

**ATR IV Client Allowable Cost May 1, 2016 updated 4/25/16**

| SERVICES   | QUALIFICATIONS | MAX COST PER UNIT   | UNIT        | COMBINED MAX REIMBURSED AMOUNT FOR SERVICE VOUCHERS | MONTHLY SERVICE VOUCHER LIMITATIONS PER CLIENT   | ALL REIMBURSEMENT REQUEST DESCRIPTIONS MUST INCLUDE THE FOLLOWING INFORMATION OR THE SUBMISSION WILL BE REJECTED BY THE FISCAL COORDINATOR  |
|--|----------------|---------------------|-------------|---|--|---|
| <b>Treatment Services:</b>   |                |                     |             |   |  |   |
| Assessments  | Qualified      | \$96.24             | Total       | \$96.24   | One per client Active Military ONLY  | The participant is an active service member   |
| Outpatient Individual Counseling   | Qualified      | Varies: Max \$87.28 | Per Hour    | \$1,200   | Active Military ONLY   | The participant is an active service member   |
| Outpatient Group Counseling  | Qualified      | Varies: Max \$38.08 | Per Hour    | \$1,200   |  |   |
| <b>Recovery Support: ATR PROVIDERS MAY NOT SEEK REIMBURSEMENT FOR MORE THAN 4 HOURS OF RECOVERY SUPPORT SERVICES PER DAY PER PARTICIPANT</b> |                |                     |             |   |  |   |
| Employment Skills Training Soft Skills   | Approved       | \$35                | Per Hour    | \$1,200   | Employment Skills is limited to no more than 16 one hour sessions per month no more than 2 hours per day may be billed to ATR (Keep in mind this service is for Soft Skills only and not to reimburse for labor or vocational based employment skill)          | Enter the name of the individual who delivered the service. Enter the exact subject(s) covered during the class. Enter a progress note based on the recovery plan established. Enter the topic for the upcoming class. Identify if this was a group service (list how many attendees) or if it was a one to one training.   |
| Spiritual Support-Individual   | Qualified      | \$50                | Per Hour    | \$1,200   | Spiritual Support is limited to 12 one hour sessions per month (combined group and individual) no more than 2 hours per day may be billed to ATR   | Enter the name of the individual who delivered the service. Enter a progress note based on the recovery plan established. Enter the topic for the upcoming session. Verify that this was an individual one to one service.  |
| Spiritual Support-Group  | Qualified      | \$25                | Per Hour    | \$1,200   | Spiritual Support is limited to 16 one hour sessions per month (combined group and individual) no more than 1 hour per day may be billed to ATR  | Enter the name of the individual who delivered the service. Enter a progress note based on the recovery plan established. Enter the topic for the upcoming session. Identify how many individuals were in this group session.   |
| Daily Living Skills  | Approved       | \$25                | Per Hour    | \$1,200   | Daily Living is limited to no more than 16 one hour sessions per month no more than 2 hours per day may be billed to ATR   | Enter the name of the individual who delivered the service. Enter the exact subject(s) covered during the class. Enter a progress note based on the recovery plan established. Enter the topic for the upcoming class. Identify if this was a group service (list how many attendees) or if it was a one to one training.   |
| Recovery Coaching  | Qualified      | \$25                | Per Hour    | \$1,200   | Recovery Coaching is limited to no more than 16 one hour sessions per month no more than 2 hour per day may be billed to ATR   | Enter the name of the recovery coach delivering the service. Enter a progress note based on the recovery plan established. Verify that this was a face to face encounter.   |
| Drug Free Supportive Transitional Housing  | Approved       | \$25                | Per day     | \$1,500   | Please check with Benefit Coordinator for RH information each county is unique. 60 days of recovery housing paid by ATR the other days must be funded by an alternative source client must receive a person centered length of stay.                           | Enter a progress note based from the recovery plan established. Verify the address of the resident.   |
| <b>GAP Funds</b>   |                |                     |             |   |  |   |
| GAP Funds-Identification   | Approved       |                     | Per Unit    | \$100   | All GAP vouchers combined can not exceed \$250. The cost of the GAP Voucher is taken out of the clients eligible \$1000.   | Enter the service funded under this category. Enter the amount funded. Enter a brief justification of the service funded under this category.   |
| GAP Funds-Dental   | Approved       |                     | Per Unit    | \$250   | Please check Medicaid Eligibility First  | Enter the service funded under this category. Enter the amount funded. Enter the dates of the service funded in this category. Enter a brief justification of the service funded under this category.   |
| GAP Funds-Vision   | Approved       |                     | Per Unit    | \$250   | Please check Medicaid Eligibility First  | Enter the service funded under this category. Enter the amount funded. Enter the dates of the service funded in this category. Enter a brief justification of the service funded under this category.   |
| GAP Funds-Co-Pays  | Approved       |                     | Per Unit    | \$250   | For Treatment Services ONLY  | Enter the service funded under this category. Enter the amount funded. Enter the dates of the service funded in this category. Enter a brief justification of the service funded under this category.   |
| GAP Funds-Sober Living Activities  | Approved       |                     | Per Unit    | \$100   | Wellness Services  | Enter the service funded under this category. Enter the dates of the service funded in this category. Enter a brief justification of the service funded under this category.  |
| GAP Funds-Transportation   | Approved       |                     | Per Unit    | \$250   | Public Transportation bus passes must be billed one bus pass at a time and reimbursed for the rate of the one bus pass only. For monthly bus passes, the participant must return the bus pass to the benefit coordinator before a new bus pass is distributed. | The number of Bus passes given to the client to date. The beginning and ending date the bus pass is issued for. The date the client is eligible to pick up a new bus pass. For example 1 - 31 day bus pass (1/1/16 - 1/31/16) client can obtain a new bus pass 2/1/16.)   |
| <b>BENEFIT COORDINATION VOUCHERS</b>   |                |                     |             |   | <b>ALL CLIENTS WILL HAVE THE FIVE VOUCHERS OPENED BELOW</b>  |   |
| Benefit Coordination Intake  | Qualified      | \$125               | Total       | \$125   | One per client   | Verify that the intake GPRA and locator form have been completed and entered into the VMS. Verify that you asked the participant if they were satisfied with their services. Enter a progress note based on the service plan established during benefit coordination intake. Verify that you informed the client of the date of the 6 month GPRA interview and include the date the participant is due for the interview. |
| Benefit Coordination Recovery Check up   | Qualified      | \$10                | Per Session | \$60  | To be billed in six 10 minute sessions   | Verify that you checked with all providers to ensure all billing information has been submitted. Verify that you entered the Satisfaction information into the VMS. Verify that you completed the Discharge GPRA and entered it into the VMS.   |
| Benefit Coordination Discharge   | Qualified      | \$40                | Total       | \$40  | One per client   | Verify that you entered the 6 month GPRA in the VMS. (also verify that you entered the Satisfaction survey if it wasn't done during the discharge.)   |
| Benefit Coordination Follow Up   | Qualified      | \$75                | Total       | \$75  | One per client   |   |
| <b>Client Incentives</b>   |                |                     |             |   |  |   |
| Client Incentive Voucher   | Qualified      | \$10                | total       | \$10  | One per client for completing the 6 Month Follow Up Interview.   | Verify that the participant received the incentive. Identify the type of incentive (example bus pass, walmart gift card etc.)   |

Please note Spiritual Support has been adjusted to no more than 12 hours per month and the individual rate has changed to \$50 beginning May 1, 2016.