Ohio Access to Recovery IV

Provider Manual

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A. What is ACCESS TO RECOVERY?

Access to Recovery (ATR) is a three year competitive $7,084,767 grant program awarded to the Ohio Department of Mental Health & Addiction Services funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). This initiative provides vouchers to a projected 4,362 adults for the purchase of recovery support services from a cohort of ATR approved providers.

Access to Recovery enhances substance abuse recovery for individual Ohioians by funding a broad array of client-centered, community based services and supports.

ATR Goals

Consumer Choice
The process of recovery is a personal one. Achieving recovery can take many pathways. With a voucher, people in need of addiction treatment and recovery support will be able to choose programs and providers that will best meet their needs. Increased choice protects individuals and encourages quality.

Successful Outcomes
Success will be measured by outcomes, principally abstinence from drugs and alcohol, and includes attainment of employment or enrollment in school, no involvement with the criminal justice system, stable housing, social support, access to care, and retention in services.

Increased Capacity
Access to Recovery increases the number of recovery support service providers (including faith based organizations) eligible to receive federal funding and expands the array of services available, including peer recovery coaching, employment skills training, spiritual support and other recovery support services.

Sustainable Systems
Access to Recovery provides the opportunity to develop sustainable referral networks, services, and models of care that honors the client's familial, cultural, spiritual, economic and logistical needs.

Access to Recovery will offer the participants it serves a unique approach to recovery by providing them with recovery support services concurrent or directly following clinical treatment, and a choice in their path to wellness. Access to Recovery will further improve service delivery outcomes by:

- Identifying centralized ATR enrollment sites (Care Coordinators) that identify the needs of the participant and provides linkages to services that result in improved engagement and retention.

- Providing recovery support services that address issues which directly and positively impact substance abuse, thereby improving long-term recovery efforts;

- Identifying and strengthening integrated health referral pathways between the existing clinical provider network and federally qualified health centers;

- Recruiting and expanding the recovery support provider network to include faith-based and community-based providers;

- Fostering free, genuine and independent participant choice via the creation of an Access to Recovery provider directory which contains information regarding all eligible recovery support service providers for each recovery support service, as well as their contact information and hours of operation;

- Developing a comprehensive web-based data collection and voucher management system that is data driven to assure that resources are maximized across the system.

SAMHSA's DEFINITION of RECOVERY SUPPORT SERVICES

An array of non-clinical, adjunctive activities, resources, relationships and services designed to provide support and assistance to an individual as they reintegrate into the community, participate in clinical treatment or work to improve overall functioning as they maintain their long-term recovery goals.

Ohio's ATR project is consistent with a recovery oriented system of care model that integrates substance abuse treatment, primary care and recovery support services.

ATR covered services are managed through an electronic Voucher Management System (VMS). The Care Coordination providers enter electronic vouchers into the VMS for covered services. All ATR providers enter reimbursement information into the VMS when services have been provided. OhioMHAS reimburses the ATR provider for authorized services identified on the electronic voucher for services rendered.

OhioMHAS assures provider and participant input through stakeholder discussions, satisfaction surveys, and solicitation of client and staff feedback during site visits.

Participant Choice of Providers

Participants will access recovery support services by going to one of the approved, centralized Access to Recovery Care Coordination sites and completing the enrollment process. This process consists of verifying eligibility, completing the initial GPRA interview, and the identification of service-related needs. Each ATR participant will be assigned a Care Coordinator who will assist them with linkages to all choices made for the provision of services.

Under the terms of the Access to Recovery Program, SAMSHA requires that each participant be ensured "genuine, free, and independent choice of providers for needed recovery support services". For the purposes of the Access to Recovery Program, choice is defined as "a participant being able to choose from among at least two or more ATR network providers qualified to render the services needed, among them at least one provider to which the participant has no religious objection."

The federal funding for this grant is discretionary and ongoing funding is based on meeting identified targets and milestones. Further, funding is allocated to the state on an annual basis and will discontinue upon the end of this grant.

ATR Guiding Principles

Provider staff and volunteers must comply with both the guiding principles listed below and SAMHSA's Guiding Principles of Recovery. Provider staff who are licensed or certified in a specific profession must comply with the code of ethics for their profession as well as with the guiding principles, whichever is the higher standard.

- ATR clients and family members are treated with honesty, dignity, and respect.
- Providers shall abstain from alcohol or other drug usage prior to or during the provision of ATR services.
- Providers shall not accept commissions, gratuities, rebates, gifts, favors, or any other form of non-OhioMHAS payment for ATR services.
- Providers shall not misrepresent themselves or their qualifications, licensing or other accreditation requirements, education, experience, or status.
- Providers shall not perform services outside their area of expertise, scope of practice, training, or applicable license or other accreditation by the State of Ohio.
- Providers who are unable to provide a service to a client will refer the client to a provider qualified to provide that service.

- Providers shall not discriminate on the basis of color, age, gender, sexual orientation, national origin, socio-economic status, spiritual/faith beliefs, psychiatric or physical status, or culture, ethnic, or racial background.
- Providers shall not participate in false or fraudulent activities including, but not limited to, submission of claims for services not rendered, submission of false data, knowingly assisting another provider to enter false claims or data, charging a client for all or any part of a service, and/or providing false representation of credentials, qualifications, insurance, or licensure documents.

Ohio's Definition of Recovery

Recovery is the personal process of change in which Ohio residents strive to improve their health and wellness, resiliency, and reach their full potential through self-directed actions.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

- **Health**: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community**: relationships and social networks that provide support, friendship, love, and hope.

Guiding Principles of Recovery

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence is the safest approach for those with substance use disorders. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations including values, traditions, and beliefs are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to

address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

B. ATR Participant Eligibility

Eligibility Criteria for ATR Participants	
Criminal Justice Involved Adults	**Active Military/National Guard**
Resident of one of the ATR counties (or being released to)	Resident of one of the ATR counties
Age 18 or older	Age 18 or older
A positive screening for a substance use disorder or substance use disorder in remission as evidenced by a bio-social assessment with a diagnosis completed within the past 12 months from the enrollment date.	Substance use disorder or substance use disorder in remission
Income must be 200% or below the federal poverty guidelines.	Demonstrated need for ATR covered services.
Criminal justice-involved, living in the community (or being released to the community), may or may not be under supervision, CJ activity within 5 years of discharge for a misdemeanor or felony.	Not required to have criminal justice involvement
Currently engaged with an AoD Treatment agency or Specialty Docket Court.	

Care Coordination providers must maintain documentation of the following in each participants file:

- Client eligibility including proof of income,
- GPRA locator form,
- Assessment/Recovery Support screening tool,

- signed client participation policy,
- signed client choice form,
- signed releases of information
- ATR referral form
- Any copies of receipts for GAP Funds disseminated

C. ATR Provider Eligibility

ATR Provider Application Process

Prospective providers may submit a 2015 ATR IV Provider Application to the local ADAMH Board during the established application window posted on both the local ADAMH board website and the OhioMHAS website. The application will be scored by the local ADAMH Board. The ADAMH Board will recommend potential providers to OhioMHAS based on the scores. OhioMHAS and the local ADAMH Board will conduct a site visit to the prospective provider agency and determine if the provider will participate in the ATR grant.

The organizations that are chosen to participate in the ATR grant will then receive and sign the ATR IV Provider Agreement, and possibly Memorandums of Understanding with the local ADAMH Board. Please review the ATR IV Provider Agreement and the ATR Guiding Principles to ensure your agency can comply with all expected policies and procedures prior to submitting an application. The chosen ATR providers will receive training on the ATR process, enrollment procedures and voucher management system. OhioMHAS reserves the right to deny any application when there are sufficient numbers of ATR providers.

All eligible ATR applicants must be able to demonstrate the ability to work with the electronic voucher management system by ensure the following requirements are met:

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.

ATR Provider Program Administration and Organization Expectations

All Recovery Support providers participating in the Access to Recovery program must:

- Maintain a policy and procedure manual that contains the organization's purpose and philosophy;
- Establish a governing body (Board of Directors) that meets according to their by-laws to provide fiscal planning and oversight, ensures quality improvement in service delivery, establishes policies to guide the administrative operations of the organization, ensures responsiveness to the community and individuals being served, and delegates operational management to a program manager in order to effectively operate its services;
- Develop a plan of action for continuity of services in the event that the organization can no longer perform services due to facility incapacitation or loss of key personnel;
- Implement a policy to prevent conflict of interest which states that no employee or volunteer may use his or her position to secure privileges or advantages from any participant; and
- Implement a policy to ensure the work environment must be free from sexual harassment and verbal abuse and intimidation.

Personnel

- The organization shall ensure that staff possesses the training, experience, and credentials necessary to effectively perform their assigned services and duties related to the Access to Recovery program;
- The organization shall conduct an orientation for all new staff and/or volunteers within the first ten (10) days of employment. Orientation must include but is not limited to components of the Access to Recovery program and policies and procedures of the organization;
- The organization shall maintain a staffing pattern that guarantees full delivery of services;
- The organization shall maintain complete, confidential, and current personnel records for each staff and/or volunteer;
- The organization shall establish and maintain a written standard of conduct for all staff and/or volunteers;
- The organization shall not permit an employee to enter into a business relationship with a Access to Recovery participant or their family or employ them while the participant is receiving Access to Recovery funded services;
- The organization's employees and/or volunteers shall not engage in any conduct which is criminal in nature that would bring discredit upon their employer or the State of Ohio; and
- The organization shall ensure that each employee and/or volunteer is legally eligible to work and reside in the United States.
- Know and understand how to enforce the Ohio code for **participant rights** as designated by the providers' counties.

Criminal Background Checks

All agency staff that will provide direct services to participants served through the Access to Recovery program must be cleared through a state criminal background (BCII) check. A copy of

the criminal background check must be available for review. If the staff has been a resident of Ohio for less than three years, a federal background check is required.

Service Delivery

The Access to Recovery support services provider will:

1. Deliver services to participants as identified on the voucher created by the Care Coordinator at one of the Access to Recovery ATR enrollment sites;
2. Conduct initial contact with each participant referred within two (2) business days of receipt of referral;
3. Document participant service delivery by date and nature of encounters in the Access to Recovery VMS web-based system;
4. Coordinate participant services, as much as possible, with the clinical treatment provider as well as other recovery support service providers to ensure maximum participant outcomes;
5. Develop with the participant a written, recovery plan within two (2) business days of initial contact.
6. Communicate the need for ongoing services with assigned Access to Recovery Care Coordinator.
7. Maintain sufficient staffing to provide appropriate, effective, and efficient Access to Recovery services to participants based on needs;
8. Provide services at times and locations specified by the application, and the recovery plan.
9. Communicate with the Care Coordination staff as needed to assist in locating participants for interviews.
10. Capture all necessary releases of information and signatures as necessary.
11. Complete a discharge plan with each participant within 30 days of discharge from the program.

The Access to Recovery Program requires that all service providers' performance be based on the following applicable, measurable outcomes:

- abstinence from alcohol and other drug use;
- engagement with employment and/or education;
- reduction of crime and criminal justice (re-arrest) involvement;
- increased development of social support; and
- increasing access, capacity and engagement/retention in services.

All providers will be expected to develop provider outcomes and monitor participant outcome measurement information.

ATR Provider Program Policies

1) The facility shall establish therapeutically sound written program rules addressing participant behavior designed to protect their health, safety and welfare.

2) The consequences for violating program rules shall be defined in writing and shall include clear identification of violations that may result in discharge, The consequences shall be reasonable, take into account the participant's diagnosis/history and progress in recovery support services and shall not include:

- Physical discipline or measures involving the denial of food, water, sleep, or bathroom privileges; or
- Discipline that is authorized, supervised, or carried out by participants.

The facility shall enforce the rules fairly and objectively and shall not implement consequences for the convenience of the staff.

Record Keeping

All recovery support providers shall maintain an organized record for each participant that receives services. Participant records shall be maintained in a manner which ensures confidentiality and security. The organization must abide by all local, state, and federal laws and regulations concerning the confidentiality of records. If records are maintained on computer systems, there must be a backup system to safeguard records in the event of operator or equipment failure and to ensure security from inadvertent or unauthorized access. All records shall be retained for at least five (5) years or until all litigation, adverse audit findings, or both, are resolved. The organization shall assure ready access to the records by authorized staff of OHIOMHAS.

All entries in the individual participant record shall be legible, clear, complete, accurate, and recorded in a timely fashion. Any errors shall be marked through with a single line, initialed and dated. Documentation shall be made with indelible black or blue ink or print. All recovery support services shall, at a minimum, include the following documentation:

- Title of the service provided;
- Brief description of the services provided;
- Progress notes based on the recovery plan;
- ATR Sign in sheet that includes the following:
    - The date and beginning and ending times that the service was rendered; and
    - Name of the provider
    - Signature of the ATR participant acknowledging services were received
    - Name of the presenter *New!*
    - Name of the Service being Rendered (Peer Coaching, Employment Training Skills, Daily Living Skills including specific service delivered under Daily Living Skills)

Program Discharge

When a participant completes or terminates their engagement in ATR funded recovery support services, whether it is a planned discharge an unplanned discharge, ATR provider agencies are responsible for timely reporting of service completion, which includes date of discharge, reason

for discharge, and progress notes. The provider agency is also required to notify the participant's assigned care coordinator of the change in status.

Participant Confidentiality/HIPPAA

All providers of recovery support services that handle or maintain confidential alcohol or drug abuse treatment participant information shall follow the federal confidentiality regulations (42 CFR) related to the release of alcohol and drug abuse records.

All organizations that have been determined to be a covered entity as defined by HIPAA shall adhere to the policies and procedure that the HIPAA privacy rule requires.

Recovery Support Providers shall protect the privacy of individuals served and shall not disclose confidential information without express written consent, except as permitted by law. Recovery Support Provider's shall remain knowledgeable of, and obey all State and Federal laws and regulations relating to confidentiality of records relating to the provision of services. Neither staff nor participants shall discuss or divulge information obtained in clinical consulting relationships or group sessions except in appropriate settings and for professional purposes that demonstrably relate to the case. Confidential information acquired during delivery of services shall be safeguarded from illegal or inappropriate use, access, and disclosure, or from loss, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases. Staff will also inform participants of the privacy of the information disclosed in groups or other program settings.

Providers should use the unique client identification number assigned by the VMS when referring to an ATR client in written communications, including e-mail. The provider may not disclose protected health information in e-mail communications.

Nondiscrimination in the Delivery of Services

Pursuant to Title VI of the Federal Civil Rights Act of 1964, No eligible participant shall be denied any service enumerated in this agreement or be subjected to discrimination because of race, national origin, or color under any program to which Title VI of the Civil Rights Act of 1964 applies.

Pursuant to Section 504 of the Federal Rehabilitation Act of 1973, No otherwise qualified handicapped individual shall solely by reason of his handicap be excluded from participation in, be denied the benefits of or be subjected to discrimination under any program receiving federal or county financial assistance.

Civil Rights Compliance

Consistent with the requirements of the US Department of Health and Human Services, all for-profit and not-for-profit entities applying for funding are required to complete and submit a copy

of a CIVIL RIGHTS COMPLIANCE PLAN to include Affirmative Action Equal Opportunity and Limited English Proficiency Plans.

Insurance

As a condition of approval of the application, participating recovery support service providers must provide proof of insurance in the types and limits set forth as follows:

- Ohio Workers Compensation *
- Employers Liability Insurance *
- Commercial General Liability Insurance which includes personal injury, fire, legal etc. *
- Professional Liability for Medicaid Eligible Services (if applicable)*
- Commercial Automobile Liability (if transporting participants, which includes bodily injury and property damage on all automobiles owned and not owned and/or hired uninsured motorists).*
- Adolescent required info
- *State required limit $250,000 unless certifications, approvals, and the law states the insurance coverage must be higher.

Physical Safety

All individuals must be served in a safe facility. Recovery Support providers must provide proof of compliance with the Life Safety Code of the National Fire Protection Association http://www.cms.hhs.gov/CertificationandComplianc/11_LSC.asp, and local/state codes.

Copies of all inspections and correction of all cited deficiencies to assure compliance with applicable state and local fire safety and health requirements must be maintained. Additionally, all organizations must provide proof of occupancy and zoning permits.

The facility shall have written procedures for responding to medical and psychiatric emergencies.

Emergency numbers shall be posted by all telephones. The facility shall have a fully stocked first aid kit that is with supplies that are labeled for easy use.

Rights, Responsibilities and Grievance

All recovery support provider organizations shall demonstrate through its policies, procedures and practices an ongoing commitment to the rights, dignity, and respect of the individuals it serves. Each participant shall be informed and oriented as to what will happen as recovery support services are provided. Information shall include applicable program rules, participation requirements or other expectations.

The organization shall have in place and internal procedure for handling participant complaints and grievances.

Each participant shall be given the name, address, and phone number of the Access to Recovery Program Administer so that they may reach them should they wish to make a complaint of abuse, neglect or violation of rights.

Participant Grievance

Recovery Support Providers shall have a written grievance procedure. Staff shall give each participant a copy of the grievance procedure within 24 hours of admission and explain it is clear, simple terms that the participant can understand.

Should a participant feel or believe that they have cause to file a grievance; staff shall tell participants that they can:

- File a grievance about any violation of participant rights or organization rules;

- Submit a grievance in writing and get help it if they are unable to read or write; and
- Request writing materials, postage and access to a telephone for the purposes of filing a grievance.
- The procedure shall also inform participants that they can submit a complaint directly to the Access to Recovery Program.

Recovery Support Providers shall:

- Evaluate the grievance thoroughly and objectively, obtaining additional information as needed;
- Provide a written response to the participant within seven (7) business days of receiving the grievance;
- Take action to resolve all grievances promptly and fairly; and
- Document all grievances, including the final disposition, and keep the documentation in a central file.

Recovery Support Providers shall not:

- Retaliate against participants who try to exercise their rights or file a grievance; or
- Restrict, discourage, or interfere with participant communication with an attorney or with OHIOMHAS for the purposes of filing a grievance. ATR participants are able to submit grievances to:

1. The local ADAMH or ADAS Board
2. The ATR Provider
3. OhioMHAS
4. Disability Rights Ohio

D. ATR Covered Services

For the purposes of the ATR project, OhioMHAS has established the ATR covered services list below. In general, individuals participating in ATR choose the covered service/services they are interested in receiving and the ATR provider they would like to deliver the services. The care coordinator works with the participant to establish the amount, frequency and duration of these services. (Generally up to $1,300)

1. Care Coordination Services

All ATR participants receive Care Coordination; the central service to receive ATR covered services. Care Coordination service providers establish and maintain relationships with the ATR participants to assist in identifying and accessing appropriate ATR covered services. ATR vouchers for services are opened by the care coordinator agency. Generally, up to $300 in ATR funding is available in total for the following care coordination services:

- Care Coordination with Screening, Enrollment, GPRA Intake Interview
- Care Coordination Recovery Check-up
- Care Coordination with GRPA Discharge Interview
- Care Coordination with GPRA Follow – up Interview

While participant choice is a core requirement of ATR, ATR funding is not an entitlement. Care coordination providers have the responsibility to determine the appropriate use of funding and amount of funding as related to a participants recovery goal. Each care coordinator is assigned an admission cap each quarter.

2. Recovery Support Services

All ATR enrolled participants are eligible to receive recovery support services. Participants select recovery support services that best meet their needs through the care coordination process. Generally, up to $1,300 in ATR funding is available in total for the following recovery support services:

Recovery Support Service	Definition
Peer Recovery Coaching	Mutual assistance in promoting recovery may be offered by other persons who have experienced similar substance abuse challenges. These services focus more on wellness than illness. Mentoring includes peer mentoring which refers to services that support recovery and are designed and delivered by peers—people who have shared the experiences of addiction recovery. Recovery support is included here as an array of activities, resources, relationships, and services designed to assist an individual's integration into the community, participation in treatment, improved functioning or recovery.
Life Skills	Life skills services address activities of daily living, such as budgeting, time management, interpersonal relations, household management, anger management, and other issues.
Spiritual and Faith Based Support	These services assist an individual or group to develop spiritually. Activities might

	include, but are not limited to, establishing or reestablishing a relationship with a higher power, acquiring skills needed to cope with life-changing incidents, adopting positive values or principles, identifying a sense of purpose and mission for one's life, and achieving serenity and peace of mind. Faith-based services include those provided to clients and using spiritual resources designed to help persons in recovery to integrate better their faith and recovery. Such services are usually provided in a religious or spiritual setting by spiritual leaders or other staff who are knowledgeable about the spiritual values of the community and are equipped to assist individuals in finding spirituality. Services include, but are not limited to, social support and community-engagement services, faith, or spirituality to assist clients with drawing on the resources of their faith tradition and community to support their recovery; mentoring and role modeling; and pastoral or spiritual counseling and guidance
Employment Services and Job Training	These activities are directed toward improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, résumé writing, interviewing skills, and tips for retaining a job. Other services include training in a specific skill or trade to assist individuals to prepare for, find, and obtain competitive employment such as skills training, technical skills, vocational assessment, and job referral.
Recovery Housing	Recovery housing is housing for individuals recovering from drug or alcohol addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance. Recovery housing shall not limit a resident's duration of stay to an arbitrary or fixed amount of time. Instead, each resident's duration of stay shall be determined by the resident's needs, progress, and willingness to abide by the recovery housing's protocols, in collaboration with the recovery housing's owner, and, if appropriate, in consultation and integration with a community addiction services provider.
GAP- Transportation	Commuting services are provided to clients who are engaged in treatment- and/or recovery support-related appointments and activities and who have no other means of obtaining transportation. Forms of transportation services may include public transportation or may include a licensed and insured driver who is affiliated with an eligible program provider.

****Recovery housing will need to be augmented with other local funding to ensure there is an opportunity for an individual to receive funding for up to six months.***

3. Treatment Services

Active Military/National Guard personnel may select substance abuse treatment services through the care coordination process. Generally, up to $1,300 in ATR funding is available in total for the following services:

Service Name
Assessment
Outpatient (Group or Individual)

F. ATR Referral Process

Participants choose their own providers from the ATR provider network. Again, for the purposes of this project, choice is defined as "a participant being able to choose from among at least two or more network providers qualified to render the services needed by the participant, among them at least one provider to which the participant has no religious objection." As a result, Access to Recovery will not guarantee a specific number of referrals for any specific participating provider.

Marketing is the sole responsibility of the provider.

All prospective ATR participants are referred to the care coordinator. The referring entity will submit the following documents to the care coordinator and schedule an appointment:

- Completed ATR referral sheet
- A copy of the latest assessment (cannot be more than 12 months old)
- Signed Release of information

The ATR care coordinator will:

- Verify Eligibility
- Complete the Recovery Support/Assessment Screening Tool
- Enroll the participant into the VMS system
- Complete the intake GPRA
- Complete all ATR documentation
    - Verification of Choice Model
    - Client Participation Policy
    - Release of Information
    - GPRA Locator Form
- Determine with the participant the array of services
- Contact the Provider of Choice
- Create a voucher for service (1st voucher limited to up to 90 days)
- Refer ATR participant to ATR provider
- Conduct Recovery Check-Ups (at least one each month up to 6)
- Discharge GPRA
- 6 Month Follow-Up GPRA

The ATR provider will:

- Engage the ATR participant within 72 hours
- Review the voucher and develop a recovery plan with the ATR participant
- Sign all Orientation Packet documents
  - Locator Form (contact information)
  - Service Plan Form(s)
  - Program Rules/ House Rules
  - Discharge Form
  - Sign In Sheets
  - Progress Notes
- Serve the ATR participant adhering to all OhioMHAS guiding principles, policies, and procedures
- Submit reimbursement requests through the VMS including narrative notes on services rendered

G. Vouchers

All ATR covered services are assigned through the Voucher Management System with a voucher. The voucher will identify the services that are reimbursable, the length of the voucher, and the reimbursement rate. When a voucher is opened, the VMS sends an electronic notification to the ATR provider. It is the responsibility of the care coordination services provider to facilitate the participant-selected referral, including contacting the referral provider to coordinate care.

No ATR provider may expect reimbursement for services rendered to an individual that are outside of the voucher dates or services identified on the voucher. A voucher must be opened for service with available resources remaining in order to expect reimbursement.

ATR MUST BE THE PAYOR OF LAST RESORT.

OhioMHAS reserves the right to change the expenditure limits or revise funding or terminate vouchers based on the availability of ATR funds at any time.

H. GPRA Data Collection

Care Coordination must meet face-to-face with ATR clients to collect and submit required GPRA Intake Interviews.
The GPRA Discharge and Follow-up Interview may be completed face-to-face or by telephone.

Providers with a cooperative agreement with OhioMHAS to provide care coordination services collect GPRA (Government Performance Results Act) data at three specific times, using the GPRA tool in the VMS and/or a paper GPRA:

1. GPRA Intake

GPRA intake information is completed during the face-to-face ATR enrollment with GPRA Intake Interview that initiates admission to the ATR project.

2. GPRA Discharge

GPRA discharge information is completed during the face-to-face or by telephone Care Coordination with GPRA Discharge Interview conducted on the date of discharge from the ATR project.

- If an ATR participant does not present on the scheduled day of discharge, the care coordinator should arrange to meet with the participant to complete the Care Coordination with GPRA Discharge Interview within 14 calendar days.
- If an ATR participant has not received services for 30 consecutive days, the care coordinator should arrange to meet with the participant to complete the Care Coordination with GPRA Discharge Interview within 14 calendar days of the 30th day of inactivity.
- If the Care Coordination with GPRA Discharge Interview cannot be completed within 14 calendar days of the discharge date, the care coordinator should submit an Administrative Discharge by completing sections A, J, and K of the GPRA tool.
- In the event a GPRA Discharge Interview occurs prior to completion of the GPRA Follow-up Interview, the Care Coordination provider is still required to locate the participant to complete the GPRA Follow-up Interview.

3. GPRA Follow-up

GPRA follow-up information is completed during the Care Coordination with GPRA Follow-up Interview conducted between five and eight months after the date of the participant's admission to the ATR project.

- The Care Coordination with GPRA Follow-up Interview should be scheduled during the ATR enrollment for between five and eight months from the admission date.
- ATR participants who complete a Care Coordination with GPRA Follow-up Interview receive up to a $20 gift card from the care coordinator.
  - The reimbursement rate for Care Coordination with GPRA Follow-up Interview covers the provider's purchase, management, and distribution of client gift cards.
  - The distribution of client gift cards should be documented as indicated on the ATR receipt form.

SAMHSA policy requires that after 30 days of no activity, defined as no receipt of any ATR covered service, the client should be discharged from ATR. The GPRA Discharge Interview and GPRA Follow-up Interview must still be completed within the required timeframes. There is no opportunity to re-enroll into the ATR program once a client is discharged.

GPRA interviews must be entered into the VMS within seven calendar days of the date of the interview. All care coordinators will be trained on how to properly administer the GPRA.

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Follow-up is a key requirement of the ATR grant.
Care coordinators must conduct GPRA Follow-up Interviews with at least 80% of their ATR clients.

I. Monitoring and Evaluation

OhioMHAS monitors and evaluates ATR services and providers. Monitoring and evaluation areas include, but are not limited to, client eligibility, provider eligibility, provider facilities and policies, service documentation, voucher and encounter data, GPRA reporting, provider incidents, and satisfaction surveys. OhioMHAS will conduct site visits and may talk with ATR clients and with provider staff. Providers are generally notified of planned site visits in advance but OhioMHAS retains the right to conduct site visits at OhioMHAS's discretion.

Providers who do not meet requirements as stated in the 2015 ATR IV Provider Manual and the cooperative agreement may receive technical assistance from OhioMHAS and may be required to conduct corrective action. Certain violations, safety concerns, or performance below established requirements may result in termination of the provider's cooperative agreement.

OhioMHAS reserves the right to terminate the cooperative agreement **at any time** with a 30 day notice.

1. Client Rights

The provider and client shall review client rights as outlined on *Access to Recovery – Client Rights Document* and a signature is required for ATR clients.

2. Complaints

Providers must have a policy for handling client complaints. ATR clients may file a complaint with OhioMHAS by writing to:

Ohio Department of Mental Health & Addiction Services
30 E. Broad Street
36th Floor
Attention: Alisia Clark

Columbus, Ohio 43215

3. Incident Reporting

a. **Critical Incidents** are those events that occur while a client is receiving ATR services that negatively impact the client, client's family, other individual or the ATR program including but not limited to:

- Any violation of participant rights, including but not limited to, allegations of abuse, neglect, and exploitation;
- Accidents and injuries;
- Medical emergencies;
- Psychiatric emergencies;
- Medication errors;
- Illegal or violent behavior;
- Loss of a participant record;
- Personal or mechanical restraint or seclusion;
- Release of confidential information without participant consent;
- Fire;
- Death of an active outpatient or residential participant (on or off the program site);
- Participants absent without permission from a residential program;
- Suicide attempt by an active participant (on or off program site);
- Medical or psychiatric emergencies that result in admission to an inpatient until of a medical or psychiatric facility; and
- Any other significant disruptions.

The incident report will be completed within 24 hours of the occurrence of an incident on-site, of within 24 hours of when staff became aware of, or reasonably should have known of an incident that occurred off-site. The incident report will provide a detailed description of the event including the date, time, location, individuals involved, and action taken. The staff person completing the report will sign it and record the date and time it was completed. All incident reports will be stored in a single, separate file.

The Director or the Director's designee will be responsible for reviewing incident reports and all incidents will be evaluated to determined opportunities to improve or address program and staff performance.

Providers must submit an Incident Report into the VMS
Within 24 hours of becoming aware of the incident.

b. A **Provider Incident** is reported when a provider action is believed to be out of compliance with Provider Manual or cooperative agreement requirements. For

this purpose, individuals can submit an incident report to a care coordinator or OhioMHAS.

Follow-up on reported incidents may include, but is not limited to, technical assistance, requirement of corrective action, funding repayment, cooperative agreement revision or termination, or determination that no inappropriate incident occurred.

4. Client Satisfaction Surveys

The ATR Client Satisfaction Survey is administered by care coordination services providers during their Care Coordination with Follow-up GPRA Interview. When Follow-up GPRA Interviews are completed by telephone, care coordinators may obtain client satisfaction survey responses by telephone. Provider's mail or email completed surveys to OhioMHAS at:

Ohio Department of Mental Health & Addiction Services
30 E. Broad Street
36th Floor
Attention: Alisia Clark
Columbus, Ohio 43215

5. Fraud, Abuse, and Waste Monitoring

OhioMHAS takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the ATR project.

a. For ATR project purposes, fraudulent practices include, but are not limited to:

- falsifying information on the provider application or omitting relevant material facts
- misrepresenting staff credentials or qualifications or billing for services provided by unqualified staff
- falsifying client files, records, or other documentation
- billing for services not rendered
- billing multiple times for the same service
- accepting payment for services not rendered
- improper billing to clients for services rendered

b. For ATR project purposes, abusive practices include, but are not limited to:

- making improper diagnoses for the purposes of ATR eligibility
- providing services that are not necessary or services that are inappropriate for the participant
- knowingly not billing a primary payor for an eligible participant
- offering or accepting payment to refer participants to a particular provider
- coercing a participant to choose a particular provider
- misrepresenting participant outcomes

c. If a provider or any of its employees, volunteers, or board members commits client abuse, neglect or exploitation; malpractice; or fraud, embezzlement, or other serious misuse of funds, OhioMHAS may terminate the provider's participation in the ATR project immediately upon written notice to the provider and may seek repayment of funds.

d. If a participant commits fraud or other serious misuse of funds, OhioMHAS may terminate the individual's participation in the ATR project immediately upon written notice to the participant and providers and may seek repayment of funds.

Fiscal

All faith-based and community-based providers of recovery support services shall operate according to an annual written budget of anticipated revenues and expenditures that is approved by a governing body. Fiscal reports should be prepared at least annually and shared with the governing body and highlight a comparison of the budget to the actual expenditures.

The organization shall have fiscal management policies, procedures, and practices consistent with generally accepted accounting principles and, as applicable, state and federal law, regulation and funding requirements.

The organization shall utilize financial activity measures to monitor and ensure its ability to pay current liabilities and to maintain adequate cash flow.

Fiscal records shall be retained for at least five years or until any litigation or adverse audit findings, or both, are resolved.

Recovery support organizations that receive federal funds through this grant are subject to the basic audit and reporting requirements of the grant. These requirements are necessary to assure that federal dollars have been spent properly on legitimate costs. Therefore, it is important to keep accurate records of all services and/or transactions that are submitted for reimbursement by federal dollars.

6. Programming and Licensure Changes

It is the provider's responsibility to inform OhioMHAS of any change in licensure/certification status, location, staffing and/or other qualifications in programming that may affect the provider's ability to provide ATR covered services.

M. Communication

All ATR providers and care coordinators are expected to participate in monthly conference calls, quarterly face to face meetings, and all ATR sponsored technical assistance trainings offered.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
CARE COORDINATION SERVICES			
Care Coordination with Screening, Enrollment, GPRA Intake Interview One time, face-to-face meeting with a prospective ATR client conducted prior to admission to ATR to determine client eligibility for ATR participation as well as client needs and requests for specific ATR covered services. Includes the following ATR forms: • *ATR Screening Form* • *GPRA Locator* • *Release of Information* • *Client Choice Form* Includes: • Verify Eligibility • Complete the *ATR Screening Tool* • Enroll the client into the VMS system • Complete the intake GPRA • Complete all ATR documentation • Verification of Choice Model • Client Participation Policy • Release of Information • Complete Locator Form • Determine with the client the array of services • Contact the Provider of Choice • Create a voucher for service (limited to up to 90 days) • Refer ATR client to ATR provider	Unit = 1 session Total available units = 1	Unit rate = $125	Person delivering the service must be age 18 or older and be employed by and qualified by: • a licensed substance abuse treatment program, and • an organization with a cooperative agreement with OhioMHAS to provide ATR Care Coordination.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
Care Coordination Recovery Check-up On-going, face-to-face or telephone meetings with client, conducted as needed to coordinate and support client access to, participation in, and continuation in ATR covered services. Includes: • discussing client participation in chosen ATR covered services • supporting client continuation in ATR • entering vouchers for additional ATR covered services, as needed	Unit = 10 minutes Total available units = 6	Unit rate = $10.00	Person delivering the service must be age 18 or older and be employed by and qualified by: • a licensed substance abuse treatment program, and • an organization with a cooperative agreement with OhioMHAS to provide ATR Care Coordination.
Care Coordination with GPRA Discharge Interview One time, face-to-face or telephone meeting with client, conducted at discharge from ATR, to review client participation in ATR covered services and to complete GPRA Discharge Interview. Includes: • completing the GPRA Discharge Interview and entering it in the ATR VMS • entering the encounter in the VMS	Unit = 1 meeting Total available units = 1	Unit rate = $40	Person delivering the service must be age 18 or older and be employed by and qualified by: • a licensed substance abuse treatment program, and • an organization with a cooperative agreement with OhioMHAS to provide ATR Care Coordination. .

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
Care Coordination with GPRA Follow-up Interview One time, face-to-face or telephone meeting with client, conducted six months following admission to ATR, to assess satisfaction with ATR and to complete GPRA Follow-up Interview. Includes the following ATR *Provider Manual* form: • *Client Satisfaction Survey* Includes: • completing the GPRA Follow-up Interview and entering it in the ATR VMS • giving client up to $20 incentive card • entering the encounter in the ATR VMS	Unit = 1 meeting Total available units = 1	Unit rate = $75	Person delivering the service must be age 18 or older and be employed by and qualified by: • a licensed substance abuse treatment program, and • an organization with a cooperative agreement with OhioMHAS to provide ATR Care Coordination.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
SUPPORTIVE SERVICES (GAP), RECOVERY SUPPORT AND BEHAVIORAL HEALTH SERVICES			
GAP Fund-Co-Pays and Naloxone Out-of pocket fees assessed to clients for Ohio funded substance abuse treatment services. ATR will pay the assessed client out-of-pocket co-pay up to $250. Only co-pays based on ATR substance abuse treatment services may be covered. Eligible ATR clients must be enrolled in an OhioMHAS certified treatment agency receiving treatment services to qualify for this service. This service is intended to allow individuals to remove barriers to access to treatment services. Only one covered service co-pay may be billed per day. Includes: • documenting need • entering each encounter in the ATR VMS	Unit = 1	Unit rate = $1 Maximum of $250	Person delivering the service must be employed by and qualified by an OhioMHAS certified substance abuse treatment program with a cooperative agreement with OhioMHAS to provide care coordination. The Naloxone voucher can be used to fund the education, and kit.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
GAP Fund- Vision Assistance provided to clients for the purchase of items or services that support improved health. This may include an eye exam or the purchase of eye glasses/contact lenses. This service does not cover costs associated with treatment for general medical/health related issues. The Care Coordination provider enters the voucher for GAP Fund-Vision. The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS. Includes: • entering the voucher in the ATR VMS • documenting the distribution of funding • entering each encounter in the ATR VMS	Unit = $1	Unit rate = $1 Maximum of $250	Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with OhioMHAS to provide GAP Fund-Vision. Individuals receiving GAP Funds must be currently participating in a clinical treatment setting or a recovery support service.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
GAP Fund-Sober Living Activities Participation for ATR clients in an organized recreational or social event for recovering persons and family members such as: • recovery dance • sports team • organized community recovery events • gym membership The Care Coordination provider enters the voucher for approved Sober Living Activities and funding. The Care Coordination provider pays for the activity directly, consistent with the voucher, obtains a receipt documenting payment for the activity, and enters the encounter in the VMS. Includes: • entering the voucher in the ATR VMS • documenting each service in the provider's records	Unit = 1	Unit rate = $1 Maximum of $100	Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with OhioaMHAS to provide Sober Living Activities. Individuals receiving GAP Funds must be currently participating in a clinical treatment setting or a recovery support service.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
GAP Fund- Identification Assistance with obtaining necessary identification that includes but not limited to: • birth certificate • state identification • social security card The Care coordination provider enters the voucher for GAP Fund-Identification. The care coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment and reimburses the agency. Includes: • entering the voucher in the ATR VMS • documenting the distribution of funding • entering each encounter in the ATR VMS	Unit = 1	Unit Rate = $1 Maximum of $100	Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with OhioMHAS to provide GAP Fund-Identification. Individuals receiving GAP Funds must be currently participating in a clinical treatment setting or a recovery support service.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
GAP Fund- Dental Assistance provided to clients for the purchase of items or services that support improved health. This may include an dental exam or the purchase of dentures/fillings/cleaning etc. This service does not cover costs associated with treatment for general medical/health related issues. The Care Coordination provider enters the voucher for GAP Fund-Dental. The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS. Includes: • entering the voucher in the ATR VMS • documenting the distribution of funding • entering each encounter in the ATR VMS	Unit = 1	Unit rate = $1 Maximum of $250	Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with OhioMHAS to provide GAP Fund-Dental. Individuals receiving GAP Funds must be currently participating in a clinical treatment setting or a recovery support service.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
GAP Fund-Transportation Transportation by bus to and from an activity related to the client's recovery. A provider with a cooperative agreement with OhioMHAS to provide Care coordination ATR Transportation - Bus may purchase and distribute bus passes to clients or otherwise pay for client bus transportation and be reimbursed through ATR. Prior to the distribution of additional bus passes, individuals must provide/show their previous months bus pass to Care Coordination staff. Failure to provide/show their previous month's bus pass may result in the loss of all future bus passes. Includes: • entering the voucher in the ATR VMS • documenting each service in the provider's records • documenting the distribution of funding • entering each encounter in the ATR VMS	Unit = 1	Unit rate = $1 Maximum of $250	Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with OhioMHAS to provide Transportation. Individuals receiving GAP Funds must be currently participating in a clinical treatment setting or a recovery support service.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
Recovery Housing Housing for individuals recovering from drug or alcohol addiction that provides a drug or alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance. Transportation costs are included in the unit rate. This service must be augmented by a local funding source to ensure the ATR client has an appropriate amount of time to develop healthy habits and obtain employment. A voucher for recovery housing would not be opened unless there is additional funding dedicated by the local system to secure the opportunity for the length of stay to be person centered. Includes: • documenting each service in the provider's client records • developing and documenting recovery goals in the *Recovery Plan* • entering each encounter in the ATR VMS	Unit = 1 day	Unit rate = $25 $1,500 Maximum from ATR	Person delivering the service must be age 18 or older and have a cooperative agreement with OhioMHAS to provide ATR Recovery Housing. Additional eligibility requirements include: • Recovery housing should have protocols for the following: (1) administrative oversight; (2) quality standards; and, (3) policies and procedures, including house rules to which its residents must comply. • Recovery housing does not include residential facilities subject to licensure pursuant to section 5119.34 of the Revised Code. All recovery housing operators applying to receive ATR reimbursement must have a recovery housing fidelity review from an agency that OhioMHAS approves. All ATR participants must be offered the opportunity for at least six months of funding for recovery housing. The organization must have a documented history of providing Recovery Housing during the 12 consecutive months immediately prior to the date of application to become an ATR provider.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
Employment Services and Job Training Face-to-face meetings, provided on an individual or group basis between the client and an employment skills trainer to discuss routine recovery issues from a peer perspective. Transportation costs are included in the unit rate. This service is not intended as a substitute for clinical counseling.. Includes: • documenting each service in the provider's client records • developing and documenting recovery goals in the *Recovery Plan* • entering each encounter in the ATR VMS	Unit = 1 hour Total available units per month = 16	Unit rate = $35	Person delivering the service must be age 18 or older and be employed by or have a formalized volunteer relationship with an organization that has a cooperative agreement with OhioMHAS to provide ATR Employment Services and Job Training. Credentials, Certifications, and education received to conduct Employment Services must be identified. The organization must have a documented history of providing Employment Services and Job Training during the 12 consecutive months immediately prior to the date of application to become an ATR provider.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
Peer Recovery Coaching Face-to-face meetings, provided on an individual basis between the client and a Recovery Peer Coach to discuss routine recovery issues from a peer perspective. Transportation costs are included in the unit rate. This service is not intended as a substitute for clinical counseling.. Includes: • documenting each service in the provider's client records • developing and documenting recovery goals in the *Recovery Plan* • entering each encounter in the ATR VMS	Unit = 1 hour Total available units per month = 16	Unit rate = $25	Person delivering the service must be age 18 or older and be employed by or have a formalized volunteer relationship with an organization that has a cooperative agreement with OhioMHAS to provide ATR Peer Recovery Coaching. Additional eligibility requirements include: • Must be a person in recovery from a substance use disorder, have worked on their own recovery, and be willing to share those experiences • Must have documented training in peer recovery coaching or peer facilitation or peer support that is acceptable to OhioMHAS • A 40 in person peer training, taking the 16 hour online ebased academy training, and passing the peer training test. • 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.) Peer Recovery Coach position and employee must be covered under the organization's personnel and liability policies.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
Life Skills Individuals/Agencies working with clients to develop the skills that help individuals make informed decisions, communicate effectively, and develop self-management skills that may assist their recovery. This includes involvement and assistance to obtain housing, assistance with subsidy applications and funding applications, obtaining basic needs, basic financial planning and assisting in providing community linkages. These services may be provided in an office setting or in the community. Includes: • documenting each service in the provider's client records • entering each encounter in the ATR VMS • cost of transportation	Unit = I hour Total available units per month = 16	Unit rate = $25	Person delivering the service must be age 18 or older and be employed by and qualified by an organization which has documented experience in providing referrals, linkages, and coordination of multiple services, and have a cooperative agreement with OhioMHAS to provide ATR Life Skills. Credentials, Certifications, and education received to deliver Life Skills must be identified. The organization must have a documented history of providing Life Skills during the 12 consecutive months immediately prior to the date of application to become an ATR provider.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
Spiritual and Faith Based Support Face-to-face spiritual counseling or guidance with the client to address spiritual issues that negatively impact recovery or that can support recovery, including, establishing/re-establishing a relationship with a higher power, acquiring skills to cope with life-changing incidents, adopting positive values/ principles, identifying a sense of purpose/mission for one's life, achieving serenity/peace of mind, responsible decision-making, social engagement, and family responsibility. Includes: • documenting each service in the provider's client records • entering each encounter in the ATR VMS • maintaining a summary of progress for each ATR client	Unit = 1 hour Total available units per month = 12 for individual 16 for group	Unit rate = $50 for individual counseling $25 for group counseling	Person delivering the service must be: 1) duly ordained, commissioned or licensed minister or equivalent, pastor, bishop, deacon, evangelist, rabbi, imam or other whom is given ministerial status according to the procedure followed by a particular faith's denomination, or 2) an individual with an active relationship with a local religious body and with that religious body's endorsement to minister to clients and with demonstrated experience and/or education in the field of faith-based services, or 3) an individual that meets traditional and recognized standards as defined within a respective Native American tribal community and have an endorsement from that tribal community, or 4) a master's level professional licensed at the independent level of practice with documented experience and/or education in spiritual counseling, group or individual private practice, hospital with a cooperative agreement with OhioMHAS to provide ATR Spiritual and Faith Based Support. The organization or individual must have a documented history of providing Spiritual and Faith Based Support during the 12 consecutive months immediately prior to the date of application to become an ATR provider.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
Assessment- 3793:2-01-08 (K) Assessment service means the evaluation of an individual to determine the nature and extent of his/her abuse, misuse and/or addiction to alcohol and/or other drugs. Assessment services shall consist of time limited, structured, face-to-face sessions.	Unit = 1 hour Total Unit available = 1	Unit rate = $96.24	Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with OhioaMHAS to provide Assessments and/or Care Coordination. Agency must be a certified OhioMHAS treatment agency.

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	**Unit of Service**	**Payment Rate**	**Required Qualifications**
Outpatient Treatment-Outpatient is defined as (N) Individual counseling involves a face-to-face encounter between a client or client and family member and a counselor. Individual counseling means the utilization of special skills to assist an individual in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making and/or discussing didactic materials with regard to alcohol and other drug related problems. Individual counseling services can be provided at a program site certified by the Ohio department of alcohol and drug addiction services or in the client's natural environment. (O) Group counseling means the utilization of special skills to assist two or more individuals in achieving treatment objectives. This occurs through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making and/or discussing information related to alcohol and other drug related problems. Group counseling services shall be provided at a program site certified by the Ohio department of alcohol and drug addiction services or in the client's natural environment. The client to counselor ratio for group counseling shall not be greater than twelve to one. Group counseling shall be documented per paragraphs (M) and (N) of rule 3793:2-1-06 of the Administrative Code. Group sessions, which focus on helping individuals increase awareness and knowledge of the nature, extent and harm of their alcohol and drug addiction do not have a client to counselor ratio requirement. Such group sessions can consist of lecture, viewing a video or a structured discussion session and shall be documented per paragraph (O)(1) of rule 3793:2-1-06 of the Administrative Code. The provision of this type of group session shall not eliminate the requirement for group counseling in outpatient and residential treatment.	Unit = 1 hour	Unit rate = $87.28 for individual counseling $38.08 for group counseling	Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with OhioaMHAS to provide ATR Outpatient Individual /ATR Outpatient Group Agency must be a certified OhioMHAS treatment agency. ONLY military service members are eligible for the ATR Treatment services.