

**Great Plains Tribal Chairmen's
Health Board**

Access To Recovery

Provider Manual

January 2012



Call 1-855-ATR-7250 or go to www.gpatr.org

GPATR Provider Manual

Introduction

Great Plains Access To Recovery (GPATR) is a four year grant awarded to the Great Plains Tribal Chairmen's Health Board (GPTCHB) by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (SAMHSA) in October 2010. ATR provides funding to individuals to purchase services and supports linked to their recovery from substance abuse. ATR emphasizes client choice and increases the array of available community-based services, supports, and providers.

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

Total funding available for GPATR direct covered services is \$10,495,552. GPATR will serve at a minimum, the following number of clients in each year of the grant, beginning October 1, 2010:

Year One	2,155
Year Two	3,927
Year Three	3,819
Year Four	3,201

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

NOTE: Currently, vouchers and invoices are handled by fax to the GPATR central office. The fax number is 605-716-3127.

ATR policies and requirements are addressed in this Provider Manual. ATR information is also available at www.gpatr.org.

This Provider Manual and its requirements are incorporated by reference into GPATR cooperative agreements with ATR providers.

ATR Vision and Principles

Access to Recovery enhances substance abuse recovery for individuals by funding a broad array of client-selected, community-based services and supports.

The Great Plains Tribal Chairmen's Health Board's implementation of ATR is based on the following principles:



GPATR Provider Manual

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

GPATR assures provider and client input to the ATR project through stakeholder discussions, satisfaction surveys, and solicitation of client and staff feedback during site visits. GPATR staff are available for technical assistance and case consultation.

ATR Client Eligibility

To be eligible for services, an individual

- 1. Must have, or be recovering from, a substance use disorder. This is determined by self-report during the screening process.*
- 2. Be enrolled, eligible for enrollment, or of Indian descent from a federally recognized tribe or entity, (including Alaska Natives) recognized by the United States Bureau of Indian Affairs (Federal Register/Vol. 74, No. 153/Tuesday, August 11, 2009 or newer publication) or eligible to receive services from a tribal or urban Indian health program as a state recognized Indian tribe (as determined by the Indian health program)*
- 3. Be 15 years of age or older*
- 4. Have state residency in South Dakota, North Dakota, Nebraska, or Iowa.*

Enrollment and Re-Enrollment

New Clients

To participate as a client of the GPATR program, the client enrollment application must be completed by an authorized Intake Provider for each individual. The GPATR program will not:

- a. Restrict enrollment to the GPATR program for available services.*
- b. Charge enrollment fees.*
- c. Deny enrollment to an eligible person*

Previous Clients

A previous client may apply to re-enroll in GPATR by going to a GPATR Intake Provider. The GPATR Intake Provider will conduct a review of the original application with the client to update the application. The GPATR Intake Provider will contact the GPATR Treatment Coordinator for approval of re-enrollment. Re-enrollment approval

GPATR Provider Manual

will be based on qualification of client, history of treatment in the GPATR program, and availability of voucher services.

Care Coordination providers must maintain documentation of client eligibility, including screening results.

ATR Provider Eligibility and Cooperative Agreements

Prospective providers can initiate a cooperative agreement with GPATR, during the established contracting periods, to provide ATR covered services by requesting an application packet through www.gpatr.org. All prospective ATR providers must submit the ATR Provider Application, a W-9, and supporting documents for review. The completed application packet must be mailed to:

*Great Plains Tribal Chairmen's Health Board
Great Plains Access to Recovery
1770 Rand Road
Rapid City, SD 57702*

Prospective providers may fax the application to GPATR central offices at 605-716-3127, but must mail the original within 5 days.

After receiving the ATR application packet, GPATR staff review all application documents and submit accepted applications for processing. Potential providers whose applications are not accepted will be contacted and given the opportunity to provide additional documentation. Providers have 30 days to provide GPATR with the additional documentation needed to complete the application process or the application will be denied and discarded. Providers whose applications are denied will be notified in writing. The application process generally takes six weeks from the time GPATR receives the completed application packet and all necessary additional documentation. GPATR retains the right to deny an application when there are a sufficient number of similar providers in a specific service area.

To participate in ATR, a provider must have a signed cooperative agreement with GPATR to provide specific ATR covered services. See Appendix A Access to Recovery - Service Descriptions, Rates, and Qualifications for required provider qualifications for each ATR covered service.

To be eligible to enter into a cooperative agreement with GPATR to provide ATR covered services, providers must demonstrate the computer capability necessary to work with the VMS. The minimum required computer capability is Windows Internet Explorer 6.0 or higher. Recovery Support Providers who do not have this capability will receive technical assistance for submitting bills

Currently, providers must submit invoices for billing by fax or scan. Providers will receive notification when the VMS system is operational.

GPATR Provider Manual

ATR Covered Services

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

For ATR clients under age 18, parent/guardian permission is required for all referrals made on the client's behalf, with the exception of substance abuse treatment.

There are three types of covered services available through ATR: care coordination services, recovery support services, and behavioral health services for Active Military/National Guard personnel.

1 Care Coordination Services

*All ATR clients receive Care Coordination, the central service around which the ATR program is organized. Care coordination services providers establish and maintain relationships with ATR clients over time and assist clients in identifying and accessing ATR covered services. ATR covered services are selected through the care coordination services process and are vouchered through care coordination services providers. Generally, up to **\$305** in ATR funding is available in total for the following care coordination services:*

- *ATR Assessment with GPRA Intake Interview*
- *Care Coordination*
- *Care Coordination with GPRA Discharge Interview*
- *Care Coordination with GPRA Follow-up Interview*

While client choice is a core principle of ATR, ATR funding is not an entitlement. Care Coordination providers have the responsibility to determine the appropriate use of funding and amount of funding as related to a client's recovery goal.

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

2. Recovery Support Services

All ATR clients may receive recovery support services. Clients select the recovery support services that best meet their needs through the care coordination process and the care coordination services provider inputs vouchers

GPATR Provider Manual

for the selected services into the VMS. Generally, up to **\$250** in ATR funding is available in total for the following recovery support services:

- Child Care
- Co-Pays
- Alcohol/Drug Testing
- Transitional Drug-Free Housing Assistance
- Family Services (e.g. Parenting Classes)
- Acupuncture
- Alternative therapies (Chiropractic, massage, yoga, hypnotherapy)
- Physical Fitness & Well-Being
- Nutritional Management
- Stress Management
- Anger Management
- Relapse Prevention
- Employment Services (includes Pre-employment and Job Coaching)
- Recovery Peer Coaching
- Sober Living Activities
- Spiritual Counseling
- Traditional Healing
- Sweat Lodge/Inipi
- Talking Circle
- Spiritual/Cultural Retreat
- Tribal song and Dance, Arts and Crafts, Storytelling and Cultural Teaching
- Daily Living Skills
- Transportation

3. Clinical Treatment Services

Clients may choose clinical treatment. A chemical dependency assessment indicating level of care recommendations and conducted by a licensed or certified chemical dependency counselor is required for access to these services. This is a psychosocial assessment utilizing either the ASI or ASAM patient placement criteria. Generally, up to **\$250** in ATR funding is available in total for the following services:

- Mental Health Therapy
- Substance Abuse Treatment:
 - Assessment
 - Continuing Care (ASAM Level I)
 - Extended Outpatient Treatment (ASAM Level I)
 - Halfway House (ASAM Level III.1)
 - Intensive Outpatient Treatment (ASAM Level II.1)
 - Residential (ASAM Level III.3 and III.5)

GPATR Provider Manual

Accessing ATR Covered Services: The Intake Process

Prospective clients access ATR covered services through an ATR Assessment with GPRA Intake Interview (see [Appendix B Access to Recovery - ATR Assessment Form](#)) with a provider with a cooperative agreement with GPATR for that purpose. For a list of ATR Intake providers, go to www.gpatr.org.

It is the responsibility of the Intake provider to initiate contact between the Care Manager and the client. Initially the Intake provider will notify selected providers from the care plan. Subsequent referrals and changes to the care plan will be the responsibility of the Care Manager.

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

During ATR Intake, the prospective client and ATR Intake services provider:

- determine a prospective client's eligibility for ATR participation
- assess the client's need for ATR covered services
- discuss the client's preferences for ATR covered services
- develop an initial life plan
- review the list of locally available ATR covered services and providers as listed on the GPATR ATR website at www.gpatr.org
- identify client-selected ATR covered services and providers
- complete required paperwork, including, but not limited to, the GPRA Intake Interview
- review the care coordination services process and schedule the next Care Coordination contact
 - The ATR Assessment provider should schedule the Care Coordination with GPRA Follow-up Interview during the ATR Assessment session.
- contact other providers, as indicated, to schedule or otherwise facilitate access to selected ATR covered services.

Vouchers

Following the ATR Assessment with GPRA Intake Interview with the client, the Intake provider submits voucher request for entry into the Voucher Management System to the Main Office at 605-718-3642. The Care Manager may request additional vouchers at later dates for ATR covered services identified with the client through on-going care coordination services. When a client is entered into the VMS, a unique ID number will be generated, which will be used for GPRA and other identifying communications. During the intake process the client will sign a plan of recovery which will be faxed to the recovery support services and/or clinical treatment services provider who can choose to accept or not accept the voucher.

GPATR Provider Manual

- *Vouchers must specify selected ATR covered services and providers, the number of units for each vouchered service, and the start and end dates (date range) of the voucher.*
- *The maximum date range for a voucher is 90 calendar days.*
- *ATR Care Managers may extend the voucher prior to the voucher end date, based on on-going discussion with the client and client choice. For any voucher that would put total expenditures for a specific ATR client at more than **\$675**, the Care Coordination provider must request prior approval from GPATR by contacting the GPATR Fiscal Officer.*

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

Encounters and Payment

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

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

1. Encounters

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

- *Each ATR covered service provided must be consistent with the voucher in the VMS.*
- *Each ATR covered service provided must be documented in the provider's record system. (See [Appendix F Access to Recovery - Documentation Requirements](#).)*
- *An encounter must be entered into the VMS for each ATR covered service provided.*
- *Each encounter must be entered into the VMS within seven calendar days of the date the ATR covered service was provided or by the 2nd of the month following the date of service, whichever is earliest.*
- *Each encounter entered into the VMS must be consistent with the voucher and with documentation in the provider's record system.*

2. Payment

An ATR covered service is reimbursable through ATR funding only when there is no other funding source for that service. Each provider is responsible for determining and documenting lack of funding for each vouchered ATR covered service.

GPATR Provider Manual

If an ATR covered service is a covered service under any other payer, that service cannot be submitted to GPATR for payment through ATR, regardless of whether or not payment is received from that other payer.

NOTICE: THE FOLLOWING SECTION IS ONLY FOR PROVIDERS WHO DO NOT HAVE ACCESS TO THE VMS SYSTEM

Each ATR provider without VMS capability must submit an invoice to GPATR by the 2nd of each month that summarizes payment requested for all ATR covered services that provider provided during the previous calendar month.

- *Invoices must be numbered and include the provider's name and address.*
- *Invoices must include the client's unique identifying number, type and amount of service, dates of service, and dollar amount requested.*
- *Providers should review the service rate list and client recovery plan to assist in completing the invoice.*
- *ATR covered services claimed on the invoice must be consistent with encounter information in the VMS and with documentation in the provider's record system.*
- *GPATR verifies requests for payment by reviewing the invoice against encounter information in the VMS.*
 - *GPATR may review documentation in the provider's record system as part of the invoice verification process.*
- *Generally, GPATR processes and pays invoice requests within 60 days of receipt.*

Submit invoices to GPATR at:

*Great Plains Tribal Chairmen's Health Board
Access to Recovery
1770 Rand Road
Rapid City, SD
57702*

GPRA Data Collection

Providers with a cooperative agreement with GPATR to provide Intake and/or Care Management must meet face-to-face with their ATR clients to collect and submit required GPRA Intake and Discharge Interviews. The GPRA Follow-up Interview may be completed face-to-face

GPATR Provider Manual

Providers with a cooperative agreement with GPATR to provide intake and/or care coordination services collect GPRA (Government Performance Results Act) data at three specific times, using the GPRA tool at <https://www.samhsa-gpra.samhsa.gov/>

1. GPRA Intake

GPRA intake information is completed during the face-to-face ATR Intake Screening with GPRA Intake Interview that initiates admission to the ATR project.

2. GPRA Discharge

GPRA discharge information is completed during the face-to-face Care Coordination with GPRA Discharge Interview conducted on the date of discharge from the ATR project.

- *If an ATR client does not present on the scheduled day of discharge, the provider should arrange to meet with the client to complete the Care Coordination with GPRA Discharge Interview within 14 calendar days.*
- *If an ATR client has not received services for 30 consecutive days, the provider should arrange to meet with the client to complete the Care Coordination with GPRA Discharge Interview within 14 calendar days of the 30th day of inactivity.*
- *If the Care Coordination with GPRA Discharge Interview cannot be completed within 14 calendar days of the discharge date, the provider should submit an Administrative Discharge by completing sections A, J, and K of the GPRA tool.*
- *In the event a GPRA Discharge Interview occurs prior to completion of the GPRA Follow-up Interview, the Care Coordination provider is still required to locate the client to complete the GPRA Follow-up Interview.*

3. GPRA Follow-up

GPRA follow-up information is completed during the Care Coordination with GPRA Follow-up Interview conducted between five and eight months after the date of the client's admission to the ATR project. (For information on effective follow-up strategies, see Appendix J Access to Recovery - GPRA Follow-up Strategies.)

- *The Care Coordination with GPRA Follow-up Interview should be scheduled during the ATR Intake Screening for between five and eight months from the admission date.*
- *ATR clients who complete a Care Coordination with GPRA Follow-up Interview receive a \$20 gift card from the provider. If the client is incarcerated, the gift card should be mailed to an individual designated by the client. Gift cards cannot be mailed directly to the incarcerated client.*
 - *The reimbursement rate for Care Coordination with GPRA Follow-up Interview covers the provider's management and distribution of client gift cards.*

GPATR Provider Manual

- *The distribution of client gift cards should be documented on Appendix K Access to Recovery – Receipt Form.*

SAMHSA policy requires that after 30 days of no activity, defined as no receipt of any ATR covered service, the client should be discharged from ATR. The GPRA Discharge Interview and GPRA Follow-up Interview must still be completed within the required timeframes.

GPRA interviews must be entered into the SAIS within seven calendar days of the date of the interview. Information regarding the administration of the GPRA tool can be found at <https://www.samhsa-gpra.samhsa.gov/>.

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

Confidentiality

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

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

Providers with a cooperative agreement with GPATR to provide ATR Assessment should ask ATR clients to list three personal contacts on Appendix D Access to Recovery - Collateral Contacts Form, or within the client profile in the VMS, and sign a release of information to each contact to help the provider locate the client to complete the Care Coordination with GPRA Follow-up Interview.

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

Additional Requirements

ATR providers must comply with the following additional requirements:

1. **Audit or Examination of Records**

The Chief Financial Officer of the Great Plains Tribal Chairmen's Health Board or any authorized representative of the GPTCHB and, where Federal funds are involved, the Comptroller General of the United States or any other authorized representative of the United States Government, shall have access to, and the

GPATR Provider Manual

right to examine, audit, excerpt and transcribe any pertinent books, documents, paper, and records of the provider related to order, invoices, or payments of the ATR cooperative agreement. The provider agrees that GPATR may have access to ATR records.

2. Cultural Competence

ATR clients have the right to culturally competent services. Providers who are not of the same cultural group as the client must provide evidence that they have received cultural competency training.

3. Health and Safety

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

4. Volunteer Policy

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

5. Conflict of Interest

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

Guiding Principles

Provider staff and volunteers must comply with the guiding principles listed below. Provider staff who are licensed or certified in a specific profession must comply with the code of ethics for their profession as well as with the guiding principles, whichever is the higher standard.

- *ATR clients and family members are treated with honesty, dignity, and respect.*
- *Providers shall abstain from alcohol or other drug usage prior to or during the provision of ATR services.*
- *Providers shall not accept commissions, gratuities, rebates, gifts, favors, or any other form of non-GPATR payment for ATR services.*

GPATR Provider Manual

- *Providers shall not misrepresent themselves or their qualifications, licensing or other accreditation requirements, education, experience, or status.*
- *Providers shall not perform services outside their area of expertise, scope of practice, training, or applicable license or other accreditation by the State of Iowa.*
- *Providers who are unable to provide a service to a client will refer the client to a provider qualified to provide that service.*
- *Providers shall not discriminate on the basis of color, age, gender, sexual orientation, national origin, socio-economic status, spiritual/faith beliefs, psychiatric or physical status, or culture, ethnic, or racial background.*
- *Providers shall not participate in false or fraudulent activities including, but not limited to, submission of claims for services not rendered, submission of false data, knowingly assisting another provider to enter false claims or data, charging a client for all or any part of a service, and/or providing false representation of credentials, qualifications, insurance, or licensure documents.*

Monitoring and Evaluation

GPATR monitors and evaluates ATR services and providers. Monitoring and evaluation areas include, but are not limited to, client eligibility, provider eligibility, provider facilities and policies, service documentation, voucher and encounter data, GPRA reporting, invoices, critical and provider incidents, and satisfaction surveys. GPATR will conduct site visits and may talk with ATR clients and with provider staff. Providers are generally notified of planned site visits in advance but GPATR retains the right to conduct site visits at GPATR discretion. The Access to Recovery Audit Tool can be found at www.gpatr.org.

Providers who do not meet requirements as stated in the Provider Manual and the cooperative agreement may receive technical assistance from GPATR and may be required to conduct corrective action. Certain violations, safety concerns, or performance below established requirements may result in termination of the provider's cooperative agreement.

1. Client Rights

The provider and client shall review client rights as outlined on Appendix C Access to Recovery – Client Consent Form and a signature is required for ATR clients.

2. Complaints

Providers must have a policy for handling client complaints. ATR clients may file a complaint with GPATR by calling 1-855-ATR 7250, going to www.gpatr.org, or writing to

*GPATR
Great Plains Tribal Chairmen's Health Board
1770 Rand Road
Rapid City, SD 57702*



GPATR Provider Manual

3. Incident Reporting

a. **Critical Incidents** are those events that occur while a client is receiving ATR services that negatively impact the client, client's family, other individual or the ATR program including but not limited to:

- death
- suicide attempt
- injury to self
- assault or injury to others
- sexual/physical abuse or neglect, or allegation thereof
- incarceration
- inappropriate use of ATR funds by client

Providers must submit an Access to Recovery - Critical Incident Report (see Appendix I) within 24 hours of becoming aware of the incident.

b. A **Provider Incident** is reported when a provider action is believed to be out of compliance with Provider Manual or cooperative agreement requirements. For this purpose, individuals can submit an Access to Recovery - Provider Incident Report (see Appendix M).

GPATR researches Critical and Provider Incidents as indicated. Follow-up on reported incidents may include, but is not limited to, technical assistance, requirement of corrective action, funding repayment, cooperative agreement revision or termination, or determination that no inappropriate incident occurred. Report Provider Incidents to GPATR at www.gpatr.org or at 1-855-ATR-7250.

4. Client Satisfaction Surveys

The Access to Recovery - Client Satisfaction Survey (see Appendix H) is administered by care coordination services providers during their Care Coordination with Follow-up GPRA Interview. When Follow-up GPRA Interviews are completed by telephone, care coordinators may obtain client satisfaction survey responses by telephone. Providers mail or fax completed surveys to GPATR at:

GPATR
Great Plains Tribal Chairmen's Health Board
1770 Rand Road
Rapid City, SD 57702
Fax: 605-716-3127

5. Fraud, Abuse, and Waste Monitoring

GPATR takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the ATR project.

GPATR Provider Manual

- a. *For ATR project purposes, fraudulent practices include, but are not limited to:*
- *falsifying information on the provider application or omitting relevant material facts*
 - *misrepresenting staff credentials or qualifications or billing for services provided by unqualified staff*
 - *falsifying client files, records, or other documentation*
 - *billing for services not rendered*
 - *billing multiple times for the same service*
 - *accepting payment for services not rendered*
 - *improper billing to clients for services rendered*
- b. *For ATR project purposes, abusive practices include, but are not limited to:*
- *making improper diagnoses*
 - *providing client services that are not necessary or services that are inappropriate for the client's condition*
 - *knowingly not billing a primary payer for an eligible client*
 - *offering or accepting payment to refer clients to a particular provider*
 - *coercing a client to choose a particular provider*
 - *misrepresenting client outcomes*
- c. *If a provider or any of its employees, volunteers, or board members commits client abuse, neglect, exploitation, or sexual harassment; malpractice; or fraud, embezzlement, or other serious misuse of funds, GPATR may terminate the provider's participation in the ATR project immediately upon written notice to the provider and may seek repayment of funds.*
- d. *If a client commits fraud or other serious misuse of funds, GPATR may terminate the client's participation in the ATR project immediately upon written notice to the client and providers and may seek repayment of funds.*

6. **Programming and Licensure Changes**

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

Appeals

An ATR provider who disagrees with a GPATR decision to deny a request for approval of an ATR covered service or deny payment for an ATR covered service may request an informal appeal in writing within 30 calendar days of notice of the action being appealed. The appeal must include the provider's name, the client's unique ATR identification number, and specific information to support the provider's appeal. An ATR

GPATR Provider Manual

provider, pursuant to this section, is not entitled to a contested case proceeding. The appeal will be reviewed by the GPATR Project Director or the Director's designee(s). A decision letter will be mailed to the provider within 14 calendar days of the date the appeal was received by GPATR. Appeals must be addressed to:

*GPATR
Great Plains Tribal Chairmen's Health Board
1770 Rand Road
Rapid City, SD 57702*

Changes or Exceptions to the Provider Manual

The Provider Manual is subject to change. GPATR will endeavor to inform providers of any changes 30 days before the effective date of the change using the following methods:

- *website update*
- *provider calls*
- *e-mail notification*

In order to stay current on changes to the Provider Manual, it is the provider's responsibility to regularly review the ATR website and participate in provider calls.

Appendix A Service Descriptions, Rates and Qualifications

Maximum Amount of Vouchers

This amount may change according to quarterly review of available funds. An average of \$675 is allotted per client for total voucher expenditures.

Recovery Support Intake and Assessment= \$105 per client per 12 month period from date of authorization. Required for all clients.

Clinical Assessment = \$160 per client per 12 month period from date of authorization. Required for Clinical Treatment Services

Residential = \$12,000 per tribe per 12 month period from date of authorization. Maximum per individual: \$6,000. Initial allocation: The first 2 tribal members per each of the 18 participating GPTCH member tribes/service area who meet criteria and submit all materials to GPATR office. Open to all applicants after July 1, 2012. Special conditions apply (see service definition.)

Important things to Remember

- *Voucher limits are set on a 30 day cycle from when a voucher is initially approved. For example, if a client #999 has an outpatient voucher authorized in the amount of \$180 on September 30, 2011; client #999 would not be eligible for an additional \$180 for outpatient until September 30, 2012. The voucher might expire and be re-authorized during that time but the total amount of available funds for that client for outpatient will be \$180 until the 13th month after the initial authorization.*
- *Transaction limits are currently set on a 12 month cycle. For example, if you processed a supportive drug free housing voucher for client #999 in the amount of \$250 on September 30, 2011; client #999 would not be eligible for that service again until September 30, 2012.*
- *Reauthorizations of vouchers that exceed the set amounts must be justified and authorized prior to the client receiving the service. To do so call the ATR Fiscal Coordinator at (605) 721-1922.*
- *All monetary limits are amounts which ATR will pay “up to” that amount. Providers can bill up to the amount shown here and cannot go over that amount but may bill less than that amount. GPATR reimburses only in whole dollar amounts.*
- *Please bill with numbered and dated invoices. Bills must be submitted within 30 days of service. Each calendar month must be submitted on a separate bill.*
- *Service code amounts may be used for co-pay when other funding is available. Sliding fee scale and co-pay scale are required to be on file in GPATR offices. Sliding Fee scale must be applied. GPATR will pay the amount calculated for the individual client.*

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
CARE COORDINATION SERVICES			
<p>ATR Screening (2013)</p> <p><i>One time, face-to-face meeting with a prospective ATR client conducted prior to admission to ATR to determine client eligibility for ATR participation as well as client needs and requests for specific ATR covered services.</i></p> <ul style="list-style-type: none"> • GPATR Assessment Form (Appendix B) • Collateral Contacts Form (Appendix D) • Release of Information (Appendix E) • Voluntary Consent Form (Appendix C) • Client Fraud, Waste, and Abuse Agreement (Appendix N, or Q & P) <p><i>This includes:</i></p> <ul style="list-style-type: none"> • Screening for eligibility • Entering the encounter in the VMS • Referring to other services if ineligible for ATR funding in accord with GPATR “no wrong door” policy • If client is eligible, the provider screens for possible substance abuse problems, illicit drug problems, depression, domestic Violence, tobacco use, and recovery support needs. • Intake paperwork completed (ROI, Consent, HIPPA, Client Rights) <p><i>Required for all potential GPATR clients</i></p>	<p><i>Unit</i></p> <p>=</p> <p><i>One Session</i></p> <p><i>Total Available Units</i></p> <p>=</p> <p>1</p>	<p><i>Unit rate</i></p> <p>=</p> <p>\$25</p>	<p><i>Person delivering the service must be age 18 or older and be employed by and qualified by:</i></p> <ul style="list-style-type: none"> • a licensed substance abuse treatment program, or • an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services or • an independent provider <p><i>and</i></p> <p><i>With a cooperative agreement with GPATR to provide ATR Care Coordination.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>ATR Initial Recovery Management Plan, Contact Form, GPRA Intake Interview (2012)</p> <p><i>One time, face-to-face meeting with a prospective ATR client conducted prior to admission to ATR to determine client eligibility for ATR participation as well as client needs and requests for specific ATR covered services.</i></p> <p><i>Includes the following ATR Provider Manual forms:</i></p> <ul style="list-style-type: none"> • VMS Request Form (Appendix G) • Collateral Contacts Form (Appendix D) <p><i>Includes:</i></p> <ul style="list-style-type: none"> • reviewing GPATR approved list of locally available ATR covered services and providers • discussing client choices for ATR covered services and providers • submitting vouchers for selected ATR covered services, including Care Coordination, to the GPATR offices • completing the GPRA Intake interview and entering it in the SAIS site • initiating client access to covered services with selected providers • scheduling the 6-month Care Coordination with GPRA Follow-up Interview with the client • documenting the service in the provider's records (Appendix F) • entering the encounter in the ATR VMS 	<p><i>Unit</i> = 1 session</p> <p><i>Total available units</i> = 1</p>	<p><i>Unit rate</i> = \$80</p>	<p><i>Person delivering the service must be age 18 or older and be employed by and qualified by:</i></p> <ul style="list-style-type: none"> • a licensed substance abuse treatment program, <p><i>or</i></p> <ul style="list-style-type: none"> • an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services <p><i>or</i></p> <ul style="list-style-type: none"> • an independent provider <p><i>and</i></p> <p><i>With a cooperative agreement with GPATR to provide ATR Care Coordination.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Care Coordination (3040)</p> <p><i>On-going, face-to-face or telephone meetings with client, conducted as needed to coordinate and support client access to, participation in, and continuation in ATR covered services.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> discussing client participation in chosen ATR covered services supporting client continuation in ATR entering vouchers for additional ATR covered services, as needed documenting each service in the provider's client records (<u>Appendix E</u>) entering each encounter in the ATR VMS 	<p><i>Unit</i> = 15 <i>minutes</i></p> <p><i>Total available units</i> = 24</p>	<p><i>Unit rate</i> = \$5.00</p> <p><i>Yearly Maximum</i> = \$140</p>	<p><i>Person delivering the service must be age 18 or older and be employed by and qualified by:</i></p> <ul style="list-style-type: none"> a licensed substance abuse treatment program, or an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services or an independent provider and <p><i>With a cooperative agreement with GPATR to provide ATR Care Coordination.</i></p>
<p>GPRA Discharge Interview (2014)</p> <p><i>One time, face-to-face meeting with client, conducted at discharge from ATR, to review client participation in ATR covered services and to complete GPRA Discharge Interview.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> completing the GPRA Discharge Interview and entering it in the SAIS site documenting the service in the provider's records (<u>Appendix F</u>) entering the encounter in the ATR VMS 	<p><i>Unit</i> = 1 meeting</p> <p><i>Total available units</i> = 1</p>	<p><i>Unit rate</i> = \$40</p>	<p><i>Person delivering the service must be age 18 or older and be employed by and qualified by:</i></p> <ul style="list-style-type: none"> a licensed substance abuse treatment program, -or- an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services -or - an independent provider and <p><i>With a cooperative agreement with GPATR to provide ATR Care Coordination.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>GPRA Follow-up Interview (2015)</p> <p>One time, face-to-face or telephone meeting with client, conducted six months following admission to ATR, to assess satisfaction with ATR and to complete GPRA Follow-up Interview.</p> <p>Includes the following ATR Provider Manual form:</p> <ul style="list-style-type: none"> Client Satisfaction Survey (Appendix H) <p>Includes:</p> <ul style="list-style-type: none"> completing the GPRA Follow-up Interview and entering it in the SAIS site giving client \$20 gift card or obtaining client address for mailing card to client documenting the service in the provider's records (Appendix F) entering the encounter in the ATR VMS 	<p>Unit = 1 meeting</p> <p>Total available units = 1</p>	<p>Unit rate = \$40</p>	<p>Person delivering the service must be age 18 or older and be employed by and qualified by:</p> <ul style="list-style-type: none"> a licensed substance abuse treatment program, or an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services or an independent provider <p>and With a cooperative agreement with GPATR to provide ATR Care Coordination.</p>
RECOVERY SUPPORT SERVICES			
<p>Family Services (3010)</p> <p>Services provided in a psycho-educational group setting that involves clients and/or their families and facilitates the instruction of evidence-based parenting or child development knowledge skills.</p> <p>Parenting Assistance is a service to assist with parenting skills; teach, monitor, and model appropriate discipline strategies and techniques; and provide information and advocacy on child development, age appropriate needs and expectations.</p>	<p>Unit Cost = \$5</p>	<p>Unit rate = 15 minutes</p>	<p>Must be provided by specifically trained providers.</p> <p>Parenting curriculums may include</p> <ul style="list-style-type: none"> Positive Parenting Love and Logic Responsive Parenting Tribal parenting classes

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Child Care (3020)</p> <p><i>Childcare for the client's dependent children, under 18 years of age, while the client is engaged in substance abuse treatment or in ATR covered services or is directly en route to or from treatment or ATR covered services.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> • documenting each service in the provider's records (Appendix F) • entering each encounter in the ATR VMS 	<p><i>Unit</i> = <i>1 hour</i></p> <p><i>Yearly</i> <i>Maximum</i> \$80</p>	<p><i>Unit rate</i> = \$8</p> <p><i>Yearly</i> <i>Maximum</i> = \$80</p>	<p><i>These services include care and supervision provided to a client's child(ren) for less than 24 hours per day, while the client is participating in treatment and/or recovery support activities.</i></p> <p><i>These services must be provided in a manner that complies with state or Tribal law regarding child care facilities.</i></p> <p><i>Must be directly related to treatment or recovery support plan.</i></p>
<p>Employment Services (3030)</p> <p><i>Services provided to clients to assist in finding employment. Services can be directed toward improving and maintaining employment.</i></p> <p><i>Services can include skill assessment and development, job coaching, career exploration or placement, job shadowing or internships, resume writing, interviewing skills and tips for retaining a job/employment.</i></p> <p><i>Other services could include training in a specific skill or trade to assist individuals to prepare for, find and obtain competitive employment such as skills training, technical skills, vocational assessment and job referral.</i></p>	<p><i>Unit</i> = <i>15 Min</i></p>	<p><i>Unit rate</i> = \$5</p>	<p><i>Provider must meet the qualifications to provide Employment services in the state or tribe in which the services are delivered.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Pre-Employment (3031)</p> <p>Services provided to clients prior to employment. These services allow employers to “check out” prospective employees before hiring them.</p> <p>Can Include:</p> <ul style="list-style-type: none"> • Background checks • Drug tests • Assessments 	<p>Dollar Amount per service</p> <p>Enter actual cost in units of \$1</p>	<p>Unit rate = \$1</p> <p>Bill in \$1 increments</p> <p>Yearly Maximum \$40</p>	<p>Will be reimbursed to providers working directly with the client to assist with pre-employment.</p> <p>Must be directly related to recovery care plan.</p>
<p>Supportive Transitional Drug-free Housing Services (3070)</p> <p>Short-term housing in a safe and recovery-oriented environment for clients with no other housing alternatives conducive to substance abuse recovery. Housing may be provided in a facility for individuals in recovery or in a facility providing related services in the community.</p> <p>Housing costs are to be based on a per night stay and billed at the end of each month.</p> <p>Includes:</p> <ul style="list-style-type: none"> • documenting each service in the provider’s records (Appendix F) • entering each encounter in the ATR VMS • documenting each overnight bed day client is present 	<p>Unit = 1 time only payment</p> <p>Enter actual cost in units of \$1</p>	<p>Unit rate = \$1</p> <p>Yearly maximum of \$250</p>	<p>Organization delivering the service must be legally organized and recognized as a housing provider with a focus on providing housing services to individuals in recovery from substance abuse, and have a cooperative agreement with GPATR to provide ATR Housing Assistance.</p> <p>The organization must have a documented history of providing housing assistance during the 12 consecutive months immediately prior to the date of application to GPATR to become an ATR provider.</p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Transportation (3050)</p> <p><i>Transportation to and from an activity related to the client's recovery.</i></p> <p><i>Forms of transportation may include public transportation or a licensed and insured driver who is affiliated with an eligible program provider. For instance, a program may purchase a bus pass for a client to attend treatment.</i></p> <p><i>Transportation will only be reimbursed to providers. This service must be billed at the time of clinical or recovery support services and documentation must be included that it was used to access those services.</i></p> <p><i>Must be directly related to treatment or recovery support plan. May only bill for mileage, not time spent traveling</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> • documenting each service in the provider's records (Appendix F) • documenting client receipt of goods or services (Appendix L) • entering each encounter in the ATR VMS 	<p><i>Unit</i></p> <p><i>=</i></p> <p><i>\$1</i></p>	<p><i>Unit rate</i></p> <p><i>=</i></p> <p><i>Current Federal mileage rate.</i></p> <p><i>Yearly maximum</i></p> <p><i>=</i></p> <p><i>\$200</i></p>	<p><i>Licensed and Insured driver affiliated with an eligible provider.</i></p>
<p>Acupuncture (4041)</p> <p><i>Traditional Chinese health treatment which involves the use of needles to stimulate energy points in the body.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> • documenting each service in the provider's records (Appendix F) • entering each encounter in the ATR VMS 	<p><i>Dollar Amount per episode</i></p> <p><i>Enter actual cost in units of \$1.</i></p>	<p><i>Unit rate</i></p> <p><i>=</i></p> <p><i>\$1</i></p> <p><i>Bill in \$1 increments</i></p> <p><i>Yearly Maximum</i></p> <p><i>=</i></p> <p><i>\$250</i></p>	<p><i>Must be delivered by person specifically trained in acupuncture.</i></p> <p><i>Provider must have a documented history of providing acupuncture during the 12 consecutive months immediately prior to the date of application to GPATR to become an ATR provider.</i></p> <p><i>Provider must be licensed by state or tribe in which he/she is practicing, if applicable.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Auricular Acupuncture (4042)</p> <p><i>NADA protocol: A specific five point auricular acupuncture protocol, taught by the National Acupuncture Detoxification Association and administered by a certified specialist, to be used within a comprehensive addiction treatment program to relieve suffering during detoxification, prevent relapse and support recovery.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> documenting each service in the provider's records (Appendix F) entering each encounter in the ATR VMS 	<p><i>Dollar Amount per episode</i></p> <p><i>Enter actual cost in units of \$1.</i></p>	<p><i>Unit rate = \$1</i></p> <p><i>Bill in \$1 increments</i></p> <p><i>Yearly Maximum = \$250</i></p>	<p><i>Must be delivered by person specifically trained in acupuncture.</i></p> <p><i>Provider must have a documented history of providing auricular acupuncture during the 12 consecutive months immediately prior to the date of application to GPATR to become an ATR provider.</i></p> <p><i>Provider must be licensed by state or tribe in which he/she is practicing, if applicable.</i></p>
<p>Alternative Therapies (4043)</p> <p><i>Complementary Health Treatments: Any number of alternative therapeutic methods that support and enhance conventional modalities. Some are especially useful in treating underlying causes of ailments. Examples include chiropractic, massage, herbalism, osteopathy, Ayurvedic medicine, reflexology, aromatherapy, homeopathy, Reiki, naturopathy, Bach flower remedies, hypnotherapy, yoga, Tai Chi, autogenic training, spiritual healing, diagnostic therapies, body work.</i></p>	<p><i>Dollar Amount per episode</i></p> <p><i>Enter actual cost in units of \$1.</i></p>	<p><i>Unit rate = \$1</i></p> <p><i>Bill in \$1 increments</i></p> <p><i>Yearly Maximum = \$250</i></p>	<p><i>Licensed in the state or tribe in which provider is practicing if required by state or tribe.</i></p> <p><i>Documentation of a chronic pain diagnosis and prescription for massage therapy from a medical provider must accompany massage treatment voucher request. Massage therapist must be licensed in the state in which he or she practices.</i></p>
<p>Physical Fitness and Well-being Activities (4044)</p> <p><i>Any number of activities that increase global well-being through physical movement: e.g. cardiovascular, strength training, endurance or working with animals such as horses or dogs. Global health and well-being can be increased through numerous activities, acting on physical, emotional, mental and spiritual aspects and bringing balance to the individual.</i></p> <p><i>Must be directly related to treatment or recovery support plan.</i></p>	<p><i>Dollar Amount per episode</i></p> <p><i>Enter actual cost in units of \$1.</i></p>	<p><i>Unit rate = \$1</i></p> <p><i>Bill in \$1 increments</i></p> <p><i>Yearly Maximum = \$250</i></p>	<p><i>Licensed in the state or tribe in which provider is practicing if required by state or tribe.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Drug Testing (4020)</p> <p><i>A laboratory test to collect and analyze urine, blood, hair, breath or saliva, to determine whether a client is using, or has used, alcohol or other drugs.</i></p> <p><i>No more than two Drug Tests can be funded by ATR per seven day period.</i></p> <p><i>Specimens obtained from clients shall be collected under direct supervision and analyzed as indicated by the program.</i></p> <p><i>Must be directly related to treatment or recovery support plan.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> • <i>documenting each service in the provider's client records (Appendix E)</i> • <i>documenting client receipt of goods or services (Appendix L)</i> • <i>entering each encounter in the ATR VMS</i> 	<p><i>Unit</i> = <i>1 test</i></p>	<p><i>Unit rate</i> = <i>\$25</i></p> <p><i>Yearly Maximum</i> = <i>\$50</i></p>	<p><i>Provider delivering this service must be a licensed substance abuse treatment program with a cooperative agreement with IDPH to provide ATR Drug Testing.</i></p> <p><i>Any laboratory used by the provider for drug testing and analysis shall comply, if applicable, with all federal and state proficiency testing programs. Any provider conducting on-site urine testing shall comply with the Clinical Laboratory Improvement Act regulations.</i></p>
<p>Nutritional Management (4045)</p> <p><i>Nutritional management is used to balance the body and to prevent illness using diet, vitamin and mineral supplements. Nutritional therapy can be used to detoxify the system, to overcome nutritional deficiencies and to balance the body. Learning basic nutrition and eating a healthy diet lends itself to global wellness.</i></p> <p><i>Must be directly related to treatment or recovery support plan.</i></p>	<p><i>Dollar Amount per episode</i></p> <p><i>Enter actual cost in units of \$1.</i></p>	<p><i>Unit rate</i> = <i>\$1</i> <i>Bill in \$1 increments</i></p> <p><i>Yearly Maximum</i> = <i>\$250</i></p>	<p><i>Licensed in the state or tribe in which provider is practicing if required by state or tribe.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Substance Abuse Education (6010)</p> <p><i>A program of instruction designed to assist individuals in prevention, relapse and/or treatment of substance abuse, delivered in either a group or individual setting. Education is used to address the emotional, psychological and social concerns related to the client's substance abuse disorder, and to provide information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.</i></p>	<p><i>Unit</i> = 15 <i>minutes</i></p>	<p><i>Unit rate</i> = \$5</p>	<p><i>Person delivering the service must be a staff member employed by or contracted with, and qualified by a substance abuse treatment program with a cooperative agreement with GPATR to provide Substance Abuse Education Services</i></p>
<p>HIV/AIDS Education (6020)</p> <p><i>To address general physical health, human development, disease and risk issues related to HIV transmission for substance abusers. Education may be provided in a group setting in planned and structured sessions.</i></p>	<p><i>Unit</i> = 15 <i>minutes</i></p>	<p><i>Unit rate</i> = \$5</p>	<p><i>Licensed in the state or tribe in which provider is practicing if required by state or tribe.</i></p> <p><i>Nursing practitioner or specific training in HIV/AIDS education required.</i></p>
<p>Other Educational Services (6030)</p> <p><i>Supported education services are defined as educational counseling and may include academic counseling, assistance with academic and financial applications, and aptitude and achievement testing to assist in planning services and support. Vocational training and education also provide support for clients pursuing adult basic education, i.e., general education development (GED). Educational services also include structured sessions focusing on increasing, expanding or stabilizing the educational skills of a client. Sessions include, but are not limited to, tutoring and other structured classes designed to present information in a group setting.</i></p>	<p><i>Dollar Amount per episode</i> <i>Enter actual amounts in units of \$1.</i></p>	<p><i>Unit rate</i> = \$1</p> <p><i>Bill in \$1 increments</i></p> <p><i>Yearly Maximum</i> = \$250</p>	<p><i>Person delivering the service must be a staff member employed by or contracted with, and qualified by a substance abuse treatment program with a cooperative agreement with GPATR to provide Other Education Services</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Indigenous Language Recovery/Expression (6031)</p> <p><i>Indigenous Language Recovery/Expression can take various forms: participation in a language class or immersion activity, participation in a language camp or family immersion weekend; online language instruction.</i></p>	<p>Unit = 15 minutes</p>	<p>Unit rate = \$5</p>	<p><i>Person delivering the service must be a staff member employed by or contracted with, and qualified by a substance abuse treatment program with a cooperative agreement with GPATR to provide Indigenous Language Recovery/Expression</i></p>
<p>Storytelling, Cultural Teaching (6032)</p> <p><i>Storytelling and cultural teachings are traditional methods of oral transmission of cultural values, principles and life-ways. Elders, pipe carriers, cultural resource people and spiritual leaders offer knowledge and wisdom at seasonal gatherings, men's and women's retreats, tribal encampments and community events.</i></p>	<p>Unit = 15 minutes</p>	<p>Unit rate = \$5</p>	<p><i>Person delivering the service must be a staff member employed by or contracted with, and qualified by a substance abuse treatment program with a cooperative agreement with GPATR to provide Storytelling and/or Cultural Teaching</i></p>
<p>Tribal Song and Dance (6033)</p> <p><i>Tribal song and dance offer a physical expression of culture; learning songs and dances and participation in social events such as pow-wows and drum socials offer the individual an opportunity to actively participate and to learn.</i></p>	<p>Unit = 15 minutes</p>	<p>Unit rate = \$5</p>	<p><i>Person delivering the service must be a staff member employed by or contracted with, and qualified by a substance abuse treatment program with a cooperative agreement with GPATR to provide Tribal Song and Dance</i></p>
<p>Tribal Arts and Crafts (6034)</p> <p><i>Tribal arts and crafts present an opportunity to learn skills related to maintaining balance and a healthy life-style. In addition to the specific craft, the participant learns patience, perseverance, symbolism behind the art, and pertinent teachings related to the object. Learning arts and crafts emphasizes concrete skill-building as well as spiritual meaning and usage.</i></p>	<p>Unit = 15 minutes</p>	<p>Unit rate = \$5</p>	<p><i>Person delivering the service must be a staff member employed by or contracted with, and qualified by a substance abuse treatment program with a cooperative agreement with GPATR to provide Tribal Arts and Crafts</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Daily Living Skills (6035)</p> <p><i>Life skills address areas of daily living, such as budgeting, credit repair, home ownership, parenting skills, time management, interpersonal relationships, household management, anger management and other issues. Life skills can include culturally based skills such as hunting, fishing, gathering, preserving food and medicine, and seasonal camps to teach Northern Plains People's life-ways.</i></p>	<p>Unit = 15 minutes</p>	<p>Unit rate = \$5</p>	<p><i>Person delivering the service must be a staff member employed by or contracted with, and qualified by a substance abuse treatment program with a cooperative agreement with GPATR to provide Tribal Daily Living Skills</i></p>
<p>Tribal Arts and Crafts Supplies (6036)</p> <p><i>Funds can be used to purchase supplies and materials directly from suppliers to be used by ATR clients for tribal arts and crafts activities. Documentation on how these materials relate to the clients recovery support or treatment plan must be in the file along with an itemized list of materials. The client must be enrolled in an ATR sponsored class – service code 6034 to receive these supplies.</i></p>	<p>Dollar Amount per episode</p> <p>Enter actual cost in units of \$1.</p>	<p>Unit rate = \$1</p> <p>Bill in \$1 increments</p> <p>Yearly Maximum = \$25</p>	<p><i>Must be directly related to treatment or recovery support plan. Client must be enrolled in a project sponsored group (6034)</i></p>
<p>Daily Living Skills and Cultural Subsistence Materials Support (6037)</p> <p><i>Funds can be used to purchase supplies and materials directly from suppliers to be used by ATR clients for daily living skills and cultural subsistence activities. Documentation on how these materials relate to the clients recovery support or treatment plan must be in the file along with an itemized list of materials. Firearms may not be purchased. (i.e. to support hunting)</i></p>	<p>Dollar Amount per episode</p> <p>Enter actual cost in units of \$1.</p>	<p>Unit = \$1</p> <p>Bill in \$1 increments</p> <p>Yearly Maximum = \$25</p>	<p><i>Documentation on how these materials relate to the clients recovery support or treatment plan must be in the file along with an itemized list of materials. Firearms may not be purchased. (i.e. to support hunting)</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Self-help and Support Groups (5040)</p> <p><i>Self-Help and Support Groups are typically provided by both paid staff or volunteers familiar with how their communities can support people seeking to live free of alcohol and drugs, and are often peers of those seeking recovery. Some of these services may require reimbursement while others may be available in the community free of charge. Examples of self-help groups include AA, NA, ACoA, Alanon, Alateen, faith-based and culturally-based groups. This service must be specifically hosted by the provider.</i></p>	<p>Unit = 15 minutes</p>	<p>Unit rate = \$5</p>	<p><i>Provider-hosted.</i></p> <p><i>Directly related to treatment or recovery support Plan</i></p>
<p>Recovery Peer Coaching (7010)</p> <p><i>Face-to-face meetings, provided on an individual basis between the client and a Recovery Peer Coach to discuss routine recovery issues from a peer perspective.</i></p> <p><i>Transportation costs are included in the unit rate.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> • <i>documenting each service in the provider's client records (Appendix E)</i> • <i>documenting recovery goals in the Recovery Plan (Appendix N)</i> • <i>entering each encounter in the ATR VMS</i> 	<p>Unit = Meeting</p>	<p>Unit rate = \$10.00</p> <p>Yearly Maximum = \$150</p>	<p><i>Person delivering the service must be age 18 or older and be employed by or have a formalized volunteer relationship with an organization that has a cooperative agreement with GPATR to provide ATR Recovery Peer Coaching.</i></p> <p><i>Qualifications include documented training in peer coaching or facilitation or support that is acceptable to GPATR. Recovery Peer Coach must be covered under the provider's personnel and liability policies.</i></p>
<p>Relapse Services – Individual (5061)</p> <p><i>Relapse Services Individual includes identifying relapse triggers and developing skills to cope with potentially stressful situations. Relapse prevention can include education, alternative activities and relapse prevention planning. Individual activity.</i></p>	<p>Unit = 15 Minutes</p>	<p>Unit rate = \$18</p>	<p><i>Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with GPATR to provide Relapse Services.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Relapse Services – Group (5062)</p> <p><i>Relapse Services Individual includes identifying relapse triggers and developing skills to cope with potentially stressful situations. Relapse prevention can include education, alternative activities and relapse prevention planning. Group activity.</i></p>	<p><i>Unit</i> = 15 <i>Minutes</i></p>	<p><i>Unit rate</i> = \$5</p>	<p><i>Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with GPATR to provide Relapse Services.</i></p>
<p>Sober Living Activities (7030)</p> <p><i>Participation for ATR clients in an organized recreational or social event for recovering persons and family members such as:</i></p> <ul style="list-style-type: none"> • <i>recovery dance</i> • <i>twelve step conference</i> • <i>sports team</i> • <i>organized community recovery events</i> <p><i>The Care Coordination provider enters the voucher for approved Sober Living Activities and funding. The Care Coordination provider pays for the activity directly, consistent with the voucher, obtains a receipt documenting payment for the activity, and enters the encounter in the VMS.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> • <i>entering the voucher in the ATR VMS</i> • <i>documenting each service in the provider's records (Appendix F)</i> • <i>entering each encounter in the ATR VMS</i> 	<p><i>Unit</i> = 1</p>	<p><i>Unit rate</i> = \$1</p> <p><i>maximum of \$200</i></p>	<p><i>Organization approving the service must meet the qualifications to provide ATR Care Coordination, and have a cooperative agreement with GPATR to provide Sober Living Activities.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Spiritual Counseling (5050) <i>Face-to-face counseling or spiritual guidance with the client to address spiritual issues that negatively impact recovery or that can support recovery, including, establishing/re-establishing a relationship with a higher power, acquiring skills to cope with life-changing incidents, adopting positive values/ principles, identifying a sense of purpose/mission for one's life, achieving serenity/peace of mind, responsible decision-making, social engagement, and family responsibility.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> • documenting each service in the provider's records (<u>Appendix F</u>) • entering each encounter in the ATR VMS • maintaining a summary of progress for each ATR client 	<p><i>Unit</i> = 15 <i>minutes</i></p>	<p><i>Unit rate</i> = \$15</p>	<p><i>Person delivering the service must be:</i></p> <p>1) <i>duly ordained, commissioned or licensed minister or equivalent, pastor, bishop, deacon, evangelist, rabbi, imam or other whom is given ministerial status according to the procedure followed by a particular faith's denomination, or</i></p> <p>2) <i>an individual with an active relationship with a local religious body and with that religious body's endorsement to minister to clients and with demonstrated experience and/or education in the field of faith-based services, or</i></p> <p>3) <i>an individual that meets traditional and recognized standards as defined within a respective Native American tribal community and have an endorsement from that tribal community, or</i></p> <p>4) <i>a master's level professional licensed at the independent level of practice with documented experience and/or education in spiritual counseling, employed by a Community Mental Health Center, group or individual private practice, hospital, or licensed substance abuse program and with a cooperative agreement with GPATR to provide ATR Spiritual Counseling.</i></p> <p><i>The organization or individual must have a documented history of providing spiritual counseling during the 12 consecutive months immediately prior to the date of application to GPATR to become an ATR provider.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Traditional Healing Services (5051)</p> <p><i>Traditional healing describes a healing practice that assists individuals in the treatment and recovery process. Traditional healing is conducted by an individual that subscribes to the customs, practices and ethics of the community or tradition they represent.</i></p> <p><i>Interventions must be recognized and approved by a governing body, community or tribe, or may be passed on through written or oral custom, tradition or other teaching. Such teaching, when not sanctioned by ordinance, law or regulation, shall interpret “governing body” as the tradition, custom or other form of governance which established the foundation for accepted and appropriate practice.</i></p>	<p><i>Dollar Amount per episode</i></p> <p><i>Enter actual cost in units of \$1.</i></p>	<p><i>Unit = \$1</i></p> <p><i>Bill in \$1 increments</i></p> <p><i>Yearly Maximum = \$250</i></p>	<p><i>Letter in provider file attesting to provider's good standing in the community.</i></p>
<p>Sweat Lodge/Inipi (5052)</p> <p><i>Indigenous ceremony that promotes healing through physical, emotional, and spiritual cleansing. Includes all related supplies.</i></p>	<p><i>Unit = Episode</i></p>	<p><i>Unit rate = \$30</i></p>	<p><i>Letter in provider file attesting to provider's good standing in the community.</i></p>
<p>Talking Circle (5053)</p> <p><i>Group process that promotes healing through combining indigenous ceremony with verbal discussion.</i></p>	<p><i>Unit = Episode</i></p>	<p><i>Unit rate = \$25</i></p>	<p><i>Letter in provider file attesting to provider's good standing in the community.</i></p>
<p>Spiritual/Cultural Feast Supplies (5054)</p> <p><i>Supplies and materials needed to conduct or participate in a ceremony or cultural feast, including food.</i></p>	<p><i>Unit = Feast</i></p>	<p><i>Unit = \$8 Per person</i></p>	<p><i>Receipts must accompany provider note/voucher transaction form (receipt may be divided by # of ATR clients participating).</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Spiritual/Cultural Retreat (5055)</p> <p><i>Expenses related to participating in a cultural or spiritual retreat: a singular event taking place over one or more days. Expenses may include lodging and materials.</i></p>	<p><i>Dollar Amount per episode</i></p> <p><i>Enter actual cost in units of \$1.</i></p>	<p><i>Unit = \$1</i></p> <p><i>Bill in \$1 increments</i></p> <p><i>Yearly Maximum = \$250</i></p>	<p><i>Receipts must accompany provider note/voucher transaction form (receipt may be divided by # of ATR clients participating).</i></p>
CLINICAL TREATMENT SERVICES			
<p>Brief Case Management (1010)</p> <p><i>A brief service designed to link clients with sustainable community supports.</i></p> <p><i>Distinguished from Care Coordination in duration (brief) and intent (to establish immediate linkages based on critical care). Only provided through community agencies.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> <i>entering the voucher in the ATR VMS</i> <i>documenting each service in the provider's records (Appendix F)</i> <i>entering each encounter in the ATR VMS</i> 	<p><i>Unit = 15 minutes</i></p> <p><i>Yearly Maximum = 4 sessions</i></p>	<p><i>Unit rate = \$5</i></p> <p><i>Yearly Maximum = \$80</i></p>	<p><i>Organizations providing the service must meet State or Tribal qualifications and accreditation standards for Case Management.</i></p> <p><i>This service is intended to be 1-4 sessions in duration.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Clinical Assessment (2050) <i>The process in which a client is evaluated as to their strengths, weaknesses, problems, and needs for the purpose of defining a course of treatment. Format may include ASI, ASAM or other recognized patient placement criteria.</i></p> <p><i>The provider will explain the rationale for the recommended treatment services and also apply for the clinical treatment voucher of the client's choice.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> • documenting each service in the provider's client records (Appendix F) • entering each encounter in the ATR VMS <p><i>This is required for all GPATR clients seeking clinical treatment vouchers.</i></p>	<p>Unit = 1 interview</p>	<p>Unit rate = \$160</p> <p>Yearly Maximum = \$160</p>	<p><i>Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with GPATR to provide Substance Abuse Treatment - Assessment services.</i></p> <p><i>Or</i></p> <p><i>Licensed or certified independent substance abuse counselor or mental health clinician utilizing ASAM or ASI, or other recognized patient placement criteria.</i></p>
<p>Substance Abuse Counseling – Individual (2070) <i>To address the emotional, psychological, and social concerns related to the client's substance abuse disorder. Individual substance abuse counseling must consist of one (1) provider treating one (1) client; face-to-face.</i></p> <p><i>To assist individuals in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> • documenting each service in the providers' client records (Appendix F) • entering each encounter in the ATR VMS 	<p>Unit = 15 minutes</p>	<p>Unit rate = \$18</p>	<p><i>Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with GPATR to provide Substance Abuse Treatment – Individual Counseling services.</i></p> <p><i>Or</i></p> <p><i>Licensed or certified independent substance abuse counselor</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Substance Abuse Counseling – Group (2080)</p> <p><i>To address the emotional, psychological and social concerns related to the client’s substance abuse disorder. Group substance abuse counseling should consist of one (1) or more providers treating two (2) or more clients at the same time, with a maximum ratio of one (1) provider to ten clients; face-to-face.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> documenting each service in the providers’ client records (<u>Appendix F</u>) entering each encounter in the ATR VMS 	<p>Unit = 15 minutes</p>	<p>Unit rate = \$18</p>	<p><i>Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with GPATR to provide Substance Abuse Treatment – Group Counseling services.</i></p> <p><i>Or</i></p> <p><i>Licensed or certified independent substance abuse counselor</i></p>
<p>Co-Occurring Treatment/Recovery – Individual (2100)</p> <p><i>Co-Occurring Treatment/Recovery Individual Services are individualized to the client and includes individual counseling that will enable substance abuse treatment and recovery services to integrate with mental health treatment/recovery services, for a client with both mental illness disorder(s) and substance use disorder(s).</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> documenting each service in the provider’s client records (<u>Appendix F</u>) entering each encounter in the ATR VMS 	<p>Unit = 15 minutes</p>	<p>Unit = \$18</p>	<p><i>Person delivering the service must be a masters level professional or above in a behavioral health field, who is:</i></p> <ul style="list-style-type: none"> <i>licensed at the independent level of practice,</i> <i>or</i> <i>employed by a Community Mental Health Center, group practice, hospital, agency, or licensed substance abuse program,</i> <p><i>With a cooperative agreement with GPATR to provide Co-Occurring Treatment/Recovery.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Co-Occurring Treatment/Recovery – Group (2105)</p> <p><i>Co-Occurring Treatment/Recovery Group Services are individualized to the client and includes group counseling that will enable substance abuse treatment and recovery services to integrate with mental health treatment/recovery services, for a client with both mental illness disorder(s) and substance use disorder(s). Group co-occurring counseling should consist on one (1) or more providers treating two (2) or more clients at the same time, with a maximum ratio of one (1) provider to ten clients; face-to-face.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> documenting each service in the provider's client records (<u>Appendix E</u>) entering each encounter in the ATR VMS 	<p><i>Unit</i></p> <p>=</p> <p>15</p> <p><i>minutes</i></p>	<p><i>Unit</i></p> <p>=</p> <p>\$12</p>	<p><i>Person delivering the service must be a masters level professional or above in a behavioral health field, who is:</i></p> <ul style="list-style-type: none"> <i>licensed at the independent level of practice,</i> <i>or</i> <i>employed by a Community Mental Health Center, group practice, hospital, agency, or licensed substance abuse program,</i> <p><i>with a cooperative agreement with GPATR to provide Co-Occurring Treatment/Recovery</i></p>
<p>Substance Abuse Treatment - Residential (2136)</p> <p><i>Residential treatment facility that provides onsite, 24 hour living arrangements with structured therapeutic and supportive services specifically for alcohol and other drugs. In order to be considered for residential treatment a written justification must be completed along with two different 3rd party recommendations. Applicant must submit a denial of state, tribal, and/or veteran's funding, if applicable. Applicant may not have received residential treatment in the previous 24 months.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> documenting each service in the provider's client records (<u>Appendix E</u>) entering each encounter in the ATR VMS 	<p><i>Unit</i></p> <p>=</p> <p>1 day</p>	<p><i>Unit rate</i></p> <p>=</p> <p>\$200</p> <p><i>Yearly</i></p> <p><i>Maximum</i></p> <p>=</p> <p>\$6,000</p>	<p><i>The organization must have a documented history of providing residential treatment during the 12 consecutive months immediately prior to the date of application to GPATR to become an ATR provider.</i></p> <p><i>The agency must be licensed or accredited by either the State or sanctioned by the Tribal entity for which it provides residential treatment services. Faith-based and recovery-based programs will be added to the provider network on a case-by-case basis.</i></p> <p><i>Rates are negotiated with the individual provider and based on their service configuration and established rate setting procedures.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Continuing Care Group (5010)</p> <p><i>Continuing care includes an assessment of a client's current stage of recovery; establishing a recovery management plan; identifying and then facilitating linkage with local recovery support resources. Continuing care also includes periodic counseling sessions, monitoring progress and re-adjustment of the recovery plan as indicated by individual circumstances.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> documenting each service in the providers' client records (Appendix E) entering each encounter in the ATR VMS 	<p><i>Unit</i></p> <p>=</p> <p>15</p> <p><i>Minutes</i></p>	<p><i>Unit rate</i></p> <p>=</p> <p>\$5</p>	<p><i>Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with GPATR to provide Substance Abuse Treatment - Continuing Care services.</i></p>
<p>Family/Marriage Counseling (2090)</p> <p><i>Family/Marriage Counseling services are provided to engage the whole family system in addressing interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse use on the relationship.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> documenting each service in the provider's client records (Appendix E) entering each encounter in the ATR VMS 	<p><i>Unit</i></p> <p>=</p> <p>15</p> <p><i>minutes</i></p>	<p><i>Unit rate</i></p> <p>=</p> <p>\$18</p>	<p><i>Person delivering the service must be a clinician employed by and qualified by a Community Mental Health Center, group practice, hospital, agency, or licensed substance abuse program,</i></p> <p><i>With a cooperative agreement with GPATR to provide Anger Management Services.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Family Therapy without Client (2091)</p> <p><i>To address the emotional, psychological, and social concerns related to the client's substance abuse disorder and family members; face-to-face; without client.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> documenting each service in the provider's client records (Appendix E) entering each encounter in the ATR VMS 	<p>Unit = 15 minutes</p>	<p>Unit rate = \$18</p>	<p><i>Person delivering the service must be a clinician employed by and qualified by a Community Mental Health Center, group practice, hospital, agency, or licensed substance abuse program,</i></p> <p><i>With a cooperative agreement with GPATR to provide Anger Management Services.</i></p>
<p>Family Therapy with Client (2092)</p> <p><i>To address the emotional, psychological, and social concerns related to the client's substance abuse disorder and family members; face-to-face; with client.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> documenting each service in the provider's client records (Appendix E) entering each encounter in the ATR VMS 	<p>Unit = 15 minutes</p>	<p>Unit rate = \$18</p>	<p><i>Person delivering the service must be a clinician employed by and qualified by a Community Mental Health Center, group practice, hospital, agency, or licensed substance abuse program,</i></p> <p><i>With a cooperative agreement with GPATR to provide Anger Management Services.</i></p>
<p>Anger Management Group (2134)</p> <p><i>Any of a number of techniques in a group setting to assist the client in changing problem behaviors regarding anger.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> documenting each service in the provider's client records (Appendix E) entering each encounter in the ATR VMS 	<p>Unit = 15 minutes</p>	<p>Unit rate = \$5</p>	<p><i>Person delivering the service must be a clinician employed by and qualified by a Community Mental Health Center, group practice, hospital, agency, or licensed substance abuse program,</i></p> <p><i>With a cooperative agreement with GPATR to provide Anger Management Services.</i></p>

Appendix A Service Descriptions, Rates and Qualifications

Access to Recovery - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Equine-Assisted Psychotherapy (2135)</p> <p><i>Utilizing equine assisted methods during psychotherapy.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> • <i>documenting each service in the provider's client records (<u>Appendix E</u>)</i> • <i>entering each encounter in the ATR VMS</i> 	<p><i>Unit</i></p> <p>=</p> <p>15</p> <p><i>minutes</i></p>	<p><i>Unit rate</i></p> <p>=</p> <p>\$12</p>	<p><i>Must be licensed by EAGALA or comparable equine assisted therapy organization.</i></p>
<p>Stress Management (2137)</p> <p><i>Any of a number of techniques to combat stress, the outcome of which is a state of physical and mental relief where tension, fear and anxiety are released and replaced with calm, peaceful feelings. Relaxation and visualization techniques are often taught together for stress management. Relaxation techniques help to calm tense muscles and visualization methods use positive images to over-ride mental and emotional problems.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> • <i>documenting each service in the provider's client records (<u>Appendix E</u>)</i> • <i>entering each encounter in the ATR VMS</i> 	<p><i>Unit</i></p> <p>=</p> <p>15</p> <p><i>minutes</i></p>	<p><i>Unit rate</i></p> <p>=</p> <p>\$5</p> <p><i>Yearly Maximum</i></p> <p>=</p> <p>\$150</p>	<p><i>Person delivering the service must be a clinician employed by and qualified by a licensed substance abuse treatment program with a cooperative agreement with GPATR to provide Stress Management Services.</i></p>

PART 1 - GENERAL INFORMATION

Date: _____ Intake Performed by: _____

Section A – Applicant Information

Name (First, Middle, Last)

Permanent Address _____ City _____ State _____ ZIP _____

Mailing Address (street or PO Box if different from above) _____ City _____ State _____ ZIP _____

Date of Birth _____ Date of Birth (mm/dd/yyyy) _____ Age _____

Telephone Number _____ Cell Number _____ Email _____

8. Race _____ Veteran Status (active/inactive) _____ Branch of Service _____

PART 2 – RECOVERY SUPPORT SERVICES SCREENING

Instructions: This screening tool is to be used to determine whether an applicant meets the criteria for receiving GPATR Recovery Support Services. If the applicant qualifies for GPATR services, then all paper documentation must be retained in his/her file. Please note that an individual does not have to be clean and sober to access GPATR Services.

Section B – Applicant Eligibility

Does the applicant meet the American Indian/Alaska Native (AIAN) eligibility requirements listed below?

- At least 15 years of age? -and-
• A resident of North Dakota, South Dakota, Iowa or Nebraska? -and-
• An Enrolled member of an AIAN tribe, or a descendant of an AIAN, or spouse/registered domestic partner of an AIAN, or domestic partner living with AIAN partner for at least one year –or-
• A non-AIAN minor living in an AIAN household, or a non-AIAN parent of an AIAN minor

I attest that I meet the above eligibility requirements. Client initials: _____

Tribal Enrollment Number (Not required) _____ Tribal Affiliation _____

If client meets the Section B eligibility, go on to Section C

Section C – Substance Use Disorder Information

- 1. Do you have a history of alcohol or drug use? [] Yes [] No
2. Do you currently use alcohol or drugs? [] Yes [] No

- If you answered “yes: to either question go to Part 3 – Recovery Support Services Assessment
• If you answered “no” to both questions, you do not qualify to receive services through the GPATR Program.

If not eligible, referred to: _____



PART 3 – RECOVERY SUPPORT SERVICES ASSESSMENT

Client must sign the following before advancing to the assessment.

- Consent for Participation in Program Evaluation & Data Collection
- Release of Information to Multiple Parties

Section A – Substance Abuse

The Alcohol Use Disorders Identification Test

A drink is 12 oz of beer or cooler, 8 oz of malt liquor, 5 oz of wine, or 1.5 oz of hard liquor (like vodka)

<p>1. How often do you have a drink containing alcohol?</p> <p>(0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p style="text-align: right;"><input type="checkbox"/></p>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p style="text-align: right;"><input type="checkbox"/></p>
<p>3. How often do you have six or more drinks on one occasion?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p style="text-align: right;"><input type="checkbox"/></p>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>9. Have you or someone else been injured as a result of your drinking??</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <p style="text-align: right;"><input type="checkbox"/></p>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</p> <p>(0) No (1) Yes, but not in the last year (2) Yes, during the last year</p> <p style="text-align: right;"><input type="checkbox"/></p>

If your score adds up to over 20, please consider getting clinical help. **AUDIT SCORE:** _____



DAST-10

These questions refer to the past 12 months only

YES NO

- 1. Have you used drugs other than those required for medical reasons?
- 2. Do you abuse more than one drug at a time?
- 3. Are you always able to stop using drugs when you want to?
- 4. Have you had "blackouts" or "flashbacks" as a result of drug use?
- 5. Do you ever feel bad or guilty about your drug use?
- 6. Does your spouse (or parent) ever complain about your involvement with drugs?
- 7. Have you neglected your family because of your use of drugs?
- 8. Have you engaged in illegal activities in order to obtain drugs?
- 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
- 10. Have you had medical problems as a result of your drug use? (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)

- For the DAST-10, score 1 point for each question answered YES, except for question 3, for which a NO answer receives 1 point and a YES answer receives 0 points. If the points are over 6, please consider getting clinical help.
- **DAST SCORE:** _____

How ready are you to change your alcohol or drug use?

No problem No interest in change	Might be a problem Might consider change	Definitely a problem Getting ready to change	Actively working on changing, even if slowly	Has achieved stability, and is trying to maintain
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Section B – Tobacco

The HONC	NO	YES
1. Have you ever tried to quit, but couldn't?		
2. Do you smoke <u>now</u> because it is really hard to quit?		
3. Have you ever felt like you were addicted to tobacco?		
4. Do you ever have strong cravings to smoke?		
5. Have you ever felt like you really needed a cigarette?		
6. Is it hard to keep from smoking in places where you are not supposed to?		
When you haven't used tobacco for a while ... OR When you tried to stop smoking ...		
7. did you find it hard to concentrate because you couldn't smoke?		
8. did you feel more irritable because you couldn't smoke?		
9. did you feel a strong need or urge to smoke?		
10. did you feel nervous, restless or anxious because you couldn't smoke?		

If you answered yes to any of these questions, you qualify for services.



How ready are you to change your tobacco use?

No problem No interest in change	Might be a problem Might consider change	Definitely a problem Getting ready to change	Actively working on changing, even if slowly	Has achieved stability, and is trying to maintain
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Section C – Domestic Violence

Woman Abuse Screening Tool (WAST) To be used with either males or females

1. In general, how would you describe your relationship?

- A lot of tension 1
 Some tension 2
 No tension 3

2. Do you and your partner work out arguments with:

- Great difficulty 1
 Some difficulty 2
 No difficulty 3

If you did not answered no to the first two questions, go on to the next questions

3. Do arguments ever result in you feeling down or bad about yourself?

- Often 1
 Sometimes 2
 Never 3

4. Do arguments ever result in hitting, kicking, or pushing?

- Often 1
 Sometimes 2
 Never 3

5. Do you ever feel frightened by what your partner says or does?

- Often 1
 Sometimes 2
 Never 3

6. Has your partner ever abused you physically?

- Often 1
 Sometimes 2
 Never 3

7. Has your partner ever abused you emotionally?

- Often 1
 Sometimes 2
 Never 3

Scoring:

- More than 17 (not abusive)
- 15-17 (potentially abusive)
- Less than 15 (abusive relationship)
- If you answered Question 1 with "a lot of tension" and Question 2 with "great difficulty," there is a likelihood you are in an abusive relationship. If any Questions 3-8 were answered with "often" or "sometimes," those are additional indications that you are in an abusive relationship.
- **WAST SCORE:** _____

How ready are you to deal with domestic violence?

No problem No interest in change	Might be a problem Might consider change	Definitely a problem Getting ready to change	Actively working on changing, even if slowly	Has achieved stability, and is trying to maintain
-------------------------------------	--	--	--	---

Section D – MMHI

Patient Health Questionnaire-9

Over the last two weeks, how often have you been bothered by any of the following problems? Circle the number that best indicates how often you have felt these things:

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
<i>Add totals</i>	0			
<i>Total added together =</i>				
<i>If you checked off <u>any</u> problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?</i>	<i>Not at all</i>	<i>Somewhat</i>	<i>Very</i>	<i>Extremely</i>

- If you scored over 10 you should consider seeking clinical services. If you scored over 20, we need to help you right now.
- PHQ-9 SCORE: _____

How ready are you to deal with your mental health?

No problem No interest in change	Might be a problem Might consider change	Definitely a problem Getting ready to change	Actively working on changing, even if slowly	Has achieved stability, and is trying to maintain
-------------------------------------	---	---	--	---

**NOTE: IF A CLIENT STATES HE/SHE IS SUICIDAL,
STOP AND FOLLOW SUICIDE PROTOCOL!!!**

Section E – Recovery Support Selection

- I would like help with my recovery from substance abuse/dependence
- I have not used in more than a year, but I feel I am at risk
 - My family and/or partner are concerned about my use, but I'm not
 - I have never had a substance abuse problem
 - I have a problem right now with alcohol or other substances
- I would like information about treatment options for alcohol or drug use problems
- I would like information about getting an assessment
 - I would like treatment for an alcohol or drug problem
 - I would like help with relapse support and counseling
 - Other _____
- I would like help accessing early recovery services
- Talking circle
 - Peer recovery groups
 - Sober activities
 - Nutrition
 - Fitness
 - Other _____
- I would like help with mental health services
- Treatment for a known condition
 - Excessive worry or depression
 - Thoughts of suicide
 - Mental Health assessment
 - Medication evaluation
 - Therapy services
 - I am receiving help and I am satisfied with the services
- I would like help with life situations that could keep me from participating in treatment/recovery
- Anger management
 - Gambling
 - Domestic Violence
 - I need to not return to my current living situation because of fear for my/children safety
 - I would like to talk to someone about getting tested for a communicable disease
- I would like to meet with someone who can help me reconnect with Tribal traditional culture
- I know my name, and I know my tribal traditions
 - I don't know my tribal name and I don't know my tribal traditions
 - I do not want to be involved with traditional tribal culture
 - I would like help approaching a traditional person about my needs
 - I would like help with learning my language
 - I would like to participate in traditional arts, singing, dancing, and/or storytelling
 - Other _____
- I would like help finding or locating spiritual or religious support in my area
- I have a Christian religious preference. Denomination: _____
 - I have a _____ Tribal spiritual preference.
 - I would like to attend a sweat lodge.
 - I have a Sun Dance preference
 - I have a Native American church preference
 - Other: _____
- I would like help with employment issues
- Vocational assessment
 - Help finding employment
 - Interviewing skills

Appendix B Client Enrollment Application

- Background checks

- I would like help with family issues
 - Parenting class
 - Child care during treatment or recovery groups
 - I need help reporting child abuse
 - Concern about another family member's alcohol and/or drug use (spouse, parent, child, other relative)
 - Growing up or living with a person who abuses or abused alcohol and/or drugs

- I would like help with school or training.
 - GED class
 - Educational training
 - Educational counseling
 - Literacy

- I would like help with my living situation
 - Sober Transitional living (Halfway House)
 - I have been advised to go to a Domestic Violence shelter

- I would like help accessing medical care
 - I am eligible for Indian Health Service/Compact Tribal Health Service direct services only
 - I have a medical record at _____ Indian or Tribal clinic/hospital
 - I am Contract Health Service eligible from _____ service unit/tribe
 - I have Medicaid currently
 - I would like help getting on Medicaid/Medicare
 - I would like help obtaining traditional healing services
 - I would like education regarding STD's and HIV/AIDS
 - I would like help with prenatal care
 - Other _____

Recovery Support Priorities:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Planned Action or Defer until later:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PART 4 – VMS Request Form

Complete VMS Request Form with client.

Fax (605)716-3127 or scan and email to Christie.tibbitts@gptchb.org for approval. (Include Release of Information and last page of the Client Consent Form)

You will be notified by email the approval and the Client Unique ID Number.

PART 5 – GPRA

Conduct the Initial GPRA and enter into the SAIS System using Client Unique ID Number.



**Consent Form for Participation in Treatment and Recovery Support Services,
Program Evaluation and Data Collection****Introduction**

You are being offered alcohol and/or substance use treatment and/or recovery support services as part of Great Plains Access to Recovery (GPATR), a grant funded by the Substance Abuse and Mental Health Service Administration/Centers for Substance Abuse Treatment of the U.S. Department of Health and Human Services. The Great Plains Tribal Chairmen's Health Board is responsible for the management and evaluation of this program. We have prepared this form to provide you with all the information you will need to make an informed decision about your participation in the program. Feel free to ask questions during any point of the explanation.

You are being asked to participate in an evaluation of the treatment and/or recovery support services you are being given as part of Great Plains Access to Recovery, to see if these services help people reduce or stop their use of alcohol or drugs. The services are for clients, who are 15 years old or older, and who are seeking treatment and/or recovery support services for alcohol and/or substance use. The evaluators are collecting information from people who get these services to help us understand how well it works for people.

*The services and evaluation are **voluntary**. Your treatment or receipt of recovery support services will not be affected by choosing not to participate in evaluations or going to appointments from service providers. However if the project is not able to collect data required by SAMHSA, the services you receive will not be paid for by the project. If you decide not to take part in the program, you will still receive a referral for treatment and/or recovery support services if you want one, however, the referral will not be paid for if you are not participating in the GPATR program.*

Why is this project being done?

GPATR is designed to give you choices among services such as counseling, treatment programs, traditional healing and ceremonies, cultural activities, educational groups, and faith-based services. You also have a choice among the people and agencies providing the services. It will provide a care manager to coordinate your services and help you make choices. It will expand the number and types of services in your area.

The evaluation is being done to find out if the treatment and/or recovery support services work to lower drug and alcohol use. Helping people cut down on drinking or use of drugs can sometimes help them in other ways. To see if these services help people, the evaluators will ask you some questions now and then again in five or six months, to see if you think the services helped you.

How many people will take part in the program and evaluation?

The GPATR program plans to provide treatment and/or recovery support services to approximately 3,500 people each year for the next four years throughout South Dakota, North Dakota, Iowa and Nebraska. A total of over 13,000 people will receive services through a voucher system.

How does the voucher system work?

A voucher is issued for services that you select. You will not get the money directly: it will go to the agency or person who provides the service. The providers will bill GPATR directly for the services that you receive. The providers must be registered with GPATR, in compliance with GPATR standards, and in good standing in your community. Your care manager will assist you in determining where, when and what services you will access. The first step is to obtain a screening and assessment for Recovery Support Services, where you will learn about the program in depth.

What is involved in the assessment?

When you meet with a GPATR representative for the first time, he or she will screen you to see if you are eligible for the GPATR program. During that meeting, you will be informed about the program, and will be asked questions about your drinking and drug use and your ideas about what you think will help you in leading a happy life. The person doing this assessment will give you the names of care managers in your

area. You will choose one person to be your care manager. You can switch care managers if you want to, but in order to be in the GPATR program, you must be working with a care manager.

The assessment person will help you choose your first services. If you want recovery support services to begin with, and then choose to obtain clinical services, you can do this. The choice is yours. Your care manager will help connect you with the service providers and will contact GPATR offices with any requests or changes to your vouchers.

If you want clinical services such as counseling or treatment, you will need a recent clinical assessment. GPATR can refer you to a clinical assessment, or you may prefer to obtain one on your own and have the results released to GPATR. GPATR requires that you have a clinical assessment within two months of being vouchered for clinical services.

What is involved in the program evaluation?

If you agree to be in the project evaluation, the answers that you give today will be sent to an evaluation team. They will use information about you only for this evaluation. This includes information about your use of alcohol or drugs, age, gender, and tribal affiliation.

If you seem to need services for alcohol or drug use, you will also be asked about such things as where you and your family live, physical or mental health problems, treatment received, sexual activity, recent arrests and time spent in jail or prison, your education, if you work, and income. You will be asked for your permission to let the evaluation team use this information for the evaluation.

GPATR representatives, working with the evaluation team, will contact you in about five months for an hour interview. They will ask you questions regarding your satisfaction with the program and services you received and questions about alcohol and drug use. If you agree to be contacted for this five month follow up interview, you will be asked for your name, address, phone number, and some other contact information, so that the GPATR evaluators can contact you. If you do the five month follow up interview, you will receive a \$20 gift card for your time.

The evaluation team is asking your permission to let them use information that we collect today, including your answers to questions about your health, including questions about your alcohol and drug use, and some other information. We will also collect information about any treatment and/or recovery support services you receive through Great Plains Access to Recovery.

If you agree to let the evaluators use this information, we will ask for your name and other contact information. The evaluators will use this information to help them locate you in five months for the interview. They will also use it to connect information from the answers you give today and to the interview in five months.

How long will I be in the GPATR program?

The length of time that you will receive services will be based primarily on initial and ongoing assessments of your needs, and other treatment-related factors. The overall grant ends on September 30, 2014, so no services will be provided under this grant after this date.

Your permission for the evaluators to contact you ends December 31, 2014. By that date, the evaluators will remove your name and other information that identifies you from their records. They will keep the evaluation records without your name and other identifiers indefinitely to use in final evaluation reports and to share with other evaluators.

What are the risks?

There may be risks associated with receiving treatment and/or recovery support services, including emotional and psychological discomforts, and loss of privacy. While it is possible that your confidentiality could be broken, strict measures are in place to protect your confidentiality. There are already federal laws which protect the confidentiality of substance abuse treatment clients and anyone who breeches this confidentiality may be liable for a fine. All records will be kept in locked filing cabinets in secured offices.

The evaluation does not involve medical tests or procedures. The person who speaks with you today and the evaluators will try to prevent any physical injury or emotional problems that could result from this evaluation. Since this evaluation does not involve any medical procedures, the risk for any physical injury seems to be very low.

You may be asked questions about sensitive topics such as drug and alcohol use, sexual activity, HIV testing, or mental health. You may skip any question you do not want to answer.

Are there benefits to taking part in the program and evaluation?

All participants in this program may benefit directly from the clinical treatment and recovery support services they receive, as well as through increased pride in knowing that they are participating in an effort to help improve counseling and recovery for other Native American people. Information from the evaluation may help others learn if these kinds of services help people reduce or stop their use of alcohol or drugs.

What other options are there?

This evaluation is voluntary. If you don't want to take part in the evaluation, you can still get the treatment and recovery services provided by this grant. If you want more help with drug or alcohol problems but decide not to receive any services through Great Plains Access to Recovery, you will be given the name of someone else to talk to. If you choose to do this, those services will not be paid through Great Plains Access to Recovery.

What would prevent me from being in the evaluation?

You can decide whether or not you want to be in this evaluation. Nothing stops you from being in the evaluation if you want to take part, even if you never received services.

What are the costs?

If you agree to be in the GPATR program, there are no costs to you. If you get a referral to treatment or recovery services as part of this project, these services are free. If you agree to be in this evaluation and are interviewed in five months you will receive a \$20 gift card for your time at the time of your follow-up interview.

What about confidentiality?

Federal and state laws require that intake workers, treatment providers, and the evaluation team protect the privacy of your records. When reports on the evaluation are written, your information will be combined with information from other people. Evaluation reports won't use any names or other information that would identify you personally.

There are exceptions to confidentiality. If you say something that makes us suspect that abuse or neglect has occurred to a child or an elderly person, we have to report that to Child Protective Services or Adult Protective Services. Also, if you tell us that you want to hurt yourself or someone else, we have to report that so you can get help.

This evaluation is funded by the Substance Abuse and Mental Health Service Administration/Centers for Substance Abuse Treatment of the U. S. Department of Health and Human Services. The evaluation team will give your answers to Substance Abuse and Mental Health Service Administration/Centers for Substance Abuse Treatment, but they will not give them your name, address, or any contact information about you. The Substance Abuse and Mental Health Service Administration/Centers for Substance Abuse Treatment plans to use this information to see if the project is helping people. They could release your answers combined with the answers of people who are also part of this evaluation. Your answers will not be connected to your name, address, or any other identifying information about you.

What are my rights as a participant?

If you choose so, you will receive a copy of the consent forms for your records. If you have questions about your rights as a person taking part in the evaluation, you may call the GPATR Project Director or GPATR Treatment Coordinator at 855-ATR-7250. You don't have to give your name if you call.

Can I stop participation in the program and/or evaluation?

You can change your mind and leave the program and evaluation at any time. To leave the program or evaluation, write to GPATR Project Director, GPTCHB, 1770 Rand Road, Rapid City, SD 57702 or contact your care coordinator, or call 855-ATR-7250. The evaluation team will remove your information from the evaluation records and will not use it in any reports prepared after they hear from you, nor will they contact you for the five month follow up data collection. If you withdraw from the evaluation, you won't lose any benefits or services from any treatment or recovery support provider.

What if I have a complaint or grievance?

If you have any concerns about a service provider, business partner, or representative of GPATR, you may contact the GPATR Project Director, GPTCHB, 1770 Rand Road, Rapid City, SD 57702 or contact your care manager, or call 855-ATR-7250. You may make an anonymous complaint regarding fraud, waste, or abuse. It is important that you provide enough information so that the complaint can be investigated. All complaints will be investigated. A complete list of complaint and grievance policies and procedures is available on the GPATR website

If you have a complaint about unethical practices including inappropriate sexual advances or activities by a clinical provider, please contact the person's credentialing organization. A list of phone numbers is available at the GPATR office. 855-ATR-7250.

Signature page for Client Consent and Legal Rights

I have read the information in the consent form or it has been read to me. The program and evaluation has been explained to me, and all of my questions have been answered to my satisfaction. I agree to each of the items checked yes below:

- I agree to be in this program and to receive treatment and/or recovery support services
I understand that I may withdraw from services at any time with no penalty.
I understand that I can receive services without participating in the evaluation.
I agree to be in this evaluation and the evaluators may use the personal information I give in the interview for evaluation purposes.
The evaluators may also contact me in about five months time and ask for an interview. I can decide at that time whether to be interviewed.
The evaluators may collect information about treatment and recovery support services I receive through Great Plains Access to Recovery.
I give my permission for the evaluators to try to find me through the names and contact information I provide, as well as by contacting assessment, treatment, and recovery support service providers to ask for updated contact information for me.
I give my permission for GPATR to give my name to GPATR business partners who will contact me and conduct the evaluation interview.

I am voluntarily signing this form. I will be given a copy of this consent form. I am not giving up any of my legal rights by signing this form. There is no penalty if I decide not to take part or leave the evaluation.

PRINT NAME OF CLIENT: _____

Signature of Client _____ Date _____

Signature of Person Conducting Intake into Evaluation _____ Date _____

Copies to: Client
GPATR

Please fax this completed and signed page to GPATR Offices: 605-716-3127. Please put the original in the client file and give a copy to the client.



Access to Recovery - Collateral Contacts Form

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

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

Contact #1

Name: _____

Address: _____

Phones: _____

E-mail: _____

Relationship: _____

Contact #2

Name: _____

Address: _____

Phones: _____

E-mail: _____

Relationship: _____

Contact #3

Name: _____

Address: _____

Phones: _____

E-mail: _____

Relationship: _____



Appendix E

Release of Information

I, _____, authorize the exchange of information between the Great Plains Tribal Chairmen’s Health Board Access to Recovery Project (GPATR) and:

_____ Any of the alcohol or drug treatment programs or recovery support service providers enrolled in the GPATR network and/or

_____ Other: _____

To communicate with and disclose to one another the following information: (initial each category that applies)

- _____ My name and other personal identifying information;
- _____ Service transactions;
- _____ Initial and subsequent evaluations of my service needs by the GPATR Partners and its members;
- _____ My status as a client in recovery support services and/or clinical treatment;
- _____ Summaries of alcohol/drug assessments, results, and history;
- _____ Summary of recovery support services and/or clinical treatment progress and compliance;
- _____ Attendance in recovery support services and/or clinical treatment;
- _____ Discharge plan(s) for recovery support services and/or treatment services;
- _____ Date of discharge from recovery support services and/or clinical treatment services and discharge status;
- _____ Other: _____

The purpose of the disclosures authorized in this consent is to enable GPATR Partners and its members to evaluate my need for services from the GPATR Partners and its members; to provide and coordinate the GPATR Partners’ and its members’ services to me, processing payments for services provided to me, and to evaluate the effectiveness of the work of the GPATR Partners.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: September 30, 2014

I understand that generally, GPATR Partners may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

I understand that some or all of this information may at times be communicated via electronic transmission.

Printed Name of Client

Date of Release

Signature of Client or Authorized Representative

Date of Client Signature

Signature of Witness

Date of Witness Signature

Revocation Section
I hereby revoke this consent

Signature of Client or Authorized Representative

Date of Revocation



***Each provider must document each ATR service provided.
All ATR documentation must be available for GPATR review as requested.***

All ATR providers must:

1. *have an organized system to document ATR covered services provision*
2. *document each client's name, ATR unique identification number, address, and phone number in the Voucher Management System*
3. *document the date, time and length of each ATR covered service provided*
4. *summarize the ATR covered service provided*
5. *maintain records in a secure manner that ensures confidentiality and complies with all state and federal laws and regulations pertaining to confidentiality of records*
6. *have policies and procedures in place for any volunteers associated with the provider*
7. *maintain personnel files that document an employee or volunteer is qualified to provide ATR covered services as outlined in Appendix A Access to Recovery - Service Descriptions, Rates, and Qualifications*
8. *document any services or goods delivered to, or purchased on behalf of, clients using ATR funds (e.g. membership fees, service denials, estimates)*
9. *maintain documentation consistent with their specific licensure requirements; all other providers must maintain records of services provided for a minimum of five (5) years*

All Care Coordination Providers must:

1. *ensure each client signs all ATR forms in which a signature is required*
2. *maintain documentation of receipts which detail all items purchased pertaining to specific funds expended*
3. *document any case of misuse or inappropriate use of ATR funds, including actions taken*
4. *document satisfaction survey distribution*
5. *document the distribution, including method of delivery, of incentive gift cards to the client or designee*

Client ID # _____
(for office use only)

Demographics:

First Name: _____ Middle Initial: _____ Last Name: _____
 Date of Birth: ____/____/____ (MM/DD/YYYY) Gender: Female ____ Male ____
 Address: _____
 City _____ State _____ Zip: _____
 Telephone Number: _____ Veteran: Yes ____ No ____
 Race: _____ Tribe: _____
 Enrollment Number: _____

ATR Screening Summary:

AUDIT: Score _____ DAST Drug Use: Score _____ HONC: Yes ____ No ____
 WAST: Score _____ PHQ-9: Score _____

Client Acceptance of Services and Voucher Request:

Now that you have been informed about the various kinds of services available through Great Plains Tribal Chairmen's Health Board Access to Recovery, please indicate whether you choose to accept or decline service types in GPATR. You have a total of \$470 to allot to services.

CLINICAL

ACCEPT / DECLINE (circle one)

(Note: you must have a current assessment completed within the past 2 months to be funded for clinical treatment. You can use the GPATR program for funding a current assessment if you don't already have one.)

Clinical Service	Provider	\$ Amount or # of Sessions
1.	1.	1.
2.	2.	2.

RECOVERY SUPPORT (RSS)

ACCEPT / DECLINE (circle one)

Recovery Support Service	Provider	\$ Amount or # of Sessions
1. Care Coordination	1.	1. <small>(up to \$140 or 7 hrs)</small>
2.	2.	2.
3.	3.	3.

My signature on this form verifies that I was given free choice among different providers, including faith-based services, traditional tribal cultural services, non-tribal services and non-faith based services. I understand that I have the right to accept or decline any services.

Client Signature: _____ Date: _____

Screened By: _____ Date: _____



Please take a few moments to complete the following survey. The answers you provide will help the Great Plains Access to Recovery evaluate the services you have received. We appreciate any suggestions you have on how we may improve our program. Thank you.

Name (optional):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Age:
Provider:	Date:	
GPRA Follow-up Interview completed: <input type="checkbox"/> Face-to-face <input type="checkbox"/> Telephone		

Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Hispanic/Latino	

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

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

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

Other comments?



Appendix I

Critical Incident Report

Please fax to: GPATR at 605-716-3127 within 24 hours of becoming aware of the incident

Today's Date: _____ Date of Critical Incident: _____

Name/Title of Individual Completing Form: _____

Address: _____ City: _____ Phone: _____

Location where Incident Occurred: _____

CLIENT INVOLVED IN INCIDENT

Name: _____ DOB: _____ ATR ID #: _____

Male Female

List any other involved party (i.e. other client, visitor, staff, etc.): _____

NATURE OF INCIDENT

Death (from any cause after entry into ATR services) - cause of death: _____

Suicide attempt

Injury to self

Injury to or assault on others

Sexual / physical abuse or neglect, or allegation thereof

Incarceration

Inappropriate use of ATR funds by client

Other - specify: _____

Describe incident: _____

Follow-up actions taken: _____



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

- *collateral contacts*
- *mail contacts*
- *telephone contacts*
- *internet searches*
- *home visits*
- *public information sources*
- *specialized institutional information systems*

Some things to remember about follow-up:

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

Recommendations for follow-up:

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

Tips for follow-up:

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

I, _____ (client name: please print)

acknowledge the receipt of:

GPRA Follow Up \$20 Gift Card to Family Dollar Store

Gift Card Number: _____

Other: _____

from _____ (ATR provider organization name) in the

amount of _____.

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

I acknowledge that by signing this receipt I release GPATR from all responsibility if my gift card is lost or stolen.

Client Signature: _____ Date: _____

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

Provider / Witness Signature: _____ Date: _____



This plan belongs to: _____ Date: _____

My hopes and dreams are: _____

My hopes and dreams are important because: _____

My plan focuses on this/these areas:

___ Living ___ Learning ___ Working ___ Social Skills ___ Whole Health

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

Healthy Eating Physical Activity Restful Sleep Spirituality

Stress Management Service to Others Support Network Emotional

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

The ways others can empower me are: _____

Who can empower me and how _____

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

Some things that could interfere with that realization are: _____

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

0 1 2 3 4 5 6 7 8 9 10

How confident are you that you can make these changes? 0= not at all 10=completely confident

0 1 2 3 4 5 6 7 8 9 10



Type of Incident	Issue relates to (mark all that apply):	Complaint/Provider Incident Source
<input type="checkbox"/> Complaint	<input type="checkbox"/> Provider activity or staff	<input type="checkbox"/> Provider
	<input type="checkbox"/> GPATR activity or staff	<input type="checkbox"/> Client
<input type="checkbox"/> Provider Incident	<input type="checkbox"/> ATR client	<input type="checkbox"/> ATR telephone line
	<input type="checkbox"/> ATR covered services	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Other (specify):	

Date Received: (Month/Day/Year) *Time:* *GPATR Receiving Staff Name:*
Caller Name: *If applicable, Caller Title/Position:*
Caller Phone Number: *If applicable, Provider Name:*
Caller Address:
If applicable, Client Name: *If applicable, ATR unique Identification #:*

Describe the Complaint/Provider Incident:

Date resolved (Month/Day/Year):

Describe how Complaint/Provider Incident was resolved (include dates/times of all contacts):

Source of Complaint/Provider Incident satisfied with resolution: Yes No

GPATR Signature: _____

Date Resolved: _____



*Treatment and Recovery Support Client
Fraud, Waste and Abuse Agreement*

This form must be filled out by any client who wishes to receive services from both Oglala Sioux Tribe (OST) Access to Recovery (ATR) and Great Plains Tribal Chairman's Health Board (GPTCHB) ATR Path to Recovery.

*By signing below, I am acknowledging that I and/or family member have requested to become a client of OST/ATR **and** GPTCHB/ ATR. I understand that it is mandated that I/we do not use both entities for the **same service at the same time** and that doing so could result in termination of our services with one or both organizations. I understand that I/we can get services from both programs as long as the same services are not being provided by both ATR programs at the same. I further understand that this is a requirement to become a client of both organizations.*

Provider/ Recovery Support Name

Authorized Signature

Date

Thank You for your cooperation on this sensitive matter.

Respectfully,

*Trina Janis
ATR Project Director
Oglala Sioux Tribe*

*Stardust Red Bow CSW-PIP
GPATR Project Director
Great Plains Tribal Chairmen's Health Board*



This form must be filled out by any client who resides in Iowa and wishes to receive services from either Iowa Access to Recovery (ATR) or Great Plains Tribal Chairmen's Health Board (GPTCHB) Access to Recovery (ATR).

By signing below, I am acknowledging that I and/or family member have requested to become a client of IA/ATR or GPTCHB/ ATR. I understand that it is mandated that I/we do not use both entities for services and that doing so could result in termination of our services with one or both organizations. I understand that I/we can get services from either program as long as we do not enroll in both ATR programs.

Name (Printed)

Signature (Please have parent/guardian sign if client is a minor.)

Date

Thank You for your cooperation on this sensitive matter.

Respectfully,

Kevin Gabbert, LISW, IAADC

ATR Project Director

Iowa Department of Public Health

Stardust Red Bow, CSW-PIP, QMHP

GPATR Project Director

Great Plains Tribal Chairmen's Health Board

Appendix Q Iowa Separate ATR Program Enrollment Release

This form must be filled out by individuals who reside in Iowa and meet criteria to receive Access to Recovery (ATR) services from Great Plains Tribal Chairmen's Health Board (GPTCHB-ATR) and the Iowa Department of Public Health (IA-ATR).

By signing below, I acknowledge that I have requested to become a client of (check one):

GPTCHB-ATR

IA-ATR

I understand the following:

- I can select the ATR program that is right for me.*
- I can get services from either ATR program but can not get services from both programs.*
- Receiving services from both programs could result in termination of my ATR services.*

I hereby give permission for identifying demographic information to be shared between GPTCHB-ATR and IA-ATR to monitor adherence to the requirement that individuals may be involved in one ATR program only.

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

Name (Printed)

Client Signature

Parent/Guardian Signature (if applicable)

Date