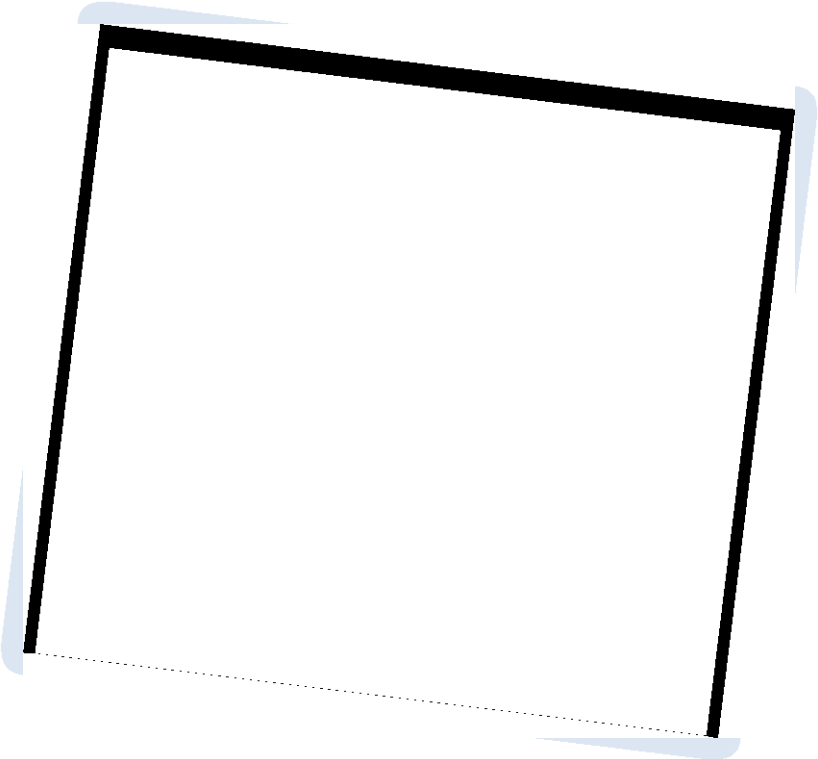
ARKANSAS
ACCESS TO RECOVERY



Provider Manual

March 2011

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A. Introduction

Arkansas Access to Recovery (AR ATR) is a four year grant project awarded to the Arkansas Department of Human Services, Division of Behavioral Health Services – Office of Alcohol and Drug Abuse Prevention (DHS DBHS-OADAP) by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration -Center for Substance Abuse Treatment (DHHS SAMHSA-CSAT) in October 2010. AR ATR provides funding to individuals through vouchers to purchase services and supports linked to their recovery from substance use disorder. AR ATR emphasizes client choice and increases the array of available community-based services, supports, and providers.

ATR funding supplements, but does not replace or supplant, existing services and funding streams.

Arkansas Access to Recovery project is consistent with the DBHS' "recovery-oriented system of care" (ROSC) model and integrates substance abuse prevention, treatment, and recovery support services. Total funding available for AR ATR covered services is $13,119,440. ATR will serve, at a minimum, the following number of clients in each year of the grant, beginning January 31, 2011:

- Year One – 879
- Year Two-2662
- Year Three – 2589
- Year Four – 1519

AR ATR covered services are managed through an electronic Voucher Management System (VMS). Care Coordination providers enter vouchers into the VMS for selected covered services. All AR ATR providers enter encounters into the VMS when they provide a covered service to a client. DHS-DBHS pays ATR providers by matching claims to vouchers and encounters.

AR ATR policies and requirements are addressed in this Provider Manual. AR ATR information is also available at **http://www.arkansas.gov/dhs/dmhs/**

This Provider Manual and its requirements are incorporated by reference into DHS DBHS AR ATR voucher agreements with ATR providers.

B. ATR Vision and Principles

Access to Recovery enhances substance use disorder recovery for individual Arkansans by funding a broad array of client-selected, community-based/faith-based services and supports.

Arkansas's implementation of ATR is based on the following principles:

- Individuals with substance use disorders and their families have the right to choose recovery and the recovery-related services and supports that best meet their needs.
- Client choice is enhanced by a recovery-oriented system of care that honors each client's familial, cultural, spiritual, economic, and logistical needs.
- Individualized choice enhances client retention in treatment and strengthens client commitment to and success in recovery.
- Participation in AR ATR is voluntary and can be terminated by the client at any time, without repercussion to the client or family member.

The DHS DBHS-OADAP and University of Arkansas for Medical Sciences (UAMS) Partners for Inclusive Communities (Partners) collaboratively administer the AR ATR project. UAMS Partners provides day-to-day project management. The DBHS OADAP is grantee and ultimate program authority.

Arkansas ATR Program assures provider and client input to the project through stakeholder discussions, satisfaction surveys, and solicitation of client and staff feedback during site visits. Each provider will be assigned a community liaison to assist with program issues that may arise. DBHS ADAP and UAMS Partners staff is available for technical assistance and case consultation.

C. ATR Client Eligibility

An individual who meets all of the following criteria is eligible for participation in ATR:

1. A positive screen for Substance Use Disorder
2. Resident of one of the following 13 Arkansas counties: Benton, Craighead, Crawford, Faulkner, Garland, Independence, Jefferson, Lonoke, Pulaski, Saline, Sebastian, Washington, or White.
3. Age 18 or older, (family members may also receive services
4. Member of one of the following populations:
   - Arkansas National Guard, Members of the Military or Veterans
   - Pregnant Women
   - Family involvement or at risk of family involvement with the DHS Divisions of Children and Family Services (DCFS) or Youth Services (DYS)

- Convicted of Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) offenses

5. At or below 200% of the Federal Poverty Level

6. Documented need of ATR covered services *(See Appendix A: Arkansas Access to Recovery Services, Rates and Provider Qualifications).*

7. Without insurance or other financial resources to pay for ATR covered services

AR ATR reserves the right to make exceptions to the eligibility criteria on a case by case basis. Providers requesting an exception to the established criteria must do so through the exceptions process outlined in *Appendix J: ATR Exception Request Form.*

Care Coordination providers must maintain documentation of client eligibility, including proof of income *(See Appendix B: Arkansas Access to Recovery Eligibility Form)*.

D. ATR Provider Eligibility, Voucher Agreements and Training

Providers seeking to deliver AR ATR services must complete a two-step approval process in order to provide and bill for AR ATR covered services. First, providers must obtain approval for delivering specific ATR services. Next, approved providers must enter into and maintain an active ATR voucher agreement with DHS in order to bill and be paid for AR ATR services.

Obtaining Provider Status

Prospective providers can apply for approval as a provider of ATR covered services by requesting an AR ATR application packet through DBSH/OADAP. A packet may be requested by phone (501-686-9866), web site at www.arkansas.gov/dhs/dmhs/ or U.S. mail at the address below. All prospective AR ATR providers must submit the ATR Provider Application, a W-9, and supporting documents for review. The completed application packet must be mailed to:

Arkansas Department of Human Services
DBHS-OADAP ATR Program
4800 West 7th Street
Little Rock, AR 72205

After receiving the ATR application packet, AR ATR staff review all application documents and submit accepted applications for processing. The application process generally takes four weeks from the time DBHS receives the completed application packet and all necessary additional documentation. Potential providers whose applications are not accepted are contacted and given the opportunity to provide additional documentation. Providers have 30 days to provide the AR ATR Program with the additional documentation needed to complete the application process or the application will be denied. Providers whose applications are denied will be notified in writing.

Securing AR ATR Voucher Agreement

To participate in ATR, a provider must have a signed voucher agreement with DHS to provide specific ATR covered services. Once an AR ATR application has been reviewed, accepted and processed by the AR ATR Program staff, a DHS AR ATR voucher agreement will be e-mailed to the provider for review and signature. Potential providers print, sign and return the completed voucher agreement to DHS/DBHS/OADAP ATR Program at the above address. Voucher agreements are also available for downloading from the ATR web link from www.arkansas.gov/dhs/dmhs.

To be eligible to enter into a voucher agreement with DHS to provide ATR covered services, providers must demonstrate the computer capability necessary to work with the AR ATR VMS and must have internet access.

Requiring Training

Required training for AR ATR care coordinators and other recovery support service (RSS) providers are presented in *Appendix O: ATR Care Coordinator and Recovery Support Services Provider Education Requirements*. Different services have different training requirements. Licensed or certified treatment providers will practice within their state defined scope of practice.

All AR ATR providers will receive training on the AR ATR Voucher Management System (VMS); ATR Program Fraud, Waste and Abuse Prevention; and introduction/refresher to alcohol and drug treatment and HIPPA confidentiality regulations. Required AR ATR training will be made available by DHS DBHS OADAP through a variety of face-to-face or online sessions. For more information on training availability and requirements, contact the ATR Program Office at the toll free number listed on ATR link at www.arkansas.gov/dhs/dmhs/.

E. ATR Covered Services

For the purposes of this project, DBHS has established the ATR covered services listed below. (For complete information on each covered service, including service descriptions, units of service, reimbursement rates, and qualification requirements, see *Appendix A: Arkansas Access to Recovery - Service Descriptions, Rates, and Qualifications*.) Clients participating in ATR choose the covered services they want; the amount, frequency, and duration of their selected covered services and their covered services providers.

There are three types of covered services available through ATR: care coordination services, clinical substance use disorder treatment services, and recovery support/ancillary services.

1. Care Coordination Services

All ATR clients receive Care Coordination, the central service around which Arkansas's ATR program is organized. Care Coordination providers establish and maintain relationships with ATR clients over time and assist clients in identifying and accessing ATR covered services. ATR covered services are selected through the care coordination services process and are vouchered through care coordination services providers. Generally $480 in ATR funding is available in total for the following care coordination services:

- ATR Assessment with GPRA Intake Interview
- ATR Care Coordination
- ATR Care Coordination with Overall Wellness Assessment
- ATR Care Coordination with GPRA Discharge Interview
- ATR Care Coordination with GPRA Follow-up Interview
- ATR Care Coordination with Bundled GPRA Follow-up Interview and Discharge Interview

While client choice is a core principle 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 client's recovery goal.

Care Coordination providers may be assigned a client admission cap as needed. Admission caps support overall project management and are determined by a variety of factors including total project clients, available funding, and provider performance, e.g. GPRA follow-up rates.

1. Clinical Substance Use Disorder Treatment Services

ATR clients and family members may receive the following evidence-based services by qualified providers:

- Brief Intervention-SUD
- Assessment-SUD
- Treatment Planning
- Pharmacological Interventions
- Individual Counseling-SUD
- Group Counseling-SUD
- Individual Relapse Prevention Services
- Group Relapse Prevention Services
- Alcohol/Drug Testing
- Family/Couples Education Group-SUD
- Multi-person (family) Education (Individual family)
- Family/Marriage Counseling (Martial/Family Counseling)
- Family/Marriage Group Counseling
- Recovery Check-Up *(See Appendix L: Recovery Calls Check Up Questionnaire)*
- Continuing Care Counseling

- Residential Treatment

3. Recovery Support/Ancillary Services

ARATR clients may receive recovery support/ancillary services that best meet their needs through the care coordination process. The Care Coordination services provider inputs vouchers for the selected services into the VMS.

- Other Education Services (Employment Readiness/Training, Housing Assistance, Educational and Remediation, Parenting/Child Development, Financial Management/Credit Counseling, Other Life Skills)
- Medical/Dental Screening
- Medical/Dental Care
- Psychiatric Evaluation
- Psychological Testing
- Mental Health Therapy
- Health Care Education –Group
- Child Care
- Supportive, Transitional, Drug-Free Housing
- Alcohol and Drug Free Recreational/Fitness Activities
- Transportation
- Peer Coaching or Mentoring (*See Appendix M: Recovery Peer Coaching/Recovery Planning* for sample recovery coach form)
- Spiritual Support
- Supplemental Needs (including clothing/hygiene, education, psychotropic medication, utility assistance, wellness, restorative dental care, co-pays, other documented needs as directed by recovery plan)

F. Accessing ATR Covered Services

Prospective clients who screen positive for a substance use disorder can access ATR covered services through an AR ATR Assessment with GPRA Intake Interview (see also *Appendix B: Arkansas Access to Recovery Eligibility Form*) performed by an approved AR ATR Care Coordinator of the client's choice. The referral process follows:

1. Potential ATR Client screens positive for substance use disorder

2. The Referring Agency staff member electronically accesses the ATR referral link from the DBHS Home Page (http//www.arkansas.gov/dhs/dmhs/) where there is a list of Care Coordinators available to clients according to their county of residence.
3. The Potential AR ATR Client selects a Care Coordinator of their choice from the web site listing. (Each client must be offered a choice from among at least two Care Coordinators –at least one of which does not conflict with their religious beliefs).
4. The Referring Agency staff electronically selects the ATR Care Coordinator of client's choice which will link them to an ATR Referral Form (*see Appendix P: AR ATR Referral Form*).
5. The Referring Agency staff will complete the ATR Referral Form and send it to the selected Care Coordinator by e-mail through the link. A copy of the Referral Form is automatically sent to the ATR Program Office.
6. The Client-Selected ATR Care Coordinator will retrieve the ATR Referral Form and accept or reject the referral. If accepted the ATR Care Coordinator will contact the potential ATR Client to schedule an ATR Assessment. If the potential client is rejected by that ATR Coordinator, he/she will assist the potential client in selecting another Care Coordinator and will initiate another referral. If preferred, the Referring Agency can make appointment with Care Coordinator directly while client is present.

Generally, clients with a positive screen for SUD are referred to an AR ATR Care Coordinator of their choice by designated referring agency. Others identifying potential ATR clients with a positive screen for SUD may also refer to an AR ATR Care Coordinator of client's choice.

Generally, clients participate in ATR for up to 12 months, as long as ATR covered services are needed and requested and funding is available.

Through ATR Assessment and Care Coordination, the prospective client and ATR care coordinator:

- determine a prospective client's eligibility for ATR participation
- assess the client's need for ATR covered services
- discuss the client's preferences for ATR covered services
- review the list of locally available ATR covered services and providers as listed on the DHS DBHS ATR website at www.arkansas.gov/dhs/dmhs/
- identify client-selected ATR covered services and providers
- complete required paperwork, including, but not limited to, the GPRA Intake Interview
- review the care coordination services process and schedule the next monthly Care Coordination contact
- contact other providers, as indicated, to schedule or otherwise facilitate access to selected ATR covered services

The ATR Care Coordinator should schedule the Care Coordination with GPRA Follow-up Interview during the ATR Assessment session.

See Appendix A for listing of AR ATR covered services. Note that specific additional requirements exist for clients who select certain services, for example:

- ATR clients are eligible to receive up to $100 for Alcohol and Drug-Free Recreational/Fitness Activities only after 30 days of ATR services.
- Utility bills must be in ATR clients' name to access Utility Assistance.
- Dental restorative care must follow at least 60 days of ATR services.
- To access Supplemental Needs covered services, ATR clients must be participating in substance abuse treatment through any payor or be receiving at least one of the following recovery support services:
    - Spiritual Counseling or Support
    - Individual Counseling
    - Peer Recovery or Life Skills Coaching
    - Self Help (Peer-to-Peer) Support Groups

Care Coordination providers are to collect documentation of client involvement in recovery services not funded by ATR. Failure on the part of the client to obtain documentation from these service providers may result in interruption of funding.

G. Vouchers

Following an initial substance use disorder screening (screening is not an ATR covered service) by a Referral Agency, the potential ATR client will be offered a choice of Care Coordination service providers. Upon acceptance of the referral for an eligible client, the Care Coordination service provider issues themselves a voucher for ATR Care Coordination with GPRA Intake Interview.

Following the ATR Assessment with GPRA Intake Interview with the client, the Care Coordination services provider enters vouchers into the Voucher Management System (VMS) for other client selected services and future care coordination visits. The Care Coordinator may enter additional vouchers at later dates for ATR covered services identified with the client through on-going care coordination services. When a voucher is entered, the VMS sends an electronic notification to the recovery support services and/or substance abuse treatment services provider who can choose to accept or not accept the voucher. It is the responsibility of the Care Coordination services provider to facilitate the client-selected referral, including contacting the provider to coordinate care.

Vouchers must specify selected ATR covered services and providers, the number of units for each vouchered service and the start and end dates (date range) of the voucher. ATR care coordination services providers may extend the voucher prior to the voucher end date, based on on-going discussion with the client and client

choice. Generally, a specific voucher is valid for forty-five (45) days. Any voucher not used after thirty (30) days will be closed.

For any voucher that would put total expenditures for a specific ATR client at more than $1,700, the Care Coordination provider must request prior approval by DBHS by submit an Exception Request Form (see *Appendix J: Access to Recovery-Exception Request Form*.) DBHS will respond to the Care Coordination provider approval requests with a decision within five (5) calendar days.

DBHS reserves the right to change the client expenditure limit or otherwise revise funding or terminate vouchers based on the availability of ATR funds.

H. Encounters and Payment

AR ATR providers document provision of ATR covered services, enter encounter information into the VMS, and submit requests for payment to DBHS, as described below.

Note: Provider failure to follow the processes and requirements outlined below may result in delayed or denied payment.

1. Encounters

Each ATR provider must enter service delivery encounter information into the VMS for the ATR covered services they provide.

- Each ATR covered service provided must be consistent with the voucher in the VMS.
- Each ATR covered service provided must be documented in the VMS system and the provider's record system. (See *Appendix F: Access to Recovery-Documentation Requirements*)
- An encounter must be entered into the VMS for each ATR covered service provided.
- Each encounter must be entered into the VMS within five (5) calendar days of the date the ATR covered service was provided.
- Each encounter entered into the VMS must be consistent with the voucher and with documentation in the provider's record system.

2. Payment

An ATR covered service is reimbursable through ATR funding only when there is no other funding source for that Service. Care coordination services providers are responsible for determining and documenting lack of funding for each vouchered ATR covered service.

Note: If an ATR covered service is a funded service under any other payor, that service cannot be submitted to DBHS for payment through ATR.

ATR service providers may submit claims for provided services on a daily, weekly, or monthly basis. At a minimum, all claims for services must be submitted within 30 calendar days of service provision.

- Claims submitted to DBHS through VMS will be paid within two (2) working days of receipt.

I. GPRA Data Collection Requirements

Providers with a voucher agreement with Arkansas DHS/DBHS to provide Care Coordination must meet face-to-face with their ATR clients to collect and submit required GPRA interviews (Intake, Discharge and Six-Month Follow-up). These interviews are required by the funding agency and are essential to the ATR project.

The required interviews are described below, and detailed instructions can be found in the Arkansas ATR GPRA Manual for Care Coordinators. Also, all Care Coordinators are required to attend an Arkansas ATR GPRA training session, where they will be provided with detailed training on the GPRA interview, the AR ATR voucher and data management system, as well as tips (see *Appendix I: Arkansas Access to Recovery-GPRA Follow-Up Strategies*) and tools for successful interviews.

1. GPRA Intake

GPRA intake information is completed during the face-to-face ATR care coordination session that initiates admission to the ATR project. The clients' responses to the interview questions will be entered into the VMS system by the Care Coordinator either at the time of the interview or within seven (7) calendar days of the interview (if the interview was initially completed on paper rather than electronically).

2. GPRA Discharge

GPRA discharge information is completed during a face-to-face Care Coordination session conducted on the date of discharge from the ATR project. The clients' responses to the interview questions will be entered into the AR ATR VMS system either at the time of the interview or within seven (7) days of the interview (if the interview was completed on paper rather than electronically).

If an ATR client does not present on the scheduled day of discharge, the provider should arrange to meet with the client to complete the GPRA Discharge Interview within fourteen (14) calendar days.

If an ATR client has not received services for thirty (30) consecutive days, the provider should arrange to meet with the client to complete the GPRA Discharge Interview within fourteen (14) calendar days of the 30th day of inactivity.

If the Care Coordination with GPRA Discharge Interview cannot be completed within fourteen (14) calendar days of the discharge date, the provider 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 client to complete the GPRA Follow-up Interview.

3. GPRA Follow-up

The GPRA follow-up interview is scheduled for six months after the intake. However, the actual interview can be conducted up to one month before, and up to two months after this date. That is, between five and eight months after the date of the client's admission to the ATR project. The clients' responses to the interview questions will be entered into the AR ATR VMS system either at the time of the interview or within seven (7) calendar days of the interview (if the interview was completed on paper rather than electronically).

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

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. If the GPRA Follow-up Interview occurs at the same time as the Discharge Interview, the AR ATR VMS system will only require you to enter the data once.

J. Confidentiality

Confidentiality of client information is an ethical obligation for all providers and a legal right for every client, whether such information is received verbally or in writing and whether it is received from the client or a third party. ATR providers must comply with confidentiality of client information and protected health information requirements as set forth in state and federal regulations.

Providers must obtain a completed release of information from each ATR client, for each party to whom information is disclosed. (See *Appendix E: Arkansas Access to Recovery Release of Information Form*).

Providers with a voucher agreement with DHS to provide ATR Care Coordination services should ask ATR clients to list three personal contacts and sign a release of information to each contact to help the provider locate the client to complete the Care Coordination with GPRA Follow-up Interview (see *Appendix D: AR Access to Recovery Collateral Contracts Form*).

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

K. Additional Requirements

ATR providers must comply with the following additional requirements:

1. Audit or Examination of Records

The Auditor of the State of Arkansas or any authorized representative of the State and, where Federal funds are involved, the Comptroller General of the United States or any other authorized representative of the United States Government, shall have access to, and the right to examine, audit, excerpt and transcribe any pertinent books, documents, paper, and records of the provider related to order, invoices, or payments of the ATR voucher agreement. The provider agrees that OADAP may have access to ATR records.

2. Cultural Competence

ATR clients have the right to culturally competent services. If a provider is unable to provide services to a client with specific cultural needs, the provider should locate appropriate services for the client or contact an ATR program representative for assistance in locating services.

3. Health and Safety

All individuals shall be served in a safe facility or environment. Providers shall maintain documentation of all inspections and correction of all cited deficiencies to assure compliance with state and local fire safety and health requirements. All facilities and transportation vehicles must be clean, sanitary and in good repair at all times. All facilities will be tobacco free environments. Firearms and other weapons are prohibited on the premises.

4. Volunteer Policy

Volunteers who work with ATR clients must comply with policies required by the provider through which they volunteer and with the ATR *Provider Manual*. Volunteers must follow standard provider personnel policies, including, but not limited to: background checks, ethical behavior, safety, confidentiality, protected health information, computer use, financial responsibility, and drug and alcohol use.

5. Conflict of Interest

ATR providers shall establish safeguards to prevent employees, volunteers, consultants, and members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by the desire for private gain for themselves or others with whom they have family, business, or other ties. ATR clients may not purchase services or goods from any person or persons for whom a potential conflict of interest may occur.

L. Guiding Principles

Provider staff and volunteers must comply with the guiding principles listed below. 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 these 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-OADAP 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 Arkansas.
- 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.

M. Monitoring and Evaluation

DHS DBHS OADAP or authorized representatives monitors and evaluates ATR services and providers. Monitoring and evaluation areas include, but are not limited to, client eligibility, provider eligibility, provider facilities and police, service documentation, voucher and encounter data, provider incidents, and satisfaction surveys. DBHS OADAP or their authorized representative conduct site visits and may talk with ATR clients and with provider staff. Providers are generally notified of planned site visits in advance but OADAP retains the right to conduct site visits at OADAP discretion.

Providers that do not meet requirements as stated in the *AR ATR Provider Manual* and the cooperative agreement may receive technical assistance from DBHS OADAP or their authorized representative 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 voucher agreement.

1. **Client Rights**

   The provider and client shall review client rights and a signed Voluntary Consent to participate in the AR ATR program is required for ATR clients (See *Appendix C: AR ATR Voluntary Consent Form*).

2. **Complaints**

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

   a. calling the ATR toll free telephone number listed in the ATR link from DBHS website (www.arkansas.gov/dhs/dmhs/) ;
   b. faxing to 501-686-9396; or
   c. writing to:

      Arkansas Department of Human Services
      Division of Behavioral Health Services
      Office of Alcohol and Drug Abuse Prevention
      Access to Recovery-Complaint
      4800 West 7th Street
      Little Rock, AR 72205

3. **Incident Reporting**
   Each ATR provider shall report all serious incidents/situations to OADAP within 24 hours in compliance with OADAP's Incident Reporting Policy.

   a. **Critical Incidents** are those events that occur while a client is receiving ATR services that negatively impact the client, client's family, other individuals or the ATR program including but not limited to:
      - Death
      - Suicide attempt
      - Injury to self
      - Assault or injury to others
      - Sexual/physical abuse or neglect, or allegation thereof
      - Incarceration
      - Inappropriate use of ATR funds by client

Providers must submit an Access to Recovery-Critical Incident Report (see Appendix I) 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 *AR ATR Provider Manual* or voucher agreement requirements. For this purpose, individuals can submit complaints/concerns to OADAP ATR representative at:
      - 501-686-9866 (phone)
      - 501-686-9396 (fax)

- www.arkansas.gov/dhs/dmhs/

OADAP researches Critical and Provider Incidents as indicated. Follow-up on reported incidents may include, but not be limited to, technical assistance, requirement of corrective action, funding repayment, voucher agreement revision or termination, or determining that no inappropriate incident occurred.

4. Programming and Licensure Changes

It is the provider's responsibility to inform OADAP of any changes in licensure status or other qualifications or in programming that may affect the provider's ability to provide ATR covered services.

5. Fraud, Waste or Abuse

DBHS takes all necessary measures to prevent, detect, investigate and prosecute any acts of fraud and abuse committed against the AR ATR project. This may include, but is not limited to, on-site, review by DBHS; referral to the DHS Audit Section to review financial records, provide technical assistance, or conduct an audit; and/or referral to the DHS Fraud Unit for investigation.

a. Fraudulent Practices for AR ATR project purposes, 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 services
    - Accepting payment for services not rendered
    - Improper billing to clients for services rendered
b. Abusive Practices for AR ATR project purposes, include, but are not limited to:
    - Making improper diagnoses
    - Providing client services that are not necessary or services that are inappropriate for the client's condition
    - Knowingly not billing a primary payor for an eligible client
    - Offering or accepting payment to refer clients to a particular provider
    - Misrepresenting client outcomes

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, DBHS may terminate the provider's participation in the ATR project immediately upon written notice to the provider and may seek repayment of funds.

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

In accordance with DHS Policy 1088 (DHS Participant Exclusion Rule), a provider of ATR services or client receiving ATR services may be excluded from participation in any DHS program.

N. Appeals

In accordance with Arkansas Code Annotated §25-15-201 and DHS Policy 1098, a provider may appeal an adverse DHS action, and may initiate an administrative adjudication by submitting a written appeal to the DHS Office of Administrative Hearings (OAH) within thirty (30) calendar days of notice of action. The appeal must include the provider's name, the client's name (if applicable), and specific information to support the provider's appeal. Failure to comply with time frames or content of appeal will void the provider's right to appeal.

Each appeal shall begin with the filing of a written notice of appeal in the time and manner specified for the subject matter of the appeal.

Upon receipt of a sufficient and timely notice of appeal, the OAH shall assign a number to the appeal, schedule the appeal for a hearing within the applicable timeframe, and mail written notice of the time, date, and place of the appeal to the parties by regular mail posted at least thirteen days before the date of the hearing.

Upon receipt of an untimely notice of appeal OAH shall notify the appellant that the appeal was not filed in time. The notice shall be sent by certified mail, return receipt requested, and shall inform the person that he or she may have a right under the Administrative Procedures Act (APA) to appeal OAH's determination of untimely filing.

Upon receipt of an appeal filed other than in the manner specified for the subject matter of the appeal, the OAH shall inform the appellant that the appeal was defective, and explain the defect. The notice shall be sent by certified mail, return receipt requested, and shall inform the appellant that he or she may have a right under the APA to appeal OAH's determination that the appeal was defective.

Hearings may be held in the OAH office at 7th and Main Streets, Little Rock, Arkansas, in the county office in the county where the appellant resides, by telephone, or by videoconference.

Each OAH decision will be in writing and will separately set out findings of fact, conclusions of law, and an order. OAH will furnish each party a copy of the findings of fact, conclusions of law, and order by mailing a copy to the party's last known address by certified mail, return receipt requested.

Appeals must be addressed to:

Arkansas Department of Human Services
Office of Appeals and Hearings
P.O. Box 1437
Little Rock, AR 72203

O. Changes or Exceptions of the Provider Manual

The AR ATR Provider Manual is subject to change. In Accordance with the Arkansas Administrative Procedures Act, all changes to the Manual will be publically announced and provide for public comment.

If deemed an emergency (as defined by the Administrative Procedures Act), DBHS may make changes effective within 30 days of the effective date of the change. Providers may be notified of changes by website update, provider calls, e-mail notification or certified mail.

Exceptions for individual clients may be requested using the *ATR Exception Request Form* found in *Appendix J* of this manual.

Appendix A
Arkansas Access to Recovery Services, Provider Qualifications, and Rates
March 2011

Services can be provided in various settings, including licensed treatment programs, faith or community-based organizations, or a client's home. Excluded services include hospitalizations and services to incarcerated individuals (with the exception of Care Coordination, which can be provided to incarcerated individuals up to 30 days prior to transition out of jail/prison). All clients must have a documented substance use disorder and be receiving ATR Care Coordination Services. Clinical SUD Treatment and Recovery/Ancillary Support Services can be provided concurrently. All service providers must be at least 18 years of age and approved as ATR providers by the Arkansas Department of Human Services, Division of Behavioral Health Services – Office of Alcohol and Drug Abuse Prevention **and** ***maintain current ATR voucher agreement with DHS. ATR III is payor of last resort and does not pay for a service when a client has access to that service through Medicaid, private insurance, or another source.***

Special Note: For services that an agency provides on a sliding scale fee (e.g. if an agency provides medical, psychiatric, mental health or other services on a sliding scale), the unit rates represent maximum payments. ATR should not be charged more than the sliding scale fee for a clients' service.

CARE COORDINATION SERVICES

SERVICE	UNIT OF SERVICE	PAYMENT RATE	PROVIDER QUALIFICATIONS
ATR Assessment with GPRA Intake Interview One-time, face-to-face meeting with a prospective ATR client conducted prior to admission to ATR to determine an individual's eligibility for ATR participation as well as participant needs and requests for specific ATR covered services. Includes completing ATR assessment and Recovery Support Services (RSS) Questionnaire, GPRA intake, collateral contact, release of information, and voluntary consent forms. This service will result in design of a specific, individualized *recovery plan* to include non-clinical recovery support services for a client at intervals along the continuum between screening and referral and long-term recovery, including for clients currently being served by a licensed treatment program and clients not enrolled in a licensed treatment program. The individual client is involved in recovery care planning, and this service includes active referrals for treatment and recovery support services and social/community connections aimed at preventing	1 session	$125	☐ Bachelor's degree; or ☐ **CADC; or** ☐ **Currently pursuing a Bachelor's degree with** two years of experience substituting for each year of education needed toward completion of the bachelor degree (documentation should include copy of current transcript and proof of experience) **AND** ☐ Documentation of experience with SUD clients; **AND**

relapse and supporting long-term recovery. The Recovery Care Plan will focus on wellness rather than illness and identify local resources outside of clinical treatment. *Identifies and evaluates an individual's strengths, weaknesses, problems, and needs to be used for the development of an individualized plan to support a participant's recovery within the community.*			☐ Documentation of training in Motivational Interviewing (or attend ATR Training for Care Coordinators); *Documentation of at least 6 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services.*
ATR Care Coordination Ongoing face-to-face or telephone meetings with ATR client, conducted monthly and as needed to update client's recovery support plan and coordinate /support client access to, participation in, and continuation in ATR covered services. *Identifies health care and recovery support needs with client and initiates referrals, issues ATR vouchers, and links the services system with the client, monitors service delivery and evaluates the effort. Common linkages include those with treatment and/or other health care, employment, legal, housing, child welfare, TANF, other social services, peer-support providers, and more.*	Unit = 15 minutes; Total available Units = 10 per six months	Unit Rate = $15	☐ Bachelor's degree; or ☐ **CADC; or** ☐ **Currently pursuing a Bachelor's degree with** two years of experience substituting for each year of education needed toward completion of the bachelor degree (documentation should include copy of current transcript and proof of experience) **AND** ☐ Documentation of experience with SUD clients; **AND** ☐ Documentation of training in Motivational Interviewing (or attend ATR Training for Care Coordinators); *Documentation of at least 6 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services.*
ATR Care Coordination with Overall Wellness Assessment Care Coordinator facilitates clients' completion of on-line Healthy Arkansas Overall Wellness Assessment that provides client and care coordinator with information to be used in recovery care planning.	Unit = 1 session	Unit Rate = $20	Same As for ATR Care Coordination

This service includes issuing client a $5 gift card as an incentive for completing the on-line assessment; The Care Coordinator issues a $5 gift certificate to client upon client's presentation of wellness report. *The overall wellness score indicates potential risks for developing certain diseases or health conditions and provides the client with information and suggestions on how to strengthen healthy behaviors while working to change unhealthy habits.*			
ATR Care Coordination with GPRA Discharge Interview One time, face-to-face meeting with client, conducted at discharge from ATR program, to review client participation in ATR covered services and to complete GPRA Discharge Interview.	Unit = 1 session Total available Units = 1	Unit Rate = $50	Same As for ATR Care Coordination
ATR Care Coordination with GPRA Follow-up Interview One time, face-to-face meeting with client, conducted six months following admission to ATR, to assess satisfaction with ATR and to complete GPRA follow-up interview. Also includes obtaining client satisfaction information and issuing client $15 gift card.	Unit = 1 session Total available Units = 1	Unit Rate = $150	Same As for ATR Care Coordination
ATR Care Coordination with Bundled 6 month GPRA and Discharge Interview (see immediate two above services)	Unit = 1 session Total available units = 1	Unit Rate = $175	Same As for ATR Care Coordination

CLINICAL SUBSTANCE USE DISORDER SERVICES – ***Services are evidence-based with continuous improvement plans***
***Substance Abuse Treatment Services (SATS) - Medicaid Services for Pregnant/Postpartum Women and 9 -21 year olds.**

SERVICE	UNIT OF SERVICE	PAYMENT RATE	PROVIDER QUALIFICATIONS
Brief Intervention - SUD A short-term intervention targeted toward individuals and families that focuses	Unit = 15 minutes	Unit Rate = $15.78	Licensed physician in the State of AR (MD, DO); APN; PA; LADAC;

on reduction of risk factors generally associated with the progression of substance use disorders. It is used to motivate the individual to seek the appropriate level of treatment or other intervention, and is accomplished through early identification of persons at risk, performing basic individual assessments and providing supportive services which emphasize short-term counseling and referral.	Total available Units = 16		Psychologist, AADC; CCDP-D
***Assessment - SUD** Identifies and evaluates the nature and extent of an individual's use/abuse/addiction to alcohol and/or other drugs and identifies but does not diagnose any existing co-morbid conditions. A standardized substance abuse assessment instrument approved by DBHS (such as Addiction Severity Index) is used to complete the assessment process which results in the assignment of a diagnostic impression, patient placement recommendation for treatment regimen appropriate to the condition and situation presented by the recipient, and referral into a service or level of care appropriate to effectively treat the identified condition(s).	Initial session – 1 time Reassess-ments - 3 times	Initial session = $112.97; Reassess-ments = $95.56 per session	Licensed physician in the State of AR (MD, DO); APN; PA; LADAC; AADC; CCDP-D.
***Treatment Planning** Design or modification of a specific, individualized *treatment plan* for the clinical treatment for substance use disorders. The treatment plan is developed in cooperation with the client to deliver specific addiction services to the individual to restore, improve or stabilize the individual's conditions, and must be based on individualized service needs identified in the completed SUD assessment. This plan must include goals for the treatment of identified problems, symptoms, and addiction issues. The plan must identify individuals and treatment teams responsible for treatment, specific treatment modalities prescribed for the individual, and time limitations for service. This may be the initial plan for a client entering treatment, the modification of a plan for a client already in treatment and/or transitioning from one level to another, or a discharge plan that includes recovery check ups and/or active referrals for recovery support services as needed. It is typically a scheduled service not necessarily delivered in conjunction with other treatment. This service is the "prescription" of treatment services to be provided to a client and their families.	Initial session – 1 time Review sessions – 3 times	Initial session = $69.25 Review sessions = $52.38 Cannot be concurrently billed with Residential Treatment	Licensed in the State of AR as physician (MD, DO); APN; PA; LADAC; AADC; CCDP-D.

***Pharmacological Interventions** Includes face-to-face medication assessment, prescription, use and review of medications to stabilize a client's substance abuse and/or co-occurring mental health disorder. This service is limited to the prescribing of psychotropic medications and those medications necessary to treat addiction-related medical conditions *and* medication assisted addiction treatment.	Unit = 15 minutes Total available units = 12	Unit = $26.71	Licensed in the State of AR as physician, advanced practice nurse with prescriptive authority, or physician's assistant under supervision of physician.
***Individual Counseling – SUD** Face-to-face, one-to-one, therapeutic interaction between a provider and client necessary to initiate and support the rehabilitation effort, orient the recipient to the treatment process, develop the ongoing treatment plan, augment the treatment process, intervene in a problem area, contingency management, prevent a relapse situation, continuing care or providing ongoing psychotherapy as directed by the recipient's needs.	Unit = 15 minutes Total available units = 48	Unit = $15.78	Licensed in the State of AR as physician (MD, DO); APN; PA; LADAC; AADC; CCDP-D. *Proof of current ability to perform drug testing directly or through contract will be submitted with request for approval to perform individual counseling - SUD service*
***Group Counseling – SUD** Face-to-face therapeutic interventions provided to a group of 2-12 clients on a regularly scheduled basis to improve beneficiaries' capacity to deal with problems that are a result of and/or contribute to substance abuse. The professional uses the emotional interactions of the group's members to assist them in implementing each beneficiary's master treatment plan, orient the beneficiary to the treatment process, support the rehabilitation effort, and to minimize relapse. Services are to be congruent with age, strengths, needed accommodation for any disability, and cultural framework of recipient and his/her family.	Unit = 15 minutes Total available units = 48	Unit = $5.30	Licensed in the State of AR as physician (MD, DO); APN; PA; LADAC; AADC; CCDP-D.
Individual Relapse Prevention Services Educational services provided to assist client in identifying their current stage of recovery and establishing a recovery plan, including acute and post-treatment services to identify and manage relapse warning signs. This service can be provided as a stand- alone service or within any substance abuse treatment setting (outpatient, residential, detox, etc.)	Unit = 15 minutes Total available units = 48	Unit = $8.00 Cannot be concurrently billed with residential tx.	LADAC; AADC; CCDP-D or CADC, CIT, CPS, CPC, or MHP/MHPP under the supervision of LADAC; AADC; CCDP-D.
Group Relapse Prevention Services Planned program of instruction provided to 2-15 clients, designed to assist individuals in drug abuse prevention, relapse, and/or treatment. This service can be provided as a stand alone service or within any substance use disorder treatment setting.	Unit = 15 minutes Total available units = 24	Unit = $4.00 Cannot be concurrently billed with residential tx.	LADAC; AADC; CCDP-D or CADC, CIT, CPS, CPC, or MHP/MHPP under the supervision of LADAC; AADC; CCDP-

Alcohol/Drug Testing Laboratory testing to collect and analyze urine, blood, saliva, or breath to determine evidence of tobacco, alcohol, and/or illicit drug use. May provide client incentives for successive negative drug screens. Individual counseling providers must be able to provide (directly or through referral/contract) observed urine specimen collection and random drug testing (random is defined as "not coinciding with another regularly scheduled visit").	Unit = 1 test Tests may occur no more than twice in 7 days	Unit rate = $30 Maximum total of $400	Any laboratory used for drug testing and analysis shall comply, if applicable, with all federal and state proficiency testing programs. Any provider conducting on-site urine testing shall comply with the Clinical Laboratory Improvement Act (CLIA) regulations. Proof of current ability to perform drug testing directly or through contract will be submitted with request for approval to perform individual counseling - SUD service
Family/Couples Education Group – SUD Face-to-face interaction between at least 2 clients and their family members/significant others to assist the whole family in identifying the client's current stage of recovery and orienting the members to the processes associated with long-term recovery, including acute and post-treatment services to identify and manage relapse warning signs and promote successful community integration.	Unit = 15 minutes Total available units - 24	Unit = $4.00 Cannot be concurrently billed with Residential Treatment	LADAC; AADC; CCDP-D or CADC, CIT, or MHP/MHPP, CPS, CPC, under the supervision of LADAC; AADC; CCDP-D.
***Family/Marriage Group Counseling** Face-to-face therapeutic intervention between at least 2 clients and a maximum of 9 clients and their family members/significant others to enhance family members' insight into family interactions, facilitate inter-family emotional and practical support and develop alternative strategies to address family issues, problems, and needs. Group is designed to support the rehabilitative and recovery effort and must be prescribed in the treatment plan to address familial problem or need and to achieve goals or objectives specific in the treatment plan.	Unit = 15 minutes Total available units = 48	Unit = $5.30	Licensed in the State of AR as physician (MD, DO); APN; PA; LADAC; AADC; CCDP-D.
***Multi-person (family) Education (Individual Family)** Face-to-face interaction with a client and his/her family members / significant others designed to assist the family in identifying the client's current stage of recovery and orienting the members to the processes associated with long-term recovery, including acute and post-treatment services to identify and manage relapse warning signs and promote successful community integration.	Unit = 15 minutes Total available units = 32	Unit = $8.00 Cannot be concurrently billed with Residential Treatment	LADAC; AADC; CCDP-D or CADC, CIT, CPS, CPC, or MHP/MHPP under the supervision of LADAC; AADC; CCDP-D.

***Family/Marriage Counseling (Marital/Family Counseling)** Face to face treatment provided to more than one member of a family simultaneously in the same session or treatment with an individual family member (i.e. spouse or single parent) that is specifically related to achieving goals identified on the recipients' master treatment plan. The identified recipient must be present for the service. Services are to be congruent with the age, strengths, needed accommodations for disability and cultural framework of the recipient and his/her family. These services are to be utilized to identify and address marital/family dynamics and improve/strengthen marital/family interactions and functioning in relationship to the recipient, the recipient's condition and the condition's impact on the marital/family relationship.	Unit = 15 minutes Total available units = 48	Unit = $18.50	Licensed in the State of AR as physician (MD, DO); APN; PA; LADAC; AADC; CCDP.
Recovery Check-Up Telephone assessment of a client's current stage of recovery post-discharge from an acute care program and their compliance with a therapeutic, individualized recovery management plan. This service is performed in collaboration with recovery care coordinator to insure appropriate needs are identified and to facilitate linkages with local recovery support services. This service may include progress monitoring and re-adjustment of the individualized recovery plan as indicated by individual circumstances.	Unit = 1 call Available units per week = 1 Total units available =12	Unit = $10	LADAC; AADC; CCDP-D or CADC, CIT, CPS, CPC, or MHP/MHPP under the supervision of LADAC; AADC; CCDP-D. Provider must have a formalized employment or volunteer relationship with an organization that has been approved by DBHS to provide ATR Recovery Check Ups.
Continuing Care Counseling An organized service which provides on-going supportive counseling for individuals who have completed substance abuse treatment. This service cannot be provided in conjunction with Life Skills Coaching, Recovery Peer Coaching or Recovery Calls.	Unit = 15 minutes Total units available = 24	Unit = $15.75	Licensed in the State of AR as physician (MD, DO); APN; PA; LADAC; AADC; CCDP-D.
Residential Treatment An organized service provided by a licensed treatment program which provides a 24-hour live-in, seven-day-a-week substance abuse treatment program providing a structured recovery environment to support recovery from substance use disorders.	Unit = 1 day	Unit rate = $68.20 for adult Unit rate = $100 for women in treatment with children	Licensed, residential alcohol and drug treatment program by DBHS.

RECOVERY SUPPORT SERVICES/ANCILLARY SERVICES – ***Culturally competent and developmentally appropriate services, activities, resources, and relationships designed to assist an individual's participation in clinical treatment and/or other long-term recovery activities.***

SERVICE	UNIT OF SERVICE	PAYMENT RATE	PROVIDER QUALIFICATIONS
Other Education Services – Group			
Addresses activities of daily living such as budgeting, financial management, time management, interpersonal relations, parenting, household management, anger management, and other issues that directly link to an individual's recovery plan but are not covered under other identified Recovery Support Services and may be provided in an office or community setting to assist the individual in community integration and sustaining recovery management. This service would include at least two and no more than 12 ATR clients. **Supplemental Needs can include but are not limited to:** ***Employment Readiness/Training Services*** Resources provided in recovery to assist in finding, improving and sustaining employment and can include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, resume writing, interviewing skills and tips for retaining employment. Other services could include training in a specific skill or vocational assessment and job referral. May include assisting the client in completing requirements prior to employment such as background checks or drug tests and assessments. ***Housing Support Services*** Services include helping clients/families in locating and securing affordable and safe housing, accessing a housing referral service, relocation services, tenant/landlord counseling, repair mediation and other identified housing needs. ***Educational and Remediation Services*** Supported education services may include academic counseling, assistance with academic and financial applications, and aptitude and achievement testing to assist in planning educational services and support, including for GED and college education. Services also include vocational training and education through structured sessions focusing on increasing, expanding or stabilizing the education skills of an individual. These sessions could include tutoring and other structured classes designed to present information in a group setting. ***Parenting/Child Development Education Services*** Services provided in a group or experiential setting that involves clients and	Unit = 30 minutes Available Units per month = 6.	Unit - $10.00	The individual or organization must provide evidence of knowledge and skills in the particular area of coaching and provide evidence of life skills coaching during the six consecutive months prior to becoming an ATR provider.

their family members and facilitates the instruction of promising practices or evidence-based parenting or child development knowledge and skills. Services may include teaching, monitoring, and modeling appropriate discipline strategies and techniques, providing information and advocacy on child development, age appropriate needs and expectations, and may include parent groups and other related services. ***Financial Management/Credit Counseling*** Services provided by organizations that help consumers find ways to prevent overspending or repay their debt - through careful budgeting and management of money and including establishment of checking and savings account as appropriate. ***Life Skills Other*** Other services specific to client recovery plan including household management, home economics, goal-setting, etc.			
Medical/Dental Screening Screening, and referral as needed, for primary and specialty medical or dental care. Includes screening for infectious diseases (e.g., HIV, hepatitis B and C, tuberculosis, STDs), conditions commonly associated with addiction (e.g., liver, cardiovascular disease, dental disease); and reproductive and pediatric health care needs.	Unit = 1 initial screen Unit = 1 re-screening	Initial Screen Unit = $20 Rescreening Unit = $15	Provider will provide copy of screening tool or document process for screening client for medical/dental referral.

Medical/Dental Services Assessment/Treatment/Re-assessment of physical or dental health care needs to address health status, illness, injury, pain, or infection.	Unit = 1 assessment Unit = 1 follow-up visit	Unit = max of $112.97 for initial visit/assessment: Unit = max of $98.56 for follow-up visit	Licensed in State as MD, DO, APN, PA, DDS.
Psychiatric Evaluation Service to a client assessed with a substance use disorder when the client screens positive for or otherwise demonstrates need for clinical assessment for co-occurring mental health disorder.	Unit – (1) initial assessment and (1) follow-up visit	Unit – initial visit /assessment= max of $112.97 Unit – f/u visit = max of $95.56	Licensed in State as MD, DO, APN, PA, Psychologist, CCDP-D, MHP, LPC, LCSW, LMFT, LPE-1, or LAC, LPE with supervision.
Psychological Testing Evaluation to assess a client with substance use disorder for co-occurring mental health or learning disorders. This includes administration, scoring, and interpretation of psychological tests developed and standardized to assist in identifying intellectual functioning, academic ability, social judgment, and personality traits to assist in accurate diagnosis and treatment based upon an individual client's ability.	Unit – 1 initial assessment; and 1 follow-up assessment	Unit – initial visit/assessment = max of $112.97 Unit – f/u visit = max of $95.56	Psychologist, LPE-1, LPC, or LAC or LPE with supervision.
Mental Health Therapy Services Face-to-face therapy to address mental health issues that might impact the client's life and recovery, using evidence-based approaches. The most frequent disorders are mood and personality disorders—often associated with trauma histories and PTSD.	Unit = 15 minutes Total available Units = 12	Unit = max of $15.78	Licensed in State as MD, APN, PA, Psychologist, CCDP-D, LPC, LCSW, LMFT, LPE-1, or LAC, LMSW, LPE with supervision.
Health Care Education – Group Group education to address prevention and wellness, generally or regarding specific conditions such as HIV, STDs, Hepatitis, Reproductive Health Care, Tobacco Use Cessation, Child Health Supervision, Obesity, Physical Activity, etc.	Unit = 15 minutes; Total available units = 24	Unit - $5.00.	RN, PA; LADAC; AADC; CCDP-D. or CADC, CPC, CPS, CIT under supervision of LADAC; AADC; CCDP-D.
Child Care Includes care and supervision provided to a client's child(ren) less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment/recovery support activities. If ATR client is not present in building,	Units can be hours, days, or weeks.	$6.50/hour or maximum of $95 per week.	If the ATR client is not present in the childcare building, the person or organization delivering service must be licensed by DHS to provide child

services must be provided in a licensed child care center or school (before/day/after care) program meeting state Quality Afterschool and School-Age Programs standards--on or off-site. Client must provide evidence of application for and denial or waiting list status for state child care vouchers when a licensed child care facility is used. To promote quality child care it is recommended that caregivers meet professional development requirements such as Infant/Toddler or Preschool Frameworks, courses related to child/human development at higher education institutions, Traveling Arkansas Professional Pathways (DCCECE approved training), or Conscious Discipline. A list of activities during the time in care-will identify that there is a schedule/routine for children that includes a variety of play/choice/learning opportunities utilizing a wide range of materials/equipment.		Maximum - $1,200	care or meet afterschool quality standards. If client is present in the building and receiving ATR covered services, the provider is not required to be licensed. For care that is 2 hours or less, the Division of Child Care and Early Childhood Education recommends a Child Development Associate credential as a minimum. For child care more than 2 hours at a time, an Associate's Degree or higher in early Childhood Education, Child Development or related field is recommended. The provider must complete a criminal background and child maltreatment registry check for each employee or volunteer that provides childcare. Staff to child ratios should be 1:3/4 for infants below 18 months; 1:6/7 for 18-36 months, 1: 8/9 for 36-60 months.
Supportive, Transitional, Drug-Free Housing Includes financial assistance for transitional housing, recovery living centers or homes, supported independent living, sober housing, short-term and emergency or temporary housing, and other housing providing for safe, clean, and sober living environments for adults or families with substance use disorders. Lengths of stay may vary.	Unit can be days or month Daily rate=$13.33 Monthly rate = $400	Maximum per month = $400; Maximum Overall = $1,000.	Housing facility must meet local fire and safety standards and on-site assessment.. Provider must show evidence of providing this service for the six consecutive months prior to becoming ATR housing provider.
Alcohol and Drug-Free Recreational/Fitness Activities Long-term recovery demands an adjustment and resolution balance between work, sleep, recovery activities, leisure activities, and relationships. Identifying healthy and comfortable places, structure, routines, and people for recreational connections is important in obtaining and sustaining recovery. This service includes connecting individual with alcohol and drug-free social activities, non-structured meetings, community events and organized social activities in an alcohol and drug free setting that expose the client to healthy peer interaction within the community. Services might include recovery dance, twelve step	Unit = one activity	Unit = voucher dollar value* Maximum = $100	The Care Coordinator enters the voucher for approved sober recreation/fitness activities and funding. The Care Coordinator then pays for the activity directly, consistent with the voucher, obtains a receipt documenting payment for the activity, and enters the encounter in the VMS.

conference, sports team, organized community recovery events. Service is available after 30 days of ATR services.			
Transportation Services Services for those engaged in treatment related appointments/activities (e.g. treatment, recovery check-up appointment, medical care, employment skills building, child care, or parenting service, etc.) with no other means of transportation. Can include bus passes, taxi, transportation services by private transportation agency, or mileage reimbursement of client or family members at state approved rate. Does not include routine transportation to and from work.	Unit = one round trip.	Unit = voucher dollar amount* Maximum of $500	Bus, taxi, or transportation provider must provide proof of driver's license verification with no major violations in past three years and no more than three points in three years, insurance, and documentation of routine vehicle maintenance, and must submit specific, verifiable receipts for transportation service provided.
Peer Coaching or Mentoring Non-clinical face-to-face services designed and provided by peers who have gained practical experience in both the process of recovery and how to sustain it through similar substance abuse challenges and lived experiences (most often by themselves or a family member). These services focus more on wellness than illness and are delivered with an emphasis on resilience, local indigenous systems of support and recovery education and problem-solving, and on sustained and assertive monitoring and feedback. This includes linkage to state benefits and extra-treatment environments such as family, friends, social networks, school/workplace, and community. Mentors and coaches provide information/advice and/or spiritual support, friendship, reinforcement and constructive example—to the client and family members. Peer recovery support services provide social support to individuals in all stages on the continuum of change that constitutes the recovery process. Services may precede formal treatment, strengthening a peer's motivation for change; accompany treatment, providing a community connection during treatment; follow treatment, supporting relapse prevention; and be delivered apart from treatment to someone who cannot enter the formal treatment system or chooses not to do so. Such peer support expands the capacity of formal treatment systems by promoting the initiation of recovery, reducing relapse, and intervening early when relapse occurs.	Unit = 15 minutes Total available units per month = 16	Unit = $10.00	Peer provider must be experientially qualified, having experienced recovery themselves or with a family member or significant other, and be employed by or have a formalized volunteer relationship with an organization that has an ATR voucher agreement. Qualifications include documented training in peer coaching or facilitation, or support that is acceptable to DBHS. At least two continuous years of abstinence and six months of peer-to-peer services in the six months prior to becoming ATR provider. Peer Coach must be covered under the provider's personnel and liability policies.
Spiritual Support Face-to-face counseling or spiritual 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,	Unit = 30 minutes	Unit = $30 for individual counseling; $15 for group	Person delivering service must be: 1) ordained , commissioned or licensed minister or equivalent, pastor, bishop, deacon, evangelist, rabbi, imam or other

identifying a sense of purpose/mission for one's life, achieving serenity/peace of mind, responsible decision-making, social engagement and family responsibility. 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 spiritual based activities 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.		counseling	whom is give 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, and employed by a mental health clinic, group or individual private practice, hospital, or licensed substance abuse program .

Supplemental Needs Assistance provided to ATR client to meet tangible needs that support their recovery. These supplemental needs are determined by the client in collaboration with their care coordinator and must be approved by the care coordinator. The care coordinator enters the voucher for Supplemental Needs and the Supplemental Needs provider pays for the item or service directly, consistent with the voucher(s), obtains a receipt documenting payment, and enters the encounter in the VMS for reimbursement payment. **Supplemental Needs can include but are not limited to:** ***Clothing/Hygiene Products*** This service includes clothing vouchers to be used for obtaining clothing for employment, education, and other recovery-related needs. Hygiene products related to daily needs, including soap, shampoo, toothpaste, deodorant, shaving needs, feminine hygiene products, and dental products. This service does not include perfume, cologne, nail polish, nail polish remover, make-up, hair color, electric razors, cleaning supplies or other purchases as designated by the care coordinator. Products containing alcohol are strongly discouraged. ***Education*** Assistance provided to clients for the purpose of completing or continuing education, such as for GED coursework and testing, English as a second language (ESL) classes, or educational materials, books, supplies and tuition at a secondary educational institution. ***Psychotropic Medication*** Assistance provided to clients to purchase a 30 day supply of prescription psychotropic medications. Documentation of medication prescription and/or pharmacy receipt indicating prescription should be maintained in the client file. ***Utility Assistance*** Assistance provided to clients for the purpose of past due utility assistance or deposits that assist in establishing or maintaining their residence. Client must have documentation of denial from other sources for utility assistance and documentation of utility bill and attempted payment plan. Utility Assistance can be used for past due bills that are interfering in the client's ability to obtain housing. Utility bills must be in the ATR client's name. ***Wellness*** 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, fitness memberships (including family memberships),	Unit = one service	Unit = voucher dollar amount. * Overall Category Maximum = $250 per six months Maximum = $75 Maximum= $250 Maximum = $250 Maximum = $200 Maximum = $250	Supplemental Needs provider must be organization that agrees to pay for a vouchered supplemental need directly and then bill ATR program for encounter through VMS for reimbursement.

smoking cessation, or nutritional counseling. Restorative Dental Care ***Restorative dental care*** encompasses the process of restoring missing, damaged, or diseased teeth to normal form and function, performed by general dentists (Client must be enrolled in ATR at least 60 days prior to restorative dental care voucher). ***Co-Pays*** Out-of-pocket fees assessed to clients up to 200% of the Federal Poverty Level for substance use disorder treatment services or for psychotropic medications or medication assisted treatment. ***Other Needs*** Other instrumental needs determined by care coordinator and client such as food, assistance with legal expenses, mileage at state rate for transportation to ATR appointment by family member or other individual, automobile repair/battery/etc., or other recovery support needs as reflected in recovery care plan and approved by care coordinator.		Maximum = $250 Maximum = $250 Maximum = $250	

***Note that for services where the unit rate is unspecified and is equal to the actual voucher dollar amount (e.g. transportation and supplemental needs), see WITS/VMS training materials for instructions on billing to the actual dollar amount using combinations of unit denominations ($1, $5, $10, $20).**

Appendix B

Arkansas Access to Recovery - Eligibility Form

Date of Session: Client Name:

Client DOB: Client ID:

Client Address:

Client Phones:

Care Coordination Provider:

Section I - The client is eligible for ATR services if questions 1 through 6 are answered Yes and the Care Coordinator has obtained the required documentation that the individual meets the <200% federal poverty guidelines.

Recovery Support Services Eligibility

1. The client is 18 years of age or older. _____YES _____NO

2. The client has a positive screening for a substance use disorder _____YES _____NO

The client is a resident of Benton, Craighead, Crawford, Faulkner, Garland, Independence, Jefferson, Lonoke, Pulaski, Saline, Sebastian, Washington, or White County _____YES _____NO

3. Member of one of the following populations:

- Arkansas National Guard, Members of the Military or Veterans
- Pregnant Women
- Family involvement or at risk of family involvement with the DHS Divisions of Children and Family Services (DCFS) or Youth Services (DYS)

- Convicted of Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) offenses 4. The client demonstrates the need for ATR covered services. _____YES _____ NO

5. The client is at or below 200% of the current Federal Poverty Level Guidelines. Please refer to the current Federal Poverty Level Guidelines at http://aspe.hhs.gov/poverty. _____YES _____NO

6. The client does not have insurance or personal financial resources to pay for requested ATR covered services documented in Section II. _____YES _____ NO

Substance Use Disorder Treatment (must answer Yes to questions 1 - 6 and 7)

7. The client has documented assessment of SUD treatment need at this time and requests services. _____ YES _____NO

Section II - Document client needs and requests for specific ATR covered services.
Document lack of insurance or other financial resources for requested ATR covered services

All ATR clients receive the following covered services:
- ☐ ATR Assessment with GPRA Intake Interview (1 session)
- ☐ ATR Care Coordination (up to 10 units per six months)
- ☐ ATR Care Coordination with GPRA Discharge Interview (1 session)
- ☐ ATR Care Coordination with GPRA Follow-up Interview (1 session)

Substance Use Treatment Services

Brief Intervention:

Assessment:

Treatment Planning:

Pharmacological Interventions:

Individual Counseling:

Group Counseling:

Individual Relapse Prevention Services:

Group Relapse Prevention Services:

Alcohol/Drug Testing:

Family/Couples Education Group:

Family/Marriage Group Counseling:

Multi-person (family) Education (Individual Family):

Family/Marriage Counseling (Martial/Family Counseling):

Recovery Check-Up:

Continuing Care Counseling:

Residential Treatment:

Recovery Support Services

Other Educational Services Group:

Employment Readiness/Training Services:

Housing Support Services:

Educational and Remediation Services:

Parenting/Child Development Education Services:

Financial Management/Credit Counseling:

Life Skills:

Medical/Dental Screening:

Medical/Dental Services:

Psychiatric Evaluation:

Psychological Testing:

Mental Health Therapy Services:

Health Care Education-Group:

Child Care:

Supportive, Transitional, Drug-Free Housing:

Sober Recreational/Fitness Activities:

Transportation Services:

Peer Coaching or Mentoring:

Spiritual Support:

Supplemental Needs:

Clothing/Hygiene Products:

Education:

Psychotropic Medication:

Utility Assistance:

Wellness:

Restorative Dental Care:

Co-Pays:

Other Needs:

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if applicable)

Provider/Witness Signature:_____ Date: _____

Appendix C

Arkansas Access to Recovery - Voluntary Consent Form

Introduction: Welcome to Arkansas Access to Recovery (AR ATR). AR ATR is a four-year Arkansas Department of Human Services (DHS), Division of Behavioral Health Services (DBHS), Office of Alcohol and Drug Abuse Prevention (OADAP) project funded by a grant from the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (SAMHSA). University of Arkansas for Medical Sciences (UAMS) Partners for Inclusive Communities (Partners) works with OADAP to manage the program. ATR provides opportunities for clients through use of a voucher system to purchase ATR covered services from providers with voucher agreements with AR DHS.

ATR services are based on client needs, agency policy, and current available ATR voucher funding, and are subject to change. Clients may participate in ATR for up to 12 months.

Information from the ATR project will help local, state, and federal providers and funding authorities improve alcohol and drug use disorder treatment and recovery services for you and others in your community.

Data Interviews: If you consent to participate in ATR, you will be asked to take part in **three GPRA data interviews** that take 15 to 45 minutes each. GPRA (Government Performance Results Act) interviews ask questions about alcohol and drug use, education and employment, family and living conditions, involvement in the criminal justice system, and participation in social support and recovery groups. You will receive a $15 dollar gift card for completing the GPRA Follow-up interview. In the event that during the attempted completion of the GPRA Follow-up Interview it is discovered that you're residing in a restricted setting, by signing this consent you grant your Care Coordination provider the ability to attempt contact with you which may include disclosure to the facility at which you reside of your involvement in ATR.

Release of Information: As part of your involvement in ATR, you are authorizing contact between AR DHS and SAMHSA and each provider you're receiving services from, to obtain information necessary for ATR project management. This may include, but is not limited to, information related to fiscal reporting, quality improvement, client progress, and data collection. By signing this form you are authorizing release of information between you and AR DHS and SAMHSA. You may revoke your release of information at any time except to the extent that action has already been taken. This consent expires automatically 6 months after your final GPRA interview.

Satisfaction Survey: You will be asked to complete an ATR Client Satisfaction Survey at the time you complete the GPRA Follow-up interview.

ATR is voluntary: You can refuse to participate in ATR or leave at any time. Refusal to participate in ATR will not affect any current or future substance abuse treatment you may receive. You may refuse to answer certain questions and still participate in ATR. If you refuse to answer a question, no one associated with ATR will seek the information you did not provide from some other source. If you participate in ATR and later choose not to participate, information you already have given will remain in the project.

Risks and Confidentiality: AR DHS, UAMS Partners and ATR providers take the privacy of your information seriously. ATR providers, AR DHS, UAMS Partners and SAMHSA must comply with confidentiality and protected health information requirements as set forth in Federal and State Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, (160 & 164). Your records are protected and cannot be disclosed without your written consent.

Because AR ATR involves coordination of services you want, providers will ask you to sign a release of information to allow them to talk with other providers. You may revoke your release of information at any time except to the extent that action has already been taken. Generally, a program may not condition your services on whether you sign a release of information, however, in the special circumstances of the voluntary ATR project, you cannot participate if you do not sign the Voluntary Consent Form.

A unique identification number will be assigned to you as an ATR participant. Authorized representatives from AR OADAP or UAMS Partners may have access to records that identify you by name. Any information you provide that is part of aggregate data given to SAMHSA will not include your name or other identifying data. If any publications or presentations result from the ATR project, you will not be identified.

As part of your involvement in ATR you will receive services from a Care Coordination provider. To assist you with your involvement in ATR and utilization of services in your recovery, Care Coordination providers establish policies and determine the appropriate use of funding (i.e. amounts, frequency, services or vendors), up to the available limits, as it pertains to your goals in recovery. Services you receive will be from a community provider as arranged by your Care Coordinator and shall not represent a conflict of interest.

Client Rights: You have the right to:
• appropriate and considerate care and protection
• recognition and consideration of your cultural and spiritual values
• be told of all available ATR covered services and providers
• choose the services and providers you want from the list of available AR ATR covered services and providers
• refuse a recommended service or plan of care
• review records and information about your services
• expect providers, AR DHS, UAMS Partners, and SAMHSA to keep all communications and records confidential

Maintaining Involvement: If you do not receive at least one ATR service or participate in scheduled Care Coordination every 30 days, you will be discharged from the ATR program. By signing this form, you agree to these conditions in order to maintain involvement.

Questions: If you have questions or concerns about the ATR project, contact ATR Representative at DBHS OADAP at 501-686-9866 or through www.arkansas.gov/dhs/dmhs/ .

I have received, read, and understand the Access to Recovery - Voluntary Consent Form and all its contents. I agree to the conditions outlined above and choose to participate in the ATR program.

Client Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____
(if applicable)

Provider / Witness Signature: _____ Date: _____

Appendix D

Access to Recovery - Collateral Contacts Form

The Access to Recovery project requires a GPRA Follow Up interview be completed for each client. To assist with this requirement, obtain at least three collateral contacts from the client to help in locating the client six months after intake. Collateral contacts can be individuals that have regular contact with the client (e.g. probation officers, family members, or case workers). Obtain a release of information from the client for each collateral contact.

Documentation of collateral contacts may be completed in the ATR VMS in lieu of completing this form.

Contact #1
Name:

Address:

Phones:

E-mail:

Contact #2
Name:

Address:

Phones:

E-mail:

Contact #3
Name:

Address:

Phones:

E-mail:

Appendix E

Arkansas Access to Recovery - Release of Information

I, _____ authorize _____
(Client) (Care Coordination Provider)

to exchange information verbally and/or in writing with:

_____
(ATR Provider)

The nature and amount of the information shared will be as limited as possible, but may include:

Personal identifying information
- ☐ Participation and status in ATR covered services
- ☐ Drug test results
- ☐ Other (specify): _____

This consent is specific to my participation in Access to Recovery and will be used for care coordination, to monitor and evaluate services, and to submit claims to the Office of Alcohol and Drug Abuse Prevention.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. Federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted in writing. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that, in any event, this consent expires automatically on the date on which all billing and reporting requirements related to my participation in Access to Recovery have been completely processed.

I understand that, generally, a program may not condition my services on whether I sign a release of information, however, in the special circumstances of the voluntary ATR project, I understand that I cannot participate if I do not sign a release of information.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if applicable)

Provider / Witness Signature _____ Date: _____

Appendix F

Arkansas Access to Recovery – Documentation Requirements

Each provider must document each ATR service provided.
All AR ATR documentation must be available for DBHS OADAP review upon request.

All Arkansas ATR providers must:

1. Have an organized system to document ATR covered services provision.
2. Document each client's name, ATR unique identification number, address, and phone number in the VMS.
3. Document the date, time and length of each ATR covered service provided in the VMS and provider record system as appropriate and/or in accordance with licensing or certification policies of DHS or other licensing/certification entity.
4. Summarize the ATR covered service provided in the VMS and provider record system as appropriate and/or in accordance with licensing or certification policies of DHS or other licensing/certification entity.
5. Sign and date the documentation summary.
6. Maintain records in a secure manner that ensures confidentiality and complies with all state and federal laws and regulations pertaining to confidentiality of records.
7. Have policies and procedures in place for any volunteers associated with the provider.
8. Maintain personnel files that document an employee or volunteer is qualified to provide ATR covered services as outlined in *Appendix A: Access to Recovery – Service Descriptions, Rates, and Qualifications* and *Appendix O: ATR Treatment and Recovery Support Services Provider Training Requirements*.
9. Document any services or goods delivered to, or purchased on behalf of, clients using ATR funds (e.g. membership fees, supplemental needs, etc.).
10. Maintain documentation consistent with their specific licensure/certification requirements; all other providers must maintain records of services provided for a minimum of six (6) years.

All Care Coordination Providers must:

1. Ensure each client signs all ATR forms for which a signature is required.
2. Maintain documentation of receipts which detail all items purchased pertaining to specific funds expended (e.g. supplemental needs purchases).
3. Maintain documentation of all estimates and/or purchases from a recognized vendor, which must be on company letterhead, signed and dated by vendor and include vendor phone number and address.
4. Document psychotropic medications detailing name of medication, prescribing practitioner, copy of prescription, and receipt of purchase.
5. Document any case of misuse or inappropriate use of ATR funds, including actions taken.
6. Document satisfaction survey distribution.
7. Document the distribution, including method of delivery, of incentive gift cards to the client or designee.

Appendix G

Arkansas Access to Recovery-Client Satisfaction Survey

Please take a few moments to complete the following survey. The answers you provide will help the Arkansas Department of Human Services evaluate the services you have received. We appreciate you have on how we may improve our program. Thank you.

Name (optional): **Gender:** ☐ M ☐ F **Age:**

Provider: **Date:**

GPRA Follow-up Interview completed: ☐ Face-to-face ☐ Telephone

Race:

☐ **Alaskan Native**
☐ **American Indian**
☐ **Asian**
☐ **Black or African-American**
☐ **Hispanic**
☐ **Native Hawaiian or Other Pacific Islander**
☐ **White**

For each item, circle the answer that best matches your experience in the ATR program:	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Not Applicable**
1. I was given a choice of ATR service providers.	SA	A	N	D	SD	NA
2. I have been treated with respect.	SA	A	N	D	SD	NA
3. I was given choices of services and providers related to my ethnic, spiritual and/or cultural diversity (if applicable)	SA	A	N	D	SD	NA
4. The staff assisted me in getting the services I requested and needed.	SA	A	N	D	SD	NA
5. The services I received have helped me in my recovery.	SA	A	N	D	SD	NA
6. I would recommend this program to other family, friends or neighbors.	SA	A	N	D	SD	NA

7. I am more able to recover from my problems.	SA	A	N	D	SD	NA
8. I would come back for services if I needed help.	SA	A	N	D	SD	NA

During your involvement with ATR, what service was most helpful for you?

During your involvement with ATR, what other services would have been helpful in your recovery?

Appendix H

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
OFFICE OF ALCOHOL AND DRUG ABUSE PREVENTION

4800 WEST 7TH STREET, ADMINISTRATION
LITTLE ROCK, AR 72205
TELEPHONE 501-686-9866
FAX 501-686-9396

INCIDENT REPORT

Date Of Report:			Time of Report:
Provider:			Reported By:
1:			
Incident Date:	Time:		Location:
2:			
Subject of Report:			
Date of Birth:	Sex:	Race:	County of Residence:
Responsible Party:			Next of Kin:
3:			
Persons Involved:			
Name:	Phone Number:	Address:	
a.			
b.			
c.			
d.			
e.			
4:			
Description Of The Incident:			
Comprehensive Summary of What Occurred:			

Appendix I

Arkansas Access to Recovery - GPRA Follow-Up Strategies

There are several different ways to track clients in order to conduct follow-ups. Some examples are:

- Collateral contacts
- Mail contacts
- Telephone contacts
- Internet searches
- Home visits
- Public information sources
- Specialized institutional information systems

Some things to remember about follow-up:

- Follow-up starts at the ATR Assessment with GPRA Intake Interview, continues through the client's total ATR involvement, and ends when all clients are accounted for.
- Think of follow-up as a process and not as an event.

Recommendations for follow-up:

- Make the intake process a positive experience.
- Prepare the client for tracking at each Care Coordination contact.
- Have an updated list of collateral contacts.

Tips for follow-up:

- Keep in touch with clients between the ATR Assessment with GPRA Intake Interview and the Care Coordination with GPRA Follow-up Interview.
- One month prior to the scheduled Care Coordination with GPRA Follow-up Interview, call the client or schedule a Care Coordination session and call the client's collateral contacts to verify the client's whereabouts.
- Keep a tracking log.
- Make sure the client has your phone number.

Appendix J

Arkansas Access to Recovery – Exception Request Form

Please fax to: 501-682-9901

Date Requested:	Provider Name:
Client Name:	Provider Staff:
Client ID Number:	Provider Telephone Number:
	Provider FAX Number:

Describe the exception request and how it supports the client's ***recovery:***

____ Approved ____ Denied

Notes:

Client Signature: _____ Date: _____

Provide Signature: _____ Date: _____

DBHS Signature: _____ Date: _____

Appendix K

Arkansas Access to Recovery – Receipt Form

I, _____ acknowledge the receipt of:
(Client Name)

- ☐ Wellness Assessment Gift Card-$5.00
- ☐ Drug Testing Gift Card $_____
- ☐ GPRA Six Month Follow Up Gift Card
- ☐ Supplemental Needs: _____
- ☐ Drug Free Housing: _____
- ☐ Transportation (Bus/Cab Mileage): _____
- ☐ Other: _____

from _____ in the amount of _____.
(ATR provider organization name)

If applicable, I must provide documentation of receipt of goods or services and will provide that documentation or receipt by _____.
(Date)

Clients who do not provide accurate documentation or receipts and/or who purchase unauthorized goods or services will not receive additional services for which the receipt was not provided and may be determined ineligible for participation in ATR. In addition, DBHS reserves the right to collect reimbursement for the misused funding directly from the client.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if applicable)

Provider / Witness Signature: _____ Date: _____

Appendix L

Recovery Calls Check-up Questionnaire

Name of Client: _____

Client Telephone Number: _____

Date of Treatment Discharge: _____

Date of Completed Call: _____

How many attempts have been made to reach the client prior to this completed call? ____

Did the client make a decision to have the call discontinued? Yes No
If so, why and date of last call: _____

Are there any changes when the client would like to be called or different contact information?

Telephone Number: _____

Staff Signature: _____

Please provide a summary to the client of the process you will use when conducting Recovery Check-Up Calls (purpose, use of tool, goals, how often and long calls will be made) and validate release of information is on file prior to call.

Recovery Update

Question	Answer
Have there been specific services or supports that have helped you sustain your recovery? If so, what have they been?	

Complete only if recovery has been sustained:

Questions	Answers
How has your recovery been going since you were discharged? Have you been able to sustain your recovery? What do you think has contributed to your success?	
What has helped you sustain your recovery?	

Complete if recovery has not been sustained

Social Support/Environment Update:

Questions	Answers
When did you relapse?	Date:
What triggered the relapse?	
What have you been using?	
How often have you used?	
How much have you been using?	
What has worked well for you in the past when you have relapsed? Do you have a recovery plan and if so, have you followed the plan?	
Can I assist you to access treatment or other recovery support services? If so, list specific referrals	
Have you been going to self-help meetings such as AA, NA, or CA? If not, would you be interested in finding out about these kinds of resources within your community?	
Do you have any questions or need any information I can help you obtain? If so, list.	Follow up:
When would you like to schedule the next call?	Date: Time:

Summary:
Please document any referrals, linkages, supports or other follow-up that might not be noted above which would be beneficial in assisting this client in their recovery.

Is there anything that you can think of that would be helpful to your recovery process? If "yes" what?	

Appendix M

RECOVERY PEER COACHING/RECOVERY PLAN

This plan belongs to: _____ Date: _____

My hopes and dreams are: _____

_____

My hopes and dreams are important because: _____

_____

My plan focuses on this/these areas:

___Living ___Learning ___Working ___Social Skills ___Whole Health

If choosing a Whole Health focus, what specific area do I choose to address at this time?

___Healthy Eating ___Physical Activity ___Restful Sleep ___Spirituality

___Stress Management ___ Service to Others ___Support Network ___Emotional

The steps I plan to take in realizing my hopes and dreams are: _____

_____

The ways others can empower me are: _____

_____

Who can empower me and how? _____

_____

I will know that I am making progress toward realizing my hopes and dreams if:

_____

_____

Some things that could interfere with that realization are:

_____

_____

How important is realizing your hopes and dreams? 0= not at all 10= most important

0 1 2 3 4 5 6 7 8 9 10

Appendix N

Arkansas Access to Recovery – Provider Application

Instructions

Please type or print legibly and mail completed application and required attachments to:

Arkansas Department of Human Services
Division of Behavioral Health Services
Office on Alcohol and Drug Abuse Prevention
Certification Section
4800 West 7th Street
Little Rock, AR 72205

- Thoroughly complete all applicable sections ***to include attaching all required documentation for each service noted on the "Documentation Requirements" section. Return all pages of the application.***
- Retain a copy of the completed application and attachments for your files
- Incomplete applications **(including failure to submit all copies of all required documentation)** will not be processed and will be returned to the applicant
- **If you need any assistance completing this application, please call ATR Program at 501-686-9866 or Toll Free Number listed at AR ATR link at www.arkansas.gov/dhs/dmhs/**

I. Applicant Information:		
Organization/Applicant Name:	Tax ID Number:	
Name and Title of Organization/Applicant's Director/Leader:	County:	
Mailing Address (include city, state, zip):	Physical Address (include city, state, zip):	
Main Phone Number:	FAX Number:	E-Mail Address:
ATR Contact Person:		
ATR Contact Phone Number (if different):		
ATR E-Mail Address (if different):		
Provide a brief description of your organization including the services you currently provide:		
How do you determine if staff and volunteers are qualified and appropriate to serve clients?		

Note any criteria that would prohibit a staff member or volunteer from providing services to or having contact with clients.	
Select if your organization:	
☐ Offers American Sign Language Interpretation	☐ Is accessible to persons with disabilities
☐ Has a location near public transportation	☐ Offers services in languages other than English
☐ Has parking for people with disabilities	If so, what language(s)?

II. Disclosures:

Has your organization or an employee or volunteer ever lost a professional certification or licensure for misconduct, failure to maintain required standards, or any other reason?

☐ Yes ☐ No

If yes, please explain:

Is your organization or an employee or volunteer facing any pending or threatened litigation?

☐ Yes ☐ No

If yes, please explain:

Has an employee or a volunteer ever been convicted of a felony, misdemeanor, or placed on the Arkansas Child or Adult Maltreatment Registry(ies)?

☐ Yes ☐ No

If yes, please explain:

III. Type of Organization:

Place a check mark in the box that best describes your organization.

☐ Faith-Based (organization founded on a particular religion or spiritual belief) Type of Religious denomination:	☐ Community-Based (not Faith-Based or Tribal) Please indicate type (select all that apply): ☐ Non-profit ☐ For-profit ☐ Grassroots (organizations with annual operating budgets of $500,000 or less) ☐ Other:

IV. Information System Requirements:

Organization :

- ☐ Windows XP, Windows 7, or Windows VISTA; and
- ☐ Internet Explorer 6 or Internet Explorer 7; and
- ☐ Screen resolution of 1024 x 768 or higher

V. ATR Covered Services:

Check the services your organization is applying to provide and attach all copies of all documentation as specified in the "Documentation Requirements" section. **Specifically, if you check a box that indicates you have the required education, license, experience or that you meet other requirements, you should attach a copy of the relevant documentation** (e.g. copy of license, degree, fire inspection, etc.)

ATR Covered Services **(see Arkansas Access to Recovery Provider Manual <u>Appendix A</u> Service Descriptions, Rates, and Qualifications**	Documentation Requirements (please check ensure that copies of all information that is checked are included in the application packet)
Care Coordination Services	
☐ **Care Coordination** Ongoing face-to-face or telephone meetings with ATR client, conducted monthly and as needed to update client's recovery support plan and coordinate /support client access to, participation in, and continuation in ATR covered services. *Identifies health care and recovery support needs with client and initiates referrals, issues ATR vouchers, and links the services system with the client, monitors service delivery and evaluates the effort. Common linkages include those with treatment and/or other health care, employment, legal, housing, child welfare, TANF, other social services, peer-support providers, and more.* Care Coordination includes the following ATR covered Services: • **ATR Assessment with GRPA Intake Interview** One-time, face-to-face meeting with a prospective ATR client conducted prior to admission to ATR to determine an individual's eligibility for ATR participation as well as participant needs and requests for specific ATR covered services. Includes completing ATR assessment and Recovery Support Services (RSS) Questionnaire, GPRA intake, collateral contact, release of information, and voluntary consent forms. This service will result in design of a specific, individualized *recovery plan* to include non-clinical recovery support services for a client at intervals along the continuum between screening and referral and long-term recovery, including for clients currently being served by a licensed treatment program and clients not enrolled in a licensed treatment program. The individual client is involved in recovery care planning, and this service includes active referrals for treatment and recovery support services and	☐ Bachelor's degree; or ☐ **CADC; or** ☐ **Currently pursuing a Bachelor's degree with** two years of experience substituting for each year of education needed toward completion of the bachelor degree (documentation should include copy of current transcript and proof of experience) **AND** ☐ Documentation of experience with SUD clients; and **AND** ☐ Documentation of training in Motivational Interviewing; and **AND** ☐ Documentation of at least 6 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services

social/community connections aimed at preventing relapse and supporting long-term recovery. The Recovery Care Plan will focus on wellness rather than illness and identify local resources outside of clinical treatment.

Identifies and evaluates an individual's strengths, weaknesses, problems, and needs to be used for the development of an individualized plan to support a participant's recovery within the community.

- **ATR Care Coordination with Overall Wellness Assessment**

  Care Coordinator facilitates clients' completion of on-line Healthy Arkansas Overall Wellness Assessment that provides client and care coordinator with information to be used in recovery care planning. This service includes issuing client a $5 gift card as an incentive for completing the on-line assessment; The Care Coordinator issues a $5 gift certificate to client upon client's presentation of wellness report.

  The overall wellness score indicates potential risks for developing certain diseases or health conditions and provides the client with information and suggestions on how to strengthen healthy behaviors while working to change unhealthy habits.

- **ATR Care Coordination with GPRA Discharge Interview**
  One time, face-to-face meeting with client, conducted at discharge from ATR program, to review client participation in ATR covered services and to complete GPRA Discharge Interview.

- **ATR Care Coordination with GPRA Follow-up Interview**
  One time, face-to-face meeting with client, conducted six months following admission to ATR, to assess satisfaction with ATR and to complete GPRA follow-up interview. Also includes obtaining client satisfaction information and issuing client $15 gift card.

- **ATR Care Coordination with Bundled 6 month GPRA and Discharge Interview (combination of the GPRA Discharge Interview and the GPRA Follow-up Interview)**

Clinical Substance Use Disorder (SUD) Services ***Services are to be evidence-based with continuous improvement plans*** ***Substance Abuse Treatment Services (SATS) – Medicaid Services for Pregnant/Postpartum Women and 9-21 Year Olds.**	
Brief Intervention-SUD A short-term intervention targeted toward individuals and families that focuses on reduction of risk factors generally associated with the progression of substance use disorders. It is used to motivate the individual to seek the appropriate level of treatment or other intervention, and is accomplished through early identification of persons at risk, performing basic individual assessments and providing supportive services which emphasize short-term counseling and referral.	☐ Licensed physician in the State of AR (MD, DO) ☐ APN ☐ PA ☐ LADAC ☐ Licensed Psychologist in the State of AR ☐ AADC ☐ CCDP-D
*** Assessment-SUD** Identifies and evaluates the nature and extent of an individual's use/abuse/addiction to alcohol and/or other drugs and identifies but does not diagnose any existing co-morbid conditions. A standardized substance abuse assessment instrument approved by DBHS (such as Addiction Severity Index) is used to complete the assessment process which results in the assignment of a diagnostic impression, patient placement recommendation for treatment regimen appropriate to the condition and situation presented by the recipient, and referral into a service or level of care appropriate to effectively treat the identified condition(s).	☐ Licensed physician in the State of AR (MD, DO) ☐ APN ☐ PA ☐ LADAC ☐ Licensed Psychologist in the State of AR ☐ AADC ☐ CCDP-D
***Treatment Planning** Design or modification of a specific, individualized treatment plan for the clinical treatment for substance use disorders. The treatment plan is developed in cooperation with the client to deliver specific addiction services to the individual to restore, improve or stabilize the individual's conditions, and must be based on individualized service needs identified in the completed SUD assessment. This plan must include goals for the treatment of identified problems, symptoms, and addiction issues. The plan must identify individuals and treatment teams responsible for treatment, specific treatment modalities prescribed for the individual, and time limitations for service. This may be the initial plan for a client entering treatment, the modification of a plan for a client already in treatment and/or transitioning from one level to another, or a discharge plan that includes recovery check -ups and/or active referrals for recovery support services as needed. It is typically a scheduled service not necessarily delivered in conjunction with other treatment. This service is the "prescription" of treatment services to be provided to a client and their families. Treatment Plan updates must be conducted at a minimum of every 90 days.	☐ Licensed physician in the State of AR (MD, DO) ☐ APN ☐ PA ☐ LADAC ☐ Licensed Psychologist in the State of AR ☐ AADC ☐ CCDP-D

***Pharmacological Interventions** Includes face-to-face medication assessment, prescription, use and review of medications to stabilize a client's substance abuse and/or co-occurring mental health disorder. This service is limited to the prescribing of psychotropic medications and those medications necessary to treat addiction-related medical conditions and medication assisted addiction treatment.	☐ Licensed physician in the State of AR (MD, DO) ☐ Licensed in the State of AR as an Advanced Practice Nurse with prescriptive authority ☐ Physician's Assistance under the supervision of a physician licensed in the State of AR
***Individual Counseling-SUD** Face-to-face, one-to-one, therapeutic interaction between a provider and client necessary to initiate and support the rehabilitation effort, orient the recipient to the treatment process, develop the ongoing treatment plan, augment the treatment process, intervene in a problem area, contingency management, prevent a relapse situation, continuing care or providing ongoing psychotherapy as directed by the recipient's needs.	☐ Licensed physician in the State of AR (MD, DO) ☐ APN ☐ PA ☐ LADAC ☐ Licensed Psychologist in the State of AR ☐ AADC ☐ CCDP-D AND ☐ Documentation of current ability to perform drug testing directly or through contract (required to provide this service)
***Group Counseling – SUD** Face-to-face therapeutic interventions provided to a group of 2-12 clients on a regularly scheduled basis to improve beneficiaries' capacity to deal with problems that are a result of and/or contribute to substance abuse. The professional uses the emotional interactions of the group's members to assist them in implementing each beneficiary's master treatment plan, orient the beneficiary to the treatment process, support the rehabilitation effort, and to minimize relapse. Services are to be congruent with age, strengths, needed accommodation for any disability, and cultural framework of recipient and his/her family.	☐ Licensed physician in the State of AR (MD, DO) ☐ APN ☐ PA ☐ LADAC ☐ Licensed Psychologist in the State of AR ☐ AADC ☐ CCDP-D
Individual Relapse Prevention Services **Educational services** provided to assist client in identifying their current stage of recovery and establishing a recovery plan, including acute and post-treatment services to identify and manage relapse warning signs. These services can be provided as stand-alone services or within any substance abuse treatment setting (outpatient, residential, detox, etc.)	☐ LADAC ☐ AADC ☐ CCDP-D ☐ CADC ☐ CIT ☐ CPS ☐ CPC ☐ MHP under the supervision of an LADAC, AADC or CCDP-D ☐ MHPP under the supervision of an LADAC, AADC or CCDP-D
Group Relapse Prevention Services Planned program of instruction provided to 2-15 clients, designed to assist individuals in drug abuse prevention, relapse, and/or treatment. This service can be provided as a stand alone service or within any substance use disorder treatment setting.	☐ LADAC ☐ AADC ☐ CCDP-D ☐ CADC ☐ CIT ☐ CPS ☐ CPC ☐ MHP under the supervision of an LADAC, AADC or CCDP-D ☐ MHPP under the supervision of an LADAC, AADC or CCDP-D
Alcohol/Drug Testing Laboratory testing to collect and analyze urine, blood, saliva, or breath to determine evidence of tobacco, alcohol, and/or illicit drug use. May provide client incentives for successive negative drug screens.	☐ Proof of current ability to perform drug testing directly or through contract **AND**

Individual counseling providers must be able to provide (directly or through referral/contract) observed urine specimen collection and random drug testing (random is defined as "not coinciding with another regularly scheduled visit").	☐ Certification of Compliance with the Clinical Laboratory Improvement Act (CLIA) regulations
Family/Couples Education Group—SUD Face-to-face interaction between at least 2 clients and their family members/significant others to assist the whole family in identifying the client's current stage of recovery and orienting the members to the processes associated with long-term recovery, including acute and post-treatment services to identify and manage relapse warning signs and promote successful community integration.	☐ LADAC ☐ AADC ☐ CCDP-D ☐ CADC ☐ CIT ☐ CPS ☐ CPC ☐ MHP under the supervision of an LADAC, AADC or CCDP-D ☐ MHPP under the supervision of an LADAC, AADC or CCDP-D
***Family/Marriage Group Counseling** Face-to-face therapeutic intervention between at least 2 clients and a maximum of 9 clients and their family members/significant others to enhance family members' insight into family interactions, facilitate inter-family emotional and practical support and develop alternative strategies to address family issues, problems, and needs. Group is designed to support the rehabilitative and recovery effort and must be prescribed in the treatment plan to address familial problem or need and to achieve goals or objectives specific in the treatment plan.	☐ Licensed physician in the State of AR (MD, DO) ☐ APN ☐ PA ☐ LADAC ☐ Licensed Psychologist in the State of AR ☐ AADC ☐ CCDP-D
***Multi-person (family) Education** Face-to-face interaction with a client and his/her family members / significant others designed to assist the family in identifying the client's current stage of recovery and orienting the members to the processes associated with long-term recovery, including acute and post-treatment services to identify and manage relapse warning signs and promote successful community integration.	☐ LADAC ☐ AADC ☐ CCDP-D ☐ CADC ☐ CIT ☐ CPS ☐ CPC ☐ MHP under the supervision of an LADAC, AADC or CCDP-D ☐ MHPP under the supervision of an LADAC, AADC or CCDP-D
***Family/Marriage Counseling** Face to face treatment provided to more than one member of a family simultaneously in the same session or treatment with an individual family member (i.e. spouse or single parent) that is specifically related to achieving goals identified on the recipients' master treatment plan. The identified recipient must be present for the service. Services are to be congruent with the age, strengths, needed accommodations for disability and cultural framework of the recipient and his/her family. These services are to be utilized to identify and address marital/family dynamics and improve/strengthen marital/family interactions and functioning in relationship to the recipient, the recipient's condition and the condition's impact on the marital/family relationship.	☐ Licensed physician in the State of AR (MD, DO) ☐ APN ☐ PA ☐ LADAC ☐ Licensed Psychologist in the State of AR ☐ AADC ☐ CCDP-D
Recovery Check-Up Telephone assessment of a client's current stage of	☐ LADAC ☐ AADC

recovery post-discharge from an acute care program and their compliance with a therapeutic, individualized recovery management plan. This service is performed in collaboration with recovery care coordinator to insure appropriate needs are identified and to facilitate linkages with local recovery support services. This service may include progress monitoring and re-adjustment of the individualized recovery plan as indicated by individual circumstances.	☐ CCDP-D ☐ CADC ☐ CIT ☐ CPS ☐ CPC ☐ MHP under the supervision of an LADAC, AADC or CCDP-D ☐ MHPP under the supervision of an LADAC, AADC or CCDP-D AND ☐ Documentation of formalized employment or volunteer relationship with an organization that has been approved by DBHS to provide ATR Recovery Check Ups.
Continuing Care Counseling An organized service which provides on-going supportive counseling for individuals who have completed substance abuse treatment. This service cannot be provided in conjunction with Life Skills Coaching, Recovery Peer Coaching or Recovery Calls.	☐ Licensed physician in the State of AR (MD, DO) ☐ APN ☐ PA ☐ LADAC ☐ Licensed Psychologist in the State of AR ☐ AADC ☐ CCDP-D
Residential Treatment An organized service provided by a licensed treatment program which provides a 24-hour live-in, seven-day-a-week substance abuse treatment program providing a structured recovery environment to support recovery from substance use disorders.	☐ Current DBHS licensure as a residential alcohol and drug treatment program

Recovery Support Services/Ancillary Services	
Other Education Services Group	
Addresses activities of daily living such as budgeting, financial management, time management, interpersonal relations parenting, household management, anger management, and other issues that directly link to an individual's recovery plan but are not covered under other identified Recovery Support Services and may be provided in an office or community setting to assist the individual in community integration and sustaining recovery management. This service would include at least two and no more than 12 ATR clients.	
Employment Readiness/Training Services Resources provided in recovery to assist in finding, improving and sustaining employment and can include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, resume writing, interviewing skills and tips for retaining employment. Other services could include training in a specific skill or vocational assessment and job referral. May include assisting the client in completing requirements prior to employment such as background checks or drug tests and assessments.	☐ Documentation of knowledge and skills in providing Employment Readiness/Training Services **AND** ☐ Documentation of provision of Employment Readiness/Trainings services for a minimum of six (6) months prior to date of application
Housing Support Services Services include helping clients/families in locating and securing affordable and safe housing, accessing a housing referral service, relocation services, tenant/landlord counseling, repair mediation and other identified housing needs.	☐ Documentation of knowledge and skills in providing Housing Support Services **AND** ☐ Documentation of provision of Housing Support services for a minimum of six (6) months prior to date of application
Educational and Remediation Services Supported education services may include academic counseling, assistance with academic and financial applications, and aptitude and achievement testing to assist in planning educational services and support, including for GED and college education. Services also include vocational training and education through structured sessions focusing on increasing, expanding or stabilizing the education skills of an individual. These sessions could include tutoring and other structured classes designed to present information in a group setting.	☐ Documentation of knowledge and skills in providing Educational and Remediation Services **AND** ☐ Documentation of provision of Educational and Remediation services for a minimum of six (6) months prior to date of application
Parenting/Child Development Education Services Services provided in a group or experiential setting that involves clients and their family members and facilitates the instruction of promising practices or evidence-based parenting or child development knowledge and skills. Services may include teaching, monitoring, and modeling appropriate discipline strategies and techniques, providing information and advocacy on child development, age appropriate needs and expectations, and may include parent groups and other related services.	☐ Documentation of knowledge and skills in providing Parenting/Child Development Education Services **AND** ☐ Documentation of provision of Parenting/Child Development Education services for a minimum of six (6) months prior to date of application

Financial Management/Credit Counseling Services provided by organizations that help consumers find ways to prevent overspending or repay their debt - through careful budgeting and management of money and including establishment of checking and savings account as appropriate.	☐ Documentation of knowledge and skills in providing Financial Management/Credit Counseling Services **AND** ☐ Documentation of provision of Financial Management/Credit Counseling services for a minimum of six (6) months prior to date of application
Life Skills Other Other services specific to client recovery plan including household management, home economics, goal-setting, etc.	☐ Documentation of knowledge and skills in providing Life Skills Services **AND** ☐ Documentation of provision of Life Skills services for a minimum of six (6) months prior to date of application
Medical/Dental Screening Screening, and referral as needed, for primary and specialty medical or dental care. Includes screening for infectious diseases (e.g., HIV, hepatitis B and C, tuberculosis, STDs), conditions commonly associated with addiction (e.g., liver, cardiovascular disease, dental disease); and reproductive and pediatric health care needs.	☐ Documentation of knowledge and skills in conducting Medical/Dental Screening Services **AND** ☐ Documentation of provision of Medical/Dental Screening services for a minimum of six (6) months prior to date of application **AND** ☐ Provide copy of screening tool or document process for screening client for medical/dental referral
Medical/Dental Care Assessment/Treatment/Re-assessment of physical or dental health care needs to address health status, illness, injury, pain, or infection.	☐ Licensed physician in the State of AR (MD, DO) ☐ APN ☐ PA ☐ DDS
Psychiatric Evaluation Service to a client assessed with a substance use disorder when the client screens positive for or otherwise demonstrates need for clinical assessment for co-occurring mental health disorder.	☐ Licensed physician in the State of AR (MD, DO) ☐ APN ☐ PA ☐ Licensed Psychologist in the State of AR ☐ CCDP-D ☐ MHP ☐ LPC ☐ LCSW ☐ LMFT ☐ LPE-1 ☐ LAC with supervision ☐ LPE with supervision
Psychological Testing Evaluation to assess a client with substance use disorder for co-occurring mental health or learning disorders. This includes administration, scoring, and interpretation of psychological tests developed and standardized to assist in identifying intellectual functioning, academic ability, social judgment, and personality traits to assist in accurate diagnosis and treatment based upon an individual client's ability.	☐ Licensed Psychologist in the State of AR ☐ LPC ☐ LPE-1 ☐ LAC with supervision ☐ LPE with supervision

Mental Health Therapy Services Face-to-face therapy to address mental health issues that might impact the client's life and recovery, using evidence-based approaches.. The most frequent disorders are mood and personality disorders—often associated with trauma histories and PTSD.	☐ Licensed physician in the State of AR (MD) ☐ APN ☐ PA ☐ Licensed Psychologist in the State of AR ☐ CCDP-D ☐ LPC ☐ LCSW ☐ LMFT ☐ LPE-1 ☐ LAC with supervision ☐ LMSW with supervision ☐ LPE with supervision
Health Care Education—Group Group education to address prevention and wellness, generally or regarding specific conditions such as HIV, STDs, Hepatitis, Reproductive Health Care, Tobacco Use Cessation, Child Health Supervision, Obesity, Physical Activity, etc**.**	☐ RN ☐ PA ☐ LADC ☐ AADC ☐ CCDP-D ☐ CADC under supervision of LADAC, AACDC or CCDP-D ☐ CPC under supervision of LADAC, AACDC or CCDP-D ☐ CPS under supervision of LADAC, AACDC or CCDP-D ☐ CIT under supervision of LADAC, AACDC or CCDP-D
Child Care Includes care and supervision provided to a client's child(ren) less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment/recovery support activities. If ATR client is not present in building, services must be provided in a licensed child care center or school (before/day/after care) program meeting state Quality Afterschool and School-Age Programs standards--on or off-site. Client must provide evidence of application for and denial or waiting list status for state child care vouchers when a licensed child care facility is used. Staff:child ratios should be: 1:3-4 for infants under 18 months of age; 1:6-7 for toddlers 18-36 months of age; 1:8-9 for children 36-60 months of age To promote quality child care it is recommended that caregivers meet professional development requirements such as Infant/Toddler or Preschool Frameworks, courses related to child/human development at higher education institutions, Traveling Arkansas Professional Pathways (DCCECE approved training), or Conscious Discipline. A list of activities during the time in care-will identify that there is a schedule/routine for children that includes a variety of play/choice/learning opportunities utilizing a wide range of materials/equipment.	☐ Current DHS license as a child care or afterschool care center **OR** ☐ For Child Care provided for less than 2 hours, Child Development credentials **OR** ☐ For Child Care provided for more than 2 hours, Associate's Degree or higher in early Childhood Education, Child Development or related field **AND** ☐ Documentation of a completed criminal background, child maltreatment and adult maltreatment registry checks
Supportive, Transitional, Drug-Free Housing Includes financial assistance for transitional housing, recovery living centers or homes, supported independent living, sober housing, short-term and emergency or temporary housing, and other housing providing for safe, clean, and sober living environments	☐ Copy of current fire inspection **AND** ☐ Copy of current health department inspection

for adults or families with substance use disorders. Lengths of stay may vary.	**AND** ☐ Documentation of provision of supportive, Transitional, Drug-Free Housing for a minimum of six (6) months prior to date of application
Alcohol and Drug-Free Recreational/Fitness Activities Long-term recovery demands an adjustment and resolution balance between work, sleep, recovery activities, leisure activities, and relationships. Identifying healthy and comfortable places, structure, routines, and people for recreational connections is important in obtaining and sustaining recovery. This service includes connecting individual with alcohol and drug-free social activities, non-structured meetings, community events and organized social activities in an alcohol and drug free setting that expose the client to healthy peer interaction within the community. Services might include recovery dance, twelve step conference, sports team, organized community recovery events. Service is available after 30 days of ATR services.	
Transportation Services Services for those engaged in treatment related appointments/activities (e.g. treatment, recovery check-up appointment, medical care, employment skills building, child care, or parenting service, etc.) with no other means of transportation. Can include bus passes, taxi, transportation services by private transportation agency, or mileage reimbursement of client or family members at state approved rate. Does not include routine transportation to and from work. Documentation must include specific, verifiable receipts for transportation services provided. Note: Qualified Transportation Services providers may not have more than three (3) accumulated points in a three (3) year period in their driving history.	☐ Copy of current driver's license or CDL, as applicable **AND** ☐ Copy of DF&A Driver's Record for a period of 3 years prior to the date of application showing no more than three (3) accumulated points
Peer Coaching or Mentoring Non-clinical face-to-face services designed and provided by peers who have gained practical experience in both the process of recovery and how to sustain it through similar substance abuse challenges and lived experiences (most often by themselves or a family member). These services focus more on wellness than illness and are delivered with an emphasis on resilience, local indigenous systems of support and recovery education and problem-solving, and on sustained and assertive monitoring and feedback. This includes linkage to state benefits and extra-treatment environments such as family, friends, social networks, school/workplace, and community. Mentors and coaches provide information/advice and/or spiritual support, friendship, reinforcement and constructive example—to the client and family members. Peer recovery support services provide social support to	☐ Documentation of training in peer coaching or facilitation, or support as approved by DBHS **AND** ☐ Documentation of at least two continuous years of abstinence **AND** ☐ Documentation of provision of supportive, Transitional, Drug-Free Housing for a minimum of six (6) months prior to date of application **AND** ☐ Copy of current liability insurance

individuals in all stages on the continuum of change that constitutes the recovery process. Services may precede formal treatment, strengthening a peer's motivation for change; accompany treatment, providing a community connection during treatment; follow treatment, supporting relapse prevention; and be delivered apart from treatment to someone who cannot enter the formal treatment system or chooses not to do so. Such peer support expands the capacity of formal treatment systems by promoting the initiation of recovery, reducing relapse, and intervening early when relapse occurs. Peer coaches or mentors must be experientially qualified, having experienced recovery themselves or with a family member or significant other, and be employed by or have a formalized volunteer relationship with the provider.	
Spiritual Support Face-to-face counseling or spiritual 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. 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 spiritual based activities 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.	☐ Currently ordained, commissioned or licensed as a minister or equivalent, pastor, bishop, deacon, evangelist, rabbi, imam or other ministerial status according to the procedures followed by a particular faith or denomination **OR** ☐ Documentation of 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** ☐ Documentation of meeting traditional and recognized standards of a Native American Tribal community and have an endorsement from that tribal community **OR** ☐ Master's level professional license at the independent level of practice with documented experience and/or education in spiritual counseling, and employed by a mental health clinic, group or individual private practice, hospital or licensed substance abuse program
Supplemental Needs Assistance provided to ATR client to meet tangible needs that support their recovery. These supplemental needs are determined by the client in collaboration with their care coordinator and must be approved by the care coordinator. The care coordinator enters the voucher for Supplemental Needs and the Supplemental Needs provider pays for the item or service directly, consistent with the voucher(s), obtains a receipt documenting payment, and enters the encounter in the VMS for reimbursement payment. Supplemental Needs can include but are not limited to:	☐ Certification statement that the provider is an established organization with the financial supports to pay for supplemental needs services at time of delivery with reimbursement by ATR voucher. Statement must be signed by the organization's board chairman, president, CEO, COO, or designee.

Clothing/Hygiene Products This service includes clothing vouchers to be used for obtaining clothing for employment, education, and other recovery-related needs. Hygiene products related to daily needs, including soap, shampoo, toothpaste, deodorant, shaving needs, feminine hygiene products, and dental products. This service does not include perfume, cologne, nail polish, nail polish remover, make-up, hair color, electric razors, cleaning supplies or other purchases as designated by the care coordinator. Products containing alcohol are strongly discouraged. Education Assistance provided to clients for the purpose of completing or continuing education, such as for GED coursework and testing, English as a second language (ESL) classes, or educational materials, books, supplies and tuition at a secondary educational institution. Psychotropic Medication Assistance provided to clients to purchase a 30 day supply of prescription psychotropic medications. Documentation of medication prescription and/or pharmacy receipt indicating prescription should be maintained in the client file. **Utility Assistance** Assistance provided to clients for the purpose of past due utility assistance or deposits that assist in establishing or maintaining their residence. Client must have documentation of denial from other sources for utility assistance and documentation of utility bill and attempted payment plan. Utility Assistance can be used for past due bills that are interfering in the client's ability to obtain housing. Utility bills must be in the ATR client's name. **Wellness** 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, fitness memberships (including family memberships), smoking cessation, or nutritional counseling. Restorative Dental Care Restorative dental care encompasses the process of restoring missing, damaged, or diseased teeth to normal form and function, performed by general dentists (Client must be enrolled in ATR at least 60 days prior to restorative dental care voucher). **Co-Pays** Out-of-pocket fees assessed to clients up to 200% of the Federal Poverty Level for substance use disorder treatment services or for psychotropic medications or medication assisted treatment. **Other Needs** Other instrumental needs determined by care coordinator and client such as food, assistance with legal expenses, mileage at state rate for transportation	

to ATR appointment by family member or other individual, automobile repair/battery/etc., or other recovery support needs as reflected in recovery care plan and approved by care coordinator.	

In the event that an application is incomplete or additional documentation is requested by Arkansas DBHS in order to complete the process, the applicant has 30 days from the date of the request to provide all of the additional documentation or the application will be denied.

Upon acceptance of your application, DBHS will issue a Voucher Agreement for the provision of the services you identified. The duties, rights and obligations of the parties to this agreement shall be governed by the Voucher Agreement and its attachments. . Approval of your application DOES NOT imply that you have a Voucher Agreement (contract) with DBHS to provide services. Services SHOULD NOT be initiated until your Voucher Agreement has been approved and signed by DBHS. Any services provided PRIOR to an approved, signed Voucher agreement by both parties (provider and DBHS) will not be reimbursed.

By signing below, I certify that the information provided in this application and attachments, is correct and true to my knowledge.

_____	_____	_____
Signature of Authorized Representative	**Title**	**Date**

For ATR Project Director Use Only
Date Application Received: _____ ATR Project Director Recommendation: ☐ Approve ☐ Deny Reason: ATR Project Director Signature: _____ Date: _____
For DBHS Use Only
Date Application Received: _____ Certification Determination: ☐ Approved ☐ Denied Reason: ATR Certification Representative: _____ Date: _____

Appendix O

ATR Treatment and Recovery Support Services Provider Training Requirements

* Care Coordinators will also be required to complete face-to-face and/or on-line VMS, GPRA, and strengths-based case

Training Units→ **Service Providers ↓**	**ATR 101- Overview & Guiding Principles**	**Principles of Effective Interviewing (proof of training allowed)**	**AR ATR VMS; Reporting; Billing; Waste, Fraud & Abuse; Confidentiality**	**Addiction & Recovery 101 (may provide training certificate/ experience)**	**Ethics (may provide certificate of training)**
Care Coordinator*	x	x	x	x	x
Recovery Coach**	x	x	x		x
Peer Mentor**	x	x	x		x
Clinical Substance Use Disorder or Mental Health Treatment	x	x	x		x
Drug Testing			x		
Relapse Prevention Services	x		x	x	x
Self-Help (Peer to Peer) Group Leader	x		x		x
Life Skills Instructor	x		x	x	x
Employment Trainer	x		x	x	x
Housing Assistant	x		x	x	x
Education/Remediation	x		x		x
Parenting/Child Development instructor	x		x	x	x
Finance/Credit Counselor	x		x		x
Medical/Dental Health Screener	x		x	x	x
Health Educator	x		x	x	x
Child Care Provider	x		x	x	x
Transitional Housing	x		x		x
Alcohol/Drug Free Recreation/Fitness	x		x	x	x
Transportation	x		x		x
Spiritual Support Provider	x		x	x	x
Supplemental Needs Agency	x		x		x

management training (proof of training/certification is allowed).

**Recovery Coaches and Peer Mentors will also be required to attend approved training in recovery coaching. (proof of training/certification allowed.)

Substance Use Disorder or Mental Health clinical providers are required to provide ATR Treatment, Recovery Support, or Ancillary Services within the scope of their current licensure and/or certification.

Estimated total training hours for care coordinators = 40
Estimated total training hours for recovery support services providers = 20.

Any provider is welcome to attend training beyond that which is required for ATR services provided

Appendix P

Arkansas Access to Recovery (AR ATR)

ATR Care Coordinator Name: _____

Referring Agency: _____ **Referring Agency Contact**: _____

Address: _____

Fax: (_____) _____ -_____ **Phone:** (_____) _____ - _____

Email: _____

Participant Information: Gender: ____ Male ____ Female Pregnant? ____Yes ____No

Participant Name: _____ **Birth Date:** _____/_____/____

Address: _____ **City:** _____

County_____ **Zip:** _____

Primary Phone: (___ ____) _____- _____**TYPE: ____Home ____Work ____Cell ___Other**

Secondary Phone: (___ ____) _____- _____**TYPE: ____Home ____Work ____Cell ___Other**

Language Preference (check one): _____ English _____ Spanish _____Other - _____

Eligibility Category *(all fields are required)***:**

☐ Client States Income is Under 200% of Poverty
☐ Desires Assessment for Arkansas ATR Program Eligibility
☐ 18 or older

Eligible Population (*check all that apply*)

- ☐ Member of Arkansas National Guard, Member of Military or veteran
- ☐ Family involvement **or** at risk of family involvement with the DHS Divisions of Children and Family Services (DCFS) or Youth Services (DYS)
- ☐ Adult convicted of Driving While Under the Influence (DUI) or Driving While Intoxicated (DWI) offenses

OPTIONAL

☐ Referring Agency would like confirmation of ATR enrollment
This will require ATR Care Coordinator to obtain client consent.