

TRANSFER RULES

1. Clients can be transferred to another Care Coordination provider if:
 - a. The provider agrees to **accept** the client.
 - b. Clients should never be transferred without the permission of the receiving provider.
 - c. Clients should never be left in **pending** status in the SMART record for more than 5 days.
 - d. You must **accept** all clients in the SMART record that you have agreed to work with.
2. Clients that have **moved to another jurisdiction** and need Follow-up GPRA can be transferred if:
 - a. The follow-up GPRA window has **15 days or more until closing**, and
 - b. The provider in that jurisdiction agrees to accept the client.
3. Clients left in **pending** status remain the responsibility of the referring care Coordination Provider.

REFERRAL RULES

1. All Clients that are in a residential treatment program in which **other public** or private dollars (i.e. MA funding, self pay, insurance) and not ADAA grant dollars can be referred to Care Coordination in the jurisdiction that they are planning to go to upon discharge. Care Coordinators accept these clients;
 - a. If the jurisdiction's policy for care coordination accommodates this referral pathway (check with jurisdiction administrators), and
 - b. If the care Coordination provider in the jurisdiction has the caseload capacity to accommodate this referral pathway and the ability to use the ATR/RecoveryNet Voucher Management System for reimbursement related to all care coordination services.
2. **Referral pathways and procedures are determined by each jurisdiction.** The mandated population for State Care Coordination is individuals in residential treatment (levels III.3, 5, and 7) other clients eligible in the jurisdiction include;
 - a. Any population identified by the jurisdictional administrator as a State Care Coordination priority population, and/or
 - b. Designated ATR/RecoveryNet Outpatient or Community –based enrollment locations in which agreements are in place for RecoveryNet Care Coordination.

GPRA RULES

1. All clients that have an Intake GPRA must have a Follow-up GPRA

2. Death is the only condition that excludes a client from a follow-up GPRA
3. GPRA can be administered via telephone if:
 - a. The client is over 20 miles or 30 minutes from the Care Coordinator, or
 - b. There are extenuating circumstances that make the telephone GPRA appropriate
 - c. There is no other opportunity to complete the Follow-up GPRA.
4. If you do a telephone GPRA email your Regional Area Coordinator (RAC) with the details of why you needed to complete the GPRA via the telephone rather than in person.
5. If you complete a Telephone Follow-up GPRA you must arrange with the client to get the \$15 gift card. Clients must sign for the receipt of the gift card and Care Coordinators are responsible for this documentation. **Mailing gift cards is prohibited.**
6. Follow-up GPRA are still required even if outside of the GPRA window. Clients who you re-establish contact with that are eligible for the Follow-up GPRA should have it administered to them, however,
 - a. They are not eligible for the gift card, and
 - b. You can bill for 2 monitoring units total (approximately 30 minutes) for the GPRA and the Customer Satisfaction Survey.
 - c. You cannot bill for the GPRA Follow-up interview unless it is within the 5-8 month window.
7. Discharge GPRA must be completed on all clients for which there has been no voucher activity for more than 30 days. The discharge GPRA is very brief and can be done via telephone. This rule includes;
 - a. Clients that have already had the Follow-up GPRA, and/or
 - b. Clients that have not yet had the Follow-up GPRA and/or
 - c. Clients are due for both the Follow-up and the Discharge GPRA (done at the same time) and/or
 - d. Clients that did not use any other voucher other than care coordination, and/or
 - e. Clients that you have documented that you have lost contact with, and
8. Deceased clients.

OUTCOME MEASURES

1. Outcome measures for meeting the 80% GPRA rule are based on the number of intake GPRA the provider completed and the number of Follow-up GPRA completed in the required 5-8 month window. Care Coordination providers who do not meet the 80% rate must;

- a. Participate in technical assistance from RecoveryNet staff to identify and correct problems
 - b. Submit an Action Plan to the RecoveryNet Project Director to improve Follow-up rate.
2. Jurisdictions not meeting the 80% GPRA rate who are not able to improve their GPRA Follow-up rate will have their ability to enroll clients into ATR suspended.