

# 2015 ATR IV Recovery Support Service Provider Application

## General Information:

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

Agency Director: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*\*All organizations must have an e-mail account.\**

Billing Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### For Income Tax Purposes, Please Provide:

Federal Employer Tax ID Number: \_\_\_\_\_

***\*This is not a social security number-the applicant must have a Federal Employer Tax Identification number\****

Is your agency a tax exempt nonprofit organization? Yes No

**\*nonprofit status required\***

Is your agency **Medicaid Certified**? Yes No

If yes, please list program and Medicaid provider number for each certified program

Certified Program	Provider Number

**FAITH-BASED ORGANIZATION:** Yes No

Denominational Affiliation \_\_\_\_\_

### FACILITY ACCESSIBILITY (Check if Yes)

\_\_\_ Offers American Sign Language Interpretation

\_\_\_ Offers handicapped parking

\_\_\_ Wheelchair accessible

### POPULATIONS SERVED (Check all that apply)

\_\_\_ Programs for men

- \_\_\_ Programs for women
  - \_\_\_ Programs for pregnant women
  - \_\_\_ Programs for persons with co-occurring mental health and substance use disorders
  - \_\_\_ Programs for persons who do not speak English/cultural competency
- If so, which languages? \_\_\_\_\_

**SERVICE PROVISION** (Check all that apply to this application)

- \_\_\_ Recovery Housing  
Capacity: \_\_\_\_\_  
Location address: \_\_\_\_\_
- \_\_\_ Peer Recovery Coaching (must meet or plan to meet one of the following requirements:  
*1. A 40 in person peer training, taking the 16 hour online ebased academy training, and passing the peer training test. 2. For individuals who have been doing the work or volunteering for 3 years – take the 16 hour online ebased academy training, and passing the peer training test.*)
- \_\_\_ Spiritual and Faith-based Support (must include a ministers license)
- \_\_\_ Employment Services and Job Training (must include credentials)
- \_\_\_ Life Skills (must include a curriculum)
- \_\_\_ Care/Benefits Coordination (must be a OhioMHAS certified treatment agency)

**HOURS/DAYS of OPERATION:**

- |           |       |                          |       |
|-----------|-------|--------------------------|-------|
| Monday    | _____ | Saturday                 | _____ |
| Tuesday   | _____ | Sunday                   | _____ |
| Wednesday | _____ |                          |       |
| Thursday  | _____ | Emergency Contact Number |       |
| Friday    | _____ | (available 24 hours)     | _____ |

**LENGTH OF SERVICE**

- What is the length of your program (in weeks) \_\_\_\_\_
- How many days each week? \_\_\_\_\_
- How long is each daily session? \_\_\_\_\_

**Participation Requirements:**

**I. Criminal Background Checks**

All agency staff that will provide direct services to clients served through the *Access to Recovery* program must be cleared through a state Bureau of Criminal Investigations, criminal background check. A copy of the criminal background check must be made available for review. If the staff has been a resident of Ohio for less than three years, a federal background check is required.

**II. Voucher Management System**

The provider agencies will be required to access OhioMHAS Voucher Management System via the internet to report services, bill for services, and track voucher related information. In order to access the web based system the following minimum workstation standards are required:

Category	Requirement
Operating System Version	Windows 7+
Computer Processor	
memory	HHI
Browser Version	Internet Explorer 10+ with current service packs
Virus Protection	Required. Virus definitions must be kept current
Printer	Required for printing reports
E-mail	Internet e-mail access
Bandwidth	Fastest network connection available and economic to you. Recommend DSL or cable modem.

**III. All awarded agencies will be required to participate in all ATR trainings, meetings and webinars as scheduled, submit quarterly reports, pass an onsite review, and submit to annual reviews.**

**IV. Application Narrative**

**Attach a narrative (limit 8 single spaced, 12 font- typed pages not including attachments) addressing the following elements:**

1. Provide a general description of the applicant agency. Describe your agencies governing board, financial structure, and community relations.
2. Describe what services you are applying to provide and how they will enhance the individual's strengths and meet identified needs.
3. Identify the expected outcomes of your program and how your agency will track the outcomes.
4. Please list any specific quality assurance strategies in place at the agency, i.e.- programmatic and fiscal self-auditing, client/consumer satisfaction-surveys, means/procedure for clients/consumers to grieve about services/providers, analyzing outcome data, etc.
5. Describe the applicants experience providing these services to individuals recovering from a substance use disorder. Describe the applicants experience providing services to the criminal justice involved population. Describe the applicants experience with providing recovery oriented person centered services, and culturally responsive services.
6. Explain the qualifications and experience of each staff member that will be providing services in this program, including licenses and certifications when appropriate. Include a Table of Organization as an attachment. Identify the number of staff involved in direct service, by position in the program, or caseload per staff statistics. Agencies that provide services at more than one site must include a description of the staffing pattern, including the number of full time employees providing direct service at each site.
7. Please attach a copy of the curriculum/program description or outline of the specific services that will be provided by your agency as an attachment. Please indicate if you are using an evidence based practice.

8. How will your agency incorporate the Substance Abuse Mental Health Services Agency (SAMHSA) recovery principles into all services? Explain how your agency will demonstrate the incorporation of persons with lived experience.
9. Describe your agency's written policies and procedures to govern the delivery of Recovery Support Services.
10. Describe how your agency will maintain a record of participant participation for services delivered. Identify the process to manage and monitor client specific information including progress updates, enrollment forms, and emergency data.
11. Identify the policy or procedures that address access, storage and destruction of client files.
12. Describe how your agency possesses or will develop the capacity to track and enter data into a web based system.
13. Please include how your agency will sustain these services for the community beyond the ATR funding period. (The ATR funding period is May 1, 2015 – April 30, 2018)

**V. General Requirements**

- **Attach** all applicable insurance declaration pages including but not limited to the following: professional liability, commercial general liability insurance and workers compensation.
- Please include as an attachment a completed copy of the state of Ohio Vendor form and W-9 with this application.

**VI. Signature**

I agree that all information included in this application is true and correct and that I understand and agree to the application information and requirements. I further acknowledge that the information in this application is subject to periodic verification without notice and that any misrepresentation on this form may result in disqualification from participation in the *Access to Recovery* project and legal and/or fiscal sanctions may be taken as determined appropriate by OhioMHAS and the local ADAMH/ADAS Board is in accordance with applicable law.

Provider Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN APPLICATION WITH ALL ATTACHMENTS TO:**

**LOCAL BOARD INSERT INFORMATION HERE:**

Please note all application requirements and information must be mailed as a complete packet.

This includes all necessary information including but not limited to the following: the application, any required certifications or documents, all electronic vendor forms, and the W-9. Please do not mail the information separately.

The applicants with the highest scores, in the areas of need will be submitted to OhioMHAS to finalize the approval process.

**ACCESS TO RECOVERY APPLICATION SCORE GRID**

<b>Application Question</b>	<b>Weight</b>	<b>Rating</b>	<b>Score</b>
Provide a general description of the applicant agency. Describe your agencies governing board, financial structure, and community relations.	<b>10</b>		
Describe what services will be provided to enhance the individual's strengths and meet identified needs.	<b>15</b>		
Identify the expected outcomes of your program and how your agency will track the outcomes.	<b>10</b>		
Please list any specific quality assurance strategies in place at the agency, i.e.-programmatic and fiscal self-auditing, client/consumer satisfaction-surveys, means/procedure for clients/consumers to grieve about services/providers, analyzing outcome data, etc	<b>10</b>		
Describe the applicants experience providing these services to individuals recovering from a substance use disorder. Describe the applicants experience providing services to the criminal justice involved population.	<b>20</b>		
Explain the qualifications and experience of each staff member that will be providing services in this program, including licenses and certifications when appropriate. Include a Table of Organization	<b>15</b>		
Please attach a copy of the curriculum/program description or outline of the specific services that will be provided by your agency as an attachment. Please indicate if you are using an evidence based practice.	<b>10</b>		
How will your organization incorporate the Substance Abuse Mental Health Services Agency (SAMHSA) recovery principles into all services? Explain how your agency will demonstrate the incorporation of persons with lived experience.	<b>20</b>		
Describe your agencies written policies and procedures to govern the delivery of Recovery Support Services.	<b>10</b>		
Describe how your agency will maintain a record of participant participation for services delivered.	<b>5</b>		
Identify the policy or procedures that address access, storage and destruction of client files.	<b>5</b>		
Describe how your agency possesses or will develop the capacity to track and enter data into a web based system.	<b>5</b>		
Please include a plan to sustain these services for the community beyond the ATR funding period.	<b>15</b>		
<b>Total Technical Score</b>	<b>150</b>		
<b>Rating</b>	<b>Explanation</b>		
<b>0</b>	<b>Does Not Meet.</b> Proposal does not comply with the requirement and/or does not meet expectations for the criterion.		
<b>1</b>	<b>Weak.</b> Proposal does not substantially meet the requirement and/or does not substantially meet expectations for the criterion.		

2	<b>Moderate.</b> Proposal generally meets requirement, but is weak in meeting minimal expectations for the criterion.
3	<b>Meets.</b> Proposal meets the requirement, and meets expectations for the criterion.
4	<b>Strong.</b> Proposal meets the requirement and exceeds expectations for the criterion.
5	<b>Greatly Exceeds.</b> Proposal meets the requirement and significantly exceeds expectations for the criterion.