpatient**
 - 3-day: maximum of 18 3-hour sessions over 6 weeks
 - 5-day: maximum of 30 3-hour sessions over 6 weeks
 - 3-evening: maximum of 18 3-hour sessions over 6 weeks
 - 4-evening: maximum of 24 3-hour sessions over 6 weeks
 - 5-evening: maximum of 30 3-hour sessions over 6 weeks

If appropriate, OAD's ATR-II administrators can approve exceptions to the above. For example, if the client completes the allotted session and the clinician determines that more sessions are needed, the clinician may provide clinical justification to ATR-II administrative staff who will consider an extension.

ATR-II Intensive Outpatient treatment services are organized and structured day or evening treatment sessions offered for at least nine hours per week on three or more days per week. For example, intensive outpatient treatment services may be offered on a daytime or evening 3-day, 4-day, or 5-day per week schedule to total from 18 to 30 sessions. Each intensive outpatient session will consist of 2 group sessions, didactic group and therapy group.

ATR-II Outpatient treatment services consist of one hour sessions, from one to three times per week, for a minimum of 24 sessions, maximum of 52 sessions, to be completed within 180 days.

Four individual therapy sessions and four family therapy sessions will be allowed during an intensive outpatient treatment episode and also during an outpatient treatment episode. An individual therapy session is a one-on-one session with the clinician and the client. A family therapy session is a session with the clinician, a client, and his/her family. Individual and family therapy sessions must be a minimum of 45 minutes.

4.3. C PATIENT PLACEMENT DECISIONS (Level of Care Recommendations)

Upon completion of the assessment phase of the initial interview, or at anytime a client is transitioning from one level of care to another, the assessor is required to make a Patient Placement Decision utilizing the electronic ATR-II system. A Patient Placement Decision (Level of Care Recommendation) is a

recommendation to place an individual in the appropriate level of care without placing the individual at risk. It is generally based on a comprehensive assessment of the client's needs, client's demographics, and other client centered contextual factors.

The recommendation is guided by uniform patient placement criteria (UPPC), such as the American Society of Addiction Medicines (ASAM) Patient Placement Criteria, in conjunction with knowledge of available recovery support services (wrap around services). The Patient Placement Decision is accompanied by a clear and concise clinical justification.

Assessors are required to document the most appropriate Level of Care (LOC) recommended. If for any reason the LOC is either not available, accessible, or the client has refused the recommendation, the assessor "MUST" document the initial LOC recommended, as well as document the alternative LOC received, and cite the reason the LOC recommended is different from the LOC received.

In the event that the recommended LOC is not available, the clinician will document that and refer the client for interim services until the determined LOC is available. For example, if the client is recommended for in-patient treatment but no bed is currently available, ATR-II will provide available, less intensive treatment until there is an inpatient bed. When the bed is available, the clinician will evaluate the client's current status to determine the appropriate LOC.

When clients are being mandated by the Criminal Justice system to a LOC contrary to the LOC determined by the assessor based on the assessment, the assessor is required to document the "Appropriate Level of Care" as indicated by his or her assessment, then document the LOC mandated by the CJ system, and document the reason for the difference by selecting the option "Mandated by CJ System". **Clients mandated by the Criminal Justice system to a specific provider are not eligible for the ATR-II program since these clients are not offered Freedom of Choice.**

4.3. D CLINICAL JUSTIFICATIONS

All Level of Care Recommendations must be accompanied by a Clinical Justification. A Clinical Justification provides a summary of the evidence (clinical information collected regarding the client), that justifies the Patient Placement Decision (Level of Care Recommendation).

Patient Placement Decisions not accompanied by a Clinical justification following the recommended format, and/or not clinically supported by the assessment **WILL NOT** be reimbursed.

Refer to Section **6.0 ATR-II Documentation Requirements** for additional information regarding the recommended format for Clinical Justifications.

4.3. E RECOVERY SUPPORT CONTINUUM OF CARE

ATR-II offers funding for services to sustain recovery such as job readiness, safe housing support, life skills, parenting, social skills and coping and care coordination.

OAD will approve providers to bill ATR-II for such recovery support services only if their previously existing services are expanded and enhanced for the ATR-II client. ATR-II will provide the following recovery support services through community and faith based public and private providers:

- Care Coordination: Care Coordination should be billed to ATR-II only for client-related activities that link the client to other treatment or supportive services that assist in sustaining the client's recovery.
- Transportation: ATR-II cannot be billed for transporting clients to church or support groups, such as AA/NA meetings. ATR-II Transportation service entries are for the provision of a round-trip service.
- Transitional Housing
- Spiritual Support Groups and Pastoral Counseling: Due to the limitations set forth by the funding sources, inherently religious activities, such as worship activities, church, or bible study, may not be billed to ATR-II as spiritual support group, pastoral counseling sessions or any other recovery support services.
- Alcohol and Drug Free Social Activities: Providers cannot bill ATR-II for support group meetings (such as AA, NA), worship or bible study activities as a recovery support service in this category.
- Job Readiness
- Life Skills
- Child Care
- Anger Management
- Family Education
- Recreational Therapy: Providers can only bill for Recreational Therapy services provided by a Certified Recreational Therapist or a therapist with an equivalent certification/licensure.

For a list of the specific support services for adults and adolescents and the business rules to provide these services see **Appendix H**.

ATR-II Recovery Support Services must be appropriate for the Level of Care, Stage of Recovery, and be accompanied by a clinical justification.

Clients who receive non-ATR-II funded treatment and ATR-II funded recovery support services will require an ATR-II approved care coordinator at their (non-

ATR-II) treatment site. For Federal purposes, recovery support services must be tracked for ALL services that a client receives, both reimbursable and non-reimbursable services.

4.3. F FACILITATING FREEDOM OF CHOICE

ATR-II provides clients with freedom of choice of treatment and recovery support providers through each level of their continuum of care. The assessment provider will explain and discuss the client's initial assigned level of care, answer questions, and provide information to help the client select a caregiver. As clients move through their treatment levels, including recovery support, they will continue to have freedom of choice in selecting providers. All providers will support the informed choice process for their clients by:

- Engaging in dialogue to facilitate understanding of the level of care recommended;
- Assessing and discussing the client's level of motivation and stage of readiness for treatment;
- Explaining the ATR-II process for selecting a treatment provider; and
- Providing technical assistance as needed to assist the client in making his/her choice at the computer.

Clients will be provided a document entitled "What is Freedom of Choice (see **Appendix F**). This document must be provided to and signed by clients for all treatment and recovery support services. Providers will review this document thoroughly with each client, request that the client sign the form indicating that free choice was addressed, and retain the document for audit purposes. The provider should also sign the Freedom of Choice form.

The electronic ATR-II system includes an up-to-date database of providers, classified as to areas of eligibility and expertise, levels of care, services offered, and other descriptors to assist clients in exercising free and informed choice. After the appropriate level of care for a particular client has been identified, the system will generate a list of potential providers from which clients can choose.

Once the client chooses a provider, the assessor will schedule an appointment and give the client the date and time of his or her appointment. The assessor will generate a 180-day voucher which may contain treatment and/or recovery support services. The voucher will include the following elements:

- client identification;
- provider contact information;
- services approved;
- voucher issue and expiration dates (the voucher is active for six months, but will expire 30 days from the assessment date if the client does not present for treatment during that timeframe); and

- voucher value (based on recommended level of care and needed recovery support services).

Some clients may not be prepared to choose a provider after their assessment. The assessing clinician will explain freedom of choice and provide the list of eligible providers for the designated level of care. The assessor will also advise these clients of the time-limited aspect of their assessment. The client has 14 days to decide and return to the assessor to schedule an appointment with the treatment provider and to sign acknowledgement of freedom of choice. The assessor will then ensure that the client receives an appointment for the appropriate level of care.

In all instances, the assessment and treatment providers will make every effort to engage and encourage the client to arrive at the next level of care. The clinician can transfer the client to another facility that provides the current level of care if the client is dissatisfied. This process will require a clinical justification and provision of Freedom of Choice to document the client's choice of their new facility. The ATR-II system will then automatically prompt an OAD administrator to review and approve this action.

4.4 ELECTRONIC VOUCHER

The assessment clinician will generate an electronic voucher after the client has selected providers. The treatment voucher will be active for six months, and will include all approved treatment and recovery support services. The treatment voucher will expire if:

- the client does not present for treatment within 30 days;
- the client completes a level of care in his treatment plan, transitions to another level of care, but fails to present within 14 days;
- during the course of treatment, 30 days elapse in which the client fails to present;
or
- six months of treatment and recovery support have been completed.

When transferring a client to another facility, it is not necessary to discharge the client.

ATR-II does not allow for re-admission of clients. If a client has been discharged from ATR-II for a minimum of 60 days and is found to be in need of substance abuse treatment services again, then the client may be considered for admission into ATR-I or another treatment program with the Office for Addictive Disorders (OAD).

4.4. A VOUCHER PROCESSING AND PAYMENT

Vouchers will be processed via the ATR-II system, subject to the following:

- The ATR-II System will allow an assessor to create a voucher based on pre-defined levels of care and business rules regarding length of service and providers. As applicable, the system will also provide the ability to choose treatment services, recovery support services and care coordinators.
- Recovery Support and Care Coordination services can be provided at each level of care in the treatment plan.
- When building the initial voucher, the assessor will be required to assign a facility for the clinical services, subject to the client's choice. The assessor will have the capability to establish recovery support services, if deemed necessary.
- The ATR-II system will provide a printable form for signature by the client affirming that the client has been afforded freedom of choice.
- The ATR-II system will send an e-mail to advise the facility administrator that a client has been referred to their facility. The e-mail will include a link to the assigned internal control number (ICN) for the case. After authentication, the provider can use the ICN to access the client's case.
- The ATR-II System will allow the treatment provider to request changes to the voucher by submitting an online form to OAD, and will provide a tool to permit an OAD administrator to modify this plan. Clinicians may determine that a client's treatment needs have changed. Clinicians will not be allowed to modify the level of care assignment that was configured by the assessor directly, but the clinician can use a menu option to request a change in the voucher. The clinician will be required to provide a reason for the request. Valid reasons include client in crisis situation, and client's situation has improved. If appropriate, OAD administrators can edit the voucher.
- The ATR-II System will require the care coordinator and/or the clinician to approve services that are entered by the recovery support provider.
- A facility administrator or clinician will have the ability to change the assigned care coordinator within the assigned level of care.

The ATR-II system provides General, Care Coordination, and Clinical notes. ATR-II will allow all providers (clinicians, recovery support personnel, and care coordinators) to enter and view General notes. Care Coordination notes may be entered only by the Care Coordinator, but may be viewed by the Care Coordinator or Clinicians. Clinical notes may be entered only by clinicians, but may be viewed by the Care Coordinator or Clinicians. Clinical notes may be viewed by providers of any facility who have been assigned to the client's case at any level of care in their treatment plan. Providers must enter a note about client status for every service provided. **This note must be entered no later than three days after the actual service was rendered. Services billed without a corresponding note will not be reimbursed.**

The General, Care Coordination, and Clinical notes will be marked with identification of the provider who recorded the note, and will be “read only” after entry. Service ticket entry will be used for recording services by which the facility will be reimbursed. The provider will enter items, including the service, the number of sessions recorded that day, and any necessary notes regarding the sessions or units for that day. These notes will be “read-only” (cannot be edited) after entry.

The ATR-II System will notify providers and facility administrators of incoming clients, necessary reassessments, inactive clients and late voucher entries based on OAD-mandated timeframes. The ATR-II system will track and notify clinicians of the following:

- If a client has been assigned to a facility but has no service tickets entered by providers for this facility (considered a new enrollment). Such clients will continue to be listed until discharged, 30 days elapse from initial assessment, 14 days elapse from previous level of care, or a service ticket is entered for them.
- If reassessments or GPRA evaluations are due or past due for any clients currently under the care of the facility.
- If a client has no service tickets recorded in the last 15 days. The system will alert the clinician that communication with the client is needed. The system can automatically generate a letter to encourage the client to re-engage in treatment.
- If recovery support service tickets are awaiting approval by the clinician or care coordinator.

These notifications will appear on the provider’s portal page after authentication and at return to home page. Notifications that apply to a specific client will also appear on the clinician’s case management page under “Notifications”.

The ATR-II system will require the care coordinator to approve services entered by the recovery support provider. Notification of hours awaiting approval will be provided in the notification area of the care coordinator’s home page.

The ATR-II System will interface with the DHH Financial Systems to enable DHH to process payments for all ATR-II services rendered and incentives to facilities. Payment Requests will be collected by facility for payment on a monthly basis. The system will provide a payment screen to indicate the services that have been paid.

If a facility fails to meet ATR-II requirements, OAD administrators will have the capability to block payment to the facility and/or delete service tickets. Payment will be suspended until the facility is back in compliance and OAD removes the block. Any missed payment will not be applied until the next scheduled payment cycle.

5.0 TREATMENT PLANNING, INITIATION & ENGAGEMENT POLICY

TREATMENT PLANNING, INITIATION, AND ENGAGEMENT POLICY

ATR-II has developed the Treatment Planning, Initiation and Engagement policy to monitor the rate at which clients initiate, engage in treatment, and improve upon the quality of treatment planning. The purpose of this policy is to ensure the appropriate assignment of treatment interventions and recovery support services appropriate for the client, the level of care, and stage of recovery.

It is recommended that clients not be referred to or receive any groups or recovery support services (except transportation, housing, and childcare) until after two additional individual sessions OR one individual session and one family session has been completed. These additional sessions should not take place the same day as the assessment. No two individual sessions can take place on the same day. The individual session and family session cannot take place on the same day either.

Prior to engaging clients in group sessions, it is recommended that an individual session and/or family session be held in order to:

- discuss information that was collected during the course of the assessment,
- begin the development of a treatment plan based on the assessment,
- orient the client to treatment, and
- select clinically appropriate recovery support services.

It is a requirement that either two individual sessions OR one individual and one family session be conducted in order for a client to successfully complete any level of care.

6.0 ATR-II DOCUMENTATION REQUIREMENTS

6.1 ASSESSMENTS

When administering the Addiction Severity Index (ASI) or the Comprehensive Adolescent Severity Inventory (CASI), all assessors are required to probe for additional information to clarify the responses coded in the assessment. This additional information **MUST** be documented in the comment section.

Assessments that are completed and are missing necessary additional information in the comment section **WILL NOT** be reimbursed.

6.2 PATIENT PLACEMENT DECISIONS AND CLINICAL JUSTIFICATION FORMAT

Assessors are required to use the ATR-II recommended format for Clinical Justifications. The format is designed to provide an integrative summary based on six dimensional problem areas use by the American Society of Addiction Medicine (ASAM).

6.2. A SIX DIMENSIONS OF ASAM PPC II-R

(See Appendix I for a crosswalk of problem dimensions and levels of care)

- Dimension 1: Acute intoxication and/or withdrawal potential
- Dimension 2: Biomedical conditions and complications
- Dimension 3: Emotional, behavioral, and or /cognitive conditions and complications
- Dimension 4: Readiness to change
- Dimension 5: Relapse, continued use, continued problem potential
- Dimension 6: Recovery environment

For each dimension there is a statement indicating the severity of client functioning /symptoms, followed by a clear and clinically concise paragraph citing the evidence justifying the statement of severity. This is done for each of the six dimensions.

These six dimensional summary statements are followed by a final statement indicating the appropriate Level of Care being recommended, supported by an integrative summary of the status in all of the six dimensions discussed.

The above requirements and format are used for initial Patient Placement Decisions, justification for continued stay in a Level of Care, and all subsequent referrals and transfer through out the continuum of care.

Clinical justifications not following the recommended format and not clinically supported by the assessment **WILL NOT** be reimbursed.

For more information on Levels of Care, Problem Dimensions, and Examples of Service Definitions see **Appendix I and J**. You may also refer to *The American Society of Addiction Medicine PPC II-R*, or *SAMHSA TIP 47: Clinical Issues in Intensive Outpatient Treatment*.

6.3 TREATMENT PLANS

Every client in the Access to Recovery program **MUST** have a written treatment plan which is based upon a comprehensive assessment. The treatment plan must include the following information:

- Diagnosis (by a Psychiatrist, LCSW, or LPC), and/or diagnostic impression (by all other qualified professionals), and identified presence of functional impairment in daily living;
- Specific, measurable rehabilitation goals stated in behavioral terms;
- Rehabilitation goals and objectives consistent with the recommended level of care, the clinical justification provided for the level of care recommended, the problematic dimensions of assessment identified, and the stage of recovery;
- Anticipated provider of services identified in the plan;
- Scope, amount, methods and duration of services that address the recipient's goals and objectives;
- Specific expected outcomes of interventions and projected dates of completion from the service; and
- A contingency crisis plan that identifies the potential crisis triggers and the interventions that the recipient, family/significant other and provider can perform to minimize the crisis.

In accordance with licensing standards, a client's treatment plan should be developed within 72 hours of admission. The written plan is to be evaluated, reviewed and revised at a minimum every 90 days, or when a client is transferred to another level of care, or more frequently as indicated by the recipient's needs. The re-evaluation must include the recipient and/or recipient's family/significant others.

A client staffing should be conducted upon admission and each time the treatment plan is evaluated, reviewed and revised (every 90 days). A case note should be entered for each client staffing.

Documentation must indicate that the recipient and/or recipient's family/significant other signed the plan and received a copy of the plan.

6.4 CASE NOTES FOR TREATMENT & RECOVERY SUPPORT SERVICES

All assessments, treatment, and recovery support service interventions rendered by the ATR-II program **MUST** be accompanied by a service note. All documentation is required to be made in the ATR-II electronic web based system's "CASE NOTE" tab immediately upon delivery of the service. **All service notes should be printed out of the system weekly, signed, and placed in the client's paper chart.** A service note **MUST** be recorded each time a treatment and/or recovery support service is delivered to a recipient or family member/significant other.

An admit note is required upon initiation of treatment and creation of the voucher. The admit note should include: client age, client gender, referral source, level of care assigned, treatment and recovery support services assigned, diagnosis/diagnostic impression, and service begin date.

A discharge note is required upon termination of treatment and the voucher. The discharge note should include: discharge date, reason for discharge, client state upon discharge, and client prognosis.

At a minimum, any treatment and/or recovery support service note must (1) specify the relationship between the service provided and the recipient's treatment plan goals, (2) identify the progress made on the treatment plan goals, and (3) include the following elements:

- Name of recipient
- Name of provider and employee providing the service
- Date of service contact
- Beginning and ending time for service rendered
- Place of service contact
- Purpose / Goal of service contact
- Client stage of recovery
- Content, outcome and progress made toward function improvement as well as attainment of recipient's goals through service contact.
- *Transportation notes should include the driver's name as well as all pick-up and drop-off points*

It is suggested that a standardized service note format such as the following be used to record the details of the service session: **PAIP-Purpose, Action, Impression, Plan**

The service billed must clearly relate to the current treatment plan. All notes must clearly indicate who was contacted and what ATR-II service occurred. The use of general terms such as "assisted recipient to" or "supported recipient" or "service provided" do not constitute adequate documentation. Providers are only allowed to bill for services that are provided to each recipient.

Service notes must be reviewed and signed by the supervisor on a weekly basis to ensure that all activities are appropriate in terms of the nature and time, and that documentation is sufficient to support services billed. Supervision is not billable.

6.5 CLIENT CHART

All providers are required to maintain a paper chart for each ATR-II client. All client charts should contain the following forms and paperwork:

- Client Eligibility Screening
- Client Identification Information
 - Acceptable forms of identification include: Government Issued ID, Social Security Card, Medicare/Medicaid or Food Stamp forms if they include the client's social security number, and/or birth certificate
 - Adolescent clients only require one form of identification which may include a school ID or report card
 - If a client has no acceptable form of identification, the agency should assist the client in obtaining proper identification and maintain records of such efforts. At least one form of ID must be obtained within 15 days of admission.
- Financial Proof of Eligibility
- OAD Notification of Patient Rights
- Authorization for Treatment
- Authorization to Use Social Security Number
- ATR-II Participants Consent Form
- HIPAA
- Release of Information Form(s)
- Freedom of Choice Form(s)
- Treatment Plan
- Case Notes
- Medical History Form
- ASI or CASI
- Urine Screens (through contracted lab for ATR-II reimbursement)

Providers should also maintain all client sign-in sheets with all client original signatures and the provider's signature. The log sheet must include:

- Date and Time (*each service should be documented to show actual times and dates*)
- Type of Service (*i.e., document whether it is a group or individual session, Initial Assessment – ASI, IOP, etc. and the title if it is a session*)
- Each Client's Name (*should be printed or typed and clients are required to sign by their respective name*)
- Clinician or Counselor's Name (*to document person(s) who performed services, each page must be signed*)

Providers are also required to maintain all employee/contractor service logs. These logs are required for all employees and contractors providing billable services to ATR-II program. The logs must include:

- Date and Time: *All employees must document their time by logging in and out daily when providing a billable service. This log is separate and not to be confused with payroll time and attendance records. All contractors must document start time and end time for billable services.*
- Signature of Employee or Contractor (*to verify time worked*)
- Signature of Management (*to verify time worked by employee/contractor*)

7.0 ATR-II PROVIDER TRAINING REQUIREMENTS

MANDATORY PROVIDER TRAINING

Providers will be required to successfully complete OAD training in:

- Screening and Assessment
- Patient placement decision making and writing clinical justifications
- Treatment planning
- Care Coordination
- Use of the ATR-II electronic data system
- GPRA interviews
- Any other training required by OAD-ATR

All staff must successfully complete training in its entirety and pass all learning measures to be considered approved to provide identified services in ATR-II.

All ATR-II learning events (trainings, workshops, video/teleconferences, meetings and conferences will be scheduled using the OAD Learning Transfer Support Portal, www.OAD-Training.org.

Participants must register for all learning events utilizing the OAD Learning Transfer Support Portal, www.OAD-Training.org.

MANDATORY PROVIDER MEETINGS

All providers will be required to attend:

- Monthly Regional Provider Meetings
- Scheduled Statewide Provider Meetings and/or Forums

An employee in a supervisory position must attend each meeting and ensure proper dissemination of all information to the agency's staff.

8.0 ATR-II PERFORMANCE INDICATORS and OUTCOMES

8.1 ATR-II SERVICE PROVIDER PERFORMANCE INDICATORS

The Access to Recovery Program is monitored and evaluated by both licensed and non-licensed personnel on a regular basis. ATR-II Clinical and Fiscal Management Teams will evaluate the effectiveness of the Access to Recovery Project and Provider Performance by:

- Tracking and trending utilization activities in all components of care;
- Monitoring patterns of care for potential over and under-utilization;
- Surveying member and provider satisfaction;
- Tracking and trending consumer complaints and appeals;
- Evaluating consistency of inter-reviewer reliability in applying criteria; and
- Evaluating Level of Care and Recovery Support Service assignment decisions.

Specifically, the ATR-II Clinical and Fiscal Management Teams will evaluate the effectiveness of the Access to Recovery Project and Provider Performance through ongoing monitoring and analysis of a combination of measures including 1) Process measures, 2) Quality of Care measures, and 3) Treatment Outcome measures.

8.1. A PROCESS MEASURES

Compliance with all ATR-II Established Protocols

- Administrative
- Clinical
- Fiscal
- Training

Client Initiation, Engagement and Retention

- Total number of clients assessed
- % of clients assessed who initiate treatment
- % clients who initiate treatment and become engaged
- % of those engaged that are retained
- % of clients who complete treatment
- Retention rates

8.1. B QUALITY OF CARE MEASURES

Quality and Appropriateness

- Assessments
- Level of Care decisions and clinical justifications
- Recovery Support Service decisions and clinical justifications
- Treatment planning
- Documentation
- Utilization of the continuum of care
- Discharges
- Customer satisfaction
- GPRA

8.1. C TREATMENT OUTCOME MEASURES

DHH-OAD will assess outcomes for each provider in the ATR-II project through the National Outcome Measures (NOMs) for substance abuse treatment that SAMHSA has developed in partnership with the States. Providers will be required to report performance in several areas relating to the client's substance use, family and living condition, employment status, social connectedness, access to treatment, retention in treatment and criminal justice status. Providers must collect and report data using the Discretionary Services Client Level GPRA tool and other data collection instruments, which are integrated into the LA-ATR II web-based system.

ATR-II treatment providers will report on seven outcome domains for each client:

1. Abstinence from Drug and Alcohol Use
2. Employment/Education
3. Crime and Criminal Justice
4. Family and Living Conditions
5. Social Connectedness
6. Access/Capacity
7. Retention

9.0 GPRA – GOVERNMENT PERFORMANCE and RESULTS ACT

Under GPRA law, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) is required to set program-specific performance targets, to measure program performance on a regular basis against those targets, and to report annually to Congress on the Centers' results. In short, GPRA is intended to increase program effectiveness and public accountability by promoting a focus on results, service quality, and customer satisfaction.

The collection of GPRA data and the outcomes indicated in the GPRA data are EXTREMELY IMPORTANT, as this is the data used by the federal government to grade each grantee's performance and to determine continued funding.

- ◆ **Providers that do not demonstrate the required treatment completion and GPRA six-month follow-up rates will have ATR-II provider privileges suspended and/or terminated.**
- ◆ **Providers should have a treatment completion rate of at least 50%.**
 - A provider's treatment completion rate is derived from the number of client's with a **positive** discharge status on the GPRA Discharge. These are the clients that Completed/Graduated the treatment program.
 - Client's that are Terminated or Administratively Discharged from the treatment program will **negatively** impact a provider's treatment completion rate. This includes those clients who are terminated for the following reasons, even if they were making satisfactory progress in the program:
 - left on own against staff advice
 - involuntarily discharged
 - referred to another program or other services
 - incarcerated due to offense committed while in treatment
 - incarcerated due to old warrant
 - transfer to another facility for health reasons
 - death
 - Since a client's discharge status can impact a provider's treatment completion rate, it is important to review the client's **entire case record** and ensure the appropriate discharge status is selected.
- ◆ **In accordance with federal policy governing the collection of GPRA data, providers are to have a collection rate for the GPRA six-month follow-up of at least 80%.**
 - A provider's collection rate is derived from the number of GPRA six-month follow-ups that are completed within 179 days of the intake assessment.

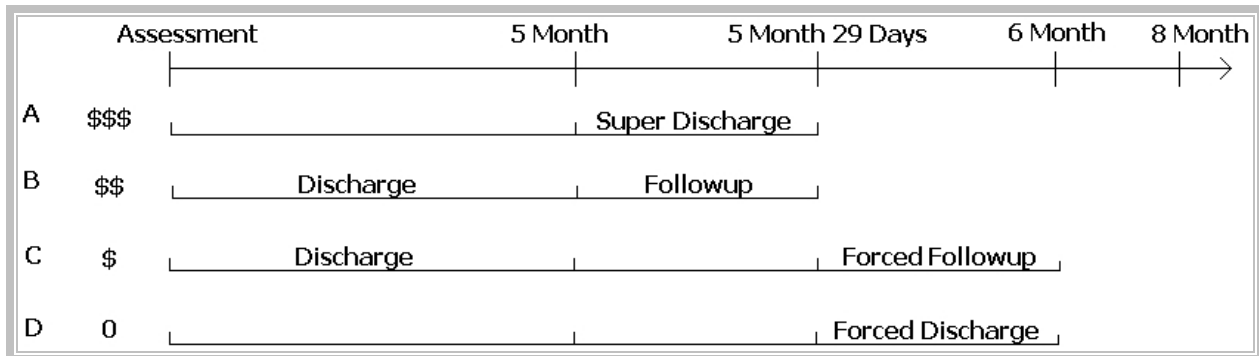
These are the clients with a follow up status of Completed Interview within Specified Window on the GPRA Follow-up or the SUPER GPRA.

- A providers collection rate is negatively impacted by clients with any of the following as a follow-up status:
 - Completed interview outside of specified window
 - Located, but refused
 - Located, but unable to gain access
 - Located, but withdrawn from the program
 - Unable to locate
- Gathering sufficient contact information upon client intake and maintaining contact with clients will be crucial to completing follow-ups and ensuring an acceptable collection rate.

The GPRA collection schedule for ATR-II is:

- ◆ GPRA #1: Occurs at time of **Intake Assessment** and is embedded in the ASI and/or CASI
- ◆ GPRA #2: **GPRA Discharge** occurs at time of discharge (\$40 reimbursement)
 - Client completes treatment
 - Client leaves treatment
 - Client is administratively discharged from treatment
 - Client voucher terminates (179 days or 30 days no activity)
- ◆ GPRA #3: **GPRA Follow-up** occurs at six months (179 days) following date of intake assessment or GPRA #1 (\$40 reimbursement)
- ◆ SUPER GPRA: The **SUPER GPRA** is a combination of GPRA #2 and GPRA #3 and occurs at six months (179 days) following date of intake assessment or GPRA #1 (\$100 reimbursement)

GPRA TIMELINE



INCENTIVE: If the GPRA Discharge (GPRA #2) occurs between five (5) and six (6) months following the date of the intake assessment (GPRA #1), then it will also count as the GPRA Follow-Up (GPRA #3) and only one (1) GPRA interview is necessary. The SUPER GPRA is an incentive to encourage providers to keep clients engaged in treatment for at least five (5) months and to collect the GPRA Follow-Up (GPRA #3). Once a client's voucher has been active in the system for five (5) months, the ATR-II system will prompt the provider to complete the SUPER GPRA. The reimbursement for the SUPER GPRA is higher than the reimbursement for completing the GPRA Discharge (GPRA #2) and the GPRA Follow-up (GPRA #3) separately.

DISINCENTIVE: The SUPER GPRA is available for the provider to complete until the client's voucher has been in the ATR-II system for 179 days. If the provider does not complete the SUPER GPRA within this time frame, then the LA-ATR II system will automatically complete the six-month GPRA Follow-Up and this will be counted as a GPRA *not completed* by the provider. The provider will not be paid for these GPRA's, and these GPRA's will negatively impact and lower the provider's collection rate.

If a client does not remain engaged in treatment in ATR-II for at least five (5) months, then the provider should proceed with conducting the GPRA Discharge (GPRA #2) and then conduct the GPRA Follow-Up (GPRA #3) at six months following the intake assessment. The ATR-II system will post a notification of when the six-month GPRA Follow-Up (GPRA #3) is due. At the time of intake, please make certain to complete a client tracking form with the client to get additional information on how to contact the client. This information will be useful when conducting the six-month GPRA Follow-Up (GPRA #3).

Providers are encouraged by the federal government to offer incentives to clients in order to retain them in treatment and to complete the GPRA Follow-Up (GPRA #3). Some examples of client incentives include movie passes, gift cards, etc. The federal government limits the dollar value of a client incentive for completing the GPRA Follow-Up (GPRA #3) to twenty dollars (\$20).

10.0 TECHNICAL REQUIREMENTS

TECHNICAL REQUIREMENTS

Anyone providing services in the ATR-II voucher program (i.e., screeners, assessors, clinicians, care coordinators, etc.) are required to have computers with internet access and e-mail. The internet access may be T1, DSL, or Cable (Broadband). However, Cable (Broadband) or DSL is recommended. Only Recovery Support Services providers will be allowed to use Dial-up for internet access. Any Treatment provider using Dial-up internet access will be required to upgrade in order to participate in ATR-II.

Additional requirements include:

- Intel Pentium III processor or higher
- Microsoft Windows 2000 or XP
- Internet Explorer 6.0, i.e., older versions of Internet Explorer must be updated
- 128 MB RAM (256 MB RAM or higher recommended)
- CD-ROM drive
- Minimum 20 GB hard drive
- Sound Card and External Speakers
- 17 inch Monitor recommended
- Norton or McAfee antivirus software, which must be updated on a regular basis.
- Adobe Acrobat Reader (can be downloaded free from the internet)
- Electronic Funds Transfer (EFT) capability

Technical support contact information:
OAD ATR Administrators: 225-342-1065

11.0 PROVIDER CAPS and INCENTIVE PROGRAM

PROVIDER CAPS AND INCENTIVE PROGRAM

The ATR-II program plans to implement an incentive payment program based on performance indicators and outcomes.

Provider caps will be adjusted both up and / or down based on a comprehensive, and ongoing review of the **PERFORMANCE INDICATORS and OUTCOMES** identified in section 8.0. Provider caps are also based on the availability of funds.

Decisions regarding continuation as an ATR-II provider will also be based on the **PERFORMANCE INDICATORS and OUTCOMES** identified in section 8.0.

12.0 CUSTOMER SATISFACTION SURVEY

The ATR-II program requires that each client complete a Customer Satisfaction Survey every time the client moves from one level of care to another, and upon discharge. The method of administration of the Customer Satisfaction Survey will be:

- Client will complete the paper survey anonymously and out of the presence of service providers;
- Client will place the survey in an in-box at the facility;
- It is important to collect client feedback in order to ensure quality services are provided for successful treatment and recovery. **Failure to collect Customer Satisfaction Surveys and enter them in the ATR-II system may result in withholding of payment, suspension, and/or termination of ATR-II provider privileges.**
- Facility may have non-clinical staff member enter the surveys into the ATR-II system. Only service providers without access to the Customer Satisfaction Survey Module of the electronic ATR-II system may collect the surveys and submit them to ATR-II at bi-weekly intervals. Address these to Charlene Gradney, ATR Program Director, P. O. Box 2790, Baton Rouge, LA 70821.

13.0 OWNERSHIP OF RECORDS

All records, including but not limited to, reports, documents, and any other material delivered or transmitted, in writing or electronically, to Provider by OAD shall remain the property of OAD, and shall be returned by Provider to OAD, within 30 days, at Provider's expense, of termination of the provider agreement. All records, reports, documents, or any other material obtained or prepared by Provider as an ATR-II provider, whether in writing or electronically, shall become the property of OAD, and shall be returned by Provider, at Provider's expense, to OAD, within 30 days of termination of the Provider's agreement.

14.0 INVESTIGATIONS

OAD may conduct announced and/or unannounced visits to any of the Provider's locations as frequently as necessary to determine if the Provider is in compliance with the terms of the ATR-II program or for any other purposes related to the ATR-II program.

The Provider shall grant OAD staff immediate access to: 1) its facility; 2) its records (written or electronic); 3) its staff; and/or 4) its clients. OAD staff shall have the right to interview staff and/or clients without other staff persons present.

15.0 PROVIDER COMPLAINTS

Any complaints must be submitted in writing to the following address:

Office for Addictive Disorders
Access to Recovery Program
P.O. Box 3868
Baton Rouge, LA 70821
(225) 342- 9268

OAD will respond to complaints within a reasonable period of time.

16.0 TERMINATION BY 30 DAY NOTICE

Either the Provider or OAD may terminate the Provider Agreement at any time by giving thirty (30) days written notice. The Provider shall be entitled to payment for services properly rendered up to the date of termination for clients entered into the program prior to receipt of the notice of termination. New clients shall not be admitted to the program after the date of receipt of notice of termination.

Both the Provider and OAD shall coordinate efforts to place clients with other providers.

17.0 ACTIONS TAKEN BY OAD

When OAD determines that grounds exist for suspending payment, recouping monies paid to the Provider, and/or terminating the Provider agreement, OAD shall notify the Provider verbally or in writing before or at the time it takes any or all of these three actions. Any verbal notice shall be followed up by a written notice sent to the Provider by Certified Mail, noting the problem(s), and actions OAD has decided to take or has taken.

If the Provider Agreement is terminated, the Provider shall cooperate with OAD in placing its clients with other providers.

17.1 TERMINATION

OAD may terminate the Provider Agreement upon reasonable indication of any of the following:

- Fraud;
- Client abuse, exploitation, neglect, or extortion;
- Any condition that may jeopardize the health, safety, or welfare of a client; or
- 60 days or longer of no provider activity in the ATR-II system.

17.2 SUSPENSION

OAD may suspend payment at any time upon:

- Reasonable indication that the Provider is not in compliance with the ATR-II program or with any applicable local, state, or federal rule or statute; or
- Commencement of an OAD investigation.

17.3 RECOUPMENT AND REASONABLE INDICATION OF NON-COMPLIANCE WITH ATR-II PROGRAM AND ALL OTHER RULES AND REGULATIONS

Upon commencement of an investigation by OAD, OAD may recoup funds previously paid to the Provider when OAD determines that services were not rendered in accordance with the requirements of the ATR-II program.

18.0 PROVIDER RESPONSE

Upon receipt of the written notice from OAD of action(s) taken or to be taken against the Provider, the Provider may:

- Submit written reasons with supporting documentation, if any, as to why the action should not be taken or should not have been taken to the following address:

Office for Addictive Disorders
Access to Recovery Program
P.O. Box 3868
Baton Rouge, LA 70821
(225) 342- 9268

- Responses must be received by OAD within 10 calendar days of receipt of the notice from OAD.
- The Provider may be asked to submit additional documentation.
- A face-to-face meeting may be scheduled at a time convenient to both parties.
- OAD will inform the Provider of the outcome of this process through Certified Mail.

PLEASE NOTE: A response by the Provider does not suspend the action taken or to be taken by OAD as specified in the notice.

19.0 ATR GLOSSARY

Access to Recovery II (ATR-II)	The name of the program being funded by federal grant that is designed to provide clinical treatment and recovery support services to as many qualified individuals as possible. A web application will facilitate the collection and reporting of demographic and treatment data of clients who receive treatment through this program.
Addiction Severity Index (ASI)	The comprehensive assessment tool used for evaluating adults with potential addiction problems. The results of this assessment assist in identifying problem areas for the client and planning appropriate treatment.
Assessment	A survey or set of questions and answers, given through an in-person interview, which is used to determine the severity of addiction and problem areas.
Authentication	Electronic process which prevents unauthorized access to the data collected in the Access to Recovery website.
Care Coordinator	An independent individual or facility employee who is responsible for assisting a client in moving from one level of care to the next and for coordinating the client's Recovery Support Services (see Section 1.4.3).
Case	An episode of treatment in the ATR-II system. A case begins with admission and continues through the treatment process. If a client quits the program or is discharged during a course of treatment, a new case must be started when the client returns.
CASI	Comprehensive Adolescent Severity Inventory. This is the comprehensive assessment tool used to assess clients who are 17 or under. The results of this assessment help the clinician identify problem areas for the client and plan appropriate treatment.
Client	A person who is enrolled in the ATR-II program to receive treatment for drug/alcohol addictions.
Clinician	A clinician is a treatment professional who provides medical, psychological, social, counseling or other clinical services to a client.
Collateral	The client's family members or significant others, such as children, parents, spouse or friend.

Co-occurring	A client with co-occurring disorders suffers from at least one psychiatric disorder as well as an alcohol or drug abuse disorder. While these disorders may interact differently in any one person, at least one disorder of each type can be diagnosed independently of the other.
Discharge	Discharge is the process for terminating a client's case. A client may be discharged due to successful completion of the program, excessive missed appointments, voluntary termination, etc.
Episode	A treatment period that begins with admission and ends with the last voucher service provided.
Facility	A physical entity or business, where ATR-II services are provided. Services include eligibility screening, assessments, clinical services, care coordination, and recovery support.
Facility Enrollment	The process by which a facility completes an online questionnaire fulfills offline requirements and is approved by OAD to participate in the ATR-II program.
GPRA	Government Performance and Results Act. The federal government requires a set of quarterly reports to be provided for monitoring results of the ATR-II program. This is comprised of a set of flat files which will be generated from demographic data, assessments data, treatment plans, and services rendered.
Incentive	An incentive is a bonus paid to providers for exceeding performance thresholds that have been set by OAD. A set of business rules will be defined for managing eligibility (see Section 8.0 and 11.0).
Internal Control Number (ICN)	Number to be assigned by the ATR-II system using the client's full name, date of birth and social security number. Clients must provide a social security number to participate in the ATR-II program.
LADDS	Louisiana Addictive Disorder Data System. An existing OAD web site which captures necessary treatment and demographic information to satisfy federal reporting requirements. It is important that OAD state operated and contracted providers fulfill their baseline Block Grant admission requirements before entering clients into ATR-II for treatment services. Providers must enter clients into the appropriate data system. A client can receive both ATR-II and LADDS services, i.e., clinical services

through LADDS and recovery support services through ATR-II. This determination must be made at the time of screening, prior to assessment. Such a client would be entered both into LADDS and the ATR-II data system. Enter clients who receive only LADDS services into the LADDS system and not into the ATR-II system. Enter clients who receive only ATR-II services into the ATR-II system and not into the LADDS system.

Level of Care	A level or modality of care is a step in the client's treatment process. A level of care includes clinical services, and may also include care coordination and recovery support services. Every time a client moves from one level of care to another, the clinician will be required to report the clinical reason for the change.
Modality	See Level of Care.
OAD Administrator	An OAD employee who is authorized to perform system administration, maintenance, and supervisory tasks within the ATR-II website.
Office for Addictive Disorders (OAD)	The office within the Louisiana Department of Health and Hospitals that is responsible for providing statewide prevention and treatment services for substance abuse and for implementing the Access to Recovery project.
Payment	Providers of ATR-II services will be compensated based on pre-defined pricing matrices. Payments will be issued monthly and processed through the DHH Financial System.
Profile	Demographic and contact information for providers who are authorized to access to the ATR-II web application. Completion of Profile information will be mandatory before a provider will be allowed to enter the site.
Provider	An individual who provides a service such as screening, assessment, clinical services, care coordination, or recovery support.
Recovery Support Services	Services which are provided to the client to make it easier for them to attend treatment sessions and prevent relapse.
Report	A set of data which can be presented on-screen or printed out using either pre-defined criteria, filtering options, or drill-in functionality.

Report Card	A report card is a specific report which evaluates a facility (or facilities) based on pre-defined performance indicators.
SA	Substance abuse.
Screen	The interview process to determine whether the client is eligible for the ATR-II program. Decisions are based on residence requirements, financial eligibility, and other criteria.
Service Ticket	Data entered to record work performed during treatment. Service tickets elements include the service performed, number of sessions/days/hours utilized for the service, the client for whom the services were performed, and the date of service. Service tickets are totaled at the end of each month to determine the payment due.
Social Security Number (SSN)	The Social Security Number is required to participate in ATR-II and is used to generate the ICN (internal control number).
TEDS	Treatment Episode Data Set. A federal reporting requirement which provides information regarding the client's state at times of admission, discharge, and transition through treatment. At this time TEDS is not required for ATR-II.
Transition	Transition is movement between levels of care in a treatment plan. The ATR-II treatment voucher will expire if the client completes a level of care in his treatment plan, transitions to another level of care, but fails to present at the new level of care within 14 days.
Treatment Plan	The set of levels of care and recovery support items determined to meet the needs of a patient after assessment. The treatment plan includes who will provide treatment and recovery support services
Treatment Services	Services which are provided to the client to facilitate cognitive and behavioral changes necessary for sustained recovery.

APPENDIX A

ATR-II Facility Application and Agreement

- **ATR-II Facility Application (12 pages)**
 - **Direct Deposit (EFT) Authorization Agreement**
 - **Provider Requirements and Conditions**
 - **Code of Conduct**
 - **Application Checklist**
 - **Provider Acceptance of OAD/ATR Requirements and Conditions**
 - **Employee Acceptance of Code of Conduct (2 pages)**
 - **Direct Deposit (EFT) Account Information Form (2 pages)**
 - **Employee Survey Form (3 pages)**
 - **Disclosure of Ownership (1 page)**
 - **Management Information (1 page)**
 - **Criminal Conviction Disclosure (2 pages)**
 - **Driver Information Form (2 pages)**
 - **Transportation Requirements and Conditions (1 page)**
-



Office for Addictive Disorders Access to Recovery II - Facility Application

Facility Name: _____

Date Applied: _____

Business Address: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

Web Address: _____

Organization Status:

- Limited Liability Company, LLC
- Corporation
- Non-Profit Corporation—501(c)3
- Non-Profit Religious Corporation
- Municipality/Parish
- Local Government Authority
- State-Operated

Facility Type:

- Community-Based
- Faith-Based
- Private
- Public

Federal Tax ID: _____

Agency Licensed: Yes No

Target Population:

- Adolescents
- Men
- Women
- Women w/dependent children
- Pregnant women
- Children 0-11
- Homeless
- Other (Please specify): _____

If yes, title of license: _____

Employee (1) _____

Employee (6) _____

Employee (2) _____

Employee (7) _____

Employee (3) _____

Employee (8) _____

Employee (4) _____

Employee (9) _____

Employee (5) _____

Employee (10) _____



Office for Addictive Disorders

Access to Recovery II - Facility Application

Facility Name:

Date Applied:

Services Rendered:

Levels of Care

Adult Levels of Care

- Medically Supported Detox Clinical
- Inpatient Clinical
- Social Detox Clinical
- Residential Clinical
- Intensive Outpatient (5 Day-Daytime)
- Intensive Outpatient (4 Day-Nighttime)
- Intensive Outpatient (3 Day-Daytime)
- Intensive Outpatient (3 Day-Nighttime)
- Outpatient Clinical
- Outpatient w/Methadone Maintenance
- Outpatient w/Buprenorphine
- Outpatient Drug Court

Adolescent Levels of Care

- Outpatient
- Intensive Outpatient (5 Day-Daytime)
- Intensive Outpatient (4 Day-Nighttime)
- Intensive Outpatient (3 Day-Daytime)
- Intensive Outpatient (3 Day-Nighttime)

SAMPLE

Clinical Services

- Individual Sessions
- Family Sessions
- Drug Screen
- Medical History
-

Assessment

Adult Services

- Initial Assessment—ASI
- GPRA Follow-up ASI
- GPRA Discharge

Adolescent Services

- Initial Assessment—CASI
- GPRA Follow-Up
- GPRA Discharge

Care Coordination

Adult Services

- Care Coordination

Adolescent Services

- Care Coordination

Recovery Support

Adult Services

- Alcohol and Drug Free Group Social Activities
- Childcare
- Job Readiness
- Spiritual and Pastoral Counseling
- Life Skills
- Transitional Housing
- Transportation

Adolescent Services

- Alcohol and Drug Free Group Social Activities
- Spiritual and Pastoral Counseling
- Halfway House
- Transportation
- Life Skills

SAMPLE



Office for Addictive Disorders Access to Recovery II - Facility Application

Facility Name:

Date Applied:

Is your facility—(Mark One)

- Independent (not part of a parent organization)
- One of several facilities under a parent organization

Which one category best describes the primary setting of this facility? (Mark One)

- | | |
|---|---|
| <input type="checkbox"/> Health Maintenance Organization | <input type="checkbox"/> Social services agency |
| <input type="checkbox"/> Hospital or university | <input type="checkbox"/> Other multi-service agency |
| <input type="checkbox"/> Psychiatric or other specialized hospital | <input type="checkbox"/> Jail or prison |
| <input type="checkbox"/> Health care (including primary care setting) | <input type="checkbox"/> Juvenile detention |
| <input type="checkbox"/> Free-standing substance abuse services | <input type="checkbox"/> Private or group practice |
| <input type="checkbox"/> Family/children service agency | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Mental health services setting or community mental health clinic | |

Primary service area of this facility? (Mark One)

- Rural
- Suburban
- Urban

Type of substance abuse problems treated?

- Alcohol problems only
- Drug problems only
- Both alcohol and drug problems
- Co-occurring/mental health

SAMPLE

If you answer yes to any of the following regarding your facility and/or owner(s), attach a detailed explanation.

Is there pending or threatened litigation against the facility or owner(s)?

- Yes
- No

Is the facility or owner(s) in IRS debt?

- Yes
- No

Please identify the fiscal year of the facility/organization: (Mark One)

- Calendar year (Jan-Dec)
- State Fiscal Year (July-June)
- Federal Fiscal Year (Sept-Oct)
- Other: (specify) _____

Please identify accounting method of facility/organization. (Mark One)

- Cash Basis
- Accrual Basis



Office for Addictive Disorders Access to Recovery II - Facility Application

Facility Name:

Date Applied:

Access to Recovery Direct Deposit (EFT) Authorization Agreement

I have reviewed the ATR Direct Deposit (EFT) Authorization Agreement and the ATR Provider Requirements and Conditions as listed below and agree to this agreement:

- I understand that payment and satisfaction of any claims will be from Federal and State Funds; and any false service tickets, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal and State laws.
 - I understand that Louisiana Department of Health and Hospitals (DHH) may revoke this authorization at any time.
 - I hereby authorize DHH to present credit entries into the account and named depository referenced in *Louisiana Access to Recovery Direct Deposit (EFT) Account Information* form. These credits will pertain only to direct deposit transfer payments that the payee has rendered for ATR services.
 - I certify that if a Board of Directors approval was necessary to enter into this agreement, that approval has been obtained and the signature(s) below is/are authorized by the stated Board of Directors to enter into or change this agreement.
 - I agree to notify ATR staff at least 60 days in advance if changing financial institutions or accounts. Notice will be given by completing the *Louisiana Access to Recovery Direct Deposit (EFT) Account Information* form.
 - I further understand that the maintenance of account information on the Louisiana ATR files is the provider's responsibility and failure to notify the ATR staff as noted may result in ATR payments being electronically transmitted to incorrect accounts or returned.
-



Office for Addictive Disorders

Access to Recovery II - Facility Application

Facility Name:

Date Applied:

Access to Recovery Provider Requirements and Conditions

- Louisiana's Access To Recovery Program must comply with DHHS regulations promulgated under Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; and the American Disabilities Act of 1990 which require that:

No person in the United States shall be excluded from participation in, denied the benefits of, or subjected to discrimination on the basis of age, color, handicap, national origin, race or sex under any program or activity receiving Federal financial assistance.

- Under these requirements, Louisiana's Department of Health and Hospitals, Bureau of Health Services Financing cannot pay for medical care or services unless such care and services are provided without discrimination based on age, color, handicap, national origin, race or sex. Written complaints of non-compliance should be directed to Secretary, Department of Health and Hospitals, P.O. Box 91030, Baton Rouge, LA 70821-9030 or DHHS Secretary, Washington, DC or both.

As a clinical and/or recovery support services provider enrolled in Louisiana's Access to Recovery Program, I hereby agree to:

- Maintain all records necessary for full disclosure of services provided to individuals under the program and to furnish information regarding those records as well as payments claimed/received for providing such services that the agency, the DHH Secretary or OAD/ATR may request for six years from the date of services;
- Accept OAD/ATR payment in full and not seek additional payment from any recipient for any unpaid portion;
- Adhere to the published regulations of the DHH Secretary and the Bureau of Health Services Financing, including, but not limited to, those rules regarding recoupment and disclosure requirements as specified in 42 CFR 455, Subpart B.
- Comply with federal and state laws and/or DHH Policy requiring an audit of the Provider's operation as a whole or of specific program activities. All audit fees and other cost associated with the audit shall be paid entirely by the Provider.
- Adhere to the Federal alcohol and other drug (AOD) confidentiality law, which requires programs to strictly maintain the confidentiality of AOD patient records. The law (42 U.S.C. § 290dd-2) and its accompanying regulations (42 C.F.R. Part 2), came about through Congress' recognition that safeguards on privacy serve the important purpose of encouraging persons to seek AOD dependence care by preventing the disclosure of information related to their AOD diagnosis and treatment, which could stigmatize them in their communities.
- Adhere to the federal Health Insurance Portability and Accountability Act (HIPAA) and all applicable HIPAA requirements and obligations imposed by those regulations regarding the conduct of electronic health care transactions and the protection of the privacy and security of individual health information and any additional regulatory requirements imposed under HIPAA.
- Not enter into any subcontract for work or services contemplated under this agreement without OAD/ATR approval.
- Understand this agreement is contingent upon the appropriation of funds by the Legislature. If the Legislature fails to appropriate sufficient monies to provide for the continuation of the agreement, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriation act to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the agreement, the agreement shall terminate.



Office for Addictive Disorders Access to Recovery II - Facility Application

Facility Name:

Date Applied:

Office for Addictive Disorders CODE OF CONDUCT

All employees of the Office for Addictive Disorders and its providers are subject to the following Code of Conduct:

1. No employee shall emotionally, physically, verbally, economically abuse or exploit any client or the client's family members. (As defined in the definitions below.)
2. No employee shall enter into a romantic relationship or sexual intimacies with clients during the continuum of care, including aftercare.
3. No employee shall misrepresent any professional qualifications, associations, training or experience.
4. An employee shall promptly inform his/her supervisors in cases where a client's condition indicates a clear and imminent danger to the client or others.
5. An employee shall take reasonable precautions to protect clients from physical and/or emotional trauma resulting from interaction within group activities.
6. An employee, who witnesses any instance of abuse, neglect, or unprofessional behavior by another employee or client, must promptly report it to his/her supervisor(s).
7. No employee shall release any information regarding clients and their records, except with written authorization by the client or his/her authorized representative, or a court order with a subpoena.

SAMPLE

**Office for Addictive Disorders
CODE OF CONDUCT
DEFINITIONS**

- A. Physical Abuse - Any act or failure to act done knowingly, recklessly or intentionally, including incitement to act, which caused or may have caused an injury to a client. Physical abuse includes, but is not limited to, hitting, slapping, pinching, kicking, punching, dragging, squeezing, choking and shoving. Physical contact which endangers the safety of a client as well as handling the client with more force than is reasonably necessary constitutes physical abuse.
- B. Sexual Abuse - Any sexual activity of any nature whatsoever between a client and staff without regard to injury or consent.
- C. Emotional or Psychological Abuse - Any use of verbal or other communication to threaten a client with physical harm or to ridicule, curse, humiliate or degrade a client or which caused or may have caused emotional harm.
- D. Exploitation (a form of abuse) - Illegal or improper act of using the client and/or resources of the client for monetary or personal benefit, profit, gain or gratification. This includes forcing or encouraging a client to do anything illegal or immoral.
- E. Neglect - Any failure to act which caused or may have caused physical or emotional injury to a client. Neglectful acts include but are not limited to failure to provide or obtain needed medical treatment or provide a client with other necessities or the withholding of such necessities (e.g., food, clothing); failure to supervise a client such that the client is placed in imminent danger; or failure to provide basic care which, while it may not cause harm, is a matter of cleanliness or personal dignity.

SAMPLE

***Legal Note: This enrollment form confirms your desire to enroll with the Office for Addictive Disorders. Each page of this document must be initialed and the last page must be signed.**

Initials: _____



Office for Addictive Disorders Access to Recovery II - Facility Application

Facility Name: _____

Date Applied: _____

APPLICATION MUST BE TYPED OR PRINTED LEGIBLY IN BLACK OR BLUE INK.

Please submit the following with application:

**Forms in italics are available in the application packets.*

General Requirements:

- Mission statement and/or vision statement of the facility/organization
- Table of organization or organization chart of the facility/organization
- Facility/organization budget
- Drug and Alcohol Free workplace policy
- Current licenses/certifications for facility (clinical treatment, housing, and childcare only)
- Current inspections and certifications from Board of Health and Fire Marshal (not required for licensed facility/organizations)
- Current Professional Liability Insurance policies, minimum of \$1 million
- Current General Liability Insurance policies, minimum of \$1 million
- Statement of Prepayment of at least 90 days, for General Liability Insurance
- Copy of pre-printed IRS document showing Employer Identification Number (EIN)—CPO-545 or pre-printed Payment Coupon is acceptable (W-9 forms are not acceptable)
- Financial statements of audit
- Voided check—for account to which you wish to have your funds electronically deposited (deposit slips and counter checks are not acceptable). Name on checking account must match name on facility application
- Proof of incorporation from the Secretary of State
- Access to Recovery Direct Deposit (EFT) Account Information Form*
- Access to Recovery Disclosure of Ownership* or Secretary of State's Disclosure of Ownership
- Access to Recovery Management Information*
- Three (3) letters of reference
- Brief Program Summary*
- Initialed, signed and notarized *Access to Recovery Re-Vamp Facility Application*
- One duplicate copy of entire application packet

General Employee and Staff Requirements:

- Current licenses/certifications for employees within facility (clinicians, assessors, pastoral/spiritual)
- Résumé on all staff/employees
- Access to Recovery Employee Survey Form* on each employee/staff
- Access to Recovery Employee Acceptance of Code of Conduct* on each employee/staff
- Access to Recovery Criminal Conviction Disclosure* on each employee/staff
- Criminal Background Check on each employee/staff (if working with adolescents)

***Legal Note: This enrollment form confirms your desire to enroll with the Office for Addictive Disorders. Each page of this document must be initialed and the last page must be signed.**

Initials: _____

Transportation:

- Current Automobile Insurance policies, minimum of \$100,000/\$300,000 including property damage
- Statement of Prepayment of at least 90 days for Automobile Liability Insurance
- Vehicle registration. Vehicle must be registered in the name of the facility applying.
- Access to Recovery Driver Information Form* on each driver
- Driver's Record from Office of Motor Vehicles on each employee/staff (if applicable)
- Driver's license of driver(s). Driver must be at least 21 years old.
- Proof of successful completion of defensive driving course
- Initiated and signed *Access to Recovery Transportation Requirements and Conditions*

Please submit all forms to:

**Access to Recovery—Provider Enrollment
Office for Addictive Disorders
P.O. Box 3868
Baton Rouge, LA 70802**

SAMPLE

Should you have additional questions or need assistance,
Please call the OAD/ATR Program at 225-342-9628.

***Legal Note: This enrollment form confirms your desire to enroll with the Office for Addictive Disorders.
Each page of this document must be initialed and the last page must be signed.**

Initials: _____



Office for Addictive Disorders Access to Recovery II - Facility Application

Facility Name:

Date Applied:

Provider Acceptance of OAD/ATR Requirements and Conditions

I, the undersigned, certify to the following:

Enrollment in Louisiana Access to Recovery

1. I have read the contents of this Louisiana Access to Recovery Provider Enrollment Packet and the information supplied herein is true, correct and complete;
2. I understand that it is my responsibility to ensure that all information is kept up to date on the Louisiana Access to Recovery Provider File;
3. I understand that failure to maintain current information may result in payments being delayed and/or termination of my ATR provider privileges;

Providing Services to Louisiana Access to Recovery Clients

1. I agree to abide by the OAD/ATR policies, procedures, regulations and program instructions that apply to me. I understand that the payment of a voucher service ticket by OAD/ATR is conditioned upon the reported voucher service and the underlying transaction complying with such laws, regulations, and program instructions;
2. I have read and understand the federal laws and guidelines regarding the provision of services to alcohol and/or drug abuse clients. I understand that as participant in the ATR program, I am bound by 42 CFR, Part 2 and the Health Information Portability and Accountability Act (HIPPA). I understand that violations of these federal guidelines are considered a criminal offense;

ATR Direct Deposit (EFT) Authorization Agreement

1. I have reviewed the Louisiana Access to Recovery Electronic Funds Transfers (EFT) Authorization Agreement and agree to this agreement;

Certification of Electronic Service Tickets

1. I certify that all services provided to Louisiana Access to Recovery client will be necessary, clinically needed and will be rendered by staff with appropriate clinical supervision;
2. I understand that all service tickets submitted to Louisiana Access to Recovery will be paid and satisfied from federal and state funds, and that any falsification or concealment of a material fact, may be prosecuted under Federal and State laws; and

***Legal Note: This enrollment form confirms your desire to enroll with the Office for Addictive Disorders. Each page of this document must be initialed and the last page must be signed.**

Initials: _____



Office for Addictive Disorders Access to Recovery II - Facility Application

Facility Name: _____

Date Applied: _____

Provider Acceptance of OAD/ATR Requirements and Conditions (Continued)

- 3. I attest that all claims submitted under the conditions of this Agreement are certified to be true, accurate, and complete.

I, the undersigned, certify that if a Board of Directors approval was necessary to enter into this agreement, that approval has been obtained and the signature below is authorized by the stated Board of Directors to enter into this agreement.

Print Name of Provider/Authorized Agent

Title / Position

Signature of Provider / Authorized Agent

Date of Signature

SAMPLE

SWORE TO AND SUBSCRIBED before me at _____

this _____ day of _____, 20 _____

_____, Notary Public

Notary Number _____

Notary Seal (required)

***Legal Note: This enrollment form confirms your desire to enroll with the Office for Addictive Disorders. Each page of this document must be initialed and the last page must be signed.**

Initials: _____



Office for Addictive Disorders Access to Recovery II - Facility Application

Addendum – Employee Acceptance of Code of Conduct

Employee Name: _____

Facility Name: _____

Date Applied: _____

Office for Addictive Disorders CODE OF CONDUCT

All employees of the Office for Addictive Disorders and its providers are subject to the following Code of Conduct:

8. No employee shall emotionally, physically, verbally, economically abuse or exploit any client or the client's family members. (As defined in the definitions below.)
9. No employee shall enter into a romantic relationship or sexual intimacies with clients during the continuum of care, including aftercare.
10. No employee shall misrepresent any professional qualifications, associations, training or experience.
11. An employee shall promptly inform his/her supervisors in cases where a client's condition indicates a clear and imminent danger to the client or others.
12. An employee shall take reasonable precautions to protect clients from physical and/or emotional trauma resulting from interaction within group activities.
13. An employee, who witnesses any instance of abuse, neglect, or unprofessional behavior by another employee or client, must promptly report it to his/her supervisor(s).
14. No employee shall release any information regarding clients and their records, except with written authorization by the client or his/her authorized representative, or a court order with a subpoena.

***Legal Note: This enrollment form confirms your desire to enroll with the Office for Addictive Disorders. Each page of this document must be initialed and the last page must be signed.**

Initials: _____

**Office for Addictive Disorders
CODE OF CONDUCT
DEFINITIONS**

- F. Physical Abuse - Any act or failure to act done knowingly, recklessly or intentionally, including incitement to act, which caused or may have caused an injury to a client. Physical abuse includes, but is not limited to, hitting, slapping, pinching, kicking, punching, dragging, squeezing, choking and shoving. Physical contact which endangers the safety of a client as well as handling the client with more force than is reasonably necessary constitutes physical abuse.
- G. Sexual Abuse - Any sexual activity of any nature whatsoever between a client and staff without regard to injury or consent.
- H. Emotional or Psychological Abuse - Any use of verbal or other communication to threaten a client with physical harm or to ridicule, curse, humiliate or degrade a client or which caused or may have caused emotional harm.
- I. Exploitation (a form of abuse) - Illegal or improper act of using the client and/or resources of the client for monetary or personal benefit, profit, gain or gratification. This includes forcing or encouraging a client to do anything illegal or immoral.
- J. Neglect - Any failure to act which caused or may have caused physical or emotional injury to a client. Neglectful acts include, but are not limited to failure to provide or obtain needed medical treatment or provide a client with other necessities or the withholding of such necessities (e.g., food, clothing); failure to supervise a client such that the client is placed in imminent danger; or failure to provide basic care which, while it may not cause harm, is a matter of cleanliness or personal dignity.

Signature of Employee

Date of Signature

Title / Position of Employee

Louisiana Access to Recovery
Direct Deposit (EFT) Account Information Form
(Completion Instructions)

1. Facility/Provider Name: Enter the name in which you wish to enroll or currently enrolled as a LA-ATR Provider.
2. Contact Name: Enter the name of the person designated as the contact for ATR direct deposit (EFT) issues.
3. Contact Phone: Enter the phone number through which we may contact to the individual listed as contact person.
4. Contact Fax: Enter the fax number through which we may contact to the individual listed as contact person.
5. Contact Email: Enter the email address through which we may contact the individuals listed as contact person.
6. Account Type: Check the appropriate block (only one) to indicate the type of account to which your direct deposit will be transferred.
7. Reason for Change: If this is a new enrollment, leave this field blank. For a change to existing account information, give a brief description of why the EFT account information is being updated.
8. Voided Check: Tape an original voided check showing the ABA routing number and account number. The check must have preprinted business name and address. *Deposit slips are not accepted. Counter checks are not accepted.* If a voided check is unavailable, a letter on bank letterhead identifying the ABA routing number, account number and type of account may be substituted. The letter must be signed by a Bank Representative and list the representative's contact information.

The name on the account listed on the voided check must match the name on the facility application.

9. Signature, Title, Date: Sign the form. Add the title of the person authorized to sign and enter the date the form was signed. Some organizations may require more than one person signature. If additional space is need for signatures, please attach additional sheets.
ORIGINAL SIGNATURES ONLY. NO STAMPS OR COPIED SIGNATURES WILL BE ACCEPTED.

Please be sure to complete this form in its entirety. If not, the form will not be accepted for processing and will be returned to you if any field is incomplete.



**Office for Addictive Disorders
Louisiana Access to Recovery II**

Direct Deposit (EFT) Account Information Form

Facility Name: _____

Date Applied: _____

Name of Contact Person: _____

Contact Person Phone Number: _____

**Contact Person
Fax Number:** _____

**Contact Person
Email Address:** _____

Account Information

Account Type: (Check One)

- Checking
- Savings

Reason for change in account information:

Attach an original voided check (Deposit Slips and Counter Checks are not acceptable.)

Name on account must match name on the facility application.

TAPE ORIGINAL VOIDED CHECK HERE – NO STAPLES

DEPOSIT SLIPS ARE NOT ACCEPTED
COUNTER CHECKS ARE NOT ACCEPTED

If a voided check is unavailable, you may submit a letter on Bank letterhead stating the ABA routing number and account number. The letter must be signed by a Bank Representative.

The voided check must show the complete account number and routing (ABA) number.

The name on the account listed on the voided check must match the name on the facility application.

If a change of ownership has occurred, an entire enrollment packet is required.

- I/We understand that DHH may revoke this authorization at any time.
- I/We certify that if a Board of Director’s approval was necessary to enter into this agreement, that approval has been obtained and the signature(s) below are authorized by the stated Board of Directors to enter into this agreement.

Original signature are required—stamped signature or initials are not acceptable.

Signature of Authorized Agent

Title

Date

Signature of Authorized Agent

Title

Date



Office for Addictive Disorders
Louisiana Access to Recovery II Facility Application
Addendum – Employee Survey Form

Employee Name: _____

Facility Name: _____

Date Applied: _____

Business Address:

Mailing Address:

Employee Phone Number: _____

Employee Email Address: _____

Fax Number: _____

Web Address: _____

Birth Year:* _____
 Chose Not to Answer

Are you: Male Female

- Are you*:** (Mark One)
- American Indian/Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Black or African-American
 - White
 - More than one race
 - Other (specify) _____
 - Chose Not to Answer

- Do you consider yourself to be a person in recovery?***
- Yes
 - No
 - Chose Not to Answer

If yes, how many years have you been in recovery?*

 Chose Not to Answer

- Are you Hispanic or Latino?***
- Yes
 - No
 - Chose Not to Answer

- Highest Degree Status:** (Mark One)
- No high school diploma or equivalent
 - High school diploma or equivalent
 - Some college, but no degree
 - Associate's degree
 - Bachelor's degree
 - Master's degree
 - Doctoral degree or equivalent
 - Other (medical assistant, RN, post-doctorate)

Area of study or major: _____
 Area of study or major: _____
 Area of study and initials of degree: _____
 Area of study and initials of degree: _____
 Specify: _____

For how many years have you held your highest degree? _____

How many years of experience do you have in the Addictions Field?

- No experience
- 0-6 months
- 6-11 months
- 1 to 3 years
- 3 to 5 years
- Over 5 years

How many years of experience do you have in the Mental Health Field?

- No experience
- 0-6 months
- 6-11 months
- 1 to 3 years
- 3 to 5 years
- Over 5 years

How long have you been employed by this agency?

- 0-6 months
- 6-11 months
- 1 to 3 years
- 3 to 5 years
- Over 5 years

Certification Status in Addictions Field: (Mark One)

- Not certified or licensed in addictions
- Currently certified or licensed
- Previously certified or licensed, not now
- Intern (CIT)

Certification Status in Mental Health Field: (Mark One)

- Not certified or licensed in mental health
- Currently certified or licensed
- Previously certified or licensed, not now
- Intern

Certification/License Title and # _____

SAMPLE

Discipline/Profession (Please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Addictions Counseling | <input type="checkbox"/> Nurse/Nurse Practitioner |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Pastoral/Spiritual Counseling |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Family and Marriage Counseling | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Gambling Counseling | <input type="checkbox"/> Social Work/Human Services |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Vocational Counseling |
| <input type="checkbox"/> Medicine—Psychiatry | <input type="checkbox"/> None, student |
| <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Other, specify: _____ |

Primary Work Setting (Please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Criminal justice | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Substance Abuse agency |
| <input type="checkbox"/> Inpatient facility | <input type="checkbox"/> Community Mental Health agency |
| <input type="checkbox"/> Educational institution | <input type="checkbox"/> Health/Community Health agency |
| <input type="checkbox"/> Residential facility | <input type="checkbox"/> Other, specify: _____ |

Primary Job Responsibility (Please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Care Coordinator/Case Manager | <input type="checkbox"/> Facility Administrator |
| <input type="checkbox"/> Screener | <input type="checkbox"/> Transportation driver |
| <input type="checkbox"/> Assessor | <input type="checkbox"/> Administrative Support/Clerical |
| <input type="checkbox"/> Clinician | <input type="checkbox"/> Clinical Director |
| <input type="checkbox"/> Pastor/Spiritual Counselor | <input type="checkbox"/> Clinical Supervisor |
| <input type="checkbox"/> Nurse/Nurse Practitioner | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Physician | |

How many hours do you work at this facility/organization? (Mark One)

- 0 – 10 hours per week
- 11 – 20 hours per week
- 21 - 30 hours per week
- 30+ hours per week

What is your employment status at this facility/organization? (Mark One)

- Consultant
 - Contractual
 - Employee
 - Owner
 - Volunteer
-

I have read the contents of this Louisiana Access to Recovery Provider Enrollment Employee Survey Form and the information supplied herein is true, correct, and complete:

Employee Signature

Date of Signature

SAMPLE



Office for Addictive Disorders
Access to Recovery II - Facility Application
Addendum – Disclosure of Ownership

Facility Name:

Date Applied:

List name, address, and telephone numbers for persons or group of persons, or the employer identification number (EIN) for organizations having direct or indirect ownership or a controlling interest (greater than 5%) of the corporate stock or any person or business entity which has direct business interest, including but not limited to, a wholly owned subsidiary, the details of any conversion rights which may exist for the benefit of any party and whether such stock, interest, or ownership being held by the disclosed person or business entity is, in fact, owned by another person or business. (Attach additional sheets if additional space is needed).

Owner Name	Owner Address	Telephone Number or EIN

Are any of the owners with direct, indirect, or controlling interest related to one another as spouse, parent, child, or sibling?

- Yes
- No

If yes, attach complete explanation for all individuals involved.



**Office for Addictive Disorders
Louisiana Access to Recovery II**

Facility Application Addendum – Management Information

Facility Name:

Date Applied:

Please identify all individuals that are considered to be part of the provider’s management structure. (Attach additional sheets if additional space is needed.)

Note: Manager is a person who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations of a facility/provider. Manager shall include, but is not limited to, a chief executive officer, president, general manager, business manager, Board of Directors, administrator, or director.

Name	Title	Telephone Number
SAMPLE		

Are any of the managers with direct, indirect, or controlling interest related to one another as spouse, parent, child, or sibling?

- Yes
- No

If yes, attach complete explanation for all individuals involved.

Louisiana Access to Recovery

Criminal Conviction Disclosure

- A self-declaration criminal history disclosure is required of all employees, volunteers, student, interns, and any other person who have direct contact with LA-ATR clients.
- Employees and individuals shall complete the self-declaration criminal conviction disclosure form and sign under penalty of perjury that the information contained in the form is true, correct, and complete.
- All employees and individuals are required to complete a Criminal Conviction Disclosure form when she/he accepts employment with a new employer, agency, or facility providing ATR services.
- The OAD/ATR staff is not required to use a prior Criminal Conviction Disclosure form and may request a new Criminal Conviction Disclosure form at any time.
- The OAD/ATR staff may, at its discretion, require a Criminal Conviction Disclosure or Criminal Background Check of any employee or individual at any time during the individual's employment, internship, or volunteer-ship at an ATR approved agency or facility.

SAMPLE



Office for Addictive Disorders
Louisiana Access to Recovery II

Facility Application Addendum - Criminal Conviction Disclosure

Name:

Facility Name:

Date Applied:

Individual Address:

Maiden Name: (if applicable)

Other Names/Alias:

Employee Social Security No.

Date of Birth:

Phone Number:

Email Address:

SAMPLE

Ever been convicted of a felony, or been convicted of a criminal offense in any State?

Yes []

No []

If yes, attach an explanation of the conviction including name and details of when and where

Had any disciplinary action taken against any business or professional license held in this or any other state or surrendered a license in this or any other state?

[]

[]

If yes, attach an explanation. Reinstatement letter required.

Have you been employed by a corporation, business, or professional association that has ever been suspended or excluded from a healthcare program, including but not limited to Medicaid and Medicare, in any state?

[]

[]

If yes, attach complete explanation for all individuals/businesses involved.

With my signature below, I attest:

- 1. That I have reviewed the information on this Criminal Conviction Disclosure form and attest that it is true, accurate, and complete
2. That I understand that knowingly and willfully failing to fully and accurately disclose this information requested may result in denial of a request to participate or, if already participates, a termination of privileges.
3. That I understand that whoever knowingly or willfully makes or causes to be made a false statement or representation of this statement may be suspended and/or terminated from ATR participation, and subject to prosecution under applicable federal and state laws.

Signature

Date

Access to Recovery Driver Information Form (Completion Instructions)

- Prior to completing the Driver Information Form, the provider should ensure that all of the information on the prospective driver's operator's license is current and correct.
- The driver must have a current Louisiana chauffeur's license (class D).
- The driver's present correct name and address must be reflected on the license. Any drivers needing to change the license information should report changes to the Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles, and have such corrections made prior to completing the form.
- The provider should fill in the driver's name and address (including city, state, and zip), date of birth, social security code number. The driver's home telephone number and email address should also be entered.
- In addition, the provider should check the appropriate block to indicate whether any restrictions apply, and the provider should write an explanation of any restrictions checked.
- The provider should indicate whether the driver's license has ever been suspended or revoked and offer an explanation, if applicable. Also, the driver's level of experience transporting people should be explained (how long—by bus, taxi, etc.). If the driver has worked for another ATR provider, the facility should be listed.
- Whether the driver has completed the National Safety Council's or approved equivalent defensive driving course should be indicated. A driver who has not completed this course will not be approved.
- In addition, whether a driver has been convicted of any of the following traffic related offense by any court (including pleas of no contest) in the last 10 years should also be indicated. Traffic related offenses that should be disclosed include all L.A.R.S. 32 offenses (or their equivalent in other states or municipalities), DWIs (L.A. R.S. 14:98), reckless operation (R.S. 14:99), or vehicular homicide, or their equivalents.

The form must be signed and dated by the provider and the driver and the following must be attached:

- A legible photocopy (front and back) of the operator's license (an enlarged copy is preferred)
- A copy of the driver's history obtained from the Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles
- A copy of the Certificate of Completion for a National Safety Council or approved equivalent defensive driving course
- And additional sheets required to complete the form (all additional sheets should be headed with the driver's name, social security number, the provider's name, and the date).

If any information is falsified or credential forged, then recoupment and/or termination are possible.



**Office for Addictive Disorders
Access to Recovery - Facility Application
Addendum – Driver Information Form**

Name: _____

Facility Name: _____

Date Applied: 9/17/2007

Driver Address:

Employee Social Security No. _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

If you answer yes to any of the following questions, attach a detailed explanation.

Does license have any restrictions?

- Yes
- No

Has license ever been suspended or revoked?

- Yes
- No

Has driver had experience transporting people commercially?

- Yes
- No

List the date driver had National Safety Council's Defense Driving course.

Date of course: _____

Has driver ever been convicted of a traffic related offense in the past 10 years?

- Yes
- No

Has driver ever been involved in any accident which involved a fatality?

- Yes
- No

Has driver ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea?

- Yes
- No

Your signature on this form is attesting to the validity of this information.

Driver's Signature

Date

Facility Administrator Signature

Date



**Office for Addictive Disorders
Louisiana Access to Recovery II**

Facility Application Addendum - Transportation Requirements and Conditions

Facility Name:

Date Applied:

Provider Acceptance of Transportation Requirement and Conditions

1. A valid motor vehicle inspection sticker issued by the state of Louisiana or one of its municipalities must be displayed.
2. The registration certificate is valid and that all information is current and correct; and
3. The exterior of the vehicle is:
 - Body and Damage – No appreciable body or paint damage or missing pieces.
 - Tires – No exposed wire, bubbles, or appreciable sidewall damage.
 - Lights – Functional headlights (high and low beams), turn signals, hazard flashers, back-up lights, brake lights, and parking lights.
 - Mirrors – Must have left-hand outside rear view mirror and inside rear view mirror and a right-hand outside rear view mirror.
 - Windshield – Driver’s view of windshield has cracks and no stars.
 - Wipers/Washers – Wipers and washers are functioning properly.
 - Windows/Doors – All windows and doors must function as intended.
4. The interior of the vehicle is:
 - Interior Compartment – Free from tears, holes, large stains, or offensive odors. Everything in the passenger compartment must be secure. No sharp edges, points, or other hazards are allowed in the patient compartment.
5. The vehicle contains the following equipment:
 - Fire extinguisher
 - First aid kit
 - Child Seat
 - Jack/Spare tire
 - Heater – Heater is functional and that air at the vent is warm to the touch.
 - Air Conditioner – Air conditioner is functional and that air at the vent is cool to the touch.
 - Horn – Horn functions properly
 - Seat Belts – Functional and undamaged

I, the undersigned, certify that if a Board of Directors approval was necessary to enter into this agreement, that approval has been obtained and the signature below is authorized by the stated Board of Directors to enter into this agreement.

Print Name of Provider/Authorized Agent

Title / Position

Signature of Provider / Authorized Agent

Date of Signature

APPENDIX B

DHH BUREAU OF HEALTH STANDARDS LICENSING STANDARDS

- LAC 48:I.Chapter 74 ~ July 20, 2000 ~ please reference at www.dhh.louisiana.gov/publications.asp?ID=112&Detail=390
- LAC 48:I.Chapter 74 ~ March 20, 2005 (revised) ~ please reference at www.dhh.louisiana.gov/publications.asp?ID=112&Detail=390

APPENDIX C

Department of Health and Hospitals

Office for Addictive Disorders

Addictive Disorders Regulatory Authority (ADRA)

- **Certified Counselor Supervisor Roles and Responsibilities**
- **ADRA Certified Clinical Supervisor Waiver**
- **ADRA Guidelines for CIT and PSIT Supervision**
- **CSS Weekly Supervision Form**
- **Sample CIT Learning Plan**
- **CIT Core Functions**
- **CIT Code of Ethics**

LOUISIANA

Addictive Disorder Regulatory Authority

628 N. 4th Street, Baton Rouge, LA. 70802 / 225.342.8941 / 225.342.0441 (fax)

CERTIFIED COUNSELOR SUPERVISOR

The CCS designation recognizes that the individual is qualified to:

- Supervise substance abuse counselors
- Provide direct supervision of trainees
- Sign experience documentation forms
- Sign supervisor evaluation forms
- Audit Approved Training Institutions
- Audit Approved Institutions of Higher Education
- Audit Approved Educational Providers

Requirements for a CCS include:

- Current valid LAC or other license
- Five (5) years professional experience
- Two (2) years supervision experience
- Sixty (60) hours or more education in supervision or management

Qualified professional supervisors who do not register with the ADRA will be required to provide documentation of their qualification. This proof will be required with each document signed, in response to any complaint, and in response to any challenge.

Source: www.la-adra.org

Policy and Procedure

RE: ADRA Certified Clinical Supervisor Waiver

Effective: October 12, 2007

The ADRA awards and recognizes several specialty certifications. Certified Clinical Supervisor (CCS) is one of the ADRA specialty certifications. The CCS functions to mentor, and assist in the professional development of, those persons engaged in becoming addiction counselors who hold Counselor in Training (CIT) status with the ADRA. In order to maintain CIT status, a candidate **MUST** be supervised by a CCS.

In addition to other requirements found in the Practice Act and Rules, candidates for the CCS specialty certification must complete an ADRA approved course on Clinical Supervision and must successfully take the ADRA approved written examination.

The ADRA is cognizant of the fact that, at present, the availability of Certified Clinical Supervisors is not sufficient to meet the needs of everyone seeking to hold CIT status.

In order to foster workforce development, the ADRA is adopting the following policy regarding the issuance of a CCS Waiver to those credentialed professionals not holding the CCS specialty certification who, nonetheless, seek to supervise CIT's.

A. Those credentialed professionals who, with the exception of the course and examination, satisfy all CCS requirements of the Practice Act and Rules may apply for the CCS Waiver. The ADRA shall issue a CCS Waiver to each qualified applicant under the following conditions:

1. Any credentialed professional who wishes to supervise a CIT under the provisions of this policy must submit the CCS application. The application must be accompanied by the CCS fee and the Request for CCS Waiver and must verify and document compliance with all requirements of the Practice Act and Rules other than the CCS course and examination.
2. Any professional providing clinical supervision, whether as a CCS, or pursuant to this waiver, must maintain on file with the ADRA a current signed "CCS Code of Ethical Responsibility and Accountability".
3. The applicant must be in good standing with the ADRA or, in the case of those persons not credentialed by the ADRA, with the appropriate state credentialing authority. "Good standing" shall mean that there are no complaints, investigations or actions pending with the ADRA or other appropriate credentialing authority. Those professionals not credentialed by the ADRA shall authorize the ADRA to obtain a full and complete disclosure from the appropriate credentialing authority. In addition, "good standing" shall mean that there are no pending criminal investigations or prosecutions.
4. By applying for the CCS Waiver, the applicant certifies that he or she will take all steps necessary to satisfy the CCS course and examination requirements.

5. The CCS Waiver shall be valid for a period of six (6) months from the date of issuance.
6. The CCS Waiver may be renewed, without the requirement of paying an additional fee, for an additional six (6) months for “good cause” and upon such conditions as the ADRA may deem appropriate or necessary. For purposes of this policy, “good cause” shall mean, at a minimum, that the applicant satisfied the course requirement and took all necessary steps to satisfy the examination requirement.
7. Under no circumstance will a CCS Waiver be renewed more than once. Persons providing supervision pursuant to the CCS Waiver for a period of one (1) year, who fail to satisfy both the course and examination requirements, will be ineligible to receive a CCS Waiver. In order to provide clinical supervision, such persons will be required to submit a new CCS application, together with the fee, and will be required to satisfy all requirements of the Practice Act and Rules.
8. The ADRA may revoke or suspend any waiver granted herein as it may deem necessary.
9. By requesting and accepting the CCS Waiver, the holder agrees to inform any CIT under his or her supervision of the existence and status of the waiver, including the date of expiration.
10. Any credentialed professional who received a waiver on or before October 12, 2006 must submit an application for a waiver as provided for by this policy and must document and verify having taken the required course in order to qualify for the CCS waiver.

The provisions of this policy do not change the requirements imposed by law and regulation for the granting of the Clinical Supervision specialty certification. This policy creates no rights to a CCS Waiver nor does such obligate the ADRA to renew any waiver granted.

ADRA Guidelines for CIT and PSIT Supervision

These guidelines are meant to serve as minimum standards for the persons charged with the responsibility of supervising the clinical experiences and training of CIT's and PSIT's. There is, perhaps, no greater service to the public and to the profession than the opportunity to assist in the clinical development of addiction counselors and prevention professionals. For that reason, the ADRA takes seriously the discharge of the obligation and will hold supervisors accountable in adhering to these minimum standards. The ADRA may institute disciplinary proceedings for any failure to follow the guidelines. Disciplinary proceedings may include investigation by the ADRA and may result in the imposition of sanctions which could include the suspension or revocation of any practice credential, specialty certification or status issued by the ADRA.

Unless granted a waiver by the ADRA, all persons holding the status of CIT or PSIT shall be supervised. Supervision shall be provided by a Certified Clinical Supervisor. The ADRA may waive this requirement for good cause. In the event this requirement is waived, supervision shall be provided by an individual who, for a period of not less than two (2) years, has either held a practice credential issued by the ADRA or who has been a qualified mental health professional. CIT's shall be supervised by a person holding a treatment practice credential. PSIT's shall be supervised by a person holding a prevention practice credential.

A supervisor shall not supervise more than four (4) CIT's or PSIT's. The ADRA may waive this requirement for good cause.

A person holding the status of CIT or PSIT shall be actively engaged in the pursuit of a practice credential. Active pursuit of a practice credential means that the person holding the status is engaged in the training and/or education process in a manner that reasonably allows satisfaction of the requirements for the practice credential in the time allowed for the status.

The Supervisor and the candidate shall develop a supervision plan designed to timely satisfy the education and/or experience requirements for a practice credential. In addition, the plan shall set forth the goals for the current year. The plan shall be signed and dated by the supervisor and the candidate and be amended as needed. Any amendments shall be signed and dated by the supervisor and the candidate and designated as an amendment to the supervision plan. A copy of the supervision plan and any amendments shall be sent to the ADRA and shall become a part of the candidate's file. At the time that the status is renewed, the supervisor and the candidate shall review the supervision plan for the prior year and, if necessary to maintain active and timely pursuit of a practice credential, shall amend the plan accordingly. The amendment shall be attached to the status renewal form. The renewal form shall be signed by the candidate and the supervisor. The signature of the supervisor on the renewal application shall serve to certify to the ADRA that the candidate is actively engaging in the pursuit of a practice credential.

During the period of registration, the candidate shall:

1. Provide direct client care utilizing the core function and the knowledge skills and attitudes (KSA's) of substance abuse counseling only under the direct supervision of a Certified Clinical Supervisor, or a supervisor approved by the ADRA;
2. Not identify nor represent himself, to any third party, as a counselor or as a prevention professional or as a consultant to any substance abuse facility;

3. Notify the ADRA of any change in employment, residence, supervisor, recovery status, legal status (arrests/convictions) and/or intention to actively pursue a practice credential.

As an exception to the requirement of direct supervision, a candidate may perform counseling functions when the supervisor is on duty, or on-call, and available for immediate assistance, if needed, and when the candidate and supervisor have documented and verified to the satisfaction of the ADRA, the following:

1. The candidate has successfully completed a minimum of 40 hours of training (including at least 6 hours of ethics, and training in confidentiality, the 12 core functions and the knowledge, skills and attitudes (KSA's) of substance abuse counseling); and
2. The candidate has successfully completed a minimum of 120 hours of direct supervision.

Any candidate, who chooses not to register as a counselor-in-training or prevention specialist-in-training, shall provide detailed documentation and verification of having satisfied the experience requirements for a practice credential. The ADRA may require that the candidate for the practice credential and the person or persons providing supervision appear personally at the offices of the ADRA, or such other location as may be convenient for the ADRA, to answer questions regarding the nature and substance of the supervision and the candidate's clinical experiences.

The requirement of supervision may be waived for any candidate who maintains full time status as a student at an accredited institution of higher education and pursues a degree which satisfies the degree requirements for a practice credential issued by the ADRA. The candidate must file a degree plan with the ADRA which indicates that he or she will, within the time allowed by the status of CIT or PSIT, complete the requirements for the degree. In order to renew the status, an official copy of the candidate's complete and current transcript(s) must be provided and must indicate that the candidate is in compliance with the degree plan on file with the ADRA. Any amendments to the degree plan shall be provided to the ADRA prior to the conclusion of the first semester in which the amendment to the degree plan is to be effective. The ADRA may refuse to grant the waiver, or may revoke the waiver at any time, when to do so is deemed to be in the best interest of the public or would enhance the candidate's preparation for or pursuit of a practice credential.

The waiver provided for herein shall not apply to the actual providing of direct client care. CIT's or PSIT's to whom this waiver has been granted, may engage in providing direct client care in the field of addictive disorders/substance abuse **only under** the direct supervision of a Certified Clinical Supervisor, or a supervisor approved by the ADRA. In those instances, all provisions of these guidelines pertinent to the supervision of CIT's and PSIT's shall apply, including but not limited to, the development and submission of the supervision plan.

**Department of Health and Hospitals – Office for Addictive Disorders
Addictive Disorders Regulatory Authority (ADRA)**

**Counselor in Training Core Functions Review
Weekly Supervision Session**

Time Begun: _____ Time Ended: _____
(One hour minimum required by the ADRA)

Program: _____

Program Director: _____

CIT Name: _____ CIT #: _____

Core Function & Global Criteria	Hours of direct supervision	Hours of weekly work activity
Screening		
Intake		
Orientation		
Assessment		
Treatment Planning		
Counseling		
Case Management		
Crisis Intervention		
Client Education		
Referral		
Reports & Record Keeping		
Consultation with Other Professionals		

CIT Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

**Department of Health and Hospitals – Office for Addictive Disorders
Addictive Disorders Regulatory Authority
(ADRA)**

Sample learning plan for Counselors in Training

CIT name: _____ CIT#: _____

Supervisor's name: _____ CCS#: _____

For period covering: _____ to _____

Primary goal for this year is: _____

1. Objective for month one: _____

Principle methods are: _____

2. Objective for month two: _____

Principle methods are: _____

3. Objective for month three: _____

Principle methods are: _____

4. Objective for month four:

Principle methods are: _____

SAMPLE

5. Objective for month five:

Principle methods are: _____

6. Objective for month six:

Principle methods are: _____

7. Objective for month seven:

Principle methods are: _____

8. Objective for month eight:

Principle methods are: _____

9. Objective for month nine:

Principle methods are: _____

10. Objective for month ten:

Principle methods are: _____

SAMPLE

11. Objective for month eleven:

Principle methods are: _____

12. Objective for month twelve:

Principle methods are: _____

SAMPLE

Please feel free to replicate this form or modify it to suit your needs. It is meant as a suggested guide only.

CIT's Signature: _____

Supervisors Signature: _____

**Department of Health and Hospitals – Office for Addictive Disorders
Addictive Disorders Regulatory Authority
(ADRA)**

THE TWELVE CORE FUNCTIONS AND GLOBAL CRITERIA

The 12 core functions, the global criteria and your case presentation are the basis for the oral examination.

I. SCREENING

Global Criteria

1. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.

II. INTAKE

Global Criteria

1. Complete required documents for admission to the program.
2. Complete required documents for program eligibility and appropriateness.
3. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

III. ORIENTATION

Global Criteria

1. Provide an overview to the client by describing program goals and objectives for client care.
2. Provide an overview to the client by describing program rules, and client obligations and rights.
3. Provide an overview to the client of program operations.

IV. ASSESSMENT

Global Criteria

1. Gather relevant history from client including but not limited to alcohol and other drug abuse, using appropriate interview techniques.
2. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history.
3. Identify appropriate assessment tools.
4. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
5. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

V. TREATMENT PLANNING

Global Criteria

1. Explain assessment results to client in an understandable manner.
2. Identify and rank problems based on individual client needs in the written treatment plan.
3. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.

4. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

VI. COUNSELING

Global Criteria

1. Select the counseling theory or theories that apply.
2. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
3. Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings, if appropriate in the treatment setting.
4. Individualize counseling in accordance with cultural, gender and lifestyle differences.
5. Interact with the client in an appropriate therapeutic manner.
6. Elicit solutions and decisions from the client.
7. Implement the treatment plan.

VII. CASE MANAGEMENT

Global Criteria

1. Coordinate services for client care.
2. Explain the rationale of case management activities to the client.

VIII. CRISIS INTERVENTION

Global Criteria

1. Recognize the elements of the client crisis.
2. Implement an immediate course of action appropriate to the crisis.
3. Enhance overall treatment by utilizing crisis events.

IX. CLIENT EDUCATION

Global Criteria

1. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
2. Present information about available alcohol and other drug services and resources.

X. REFERRAL

Global Criteria

1. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
2. Explain the rationale for the referral to the client.
3. Match client needs and/or problems to appropriate resources.
4. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
5. Assist the client in utilizing the support systems and community resources available.

XI. REPORT AND RECORD KEEPING

Global Criteria

1. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
2. Chart pertinent ongoing information pertaining to the client.
3. Utilize relevant information from written documents for client care.

XII. CONSULTATION WITH OTHER PROFESSIONALS IN REGARDS TO CLIENT TREATMENT/SERVICES

Global Criteria

1. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
2. Consult with appropriate resources to ensure the provision of effective treatment services.
3. Adhere to applicable laws, regulations, and agency policies governing the disclosure of client-identifying data.

**Department of Health and Hospitals – Office for Addictive Disorders
Addictive Disorder Regulatory Authority
(ADRA)**

RULES (Title 46, Part LXXX)

Counselor/Prevention Specialist in Training

PROHIBITED ACTIVITIES

§1905. No person shall hold himself out as holding, or knowingly allow others to conclude or believe he holds, a credential, certification or status issued or recognized by the ADRA, unless he has qualified for such under the provisions of the addictive disorders practice act and been granted the credential, certification or status pursuant to the ADRA's rules.

ENFORCEMENT AUTHORITY

- §901.** The ADRA shall have the power to deny, revoke, or suspend its certification of any person upon proof that such person:
1. Has been convicted of any offense, which constitutes a felony under the laws of this state, whether or not the conviction was in a court in this state.
 2. Is convicted of a felony or other serious crimes.
 3. Violates any provision of the ethical standards to which the ADRA subscribes.
 4. Attempts to practice medicine, psychology, or social work without being licensed in such professions.
 5. Is impaired in delivery of professional services because of alcohol or drug abuse, compulsive gambling or because of medical or psychiatric disability.
 6. Provides drugs or other restricted chemical substances to another person.
 7. Allows his certificate to be used by another person to illegally represent himself as a certified substance abuse counselor.
 8. Engages in sexual misconduct with a client or a family member of a client.
 9. Obtained certification by means of fraud, misrepresentation, or concealment of material facts.
 10. Has been found guilty of fraud or deceit in connection with services rendered.
 11. Has been grossly negligent in practice as a substance abuse counselor.
 12. Has violated any lawful order, rule, or regulation rendered or adopted by the ADRA.
 13. Has violated any provision of the Rules and Regulations of the ADRA.

CODE OF ETHICS

§1501. Professional Representation

- A. A counselor shall not misrepresent any professional qualifications or associations.
- B. A counselor shall not misrepresent any agency or organization by presenting it as having attributes which it does not possess.
- C. A counselor shall not make claims about the efficacy of any service that go beyond those which the counselor would be willing to subject to professional scrutiny through publishing the results and claims in a professional journal.
- D. A counselor shall not encourage or, within the counselor's power, allow a client to hold exaggerated ideas about the efficacy of services provided by the counselor.

§1503. Relationships with Clients

- A. A counselor shall make known to a prospective client the important aspects of the professional relationship including fees and arrangements for payment which might affect the client's decision to enter into the relationship.
- B. A counselor shall inform the client of the purposes, goals, techniques, rules of procedure, and limitations that may affect the relationship at or before the time that the counseling relationship is entered.
- C. A counselor shall provide counseling services only in the context of a professional relationship and not by means of newspaper or magazine articles, radio or television programs, mail or means of a similar nature.
- D. No commission or rebate or any other form or remuneration shall be given or received by a counselor for the referral of clients for professional services.
- E. A counselor shall not use relationships with clients to promote, for personal gain or the profit of an agency, commercial enterprises of any kind.

- F. A counselor shall not under normal circumstances be involved in the counseling of family members, intimate friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- G. A counselor shall not in normal circumstances offer professional services to a person concurrently receiving counseling assistance from another professional except with knowledge of the professional.
- H. A counselor shall take reasonable personal action to inform responsible authorities and appropriate individuals in cases where a client's condition indicates a clear and imminent danger to the client or others.
- I. In group counseling settings, the counselor shall take reasonable precautions to protect individuals from physical and/or emotional trauma resulting from interaction within the group.
- J. A counselor shall not engage in activities that seek to meet the counselor's personal needs at the expense of a client.
- K. A counselor shall not engage in sexual intimacies with any client.
- L. A counselor shall terminate a professional relationship when it is reasonably clear that the client is not benefiting from it.

§1505. Counselors and the ADRA

- A. Irrespective of any training other than training in counseling which a person may have completed, or any other certification which a person may possess, or any other professional title or label which a person may claim, any person licensed as an LAC, CAC or RAC is bound by the provisions of the Counselor Act and the rules of the ADRA in rendering counseling services.
- B. A counselor shall have the responsibility of reporting alleged misrepresentations or violations of ADRA rules to the ADRA.
- C. A counselor shall keep his/her ADRA file updated by notifying the ADRA of changes of address, telephone number and employment.
- D. The ADRA may ask any applicant for certification (or recertification) as a counselor or specialty designation whose file contains negative references of substance abuse to come before the ADRA for an interview before the certification or specialty designation process may proceed.
- E. The ADRA shall consider the failure of a counselor to respond to a request for information or other correspondence as unprofessional conduct and grounds for disciplinary proceedings.
- F. A counselor must participate in continuing education programs which are required by ADRA rule.
- G. Applicants for certification as a counselor or for specialty designations shall not use current employees of the ADRA as references.

§1507. Advertising and Announcements

- A. Information used by a counselor in any advertisement or announcement of services shall not contain information, which is false, inaccurate, misleading, partial, out of context, or deceptive.
- B. The ADRA imposes no restrictions on advertising by a counselor with regard to the use of any medium, the counselor's personal appearance or the use of his personal voice, the size or duration of an advertisement by a counselor, or the use of a trade name.

§1509. Every Licensed Addiction Counselor Certified Addiction Counselor and Registered Addiction Counselor (LAC, CAC and RAC) Must Agree to Affirm:

- A. That my primary goal is recovery for client and family, that I have a total commitment to provide the highest quality care for those who seek my professional services.
- B. That I shall evidence a genuine interest in all clients and do hereby dedicate myself to the best interest of my clients, and to assisting my clients to help themselves.
- C. That at all times I shall maintain an objective, nonpossessive, professional relationship with all clients.
- D. That I will be willing to recognize when it is to the best interest of a client to release or refer him to another program or individual.
- E. That I shall adhere to the rule of confidentiality of all records, material, and knowledge concerning the client.
- F. That I shall not in any way discriminate between clients or professionals, based on race, creed, age, sex, handicaps, or personal attributes.
- G. That I shall respect the rights and views of other counselors and professionals.
- H. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but will take the initiative toward improving such policies, if it will best serve the interest of the client.
- I. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis, that I shall continuously strive for self-improvement, that I have a personal responsibility for professional growth through further education and training.
- J. That I have an individual responsibility for my own conduct.

Signature: _____ Date: _____

APPENDIX D

Screening Instruments

- **CRAFFT Screen**
- **AUDIT - Alcohol Use Disorders Identification Test**
- **CAGE AID**
- **5 P's Prenatal Substance Abuse Screen for Alcohol, Drugs and Tobacco**

CRAFFT

- 1 Have you ever ridden in a **C**ar driven by someone (including yourself) who was high or had been using alcohol or drugs?
- 2 Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?
- 3 Do you ever use alcohol or drugs while you are by yourself **A**lone?
- 4 Do you ever **F**orget things you did while using alcohol or drugs?
Do your **F**amily or **F**riends ever tell you that you should cut down on your drinking or drug use?
- 5 Have you ever gotten into **T**rouble while you were using alcohol or drugs?

Scoring: 2 or more positive items indicate the need for further assessment.

The CRAFFT is intended specifically for adolescents. It draws upon adult screening instruments, covers alcohol and other drugs, and calls upon situations that are suited to adolescents

From: Knight JR; Sherritt L; Shrier LA//Harris SK//Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Archives of Pediatrics & Adolescent* 156(6) 607-614, 2002.

Reprinted here with permission from Center for Adolescent Substance Abuse Research at Children's Hospital, Boston



Alcohol Use Disorders Identification Test

Please circle the answer that is correct for you:

1. How often do you have a drink containing alcohol?
 Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
 1 or 2 3 or 4 5 or 6 7 to 9 10 or more

3. How often do you have six or more drinks on one occasion?
 Never Less than monthly Monthly Weekly Daily or almost daily

4. How often during the last year have you found it difficult to get the thought of alcohol out of your mind?
 Never Less than monthly Monthly Weekly Daily or almost daily

5. How often during the last year have you found that you were not able to stop drinking once you had started?
 Never Less than monthly Monthly Weekly Daily or almost daily

6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
 Never Less than monthly Monthly Weekly Daily or almost daily

7. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
 Never Less than monthly Monthly Weekly Daily or almost daily

8. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never Less than monthly Monthly Weekly Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

No Yes, but not in the last year Yes, during the last year

10. Has a relative, friend, doctor or any other health worker been concerned about your drinking or suggested you cut down?

No Yes, but not in the last year Yes, during the last year

Questions 1 - 8	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
Questions 9 - 10	<input type="text" value="0"/>		<input type="text" value="2"/>		<input type="text" value="4"/>

The AUDIT questionnaire was developed by the World Health Organisation (1993)

How to Score Audit...

To find the total score, add up the scores from Questions 1 to 10. The maximum score is 40. For more information look at the answers to each section;

Questions 1 to 3:

A combined score of 4 or more for women or 5 or more for men suggests a level of drinking which is **hazardous**.

Questions 4 to six: A combined score of 4 or more suggests that a person may be **psychologically or physically dependent on alcohol**.

Questions 7 to 10: A combined score of 4 or more suggests **significant problems already exist**.

A total score of 8 or more on the questionnaire suggests that the person has a pattern of hazardous or harmful alcohol consumption.

This should be confirmed by checking the responses and by asking some supplementary questions.

What to do Now...

If the person scores 8 or more and has no dependence or harmful consequences (or only minor ones) suggest they cut down on drinking.

SAFE DRINKING: Males – no more than 4 drinks, 4 times a week Females – no more than 3 drinks, 3 times a week

There is no definite cut off score for dependence.

As a general guide, if a score is 13 or more it is likely that the person is alcohol dependent. Recommend that they abstain from drinking alcohol and refer for further assessment.

CAGE-AID

- 1 Have you felt you ought to cut down on your drinking or drug use?
- 2 Have people annoyed you by criticizing your drinking or drug use?
- 3 Have you ever felt bad or guilty about your drinking or drug use?
- 4 Have you ever had a drink or used drugs first thing in the morning to steady your nerves, get rid of a hangover, or get the day started?

5Ps* Prenatal Substance Abuse Screen for Alcohol, Drugs and Tobacco

1. Did any of your *parents* have a problem with using alcohol or drugs?
 No Yes No Response

2. Do any of your friends (*peers*) have problems with drug or alcohol use?
 No Yes No Response

3. Does your *partner* have a problem with drug or alcohol use?
 No Yes No Response

4. Before you knew you were *pregnant*, how often did you drink beer, wine, wine coolers or liquor or use any kind of drug?
 Not at all Rarely Sometimes Frequently No Response

5. In the *past* month, how often did you drink beer, wine, wine coolers or liquor or use any kind of drug?
 Not at all Rarely Sometimes Frequently No Response

6. How much did you *smoke* before you knew you were pregnant?
 Don't smoke 1/2 pack/day 1 pack/day 1-2 packs No response

5Ps Prenatal Substance Abuse Screen and Instructions - November 24, 2003

(based on Institute for Health and Recovery's 5P's)

Instructions to the 5Ps Prenatal Substance Abuse Screen for Alcohol, Drugs and Tobacco

The 5Ps was adapted by the Massachusetts Institute for Health and Recovery in 1999 from Dr. Hope Ewing's 4Ps (1990). The tool is used for the Alcohol Screening Assessment in Pregnancy (ASAP) Project. The ASAP2 project is in its second year of a replication grant funded by the Federal Maternal and Child Health Bureau through the Massachusetts Department of Public Health Bureau of Family and Community Health. The 5Ps is an effective tool of engagement for use with pregnant women who may use alcohol, drugs or tobacco. The screening tool poses questions related to substance use by a woman's *parents*, her *peers*, her *partner*, during her *pregnancy* and in her *past*, as well as about her tobacco *smoking*. The non-confrontational questions elicit genuine responses that can be useful in evaluating the need for a more complete assessment and possible treatment for substance abuse.

Develop a comfortable rapport with the client. Advise the client that the responses she provides are confidential and may only be used for her evaluation and treatment. Let her know that if she has discomfort with any topic on the questionnaire "No Answer" is an acceptable response. We recommend this so that women don't feel pressured and will return for further prenatal care.

How to Screen

Patients with positive or "no response" answers may be drinking at risky levels and warrant further assessment and follow-up. A Brief Intervention is composed of the following components:

- **ASK:** Screen using the 5Ps. A positive screen indicates the need for motivational education, further assessment, and possibly treatment for substance abuse.
- **ASSESS:** Review what the patient has just reported to you. Assess the situation, keeping in mind that pregnancy offers a unique window of opportunity to educate women about the risks of substance use, including tobacco use. Using motivational interviewing techniques, ask open-ended questions that can evoke self-motivational statements and intentions to change.
- **ADVISE:** State your medical concern. Be specific about the risks to the woman and her baby with continued alcohol, tobacco or drug use. ADVISE the pregnant woman to abstain from use in a direct and clear manner. State your health concern in a clear manner. For example: "*For the best health of babies and mothers, we strongly recommend that pregnant women do not use alcohol or tobacco during their pregnancy. Safe levels of use have not been established.*" While it is optimal to abstain from all substance use during pregnancy, emphasize the value of harm reduction if a woman is unwilling to abstain. For example, she may not be willing to give up tobacco and alcohol at the same time. Help her decide what course of action is most realistic at this time, and ask how you might be helpful in assisting her to reach her pregnancy goals. Discuss possible methods to help her stop, such as counseling, 12-step programs, and addiction treatment programs.

For useful contacts and information, including directions and maps to substance abuse treatment facilities log onto the Louisiana Office for Addictive Disorders (OAD) website at www.dhh.state.la.us/oada, or call OAD at (225) 342-6717. November 24, 2003

APPENDIX E

Required Forms

- **Fee Determination Form**
- **OAD Notification of Patient Rights, Authorizations, and ATR Consent Form**
- **Client Sign-in Sheet**
- **Contractor/Employee Service Log**
- **Medical History Form**

FEE DETERMINATION FORM

CLIENT NAME: _____ SSN: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 NO IN FAMILY UNIT: _____

ANNUAL AMOUNT BY FAMILY MEMBER BY SOURCE
--

Income Source	Client	Responsible Party	Spouse	Other Family Member	Total Income for Source
Wage or Salary	\$	\$	\$	\$	\$
Self-Employ (Net)	\$	\$	\$	\$	\$
Social Security	\$	\$	\$	\$	\$
SSI	\$	\$	\$	\$	\$
Dividends, Interest	\$	\$	\$	\$	\$
Retirement	\$	\$	\$	\$	\$
Pensions, Annuities	\$	\$	\$	\$	\$
Veteran's Pension	\$	\$	\$	\$	\$
Unemploy Comp	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$
Public Assistant	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
TOTAL ANNUAL FAMILY INCOME					\$
Number of Dependents					

MEDICAID NUMBER: _____ MEDICARE NUMBER: _____

INSURANCE CO: _____ POLICY #: _____ INSURED: _____

INSURANCE CO: _____ POLICY #: _____ INSURED: _____

Facility Representative: _____ Date: _____

I CERTIFY that the information given above is correct to the best of my knowledge. Further, I give my consent for the agency to verify any of the income listed above through the Department of Labor.

Signature of Client or Responsible Party

Date

NOTARY PUBLIC

This document must be notarized to be considered as a valid proof of income.

Louisiana Office for Addictive Disorders
OAD Notification of Patient Rights, Authorizations

I understand the law and regulations governing licensure of alcohol and drug abuse programs assures me of certain rights, and these apply to me, as a patient, or to my minor child, if my child is in treatment. Copies of these rights are available to me, and also posted on the agency's bulletin board. Some of these rights, as set out in the STANDARDS MANUAL, are copied below:

1. I have the right to be served without discrimination as to sex, race, creed, color, religion, or national origin.
2. I have the right to have the nature of recommended treatment and any specific risks of such treatment carefully explained to me.
3. I have the right to help develop my own treatment plan to meet my own specific needs.
4. I have the right to confidentiality. Except as may be required by law, no information concerning me, or my treatment, may be given out without my consent in writing. I have the right to revoke any consent given.
5. I have the right to privacy: When the agency expects outside visitors, I have the right to be notified in advance of their arrival and to be shielded from such visitors. My case shall not be discussed by staff in front of visitors or other patients.
6. If the agency desires to use cameras or tape recorders to aid in diagnosis, evaluation or treatment, the personnel must have my written permission, and must fully explain to me how they plan to use the pictures or recordings. I understand that staff must obtain advance permission from the program manager before using such equipment. (OAD programs do not use cameras and recording devices routinely).
7. I have the right to be told if the program cannot provide the services that I need.
8. I have the right to uncensored communication with my family, my attorney, and my personal physician. I further understand that mail and packages delivered to me are to be opened in staff's presence to assure that nothing illegal for me to have has been sent to me.

I have read the above statements and understand them. I also understand that this is only a partial listing of my rights. I certify this understanding by signing below.

Signed: _____

Authorization for Treatment

I understand that my (my child's) admission to the _____ (clinic/facility) is (is not) on a voluntary basis and I understand and accept the consequences of treatment as it has been explained to me. If my admission is on a voluntary basis, I am free to accept or reject any special type of treatment, including diagnostic procedures and/or hospitalization which staff may recommend. If my admission is based on a commitment or court order, I do not have this right.

Signed: _____

Authorization to Use Social Security Number

I hereby give consent to the Office for Addictive Disorders to verify and use my SOCIAL SECURITY NUMBER as identification for recordkeeping purposes.

My SOCIAL SECURITY NUMBER IS ____ / ____ / ____.

Name: _____ Date: _____
(Signature)

Address: _____

Witnesses: _____

For ATR Participants ONLY / ATR Consent Form

Introduction: You are invited to participate in the ACCESS TO RECOVERY (ATR) project being conducted by the Louisiana Office for Addictive Disorders (OAD), with funding provided by the Center for Substance Abuse Treatment (CSAT) because you are seeking alcohol and drug abuse treatment, and meet the financial eligibility criteria established.

If you choose to participate, the first six months of your treatment will be covered by a voucher with the Access to Recovery Grant. Participation affords you **Freedom of Choice** in choosing your treatment and recovery support providers. The choice of providers will include **Faith Based** service providers within, and outside of your community. There are no other direct benefits, or compensations to you for participating in this project. The information obtained in this project may be beneficial to other substance abuse patients in the future.

Procedures: If you consent to participate you will be asked to participate in **four (4) additional interviews (GPRA interviews)**, aside from the standard intake interview. Three of these interviews will take approximately 15 minutes, and one will take approximately 45 minutes. In addition, you will be asked to complete a **Customer Satisfaction Survey** on the 30th day of receiving services.

Authorized representatives of the Louisiana Office for Addictive Disorders and Clinical staff charged with conducting the project may be provided access to records that identify you by name. If any publications or presentations result from this study, you will not be identified by name. There is no possibility that records which identify you will be inspected by the study sponsor, the Center for Substance Abuse Treatment. However your answers will be supplied to CSAT, with no connections to your name, or any other identifying data.

I have received a copy of the consent form and agree to participate in Access to Recovery.

Participant's Name (Printed) _____ Date _____

Participant's Signature _____

Name of person obtaining consent (Printed) _____ Date _____

Signature of person obtaining consent _____

(Recommended Format)

CLIENT SIGN-IN SHEET

(Business Name)

DATE:		TYPE OF SERVICE:		BEGIN TIME:	
				END TIME:	
Client Name (Print Legible or Type)		Client Signature			
Counselor/Provider: (Print Legible or Type)		Counselor/Provider Signature:			

(Recommended Format)

CONTRACTOR/EMPLOYEE
SERVICE LOG

CONTRACTOR/EMPLOYEE NAME: _____

Date	Time	Type of Service	Description
	Begin:		
	End:		
	Begin:		
	End:		
	Begin:		
	End:		
	Begin:		
	End:		
	Begin:		
	End:		
	Begin:		
	End:		

Signature _____

Date: _____

MEDICAL HISTORY

Client's Name: _____ ICN#: _____ Admit Date: _____

Medication Allergies: _____

Medication taken within last 14 days: _____

Pregnant? Yes / No Birth Control Pills? Yes / No Cigarette Smoker? Yes / No

Indicate by check mark if you have or had any of the listed health problems

- | | | |
|---|---|--|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Lung disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Irregular heartbeat | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Bone/Joint |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Chronic headache |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Blood disease | <input type="checkbox"/> TB or exposure | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Immunological disorder | <input type="checkbox"/> Gastrointestinal disease | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Liver disease | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Drug addiction |
| <input type="checkbox"/> Hepatitis A,B,C | <input type="checkbox"/> Thyroid Gland disease | <input type="checkbox"/> Withdrawal seizures |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Weight change | <input type="checkbox"/> DT's |
| <input type="checkbox"/> Recurring infections | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Surgery—list: _____ | | |

Explain: _____

Health Care Provider: _____

Counselor's Signature

Client's Signature

(FOR MEDICAL PERSONNEL ONLY)

Yes, Further medical tx/ eval. indicated Disposition: _____

History reviewed by: _____ Deferred to: _____ Date _____

Diagnosis: Axis I _____
 Axis II _____

M.D./LPC/LCSW/Psychologist

Date

APPENDIX F

Freedom of Choice

Access to Recovery Freedom of Choice

What is Freedom of Choice?

Free choice means HAVING OPTIONS:

We cannot choose freely if we don't know about the list of possibilities available. Access to Recovery will provide you with as many options as possible for your treatment.

Free choice is INFORMED:

We cannot choose freely if we don't understand what the different possibilities are all about. Your ATR assessment provider will explain the different choices and answer your questions to the best of his or her ability.

Free choice is INDEPENDENT:

We cannot choose freely if we are being pressured by other people. Your ATR assessment provider will explain to you that the choice is completely up to you, and that your voucher can be used for any of the services on your list of recommended choices.

By signing this form, I acknowledge that my assessment provider has discussed freedom of choice with me, the different treatment options that I have, and that I have freely chosen the providers for my services. By signing this form, I also consent to participating in the ATR Project to receive treatment and/or recovery support services. I have also been informed that part of my participation in the ATR Project will include the use of my information for research purposes and all information shared will remain confidential in accordance with the federal laws that govern confidentiality.

Treatment Facility Chosen

Treatment Facility Not Chosen

RSS Provider Chosen

RSS Provider Not Chosen

RSS Provider Chosen

RSS Provider Not Chosen

Client Signature

Date

Client Printed Name

Provider Signature

Verification of Completed Assessment, but No Further Services Rendered (Please Check One)

_____ Treatment declined by client at this time. By signing here, I acknowledge that my assessment provider has discussed all treatment options available to me, but I choose not to seek substance abuse treatment at this time.

Client Signature

Date

_____ Assessment completed, but it was concluded that no treatment needed at this time. By signing here, I acknowledge that an assessment was completed with me, however, it was determined that I was not in need of substance abuse treatment at this time.

Client Signature

Date

APPENDIX G

ATR-II Matrix of Levels of Care

LA-ATR II Voucher Matrix (01.20.09)

MODALITY	Unit of Cost	Maximum Units per Voucher	Cost per Unit	Reimbursement per LOC
Outpatient	Per 1-hr Session	52	\$30	\$1,560
Intensive Outpatient (3 Day)	Per 3-hr Session	18 (6 weeks)	\$80	\$1,440
Intensive Outpatient (5 Day)	Per 3-hr Session	30 (6 weeks)	\$48	\$1,440
Intensive Nighttime Outpatient (3 Evenings Per Week)	Per 3-hr Session	18 (6 weeks)	\$80	\$1,440
Intensive Nighttime Outpatient (4 Evenings Per Week)	Per 3-hr Session	24 (6 Weeks)	\$60	\$1,440
Intensive Nighttime Outpatient (5 Evenings Per Week)	Per 3-hr Session	30 (6 weeks)	\$48	\$1,440
Drug Screening	Per Service	10 (min 4 reqr'd)	\$14	
Family Group	Per Session	* 4 for IOP, OP and Inpt Tx	\$50	\$200
Individual Sessions	Per Session	*4 per each IOP & OP Tx Episode	\$50	\$200
GPRa Discharge	Per Interview	1	\$40	
GPRa Follow-up	Per Interview	1	\$40	
SUPERGPRa	Per Interview	1	\$100	Combination of GPRa Discharge and GPRa Follow-up
Addiction Severity Index (ASI) w/Patient Placement Decision	Per Interview	1	\$100	
Comprehensive Adolescent Systems Inventory (CASI) w/Patient Placement Decision	Per Interview	1	\$125	

APPENDIX H

ATR-II Matrix of Recovery Support Services

RECOVERY SUPPORT SERVICES

Alcohol and Drug Free Social Activities	Per Session	4 Adult Inpt 8 Adol Inpt 6 IOP 12 OP	\$10	Maximum of 25 per session *Last a minimum of 45 minutes per session
Anger Management	Per Session	20	\$20	*Last a minimum of 45 minutes per session
Care Coordination	Per 15 min	Varies	\$10 per 15min	
Childcare	Per day/child	20	\$30	
Family Education	Per Session	20	\$20	*Last a minimum of 45 minutes per session
Halfway House	Per Day	60	\$30	
Job Readiness	Per Session	12 IOP 20 OP	\$20	Maximum of 25 per session *Last a minimum of 45 minutes per session
Life Skills	Per Session	4 Adult Inpt 16 Adol Inpt 15 IOP 20 OP	\$20	Maximum of 25 per session *Last a minimum of 45 minutes per session
Pastoral Counseling (See Attached Definition)	Per Session	4 Adult Inpt 4 Adol Inpt 4 IOP 4 OP	\$25	Individual Session with Pastor/Licensed Minister *Last a minimum of 45 minutes per session
Recreational Therapy	Per Session	20	\$20	*Last a minimum of 45 minutes per session
Spiritual Support (See Attached Definition)	Per Session	4 Adult Inpt 8 Adol Inpt 12 IOP 16 OP	\$20	Maximum of 15 per session *Last a minimum of 45 minutes per session
Transitional Housing	Per Day	60	\$25	
Transportation	Per Rnd Trip	30	\$30	

Note: Maximum of **\$3,000** for Recovery Support Services per 6-month voucher

Business Rules/Policies:

- Only transportation, housing and child care may be assigned as recovery support services upon completion of the initial interview. All other recovery support services can only be assigned after the completion of the comprehensive treatment plan utilizing the ATR treatment planning format.
- All recovery support services assigned must be appropriate for the client's current level of care and stage of recovery.
- The selection of recovery support services must include a ***clinical justification*** for the assigned recovery support services utilizing the ATR RSS clinical justification format.
- **Intensive Outpatient Level of Care:**
 - **Maximum of 12 sessions** of the following recovery support services may be billed ***per week*** while the client is in Intensive Outpatient Level of Care: Alcohol & Drug Free Social Activities, Spiritual Support, Pastoral Counseling, Job Readiness, Life Skills, Family Education, Anger Management, and/or Recreational Therapy.
 - **Maximum of 4 sessions** of the following recovery support services may be billed ***per day*** while the client is in Intensive Outpatient Level of Care: Alcohol & Drug Free Social Activities, Spiritual Support, Pastoral Counseling, Job Readiness, Life Skills, Family Education, Anger Management, and/or Recreational Therapy.
- **Outpatient Level of Care**
 - **Maximum of 20 sessions** of the following recovery support services may be billed ***per week*** while the client is in Outpatient Level of Care: Alcohol & Drug Free Social Activities, Spiritual Support, Pastoral Counseling, Job Readiness, Life Skills, Family Education, Anger Management, and/or Recreational Therapy.
 - **Maximum of 5 sessions** of the following recovery support services may be billed ***per day*** while the client is in Intensive Outpatient Level of Care: Alcohol & Drug Free Social Activities, Spiritual Support, Pastoral Counseling, Job Readiness, Life Skills, Family Education, Anger Management, and/or Recreational Therapy.
- **Two (2) individual sessions prior to engaging client in treatment are not mandatory. This decision is to be based upon assessor's clinical determination following the initial assessment.**

- **Prior to the client completing a level of care (IOP or OP), the client is to be provided with either two individual sessions OR one individual session and one family session.**
- **Neither treatment nor recovery support services (with the exception of housing, childcare and/or transportation) should occur on the same day as the initial assessment.**
- **The following recovery support services should not be provided to the client prior to the client receiving clinical treatment services: Alcohol & Drug Free Social Activities, Spiritual Support, Job Readiness, Life Skills, Family Education, Anger Management, and/or Recreational Therapy.**
- **Pastoral Counseling – Individual sessions with the client. The client’s family may be involved in a Pastoral Counseling session. Pastoral counseling incorporates faith in the substance abuse recovery process. This may include, but is not limited to, assisting clients and their family members in various crises as a result of substance abuse. Pastoral guidance is intended to assist individuals and/or their family members in the processing and resolution of circumstances, attitudes, and/or beliefs that result from substance abuse. Pastoral counseling is delivered by a duly ordained minister or their equivalent such as a rabbi or imam.**
- **Spiritual Support – Group session that is not to exceed 15 clients per group. Spiritual Support shall be provided by a trained or certified faith leader or their equivalent, such as a pastor, minister or rabbi. Designed to assist the client in developing their spirituality as an integral part of their recovery and may cover practices and principles such as establishing a relationship with a higher power, identifying a sense of purpose and mission in one’s life, achieving serenity and peace of mind, balancing one’s body, mind and spirit, utilizing spiritual practices such as prayer, meditation, etc. These groups are based on universal spiritual practices and principles and are not based on specific religious convictions and beliefs. Examples of acceptable models for Spiritual Supports include: Celebrate Recovery, Over Comers Anonymous, and the Christ-Centered Approach to the 12 Steps.**

APPENDIX I

Level of Care Descriptions

- **ASAM Adult Patient Placement criteria for the Treatment of Psychoactive Substance Use Disorders**
- **Brief Overview and Description of ASAM Levels**

American Society of Addiction Medicine Adult Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders

Levels of Care	Level I Outpatient Treatment	Level II Intensive Outpatient Treatment	Level III Medically Monitored Intensive Inpatient Treatment	Level IV Medically Managed Intensive Inpatient Treatment
1.) Acute Intoxication and/or Withdrawal Potential	No withdrawal risk	Minimal withdrawal risk	Severe withdrawal risk but manageable in Level III	Severe withdrawal risk
2.) Biomedical Conditions and Complications	None or very stable	None or nondistracting from addiction treatment and manageable in Level II	Requires medical monitoring but not intensive treatment	Requires 24-hour medical, nursing care
3.) Emotional, Behavioral or Cognitive Conditions and Complications	None or very stable	Mild severity with potential to distract from recovery	Moderate severity needing a 24-hour structured setting	Severe problems requiring 24-hour psychiatric care with concomitant addiction treatment
4.) Readiness To Change	Acknowledges problem(s), wants to help or change, expresses willingness to participate in treatment	Reluctant to agree to treatment, ambivalent about commitment, limited awareness of need to change	Resistance high despite negative consequences, passive and or active opposition to treatment and needs intensive motivating strategies	Problems in this dimension do not qualify patient for Level IV treatment
5.) Relapse, Continued Use, Continued Problem Potential	Able to maintain abstinence and recovery goals with minimal support	Intensification of addiction symptoms and high likelihood of relapse without close monitoring and support	Unable to control use despite active participation in less intensive care and needs 24- hour structure	Problems in this dimension do not qualify patient for Level IV treatment
6.) Recovery Environment	Supportive recovery environment and/or patient has skills to cope	Environment unsupportive but with structure or support, the patient can cope	Environment dangerous for recovery necessitating removal from the environment; logistical impediments to outpatient treatment	Problems in this dimension do not qualify patient for Level IV treatment

NOTE: The above is a general and broad view of the Cross Walk between the Basic Levels of Care, and the Six Dimensions. Not illustrated above are the options of outpatient ambulatory detoxification, inpatient residential detoxification and monitoring, and or the use of opiate substitution therapy which can take place at any level of care. Source: SAMHSA TIP 8: Intensive Outpatient Treatment Approaches / ASAM PPC 2-R. **(Illustration for Conceptual Purposes Only – Updated 2007)**

ASAM PPC-2R Level of Detoxification Service for Adults	LEVELS	
OUTPATIENT: Non-Intensive	Level I	<ul style="list-style-type: none"> ▪ Less than 9 hours of service/week (adults) less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies ▪ Addiction treatment staff, including addiction-credentialed physicians, provide professionally directed evaluation, treatment and recovery services ▪ Services are provided in regularly scheduled sessions of fewer than nine contact hours a week ▪ Services follow a defined set of policies and procedures or clinical protocols
OUTPATIENT INTENSIVE: Intensive Outpatient Treatment (IOP)	Level II.I	<ul style="list-style-type: none"> ▪ 9 or more hours of service/week (adults) less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies ▪ Provide 9 or more hours of structured programming per week, consisting primarily of counseling and education about substance-related and mental health problems ▪ Patient's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the patient is stable and requires only maintenance monitoring. Examples: Day or evening outpatient programs.
OUTPATIENT INTENSIVE: Partial Hospitalization	Level II.5	<ul style="list-style-type: none"> ▪ 20 or more hours of service/week for multidimensional instability not requiring 24 hour care ▪ Feature 20 or more hours of clinically intensive programming per week, as specified in the patient's treatment plan ▪ Programs typically have direct access to psychiatric, medical and laboratory services. Example: Day treatment programs
RESIDENTIAL: Social Detox	Level III.2-D	<ul style="list-style-type: none"> ▪ Moderate withdrawal but needs 24-hour support to complete detox, and increase likelihood of continuing treatment or recovery
RESIDENTIAL: Therapeutic Residential	Level III.5	<ul style="list-style-type: none"> ▪ 24 hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment able to tolerate and use full active milieu or therapeutic community ▪ Designed to treat person who have significant social and psychological problems ▪ Programs are characterized by their reliance on the treatment community as a therapeutic agent ▪ Treatment goals are to promote abstinence from substance use and antisocial behavior and to effect a global change in participants' lifestyles, attitudes and

		<p>values</p> <ul style="list-style-type: none"> ▪ Individuals typically have multiple deficits, which may include substance-related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values. Example: Therapeutic Community or Residential Treatment Center
RESIDENTIAL: Medically Monitored/Medically Supported Detox	Level III.7	<ul style="list-style-type: none"> ▪ 24 hour nursing care with physician availability for significant problems in Dimensions 1, 2 or 3. Sixteen hour/day counselor ability ▪ Provide a planned regiment of 24-hour professionally directed evaluation, observation, medical monitoring and addiction treatment in an inpatient setting. They feature permanent facilities, including inpatient beds, and function under a defined set of policies, procedures and clinical protocols ▪ Appropriate for patients whose subacute biomedical and emotional, behavior or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resource of an acute care general hospital or a medically managed inpatient treatment program. Example: Inpatient Treatment Center
MEDICALLY MANAGED: Detox (Hospital)	Level IV	<ul style="list-style-type: none"> ▪ 24 hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3. Counseling available to engage patient in treatment. ▪ An organized service, delivered in an acute care inpatient setting ▪ Appropriate for patients whose acute biomedical, emotional, behavioral and cognitive problems are so severe that they require primary medical and nursing care ▪ Program encompasses a planned regimen of 24-hour medically directed evaluation and treatment services, provided under a defined set of policies, procedures and clinical protocols ▪ Treatment provided 24 hours a day in a permanent facility with inpatient beds ▪ Full resources of a general acute care of psychiatric hospital are available. Examples: Acute care general hospital, acute psychiatric hospital or psychiatric unit within an acute care general hospital, a licensed chemical dependency specialty hospital with acute care medical and nursing staff.
	OMT	<ul style="list-style-type: none"> ▪ Daily or several times weekly opiod medication and counseling available to maintain multidimensional stability for those with opioid dependency.

APPENDIX J

Examples of Levels of Care Service Definitions (Note the service definitions are similar to but not that of ASAM)

Service Definitions

BEHAVIORAL HEALTH (BH) & MEDICAID MANAGED CARE (NMMCP)

Service Name	COMMUNITY SUPPORT - SA (Non-residential) ASAM LEVEL I
Setting	Community-based, most frequently provided in community locations or client's home consistent with individual consumer need.
Facility license	Not facility based
Basic definition	Rehabilitative and support service for persons with primary Axis I substance dependence. Skilled paraprofessionals provide direct rehabilitation and support services and interventions and assist in developing services and supports necessary to maintain abstinence, stable community living, prevention of relapse and admission to higher levels of care. Provided to consumers who are not in a residential setting. Generally requires daily to weekly contact to maintain adequate level of functioning. May be utilized as supplement to non-residential treatment services.
Services	Collect information and develop Individual Program/Service Plan within 72 days of enrollment. Service plan will include specific methods/interventions to address consumer needs as identified on assessment
	Individual service plan includes crisis/relapse prevention plan. ISP shall include methods/interventions to address consumer strengths and needs in areas of relapse prevention, interpersonal skills, job readiness skills, transportation, education, and housing-budgeting-independent living skills.
	Participation in and reporting to Care Coordinator on the progress in areas of relapse prevention, substance use/abuse, application of education & skills, recovery environment (areas identified in plan).
	Service Coordination and case management activities including coordination or assistance in accessing medical, social, education, housing, transportation, or other appropriate support services as well as linkage to more/less intensive community services.
	Support and intervention in times of crisis. Crisis/relapse intervention and involvement to transition consumer's return to community and avoid need for higher level of care.
	Monitor and document progress and contacts Facilitates communication between treatment providers
Programming	<p>Program/service plan reviewed/updated every 30 days Frequency of face to face contacts based upon need - estimate minimum of 6 / month Access to Care Coordinator worker for support, intervention, coordination during times of crisis. 24/7 access to respond or intervene to real / potential crisis</p> <p>Service delivery NOT provided during same service delivery hour of other outpatient services CS will be provided ONLY when client is actively involved in substance abuse treatment.</p> <p>OAD approved curriculums must be utilized for any recovery support services</p>
Length of Stay	6 month duration
Staffing	<p>Direct care workers: Minimum staff qualifications of Bachelor's degree or post high school course work in psychology, social work, sociology, and/or other related fields, with specific training relative to chemical dependency and recovery; two years experience in the delivery of substance abuse services or other related human service programs; plus demonstrated skills and competencies to work with consumers with substance use</p> <p>Completion of the staff training curriculum for initial orientation and continuing education</p> <p>Clinical supervision by licensed alcohol and drug counselor or licensed clinician with three to five years experience in the delivery of substance abuse recovery services</p>
Staff to Client Ratio	Caseload 1:25
Hours of Operation	24/7. Access to service during weekend/evening hours or in time of crisis. Directly provide or otherwise demonstrate consumer has on-call access to SA provider 24/7.
Consumer Need	DSM (current version) of substance abuse or dependence

	High risk of relapse without external supports, unstable recovery living environment
	Moderate to high need for external supportive structure in relapse prevention. Requires active skill development and interventions.
	Moderate to high need for external supportive structure in one of five functional areas: Job readiness/vocational/education, housing, child care, life skills, and care coordination
	Medically and psychiatrically stable
<i>Consumer Outcome</i>	Precipitating condition and relapse potential stabilized such that condition can be managed without paraprofessional external supports and interventions
	Service plan goals in primary problem areas substantially met
	Crisis/relapse prevention plan implemented
	Consumer linked or transitioned to the next appropriate level of the continuum

Service Definitions

BEHAVIORAL HEALTH (BH) & MEDICAID MANAGED CARE (NMMCP)

Service Name	OUTPATIENT - SA (Non-residential) ASAM LEVEL I
Setting	Any appropriate setting that meets state licensure or certification criteria
Facility license	Department of Health & Hospitals Bureau of Health Services Financing
Basic definition	Provision of professionally directed, face to face structured Substance Abuse day or evening treatment program available to adults or adolescents that is scheduled and occurs fewer than 9 contact hours a week. Services are goal oriented interactions with the individual or in group settings. Evaluation, treatment, and recovery services are provided for persons experiencing a wide range of substance abuse problems or dependency problems that cause moderate and/or acute disruptions in the individual's life.
Services	Comprehensive biopsychosocial strengths-based assessment and substance abuse evaluation
	Individual/Family/Group counseling
	Individualized treatment plan within 72 hours identifying short and long term goals for reducing or eliminating at-risk behavior
	Discharge plan begins at admission
	Relapse prevention plan part of discharge plan
	Adjunctive services include information gathering, reporting, and coordination of services, referral facilitation and collateral contacts. Adjunctive services are limited to individuals who are not also admitted to community support services.
	Use of treatment models that are research-based and outcome oriented for individuals with addictive disorders in need of physical, mental and emotional rehabilitation in a non-residential setting.
Programming	Consultation and/or referral on general medical, psychiatric and psychopharmacology (dual capable).
	Monitoring stabilized co-occurring mental health problems
	Therapies include: motivational enhancement, individual/family/group counseling, educational groups, relapse prevention, recovery skills, psychiatric education for co-occurring conditions, relapse prevention awareness and supports, case coordination, facilitate the recipient's active participation in community-based support systems, identification and intervention with a wide range of psychosocial problems including housing, employment, adherence to probation and child protective custody issues, referral to recovery self help and support services, foster behavior changes that support abstinence and a new lifestyle, and improve recipient's problem solving and coping strategy skills
	Scheduled sessions of fewer than 9 (nine) contact hours per week
	Evaluations and treatment must integrate strengths & needs
	Treatment and Discharge plans must be specific, individualized
	Treatment plan reviews every 90 days
	Introduction of self help groups and community supports
Length of Stay	Varies with severity of illness or response to treatment, generally 3? months
Staffing	Service can be delivered by all Master's level Licensed Professionals including LCSW, LPC, and Licensed Addiction Counselor. Service may only be delivered by Certified Addictions Counselor (CAC) or Registered Addictions Counselor (RAC) if under the direct supervision of a Certified Clinical Supervisor (CCS) who is also a Licensed Addictions Counselor. If working with adolescent recipients with addictive diagnosis, then an additional one (1) year of experience working in an adolescent treatment environment with adolescents who have addictive or co-occurring disorders is required
Staff to Client Ratio	Individual: 1 to1, Groups: 1:12 Group
Hours of Operation	Normal business hours with morning and evening hours available to consumers
Consumer Need	DSM (current version) for substance related disorder including substance use, dependency and substance induced disorder
	Mental health disorder, if present, is stabilized so as to enable participation.

	<p>Meets criteria in all six ASAM dimensions: not in withdrawal or can be safely managed, biomedically stable, psychiatric symptoms stable, willing to participate and attend AND assessed for readiness for change, able to achieve and maintain abstinence and related recovery goals with support,</p> <p>No risk of harm to self or others</p> <p>Meets ASAM risk profile</p>
Consumer Outcome	<p>Precipitating condition and relapse potential stabilized such that condition can be managed with less professional structure</p> <p>Low need for professional structure</p> <p>Low risk of relapse</p> <p>Substantially Achieved goals articulated in individualized treatment plan</p> <p>Relapse prevention plan is in place</p> <p>Formal and informal supports have been established</p> <p>If goals are unmet, refer at another level of care of more or less intensity, if indicated</p> <p>Consumer linked or transitioned to the next appropriate level of the continuum</p>
Service Definitions	
BEHAVIORAL HEALTH (BH) & MEDICAID MANAGED CARE (NMMCP)	
Service Name	HALFWAY HOUSE - SA (Transitional Residential) ASAM LEVEL III.1
Setting	Any appropriate setting that meets state licensure or certification criteria
Facility license	Department of Health & Hospitals Bureau of Health Services Financing
Basic definition	Transitional 24 hour structured supportive living / treatment facility in the community for adults seeking to reintegrate into the community generally after primary treatment. Services provide safe housing, structure and support affording consumers an opportunity to develop and practice their interpersonal and group living skills, strengthen recovery skills and reintegrate into their community, and ifnd or return to school or employment.
Services	Screening and Orientation
	Comprehensive biopsychosocial assessment upon admission, including physical and mental health screening
	Treatment Planning and Discharge plan begins at admission
	Discharge plan begins at admission
	Relapse prevention plan
	Individual/family/group counseling
	Educational groups
	Care Coordination
	Life Skills Training
	Job Readiness, Vocational Rehabilitation Services or linkage to resource in the community
Other services could include 24 hour crisis management, family education, self-help group and support group orientation	
Evaluations and treatment must integrate strengths & needs	
Treatment and Discharge plans must be specific, individualized	
Programming	Consultation by professionals on general medical, psychiatric and psychopharmacology
	Minimum of 8 hours per week of treatment and recovery focused services per week

	<p>Therapies include: individual and group counseling, educational groups, motivational enhancement and engagement strategies, counseling and monitoring to promote successful reintegration in regular, productive daily activity such as work or school or family living. relapse prevention, recovery skills, psychiatric education for co-occurring conditions, relapse prevention awareness and supports, case coordination, facilitate the recipient's active participation in community-based support systems, identification and intervention with a wide range of psychosocial problems including housing, employment, adherence to probation and child protective custody issues, referral to recovery self help and support services, foster behavior changes that support abstinence and a new lifestyle, and improve recipient's problem solving and coping strategy skills</p> <p>Monitoring stabilized mental health problems</p> <p>Individualized treatment plan within 72 hours and reviewed monthly thereafter or every 90 days?.</p>
Length of Stay	6 to 12 month duration, as long as medically necessary
Staffing	<p>Program Director and Clinical Supervisor</p> <p>Service can be delivered by all Master's level Licensed Professionals including LCSW, LPC, and Licensed Addiction Counselor. Service may only be delivered by Certified Addictions Counselor (CAC) or Registered Addictions Counselor (RAC) if under the direct supervision of a Certified Clinical Supervisor (CCS) who is also a Licensed Addictions Counselor. If working with adolescent recipients with addictive diagnosis, then an additional one (1) year of experience working in an adolescent treatment environment with adolescents who have addictive or co-occurring disorders is required</p> <p>One or more clinicians with competence in the treatment of addictions are available on-site or by telephone 24/7.</p> <p>Residential tech staff is on-site 24/7.</p>
Staff to Client Ratio	Staff to Client Ratio 1:12 Day and Night. Staff shall be awake overnight.
Hours of Operation	24 hours per day with a minimum of 8 hours of treatment and recovery focused services per week
Consumer Need	<p>DSM (current version) Axis I diagnosis of substance dependence disorder</p> <p>No withdrawal risk or minimal or stable withdrawal.</p> <p>Emotional/Behavioral/Cognitive conditions: None or minimal; not distracting to recovery.</p> <p>Readiness to Change: Open to recovery, but needs a structured environment to maintain therapeutic gains.</p> <p>Relapse, Cont. Use potential: Understands relapse but needs structure to maintain therapeutic gains.</p> <p>Recovery Environment: Environment is dangerous but recovery is achievable with 24 hour structure.</p>
Consumer Outcome	<p>Treatment plan goals substantially met</p> <p>Client can maintain at lesser level of care</p> <p>Crisis/relapse prevention plan implemented</p> <p>Consumer linked or transitioned to the next appropriate level of the continuum</p>
	Service Definitions
Service Name	BEHAVIORAL HEALTH (BH) & MEDICAID MANAGED CARE (NMMCP) OPIOID / METHADONE MAINTENANCE THERAPY - SA (Non-residential) ASAM LEVEL III – 7D
Setting	Facility based
Facility license	Department of Health & Hospitals Bureau of Health Services Financing
Basic definition	Methadone Maintenance and Detoxification programs detoxify chronic opiate addicted adults from opiates and opiate derivatives and maintain the chronic opiate addicted adults utilizing a synthetic narcotic until the client can achieve recovery through spectrum of counseling and other

	supportive rehabilitative
<i>Services</i>	Comprehensive biopsychosocial strengths based assessment upon admission, including mental health screening
	Treatment / maintenance plan within 30 days, reviewed monthly. Ability to adjust dosage of methadone daily if needed. Initial treatment plan must include initial dose of medication and plan for treatment off critical health or social issues
	Provide medically-approved and medically-supervised assistance to client that request withdrawal for the synthetic narcotic
	Crisis / Relapse prevention plan
	Dispensing of methadone in decreasing doses to alleviate symptoms of withdrawal
	Education and counseling minimum of once per month
	Case management and referral
<i>Programming</i>	Consultation by professionals licensed/credentialed on general medical, psychiatric and psychopharmacology
	Documented evaluation by a physician or advanced practice registered nurse
	Continued monitoring of use of methadone with ability to adjust plan daily if needed
	Ability to provide daily methadone dispensing
	Establishment of social supports to enhance recovery.
	Therapies include: individual and group counseling, health education, motivational enhancement and engagement strategies and counseling.
	Programming and services provided under a defined set of policies and procedures stipulated by state and federal statutes and regulations.
	Continued evaluation
Monitored urine testing	
	Treatment Phase Approach to include; Initial Treatment, Early Stabilization, Long-Term Treatment and Withdrawal
<i>Length of Stay</i>	12 months, as long as medically necessary
<i>Staffing</i>	Program Director for clinical supervision
	On staff or through consultant agreements: Pharmacist for dispensing of medications, physicians, registered nurse
	Licensed Addiction Counselor/Registered Addictions Counselor. One full time for each 50 clients
	Case Management
<i>Staff to Client Ratio</i>	1:50
<i>Hours of Operation</i>	24/7
<i>Consumer Need</i>	DSM (current version) for Opioid Dependence disorder
	Demonstrate specific objective and subjective signs of opiate dependence, as define by federal regulations
	Physiologically dependent and requires OMT to prevent withdrawal
	Biomedically stable or manageable with outpatient medical services
	Psychiatrically stable
	Ready to change the negative effects of opiate use but not ready for total abstinence
	High risk of relapse or continued use
	Recovery environment supportive and/or client has skills to cope
<i>Consumer Outcome</i>	Consumer stabilized on OMT regimen
	Treatment plan goals substantially met
	Crisis/relapse prevention plan implemented
	Consumer linked or transitioned to the next appropriate level of the continuum

Service Definitions

BEHAVIORAL HEALTH (BH) & MEDICAID MANAGED CARE (NMMCP)

Service Name	Clinically Managed Residential Detoxification (SOCIAL DETOXIFICATION - SA (Emergency) ASAM LEVEL III.2D (Equivalent to OAD Social Detox Level of Care)
Setting	Any appropriate setting that meets state licensure or certification criteria
Facility license	Department of Health & Hospitals Bureau of Health Services Financing
Basic definition	Social setting emergency detoxification programs provide intervention in substance abuse emergencies on a 24 hour per day basis to individuals experiencing acute intoxication. Such programs must have the capacity to provide a safe residential setting with staff present for observation and monitoring, and delivery of treatment services designed to physiologically restore the individual from an acute state of intoxication. Programs provide care to persons whose condition necessitate observation by qualified personnel but do not necessitate medical treatment. Clients must be medically approved and whose detoxification process can be predicted. (Clinically managed)
Services	<p>Comprehensive biopsychosocial strengths based assessment upon admission, including mental health screening</p> <p>Discharge plan begins at admission</p> <p>Crisis / Relapse prevention plan</p> <p>Capacity to assess for medical needs and administration of fluids</p> <p>Education, counseling and referral</p>
Programming	<p>Consultation by professionals licensed/credentialed on general medical, psychiatric and psychopharmacology.</p> <p>Establishment of social supports to enhance recovery.</p> <p>Therapies include: individual and group counseling, health education, motivational enhancement and engagement strategies and counseling.</p> <p>Implementation of physician approved protocols</p> <p>Clinical records document assessment, therapies, and monitoring of physical status (detoxification rating scale and monitoring of vital signs)</p>
Length of Stay	2-5 days
Staffing	<p>Program Director for clinical supervision</p> <p>Service can be delivered by all Master's level Licensed Professionals including LCSW, LPC, and Licensed Addiction Counselor. Service may only be delivered by Certified Addictions Counselor (CAC) or Registered Addictions Counselor (RAC) if under the direct supervision of a Certified Clinical Supervisor (CCS) who is also a Licensed Addictions Counselor. If working with adolescent recipients with addictive diagnosis, then an additional one (1) year of experience working in an adolescent treatment environment with adolescents who have addictive or co-occurring disorders is required</p> <p>Consultation, i.e. physician, registered nurse, LMHP, psychopharmacology, etc. shall be available and used as needed by staff and/or with consumers</p> <p>All clinical staff must be knowledgeable about the biological and psychosocial dimensions of abuse/dependence.</p>
Staff to Client Ratio	1 to 10
Hours of Operation	24/7
Consumer Need	<p>Experiencing signs and symptoms of withdrawal or there is evidence that withdrawal is imminent. The individual is assessed as not being at risk of severe withdrawal syndrome and moderate withdrawal is safely manageable at this level of service.</p> <p>Individual is assessed as not requiring medication but requires this level of service to complete detoxification and enter into continued treatment or self-help recovery.</p>
Consumer Outcome	Consumer successfully detoxified and assessed for service/treatment needs.

	Crisis/relapse prevention plan implemented
	Consumer linked or transitioned to the next appropriate level of the continuum
Service Definitions	
BEHAVIORAL HEALTH (BH) & MEDICAID MANAGED CARE (NMMCP)	
Service Name	Clinically Managed Medium Intensity Residential Treatment - SA (Intermediate Residential) ASAM LEVEL III.3 (Equivalent to OAD Residential Level of Care)
Setting	Any appropriate setting that meets state licensure or certification criteria
Facility license	Department of Health & Hospitals Bureau of Health Services Financing
Basic definition	Residential treatment for adults with Primary Axis I diagnosis of substance dependence for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of dependence on the individual's life or because of a history of repeated short term or less restrictive treatment failures. Typically more supportive than therapeutic communities or half way house setting and rely less on peer dynamics in treatment approach.
Services	Screening and Orientation
	Comprehensive biopsychosocial assessment upon admission, including mental health screening
	Treatment Planning and Discharge plan begins at admission
	Discharge plan begins at admission
	Crisis / Relapse prevention plan
	Individual/family/group counseling
	Educational groups
	Care Coordination
	Life Skills Training
	Job Readiness, Vocational Rehabilitation Services or linkage to resource in the community
	Other services could include 24 hour crisis management, family education, self-help group and support group orientation
Programming	Evaluations and treatment must integrate strengths & needs
	Treatment and Discharge plans must be specific, individualized
	Other services could include 24 hour crisis management, family education, self-help group and support group orientation
	Consultation by professionals licensed/credentialed on general medical, psychiatric and psychopharmacology
	25 hours per week of structured treatment activities including counseling and educational activities. At least three additional hours must be organized social and/or recreational activities.
	Programming characterized by motivational enhanced treatment a person centered approach, which can be altered for slower paced interventions and purposefully repetitive to meet special consumer treatment needs
	Therapies include: individual and group counseling, educational groups, motivational enhancement and engagement strategies, counseling and monitoring to promote successful reintegration in regular, productive daily activity such as work or school or family living. Relapse prevention, recovery skills, psychiatric education for co-occurring conditions, relapse prevention awareness and supports, case coordination, facilitate the recipient's active participation in community-based support systems, identification and intervention with a wide range of psychosocial problems including housing, employment, adherence to probation and child protective custody issues, referral to recovery self help and support services, foster behavior changes that support abstinence and a new lifestyle, and improve recipient's problem solving and coping strategy skills

	Monitoring stabilized mental health problems Individualized treatment plan within 72 hours and reviewed monthly thereafter.
<i>Length of Stay</i>	Average 6 - 12 month duration, as long as medically necessary
<i>Staffing</i>	Program Director for clinical supervision, program staff for nursing, recreation, social work and on or more licensed clinicians with competence in addictions treatment
	Service can be delivered by all Master's level Licensed Professionals including LCSW, LPC, and Licensed Addiction Counselor. Service may only be delivered by Certified Addictions Counselor (CAC) or Registered Addictions Counselor (RAC) if under the direct supervision of a Certified Clinical Supervisor (CCS) who is also a Licensed Addictions Counselor. If working with adolescent recipients with addictive diagnosis, then an additional one (1) year of experience working in an adolescent treatment environment with adolescents who have addictive or co-occurring disorders is required
	One or more clinicians with competence in the treatment of addictions are available on-site or by telephone 24/7.
	Residential tech staff is on-site 24/7 .
	All clinical staff must be knowledgeable about the biological and psychosocial dimensions of abuse/dependence
<i>Staff to Client Ratio</i>	Staff to Client Ratio 1:12 Day and Night. Staff shall be awake overnight.
<i>Hours of Operation</i>	24/7
<i>Consumer Need</i>	DSM (current version) Axis I substance dependence
	Not at risk of severe withdrawal or moderate withdrawal is manageable
	Biomedically stable or receiving current medical monitoring
	Emotional/behavioral/cognitive: mild to moderate severity, needs structure to focus on recovery. Psychiatrically stable.
	Little awareness or readiness to change. Needs interventions to engage and stay in treatment OR there is high severity in this dimension but not in the others.
	High risk of relapse and needs structured intervention to prevent continued use, with imminent dangerous consequences because of cognitive deficits or comparable dysfunction
<i>Consumer Outcome</i>	Recovery environment dangerous. Client requires 24 hour structure to learn to cope.
	Treatment plan goals substantially met
	Client can maintain at lesser level of care
	Crisis/relapse prevention plan implemented
	Consumer linked or transitioned to the next appropriate level of the continuum