

State of Maryland
Access to Recovery Program
Department of Health and Mental Hygiene
Alcohol and Drug Abuse Administration

Maryland *RecoveryNet*:
ATR Recovery Support
Services
**CARE COORDINATOR
SUPPLEMENT**

October 2013

The following Provider Manual and forms are adapted from the
Access to Recovery programs in the States of Iowa and Connecticut.

ADAA reserves the right to make changes to the Provider Manual as needed.

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Maryland *RecoveryNet* Program Summary

RecoveryNet is a four-year Access to Recovery (ATR) grant awarded to the Maryland Alcohol and Drug Abuse Administration (ADAA) in September 2010 by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. ATR is a federal initiative that provides vouchers to individuals to purchase services and supports linked to their recovery from substance use disorders. ATR emphasizes client choice and increases the array of available community- and faith-based services, supports, and providers. All services are designed to assist recipients in remaining engaged in their recovery while promoting independence, employment, self-sufficiency, and stability. *RecoveryNet* funding supplements, but does not replace or supplant, existing services and funding streams.

Services covered by *RecoveryNet* are managed through an electronic Voucher Management System (VMS). After a potential service recipient selects services from a menu of providers and is authorized by a *RecoveryNet* Regional Coordinator to receive services, vouchers (authorizations) are entered into the VMS for selected covered services. All *RecoveryNet* providers enter encounters into the VMS when they provide a covered service to a *RecoveryNet* client. ValueOptions, under contract with the Maryland Alcohol and Drug Abuse Administration, pays *RecoveryNet* providers by matching claims to authorizations and encounters.

RecoveryNet information is also available at <http://adaa.dhmh.maryland.gov/SitePages?Home.aspx>

Contact Information

For information regarding Maryland *RecoveryNet*, please contact:

Deirdre Davis, *RecoveryNet* Project Director
Maryland Alcohol and Drug Abuse Administration
55 Wade Avenue, Catonsville, MD 21228
Phone: 410-402-8620
Email: Deirdre.davis@maryland.gov

For information regarding technical assistance with SMART, please contact:

SMART Support Desk
Telephone: 301-405-4870
Email: jgsrsupport@umd.edu

RecoveryNet Client Eligibility and Enrollment

Maryland residents suffering from substance use disorders are eligible to receive services through the Maryland RecoveryNet / Access to Recovery Program. In order to be enrolled in the program they must meet eligibility requirements, must have chosen to enroll in the program and must be referred through a designated portal/access point.

Eligibility Requirements

In order to be eligible for ATR, clients must:

- Be eighteen years of age or older
- Be a current resident of Maryland and planning to reside in Maryland during the duration of their work with ATR
- Have a current bio-psycho-social assessment
- Have a substance use disorder diagnosis
- Have a documented need for *RecoveryNet* services
- Request *RecoveryNet* services
- Have an income at or below 200% of the Federal Poverty Level (\$22,340 for an individual or \$30,260 for an individual with one dependent) and be without insurance or other financial resources to pay for *RecoveryNet* services.

In addition, eligible clients must:

- Work with a Care Coordinator.
- Agree to enroll in another level of treatment or in Continuing Care with a Level I Outpatient program.
- Participate in three (3) intervals of the Government Performance and Results Act (GPRA) interview (intake, follow-up (six months after intake) and at discharge from the *RecoveryNet* program).
- Provide contact information to be located for the follow up GPRA interview. No confidential information will be provided to persons on the contact page unless authorized by the client through a consent document. The client may revoke consent documents at any time.
- If participating in the Department of Public Safety and Correctional Services Residential Substance Abuse Program, must be scheduled for release from the facility into the community within 60 days of discharge from the treatment program.

Client Choice

The ATR program is a recovery initiative that is consumer-focused and strives to meet the unique needs of each participant. In order to enroll in the ATR program, clients must make an informed decision about whether they are interested in the services and willing to participate for a period of at least five months. The clients must also agree to complete the intake assessment GPRA and the follow-up and discharge GPRA's. If the client has opted to enroll in ATR and agreed to work with a care coordinator and complete the required assessments then they will be considered for enrollment into ATR.

Access Points

ATR focuses on clients who have a need for recovery support services. In order to be eligible, the client must have access to a Care Coordinator who has approval to enroll clients into ATR. These Care Coordinators are contracted to conduct outreach to residential and outpatient drug treatment programs, facilities serving veterans and in correctional institutions. In order for a potential recipient to gain access to ATR, they must be involved with one of the designated facilities.

Enrollment

Clients will not be enrolled into ATR until an intake is conducted with the Care Coordinator and an assessment is completed. The Care Coordinator will use the assessment to determine if the client is appropriate and eligible for ATR and then discuss the program with the client so that they can make a decision about enrollment.

If the client and Care Coordinator agree that *RecoveryNet* services are appropriate for the client, then the Care Coordinator completes the Request for *RecoveryNet* Services from the appropriate Regional Area Coordinator (RAC) via email. (see **Appendix 2: RAC E-Mail Template**) In addition to offering options, it is the responsibility of the Care Coordinator to confirm/verify the availability of service(s) requested; *all services listed may not be available in all locations or at the time of the request.*

If the client meets eligibility requirements and has received authorization from the RAC via email, the client and Care Coordinator will complete the *RecoveryNet* application process that includes:

- assessing client eligibility for *RecoveryNet* services;
- obtaining authorization for services from the *RecoveryNet* Regional Coordinator
Prior to receiving authorization from the RAC for housing services, the Care Coordinator must complete the Maryland RecoveryNet ATR Housing Intake Form (see Appendix 4: RecoveryNet ATR Housing Intake Form) with the client's treatment provider. This form will determine if the client's choice of housing meets the specific needs of the client
- orienting the client to *RecoveryNet* services and the required GPRA surveys;
- selecting service providers from a list of approved providers in the *RecoveryNet* Provider Directory;
- completing the *RecoveryNet* ATR Client Application; (see **Appendix 3: RecoveryNet ATR Client Application**)
- providing client with a copy of the Client Rights, Responsibilities & Recipient Grievance Process
- obtaining extensive collateral contact information;
- completing the intake GPRA;
- creating consents, referrals and authorizations in the VMS;
- scheduling next contact, and Follow-up GPRA appointments

Region Determination

RecoveryNet resources are managed regionally:

Baltimore City: Karol Harmon 443-854-6654 or email: karol.harmon@bhsbaltimore.org

Central and Western Regions: Dena Trail 443-827-9176 or email: dena.trail@maryland.gov

Garrett, Allegany, Washington, Frederick, Carroll, Montgomery, Howard, Baltimore, Cecil and Harford Counties

Southern and Eastern Regions: Tyfanni Penn 410-402-8673 or email tyfanni.penn@maryland.gov

Anne Arundel, Prince Georges, Calvert, Charles, St. Mary's, Kent, Caroline, Queen Anne's, Talbot, Dorchester, Wicomico, Worcester, and Somerset Counties

RecoveryNet Services

RecoveryNet clients are able to choose services and service providers. Care Coordinators must ensure that prospective service recipients have free and genuine choice in the selection of service providers, and that the selection process is conducted in a way that is respectful and cognizant of the client's cultural background and stated needs.

Therefore, Care Coordinators must be able to effectively articulate choice of services from the secular and the faith-based domain(s) to ensure freedom of choice is available and accessible. Determining the next step(s) of appropriate services upon discharge to sustain recovery is the desired end product; this process is a person-centered approach to recovery (*collaboration between Care Coordinator and recipient*). The following services are available in the *RecoveryNet* initiative (for a full description of services, please see the provider manual):

Clinical Services

- Halfway House Residential Treatment
- Marital/Family Counseling
- Pastoral Counseling

Recovery Support Services

- Care Coordination
- Transportation
- Recovery Housing
- Job Readiness Counseling
- Gap Services
- Vital Documents

A goal of Care Coordination is to provide a "warm hand-off" to the *RecoveryNet* service provider. A warm hand-off is a ***cordial transfer or referral of the client to an identified referral entity. The hand-off entails direct service linkage from one level of service to another.***

Request for *RecoveryNet* services starts with an email to the RAC (see below) in the jurisdiction where the individual will be receiving the service. This is most likely the jurisdiction that the Care Coordinator serves. When a client is strictly ATR (not enrolled in State Care Coordination), and is requesting services in another jurisdiction, the Care Coordinator contacts the RAC that manages the jurisdiction where the client is requesting the service to see if such services are available. For example, if a client whose place of residence was in Baltimore County selects a recovery house in Baltimore City the Care Coordinator contacts the Region 1 Coordinator to get approval to authorize the service.

Clients enrolled in State Care Coordination are not able to be transferred to care coordinators in other jurisdictions.

The Care Coordinator continues to work with the client until the client is no longer actively using *RecoveryNet* Services and the Follow-up and Discharge GPRA are complete, as well as the ATR Client Satisfaction Survey.

Care Coordination

Recipient Information and 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. *RecoveryNet* providers must comply with confidentiality of client information and protected health information requirements as set forth in state and federal regulations (see **Appendix 5: Summary of HIPAA privacy rule**).

Providers must obtain a completed release of information from each *RecoveryNet* client, for each party to whom information is disclosed.

Providers should use the unique client identification number assigned by the Voucher Management System when referring to a *RecoveryNet* service recipient in written communications, including e-mail. The provider may not disclose protected health information in e-mail communications.

Service Provision

Once clients have been authorized to receive services in the *RecoveryNet* initiative, the Care Coordinator will create vouchers of the appropriate services. Care coordinators working with clients that are funded for State Care Coordination will authorize the requested ATR service, and authorize a *Follow-up GPRA Interview*, and *Authorization Monitoring*. Clients who are strictly ATR/*RecoveryNet* clients will also need authorization for the *Intake Interview* and *Care Coordination Monitoring units*.

- Care Coordinators schedule an intake/orientation appointment for the service recipient, at the designated access point.
- The Care Coordinator will meet with the client for an orientation appointment and become familiar with the client's recovery plan, and the Care Coordinator will make arrangements for accessing authorized services. The Care Coordinator is responsible for contacting other service providers to schedule or otherwise facilitate access to selected *RecoveryNet* services.
- The Care Coordinator will track client progress through the program and administer the Follow-up GPRA, ATR Client Satisfaction survey and the Discharge GPRA.
- The Care Coordinator will maintain contact twice monthly with the client, via phone or face to face contacts, throughout the client's participation in *RecoveryNet* services and until the follow-up GPRA client interview.
- The Care Coordinator will assist in identifying and helping the client to access additional needed services as identified in the Care Coordinator Provider Agreement Scope of Services.
- The Care Coordinator will review and monitor client use of vouchers by way of the Client Authorization Report in the VMS and conduct a billable authorization review at each client contact. Care Coordinators will enter all client contacts and/or work completed related to care coordination in the VMS

It is the expectation that care coordinators make at least twice monthly contact with clients. This model allows the care coordinator to be a constant presence for the client during the early stages of their recovery. Review of a recovery plan during each check-in is helpful to determine if the client's needs are being met and if additional assistance is needed at that time. Care Coordinators should also schedule a follow-up discussion prior to ending any visit or conversation.

Incarcerated Clients

If a client becomes incarcerated after enrollment into ATR, the care coordinator is still responsible for follow-up with that client and completing the 6-month GPRA. We encourage providers to build relationships with local detention centers and correctional facilities so they are able to access their clients while they are incarcerated. While clients likely won't be accessing ATR services during their detainment, we hope the services will be available to them upon their release. Care Coordinators should conduct bi-monthly check-ins to see if their client has any court dates scheduled and or has been released. If a client is still incarcerated when their GPRA window opens, the care coordinator should work with the staff at the facility to conduct the GPRA. Care coordinators should first try to get access to the patient by going to the facility, but if this is not allowed or manageable, then a phone GPRA can be conducted as long as the line is secure. If the facility is outside of the care coordinators region we recommend they work with the local care coordinator to identify if a relationship exists that would allow them to complete the GPRA. If there are problems reaching the client beyond the 5th month then care coordinators should notify their RAC for additional support.

Deceased Clients

If a client is found to be deceased, Care Coordinators can complete an administrative GPRA at the time they have confirmed this information. They should indicate, in the assessment, that the client is deceased.

Clients requesting ATR services after completion of discharge GPRA

Clients are eligible for ATR services as long as they have not met the cap on funding per individual and as long as services continue to be available in their area. If a client completes the follow-up GPRA but is still interested in receiving services, it is at the discretion of the care coordination agency to determine if the client's needs are best met by ATR or other support services. If a discharge GPRA has been completed on a client due to their not accessing services for a period of at least 30 days, this client should not be re-enrolled in ATR, however the case can be reopened to authorize services and conduct billing. If a care coordinator wishes to continue providing services for a client that had a discharge GPRA entered in SMART, they will need to get approval from their RAC prior to providing any services to that client.

SMART Electronic Record Process

All interaction(s)/transactions (*direct or indirect*) that occur with the *RecoveryNet* recipient must be entered into the SMART Voucher Management System (VMS). The SMART ATR intake, which is tailored for ATR services, is the point of data entry. This includes the ATR needs assessment, intake GPRA, encounter notes, consent forms, referral forms and the authorization process. All of these processes are required to generate service request(s) for the identified recipient.

Government Performance Results Act (GPRA)

RecoveryNet services are funded by a grant from the Substance Abuse and Mental Health Services Administration. As part of the grant award, the ADAA is required to collect general information on the clients served. The tool used to collect this information is the GPRA. Once clients have been identified, Care Coordinators are responsible to administer the Intake GPRA. GPRA is part of the SMART record and should take 20- 30 minutes to administer. Care Coordinators will also administer the Discharge and Follow-up GPRA, as well. (see **Appendix 6: GPRA Quick Tips**).

- GPRA is administered in one session (saved and finished)
- Read each question as written
- If the client refuses to answer a question, enter “RF=REFUSED” on the tool.
- If the client does not know a response to a question mark “DK=DOES NOT KNOW” (Care Coordinators should not supply these options to the client but mark the option if appropriate)
- Before starting the interview, consider using a calendar to mark off the last 30 days. Many questions in the GPRA refer to the last 30 days and having a calendar present may assist with client recall of events.
- At the beginning of each section, you should introduce the next section of questions, (e.g., now I’m going to ask you some questions about...” your history of substance use”.

GPRA Follow-up

The GPRA Follow-up survey, located in the ATR section of SMART of the VMS, is completed by the Care Coordinator during the follow-up interview, within the designated 5-8 month window after the date of the client’s Intake GPRA. Care coordinators are expected to administer follow-up GPRAs on all clients who had a GPRA Intake interview. Death of the client is the only allowable reason that a GPRA Follow-up survey is not pursued.

If someone is in the GPRA window the expectation is that contact will be made at least twice monthly until the GPRA and ATR Client Satisfaction Survey is completed. The ADAA strongly recommends additional contacts and use of several mechanisms to reach the client. Home visits, phone calls, web searches, postal mail, email, and outreach to other providers are good ways to try to locate your client and all these methods should be used if the care coordinator is having difficulty locating the client.

Providers should have some mechanism in place to track who recently came into the GPRA window so that follow-up GPRAs can be completed as soon as possible. If a client enters the 7th month without having completed the GPRA, additional efforts or outreach should be done to ensure completion of the documentation prior to the window ending.

- The follow-up interview should be discussed and methods of contact discussed by the Care Coordinator during the initial orientation meeting with the client. Confirmation of contact information and the GPRA Follow-up date should be reviewed each time there is client connection.
- *RecoveryNet* clients who complete a GPRA Follow-up and ATR Client Satisfaction Survey receive a \$15 gift card, authorized by the Care Coordinator. The gift card must be signed for by the client. Mailing the gift card is **PROHIBITED**. However, the client may assign a designee to receive the gift card, but only if there is consent signed by the client and the designee presents a photo ID.
- Agencies that fall below 80% must participate in trainings offered by the state technical assistance staff and are required to submit GPRA Justification forms on all missed GPRAs.
- If you are not able to locate a client for the follow-up interview you must document all attempts to find the client
- Follow-up GPRA Interviews can be done by telephone but only when you **receive permission from the RAC**. This action must be supported by documented contact attempts.

If a care coordinating agency falls below 80% for three consecutive months, the agency will be considered out of compliance and this may result in a termination of access to ATR services for the population they serve. A Provider Action Plan on improving GPRA Follow-up rates will be required. Technical assistance will be given to providers not meeting the GPRA Follow-up rate.

Care Coordinators are given a window between the beginning of the 5th month and the end of the 7th month to complete the 6-month follow-up GPRA. When a GPRA is not completed within this time it is considered noncompliant and the provider will not be able to bill for a flat GPRA rate (\$160) but will only bill for a maximum of two (2) care coordination units for completion of the form. If, by the end of the 8th month, the care coordinator has been unable to locate the client and/or complete the GPRA, then an administrative follow-up GPRA and discharge GPRA will be entered and the case will be closed. (see **Appendix 7: GPRA Justification Form**)

If a GPRA is completed before the window opens, then the Care Coordinator is responsible for conducting the GPRA during the window and re-entering it in SMART.

ATR Client Satisfaction Survey

The *RecoveryNet* ATR Client Satisfaction Survey is administered by the Care Coordinator after completion of the GPRA Follow-up interview (see **Appendix 8: RecoveryNet ATR Client Satisfaction Survey**). Completion of the survey is required and is included in the Follow-up GPRA payment bundle. Care Coordinators can choose to scan and email, fax or mail completed surveys to the ATR Data Manager. Providers must submit satisfaction surveys for all clients who completed a follow-up GPRA. This will be tracked on a monthly basis so all surveys need to be submitted by the 15th of each month for the previous month. Providers will be given feedback on the Customer Survey as it relates to their service.

GPRA Discharge

The GPRA Discharge interview, located in the ATR section of SMART of the VMS, is completed by the Care Coordinator face to face or by telephone with the client.

- If the *RecoveryNet* client has not received any voucher generated services for 30 consecutive days, the Care Coordinator should discuss the case with the RAC to determine if a GPRA Discharge interview should be conducted.
- If the client cannot be located to complete the GPRA Discharge the Care Coordinator should submit an Administrative Discharge by completing sections A, J, and K of the GPRA tool.
- In the event that a GPRA Discharge interview occurs prior to completion of the GPRA Follow-up interview, the Care Coordinator is still required to locate the client to complete the GPRA Follow-up survey.

Once a GPRA Discharge interview is entered in SMART, the client will not be able to access any additional ATR services.

Closing Cases

It is the expectation of the ADAA that each provider organization set standards and guidelines around closing ATR cases that helps you manage caseloads and services. The following information can be used as a guide.

You may close a case if:

- The follow-up GPRA is completed and billed for and the client is requesting no additional services. Make sure the discharge GPRA is also completed and billed on
- The client reached 8 months without completing the follow-up GPRA and there has been no contact for at least 30 days. In this case, we expect care coordinators to do due diligence in the 8th month to try to locate the client but if they are unable to by the beginning of the 9th month, the case may be closed.

- Client is within the GPRA window and is found to be deceased. An administrative GPRA must be completed prior to closing the cases.

You may not close a case if:

- The client has not yet reached the 6-month GPRA window (unless the case is being transferred which needs to be approved by your RAC).
- Client refuses services – if a client has already been enrolled in ATR and then decides not to access services, the care coordinator is still responsible for the 6-month follow-up GPRA.

If a client is open longer than eight months and services are still be requested, the RAC may ask for justification as to why the client continues to need services.

Consultation with the RAC

The Care Coordinator is encouraged to communicate with the RAC to troubleshoot problem areas or obtain guidance when necessary. The RAC will set up quarterly meetings with Care Coordinators by region to share new information, inform, share success stories and address any programmatic concerns.

Documentation Guidelines

Providers are responsible for documenting all contacts with clients. All billable activities should have corresponding service receipts. All gift cards **MUST** have client signature and date of receipt.

Glossary of Terms and Definitions

See **Appendix 9:** Glossary of *RecoveryNet* Terms and Definitions

Changes or Exceptions to the Provider Manual

The *RecoveryNet* Provider Manual is subject to change. Providers may request an exception to a Provider Manual requirement by submitting an exception request to the ADAA in writing at:

Maryland Alcohol and Drug Abuse Administration
Attn: *RecoveryNet* Project Director
55 Wade Avenue
Catonsville, MD 21228

Updated October 2013

Appendix 1:
Maryland RecoveryNet – Service Descriptions, Rates, and Qualifications

<u>Housing Assistance</u>			
These services are available for patients who are recommended by their clinician to enter a recovery supported environment. All clients accessing these services must be approved by the Regional Area Coordinator prior to approval. The Care Coordinator will need to complete the Housing Assessment Form with input from the referring clinician.			
Service Description	Unit of Service	Payment Rate	Required Qualifications
Recovery/Supportive Housing: Short term housing in a safe and recovery-oriented environment for clients with no other recovery housing alternatives. Housing must be provided in a facility for individuals in recovery.	Unit = 1 day Max Units = 60	Unit rate = \$17.86	Meets ADAA standards for Supportive and Recovery Housing
Halfway House: Housing for individuals with substance use disorders who are in need of 24-hour supportive housing while undergoing on- or off-site treatment services for substance use disorder and life skills training for independent living.	Unit = 1 day Max Units = 45	Unit rate = \$45.00	Current DHMH Certificate

<u>Clinical and Support Services</u>			
These services involve clinical and/or profession assistance in the areas listed below.			
Job Readiness Counseling: Face-to-face counseling with the client on skill assessment, job coaching, career exploration, resume writing, interview skills, labor market information, job search and retention tips	Unit = 15 minutes Max Units = 36	Unit rate = \$7.00	Certification as a career development facilitator by a recognized national certifying body OR uses ADAA-approved workforce development curriculum
Family or Couples Therapy: Marital/Family counseling services provided to engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns,	Unit = 15 minutes Max Units = 36	Unit rate = \$10.00	Copy of professional licensure

parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse and use on the relationship.			
Pastoral Counseling: Face-to-face counseling with the client to address spiritual issues that support recovery	Unit = 15 minutes Max Units = 36	Unit rate = \$10.00	Copy of professional licensure

<u>Care Coordination Services</u>			
Care Coordination is an activity that assists clients in gaining access to necessary care and medical, behavioral, social and other services appropriate to their needs. The functions of case management include recovery assessment, care planning, referral/linkage, and monitoring/follow-up.			
<p>ATR Intake Interview: Face-to-face or telephone* interview with ATR client conducted prior to their discharge from residential treatment program to establish contact with the client and orient them to ATR participation and care coordination. This reimbursement rate includes:</p> <ol style="list-style-type: none"> 1) Travel time to and from the portal program 2) Completion of: <ol style="list-style-type: none"> a) Participant application for RecoveryNet services b) GPRA Assessment c) Collection of collateral contacts d) Verification of client understanding and agreement to complete GPRA Follow-up and discharge 3) Establish care coordination contact schedule 4) Review recovery plan 5) All documentation and authorization for services <p>This can only be billed for ATR-only patients.</p> <p>*Telephone interviews are only approved if the client is more than 20 miles or 30 minutes from your facility. The RAC must be notified in advance that the interview will be conducted via telephone.</p>	Unit = 1 interview Max Units = 1	Unit rate = \$100.00	

<p>Care Coordination Check-ins: Ongoing face-to-face or telephone meetings with ATR client, conducted bi-monthly to update the clients recovery support plan and coordinate/support client access to, participation in, and continuation in ATR covered services.</p> <p>This can only be billed for ATR-only patients.</p>	<p>Unit = 1 visit Max Units = 24</p>	<p>Unit rate = \$12</p>
<p>Authorization Monitoring: This service is required for all clients that are enrolled in ATR to be conducted twice monthly to monitor authorizations and keep the case open.</p>	<p>Unit = 1 monitoring check Max Units = 12</p>	<p>Unit rate = \$5.00</p>
<p>Transportation: Monthly, weekly and daily passes for clients to get to and from recovery support services. It also includes transportation units that may be used to purchase specialized transportation including cab services.</p>	<p>Unit = Individualized by provider</p>	<p>Unit rate = N/A</p>
<p>Vital Documents: Critical documents for clients such as birth certificates, photo ID's, and driver's licenses. This reimbursement rate includes any costs associated with the purchase of such materials and the processing of paperwork to order them. It also includes care coordinator time for document acquisition (cannot charge a unit rate with this).</p>	<p>Unit = 2 documents Max Units = 2</p>	<p>Unit rate = \$50.00</p>
<p>Follow-up GPRA: Face-to-face meeting with client to obtain all follow-up information which includes the follow-up GPRA and the ATR Client satisfaction survey. Dissemination of the gift card is also included.</p>	<p>Unit = 1 interview Max Units = 1</p>	<p>Unit rate = \$160.00</p>
<p>GPRA Gift Card: Reimbursement for a \$15 gift card that is available to all clients who successfully complete the follow-up GPRA within the window. Cards cannot be send and must be signed-off on in order for billing to occur.</p>	<p>Unit = 1 card Max Units = 1</p>	<p>Unit rate = \$15</p>
<p>End/Administrative Discharge GPRA: If an administrative GPRA must be completed due to the client not completing the follow-up GPRA within the window OR if they continue to access services beyond completion of the follow-up GPRA and need to complete a discharge GPRA at the end of services.</p>	<p>Unit = 1 interview Max Units = 1</p>	<p>Unit rate = \$24</p>
<p>Gap Services – Transitional Services: These services are specific to clients transitioning out of residential treatment or those moving into housing. These funds are to be used for basic transitional needs such as food and toiletries.</p>	<p>Unit = \$1 Max Units = 50</p>	<p>Unit rate = \$1</p>
<p>Gap Services – Clothing: Funds to help purchase clothing as clients leave residential treatment, seasonal changes, weight gains/losses, employment changes, etc.</p>	<p>Unit = \$1 Max Units = 50</p>	<p>Unit rate = \$1</p>
<p>Gap Services – Support Services: To be used specifically for support services that are <i>not</i></p>	<p>Unit = \$1</p>	<p>Unit rate = \$1</p>

<i>covered by any other program.</i> This can include books if the ATR participant is returning to school (available to client only), tools if they are returning to work, licensure, penalties/fines, etc. When making requests for gap services under this item, please make sure you are very specific about the dollar amount and how this service supports your client's recovery.	Max Units = 150	
Gap Services - Medical: To cover medical costs that are not being paid for by another source such as prescription costs, durable medical equipment, eye glasses, etc.	Unit = \$1 Max Units = 250	Unit rate = \$1

Appropriate Gap Service Requests		Gap Services – Support Services will not pay for
Support Services	Medical Services	
Life Skills/Parenting Classes	Dental Fees	Security Deposits
Gym memberships	Copays	Housing expenses
School supplies for ATR client	Eyeglasses	Driver's License (use vital documents)
Car Repairs	Acupuncture	Furniture
Legal Fees/Fines	Prescriptions	Home Items
Tools/materials for work	Durable medical equipment	Utilities
Other requests as discussed with RACs	Other requests as discussed with the RACs	Insurance
		Any item that is covered under a different gap service

Please remember that the RAC may approve or deny any gap service request depending on the unique situation. The information contained here is to serve as a guide.

If a Care Coordinator is providing gas cards to an ATR recipient, they need to verify that the individual has a valid driver's license, car insurance and registration. If the ATR recipient is requesting it for someone else, they can only receive one gas card during their duration in ATR.

Appendix 2: RAC Sample E-Mail Template

Date: _____

To: **Regional Area Coordinator**

From: _____

Re: *RecoveryNet* Eligible Patient

I have a *RecoveryNet* eligible patient Service recipient ID # _____

They are requesting the following services:

- Care Coordination
- _____
- _____
- _____
- _____
- _____

They are planning to discharge to _____ County/City.

Please let me know as soon as possible and not later than _____ if these services are available in the requested region.

Thank you.

Appendix 3: ATR Client Application

Welcome to Maryland's *RecoveryNet* ATR Client Application for Service October 2013

The attached Participant Application must be completed by you and your counselor. It is important that you read each page carefully and understand the following:

You will be receiving recovery support and/or clinical services funded through the federal Access to Recovery Program. The Maryland Alcohol and Drug Abuse Program manages these funds and services in Maryland. Your counselor will verify your eligibility for services. You must be at least 18 years old and meet the federal income standards for publically funded programs, and you must also be a Maryland resident and be planning to receive recovery support services in this State.

All participants agree to work with a Care Coordinator. Your Care Coordinator will assist you in accessing the services you have selected. They will set up a check-in telephone call every two weeks to discuss your recovery progress and assist you with identifying and accessing services or goods that support your recovery. In the application you are asked to identify information and individuals to assist your Care Coordinator in keeping in touch with you. Carefully give as much contact information as possible. Your Care Coordinator will not share confidential information. They may leave a message enabling you to contact them or ask if there is updated information on where you can be contacted.

Other services which you may be entitled to and receive authorization include:

- Halfway House (up to 45 Days)
- Recovery House (up to 60 days)
- Transportation
- Employment Readiness
- Vital Document Services
- Gap Services
- Family/Couples Counseling(until 12/31/13)
- Pastoral Counseling(until 12/31/13)

As recipient of *RecoveryNet* Services you agree to:

- Complete three (3) Government Performance and Results Act Surveys (GPRA). SEE PAGE 3
- Bi-weekly contact with your Care Coordinator
- Use the vouchers I am given or work with my Care Coordinator to adjust my services
- Follow-through on referrals to recommended levels of care and/or other recovery support services
- Keep your Care Coordinator advised of any changes or problems with your authorized services
- Provide the requested contact information in the application so that we can keep in touch and assist you with recovery needs and administer the required GPRA

State of Maryland Department of Health and Mental Hygiene
Alcohol and Drug Abuse Administration
Maryland *RecoveryNet*: Access to Recovery Client Application

Client Application for Services

Date: _____

Name: _____

Gender: _____ Male _____ Female Date of Birth: (mm/dd/yyyy) _____

SS#: _____ SMART Client ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Have you completed a GPRA for ATR services in the past? _____ Yes _____ No

If yes, please explain:

RecoveryNet Referring Program

Program Name: _____

Counselor Name: _____

Counselor Contact Information

Phone: _____ Email: _____

Consent to Participate

I, _____, (Print Name) **agree to participate in the *RecoveryNet* program.**

Purpose: The purpose of this program is to increase access to treatment and recovery support services for persons with substance use disorders; and to provide clients with free and genuine choice of providers of treatment and recovery support services, to include faith based and community providers. The data collected as part of this program will help determine how helpful the *RecoveryNet* program is in enhancing recovery from substance use disorders.

Procedures: *RecoveryNet* program monitors may review my treatment or recovery support services records and my completed client satisfaction survey. From these records, monitors will collect information about the quality of services I received, progress I made, the length of time I received services, violations, and whether I finished the program or not.

Confidentiality: Information collected by each treatment or service provider will only be made available to program monitors and will not be made available to anyone else without my written permission, including probation/parole officials, family, or other treatment providers. Any information I give regarding past criminal behavior will be completely confidential. **Disclosure of information about child sexual abuse, threat of harm to myself or others or information about any planned criminal activities cannot be kept confidential.** The information collected for reporting to the Center for Substance Abuse Treatment (the agency that provides funding to support this program) will be collected as group data without information that can identify me. After five years, the data will be destroyed.

Risk: No risks are anticipated. My treatment and criminal justice status will not be affected by my answers. According to program policy, all participants and program monitors have been instructed to keep confidential all information obtained about me.

Benefits and Freedom to Withdraw: Although the data collected is not designed to help me personally, the information from this program will be used to help policymakers evaluating a method of delivering services to clients in similar situations. If I choose not to allow the monitors access to my information, I will be assessed for aftercare in the standard manner and will be eligible to receive services available outside the *RecoveryNet* program.

In accepting *RecoveryNet* Services, I agree to participate in three survey interviews. Government Performance and Results Act (GPRA) Survey is given at the following three intervals:

- Intake (Counselor)
- Follow-Up six months after intake (Care Coordinator)

- Discharge from the *RecoveryNet* program, which can be given at the Follow-Up (Care Coordinator)

I will receive a \$15 giftcard, if I complete the six month Follow-Up survey (must be completed within 5-8 months of the Intake).

I understand that I am required to work with my Care Coordinator while receiving *RecoverNet* Services and until I have completed my Follow-Up, Discharge GPRA, and Client Satisfaction Surveys. I also understand that I am expected to follow-through with clinically recommended levels of care and/or community recovery support.

My Basic Client Rights, Responsibilities and the Recipient Grievance Process were explained to me, and I have been given a copy for my records. I understand that I have a right to submit a grievance without fear of penalty or loss of services.

NOTE: In the event that my Care Coordinator cannot locate me in order to complete the Follow-Up GPRA interview, I agree to allow him or her to contact the individuals listed on my contact page in order to confirm my location. The Care Coordinator will then contact me to conduct the Follow-Up interview with me. I understand that no confidential information will be provided to persons on the contact page unless I have authorized it through a consent document.

Client Signature

Date

Witness/Monitor Signature

Date

Referral Choice Verification:

_____ I have been show a listing of ATR service providers and I enrolled with a provider of my choice.

_____ The ATR service voucher creation and redemption process has been explained to me, and I understand the _____ time-related limitations associated with redemption of the ATR vouchers that have been created for me.

_____ I understand that if I still have questions about my choice of service providers, I may contact my

Care Coordinator : _____ Phone: _____

Participant (Signature) (Date)

Enrollee (Signature) (Date)

**Authorization for Disclosure of Last Known Address and Phone Number
Department of Public Safety and Correctional Services**

The *RecoveryNet* program is funded through a federal grant that requires the State of Maryland Alcohol and Drug Abuse Administration (ADAA) to collect and report performance data to ensure the effectiveness and efficiency of the program. As a recipient of services through the *RecoveryNet* program, you are requested to authorize the organization indicated below to disclose your last known address and phone numbers(s) to ADAA and the *RecoveryNet* provider, so that you can be located in approximately six months for the Follow-Up GPRA Survey.

Client Name: Please Print _____

Date of Birth: (mm/dd/yyyy) _____ SS#: _____

I authorize the ADAA and the **Maryland Department of Public Safety and correctional Services/Maryland**

Judicial System to release information to my ATR Provider _____ regarding my last known address and phone number(s).

Unless revoked by me, this consent shall expire on the date below or in 12 months from the date of this application:

_____ (specific date, event or condition upon which this consent expires, only if different from above)

I understand that refusal to grant permission will in no way affect my right to obtain present and future treatment, except where disclosure of such communication and records is necessary for treatment. I understand that I may revoke this authorization at any time (not retroactively) by signing the "Cancellation/Revocation" section below, except to the extent that action has already been taken in reliance on it.

This authorization, if not revoked earlier by me, will expire on the date indicated above or in one year from the date of the signature below.

I further understand that the confidentiality of psychiatric, drug and/or alcohol abuse and HIV records are protected under state and federal law and cannot be disclosed without my written authorization to disclose such information unless otherwise provided for by law. I understand that I may make a request to inspect and/or copy the information obtained pursuant to this authorization. I further understand that ADAA or the *RecoveryNet* provider will provide me with a copy of this authorization. The information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal law.

Client Signature

Date

Witness/Monitor Signature

Date

CANCELLATION/REVOCAION

I understand that by signing below, I am revoking the authorization that I previously provided effective on the date of my signature. I understand that I must inform ADAA, and the *RecoveryNet* provider of my decision to revoke this authorization.

Client Signature

Date

**Authorization for Disclosure of Last Known Address and Phone Number
Department of Social Services**

The *RecoveryNet* program is funded through a federal grant that requires the State of Maryland Alcohol and Drug Abuse Administration (ADAA) to collect and report performance data to ensure the effectiveness and efficiency of the program. As a recipient of services through the *RecoveryNet* program, you are requested to authorize the organization indicated below to disclose your last known address and phone numbers(s) to ADAA and the *RecoveryNet* provider, so that you can be located in approximately six months for the Follow-Up GPRA Survey.

Client Name: Please Print _____

Date of Birth: (mm/dd/yyyy) _____ SS#: _____

I authorize the Maryland Alcohol and Drug Abuse Administration and the **Maryland Department of Social Services** to release information to my ATR Provider _____ regarding my last known address and phone number(s).

Unless revoked by me, this consent shall expire on the date below or in 12 months from the date of this application: _____
(specific date, event or condition upon which this consent expires, only if different from above)

I understand that refusal to grant permission will in no way affect my right to obtain present and future treatment, except where disclosure of such communication and records is necessary for treatment. I understand that I may revoke this authorization at any time (not retroactively) by signing the "Cancellation/Revocation" section below, except to the extent that action has already been taken in reliance on it.

This authorization, if not revoked earlier by me, will expire on the date indicated above or in one year from the date of the signature below.

I further understand that the confidentiality of psychiatric, drug and/or alcohol abuse and HIV records are protected under state and federal law and cannot be disclosed without my written authorization to disclose such information unless otherwise provided for by law. I understand that I may make a request to inspect and/or copy the information obtained pursuant to this authorization. I further understand that ADAA or the *RecoveryNet* provider will provide me with a copy of this authorization. The information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal law.

Client Signature

Date

Witness/Monitor Signature

Date

CANCELLATION/REVOCAION

I understand that by signing below, I am revoking the authorization that I previously provided effective on the date of my signature. I understand that I must inform ADAA, and the *RecoveryNet* provider of my decision to revoke this authorization.

Client Signature

Date

Authorization for Disclosure of Last Known Address and Phone Number

The *RecoveryNet* program is funded through a federal grant that requires the State of Maryland Alcohol and Drug Abuse Administration (ADAA) to collect and report performance data to ensure the effectiveness and efficiency of the program. As a recipient of services through the *RecoveryNet* program, you are requested to authorize the organization indicated below to disclose your last known address and phone numbers(s) to ADAA and the *RecoveryNet* provider, so that you can be located in approximately six months for the Follow-Up GPRA Survey.

Client Name: Please Print _____

Date of Birth: (mm/dd/yyyy) _____ SS#: _____

I authorize the ADAA and (other provider agency) _____ to release information to my ATR Provider _____ regarding my last known address and phone number(s).

Unless revoked by me, this consent shall expire on the date below or in 12 months: _____
(specific date, event or condition upon which this consent expires, only if different from above)

I understand that refusal to grant permission will in no way affect my right to obtain present and future treatment, except where disclosure of such communication and records is necessary for treatment. I understand that I may revoke this authorization at any time (not retroactively) by signing the "Cancellation/Revocation" section below, except to the extent that action has already been taken in reliance on it.

This authorization, if not revoked earlier by me, will expire on the date indicated above or in one year from the date of the signature below.

I further understand that the confidentiality of psychiatric, drug and/or alcohol abuse and HIV records are protected under state and federal law and cannot be disclosed without my written authorization to disclose such information unless otherwise provided for by law. I understand that I may make a request to inspect and/or copy the information obtained pursuant to this authorization. I further understand that ADAA or the *RecoveryNet* provider will provide me with a copy of this authorization. The information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal law.

Client Signature

Date

Witness/Monitor Signature

Date

CANCELLATION/REVOCAION

I understand that by signing below, I am revoking the authorization that I previously provided effective on the date of my signature. I understand that I must inform ADAA, and the *RecoveryNet* provider of my decision to revoke this authorization.

Client Signature

Date

RecoveryNet Collateral Contact Sheet

My signature below signifies my agreement to allow the *RecoveryNet* Care Coordinator and/or *RecoveryNet* staff to use the information below to locate me. I understand that no confidential information will be posted in a public space or provided to persons on the contact page unless I have authorized it through a separate consent to disclose information to that person or provider.

Client Signature

Date

Last name First Name Middle Name

Is this your married name? _____ Yes _____ No

If yes, what is your maiden name? _____

What other names are you known by? _____

What is your most recent address?

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Social Media Contact: (Facebook, Twitter, LinkedIn, My Space, etc.)

 I consent to be contacted via email or social networking sites. Client Initials: _____

Name and address of any other services/programs used recently: (shelter, community center, religious organization health care clinic, soup kitchen/food pantry, case management, clinical treatment, veteran services, emergency room)

Program/Service Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Other Information: _____

 I consent to be visited at the facility(ies) listed above. Client Initials: _____

If something were to happen with your current living arrangements, where is the best place to find you in six months to complete the required six-month Follow-Up GPRA Survey?

PRIMARY CONTACT

Spouse, relatives, significant other, or someone we could contact that could assist us in contacting you:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Relationship: _____

You may contact this person or visit this home. Client Initials: _____

ADDITIONAL CONTACT PERSON

Do not repeat previously given contact:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Relationship: _____

You may contact this person or visit this home. Client Initials: _____

ADDITIONAL CONTACT PERSON

Do not repeat previously given contact:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Relationship: _____

You may contact this person or visit this home. Client Initials: _____

Consent to Disclose and Re-Disclosure of Confidential Information

I, _____ (Print Name) date of Birth: _____, as a participant in the Maryland *RecoveryNet* program, understand my support services will be authorized through the *RecoveryNet* Care Coordinator in my region and the Administrative Services Organization designated by the State of Maryland to pay for the services I receive. I authorize the ADAA, ValueOptions and my ATR Care Coordination provider (please list) _____ to release and exchange information with the following agency/provider for the purpose of processing *RecoveryNet* program requests:

Provider: _____

Address: _____

Phone #: _____

This information may include: my name, address, age, gender, social security number, clinical assessment, *RecoveryNet* support history and such other information as is necessary to provide effective coordination of the treatment and services I receive. The purpose of the disclosure authorized herein is to facilitate the provision of *RecoveryNet* program recovery supports.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I have received a statement of the intended use of this information. I understand that the federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient, and I understand that the rules prohibiting re-disclosure to third parties without my written consent will be strictly adhered to. I also understand that I may revoke this at any time except to the extent that action has been taken in reliance on it.

Unless revoked by me, this consent shall expire upon the date below or 12 months from the application date:

(specific date, event or condition upon which this consent expires, only if different from above)

Client Signature

Date

Witness/Monitor Signature

Date

Prohibition on Re-disclosure of Information Concerning Client in Alcohol and/or Drug Abuse

Treatment: This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making 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 by 42 CFR Part 2. 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 abuse patients.

Maryland RecoveryNet
Basic Client Rights and Client Responsibilities
&
Recipient Grievance Process

Client Rights

All MD RecoveryNet/ATR staff, Care Coordination and Recovery Support Service Providers have a responsibility to treat clients humanely, fairly, and with full respect for civil liberties and basic client rights including, but not limited to, the following:

1. The right to appropriate and considerate care and protection.
2. The right to recognition and consideration of cultural and spiritual values.
3. The right to be informed about available ATR covered services and to choose a provider.
4. The right to refuse a recommended service or plan of care.
5. The right to review records and information about your services.
6. The right to confidentiality regarding communications and records.
7. The right to be treated without discrimination on the basis of race, color, sex/sexual orientation, or national origin.

Client Responsibilities

1. Complete three (3) Government Performance and Results Act Surveys (GPRA).
2. Bi-weekly contact with your Care Coordinator
3. Use the vouchers I am given or work with my Care Coordinator to adjust my services.
4. Follow-through on referrals to recommended levels of care and/or other recovery support services.
5. Keep your Care Coordinator advised of any changes or problems with your authorized services.
6. Provide the requested contact information in the application so that we can keep in touch and assist you with recovery needs and administer the required GPRA

Recipient Grievance Process

Recipient grievances are defined as a complaint against a *RecoveryNet* service provider. A recipient of *RecoveryNet* services has a right to submit a grievance without fear of penalty or loss of services. Should a recipient have a grievance regarding services received via the *RecoveryNet* program, all efforts shall be made to resolve the grievance via the provider agency's grievance procedure. If the grievance cannot be resolved at the provider level, then the recipient is encouraged to call their Care Coordinator and or *RecoveryNet* Regional Area Coordinator (RAC). All complaints received by the *RecoveryNet* RAC will be documented and investigated. The Alcohol & Drug Abuse Administration (ADAA) will be informed of all documented grievances, investigation results, and grievance resolutions.

Complaints may also be filed with the Project Director for Maryland RecoveryNet by phone at 410 402-8620, by email at deirdre.davis@maryland.gov, or in writing to Alcohol and Drug Abuse Administration Attention: Deirdre Davis, 55 Wade Ave Catonsville, MD 21228.

Care Coordinator Name: _____ **Phone#** () _____ - _____

CLIENT COPY

Appendix 4: Maryland RecoveryNet Housing Assessment Form

SMART Client ID# _____ Date of Assessment _____

Referring Care Coordinator: _____ Referring Agency: _____

Gender: Male Female If female, pregnant: Yes No Smoker: Yes No

Veteran Status: Yes No

Marital Status: Married Civil Union Divorced

Separated Widowed

Other: _____

Legal Information/History

Pending Case(s): Yes

No Previous Involvement

Currently on probation? Yes No Parole? Yes

No Number of

Mental/Physical Health

Does the client have co-occurring behavioral or somatic health issues? Yes No Diagnosis: _____

Explain _____

a. What is the plan for addressing physical health issues? _____

b. Is the client currently on any psychotropic medications? Yes No

c. What medication/dosage? _____

d. What is the plan for on-going mental health counseling? _____

Is the client seeing a psychiatrist or MH therapist? Yes No

Who? _____ Where? _____ Date of last visit _____

Does the client have a history of self injurious behavior? (suicidal, self inflicted injury, etc.) Yes No

Explain _____

Does the client have PTSD diagnosis? Yes No Has the client been treated for PTSD? Yes No

What is the plan for managing the PTSD in recovery? _____

Does the client have history of violent behavior expressed towards others? Yes No

Explain _____

Other State/Provider Agency Involvement

Where is the client going for outpatient SUD treatment? _____

Name of program/contact info _____

Date of intake appointment _____

Are there any obstacles to participation in outpatient treatment? Yes No

Explain _____

Family and Support

Social Support (i.e. family, friends, etc.): Yes No

How would you describe your current relationship with your family members? _____

Do you currently have a sponsor? Yes No Not sure Does the client have a Recovery Plan? Yes
No

Housing Status

Living situation immediately prior to enrollment into State Care Coordination/ATR:

Private Residence	Single Room Occupancy	Residential Care/treatment	Hospital	Other:
Prison/Jail	Homeless Shelter	Homeless (i.e. street)	Inpatient (i.e. SA/MH)	

Reason for leaving the last housing situation:

Have you been homeless within the last six months? Yes No

Are you at risk of homelessness? Yes No Not sure

What is the client’s housing goal in the recovery plan? -

What is the plan for paying for housing when RecoveryNet Services expire?

Has the client ever lived in supportive or recovery housing? Yes No

When? _____ Where? _____ How Long? _____ How many times? _____

Appendix 5 – Summary: Privacy Rule for Health Insurance Portability and Accountability Act (HIPAA)

Published as 45 CFR parts 160 and 164 and effective in 2003, this Act protects the privacy of Protected Health Information (PHI) that is:

1. Transmitted by electronic media;
2. Maintained in any medium described in the definition of electronic media: or
3. Transmitted or maintained in any other form or medium.

As defined by HIPAA, *Protected Health Information* is any information, including demographic information, collected from an individual, that is:

1. Created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse;
2. Related to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and which is
3. Able to identify the individual, or with respect to which, there is reasonable basis to believe that the information can be used to identify the individual.

Business associate as defined by HIPAA (45 CFR section 160.103), is a person who, on behalf of the covered entity or provider or of an organized healthcare arrangement in which the covered entity participates, but other than in the capacity of a member of the workforce of such covered entity or arrangement, performs, or assists in the performance of:

1. A function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and re-pricing; or
2. Any other function or activity regulated by this subchapter; or providers, other than in the capacity of a member of the workforce of such covered entity, legal, actuarial, accounting, consulting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for such covered entity, or to or for an organized healthcare arrangement in which the covered entity participates, where the provision of the service involves the disclosure of individually identifiable health information from such covered entity or arrangement, or from another business associate of such covered entity or arrangement, to the person.

All providers who qualify as *covered entities* must comply with the provisions of the Privacy Rule of HIPAA. A *covered entity* is defined as a healthcare provider, a health plan, or a clearing house who transmits any health information in electronic form in connection with a transaction covered by this subchapter (section 160.103 of 45 CFR part 160). If this provider is a covered entity, then HIPAA requires the appropriate policies and procedures to be in place to comply with the HIPAA Privacy Rule. HIPAA requires such policies and procedures to include, but not be limited to, the following topics: Notice of Privacy Practices, Amendment of Protected Health Information (PHI), Recipient Access to PHI, Accounting of Disclosures, Workforce Training, Verification, Authorization for Disclosures of PHI, HIPAA Complaint Process, Marketing (if applicable), Research (if applicable), Audit and Monitoring or HIPAA compliance, and Business Associates Agreements with those companies providing goods and services which require the disclosure of PHI, etc.

Where existing confidentiality protections provided by CFR part 2, related to the release of alcohol and drug abuse records, are greater than HIPAA, then the department anticipates that the provider will consider any such provision of 42 CFR part 2 as the guiding language.

Appendix 6: GPRA ENROLLMENT QUICK TIPS

- **Read all of the questions to the client.** At the beginning of each section, you should introduce the next section of questions, (e.g., “Now I’m going to ask you some questions about...”) Read each question as it is written. In certain cases, the item in parentheses may or may not be read to the client. If a client is having trouble understanding a question, you may explain it to the client to help in its understanding; however, do not change the wording of the question.
- **Read response categories that appear in lower-case lettering.** If all response categories are in capital letters, ask the question open-ended (in other words, do not read the responses, but instead let the client answer and then mark which response the client says).
- **If the client refuses to answer a question, mark “RF” on the tool. If the client does not know the answer to a question, mark “DK” on the tool.** For items where response options are read to the client, do not offer “don’t know” and “refused” to answer as response options—these options should be client-generated only. There are “don’t know” and “refused” response options for all items that are asked of the client. These response options are not available for items that are supplied by program staff.
- Before starting the interview, **consider using a calendar to mark off the last 30 days.** Many questions in the tool refer to the last 30 days and having a calendar present may assist with client recall of events.
- GPRA is administered in one session (saved and finished)
- Read each question as written
- If the client refuses to answer a question, enter “RF=REFUSED” on the tool.
- If the client does not know a response to a question mark “DK=DOES NOT KNOW” (Care Coordinators should not supply these options to the client but mark the option if appropriate)
- Before starting the interview, consider using a calendar to mark off the last 30 days. Many questions in the GPRA refer to the last 30 days and having a calendar present may assist with client recall of events.
- At the beginning of each section, you should introduce the next section of questions, (e.g., now I’m going to ask you some questions about...” your history of substance use”.

Note: Interviews must be conducted in person, unless a waiver has been given by the grant’s Project Director, Deirdre Davis, deirdre.davis@maryland.gov .

If you have questions about the GPRA tool contact your RAC

If you have questions about using the GPRA tool in SMART, call the SMART Help desk at 301-405-4870.

Appendix 7: GPRA Justification Form

GPRA Justification Forms are used as a monitoring tool for providers who are not meeting the required 80% GPRA Completion Rate. Forms need to be completed on each missed GPRA (those that are not completed within 8 months) and submitted via fax or email on a weekly basis to the ATR Project Director for review.

Please submit to Deirdre Davis at:

Fax: 410-402-8601

Email: Deirdre.davis@maryland.gov

Please write clearly and complete all fields.

Client ID #: _____ Date: _____

GRPA Window open date: _____ Close Date: _____

of contacts made prior to GPRA window open date: _____

of contacts made within GPRA window: _____

Type of contacts within GPRA Window:

Phone:	Yes	No	# of Attempts: _____
Site Visit:	Yes	No	# of Attempts: _____
Home Visit:	Yes	No	# of Attempts: _____
Mail/Email:	Yes	No	# of Attempts: _____
Other:	_____		# of Attempts: _____

Summary of case :

(Please include what factors made it challenging to complete the GPRA):

Care Coordinator: _____

Region: _____

Appendix 8: Maryland *RecoveryNet* – Access to Recovery (ATR) Client Satisfaction Survey

Care Coordinators are responsible for ensuring that all clients complete this satisfaction survey at the time the Follow-up GPRA is completed. Completed surveys can be faxed to ADAA at (410) 402-8601 or mailed to ADAA, 55 Wade Ave. Catonsville MD 21228 ATTN: ATR Sara Roberson prior to billing for the Follow-up GPRA Interview.

Region: _____ Care Coordination Agency: _____ Date _____

For each statement listed below, please check the box that most closely describes your experience with our program.

How satisfied were you the assistance you received to obtain the following Recovery Support Services?	Very Satisfied	Satisfied	Slightly Satisfied	Not Satisfied	Does Not Apply
Recovery Housing					
Employment Coaching					
Transportation (Bus passes, gas cards...)					
Vital Documents (ID, Birth Certificates, Social Security card...)					
Halfway House					
If you received other/gap services please tell us which types of service you received:					
<p>Were you ___ Very satisfied ___ Satisfied ___ Slightly satisfied ___ Not satisfied ___ Does Not Apply</p>					
Thinking about the Care Coordination services you received... How satisfied are you					
That the Care Coordinator allowed you to choose your service provider(s)					
With the help you received from your care coordinator to get the recovery support services you needed					
With the way you were treated by your Care Coordinator (treated you with respect).					
That your Care Coordinator made contact with you on a regular basis					
With the progress you are making toward your personal recovery goals.					
Overall, how satisfied are you with the Recovery Support and Care Coordination services you received?					
Please add any additional comments here:					

Appendix 9: Glossary of *RecoveryNet* Terms and Definitions

Access to Recovery (ATR)- The SAMHSA administered grant that funds Maryland's *RecoveryNet*

ADAA- The Alcohol and Drug Abuse Administration an arm of the Maryland Department of Health and Mental Hygiene, the ADAA oversees the fiscal and regulatory administration of publically-funded substance abuse prevention, intervention and treatment. ADAA is the recipient and administrator of ATR III/*RecoveryNet*

ATR III- This is the third round of SAMHSA ATR Grants and the cycle that funds *RecoveryNet*.

Authorization- Is the permission needed to move a voucher request forward.

Care Coordinator-A vouchered service providing oversight to insure client's ability to access services needed establish recovery in their community.

ATR Client Satisfaction Surveys- Each *RecoveryNet* client will evaluate the recovery support service(s) they received. Copies of the evaluations will be shared with providers.

DHMH- The Department of Health and Mental Hygiene

Encounter- Each *RecoveryNet* covered service provided must be documented in the provider's record system. (See page 11 for *Encounter* documentation requirements) An encounter must be entered into the VMS for each *RecoveryNet* service provided. Each encounter must be entered into the VMS within seven calendar days of the date the *RecoveryNet* covered service was provided or where indicated submitted to ADAA for VMS entry. The encounter serves as an invoice for the service that was provided.

Fraud, Waste and Abuse- The Maryland Alcohol and Drug Abuse Administration takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the *RecoveryNet* initiative. (See pages 9-11 for specific definitions of **Fraud, Waste and Abuse.**)

GPRA- Government Performance Result Act established protocols for measuring outcomes through the collection of specific data. The *RecoveryNet* will collect GPRA data through three time specific survey's administered to *RecoveryNet* clients by identified GPRA collection providers.

Payor-Designated service organization contracted by ADAA to issue payment for vouchered services. The *RecoveryNet* payor is ValuOptions.

Portal Program-The point of entry for clients eligible for *RecoveryNet* Services. In Maryland the portal into the *RecoveryNet* is publically-funded residential treatment programs that must meet the requirements established by the Maryland Code of Regulations (COMAR) and certified to operate at the approved level of care by the Department of Health and Mental Hygiene Office of Health Care Quality.

Portal Program Clinician- The specific counselor that will be utilizing the *RecoveryNet* enrollment process , consenting, referring and authorizing services in the VMS.

Provider Agreement- An agreement between the Service Provider and the Alcohol and Drug Abuse Administration that defines the terms and conditions for participation in *RecoveryNet* (page 7)

RecoveryNet- This is the name of Maryland’s ATR initiative. *RecoveryNet* is a system transformation in which we are partnering with faith-based and community to connect those in early recovery with services that will support, enhance and sustain recovery in the community.

Recovery Service Provider- These are faith-based and community providers of services that are offered in Maryland’s *RecoveryNet* (see page). Recovery Service providers are those that have successfully completed the application process, signed a Provider Agreement, and completed required provider training.

Referral- The process of notifying the service provider chosen by the Service Recipient that a voucher has been authorized for their service. Referral are made and received through the electronic VMS.

Regional RecoveryNet Coordinators- There are three Regional Coordinators that manage the assets and resources in a specific region.

SAMHSA- Substance Abuse and Mental Health Services Administration is an arm of the federal Health and Human Services (HHS) administration. SAMHSA is administers the grant funds for ATR.

Service Recipient- The individual in the portal program receiving the *RecoveryNet* services

Treatment Provider- These are programs certified by the DHMH OHCQ to deliver substance abuse treatment, prevention and/or intervention services

ValueOptions- The established payor for *RecoveryNet* services.

Voucher Management System (VMS)- Services covered by *RecoveryNet* are managed through an electronic Voucher Management System (VMS). After a potential service recipient selects services from a menu of providers and is authorized by a *RecoveryNet* Regional Coordinator to receive services, vouchers are entered into the VMS for selected covered services. Training and Technical assistance for the use of the VMS is required and provided free of charge to service providers.

Voucher Transaction- The activity of moving a voucher through the VMS for payment.