

# **Ohio Access to Recovery IV**

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## **VMS Enrollment Manual**

**August 2015**

# SERVICES PROVIDED

## Access to Recovery IV Services Provided

Access to Recovery provides an array of services to help clients stay on the road to Recovery. The following list includes the services offered through Access to Recovery: (some services are not offered in all counties)

Adult Services	Active Military Services
<ul style="list-style-type: none"><li>● Recovery Housing</li><li>● Employment Services and Job Training</li><li>● Peer Recovery Coaching</li><li>● Life Skills</li><li>● Spiritual and Faith Based Counseling</li><li>● GAP Funds:<ul style="list-style-type: none"><li>○ Co-Pays</li><li>○ Vision</li><li>○ Dental</li><li>○ Sober Living Activities</li><li>○ Identification</li><li>○ Transportation</li></ul></li></ul>	<p>All ATR services with the addition of:</p> <ul style="list-style-type: none"><li>● Bio Social Assessments</li><li>● Outpatient Treatment</li></ul>



## ATR REFERRAL PROCESS

### **A). Receive the release of information, assessment and ATR referral form from the referring agency.**

Each client referred to the Access to Recovery program must have a diagnosis of a substance use disorder, or a substance use disorder in remission evidenced by a bio-social assessment. The assessment, ATR referral sheet, and release of information are sent to the appropriate benefit coordination agency. The benefit coordination agency scheduled an appointment for the potential client for enrollment.

### **B). Determine Client Eligibility.**

### **C). Explain Access to Recovery and the Client Choice model. Client Choice Model**

The client will be able to be empowered to choose the provider and services they will receive. The providers include culturally component agencies that will meet the specific and diverse needs of the ATR client community. The client will be able to choose from a list of providers, the client may not be able to choose the services they receive.

***The Client Choice Model States, “The client must not be influenced in any way while choosing the provider.”***

### **D). Complete and Sign all documents for Access to Recovery.**

1. Client Participation Policy
2. Client Choice Document
3. Release of information



# ATR ENROLLMENT PROCESS

## **E. Determine the needs of the client.**

### **1. Complete The Crosswalk Document & RSS Tool**

All services assigned to eligible clients must be identified within the assessment, or identified in the initial intake interview. All services assigned must be administered to support the client's ability to remain on the road to recovery. This document allows the benefit coordinator to transfer information directly from the assessment and utilize this information to guide in selecting services for each client.

The Benefit Coordinator will complete a standardized Recovery Support Screening Tool. The information gathered from the RSS tool will also be entered into the VMS.

A service plan is created for the client.

## **F). Provide client with choice.**

Once the needs of the client are identified, provide the client with a the ATR Provider Directory. The client must be presented with at least two providers (if available) during this process.

## **G). Notify the chosen Provider.**

Call the provider to inform them that a potential client has chosen their program. Identify for the provider what service the client is planning to utilize. This provides an opportunity to discuss information pertinent to assigning beginning dates and ending dates to the client's voucher.

Instruct the provider to notify you if the client does not report to their facility. If the client does not report to the facility contact the client to determine if the client will continue with ATR or be discharged.



## ATR ENROLLMENT PROCESS

### **H). Create a service voucher.**

1. A voucher must be created prior to referring clients to providers.
2. Utilize the following screen shots to navigate creating a new voucher.
3. Complete the intake GPRA (this may be captured on paper and uploaded into the VMS within 24 hours)
4. Complete the Locator Form (contact sheet)
5. Upload the GPRA & Locator into the VMS



# NAVIGATING THROUGH VMS

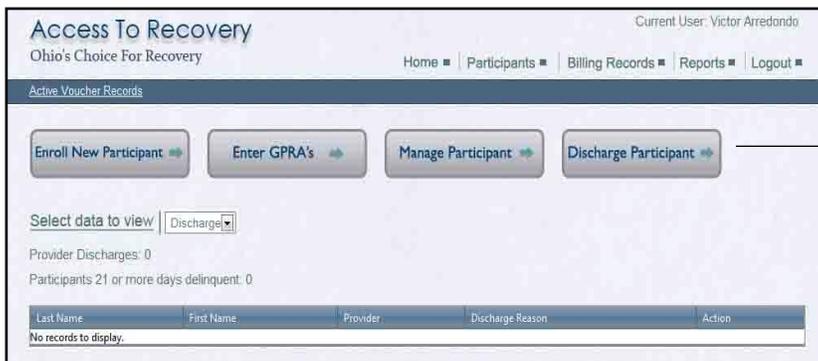


## A). Benefit Coordination Voucher Management Home Screen.

1. Provider Name Listed as shown above.
2. Click on Benefit Coordination Menu Button.
3. When Clicking Benefit Coordination Button you will be re-directed to the Main Navigation Page for all your tasks.

## B). Begin Enrolling New Participant.

### Enroll New Participant



Please proceed to the next page for enrolling new client.



# ATR ENROLLMENT PROCESS

## Enroll New Participant: Step 1

Access To Recovery  
Ohio's Choice For Recovery  
Current User: Victor Arredondo  
Home | Participants | Billing Records | Reports | Logout

Active Voucher Records

Enroll New Participant | Enter GPRA's | Manage Participant | Discharge Participant

Select data to view | Discharge

Provider Discharges: 0  
Participants 21 or more days delinquent: 0

Last Name	First Name	Provider	Discharge Reason	Action
No records to display.				

The screen above shows the Benefit Coordinator Home Screen

- 1). To enroll a new client (participant):
  1. Click on - Enroll New Participant Button
  2. Populate Enrollment Screen with client information.

Enroll a New Participant

County of Care: -- Select One --

Benefit Coordinator: [Dropdown]

Social Security #: [Text]

UCI: [Text]

First Name: [Text]

Middle Initial: [Text]

Last Name: [Text]

DOB: [Text]

Street: [Text]

City: [Text]

State: [Text]

Zip Code: [Text]

Home Phone: [Text]

Cell Phone: [Text]

- B). To complete the initial enrollment - Please complete the Veteran Services information at the bottom of your screen. Then click the NEXT button.

Are you a veteran?  Yes  No

Did you participate in Operation Enduring Freedom?  Yes  No

Did you participate in Operation Iraq Freedom?  Yes  No

Are you currently a deployed member of the National Guard?  Yes  No

Next

# NAVIGATING THROUGH VMS

## Participant Eligibility Form: Step 2

The screenshot displays the 'Access To Recovery' web application interface. At the top, it shows the user's current environment and user information: 'Current Environment: Training' and 'Current User: Victor Arredondo (Entity Home)'. Below this is a navigation menu with links for 'Home', 'Participants', 'Billing Records', 'Reports', and 'Logout'. The main content area is titled 'Eligibility Form' and contains the following fields and options:

- Date of Screening:** A text input field.
- Next of Kin:** A text input field.
- Phone Number:** A text input field.
- Referral Source:** A dropdown menu with the option to 'Add New'.
- Has Substance use Disorder:** A checkbox.
- DSM-IV Diagnose:** Two dropdown menus for 'Primary' and 'Secondary' diagnoses.
- Name of current treatment Provider (AOD or CJ Provider):** A text input field.
- Address/Phone Number:** Two text input fields.
- Dates of current treatment episode:** Two text input fields.
- Has Criminal Justice Involvement:** A checkbox.
- Under Criminal Justice Involvement, indicate what level:** A dropdown menu.
- Was client incarcerated in the past 30 days:** Radio buttons for 'Yes' and 'No'.
- If incarcerated, when were they released?:** A text input field.
- Is Adolescent (note: Is Adolescent is a calculated field):** Radio buttons for 'Yes' and 'No'.
- Is Financially Eligible:** Radio buttons for 'Yes' and 'No'.
- Name of Probation/Parole Officer:** A text input field.
- Phone Number(s):** A text input field.
- No Parole/Post Release Control:** A checkbox.
- Is the client interested in relocating to a different county when they are being referred to housing services?:** A dropdown menu.

A 'Next' button is located at the bottom left of the form.

### Entering Eligibility Form Information

1. Date of Screening
2. Enter Next of Kin
3. Enter Phone Number (please validate)
4. Enter Referral Source from the drop down menu: if source not listed - click on the ADD NEW button to input the information.
5. Click box that indicates if the client has a Substance Use Disorder.
6. Enter ICD Codes - Referral to client assessment.
7. Provide Information for client's current Treatment Provider.
8. Complete Criminal Justice Information.
9. Indicate if the client is Financially Eligible.
10. Identify if the client has a Probation Officer in the text box.



# NAVIGATING VMS

## Level of Care Crosswalk Form: Step 3

Access To Recovery  
Ohio's Choice For Recovery

Current Environment: Training Current User: Victor Arredondo ([Entity Home](#))

[Home](#) | [Participants](#) | [Billing Records](#) | [Reports](#) | [Logout](#)

[Active Voucher Records](#)

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**Level of Care Crosswalk Form**

Client ATRID: C97 Name of Person Completing Form: Victor Arredondo  
Date of Initial Assessment:  Today's Date: 2/8/2011

Instructions  
1. Please refer to the client's assessment and select the Level of Care rating for each level listed.  
2. Check the appropriate services in the ATR services category.

Dimension 1 Acute Intoxication/Withdrawal (ALCOHOL AND OTHER DRUG USE HISTORY & TREATMENT HISTORY) How did the assessment rate the client's need for treatment for alcohol and/or other drug problems?  
Rating Scale

ATR Services:  
 Outpatient  Intensive Outpatient  No Treatment Indicated

Dimension 2 Biomedical Conditions and/or Complications (MEDICAL HISTORY) How did the assessment rate the client's need for medical treatment?  
Rating Scale

ATR Services:  
 HIV/AIDS Education

Dimension 3 Emotional/Behavioral/Cognitive Conditions and/or Complications (MENTAL STATUS SCREEN/PSYCHIATRIC HISTORY). How did the assessment rate the client's need for psychiatric/psychological treatment?  
Rating Scale

ATR Services:  
 Anger Management

Dimension 4 Treatment Acceptance/Resistance (LEGAL HISTORY) How did the assessment rate the client's need for legal services or counseling?  
Rating Scale

ATR Services:  
 Domestic Violence Batterer Service

Dimension 5 Relapse Potential (EMPLOYMENT HISTORY/EDUCATIONAL HISTORY) How did the assessment rate the client's need for employment counseling?  
Rating Scale

ATR Services:  
 Academic/Education Skills Training  Pre-Employment Services  Peer Coaching for Mentoring  Employment Skills Training  Transportation  Relapse Prevention  Recovery Coaching

Dimension 6 Recovery Environment (FAMILY HISTORY(Including Living/Housing Arrangements)) How did the assessment rate the client's need for family and/or social counseling?  
Rating Scale

ATR Services:  
 Supportive Transitional Drug-Free Housing Services  Recovery Support Family Counseling (parenting/marriage)  
 Family Engagement  Daily Living Skills  Spiritual Support

Dimension 7 Family and Caregiver Functioning(Adolescents ONLY) How did the assessment rate the client's Family and Caregiver functioning level?  
Rating Scale

ATR Services:  
 Family Counseling (Recovery support)

**Special Consideration:** If during the course of interacting with the client it is determined that special circumstances have arisen that may not be documented in the assessment/domain areas, Benefit Coordinators may request ATR services. A narrative description must be included in the space below.

The Benefit Coordinator will complete the Crosswalk Level of Care screen.

11. Complete all Dimensions of the Crosswalk form and indicate the level of care for each domain.

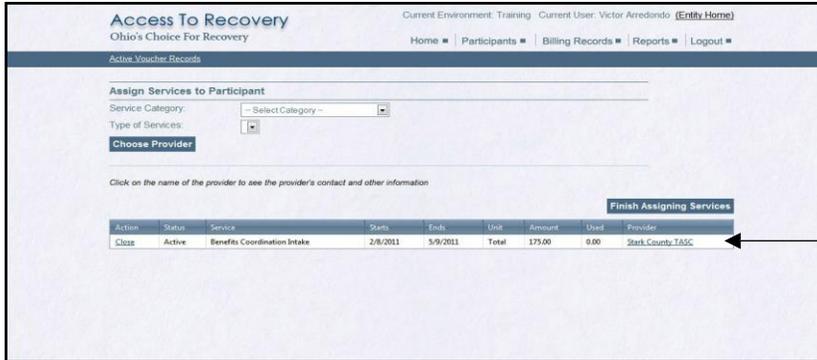
Important: Please Note any special considerations that were observed during your interactions with the client. Indicate in the text box titled Special Conditions as shown above.

12. Once completed - Click on the Save Button.



# NAVIGATING VMS

## Participant Service Record(s): Step 4



As the Benefit Coordinator completes the New Enrollment and the Level of Care Crosswalk screen, the Benefit Coordination voucher for the new client will be shown on your Assigned Service Record page. (as seen above)

Please Note the Following Headers:

**Action:** Clicking the link closes the voucher.

**Status:** indicates if the voucher is still active (billable or not).

**Service:** describes the services attached to the voucher.

**Starts:** indicates the day of the voucher was opened for service.

**Ends:** indicates the closing date for the voucher for services assigned.

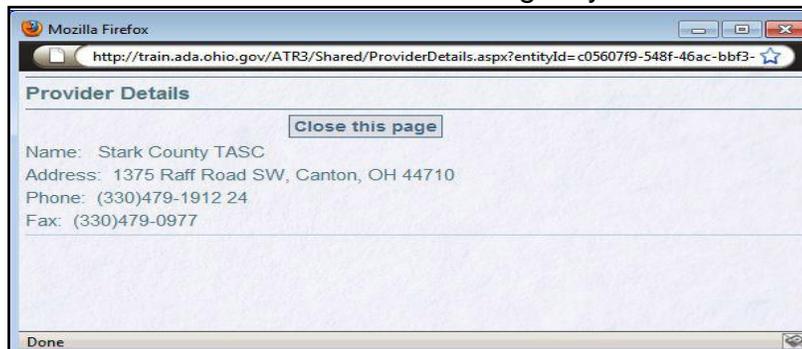
**Amount:** shows the service rate associated with the voucher.

**Used:** shows the remaining balance of the voucher for service.

**Provider:** this indicates the provider assigned to the service voucher.

**Additional Assistance from this Menu:**

**Provider Link:** click on the link to obtain Agency Contact Information.



# NAVIGATING VMS

## Creating Vouchers for Service: Step 5

Access To Recovery  
Ohio's Choice For Recovery

Current Environment: Training Current User: Victor Arredondo (Entity Home)

Home | Participants | Billing Records | Reports | Logout

Active Voucher Records

Assign Services to Participant

Service Category: Individual Counseling

Type of Services: Individual Counseling

Choose Provider

Click on the name of the provider to see the provider's contact and other information

Finish Assigning Services

Action	Status	Service	Starts	Ends	Unit	Amount	Used	Provider
Close	Active	Benefits Coordination Intake	2/8/2011	5/9/2011	Total	175.00	0.00	Stark County TASC
Close	Active	Group Counseling	2/8/2011	2/28/2011	Hour	456.96	0.00	The Free Medical Clinic of Greater Cleveland

- 1). Click on: Selection Service Category from the drop down menu.
- 2). Select from Types Service Option from the drop down menu.
- 3). Select - Choose Provider from the blue menu button.(zip code pop up)
- 4). Enter the county zip code to get Provider(s) Information.
- 5). Click on the Provider Information (client choice) to create the voucher.
- 6). Once you have chosen a provider, you will be re-directed to the screen below.

Access To Recovery  
Ohio's Choice For Recovery

Current Environment: Training Current User: Victor Arredondo (Entity Home)

Home | Participants | Billing Records | Reports | Logout

Active Voucher Records

Create Voucher

Meridian Services, Inc. (330)797-0070  
527 North Meridian Road, Youngstown, OH 44509 (330)797-9148  
Youngstown

Service Name: Individual Counseling

Description:  
Meridian offers CARF accredited outpatient chemical dependency treatment for adults and adolescents. Hours of Operation:  
Mon - Fri: 6 am - 9 pm. Sat: 6am - 2 pm. Length of Service: TBD

Service Start Date: 2/8/2011

Service End Date: 2/18/2011

Base Rate: \$91.86/Hour

Amount: 19 Hour units

Cost: \$918.84

Calculate Cost

Back Continue

- 1). Double check the Provider information at the top of voucher screen
- 2). Double check the Service Name for the voucher being created.
- 3). Select the Service start date by clicking on the drop down arrow.
- 4). Select the Service end date by clicking on the drop down arrow.
- 5). Refer to base rate: please take notice of the service units.
- 6). Amount Text Box: indicate in service units in whole or half units.
- 7). Cost: Click on the calculate cost button to determine your voucher total.
- 8). Once the services voucher has been calculated, Click the continue button and your additional service voucher will be shown as above.



# NAVIGATING VMS

## Creating the Client Appointment and Service Plan: Step 6

**Create Appointment**

The Free Medical Clinic of Greater Cleveland 12201 Euclid Avenue Cleveland, OH 44106  
Phone: (216) 721-4010 Fax: (216) 721-4010

Appointment Date: 2/10/2011  
Appointment Start Time: 1:00 PM  
Appointment End Time: 2:00 PM  
Purpose: orientation to agency to begin group counseling services

Notes:  
Group Counseling Services:  
M-W twice a week from 1pm-2pm for 10 weeks. Will begin progress notes and start a client file for services beginning 2/10/2011.

Create Appointment  
Skip, Already has an Appointment  
Skip, Don't Need an Appointment  
Skip, Unable to Contact Provider

- 1). As each service voucher is completed, you will be asked to create an appointment.
- 2). Double check the Provider Name for the appointment being created.
- 3). Select the appointment start date by clicking on the drop down arrow.
- 4). Select the appointment end date by clicking on the drop down arrow.
- 5). In the Purpose Text Box: please indicate the purpose of the appointment.
- 6). In the Notes Text Box: Please create the client service plan as shown.
- 7). Once the client appointment has been completed, Click the Create Appointment button to proceed.

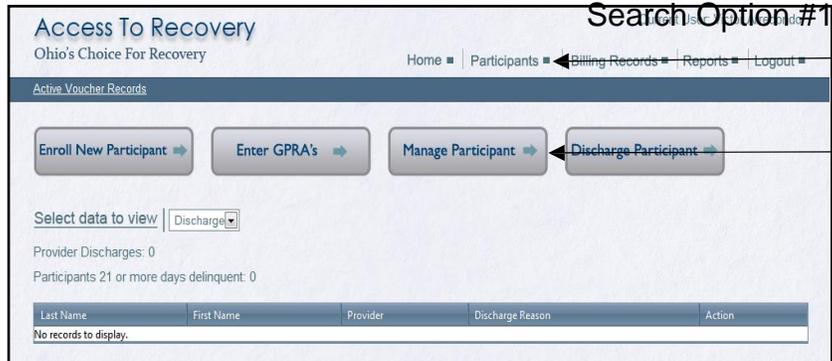
## Notification of Referral to Provider Step 7

The Electronic notification will be automatically sent to the provider that the was assigned.

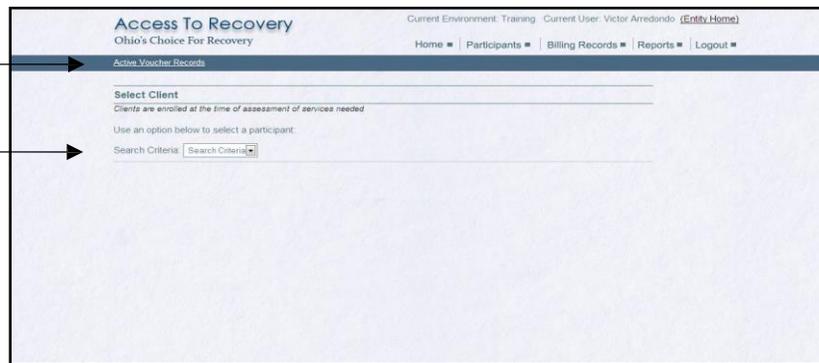


# NAVIGATING VMS

## Participant Management: Step 8



- 1) From your VMS Navigation Screen: Click on Manage Participant Button.
- 2) You will be re-directed to the Active Voucher Records Screen seen below.
- 3) Select Search Criteria by clicking on the drop down arrow: Search Options
  - a. By Participant I.D.
  - b. By Participant Name
  - c. By Enrollment Date
  - d. By UCI Number



### Search Option #2

- 1). From your VMS Navigation Screen: Click on the Participant Button- Top Menu.
- 2). After clicking on the Participant button, Your search criteria will appear in a drop down menu with the follow search criteria options.
- 3). Select Search Criteria by clicking on the drop down arrow: Search Options
  - a. By New Participant
  - b. By Awaiting Services
  - c. By Awaiting Intake
  - d. By Active
  - e. By Delinquent
  - f. By Discharge
  - g. By Completed
  - h. By My Participants



# NAVIGATING VMS

## Participant Billing Record: Step 9

Access To Recovery  
Ohio's Choice For Recovery

Current Environment: Training Current User: Victor Amedondo (Edit Home)

Home | Participants | Billing Records | Reports | Logout

Active Voucher Records

**Billing Record**

John Smithowski 777 Havana Street  
3303333030 Canton, OH

Service:  ←

Beginning Date of Service:

Time Started:

Ending Date of Service:

Time Ended:

Status: New

Amount Assigned: \$175.00

Amount Used: \$0.00

Amount Available: \$175.00

Follow up contacts by the benefit coordinator to review the client progress, engagement, and needs \$100.00/Total

Number of Total units: 15

Cost: \$15.00

**Calculate Cost**

Service Description

This billing record is recorded .15 units which equals 15.00 dollars for Benefit Coordination follow up with the client. This total will be subtracted from the voucher's total units of 175.00. The remaining balance will be indicated after the billing record is saved and approved by the agency.

Save Approve Reject Delete

The Benefit Coordination voucher is created through the VMS. Once the client is entered into the system, the benefit coordinator can bill for the services rendered to the client.

The screen above shows the starting screen:

- The benefit coordinator to identify which client the services to bill for: (Benefit Coordination Follow Up)
- After choosing a client for the creation of the billing record, the benefit coordinator can choose on the billing record tab to bill for services rendered.
- This screen has been modified to require the input of a service plan, contact information, and a note that indicates that the provider has been contacted and an appointment date set for the client as well as a description of service.

Access To Recovery

Current Environment: Training Current User: Victor Amedondo (Edit Home)

Home | Participants | Billing Records | Reports | Logout

Active Voucher Records

**My Billing Records**

Billing Records Created Between  and

Status:

**Add Billing Record** **Search Records**

Date	Client	Date Added	Amount	Service Name	Service Date	Description
2/10/11	John Smithowski	2/10/2011	\$15.00	Benefit Coordination Intake	2/10/2011	This billing record is recorded .15 units which equals 15.00 dollars for Benefit Coordination follow up with the client. This total will be subtracted from the voucher's total unit of 175.00. The remaining balance will be indicated after the billing record is saved and approved by the agency.

# NAVIGATING VMS

## Participant Follow Up & Discharge: Step10

### Re-Evaluate for additional services:

Once you have been notified that a client is nearing the end of their service re-evaluate the client's needs. Determine if the client should receive additional services through ATR.

The Provider will discharge client from their services. **The Benefit Coordinator will determine if client is being discharged from the ATR Program.**

Please note: Discharging a client from a provider does not discharge the client from the Access to Recovery Program.

### Determine client discharge from ATR program:

Once services have been exhausted and the goals have been met, then the benefit coordinator would move to complete the appropriate discharge procedures in the system.

1. Schedule a discharge interview with client.
2. Discharge the client from the ATR program.
3. Complete the discharge GPRA interview.

### Follow up:

When a client, or provider calls the benefit coordinator regarding a client. The benefit coordinator is to record any details of that conversation in both the voucher for payment section and the client contact information section.

The benefit will create a voucher for payment for follow up calls.

The benefit coordinator will provide the details of the call in the contact information section.

The benefit coordinator is responsible for obtaining a 6 month GPRA Follow-up interview. Keeping in contact with the client during this period is vital to obtaining the necessary interview. **The requirement is to follow up with 80% of the clients receiving ATR services.**



# ATR BENEFIT COORDINATORS

