

**Maryland  
Department of Health and  
Mental Hygiene**

**Behavioral Health Administration  
Maryland RecoveryNet  
CARE COORDINATOR  
SUPPLEMENT TO THE  
MARYLAND RECOVERYNET  
PROVIDER MANUAL**

October 2014

*BHA/Maryland RecoveryNet reserves the right to  
make changes to the Provider Manual as needed.*

## Table of Contents

|   |    |
|---|----|
| Maryland RecoveryNet Program Summary .....                          | 3  |
| <i>Maryland RecoveryNet</i> Client Eligibility and Enrollment ..... | 4  |
| Eligibility Requirements .....                                      | 4  |
| Client Choice .....   | 4  |
| Access Points .....   | 5  |
| Enrollment.....   | 5  |
| <i>Maryland RecoveryNet</i> Services .....                          | 5  |
| Clinical Services .....   | 5  |
| Recovery Support Services .....                                     | 5  |
| Care Coordination.....  | 6  |
| Recipient Information and Confidentiality.....                      | 6  |
| Service Provision .....   | 7  |
| Incarcerated Service Recipients .....                               | 8  |
| Deceased Service Recipients.....                                    | 8  |
| Voucher Management System .....                                     | 8  |
| Government Performance Results Act (GPRA).....                      | 8  |
| Client Satisfaction Survey.....                                     | 9  |
| Closing Cases.....  | 9  |
| Consultation with Regional Coordinator.....                         | 9  |
| Documentation Guidelines.....                                       | 10 |
| Glossary of Terms and Definitions.....                              | 10 |
| Changes or Exceptions to the Provider Manual.....                   | 10 |
| <br>  |    |
| Appendix 1: RAC E-Mail Template.....                                | 11 |
| Appendix 2: Maryland RecoveryNet Housing Assessment Form.....       | 12 |
| Appendix 3: GPRA Tips .....   | 14 |
| Appendix 4: GPRA Justification Form.....                            | 15 |
| Appendix 5: Service Receipt.....                                    | 16 |
| Appendix 6: Care Coordination Service Rate Table.....               | 17 |

## Maryland RecoveryNet Program Summary

Maryland RecoveryNet (MDRN) develops partnerships with service providers statewide and funds access to clinical and recovery support services for individuals with substance use/co-occurring disorders treatment and recovery support needs. All Maryland RecoveryNet service recipients receive Care Coordination through which they can access a menu of services which includes funding for Halfway House and Recovery Housing, Transportation, Employment services, Vital Records, Medical and Dental services, and other unmet needs as expressed by the client and/or identified by the Care Coordinator.

All services are designed to assist recipients in remaining engaged in their recovery while promoting independence, self-sufficiency, and stability.

*Maryland RecoveryNet funding supplements, but does not replace or supplant, existing services and funding streams.*

Services covered by *Maryland RecoveryNet (MDRN)* are managed through an electronic Voucher Management System (VMS). A potential recipient must apply to the MDRN program and be approved by the *Maryland RecoveryNet* Regional Area Coordinator (RAC). Upon enrollment, the client selects services from a list of providers which are then authorized by the MDRN Regional Area Coordinator and vouchers are entered into the VMS for selected covered services. All Maryland RecoveryNet providers enter encounters into the VMS when they provide a covered service to a MDRN client. These encounters are then released to the Administrative Services Organization ValueOptions, which, under contract with the Behavioral Health Administration, pays Maryland RecoveryNet providers by matching claims to vouchers and encounters.

*Maryland RecoveryNet* policies and requirements are addressed in this Provider Manual.

### Maryland RecoveryNet Staff Contact Information

Region 1 **Baltimore City:** Karol Harmon 443-854-6654 or [mdrn.karolh@maryland.gov](mailto:mdrn.karolh@maryland.gov)

Region 2 **Central and Western Regions:** Dena Trail 443-827-9176 or [mdrn.denat@maryland.gov](mailto:mdrn.denat@maryland.gov)  
Allegany, Washington, Frederick, Carroll, Montgomery, Howard, Baltimore, Harford and Cecil Counties

Region 3 **Southern and Eastern Regions:** Tyfanni Penn 443-827-9136 or [mdrn.tyfannip@maryland.gov](mailto:mdrn.tyfannip@maryland.gov)  
Anne Arundel, Prince Georges, Calvert, Charles, St. Mary's, Dorchester, Wicomico, and Worcester counties

**General information and forms submission:** [mdrn.info@maryland.gov](mailto:mdrn.info@maryland.gov)

Web address: <http://bha.dhmh.maryland.gov>

### VMS Technical Assistance Contact Information:

SMART Support Desk   **Telephone:** 301-405-4870   **Email:** [igsrsupport@umd.edu](mailto:igsrsupport@umd.edu)

## **Maryland RecoveryNet (MDRN) Client Eligibility and Enrollment**

Maryland Recovery Net utilizes state funding to expand access to a comprehensive array of community based recovery support services for Maryland residents in varying stages of recovery. 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 Maryland RecoveryNet services, an individual must:

- Be 18 years of age or older
- Be a current resident of Maryland and planning to reside in Maryland for the duration of their work with MDRN
- Have a substance use disorder diagnosis
- Provide verification of income
- 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 MDRN services
- Request MDRN services

In addition, eligible clients must:

- Work with a Care Coordinator
- Agree to enroll and be actively engaged in a level of care (OP treatment or Halfway House), enrolled in Continuing Care, or participating in a recovery support service
- Participate in three (3) intervals of the Government Performance and Results Act (GPRA) interview (intake, follow-up (window opens five-eight months after intake) and at discharge from the Maryland 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 consent to release information. The client may revoke consent 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 30 days of discharge from the treatment program

### **Client Choice**

The MDRN 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 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 six 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 MDRN, agrees to work with a Care Coordinator and complete the required assessments then they will be considered for enrollment into Maryland RecoveryNet.

## **Access Points**

Maryland RecoveryNet (MDRN) 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. Care Coordinators will assess individuals to determine eligibility for MDRN services at shelters (select), facilities working with veterans, and with clients who have been discharged from a residential treatment program or released from an approved correctional facility within the past 30 days. Additionally, the individual must be engaged in an out-patient program, other recovery support services or continuing care prior to enrollment.

## **Enrollment**

If the client is deemed eligible for MDRN services, the Care Coordinator will then discuss the program with the prospective service recipient so that they can make an informed decision about enrollment. This discussion should include:

- explaining the number and frequency of the required GPRA surveys
- explaining the complete menu of services
- requirement to submit verification of income

The Care Coordinators should not defer the responsibility of explaining the Maryland RecoveryNet program or enrolling clients into the MDRN program to any individual who is not an approved Care Coordinator for the Maryland RecoveryNet program.

Maryland RecoveryNet service recipients 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 individual'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. The following services are available in the Maryland RecoveryNet initiative (for a full description of services, please see the provider manual):

## **Maryland RecoveryNet Services**

### **Clinical Services**

Halfway House Residential Treatment

### **Recovery Support Services**

Care Coordination

Transportation

Recovery Housing

Employment Services

Gap Services

Vital Documents

If both parties agree that Maryland RecoveryNet services are appropriate, then the Care Coordinator completes the request for MDRN services from the appropriate Regional Area Coordinator (RAC) via email. (see **Appendix 1 CC Supplement: Regional Area Coordinator**

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.

Once the Care Coordinator has received authorization to enroll from the RAC via email, the service recipient and Care Coordinator will complete the Maryland RecoveryNet service recipient application process that includes:

- completing the *Maryland RecoveryNet* Client Application; (see: *Maryland RecoveryNet Provider Manual Appendix 2* Client Application)
- selecting service providers from a list of approved providers in the *MDRN* Provider Directory
- obtaining collateral contact information
- completing the intake GPRA
- creating consents, referrals and authorizations in the VMS
- scheduling next contact
- obtaining authorization for services from the Regional Coordinator
- scheduling follow-up/discharge GPRA appointments

**Note:** Requests for Housing services will only be considered after the Care Coordinator has completed the Maryland RecoveryNet Housing Assessment Form (see **Appendix 2 Care Coordinator Supplement**) Maryland Recovery Net Housing Assessment Form) with the client's treatment/recovery support service provider and submitted to the appropriate Regional Area Coordinator. If approved, the RAC will notify the Care Coordinator. Care Coordinators should ensure that they explain to the client that approval for housing services is not automatic and may take up to 3 days.

At the time of enrollment and through-out the Care Coordination relationship, it is the responsibility of the Care Coordinators to ensure that the service recipient understands that approval of requests is always per fund availability.

A goal of Care Coordination is to provide a "warm hand-off" to the Maryland 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. The Care Coordinator continues to work with the client until the client is no longer actively using Maryland RecoveryNet Services and the Follow-up and Discharge GPRA are complete, as well as the Maryland RecoveryNet 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. Maryland RecoveryNet providers must comply with confidentiality of client information and protected health information requirements as set forth in state and federal

regulations (see **Provider Manual Appendix 8: Summary of HIPAA privacy rule**).

Providers must obtain a completed release of information (see **Provider Manual Client Application Authorization for Disclosure**) from each *Maryland 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 *Maryland RecoveryNet* service recipient in written communications, including e-mail. The provider may not disclose protected health information in e-mail communications.

## **Service Provision**

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

Once clients have been authorized to receive services in the Maryland 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 GAP service(s), and authorize a Follow-up GPRA Interview, and Authorization Monitoring. Clients who are strictly Maryland RecoveryNet clients will also need authorization for the Intake Interview and Care Coordination Monitoring units.

The Care Coordinator is responsible for:

- identifying additional service needs and contacting service providers (chosen by client) to schedule or otherwise facilitate access to selected Maryland RecoveryNet services
- tracking client progress through the program
- administering the Follow-up GPRA
- completion of the Discharge GPRA
- dissemination of the GPRA completion gift card to the service recipient
- obtaining the clients' signature on receipts for verification of service provided
- ensuring the Client Satisfaction survey is completed and emailed to the identified MDRN staff
- maintaining contact bi-weekly with the client, via phone or face to face throughout the client's participation in Maryland RecoveryNet services and until the follow-up GPRA client interview
- conducting a billable authorization review at each client contact
- entering all client encounters and/or work completed related to care coordination in the VMS

## **Guidelines for expenditures**

The Care Coordinator is responsible for ensuring they understand the internal guidelines for expenditures as they pertain to your agency. Any request from the Care Coordinator for approval of services outside of the guidelines will need to be accompanied by a detailed explanation/rationale for the request, reviewed and sign-off by the CC's supervisor, the Regional Area Coordinator, and their supervisor. A copy should be retained in the clients'

record that is maintained by the Care Coordination agency.

### **Incarcerated service recipients**

If a client becomes incarcerated after enrollment into Maryland RecoveryNet, 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.

Clients will be unable to access Maryland RecoveryNet services while incarcerated however we hope the services will be available to them upon their release. Care Coordinators should conduct bi-monthly check-ins with collateral contacts 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 may request permission to conduct a phone GPRA from the Regional Area Coordinator if an in-person interview is not allowable. Phone interviews should be conducted on a secure line. <sup>51</sup>

### **Deceased service recipients**

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.

### **Voucher Management System (VMS)**

All service delivery that occurs with the Maryland RecoveryNet recipient must be entered into the SMART Voucher Management System (VMS). The intake, which is tailored for MDRN services, is the point of data entry. This includes the 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)**

The GPRA is a tool that provides valuable data used both at the state and federal level, to assess and determine treatment and recovery support funding needs in Maryland. The absence of adequate data on those being served, and who need services, may jeopardize the state's ability to secure needed funding and to address the treatment needs of Maryland's growing substance use population (see **Appendix 3: GPRA Quick Tips**).

Care Coordinators are given a window between the beginning of the 4th month and the end of the 6th month to complete the 6-month Follow-up GPRA. When a GPRA is not completed within this time it is considered noncompliant. Care Coordination agencies will not be reimbursed for non-compliant GPRA's. If, by the end of the 6th 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 6: GPRA Justification Form). A GPRA may not be completed before the window opens.

If the Maryland 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 Discharge GPRA interview should be conducted .

If the client cannot be located to complete the Discharge GPRA the Care Coordinator should, with the RAC's approval, submit an Administrative Discharge by completing sections A, J, and K of the GPRA tool. In the event that a Discharge GPRA interview occurs prior to completion of the Follow-up GPRA interview, the Care Coordinator is still required to locate the client to complete the Follow-up GPRA survey.

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

### **Client Satisfaction Survey**

The Maryland RecoveryNet Client Satisfaction Survey is administered by the Care Coordinator after completion of the Follow-up GPRA interview. Completion of the survey is required and is included in the Follow-up GPRA payment bundle. Upon completion of the survey, the Care Coordinators should email the survey to the identified MDRN staff. (see **Appendix 7: Maryland RecoveryNet Client Satisfaction Survey**). A GPRA completion gift card is only given to clients who complete the survey in person their signature must be obtained on the service receipt.

### **Closing Cases**

It is the expectation of the Maryland RecoveryNet that each provider organization set standards and guidelines around closing MDRN 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
- The client reached 6 months without completing the follow-up GPRA and there has been no contact for at least 30 days
- 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 5-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 MDRN and then decides not to access services, the care coordinator is still responsible for the 6-month Follow-up GPRA

### **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, 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 service recipients' chart must include but are not limited to: the gift cards receipts dated and with the client's signature, a copy of the verification of income, client application, consents, and other correspondence as warranted.

### **Glossary of Terms and Definitions**

See Appendix 9 of Maryland RecoveryNet Provider Manual

### **Changes or Exceptions to the Provider Manual and Care Coordination Supplement**

The Maryland RecoveryNet Provider Manual and Care Coordination Supplement is subject to change. Providers may request an exception to the Provider Manual/Supplement requirements by submitting an exception request to the RAC via email. The request must contain the specific requirement for which you are requesting an exception as well as a detailed explanation of the reason for the request.

Updated 10/14

**Appendix 1: RAC Sample E-Mail Template**

Date:

To : Regional Area Coordinator

From:

Re: Maryland RecoveryNet Eligible Patient

I have a Maryland RecoveryNet eligible patient Service recipient ID # -----

They are requesting the following services:

Care Coordination

Monthly transportation card

Vital Docs             Birth certificate             MD ID

Halfway Housing     Recovery Housing

Employment services

Peer Support services

GAP Transitional

GAP Clothing

GAP Support services

GAP Medical

They are planning to discharge to \_\_\_\_\_ County/City.

Thank you.

**Appendix 2: Maryland RecoveryNet Housing Assessment Form**  
**MARYLAND RECOVERYNET HOUSING INTAKE FORM (10/2014)**

SMART Client ID# \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Referring Care Coordinator: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

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

Veteran Status: Yes  No

Marital Status: Married  Civil Union  Divorced  Separated  Widowed  Never Married  Other: \_\_\_\_\_

**Legal Information/History**

Pending Case(s): Yes  No  Previous Involvement with the Criminal Justice System: Yes  No

Currently on probation? Yes  No  Parole? Yes  No  Number of arrests in last 30 days: \_\_\_\_\_

**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? \_\_\_\_\_

---

Does client 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<br>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 3: 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 "OK" 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 RAC

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 4: 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

Please submit to your RAC

Please write clearly and complete all fields.

Client ID#: \_\_\_\_\_ Date: \_\_\_\_\_

GPRA 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: \_\_\_\_\_

