

ACCESS TO RECOVERY
PROGRAM MANUAL
January 4, 2013

FINAL

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Changes or Exceptions to the Provider Manual

The Access to Recovery (ATR) Provider must comply with state and federal laws, rules and regulations applicable to the furnishing of health care and service adjuncts funded in whole or in part by state or federal funds. All services must conform to professionally recognized behavioral health rehabilitation and recovery models. If any statute or regulation (to include the AR ATR Provider Manual or any of its forms, policies and procedures, changes in services or rates) is enacted or promulgated requiring changes to the Voucher Agreement, the Agreement will be considered to be automatically amended to comply with the newly enacted statute or regulation as of the effective date of the statute or regulation.

In Accordance with the Arkansas Administrative Procedures Act, all changes to the Manual will be publically announced and provided for public comment. If deemed an emergency (as defined by the Administrative Procedures Act), DBHS may make changes effective immediately followed by standard promulgation within thirty (30) days of the effective date of the emergency rule.

DBHS will notify Providers in writing within thirty (30) days of any necessary changes or amendments to statutes or regulations. Providers may be notified of changes by website update, provider calls, e-mail notification or certified mail.

Grandfathering Clause

Changes to ATR provider qualifications will not affect providers who were certified for services prior to (enter effective date of Manual). All new applicants for ATR certification after this date must meet the qualifications as specified for each service included in the application. Existing providers requesting to add services must meet the qualifications specified in this manual.

Existing providers will have sixty (60) days after the effective date of this Manual to provide the additional documentation required and/or to develop and submit the required program description.

General ATR Program Information

Introduction

In October, 2010, the Arkansas Department of Human Services (DHS), Division of Behavioral Health Services (DBHS) was awarded a four year grant by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to provide recovery support services to Arkansans diagnosed with a Substance Use Disorder (SUD) under the Access to Recovery III program. The Arkansas Access to Recovery (AR ATR) program is consistent with the DBHS “recovery-oriented system of care” or Recovery Oriented System of Care (ROSC) model and integrates substance abuse prevention, treatment, and recovery support services. AR ATR provides funding for individuals through vouchers issued to contracted providers to purchase services and supports linked to their recovery from SUD. **ATR funding does not replace or supplant existing services and/or funding streams.** Rather it increases the array of available community –based services, supports, and providers and supports the individual’s choice to receive services through either faith-based or non-faith based providers. The AR ATR Program is designed to provide recovery support services to assist the client in their recovery once they have completed their course of treatment.

A total of \$13,119,440 was awarded for the 4 year period with 80% of the funds available for services. The annual funding is approximately \$3,000,000. The grant period is from September 29, 2010 through September 29, 2014. During the lifetime of the grant, a minimum of 7,649 clients will be served (879 in Year 1; 2,662 in Year 2; 2,589 in Year 3; and 1,519 in Year 4). Through a sub-grant with the University of Arkansas - at Fayetteville (UAF) Partners for Inclusive Communities (Partners), DBHS and Partners jointly administer the AR ATR project. Both agencies provide day-to-day project management with DBHS having the ultimate program authority.

This is a pilot project with services available to residents of the thirteen (13) pilot counties (Benton, Craighead, Crawford, Faulkner, Garland, Independence, Jefferson, Lonoke, Pulaski, Saline, Sebastian, Washington and White). As a condition of the grant, all clients MUST be offered choice of providers for both care coordination services and recovery support services. Referrals are made through the AR ATR referral website at <http://www.humanservices.arkansas.gov/dbhs/pages/AcesToRecovery.aspx> . *To ensure complete choice of all services including care coordination, there must be a minimum of two (2) providers per county per individual service certified and under contract with DBHS and listed on the aforementioned website before the county and/or service may be offered or vouchered.* There is an open enrollment for the first three years of the grant with new providers and services added continually. Visit the website for a current listing of providers and services available. DBHS may expand certification of services or providers based on lack of accessibility to services in specified communities or geographic regions.

At its discretion, DBHS may declare there are not a sufficient number of providers of a particular service available in a county and open that service to clients who chose to move or relocate in order to obtain the service. DBHS may also deem a service open in an ATR county if an insufficient number of providers exist. This in no way nullifies the residency eligibility for a client.

The AR ATR is operated through a web-based system hosted by FEi, a DBHS contracted vendor. The system is an Electronic Health Record system (EHR) through which vouchers for all services (care coordination and treatment/recovery support) are issued and accepted by contracted providers, service delivery is documented, claims are submitted and payment is processed. The EHR system is called AR Web Infrastructure for Treatment Services (AR WITS) and, once a provider is certified and a contract (or voucher agreement) is signed, may be accessed through the website.

GUIDING PRINCIPLES:

The AR ATR program is based on the following:

1. Individuals with substance use disorders and their families have the right to choose recovery and the recovery-related services and supports that best meet their needs, and receive those services in their own community.
2. Client choice is enhanced by a recovery-oriented system of care that honors each client's familial, cultural, spiritual, economic, and logistical needs.
3. Individualized choice enhances client retention in treatment and strengthens client commitment to and success in recovery.
4. Participation in AR ATR is voluntary and can be terminated by the client at any time, without repercussion to the client and or family member. Participation cannot be court ordered, or required by a state agency (e.g., as a condition of parole/release or as a part of reunification with the client's child(ren).

ATR Client Eligibility Criteria:

In order to receive ATR services, a client must meet all five (5) of the following eligibility criteria:

1. Have an existing Substance Use Disorder (SUD) determined by using a standardized alcohol and drug abuse screening tool; **and**
2. Reside in one of the thirteen (13) covered counties (Benton, Craighead, Crawford, Faulkner, Garland, Independence, Jefferson, Lonoke, Pulaski, Saline, Sebastian, Washington, or White);* **and**
3. Be 18 years of age or older; **and**
4. Gross income at or below 200% of the Federal Poverty Level; **and**
5. Be a member of **one** of the following populations:
 - 1-3 Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) convictions within the last 18-24 months, with the most recent conviction within the past six (6) months (**Note: Does not include drug possession charges**); **or**
 - Pregnant women with SUD; **or**
 - Combat Veteran (Army Reserve/National Guard/Activity Duty); **or**
 - A custodial parent or custodial family member involved or at-risk of involvement with the DHS Division of Children and Family Services (DCFS) or Division of Youth Services (DYS),

AR ATR reserves the right to approve exceptions to the eligibility criteria on a case by case basis. All exceptions must be submitted in advance in writing using the approved Eligibility Exception Request Form (see Forms Section of this Manual). A written response will be provided within three (3) working days of the request. No services, including care coordination, may be provided prior to receiving written approval.

Note: A client must be a resident of one of the thirteen (13) covered counties but may choose to relocate to one of the other covered counties in order to receive residential treatment or drug-free supportive transitional housing services.

Exceptions for individual clients may be requested using the *ATR Eligibility Exception Request Form* or the *ATR Service Exception Form* found in the *Forms Section* of this manual.

ATR Referral Process

Potential ATR clients with a documented substance use disorder (SUD) may access ATR covered services (care coordination and recovery support services) through the ATR website at:

<http://humanservices.arkansas.gov/dbhs/Pages/AccessToRecovery.aspx>

1. Referral sources may be the potential client, a family member, friend, authorized representative, substance abuse or mental health treatment providers, medical professionals, state agencies, etc. The referral source accesses the referral link listed below where a list of Care Coordinators for the potential client's home county is provided. <https://dhs.arkansas.gov/dbhs/atr/>
2. The Potential AR ATR Client selects a Care Coordinator of their choice from the web site listing. (Each client must be offered a choice from among at least two Care Coordinators).
3. The referral source electronically selects the ATR Care Coordinator of the client's choice which will link them to an ATR Referral Form (*See Forms Section: AR ATR Referral Form*).
4. The Referring source will complete the ATR Referral Form and send it to the selected Care Coordinator by e-mail through the link. A copy of the Referral Form is automatically sent to the ATR Program Office.
5. The Client-Selected ATR Care Coordinator will retrieve the ATR Referral Form and accept or reject the referral. If accepted the ATR Care Coordinator will contact the potential ATR Client to schedule an ATR Assessment. If the potential client is rejected for reasons not due to eligibility by that ATR Coordinator, he/she will assist the potential client in selecting another Care Coordinator and will initiate another referral. If preferred, the referral source may make an appointment with the Care Coordinator directly while the client is present. The client-selected ATR Care Coordinator will note in the ATR referral website the results of the referral (client accepted/not accepted/ineligible) and the reason. If the ATR Electronic Referral System is not used during the referral process, it is the responsibility of the Client-Selected ATR Care Coordinator to enter the client in the electronic system and obtain a client referral number to be used when entering the client's information in the AR WITS system.

Note: The ATR Electronic Referral System is the single point of entry for all ATR clients. Care Coordinators shall ensure that the client information is in the ATR referral system BEFORE entering the client in the AR WITS System. Failure to comply with this requirement constitutes contract non-compliance and may result in contract remedies being applied.

ATR PROVIDER CERTIFICATION AND CONTRACTING INFORMATION

ATR Provider Enrollment Process

ATR providers may be either organizations or individuals. All payments made to providers are 1099 reportable. A contract (voucher agreement) to provide ATR services between an individual and DBHS does not in any way establish an employee/employer relationship, therefore all required taxes and withholding are the responsibility of the individual.

Individuals/organizations interested in providing ATR services must be either located in one of the thirteen (13) target counties or in a county adjacent to one of the target counties. Applications are available on the website or by contacting Partners at 1-501-682-9000.

Note: Ark. Code Ann. § 19-11-104(c)(1) prohibits state employees from entering into professional or consultant services contracts with the state. Ark. Code Ann. § 19-4-1604 imposes additional limitations on paying *any* compensation (other than actual expenses) to an employee of another agency, regardless of whether the payment is under a professional or consultant services contract or by any other means. Therefore, in accordance with Arkansas State Law, state employees may not enroll as individual providers or serve as employees under an organization under this program.

Enrollment is a five-step process:

Step I: Certification

Certification by DBHS is required to participate in the ATR Program. Interested parties must complete the ATR Program Application Form (see Forms Section), include all required documentation, and submit to DBHS for Approval. Applicants must attach copies of all of the required documents associated with each service for which you are applying as indicated in Services and Qualifications Section of this Manual. **Applications must be organized. If applying for more than one service, documentation of qualifications for each individual must be collated (grouped) by service with a cover page separating each group of credentials by service. Applications not organized in this manner will be returned. Additional documentation will be requested for incomplete applications. Incomplete applications will be pended until documentation is received.**

A pending application will expire in thirty (30) days after documentation is requested and will be denied for incomplete application. Re-consideration for certification will require submission of a new application. Please note that organizations applying for certification must submit credentials for each employee who will provide services under ATR.

Applicants will be notified in writing regarding the results of the application. Certification is for a twelve (12) month period and all providers must be recertified prior to the end of their certification.

Step II: Voucher Agreement (Contract)

Certified individuals/organizations will be sent a contract packet by the ATR Finance Officer. Providers are responsible to read all of the documents before signing as they provide specific requirements for providers and remedies for failure to comply with any or all of the requirements. Failure to comply may place you/your agency in jeopardy of losing participation in this program, other DHS programs, and/or certification as an ATR provider. Once the packet is completed it must be sent in its entirety to the ATR Finance Officer for review.

Step III: Required Training

All applicants are required to attend initial ATR training. Once an individual/organization has submitted their completed voucher agreement and submitted for approval, they will be notified of the next available training date and must register and attend training prior to final contract approval. Care coordinators must attend a three day ATR initial training and the one day initial WITS training before they can become certified. Organizations with multiple care coordinators must send each individual care coordinator to the training. Treatment/recovery support services providers must send at least one representative to the first day of the three-day training.

Individuals/organizations who do not attend the required training will not be eligible to participate in the ATR Program.

Individuals/organizations may also be required to attend other mandatory training as deemed necessary by DBHS. Additional trainings may include, but not be limited to, GPRA training, Advanced WITS training, and Advanced Care Coordination training.

Step IV: Provider Set-up in the WITS System

Upon completion of the required training, the Voucher Agreement will be reviewed by ATR staff. If approved, ATR staff will sign and return a signed copy to the provider for their files. Please be aware that any changes

such as addition/deletion of services, changes in staff, changes in billing staff, physical address, e-mail address or telephone number changes must be reported to DBHS in writing within five (5) working days of the change. Dependent upon the type of change, an amendment to your contract or submission of new forms may be required. After the voucher agreement has been approved and training has been completed, you/your agency's agreement will be established in the ATR WITS System. Providers will be notified when set-up is completed.

Step V: Provider Set-Up on the ATR Referral Website

Upon set-up in the WITS system, new providers will be listed on the referral website. Providers (both care coordinators and service providers) must appear on the website before they can be offered as a choice to clients or prior to accepting referrals. Services cannot be provided until the entire certification process and voucher agreement approval process have been completed. Any services provided prior to completion of the entire process will not be reimbursed and are the sole responsibility of the provider. Services are paid for on a reimbursement basis only and are not paid in advance.

Certification Procedures

DBHS shall certify each qualified individual or organization and their staff providing ATR services.

A certification is valid and effective only for the individual or organization to which the certification is issued.

A certification is not transferable to another individual or entity.

A certified provider is responsible for compliance with all applicable building codes, zoning requirements, ordinances, rules, statutes and similar regulations that are required by city, county, state, or federal jurisdictions. Where such codes are not in effect, it is the responsibility of the certified provider to consult one of the national building codes generally used in the area for all components of the building type being used or constructed. Nothing in this procedure relieves a certified provider of these responsibilities.

being used or constructed. Nothing in this procedure relieves a certified provider of these responsibilities.

The validity of a certification is contingent on continued substantial compliance with applicable program requirements. A certification is subject to corrective action or interim adverse action which may be imposed by DBHS at any time upon a finding of substantial noncompliance.

DBHS shall have access to the premises, staff, individuals served and their families, and all records of a certified provider at all times for the purpose of conducting Abbreviated Reviews, Certification Reviews, Service Concern Investigations, or Surveys concerning compliance with applicable Program requirements.

Certification Definitions:

“Certification” means a written designation issued by DBHS declaring that a provider has demonstrated compliance with applicable program requirements.

“Certification Review” means a formal evaluation of a new provider or certified provider by DBHS to ensure program quality and compliance with applicable program requirements. The evaluation may be conducted through a desk review of submitted information or through an on-site inspection of provider facilities.

“Certification with Requirements” means that DBHS finds a certified provider has been substantially out of compliance with applicable Program requirements for more than thirty (30) days, and has been given “requirements” to fulfill a Corrective Action Plan (CAP).

“Focused Review” means an onsite targeted evaluation of a certified provider due to non-compliance with state and/or federal regulations and/or contract requirements based on data submitted to DBHS.

“Service Concern Investigation” means a specific inspection of a certified provider by DBHS with regard to a complaint or complaints.

Procedural Guidelines: Certification Application Process.

Certification

Certification by DBHS is required to participate in the ATR Program. Interested parties must complete the ATR Program Application Form (Application Form is located at the end of this section), include all required documentation, and submit to DBHS for Approval. Applicants must attach copies of all of the required documents associated with each service for which you are applying as indicated in Services and Qualifications Section of this Manual. **Applications must be organized. If applying for more than one service, documentation of qualifications for each individual must be collated (grouped) by service with a cover page separating each group of credentials by service. Applications not organized in this manner will be returned. Additional documentation will be requested for incomplete applications. Incomplete applications will be pended until documentation is received.** A pended application will expire in thirty (30) days after documentation is requested and will be denied for incomplete application. Re-consideration for certification will require submission of a new application. Please note that organizations applying for certification must submit credentials for each employee who will provide services under ATR.

Applicants will be notified in writing regarding the results of the application.

Procedure to Add Staff

Certification is based on individual qualifications and, as such, any time new providers plan to add staff to their certification/contract, a request must be submitted to the DBHS Certification Representative. The request must include:

1. A cover letter listing each staff member's name and the service(s) each will provide;
2. Copies of all required documentation of qualifications for each service; and
3. ATR Provider Staff Information Sheet listing each new staff member's contact information.

Once approved, the provider will be notified in writing and a copy of the staff information sheet will be submitted to the ATR Finance Officer for staff access to the AR WITS system.

Procedure to Add Services

To add a service to a contract, the provider must submit a written request to the DBHS Certification Representative. The request must include:

1. A cover letter listing the services to be added;
2. Copies of all required documentation of qualifications for staff who will provide that service; and
3. ATR Provider Staff Information Sheet (if there is new staff not currently on the WITS System).

Once approved, the provider will be notified in writing. The DBHS Certification Representative will notify the ATR Finance Officer for service addition in the AR WITS system. After completion of this process, the ATR Referral Website will be updated.

Procedural Guidelines: Certification Monitoring Process

DBHS provides monitoring and oversight of ATR providers by conducting periodic reviews of certified providers to ensure continued compliance with ATR program requirements. If DBHS determines that the certified provider is in substantial non-compliance with applicable Program requirements, DBHS imposes corrective actions or sanctions or both. Certification review may include, but is not limited to, a review of client records, service delivery documentation, client interviews, client satisfaction surveys, and billing records.

DBHS will send notice of the Certification Review to the provider and will identify any information that DBHS requires a certified provider to submit prior to the Certification Review. For example, DBHS may request copies of client files to review against applicable ATR program requirements, or copies of current licenses to determine continued certification.

DBHS will provide the certified provider with a written report documenting the findings made during the Certification Review within thirty (30) calendar days of completion.

If the Certification Review Report contains a deficiency that is classified as substandard quality of care, DBHS provides the certified provider with a written report concerning the nature of the substandard quality of care within fifteen (15) days of the date of the exit conference. Substandard quality of care is defined as a deficient practice related to Program requirements concerning Individual or Service Provision.

When DBHS finds that a certified provider is in substantial compliance but has deficiencies that constitute a pattern or widespread practices, a written Corrective Action Plan (CAP) is required.

Corrective Action Plan

A Corrective Action Plan (CAP) is a written statement developed by a certified provider to describe both short-term remedial steps to achieve compliance and permanent practices and procedures to sustain compliance.

In order for a CAP to be acceptable, it must:

- Contain elements detailing strategies the certified provider will use to correct the deficiency as it relates to the individual served;
- Indicate methods the certified provider will use to protect individual service in similar situations;
- Include the measures the certified provider will take or the systems it will alter to ensure that the problem does not recur,
- Indicate how the certified provider plans to monitor its performance to make sure that solutions are sustained; and
- Provide dates when corrective action will be completed. Completion dates will be determined in conjunction with DBHS.

Note: See Contract Compliance Corrective Action Plan in the Forms Section of this Manual.

DBHS approves the CAP if it satisfies the elements described above. If DBHS does not approve the CAP, DBHS shall provide the certified provider with a written explanation stating the reasons the CAP does not satisfy the elements described above. The certified provider will be given an opportunity to revise the CAP for approval within five (5) business days. If the CAP is still not approved by DBHS, then a DBHS directed CAP will be assigned and monitored or the provider may be subject to additional sanctions/remedies. All revisions must be completed and submitted to DBHS within five (5) working days.

Within thirty (30) days of acceptance of the CAP but not before the latest date of corrective action proposed by the provider, DBHS will conduct a follow-up review. The review may be off-site or on-site. Reviews will focus on the actions taken by the certified provider since the correction dates listed on the plan of correction.

DBHS will send a written report documenting the findings made during the follow-up Review within fifteen (15) calendar days of the review.

Enforcement Sanctions

DBHS may impose any of the Sanctions described below alone or in combination with any other Sanctions or monitoring measures to ensure or enforce quick compliance with program requirements.

Certification Downgrade

Certification with Requirements: If a certified provider is not in substantial compliance with applicable program requirements within thirty (30) calendar days after receiving notice of noncompliance in a Certification Review Report, the status of the certified provider's Regular Certification will be downgraded to a Certification with Requirements. In order to achieve restoration of its Certification, the certified provider corrects all identified deficiencies and demonstrates substantial compliance with program requirements within sixty (60) calendar days of being downgraded to Certification with Requirements.

Directed Corrective Action Plan (CAP)

A directed plan of correction is a sanction wherein DBHS develops a plan to require a certified provider to take action within a specified timeframe. Achieving substantial compliance is the responsibility of the certified provider whether or not a directed plan of correction is followed. If a certified provider fails to achieve substantial compliance after complying with a directed plan of correction, DBHS may impose additional sanctions until the certified provider achieves substantial compliance or is subject to certification revocation.

DBHS may impose a directed CAP fifteen (15) calendar days after the certified provider receives notice in non-immediate jeopardy situations and two (2) calendar days after the certified provider receives notice in immediate jeopardy situations.

The date a directed CAP is imposed does not mean that all corrections must be completed by that date.

Directed In-Service Training

Directed in-service training is a sanction that DBHS imposes when it believes that education is likely to correct the deficiencies and help the certified provider achieve substantial compliance. This remedy requires provider staff to attend an in-service training program.

DBHS may provide special consultative services and technical assistance for obtaining this type of training. At a minimum, DBHS will compile a list of resources that can provide directed in-service training and make this list available to certified providers and other interested parties.

The certified provider bears the expense of directed in-service training.

If a certified provider fails to achieve substantial compliance after completing directed in-service training, DBHS may impose additional sanctions until the certified provider achieves substantial compliance or certification is revoked.

Referral to DHS Quality Assurance Unit for Investigation

Referral to DHS Quality Assurance Unit for Investigation is a sanction that DBHS imposes in response to identifying specific information that a certified provider has received inappropriate payment for services or receipt of a complaint regarding service provision.

If results of the investigation reveal that a certified provider has demonstrated a reckless or intentional practice of non-compliance with the ATR program requirements or the terms and conditions of the ATR Voucher Agreement (contract), DBHS may impose additional sanctions, including without limitation, certification revocation, exclusion or debarment.

State Monitoring

State Monitoring is a sanction that DBHS imposes when DBHS determines that oversight of the certified provider's efforts to correct cited deficiencies is necessary as a safeguard against further harm to individuals served when harm or a situation with the potential for harm has occurred.

A State Monitor is an appropriate professional who:

- Is an employee, contractor, or designee of DBHS,
- Is not an employee or contractor of the monitored provider,
- Does not have an immediate family member who is served by the monitored provider, and
- Does not have any other conflict of interest with the monitored provider.

When State Monitoring is imposed, DBHS selects the State Monitor. Monitoring may occur anytime in a program or program component. State Monitors shall have complete access to the premises, staff, individuals served and their families, and all records of the certified provider at all times and in all instances for performance of the monitoring task.

Some situations in which State Monitoring may be appropriate include without limitation:

- History of non-compliance , i.e. a pattern of substandard quality of care, multiple complaints,
- DBHS concern that the situation has the potential to significantly worsen, or
- Substandard quality of care or immediate jeopardy exists and the certified provider has demonstrated inadequate corrective action.

State Monitoring is discontinued when the certified provider demonstrates substantial compliance with program requirements and practices that ensure continued substantial compliance. A certified provider can demonstrate continued compliance by adherence to a CAP that delineates systemic changes to ensure prevention of the recurrence of the deficient practice.

Moratorium on New Admissions

Moratorium on New Admissions may be imposed when a certified provider is out of substantial compliance. DBHS imposes a Moratorium on New Admissions when a certified provider has demonstrated substantial non-compliance sixty (60) calendar days after the last day of the Certification Review identifying the deficiency.

DBHS provides written notice of the moratorium on new admissions at least fifteen (15) calendar days before the effective date.

Generally, if the certified provider achieves substantial compliance that is verified through a follow-up Abbreviated Review or credible written evidence, DBHS lifts the Moratorium on New Admissions. However, when a Moratorium on New Admissions is imposed for repeated instances of substandard quality of care, DBHS may continue the sanction until the certified provider is in substantial compliance and DBHS has the

assurance that the certified provider will remain in substantial compliance. Lack of demonstration of substantial compliance subjects the provider to additional adverse actions or sanctions.

Moratorium on Expansion

Moratorium on Expansion may be imposed when a certified provider is found to be out of substantial compliance with program requirements after sixty (60) calendar days of Provisional Certification. A Moratorium on Expansion may include adding new services or expanding to new counties.

The failure of a certified provider to substantially comply with program requirements after sixty (60) calendar days of Provisional Certification is evidence that the certified provider is unable or unwilling to take necessary corrective action. A Moratorium on Expansion continues until the certified provider is in substantial compliance with applicable standards, and DBHS believes the certified provider is willing and able to remain in substantial compliance.

If the certified provider has made considerable progress toward substantial compliance with applicable program requirements during the period of Provisional Certification, the DBHS Director or designee may grant an extension before a Moratorium on Expansion is imposed.

Specific Service Prohibition

A Specific Service Prohibition may be imposed when DBHS finds that a certified provider's service delivery has harmed a client by inappropriate eligibility determination, violation of client rights to include client choice, substandard delivery of services, failure to provide services in a timely and consistent manner, or failure to provide services. DBHS may impose the prohibition against serving a specific individual or individuals or against a specific class of individuals. The prohibition may be permanent or for a specific term depending on the circumstances of the case.

Certification Revocation

When considering whether to revoke the certification of a certified provider, DBHS considers many factors, particularly the provider's noncompliance history (e.g., it is consistently in and out of noncompliance), the effectiveness of alternative corrective actions or sanctions when previously imposed, and whether the certified provider has failed to follow through on an alternative corrective actions (e.g. directed plan of correction or directed in-service training) or if the certified provider fails to achieve substantial compliance after one hundred and eighty (180) calendar days of Provisional Certification.

Voluntary Surrender of Certification

If a certified provider intends to voluntarily surrender an ATR Certification, the certified provider is responsible for notifying DBHS immediately. As a condition of certification to provide ATR services, , the certified program or individual agrees to assist DBHS with transitioning consumers to discharge from services or to other services or providers when the ATR Certification is surrendered.

Transitioning Consumers

DBHS has the ultimate responsibility for transitioning consumers when an ATR certification is revoked. In some instances, the certified provider may assume responsibility or be expected to follow ethical guidelines to assist in the safe and orderly transition of consumers when the certification of the provider is revoked. However, this does not relieve DBHS of its ultimate responsibility to transition consumers. The goal of transitioning consumers is to minimize the period of time during which consumers receive less than adequate care.

ATR CONTRACT COMPLIANCE

Under the terms and conditions of the ATR Voucher Agreement providers agree to accept reimbursement received from DHS as full and final payment for all services covered by the Agreement. Clients may not be charged additional program fees, deposits, or completion certification fees over and above those reimbursed under the Agreement.

ATR supplemental needs funds shall not be used to pay for program fees, deposits, and completion certificate fees for clients who are receiving Supportive, Transitional, Drug-Free Housing or Residential Treatment services.

DHS reserves the right to recoup payments through current and subsequent payments to the Provider.

DHS is not obligated to pay any bills received more than thirty (30) calendar days after the expiration of the Voucher unless the prior approval is granted. DHS is not liable for untimely billing.

Providers agree that any services provided prior to the effective date of the ATR Voucher Agreement or prior to receiving and accepting a voucher for services in the WITS system are the sole responsibility of the provider and in no way establishes DHS liability for payment of services rendered prior to the effective date of the Agreement/voucher.

All ATR providers (of either direct services or care coordination services) are required to comply with all state and federal regulations (e.g. the ATR Program Manual, the ATR GPRA Manual, and the ATR Voucher Agreement, and any other related ATR documents). If any statute or regulation is enacted or promulgated requiring changes to the Voucher Agreement, the Agreement will be considered automatically amended to comply with the newly enacted statute or regulation as of the effective date of the statute or regulations. Providers will be notified in writing within thirty (30) days of the receipt of any necessary changes or amendments resulting from newly enacted state or federal statutes or regulations.

Contract Cancellation

ATR Providers may cancel their contract by giving DBHS thirty (30) calendar days written notice. Delivery of the notice of cancellation may be either in person or by certified mail, return receipt requested, restricted delivery. Providers are required to continue to provide services during the 30 day period in compliance with all terms and conditions of the ATR Program until the end of the 30 days (to include all GPRA Data Collection Requirements). Providers are required to participate in transitioning their current clients to other providers by notifying the care coordinator (if providing direct services), or by following the requirements for transfer of care coordinators as specified in the Care Coordination Procedures of this Manual.

DBHS takes all necessary measures to prevent, detect, investigate and prosecute any acts of fraud and abuse committed against the AR ATR project. This may include, but is not limited to, on-site, review by DBHS; referral

to the DHS Audit Section to review financial records, provide technical assistance, or conduct an audit; and/or referral to the DHS Fraud Unit for investigation.

Fraudulent Practices for AR ATR project purposes include but are not limited to:

- Falsifying information on the provider application or omitting relevant material facts
- Misrepresenting staff credentials or qualifications or billing for services provided by unqualified staff
- Falsifying client files, records or other documentation
- Billing for services not rendered
- Billing multiple times for the same services
- Accepting payment for services not rendered
- Improper billing to clients for services rendered

Abusive Practices for AR ATR project purposes include but are not limited to:

- Making improper diagnoses
- Providing client services that are not necessary or services that are inappropriate for the client's condition
- Knowingly not billing a primary payor for an eligible client
- Offering or accepting payment to refer clients to a particular provider
- Misrepresenting client outcomes

If a provider or any of its employees, volunteers, or board members commits client abuse, neglect or exploitation; malpractice; or fraud, embezzlement, or other serious misuse of funds, DBHS may terminate the provider's participation in the ATR project immediately upon written notice to the provider and may seek repayment of funds.

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

In addition to the ATR Program specific fraud, waste and abuse protections, providers are also liable for violation of additional federal fraud, waste and abuse.

1. Executive Order #13520 of November 20, 2009

When the Federal Government makes payments to individuals and businesses as program beneficiaries, grantees, or contractors, or on behalf of program beneficiaries, it must make every effort to confirm that the right recipient is receiving the right payment for the right reason at the right time. The purpose of this order is to reduce improper payments by intensifying efforts to eliminate payment error, waste, fraud, and abuse in the major programs administered by the Federal Government, while continuing to ensure that Federal programs serve and provide access to their intended beneficiaries.

2. USC 18, Chapter 47

Providers and their employees/authorized representatives who **knowingly and willfully**:

1. **falsify, conceal, or cover up** by any trick, scheme, or device a material fact; and/or
2. make any **materially false, fictitious, or fraudulent statement** or representation; or
3. make or use **any false writing or document** knowing the same to contain any materially false, fictitious, or fraudulent statement or entry.

Violators shall be fined under this title, **imprisoned** not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.

3. The False Claims Act (FCA)

In general, the False Claims Act covers fraud involving any federally funded contract or program, with the exception of tax fraud.

A broad array of scenarios can constitute FCA violations. Some examples include the following:

- Falsification of information;
- Billing for services that were not performed or were unnecessary;
- Billing for costs not related to the grant.

The FCA includes any person who:

- Knowingly presents, or causes to be presented...a false or fraudulent claim for payment or approval;
- Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved;
- Conspires to defraud the Government by getting a false or fraudulent claim paid or approved... or
- Knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government.

Violators are liable for a civil penalty of **not less than \$5,000** and **not more than \$10,000**, plus **3 times the amount of damages** which the Government sustains because of the act of that person.

FCA Violations result in disqualification from participation in Federal program for a minimum of five years; or may result in permanent exclusion if fraud is proven. Exclusion applies to participation in any Federally-funded grant, contract, or program (administered by any state or federal agency).

4. The Federal Anti-Kickback Statute

Prohibits persons or entities from knowingly or willingly soliciting or receiving remuneration, directly or indirectly, in cash or in-kind, to induce patient referrals or the purchase or lease of equipment, goods or services, payable in whole or in part by a Federal health care program.

The Act includes any offer, payment, solicitation or receipt of money, property or remuneration to induce or reward the referral of patients including, but not limited to referral fees, finder's fees, and/or excessive compensation.

5. Fraud Enforcement Reconciliation Act of 2010

Addresses Overpayment Rules / False Claims

It is unallowable for contractors to wait until end of the contract year or completion of an annual audit to reimburse the state for overpayments or false claims. Failure to reimburse the state more than 60 days past date of service is considered fraudulent claims. Triple damages applied for not only the amount of the claim but the cost of the process.

Note: For the purposes of the aforementioned statutes, the terms "knowing" and "knowingly" mean that a person, with respect to information (1) has **actual knowledge** of the information; (2) acts in **deliberate ignorance of the truth or falsity** of the information (should have known); or (3) acts in **reckless disregard of the truth or falsity** of the information (caused), and **no proof of specific intent to defraud is required**

Monitoring and Evaluation

DHS DBHS and/or its authorized representatives monitor and evaluate 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, provider incidents, and satisfaction surveys. DBHS or their authorized representative 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 DBHS retains the right to conduct site visits at its discretion.

Providers that do not meet certification/qualification requirements as stated in the *AR ATR Provider Manual* and the voucher agreement may receive technical assistance from DBHS or their authorized representatives and may be required to conduct corrective action as defined in the Certification Section of this Manual. Certain violations, safety concerns, or unacceptable performance as specified below may result in termination of the provider's voucher agreement.

REMEDIES FOR UNACCEPTABLE PERFORMANCE

Acceptable performance of all provisions of the ATR Program is determined at the sole discretion of the DBHS. One or more of the following remedies may be imposed for unacceptable performance of a provision or performance indicator:

1. Contractor will be required to submit and implement an acceptable corrective action plan (CAP). Payment may be delayed pending satisfactory implementation of the plan.
2. Payment may be withheld or reduced.
3. The Contract may be terminated.
4. Exclusion
5. Debarment

Exclusion from contracting with all DHS divisions and enrolling in the Arkansas Medicaid Program for a specific term is an Enforcement Remedy that may be imposed upon recommendation of DBHS and approval by the DHS Director.

Recommendation to appropriate federal regulatory agency for Permanent Debarment is an Enforcement Remedy that may be imposed upon recommendation of DBHS and approval by the DHS Director.

The remedies listed above are in addition to all others available at law or equity.

Client Rights

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

Complaints

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

1. Calling the ATR toll free telephone number listed in the ATR link from DBHS website (www.arkansas.gov/dhs/dmhs/) ;
2. Contacting the ATR Project Director at 501-682-9911
3. Contacting the ATR Assistant Director at 501-772-4548
4. Faxing to the ATR Project Director at 501-682-9901
5. Writing to:

Arkansas Access to Recovery Project
2001 Pershing Circle, Suite 300
North Little Rock, AR 72114

Incident Reporting

This policy establishes procedures for prompt reporting and handling of serious incident/situations that may affect the health and/or safety of clients, employees, volunteers and visitors.

This policy applies to all providers funded wholly or in part by the Arkansas Department of Human Services, Division of Behavioral Health Services (DBHS).

Incidents to be reported to DBHS:

- Death of a client or any individual on program premises.
- Injury or illness of any active client requiring at least an overnight admission to a hospital. Injury of any staff, visitor, or volunteer on program premises requiring at least an overnight hospital admission.
- Commission of a felony on the program's premises against program personnel or volunteers while carrying out their duties. Commission of a felony against program personnel or volunteers by active or inactive clients of the program. Commission of a felony against active or inactive clients of the program by program personnel, volunteers or visitors. Commission of a felony by any active client.
- Any event causing a substantial disruption to the delivery of services.
- Any event that in the program's opinion is serious enough to warrant a report.

All incidents specified above must be verbally reported to DBHS with immediacy or no later than 24 hours after the incident occurs. The verbal report will be followed up by a written report submitted to DBHS within three (3) working days. The written report submitted to DBHS must be on the form provided by DBHS (see Forms Section). DBHS may request a faster processing of the written report if the seriousness of the incident warrants. The verbal and written report will minimally document:

1. Type of incident
2. Exact place, time and date of the incident.
3. Name of the subject of the report, date of birth, race, sex, county of residence, responsible party and next of kin.
4. Full name of all person(s) involved including an address and a telephone number.
5. Comprehensive description of the incident.
6. Extent of injury, property loss, or damage.
7. What measures could have prevented the incident.
8. Description of any corrective action taken.
9. Outcome of the incident.
10. Person(s) notified name of agency, and time of notification.

The initial (verbal) reporting of the incident should be made to the Assistant Clinical Director:

Frank Vega, Assistant Clinical Director
Office: 501-686-9875
Cell: 501-551-8266

The written report shall be faxed to:

Frank Vega, Assistant Clinical Director
Arkansas Department of Human Services
Division of Behavioral Health Services
FAX # 501-686-9396

AND

Ann Patterson, ATR Project Director
Partners for Inclusive Communities
FAX# 501-501-682-9901

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

ETHICAL STANDARDS FOR ATR PROVIDERS

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

- ATR clients and family members are treated with honesty, dignity, and respect.
- ATR providers shall not withhold client's personal property at any time. Failure to release client's property at the time service is terminated will be constituted as exploitation of the client.
- Providers shall respect each client's right to self—development and self-direction.
- Providers respect each client's right of choice, including responsibilities for goals reached, as long as the client's choices do not cause harm to self or others.
- Providers do not abandon or neglect clients in any way, and they assist clients in proper referrals to other providers/resources when necessitated and/or indicated.
- ATR Providers will maintain client confidentiality at all times. Providers shall not provide information to any person and/or agency (to include DCFS/DYS/Arkansas Department of Corrections/AR Department of Community Corrections) without a signed consent from the client.
- Providers shall abstain from alcohol or other drug usage prior to or during the provision of ATR services.
- Providers shall not engage in any type of personal or sexual relationships with ATR clients.
- Providers do not provide services that create conflicts of interest or where conflicts of interest may likely become an issue or create dual relationships.
- Providers shall not accept commissions, gratuities, rebates, gifts, favors, or any other form of non-contract payment for ATR services.
- Providers shall not misrepresent themselves or their qualifications, licensing or other accreditation requirements, education, experience, or status.
- Providers shall not perform services outside their area of expertise, scope of practice, training, or applicable license or other accreditation by the State of Arkansas. Services provided must be listed in the provider's contract for ATR participation.
- Care Coordinators who are unable to provide services to a client must notify the referral agency within two days of referral. Direct Services providers who are unable to provide a service must notify the referring care coordinator within two days of referral.
- 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 cultural, 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/accreditation status.

- Providers shall fully disclose all fees for services to clients prior to carrying out those services.

Solicitation

Providers shall refrain from solicitation of ATR clients.

A. "Solicitation" means the attempt to unduly influence an individual served by an ATR certified provider or his or her family to transfer from one provider to another provider. Solicitation is prohibited by all of the following:

- 1) A certified provider or any individual acting on behalf of the certified provider,
- 2) Any staff member of a certified provider or any individual acting on behalf of the staff member, and
- 3) Any individual who provides or has provided professional or direct care services for a certified provider or any individual acting on his or her behalf.

B. The following methods of solicitation are prohibited:

- 1) *With the intent of soliciting consumers, hiring an individual who has been previously employed by or contracted with another certified provider who subsequently contacts consumers on the individual's caseload with the previous provider with the intent of inducing the consumer to transfer to the certified provider with which the individual is currently employed or contracted.*

Protected Health Information, such as consumer addresses and telephone numbers, are considered confidential and the property of the certified provider with which the individual was or is employed or contracted. An individual formerly employed or contracted with a certified provider may not disclose Protected Health Information without a signed release from the consumer according to HIPAA. If DBHS finds that an individual has released Protected Health Information in a manner contrary to HIPAA, DBHS will notify the appropriate licensing or certification entity and the Office of Inspector General of the U.S. Department of Health and Human Services.

- 2) *Offering cash or gift incentives to an individual served or his or family to induce the individual served or his or her family to change providers,*
- 3) *Offering an individual served or his or her family free goods or services that are not available to other similarly stationed consumers to induce the individual served or his or her family to change providers,*
- 4) *Refusing to provide an individual served access to entitlement services for which the individual is eligible if the individual served or his or her family selects another certified provider,*

- 5) *Making negative comments to a potential individual served, his or her family regarding the quality of services provided by another certified provider,*
- 6) *Promising to provide services in excess of those necessary to induce an individual served or his or her family to change programs,*
- 7) *Directly or indirectly giving an individual served or his or her family the false impression that the certified provider is the only agency that can provide the services desired by the individual served or his or her family or guardian, or failure to offer choice of providers for care coordination services or treatment/recovery support services.*

DBHS investigates claims of solicitation that appear to be consistent with the definition of solicitation as identified above. If DBHS makes a finding of prohibited solicitation, DBHS imposes sanctions/enforcement remedies consistent with the scope and severity of the solicitation. If a pattern of solicitation occurs, DBHS may impose Certification Revocation.

Marketing is distinguishable from solicitation and is considered an allowable practice. Examples of acceptable marketing practices include without limitation:

- a) General advertisement using traditional media;
- b) Distribution of brochures and other informational materials regarding the services provided by a certified provider if the brochures and materials are factual and honestly presented;
- c) Providing tours of a certified provider to interested individuals;
- d) Mentioning other services provided by the certified provider in which a consumer might have an interest; and
- e) Hosting informational gatherings during which the services provided by a certified provider are honestly described.

Confidentiality Requirements

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. *(See Appendix Section of this Manual for Client Rights Information)*

DBHS encourages providers to maintain a "clean desk" in their workspace. This protects providers and clients from inappropriately releasing information to those who don't have a need to know.

A "Clean Desk" includes:

- Locking your computer when away from your desk.
- Locking all sensitive information, including Protected Health Information (PHI) and Personally Identifiable Information (PII), when you are away from your desk. You can store your sensitive information in a locking desk, locking file cabinet, or other locking storage utility
- Ensuring file cabinets containing sensitive information are kept closed and locked when not in use or when not attended.
- Not leaving keys used for access to sensitive information on an unattended desk.
- Securing laptop computers or notebook computers by either locking with a cable or locking in a drawer.
- Not leaving passwords on sticky notes posted on or under a computer or leaving passwords written down in an accessible location.
- Immediately removing documents containing sensitive information from printers and fax machines.
- Disposing of sensitive paper by shredding.

All client records must be maintained in a secure, locked file not in view of the general public. All client records must be maintained in a file folder that is organized and readable for review by state and federal agents and their authorized representatives. Client files must not be left in the open so that the public may view the information.

Providers must obtain a completed release of information from each ATR client, for each party to whom information is disclosed. (See *Forms Section of this Manual for the ATR Confidentiality of Alcohol and Drug Abuse Patient Records Form*)

Providers with a voucher agreement with DHS to provide ATR Care Coordination services are required to obtain three personal contacts for each ATR Client and obtain the client's signature for a release of information to each contact to help the provider locate the client to complete the Care Coordination with GPRA Follow-up Interview (see *Forms Section of this Manual for the AR Access to Recovery Collateral Contacts Form*).

Providers should use the unique client identification number assigned by the by the AR WITS System when referring to an ATR client in written communications, including e-mail. All email communication must include the word "Confidential" in the subject line of the e-mail and must include the following statement at the bottom of all email communication regarding this program:

Confidentiality Notice: *The information contained in this e-mail message and any attachments is protected by state and federal laws governing disclosure of private information. It is intended solely for the use of the entity to which this e-mail is addressed. If you are not the intended recipient, you are hereby notified that reading, copying or distributing this transmission is STRICTLY PROHIBITED. The sender has not waived any applicable privilege by sending the accompanying transmission. If you have received this transmission in error, please notify the sender by return e-mail and delete the message and attachments from your system.*

Providers are required to sign a Business Associates Agreement (BAA) as a part of their contract with DBHS. This agreement is specific to Protected Health Information (PHI) and provides for specific requirements for record keeping and access to client information. Failure to comply with the terms of the BAA will result in termination of your contract with DBHS and possible debarment from future contracts with the State of Arkansas.

In addition to the requirements by DBHS/DHS regarding requirements of the Health Insurance Portability and Accountability Act (HIPAA), the federal government recently enacted further legislation, the HITECH ACT. The HITECH Act widens the scope of privacy and security protections available under HIPAA; it increases the potential legal liability for non-compliance; and it provides for more enforcement.

The HITECH Act now applies certain HIPAA provisions directly to business associates.

Business associates are now directly liable for HIPAA violations since they are required to comply with the safeguards contained in the HIPAA Security Rule (SR).

The Act requires business associates to report security breaches to covered entities consistent with the notification requirements. Also, they are now subject to civil and criminal penalties under HIPAA if certain conditions exist. Business associates and providers now share more joint responsibilities than they have previously.

The Department of Health and Human Services (HHS) requires states to conduct periodic audits of covered entities and business associates.

Information regarding HIPAA compliance can be found at the following website:

<http://www.hipaa.state.ar.us>

**ARKANSAS ACCESS TO RECOVERY
PROVIDER CERTIFICATION APPLICATION**

Instructions:

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

**Arkansas Department of Human Services
Division of Behavioral Health Services
4800 West 7th
Little Rock, AR 72205
Attn: ATR Certification Section**

1. Thoroughly complete all sections ***to include attaching all required documentation for each individual who will be providing services under this application as noted on the application.***
2. Return all pages of the application.
3. Retain a copy of the completed application and attachments for your files.
4. Incomplete applications (**including failure to submit all copies of all required documentation for each individual**) will not be processed.
5. Applicants who submit incomplete certification applications will be notified of the additional documents needed. ***Failure to submit these documents within 30 calendar days of request will result in denial of your application.***
6. **If you need any assistance completing this application, please call the ATR Program at 501-682-9900.**

I. Applicant Information:		
<input type="checkbox"/> Applying as an Individual <input type="checkbox"/> Applying as an Organization	Name of Individual/Organization:	
Social Security Number (for Individuals) Tax ID Number (for organizations or incorporated entities)	Indicate the Counties You Are Applying for Certification In: <i>Note for Recovery Support and Substance Abuse Treatment Services you must have a physical location in the county or in an adjacent county .</i> <input type="checkbox"/> Benton <input type="checkbox"/> Craighead <input type="checkbox"/> Crawford <input type="checkbox"/> Faulkner <input type="checkbox"/> Garland <input type="checkbox"/> Independence <input type="checkbox"/> Jefferson <input type="checkbox"/> Lonoke <input type="checkbox"/> Pulaski <input type="checkbox"/> Saline <input type="checkbox"/> Sebastian <input type="checkbox"/> Washington <input type="checkbox"/> White	
Mailing Address (include city, state, zip):	Physical Address (include city, state, zip) for each service location. Attach additional sheet if needed:	
Main Phone Number:	FAX Number:	E-Mail Address:
Organization Director (if applying as an organization):		
Agency Contact Person for ATR Services:		
Contact Phone Number (if different):		
E-Mail Address (if different):		

Provide a brief description of your proposed ATR service delivery. Include any ATR specific populations you are applying to service.
Note: The following information will be included on the ATR Referral Website.

Indicate if you/your organization meets any of the listed accessibility needs:

- Is accessible to persons with disabilities Offers American Sign Language Interpretation
- Offers services in languages other than English List languages: _____
- Has parking available for persons with disabilities

I. Disclosures:

Ark. Code Ann. § 19-11-104(c)(1) prohibits state employees from entering into professional or consultant services contracts with the state. That enactment provides: Except as provided in this subsection, no state agency shall engage in a professional services or consultant services contract with a part-time or full-time employee who occupies a position authorized to be paid from extra help or regular salaries for a state agency, except as provided in § 21-1-403.” (Section 21-1-403 refers to constitutional officers.)

Ark. Code Ann. § 19-4-1604 imposes additional limitations on paying *any* compensation (other than actual expenses) to an employee of another agency, regardless of whether the payment is under a professional or consultant services contract or by any other means.

- I attest that I am not a current state employee and that no one whose credentials are included with this application are currently state employees
- I attest that I have not been employed by a state agency within the last 180 days and do not employ anyone who has been employed by a state agency within the last 180 days.
- I certify under penalty of perjury, to the best of my knowledge and belief, that this statement is true and correct and that all the information included in this application is true and correct to the best of my knowledge and belief.

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

- Yes No

If yes, please explain:

Are you/ your organization or an employee or volunteer facing any pending or threatened litigation?

- Yes No

If yes, please explain:

Have you/your organization or an employee or a volunteer of your organization ever been convicted of a felony, misdemeanor, or placed on the Arkansas Child or Adult Maltreatment Registry?

- Yes No

If yes, please explain:

I. ATR Covered Services: Check the services your organization is applying to provide and attach all copies of all documentation as specified in the "Documentation Requirements" section. Specifically, if you check a box that indicates you have the required education, license, experience or that you meet other requirements, you should attach a copy of the relevant documentation (e.g. copy of license, degree, fire inspection, etc.)		
ATR Covered Services (see Arkansas Access to Recovery Provider Manual <u>Appendix A</u> Service Descriptions, Rates, and Qualifications)	Documentation Requirements (please check ensure that copies of all information that is checked are included in the application packet)	<u>Provider Name(s)</u> Names of individuals who will be providing this service under this application (add additional sheets as necessary-must denote service with the additional names)

<p>*Care Coordination Services Definition: <u>All client interviews/ongoing care coordination are to be conducted on an individual basis ensuring the client's confidentiality at all times. Group interviews in any circumstances are unallowable. Care Coordination Services include the following services:</u></p> <ul style="list-style-type: none"> ●<u>ATR Assessment with GPRA Intake Interview</u> ●<u>ATR On-Going Care Coordination</u> ●<u>ATR Care Coordination with GPRA Discharge Interview</u> ●<u>ATR Care Coordination with GPRA Follow-up Interview</u> ●<u>ATR Care Coordination with Bundled 6 month GPRA and Discharge Interview (to be provided when the GPRA Discharge interview and the 6-month follow up are provided simultaneously).</u> 	<input type="checkbox"/> Bachelor's degree, CADC or Currently pursuing a Bachelor's degree with two years of experience substituting for each year of education needed. AND <input type="checkbox"/> Documentation of experience with SUD clients. AND <input type="checkbox"/> Documentation of training in Motivational Interviewing AND <input type="checkbox"/> Documentation of at least 6 consecutive months prior to date of application *See ATR manual for additional information	NAME(S):
<p>*Brief Intervention SUD Definition: <u>A short-term intervention targeted toward individuals and families that focuses on reduction of risk factors generally associated with the progression of substance use disorders. It is used to motivate the individual to seek the appropriate level of treatment or other intervention, and is accomplished through early identification of persons at risk, performing basic individual assessments and providing supportive services which emphasize short-term counseling and referral.</u></p>	<input type="checkbox"/> Licensed physician (MD, DO) <input type="checkbox"/> APN <input type="checkbox"/> LADAC <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> AADC <input type="checkbox"/> CCDP-D	NAME(S):
<p>* Assessment-SUD Definition: Identifies and evaluates the nature and extent of an individual's use/abuse/addiction to alcohol and/or other drugs and identifies but does not diagnose any existing co-morbid conditions. A standardized substance abuse assessment instrument approved by DBHS (such as Addiction Severity</p>	<input type="checkbox"/> Licensed physician (MD, DO) <input type="checkbox"/> APN <input type="checkbox"/> PA <input type="checkbox"/> LADAC <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> AADC <input type="checkbox"/> CCDP-D	NAME(S):

<p>Index) is used to complete the assessment process which results in the assignment of a diagnostic impression, patient placement recommendation for treatment regimen appropriate to the condition and situation presented by the recipient, and referral into a service or level of care appropriate to effectively treat the identified condition(s).</p>		
<p>*Treatment Planning Design or modification of a specific, individualized treatment plan for the clinical treatment for substance use disorders. The treatment plan is developed in cooperation with the client to deliver specific addiction services to the individual to restore, improve or stabilize the individual's conditions, and must be based on individualized service needs identified in the completed SUD assessment. This plan must include goals for the treatment of identified problems, symptoms, and addiction issues. The plan must identify individuals and treatment teams responsible for treatment, specific treatment modalities prescribed for the individual, and time limitations for service. This may be the initial plan for a client entering treatment, the modification of a plan for a client already in treatment and/or transitioning from one level to another, or a discharge plan that includes recovery check -ups and/or active referrals for recovery support services as needed. It is typically a scheduled service not necessarily delivered in conjunction with other treatment. This service is the "prescription" of treatment services to be provided to a client and their families.</p>	<p><input type="checkbox"/> Licensed physician (MD, DO)</p> <p><input type="checkbox"/> APN</p> <p><input type="checkbox"/> PA</p> <p><input type="checkbox"/> LADAC</p> <p><input type="checkbox"/> Licensed Psychologist</p> <p><input type="checkbox"/> AADC</p> <p><input type="checkbox"/>CCDP-D</p>	<p>NAME(S):</p>
<p>*Pharmacological Interventions Includes face-to-face medication assessment, prescription, use and review of medications to stabilize a client's substance abuse and/or co-occurring mental health disorder. This service is limited to the prescribing of psychotropic medications and those medications necessary to treat addiction-related medical conditions and medication assisted addiction treatment.</p>	<p><input type="checkbox"/> Licensed physician (MD, DO)</p> <p><input type="checkbox"/> Licensed Advanced Practice Nurse with prescriptive authority</p> <p><input type="checkbox"/> Licensed Physician's Assistance under the supervision of a physician licensed in the State of AR</p>	<p>NAME(S):</p>
<p>*Individual Counseling-SUD Face-to-face, one-to-one, therapeutic interaction between a provider and client necessary to initiate and support the rehabilitation effort, orient the recipient to the treatment process, develop the ongoing treatment plan, augment the treatment process, intervene in a problem area, contingency management, prevent a relapse</p>	<p><input type="checkbox"/> Licensed physician (MD, DO)</p> <p><input type="checkbox"/> APN</p> <p><input type="checkbox"/> LADAC</p> <p><input type="checkbox"/> Licensed Psychologist</p> <p><input type="checkbox"/> AADC</p> <p><input type="checkbox"/>CCDP-D</p>	<p>NAME(S):</p>

situation, continuing care or providing ongoing psychotherapy as directed by the recipient's needs.		
<p>*Group Counseling – SUD Face-to-face therapeutic interventions provided to a group of 2-12 clients on a regularly scheduled basis to improve beneficiaries' capacity to deal with problems that are a result of and/or contribute to substance abuse. The professional uses the emotional interactions of the group's members to assist them in implementing each beneficiary's master treatment plan, orient the beneficiary to the treatment process, support the rehabilitation effort, and to minimize relapse. Services are to be congruent with age, strengths, needed accommodation for any disability, and cultural framework of recipient and his/her family.</p>	<input type="checkbox"/> Licensed physician (MD, DO) <input type="checkbox"/> APN <input type="checkbox"/> LADAC <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> AADC <input type="checkbox"/> CCDP-D	NAME(S):
<p>Individual Relapse Prevention Services Educational services provided to assist client in identifying their current stage of recovery and establishing a recovery plan, including acute and post-treatment services to identify and manage relapse warning signs. These services can be provided as stand-alone services or within any substance abuse treatment setting (outpatient, residential, detox, etc.)</p>	<input type="checkbox"/> LADAC <input type="checkbox"/> AADC <input type="checkbox"/> CCDP-D <input type="checkbox"/> CADC <input type="checkbox"/> CIT (Counselor in Training) under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> CPS (Certified Prevention Specialist) under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> CPC (Certified Prevention Consultant) under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> MHP or MHPP under the supervision of an LADAC, AADC or CCDP-D	NAME(S):
<p>Group Relapse Prevention Services Planned program of instruction provided to 2-15 clients, designed to assist individuals in drug abuse prevention, relapse, and/or treatment. This service can be provided as a stand-alone service or within any substance use disorder treatment setting.</p>	<input type="checkbox"/> LADAC <input type="checkbox"/> AADC <input type="checkbox"/> CCDP-D <input type="checkbox"/> CADC <input type="checkbox"/> CIT under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> CPS under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> CPC under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> MHP or MHPP under the supervision of an LADAC, AADC or CCDP-D	NAME(S):
<p>Alcohol/Drug Testing Laboratory testing to collect and analyze urine, blood, saliva, or breath to determine evidence of tobacco, alcohol, and/or illicit drug use.</p>	*See ATR manual for additional information.	NAME(S):

<p>Family/Couples Education Group—SUD Face-to-face interaction between at least 2 clients and their family members/significant others to assist the whole family in identifying the client's current stage of recovery and orienting the members to the processes associated with long-term recovery, including acute and post-treatment services to identify and manage relapse warning signs and promote successful community integration.</p>	<input type="checkbox"/> LADAC <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> AADC <input type="checkbox"/> CCDP-D <input type="checkbox"/> CADC <input type="checkbox"/> CIT under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> CPS under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> CPC under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> MHP or MHPP under the supervision of an LADAC, AADC or CCDP-D	NAME(S):
<p>*Family/Marriage Group Counseling Face-to-face therapeutic intervention between at least 2 clients and a maximum of 9 clients and their family members/significant others to enhance family members' insight into family interactions, facilitate inter-family emotional and practical support and develop alternative strategies to address family issues, problems, and needs. Group is designed to support the rehabilitative and recovery effort and must be prescribed in the treatment plan to address familial problem or need and to achieve goals or objectives specific in the treatment plan.</p>	<input type="checkbox"/> Licensed physician (MD, DO) <input type="checkbox"/> APN <input type="checkbox"/> LADAC <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> AADC <input type="checkbox"/> CCDP-D	NAME(S):
<p>*Multi-person Family Education (Individual Family) Face-to-face interaction with a client and his/her family members / significant others designed to assist the family in identifying the client's current stage of recovery and orienting the members to the processes associated with long-term recovery, including acute and post-treatment services to identify and manage relapse warning signs and promote successful community integration.</p>	<input type="checkbox"/> LADAC <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> AADC <input type="checkbox"/> CCDP-D <input type="checkbox"/> CADC <input type="checkbox"/> CIT under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> CPS under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> CPC under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> MHP or MHPP under the supervision of an LADAC, AADC or CCDP-D	NAME(S):
<p>*Family/Marriage Counseling Face to face treatment provided to more than one member of a family simultaneously in the same session or treatment with an individual family member (i.e. spouse or single parent) that is specifically related to achieving goals identified on the recipients' master treatment plan. The identified recipient must be present for the service. Services are to be congruent with the age, strengths, needed</p>	<input type="checkbox"/> Licensed physician (MD, DO) <input type="checkbox"/> APN <input type="checkbox"/> LADAC <input type="checkbox"/> AADC <input type="checkbox"/> CCDP-D	NAME(S):

<p>accommodations for disability and cultural framework of the recipient and his/her family. These services are to be utilized to identify and address marital/family dynamics and improve/strengthen marital/family interactions and functioning in relationship to the recipient, the recipient's condition and the condition's impact on the marital/family relationship.</p>		
<p>Recovery Check-Up Telephone assessment of a client's current stage of recovery post-discharge from an acute care program and their compliance with a therapeutic, individualized recovery management plan. This service is performed in collaboration with recovery care coordinator to insure appropriate needs are identified and to facilitate linkages with local recovery support services. This service may include progress monitoring and re-adjustment of the individualized recovery plan as indicated by individual circumstances.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> LADAC <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> AADC <input type="checkbox"/> CCDP-D <input type="checkbox"/> CADC <input type="checkbox"/> CIT under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> CPS under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> CPC under the supervision of an LADC, AADC, or CCDP-D <input type="checkbox"/> MHP or MHPP under the supervision of an LADAC, AADC or CCDP-D 	<p>NAME(S):</p>
<p>Continuing Care Counseling An organized service which provides on-going supportive counseling for individuals who have completed substance abuse treatment. This service cannot be provided in conjunction with Life Skills Coaching, Recovery Peer Coaching or Recovery Calls.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Licensed physician (MD, DO) <input type="checkbox"/> APN <input type="checkbox"/> LADAC <input type="checkbox"/> AADC <input type="checkbox"/> CCDP-D 	<p>NAME(S):</p>
<p>Residential Treatment An organized service provided by a licensed treatment program which provides a 24-hour live-in, seven-day-a-week substance abuse treatment program providing a structured recovery environment to support recovery from substance use disorders. This service may be provided to an adult or to a woman in treatment with children.</p>	<p>Copy of current DBHS Residential Alcohol and Drug Abuse Treatment License.</p>	<p>NAME(S):</p>

<p>Other Educational Services Group Addresses activities of daily living such as budgeting, financial management, time management, interpersonal relations parenting, household management, anger management, and other issues that directly link to an individual’s recovery plan but are not covered under other identified Recovery Support Services and may be provided in an office or community setting to assist the individual in community integration and sustaining recovery management. This service would include at least two and no more than 12 ATR clients.</p> <ul style="list-style-type: none"> ● Employment Readiness/Training Services Resources provided in recovery to assist in finding, improving and sustaining employment and can include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, resume writing, interviewing skills and tips for retaining employment. Other services could include training in a specific skill or vocational assessment and job referral. May include assisting the client in completing requirements prior to employment such as background checks or drug tests and assessments. ● Housing Support Services Services include helping clients/families in locating and securing affordable and safe housing, accessing a housing referral service, relocation services, tenant/landlord counseling, repair mediation and other identified housing needs. ● Educational and Remediation Services Supported education services may include academic counseling, assistance with academic and financial applications, and aptitude and achievement testing to assist in planning educational services and support, including for GED and college education. Services also include vocational training and education through structured sessions focusing on increasing, expanding or stabilizing the education skills of an individual. These sessions could include tutoring and other structured classes designed to present information in a group setting. ● Parenting/Child Development Education Services Services provided in a group or experiential setting that involves clients and their family members and facilitates the instruction of promising practices or evidence-based parenting or child development knowledge 	<p>*See ATR manual for additional information.</p>	<p>NAME(S):</p>
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<p>and skills. Services may include teaching, monitoring, and modeling appropriate discipline strategies and techniques, providing information and advocacy on child development, age appropriate needs and expectations, and may include parent groups and other related services.</p> <ul style="list-style-type: none"> • Financial Management/Credit Counseling Services provided by organizations that help consumers find ways to prevent overspending or repay their debt - through careful budgeting and management of money and including establishment of checking and savings account as appropriate. 		
<p>Medical/Dental Screening Screening and referral as needed, for primary and specialty medical or dental care. Includes screening for infectious diseases (e.g., HIV, hepatitis B and C, tuberculosis, STDs), conditions commonly associated with addiction (e.g., liver, cardiovascular disease, dental disease); and reproductive and pediatric health care needs.</p>	*See ATR manual for additional information.	NAME(S):
<p>Medical/Dental Services Assessment/Treatment/Re-assessment of physical or dental health care needs to address health status, illness, injury, pain, or infection.</p>	<input type="checkbox"/> Licensed physician (MD, DO) <input type="checkbox"/> APN <input type="checkbox"/> PA <input type="checkbox"/> DDS	NAME(S):
<p>Psychiatric Evaluation Service to a client assessed with a substance use disorder when the client screens positive for or otherwise demonstrates need for clinical assessment for co-occurring mental health disorder.</p>	<input type="checkbox"/> Licensed Psychiatrist <input type="checkbox"/> Licensed physician (MD, DO) <input type="checkbox"/> APN	NAME(S):
<p>Psychological Testing Evaluation to assess a client with substance use disorder for co-occurring mental health or learning disorders. This includes administration, scoring, and interpretation of psychological tests developed and standardized to assist in identifying intellectual functioning, academic ability, social judgment, and personality traits to assist in accurate diagnosis and treatment based upon an individual client's ability.</p>	<input type="checkbox"/> Licensed Psychologist (LP) <input type="checkbox"/> LPE-I <input type="checkbox"/> LPE	NAME(S):
<p>Mental Health Therapy Services Face-to-face therapy to address mental health issues that might impact the client's life and recovery, using evidence-based approaches.. The most frequent disorders are mood and personality disorders—often associated with trauma histories and PTSD.</p>	<input type="checkbox"/> Licensed physician (MD) <input type="checkbox"/> APN <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> CCDP-D <input type="checkbox"/> LPC <input type="checkbox"/> LCSW <input type="checkbox"/> LMFT	NAME(S):

	<input type="checkbox"/> LPE-i <input type="checkbox"/> LAC with supervision <input type="checkbox"/> LMSW with supervision <input type="checkbox"/> LPE with supervision	
Health Care Education—Group Group education to address prevention and wellness, generally or regarding specific conditions such as HIV, STDs, Hepatitis, Reproductive Health Care, Tobacco Use Cessation, Child Health Supervision, Obesity, Physical Activity, etc.	<input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> LADC <input type="checkbox"/> AADC <input type="checkbox"/> CCDP-D <input type="checkbox"/> CADC <input type="checkbox"/> CPC under supervision of LADAC, AACDC or CCDP-D <input type="checkbox"/> CPS under supervision of LADAC, AACDC or CCDP-D <input type="checkbox"/> CIT under supervision of LADAC, AACDC or CCDP-D	NAME(S):
Child Care Includes care and supervision provided to a client's child (ren) less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment/recovery support activities. If ATR client is not present in building, services must be provided in a licensed child care center or school (before/day/after care) program meeting state Quality Afterschool and School-Age Programs standards--on or off-site. Client must provide evidence of application for and denial or waiting list status for state child care vouchers when a licensed child care facility is used. Staff to child ratios should be: 1:3-4 for infants under 18 months of age; 1:6-7 for toddlers 18-36 months of age; 1:8-9 for children 36-60 months of age	*See ATR manual for additional information. Copy of Current Child Care License OR Required Documentation for Non-Licensed Facility	NAME(S):
Supportive, Transitional, Drug-Free Housing Includes financial assistance for transitional housing, recovery living centers or homes, supported independent living, sober housing, short-term and emergency or temporary housing, and other housing providing for safe, clean, and sober living environments for adults or families with substance use disorders. Lengths of stay may vary.	*See ATR manual for additional information.	NAME(S):
Alcohol and Drug-Free Recreational/Fitness Activities Long-term recovery demands an adjustment and resolution balance between work, sleep, recovery activities, leisure activities, and relationships. Identifying healthy and	*See ATR manual for addition information.	NAME(S):

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

<p>continuum of change that constitutes the recovery process. Services may precede formal treatment, strengthening a peer's motivation for change; accompany treatment, providing a community connection during treatment; follow treatment, supporting relapse prevention; and be delivered apart from treatment to someone who cannot enter the formal treatment system or chooses not to do so. Such peer support expands the capacity of formal treatment systems by promoting the initiation of recovery, reducing relapse, and intervening early when relapse occurs.</p> <p>Peer coaches or mentors must be experientially qualified, having experienced recovery themselves or with a family member or significant other, and be employed by or have a formalized volunteer relationship with the provider.</p>		
<p>Spiritual Support Face-to-face counseling or spiritual guidance with the client to address spiritual issues that negatively impact recovery or that can support recovery, including, establishing/re-establishing a relationship with a higher power, acquiring skills to cope with life changing incidents, adopting positive values/principles, identifying a sense of purpose/mission for one's life, achieving serenity/peace of mind, responsible decision-making, social engagement and family responsibility.</p> <p>Faith-based services include those provided to clients and using spiritual resources designed to help persons in recovery to integrate better their faith and recovery. Such services are usually provided in a religious or spiritual setting by spiritual leaders or other staff who are knowledgeable about the spiritual values of the community and are equipped to assist individuals in finding spirituality. Services include, but are not limited to, social support and community-engagement services, faith, or spiritual based activities to assist clients with drawing on the resources of their faith tradition and community to support their recovery; mentoring and role modeling; and pastoral or spiritual counseling and guidance.</p>	<p><input type="checkbox"/> Currently ordained, commissioned or licensed as a minister or equivalent, pastor, bishop, deacon, evangelist, rabbi, imam or other ministerial status according to the procedures followed by a particular faith or denomination</p> <p><input type="checkbox"/> An individual with 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</p> <p><input type="checkbox"/> An individual that meets traditional and recognized standards of a Native American Tribal community and have an endorsement from that tribal community</p> <p><input type="checkbox"/> A Master's level professional license at the independent level of practice with documented experience and/or education in spiritual counseling, and employed by a mental health clinic, group or individual private practice, hospital or licensed substance abuse program.</p> <p>*See ATR manual for additional information.</p>	<p>NAME(S):</p>

<p>Supplemental Needs Assistance provided to ATR client to meet tangible needs that support their recovery. These supplemental needs are determined by the client in collaboration with their care coordinator and must be approved by the care coordinator. The care coordinator enters the voucher for Supplemental Needs and the Supplemental Needs provider pays for the item or service directly, consistent with the voucher(s), obtains a receipt documenting payment, and enters the encounter in the VMS for reimbursement payment. Supplemental Needs can include but are not limited to:</p> <ul style="list-style-type: none"> ●Clothing/Hygiene Products This service includes clothing vouchers to be used for obtaining clothing for employment, education, and other recovery-related needs. Hygiene products related to daily needs, including soap, shampoo, toothpaste, deodorant, shaving needs, feminine hygiene products, and dental products. This service does not include perfume, cologne, nail polish, nail polish remover, make-up, hair color, electric razors, cleaning supplies or other purchases as designated by the care coordinator. Products containing alcohol are strongly discouraged. ●Education Assistance provided to clients for the purpose of completing or continuing education, such as for GED coursework and testing, English as a second language (ESL) classes, or educational materials, books, supplies and tuition at a secondary educational institution. ●Psychotropic Medication Assistance provided to clients to purchase a 30 day supply of prescription psychotropic medications. Documentation of medication prescription and/or pharmacy receipt indicating prescription should be maintained in the client file. ●Utility Assistance Assistance provided to clients for the purpose of past due utility assistance or deposits that assist in establishing or maintaining their residence. Client must have documentation of denial from other sources for utility assistance and documentation of utility bill and attempted payment plan. Utility Assistance can be used for past due bills that are interfering in the client’s ability to obtain housing. Utility bills must be in the ATR client’s 	<p><input type="checkbox"/> Certification statement that the provider is an established organization with the financial supports to pay for supplemental needs services at time of delivery with reimbursement by ATR voucher. Statement must be signed by the organization’s board chairman, president, CEO, COO, or designee.</p> <p>*See ATR manual for additional information.</p>	<p>NAME(S):</p>
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<p>name.</p> <p>●Wellness Assistance provided to clients for the purchase of items or services that support improved health. This may include an eye exam or the purchase of eye glasses/contact lenses, fitness memberships (including family memberships), smoking cessation, or nutritional counseling. Restorative Dental Care Restorative dental care encompasses the process of restoring missing, damaged, or diseased teeth to normal form and function, performed by general dentists (Client must be enrolled in ATR at least 60 days prior to restorative dental care voucher).</p> <p>●Co-Pays Out-of-pocket fees assessed to clients up to 200% of the Federal Poverty Level for substance use disorder treatment services or for psychotropic medications or medication assisted treatment.</p> <p>●Other Needs Other instrumental needs determined by care coordinator and client such as food, assistance with legal expenses, mileage at state rate for transportation to ATR appointment by family member or other individual, automobile repair/battery/etc., or other recovery support needs as reflected in recovery care plan and approved by care coordinator.</p>		
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Information System Requirements in order to be certified and enter into a voucher agreement/contract:
 By my signature I certify that I/my organization has systems capability to run Windows XP, Windows 7, or Windows VISTA; AND Internet Explorer 6 or Internet Explorer 7 ; AND have screen resolution of 1024x768 or higher.

Signature _____
Date

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

Upon approval of your application and issuance of your certification, DBHS will issue a Voucher Agreement (contract) for the provision of the services you are certified to provide. The duties, rights and obligations of the parties to this agreement shall be governed by the Voucher Agreement and its attachments. Approval of your application DOES NOT imply that you have a Voucher Agreement (contract) with DBHS to provide services. Services SHOULD NOT be initiated until your Voucher Agreement has been approved and signed by DBHS and you are entered on the ATR Website and can be offered as a choice of providers. Any services

provided PRIOR to an approved, signed Voucher agreement by both parties (provider and DBHS) will not be reimbursed.

By signing below, I certify that the information provided in this application and attachments, is correct and true to my knowledge and that I have the authority to submit this application on behalf of me/my organization.

Signature of Authorized Representative

Title

Date

For DBHS Use Only

Date Application Received: _____

Certification Determination: Approved Denied

Reason:

ATR Certification Representative: _____ Date: _____

ATR CARE COORDINATION

SERVICES INFORMATION

Care Coordination Procedures

All ATR clients receive Care Coordination, the central service around which AR ATR program is organized. Care Coordination providers establish and maintain relationships with ATR clients over time and assist clients in identifying and accessing services. Admission caps for Care Coordination Services support overall project management. A client admission cap is established by DBHS and may be adjusted as determined by a variety of factors including total project clients, available funding, and provider performance, e.g. GPRA follow-up rates. A limit of 50 active clients per care coordinator is in effect.

Client Referral

Potential clients with a documented SUD access ATR services through the ATR referral website. Care Coordinators must contact any client referred to them within two (2) working days of the referral. Referrals are assigned a unique number by the system and that number must be used when determining the client's eligibility for services and entering the client into the WITS system. If a care coordinator receives a referral by any other means than the ATR Referral Website, it is the responsibility of Care Coordinator to enter valid information in cooperation with the potential ATR client into the ATR referral website in order to be assigned an ATR referral number.

Eligibility Determination

It is the care coordinators responsibility to determine a client's eligibility for ATR services. Clients must complete and sign the ATR Client Eligibility Form (See Forms Section) and the Care Coordinator will determine eligibility based on all of the five eligibility criteria:

1. Have an existing SUD determined by using a standardized alcohol and drug abuse screening tool; **and**
2. Reside in one of the 13 covered counties (Benton, Craighead, Crawford, Faulkner, Garland, Independence, Jefferson, Lonoke, Pulaski, Saline, Sebastian, Washington, or White);* **and**
3. Be 18 years of age or older; **and**
4. Gross income at or below 200% of the Federal Poverty Level; **and**
5. Be a member of **one** of the following populations:

- 1-3 Driving Under the influence (DUI) or Driving While Intoxicated (DWI) convictions within the last 18-24 months, with the most recent conviction within the past six (6) months (**Note: Does not include drug possession charges**); or
- Pregnant women with SUD; or
- Combat Veteran (National Guard/Reserves/Active Duty); or
- A custodial parent or custodial family member involved or at-risk of involvement with the DHS Division of Children and Family Services (DCFS) or Division of Youth Services (DYS),

AR ATR reserves the right to approve exceptions to the eligibility criteria on a case by case basis. All exceptions must be submitted in advance in writing using the approved Eligibility Exception Request Form (see Forms Section of this Manual). A written response will be provided within three (3) working days of the request. No services, including care coordination, may be provided prior to receiving written approval.

Note: A client must be a resident of one of the 13 covered counties but may choose to relocate to one of the other covered counties in order to receive residential treatment or drug-free supportive transitional housing services.

The Care Coordinator will certify whether or not the client is eligible by completing the bottom section of the Eligibility Form and sign.

Once eligibility is established, the Care Coordinator will provide the client with a copy of the, ATR Brochure, the ATR Information and Rights form. The client will document receipt of the form by his certification signature on the Eligibility Determination Form.

The Care Coordinator will maintain documentation of the information used to determine eligibility in the client's file for review by DBHS and/or its authorized representatives.

ATR Admission Procedures

Once eligibility is determined, the Care Coordinator shall complete the following steps:

- Complete GPR, Arkansas questions, RSS Questionnaire, collateral contacts form, and client confidentiality disclosure form (See Forms Section) and enters the client's information into the AR WITS System. Until all information is entered into the system to include the GPR, RSS, and Arkansas questions, a Care Coordinator may NOT bill for an intake.
- Issues themselves or their agency a Voucher in the AR WITS System for Care Coordination Services
- In conjunction with the client, develop a Recovery Support Plan using the client determined services identified through the RSS Questionnaire. The Recovery Support Plan is a living document that must be reviewed and modified based on the individual client's needs and choices as a result of the Care Coordinator's monthly contact with the client. The plan must include all services

needed to support the client's recovery (regardless of funding source), the name of the provider selected for each service, and the funding source to be accessed.

Note: Care Coordinators may use the ATR Recovery Support Plan (See Forms Section) or one already being used. If the ATR Recovery Support Plan is not used, the Care Coordinator must ensure that all elements of the ATR Recovery Support Plan are included in the plan format used or it will not be acceptable for this program.

- Purchases a \$15 gift card to be used as an incentive for client participation at the 6-month GPRA Follow-Up Interview (gift card will be maintained in the client's file until the client completes the 6-Month GPRA Follow-up Interview). The cost of the gift card is included as a part of the Initial Intake reimbursement.
- The Care Coordinator reviews the care coordination services process and schedules the next monthly Care Coordination contact.

Care Coordination and Determining Funding Sources

While client choice is a core principle of ATR, ATR funding is not an entitlement. Length or participation and service provision (including care coordination services) is determined by need and availability of funding. Care coordination is the most important service that clients receive, and vouchers for care coordination services will typically use a large portion of the clients' voucher budget. Therefore, it is essential that all Care Coordination providers understand that their role is to connect clients to an array of resources needed to support their plans for recovery and be knowledgeable of all the available services and resources in their area and determine the appropriate source of service delivery, whether the service is available without cost, provided through traditional Medicaid programs, the Substance Abuse Treatment Services (SATS) Medicaid program, AR Kids First, private insurance, community resources, state or federal funds, or the ATR Program.

Once services, providers, and funding sources are identified, the Care Coordinator shall make all referrals as determined by the Recovery Support Plan (See Forms Section of this Manual). Appropriate use of funding will be monitored by DBHS and should providers use ATR funding prior to other funding sources being exhausted, DBHS will notify the provider and the provider will be required to refund the ATR funds received.

The Care Coordinator will provide the client with the Client Choice Form (See Forms Section of this Manual) for their completion to include choice of Care Coordinator services and Recovery Support/Substance Abuse Treatment Services. A copy of the form will be retained in the client record for review by DBHS.

Process For Utilizing ATR Funded Services:

- If ATR funds are to be accessed, the Care Coordinator shall provide a list of the ATR providers and covered services by accessing the website at <http://www.humanservices.arkansas.gov/dbhs/pages/AcessToRecovery.aspx> . The client determines which services are to be provided under ATR. The Care Coordinator offers choice of service providers.

- The Care Coordinator contacts the service provider to confirm what funding source will be used and the provider’s ability to accept the client
- The Care Coordinator issues voucher(s) based on client’s selection of service providers
- The Care Coordinator issues/re-issues vouchers based on monthly contact and determination of continuing service needs
- The Care Coordinator completes the GPRA 6-month follow-up and issues the gift card to the client. The Client must sign the Receipt Form which must be maintained in the client’s file (See Forms Section this Manual).
- The Care Coordinator discharges the client in AR WITS based on completion of recovery support plan goals/objectives or exhausting ATR funding.
- The ATR Care Coordinator should schedule the Care Coordination with GPRA Follow-up Interview during the ATR Admission session.

Care Coordination Monthly Contacts

The Care Coordinator conducts monthly face-to-face or telephone contacts to determine whether the clients’ recovery needs are being met and updates contact information, using the Monthly Contact Form (See Forms Section of this Manual) and enters encounter information in AR WITS within 5 days of the encounter. Copies of all Monthly Contact Forms must be maintained in the client’s file for review by DBHS and/or its authorized representatives. **Monthly Contact services may not be billed unless contact is made directly with the client.**

Care Coordinators must provide a summary to the client of the process you will use when conducting Monthly Contact Calls (purpose, use of tool, goals, how often and long calls will be made.).

GPRA Data Collection Requirements

Care Coordinators must meet **face-to-face** with their ATR clients to collect and submit required GPRA (Intake, Six-Month Follow-up, Discharge). These interviews are required by the funding agency and are essential to the ATR project. Paper copies of the initial GPRA Intake and the 6-Month GPRA Follow-up will be maintained in the client’s file for review by DBHS and/or its authorized representatives.

The required interviews are described below, and detailed instructions can be found in the Arkansas ATR GPRA Manual for Care Coordinators. During the initial three-day required training for care coordinators, all Care Coordinators will receive detailed training on the GPRA Data Collection Requirements, the AR WITS voucher and data management system, as well as tips and tools for successful interviews. (See *Arkansas Access to Recovery-GPRA Follow-Up Strategies* at the end of this Section).

1. GPRA Intake

GPRA intake information is completed during the face-to-face ATR care coordination session that initiates admission to the ATR project. This interview must be conducted on an individual basis ensuring the client's confidentiality. Group interviews are unallowable. The client's responses to the interview questions will be entered into the AR WITS System by the Care Coordinator either at the time of the interview or within seven (7) calendar days of the interview. A Care Coordinator **MAY NOT** bill for the GPRA Intake unless all the documentation is entered into the WITS system.

2. GPRA Discharge

GPRA discharge information is completed during a face-to-face Care Coordination session conducted on the date of discharge from the ATR project. The client's responses to the interview questions will be entered into the AR ATR VMS system either at the time of the interview or within seven (7) days of the If an ATR client does not present on the scheduled day of discharge, the provider should arrange to meet with the client to complete the GPRA Discharge Interview within fourteen (14) calendar days.

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

If the Care Coordination with GPRA Discharge Interview cannot be completed within fourteen (14) calendar days of the discharge date, the provider should submit an Administrative Discharge by completing sections A, J, and K of the GPRA tool.

In the event a GPRA Discharge Interview occurs prior to completion of the GPRA Follow-up Interview, the Care Coordination provider is still required to locate the client to complete the GPRA Follow-up Interview.

If the GPRA Discharge Interview cannot be conducted face-to-face, the Care Coordinator must submit a request in writing to the ATR GPRA Specialists detailing why the interview cannot be conducted face-to-face. The GPRA Specialists will review the request and provide a written response within two working days of the request. Interviews other than face-to-face **shall not** be conducted without prior written approval.

3. GPRA 6 Month Follow-up

The GPRA 6 Month Follow-up interview is scheduled for six (6) months after the date of intake. However, the actual interview can be conducted up to one month before, and up to two months after this date. That is, between five and eight months after the date of the client's admission to the ATR project. GPRA 6 Month Follow Up Interviews must be face-to-face with the client. The client's responses to the interview questions will be entered into the AR ATR VMS system either at the time of the interview or within seven (7) calendar days of the interview (if the interview was completed on paper rather than electronically). A Care Coordinator **MAY NOT** bill for the GPRA 6-Month Follow-Up unless all the documentation is entered into the WITS system.

If the GPRA Discharge Interview cannot be conducted face-to-face, the Care Coordinator must submit a request in writing to the Resource Support Services Coordinator detailing why the interview cannot be conducted face-to-face. The Resource Support Service Coordinator will review the request and provide a written response within two working days of the request. Interviews other than face-to-face **shall not** be conducted without prior written approval.

- ***Follow-up is a key requirement of the ATR grant.***
- ***Providers must maintain a minimum GPRA follow-up rate of 80%. Should a provider's rate fall below the mandatory 80%, the provider will be required to participate in mandatory technical assistance (TA) and submit a written Corrective Action Plan (CAP) to be approved and monitored by the ATR Administrative Team. (See Forms Section for CAP format)***

NOTE: 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 6-Month Follow-up Interview must still be completed within the required timeframes. If the GPRA Follow-up Interview occurs at the same time as the Discharge Interview, the AR ATR WITS system will only require you to enter the data once. In the event a client dies prior to the due date for the GPRA 6-Month Follow-Up, the care coordinator must notify the ATR GPRA Specialists in writing and provide a copy of either an obituary or a copy of the death certificate.

Changes in Care Coordination or Direct Service Providers

If a client requests a change in service provider, the Care Coordinator must cancel the current voucher, offer choice of new provider, determine funding source to pay for the service and, if ATR funds are to be used, issue a voucher for the new provider.

If a client requests change in care coordinator, the client must be offered choice of care coordinators. Care coordinator must turn over copies of the complete client record to include copies of all vouchers and the gift card (to be used at the 6 month GPRA Follow-Up) and attend transition conference with the client and the new care coordinator in order to ensure a smooth transition and no interruption in services.

It is the responsibility of the Care Coordination services provider to facilitate the client-selected referral, including contacting the provider to coordinate care. The Care Coordinator shall monitor vouchers issued and acceptance/rejection of vouchers regularly. If the voucher has not been accepted or rejected within the required two working days, the Care Coordinator shall contact the provider to determine the status.

Gift Cards

If a client does not participate/complete the 6 Month GPRA Follow-Up, the care coordinator will return the gift card to the ATR Project Director at Partners for Inclusive Communities, 2001 Pershing Circle, Suite 300, North

Little Rock, AR 72114. The ATR Project Director will complete, sign and return the gift card receipt for the care coordinator's records.

Care Coordination Documentation Requirements

In addition to all other documentation requirements, Care Coordinator Service Providers must:

1. Maintain all eligibility determination documentation in the client file.
2. Maintain the paper copies of the Initial GPRA Intake and GPRA 6-Month Follow-up Interview
3. Maintain documentation of referrals for non-ATR services as specified in the Recovery Support Services Plan
4. Ensure each client signs all ATR forms for which a signature is required.
5. Maintain documentation of all estimates and/or purchases from a recognized vendor, which must be on company letterhead, signed and dated by vendor and include vendor phone number and address.
6. Document any case of misuse or inappropriate use of ATR funds, including actions taken.
7. Document satisfaction survey distribution.
8. Document the distribution, including method of delivery, of incentive gift cards to the client or designee using the 6 Month GPRA Follow-Up Gift Card Receipt Form (See *Forms Section* of this Manual).

Voucher Process

Following the ATR Assessment with GPRA Intake Interview with the client, the Care Coordination services provider enters the referral/voucher into the AR WITS System for client selected services if they are to be funded by ATR and for future care coordination visits. The Care Coordinator may enter additional referral/vouchers or update the current voucher at a later date for ATR funded services identified with the client through on-going care coordination services.

When a referral/voucher is entered, the AR WITS System sends an electronic notification to the recovery support services and/or substance abuse treatment services provider who can choose to accept/ reject the referral. If the referral is accepted, the recovery support service and/or substance abuse treatment service provider will also need to accept the voucher. If the client is rejected, there will not be an option to accept/reject voucher. It is the responsibility of the recovery support services/substance abuse treatment services provider to monitor referrals/vouchers in the system. *Recovery support services providers must accept or reject referrals/vouchers issued to them within two (2) working days.* If rejected, the provider should indicate the reason for the rejection in the AR WITS System. If a service is unavailable at the time and **the client agrees to be placed on a waiting list**, the recovery support services provider will contact the care coordinator to advise.

It is the responsibility of the Care Coordination services provider to facilitate the client-selected referral, including contacting the provider to coordinate care. The Care Coordinator shall monitor referrals/vouchers issued and acceptance/rejection of referrals/vouchers regularly. *If the referral/voucher has not been accepted or rejected within the required two working days, the Care Coordinator shall contact the provider to determine the status.*

Vouchers must specify selected ATR covered services, the number of units for each vouchered service and the start and end dates (date range) of the voucher. ATR care coordination services providers may extend the voucher prior to the voucher end date, based on on-going discussion with the client and client choice. The initial voucher is valid for forty-five (45) days. Any voucher not used after thirty (30) days will be closed.

For any voucher that would put total expenditures for a specific ATR client at more than the established annual cap, the Care Coordinator must request prior approval in advance by submitting an Services Exception Request Form (See Forms Section of this Manual). A written response will be provided to the Care Coordinator within five (5) working days.

Residential Treatment services require prior written authorization before services can be vouchered. Care Coordinators must submit an ATR Services Exception Request form (to include a copy of the client's Recovery Support Plan) in advance of issuing a voucher and a copy must be retained in the Residential Treatment provider's file for review by DBHS and/or its authorized representative. Residential Treatment through the ATR program will only be authorized if all other funding sources are exhausted.

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

***GENERAL INFORMATION FOR
ALL ATR PROVIDERS***

FINAL

Encounters (Service Delivery Documentation and Billing)

The AR WITS System is an Electronic Medical Records System (EMR). Each certified independent provider or employees of certified organizations is assigned an ID and password in the AR WITS system. System security requires each individual facilitator/provider of services to log into the AR WITS system and enter their own encounters for each client and each service provided. The logon electronically signs the encounter note in the AR WITS System. It is unallowable for anyone to share their logon information or to enter encounters for someone else. Violation of this security procedure will place the provider's voucher agreement in jeopardy.

Providers (care coordination services/recovery support services/substance abuse treatment services) must document provision of ATR covered services. The documentation includes but is not limited to entering encounter information into the AR WITS System.

Note: Provider failure to follow the processes and requirements outlined below may result in delayed or denied payment or may jeopardize a provider's voucher agreement (contract). All books, records and other documents relating to ATR expenditures, services rendered or individuals served under the ATR contract for five (5) years from the date the contract expires. If an audit or investigation is pending at the end of the five year period, information must be retained until resolution of the audit, investigation. Service delivery documentation must be maintained for a period of six (6) years.

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

- Each ATR covered service provided must be consistent with the voucher in the AR WITS system.
- Each ATR covered service provided must be documented in the AR WITS system and the provider's record system.
- An encounter must be entered into AR WITS for each ATR covered service provided. Services shall not be entered in date spans. Each individual service must be entered separately. The only exception to this rule is in the case of residential treatment and supportive transitional housing. Encounters for these services may be entered in weekly units with a maximum of seven (7) units per encounter.
- Each encounter must be entered into AR WITS within five (5) calendar days of the date the ATR covered service was provided.
- Each encounter entered into the AR WITS must be consistent with the voucher and with documentation in the provider's record system.
- For all encounters entered in the AR WITS system, the provider must enter a comment. If the provider is maintaining paper documentation, the comment must refer to the location of the notes for that encounter. If the provider is maintaining documentation in the AR WITS, the comment must contain all of the information required as specified in the Documentation Requirements Section of this Manual. For residential and transitional housing services, the comment must specify the dates covered by the

encounter (e.g., 10/1/11-10/7/11 for residential treatment or supportive transitional housing; 10/1/11-10/1/11 for all other services).

ATR Documentation Requirements

Providers shall:

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 AR WITS System.
3. Maintain documentation of receipts which detail all items purchased pertaining to specific funds expended (e.g. supplemental needs purchases). Document psychotropic medications detailing name of medication, prescribing practitioner, copy of prescription, and receipt of purchase.
4. Document the date, time and length of each ATR covered service provided in the AR WITS System and provider record system as appropriate and/or in accordance with licensing or certification policies of DHS or other licensing/certification entity.
5. Summarize the ATR covered service provided in the AR WITS System and provider record system as appropriate and/or in accordance with licensing or certification policies of DHS or other licensing/certification entity. At a minimum, documentation must include specific information regarding the client's participation in the service provided and the client outcome of the service.
6. Document any services or goods delivered to, or purchased on behalf of, clients using ATR funds (e.g. membership fees, supplemental needs, etc.). Documentation for supplemental needs must include a receipt that is signed and dated by the client. Receipts must be individualized or sub-totaled by client. For supplemental needs and transportation (to include bus passes), providers must use the Recovery Support Services Receipt as a portion of their documentation (see Forms Section of this Manual).
7. Sign and date the documentation summary.
8. Maintain records in a secure manner that ensures confidentiality and complies with all state and federal laws and regulations pertaining to confidentiality of records.
9. Have policies and procedures in place for any volunteers associated with the provider (for organizations only).
10. Maintain personnel files that document an employee or volunteer is qualified to provide ATR covered services as outlined in ATR Services and Qualifications Section of this Manual (for organizations only).
11. Maintain documentation consistent with their specific licensure/certification requirements; all other providers must maintain records of services provided for a minimum of six (6) years.

ATR Payment Process

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

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

Each contracted provider is limited to one Billing Agent who may submit claim batches to DHS for payment. That designated individual is required to sign an Electronic Signature Verification Form. As with entering encounters, the Billing Agent is assigned a logon and ID for the AR WITS system. This logon signs the Billing Agents name to the paper invoices submitted to DHS Accounts Payable Unit for processing. A copy of Electronic Signature Verification Form is sent to the DHS Accounts Payable Unit for verification each time a claim is submitted. It is unallowable for the Billing Agent to share their logon information or have someone else submit claims batches to DBHS for payment under their name. Violation of this security procedure will place the provider's voucher agreement in jeopardy.

All claims for services must be submitted within five (5) working days of release of the encounters to the Billing Agent.

Claims submitted to DBHS through AR WITS will be processed upon claim acceptance in the AR WITS system. Billing agents will receive electronic notification from the AR WITS system when claim batches have been accepted. Acceptance of a claim does not indicate the claim has been paid. Once a claim is approved in the AR WITS system, a paper invoice is submitted to DHS Accounts Payable for final processing and payment. DBHS will not be responsible for payment of any claims for services provided in a prior grant year that are submitted after the established deadline of 30 days after the end of a grant year.

It is the Billing Agent's responsibility to monitor payment and claims processing in accordance with this Manual, the ATR Voucher Agreement, and all state and federal laws including, but not limited to, the False Claims Act, Federal Anti-Kickback Statute, Fraud Enforcement Reconciliation Act of 2010, and the HITECH Act.

The FCA excessive compensation rule requires a contractor to report and return any overpayment to the State within 60 days of identification.

Under this law, excessive compensation includes:

- Unlicensed Providers (mid-level practitioners exceeding scope of practice);
- No progress notes or treatment plan (or illegible);
- Providing services not on treatment plan;
- Missing signature on progress note or treatment plan;
- Start and/or end time not recorded;
- Improper coding or billing (past 90-day deadline); and
- Not a billable service.

ATR SERVICES AND QUALIFICATIONS

FINAL

CARE COORDINATION SERVICES

Definitions:

All client interviews/on-going care coordination are to be conducted on an individual basis ensuring the client's confidentiality at all times. Group interviews in any circumstance are unallowable.

ATR Assessment with GPRA Intake Interview

One-time, face-to-face meeting with a prospective ATR client conducted prior to admission to ATR to determine an individual's eligibility for ATR participation as well as participant needs and requests for specific ATR covered services. Includes completing ATR assessment and Recovery Support Services (RSS) Questionnaire, GPRA intake, collateral contact, release of information, and voluntary consent forms.

This service will result in design of a specific, individualized *recovery plan* to include non-clinical recovery support services for a client at intervals along the continuum between screening and referral and long-term recovery, including for clients currently being served by a licensed treatment program and clients not enrolled in a licensed treatment program. The individual client is involved in recovery care planning, and this service includes active referrals for recovery support services and social/community connections aimed at preventing relapse and supporting long-term recovery. The Recovery Care Plan will focus on wellness rather than illness and identify local resources outside of clinical treatment.

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

ATR On-Going Care Coordination (Monthly Contacts)

Ongoing face-to-face or telephone meetings with ATR client, conducted monthly and as needed to update client's recovery support plan and coordinate /support client access to, participation in, and continuation in ATR covered services.

Monthly contacts include but are not limited to: *Identifying health care and recovery support needs with client and initiating referrals, issuing ATR vouchers, and links the services system with the client, monitoring service delivery and evaluating the effort. Common linkages include those with treatment and/or other health care, employment, legal, housing, child welfare, TANF, other social services, peer-support providers, and more.*

ATR Care Coordination with GPRA Discharge Interview

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

ATR Care Coordination with GPRA Follow-up Interview

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

ATR Care Coordination with Bundled 6 month GPRA and Discharge Interview (to be provided when the GPRA Discharge interview and the 6-month follow up are provided simultaneously).

Qualifications and Documentation Required:

1. Bachelor's degree; OR
2. CADC; Or
3. **Currently pursuing a Bachelor's degree with** two years of experience substituting for each year of education needed toward completion of the bachelor degree (documentation should include copy of current transcript and proof of experience); AND
 - Documentation of experience with SUD clients;
 - Documentation of training in Motivational Interviewing (may be received during the three-day mandatory training)
 - Documentation of at least 6 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services;

BRIEF INTERVENTION SUD

DEFINITION:

A short-term intervention targeted toward individuals and families that focuses on reduction of risk factors generally associated with the progression of substance use disorders. It is used to motivate the individual to seek the appropriate level of treatment or other intervention, and is accomplished through early identification of persons at risk, performing basic individual assessments and providing supportive services which emphasize short-term counseling and referral.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Brief Intervention Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification in one of the following:

- Currently licensed Physician (MD, DO)
- Currently licensed as an Advanced Practice Nurse
- Currently Licensed Alcoholism and Drug Abuse Counselor
- Currently licensed as a Psychologist
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level

ASSESSMENT-SUD**DEFINITION:**

Identifies and evaluates the nature and extent of an individual's use/abuse/addiction to alcohol and/or other drugs and identifies but does not diagnose any existing co-morbid conditions. A standardized substance abuse assessment instrument approved by DBHS (such as Addiction Severity Index) is used to complete the assessment process which results in the assignment of a diagnostic impression, patient placement recommendation for treatment regimen appropriate to the condition and situation presented by the recipient, and referral into a service or level of care appropriate to effectively treat the identified condition(s).

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Assessment-SUD Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification in at least one of the following:

- Currently licensed Physician (MD, DO)
- Currently licensed as an Advanced Practice Nurse
- Currently licensed as a Physician's Assistant
- Currently Licensed Alcoholism and Drug Abuse Counselor
- Currently licensed as a Psychologist
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level

TREATMENT PLANNING**DEFINITION:**

Design or modification of a specific, individualized *treatment plan* for the clinical treatment for substance use disorders. The treatment plan is developed in cooperation with the client to deliver specific addiction services to the individual to restore, improve or stabilize the individual's conditions, and must be based on individualized service needs identified in the completed SUD assessment. This plan must include goals for the treatment of identified problems, symptoms, and addiction issues. The plan must identify individuals and treatment teams responsible for treatment, specific treatment modalities prescribed for the individual, and time limitations for service. This may be the initial plan for a client entering treatment, the modification of a plan for a client already in treatment and/or transitioning from one level to another, or a discharge plan that includes recovery check- ups and/or active referrals for recovery support services as needed. It is typically a

scheduled service not necessarily delivered in conjunction with other treatment. This service is the “prescription” of treatment services to be provided to a client and their families.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Treatment Planning Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification one of the following:

- Currently licensed Physician (MD, DO)
- Currently licensed as an Advanced Practice Nurse
- Currently Licensed Alcoholism and Drug Abuse Counselor
- Currently licensed as a Psychologist
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level

PHARMACOLOGICAL INTERVENTIONS

DEFINITION:

Includes face-to-face medication assessment, prescription, use and review of medications to stabilize a client’s substance abuse and/or co-occurring mental health disorder. This service is limited to the prescribing of psychotropic medications and those medications necessary to treat addiction-related medical conditions *and* medication assisted addiction treatment.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Pharmacological Intervention Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification in one of the following:

- Currently licensed Physician (MD, DO)
- Currently licensed as an Advanced Practice Nurse with prescriptive authority
- Currently licensed as a Physician’s Assistant under the supervision of a licensed physical (MD or DO).
{Proof of supervision must be included}

INDIVIDUAL COUNSELING-SUD

DEFINITION: Face-to-face, one-to-one, therapeutic interaction between a provider and client necessary to initiate and support the rehabilitation effort, orient the recipient to the treatment process, develop the ongoing treatment plan, augment the treatment process, intervene in a problem area, contingency management, prevent a relapse situation, continuing care or providing ongoing psychotherapy as directed by the recipient's needs.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Individual Counseling SUD Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification one of the following:

- Currently licensed Physician (MD, DO)
- Currently licensed as an Advanced Practice Nurse
- Currently Licensed Alcoholism and Drug Abuse Counselor
- Currently licensed as a Psychologist
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level

GROUP COUNSELING-SUD

DEFINITION: Face-to-face therapeutic interventions provided to a group of 2-12 clients on a regularly scheduled basis to improve beneficiaries' capacity to deal with problems that are a result of and/or contribute to substance abuse. The professional uses the emotional interactions of the group's members to assist them in implementing each beneficiary's master treatment plan, orient the beneficiary to the treatment process, support the rehabilitation effort, and to minimize relapse. Services are to be congruent with age, strengths, needed accommodation for any disability, and cultural framework of recipient and his/her family.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Group Counseling SUD Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification in one of the following:

- Currently licensed Physician (MD, DO)
- Currently licensed as an Advanced Practice Nurse
- Currently licensed Alcoholism and Drug Abuse Counselor
- Currently licensed as a Psychologist
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level

INDIVIDUAL RELAPSE PREVENTION SERVICES

DEFINITION:

Educational services provided to assist client in identifying their current stage of recovery and establishing a recovery plan, including acute and post-treatment services to identify and manage relapse warning signs. This service can be provided as a stand- alone service or within any substance abuse treatment setting (outpatient, residential, detox, etc.)

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Individual Relapse Prevention Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification in one of the following:

- Currently licensed Alcoholism and Drug Abuse Counselor
- Currently licensed as a Psychologist
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level
- Currently certified as a Certified Alcohol and Drug Abuse Counselor
- Currently certified as a Counselor in Training (CIT) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a CPS (Certified Prevention Specialist) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a CPC (Certified Prevention Consultant) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a Mental Health Professional or Mental Health Para-Professional under the supervision of an LADC, AADC, or CCDP-D

GROUP RELAPSE PREVENTION

DEFINITION:

A planned program of instruction provided to 2-15 clients, designed to assist individuals in drug abuse prevention, relapse, and/or treatment. This service can be provided as a stand-alone service or within any substance use disorder treatment setting.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Group Relapse Prevention Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification as follows:

- Currently licensed Alcoholism and Drug Abuse Counselor

- Currently licensed as a Psychologist
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level
- Currently certified as a Certified Alcohol and Drug Abuse Counselor
- Currently certified as a Counselor In Training under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a CPS (Certified Prevention Specialist) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a CPC (Certified Prevention Consultant) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a Mental Health Professional or Mental Health Para-Professional under the supervision of an LADC, AADC, or CCDP-D

ALCOHOL/DRUG TESTING

DEFINITION:

Laboratory testing to collect and analyze urine, blood, saliva, or breath to determine evidence of tobacco, alcohol, and/or illicit drug use.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Any laboratory used for drug testing and analysis shall comply, if applicable, with all federal and state proficiency testing programs. Any provider conducting on-site urine testing shall comply with the Clinical Laboratory Improvement Act (CLIA) regulations.

FAMILY/COUPLES EDUCATION GROUP-SUD

DEFINITION:

Face-to-face interaction between at least 2 clients and their family members/significant others to assist the whole family in identifying the client's current stage of recovery and orienting the members to the processes associated with long-term recovery, including acute and post-treatment services to identify and manage relapse warning signs and promote successful community integration

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Family/Couples Education Group-SUD Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification as follows:

- Currently Licensed Alcoholism and Drug Abuse Counselor

- Currently licensed as a Psychologist
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level
- Currently certified as a Certified Alcohol and Drug Abuse Counselor
- Currently certified as a Counselor In Training under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a CPS (Certified Prevention Specialist) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a CPC (Certified Prevention Consultant) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a Mental Health Professional or Mental Health Para-Professional under the supervision of an LADC, AADC, or CCDP-D

FAMILY/MARRIAGE GROUP COUNSELING

Definition:

Face-to-face therapeutic intervention between at least 2 clients and a maximum of 9 clients and their family members/significant others to enhance family members' insight into family interactions, facilitate inter-family emotional and practical support and develop alternative strategies to address family issues, problems, and needs. Group is designed to support the rehabilitative and recovery effort and must be prescribed in the treatment plan to address familial problem or need and to achieve goals or objectives specific in the treatment plan.

Qualifications and Documentation Required:

Family/Marriage Group Counseling Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification as follows:

- Currently licensed Physician (MD, DO)
- Currently licensed as an Advanced Practice Nurse
- Currently Licensed Alcoholism and Drug Abuse Counselor
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level

MULTI-PERSON FAMILY EDUCATION (INDIVIDUAL FAMILY)

DEFINITION:

Face-to-face interaction with an individual client and his/her family members / significant others designed to assist the family in identifying the client's current stage of recovery and orienting the members to the processes associated with long-term recovery, including acute and post-treatment services to identify and manage relapse warning signs and promote successful community integration.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Multi-person Family Education (Individual Family) Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification as follows:

- Currently licensed Alcoholism and Drug Abuse Counselor
- Currently licensed as a Psychologist
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level
- Currently certified as a Certified Alcohol and Drug Abuse Counselor
- Currently certified as a COUNSELOR IN TRAINING (CIT) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a CPS (Certified Prevention Specialist) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a CPC (Certified Prevention Consultant) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a Mental Health Professional or Mental Health Para-Professional under the supervision of an LADC, AADC, or CCDP-D

FAMILY/MARRIAGE COUNSELING

DEFINITION:

Face to face treatment provided to more than one member of a family simultaneously in the same session or treatment with an individual family member (i.e. spouse or single parent) that is specifically related to achieving goals identified on the recipients' master treatment plan. The identified recipient must be present for the service. Services are to be congruent with the age, strengths, needed accommodations for disability and cultural framework of the recipient and his/her family. These services are to be utilized to identify and

address marital/family dynamics and improve/strengthen marital/family interactions and functioning in relationship to the recipient, the recipient's condition and the condition's impact on the marital/family relationship.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Family/Marriage Counseling Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification as follows:

- Currently licensed Physician (MD, DO)
- Currently licensed as an Advanced Practice Nurse
- Currently Licensed Alcoholism and Drug Abuse Counselor
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level

RECOVERY CHECK-UP

DEFINITION:

Telephone assessment of a client's current stage of recovery post-discharge from an acute care program and their compliance with a therapeutic, individualized recovery management plan. This service is performed in collaboration with recovery care coordinator to insure appropriate needs are identified and to facilitate linkages with local recovery support services. This service may include progress monitoring and re-adjustment of the individualized recovery plan as indicated by individual circumstances.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Multi-person Family Education (Individual Family) Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification as follows:

- Currently licensed Alcoholism and Drug Abuse Counselor
- Currently licensed as a Psychologist
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level
- Currently certified as a Certified Alcohol and Drug Abuse Counselor
- Currently certified as a COUNSELOR IN TRAINING (CIT) under the supervision of an LADC, AADC, or CCDP-D

- Currently certified as a CPS (Certified Prevention Specialist) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a CPC (Certified Prevention Consultant) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a Mental Health Professional or Mental Health Para-Professional under the supervision of an LADC, AADC, or CCDP-D

CONTINUING CARE COUNSELING

DEFINITION:

An organized service which provides on-going supportive counseling for individuals who have completed substance abuse treatment. This service cannot be provided in conjunction with Life Skills Coaching, Recovery Peer Coaching or Recovery Calls.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Continuing Care Counseling providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification as follows:

- Currently licensed Physician (MD, DO)
- Currently licensed as an Advanced Practice Nurse
- Currently licensed Alcoholism and Drug Abuse Counselor
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level

RESIDENTIAL TREATMENT

DEFINITION:

An organized service provided by a licensed treatment program which provides a 24-hour live-in, seven-day-a-week substance abuse treatment program providing a structured recovery environment to support recovery from substance use disorders. This service may be provided to an adult or to a woman in treatment with children.

Residential Treatment services require prior written authorization before services can be vouchered. Care Coordinators must submit an ATR Services Exception Request form (to include a copy of the client's Recovery

Support Plan) in advance of issuing a voucher and a copy must be retained in the Residential Treatment provider's file for review by DBHS and/or its authorized representative. Residential Treatment through the ATR program will only be authorized if all other funding sources are exhausted.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Residential Treatment Service providers must hold a current DBHS residential alcohol and drug abuse treatment license. A copy of the current license must be submitted to obtain certification.

OTHER EDUCATION SERVICES-GROUP

DEFINITION:

Addresses activities of daily living such as budgeting, financial management, time management, interpersonal relations, parenting, household management, anger management, and other issues that directly link to an individual's recovery plan but are not covered under other identified Recovery Support Services and may be provided in an office or community setting to assist the individual in community integration and sustaining recovery management. This service would include at least two and no more than 12 ATR clients.

OTHER EDUCATION SERVICES GROUP:

- ***Employment Readiness/Training Services***
Resources provided in recovery to assist in finding, improving and sustaining employment and can include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, resume writing, interviewing skills and tips for retaining employment. Other services could include training in a specific skill or vocational assessment and job referral. May include assisting the client in completing requirements prior to employment such as background checks or drug tests and assessments.
- ***Housing Support Services***
Services include helping clients/families in locating and securing affordable and safe housing, accessing a housing referral service, relocation services, tenant/landlord counseling, repair mediation and other identified housing needs.
- ***Educational and Remediation Services***
Supported education services may include academic counseling, assistance with academic and financial applications, and aptitude and achievement testing to assist in planning educational services and support, including for GED and college education. Services also include vocational training and education through structured sessions focusing on increasing, expanding or stabilizing the education skills of an individual. These sessions could include tutoring and other structured classes designed to present information in a group setting.
- ***Parenting/Child Development Education Services***

Services provided in a group or experiential setting that involves clients and their family members and facilitates the instruction of promising practices or evidence-based parenting or child development knowledge and skills. Services may include teaching, monitoring, and modeling appropriate discipline strategies and techniques, providing information and advocacy on child development, age appropriate needs and expectations, and may include parent groups and other related services.

– ***Financial Management/Credit Counseling***

Services provided by organizations that help consumers find ways to prevent overspending or repay their debt - through careful budgeting and management of money and including establishment of checking and savings account as appropriate.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Other Education Services providers must provide documented evidence of knowledge and skills in the particular area of coaching/counseling for each of the particular types of education groups for which they are applying. Documentation must include evidence of providing these types of education groups during the six consecutive months prior to becoming an ATR provider.

MEDICAL/DENTAL SCREENING

DEFINITION:

Screening and referral as needed, for primary and specialty medical or dental care. Includes screening for infectious diseases (e.g., HIV, hepatitis B and C, tuberculosis, STDs), conditions commonly associated with addiction (e.g., liver, cardiovascular disease, dental disease); and reproductive and pediatric health care needs.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Medical/Dental Screening Service providers must provide documented evidence of knowledge and skills in medical/dental screening to include documentation of providing this service during the six (6) consecutive months prior to becoming an ATR provider. A copy of the particular screening tool to be used and the process for screening a client for medical/dental referral must be included.

MEDICAL/DENTAL SERVICES

DEFINITION:

Assessment/Treatment/Re-assessment of physical or dental health care needs to address health status, illness, injury, pain, or infection.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Medical/Dental Services providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification as follows:

- Currently licensed Physician (MD, DO)
- Currently licensed as an Advanced Practice Nurse (APN)
- Currently licensed as a Physician’s Assistant
- Currently licensed as a Dentist (DDS)

PSYCHIATRIC EVALUATION**DEFINITION:**

Service to a client assessed with a substance use disorder when the client screens positive for or otherwise demonstrates need for clinical assessment for co-occurring mental health disorder.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Psychiatric Evaluation providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification as follows:

- Currently licensed as a Psychiatrist
- Currently licensed as a Physician (M.D.)
- Currently licensed as an Advanced Practice Nurse (APN)

PSYCHOLOGICAL TESTING**DEFINITION:**

Evaluation to assess a client with substance use disorder for co-occurring mental health or learning disorders. This includes administration, scoring, and interpretation of psychological tests developed and standardized to assist in identifying intellectual functioning, academic ability, social judgment, and personality traits to assist in accurate diagnosis and treatment based upon an individual client’s ability.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Psychological Testing providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification as follows:

- Currently licensed as a Psychological Examiner (LPE)
- Currently licensed as a Psychological Examiner-Independent (LPE-I)
- Currently licensed as Psychologist (LP)

MENTAL HEALTH THERAPY SERVICES

DEFINITION:

Face-to-face therapy to address mental health issues that might impact the client’s life and recovery, using evidence-based approaches. The most frequent disorders are mood and personality disorders—often associated with trauma histories and Post Traumatic Stress Disorder (PTSD).

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Mental Health Therapy Services providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification as follows:

- Currently licensed Physician (MD, DO)
- Currently licensed as a Psychiatrist
- Currently licensed as an Advanced Practice Nurse
- Currently licensed as Psychologist (LP)
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level
- Currently licensed as a Psychological Examiner-Independent (LPE-I)
- Currently licensed as a Licensed Clinical Social Worker (LCSW),
- Currently licensed as a Licensed Professional Counselor
- Currently licensed as a Licensed Marriage and Family Therapist
- Or an Licensed Associate Counselor (LAC), Licensed Master Social Worker (LMSW) Licensed Associate Marriage and Family Therapist (LAMFT) or Psychological Examiner (LPE) under supervision

HEALTH CARE EDUCATION-GROUP

DEFINITION: Group education to address prevention and wellness, generally or regarding specific conditions such as HIV, STDs, Hepatitis, Reproductive Health Care, Tobacco Use Cessation, Child Health Supervision, Obesity, Physical Activity, etc.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Health Care Education-Group Service providers must be licensed to practice in Arkansas and must hold a current license/certification by their respective State Board of licensing/certification as follows:

- Currently Licensed Alcoholism and Drug Abuse Counselor
- Currently licensed as a Psychologist
- Currently licensed as an Advanced Alcohol and Drug Abuse Counselor
- Currently certified as a Certified Co-Occurring Disorder Professional-Diplomate Level
- Currently certified as a Certified Alcohol and Drug Abuse Counselor
- Counselor in Training (CIT) under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a CPS under the supervision of an LADC, AADC, or CCDP-D
- Currently certified as a CPC under the supervision of an LADC, AADC, or CCDP-D

CHILD CARE**DEFINITION:**

Care and supervision provided to a client's child(ren) less than 14 years of age and for less than 24 hours per day, while the client is participating in ATR funded treatment/recovery support activities. If ATR client is not present in the building, services must be provided in a licensed child care center or school (before/day/after care) program meeting state Quality Afterschool and School-Age Programs standards--on or off-site. Staff to child ratios should be 1:3/4 for infants below 18 months; 1:6/7 for 18-36 months, 1: 8/9 for 36-60 months

Note: Client must provide evidence of application for and denial or waiting list status for state child care vouchers when a licensed child care facility is used. Documentation must be maintained in the client's file for review by DBHS and/or its authorized representatives.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:**I. For Child Care Services provided when the ATR client is not present in the child care building:**

The Child Care Services provider must be licensed by DHS to provide child care or meet afterschool quality standards.

II. For Child Care Services provided when the ATR client is present in the building and receiving ATR covered services:

The Child Care Services provider is not required to be licensed. Providers must complete a criminal background and child maltreatment registry check for each employee or volunteer that provides childcare when the provider is not licensed by DHS to provide child care. Results of the completed

criminal background and child maltreatment registry must be included with the application for certification.

In addition, the provider is required to maintain a list of activities during the time in care to identify that there is a schedule/routine for children that include a variety of play/choice/learning opportunities utilizing a wide range of materials/equipment. **A sample activity list must be included with the application.**

While a current DHS Child Care License is not required, DBHS concurs with the following recommendations by the Division of Child Care and Early Childhood Education (DCCECE) for unlicensed Child Care Services providers:

- For care that is 2 hours or less, (DCCECE) recommends a Child Development Associate credential as a minimum.
- For child care more than 2 hours at a time, an Associate’s Degree or higher in early Childhood Education, Child Development or related field is recommended.
- To promote quality child care it is recommended that caregivers meet professional development requirements such as Infant/Toddler or Preschool Frameworks, courses related to child/human development at higher education institutions, Traveling Arkansas Professional Pathways (DCCECE approved training), or Conscious Discipline.

For Child Care Services provided in an unlicensed location, DBHS reserves the right to revoke any Child Care Services certification at any time the health and safety of a child is put at risk or on-site inspection shows the location fails to meet city/state coding requirements, or there is no evidence that there is a schedule/routine for children that includes a variety of play/choice/learning opportunities utilizing a wide range of materials/equipment.

SUPPORTIVE, TRANSITIONAL, DRUG-FREE HOUSING

DEFINITION:

Transitional Living Standards (TL) - The program will apply these standards to all sites operated as Transitional Living, Group Living, Half Way House or Chemical Free Living Programs. An on-site inspection by DBHS will be conducted prior to certification approval.

Transitional Living Requirements

- Compliance with any local health and safety codes, including housing codes, fire codes, plumbing codes, and electrical codes, set by the jurisdiction(s) in which the transitional housing facility is located;
- Compliance with any state and federal health and safety codes; and
- Compliance with any local zoning ordinances; and

- Compliance with allowable ratio of transitional housing facility square footage to residents; and
- Meet the allowable ratio of bathing facilities and restroom facilities to residents.
- Maintain separate sleeping and bathing rooms for males and females.

TL1 General Requirements:

- Each client is in a residential setting with his or her own personal space that:
 - Respects Privacy
 - Promotes Personal Security
 - Promotes Safety
- The organization provides the following community living components:
 - Regular meetings between the persons served and staff.
 - Opportunities to participate in typical home activities.
 - Appropriate linkage when healthcare needs of the person served are identified.
 - A personalized setting.
 - Daily access to nutritious meals and snacks.
 - The opportunity for expression of choice by the person served in regards to rooms and housemates.
 - Based on the choice of the person served, opportunities to access
 - Community Activities
 - Cultural Activities
 - Social Activities
 - Recreational Activities
 - Spiritual Activities
 - Employment/income generating activities
 - Necessary transportation
 - Self-help groups
 - Other activities as identified in the person's plan
 - Policies related to:
 - Visitors and Guests
 - Pets.
- In home safety needs of persons served are addressed with respect to:
 - Environmental Risk.
 - Abuse and/or neglect inflicted by self or others.
 - Self-protection skills.
 - Medication Management
- When possible, persons served have options to make changes in their living arrangements:
 - At their request.
 - At the request of their families, when applicable.
 - In transitional living, on periodic basis when initiated by the organization.
 - Based on informed choice.

- Based on the needs of persons transitioning to other housing, there are procedures in place to assist them in securing housing that is:
 - Safe
 - Affordable
 - Accessible
 - Acceptable
- Each person served receives:
 - Skill development necessary to live as independently as possible.
 - Ongoing support/services as he or she explores changes in his or her living arrangements.
- Personnel are on site based on the needs of the person served, as identified in their person centered plans.
- There is a system for the on-call availability of designated personnel 24 hours a day, 7 days a week.
- In congregate housing, provisions are made to address the need for:
 - Smoking or nonsmoking areas.
 - Quiet areas.
 - Areas for visits.
 - Other issues, as identified by the residents.
- The organization assists the person served to identify and utilize available modes of transportation.
- The organization demonstrates efforts to maintain a person's residence as long as possible during temporary medical, legal, or personal absences.
- The organization provides information to residents that include:
 - How to access community resources if needed.
 - Safety issues related to the service delivery site.
 - Access to emergency care when it is needed.
 - Specific healthcare procedures and techniques.
 - Contingency plans in case either the support system or the service provider is unable to deliver care.
 - A review of how to deal with emergencies and evacuation from the residence.
- The organization must maintain a written policies and procedures which includes:
 - Exclusion criteria for clients not appropriate for the organizations services
 - Drug Testing if used by the organization
 - A policy that establishes that when employment is appropriate and requires all service recipients to be gainfully employed, actively pursuing employment, or participating in vocation education/rehabilitation.

- A weekly schedule of all program services and service recipient activities for each day specifying the type of service/activity and scheduled times.
- Communication of Client rights including during orientation and evidence of review after one year of services being offered to client.

TL 2 Tobacco Products:

- The program shall have a written policy and procedure prohibiting the use of any tobacco products within the facility in accordance with the Arkansas Clean Indoor Act of 2006. If the program provides a designated smoking area it shall be located a minimum of 25 feet from any entrance to the facility and shall not be in a common area that non-smoking individuals must transverse to gain access into the facility. In addition the program shall prohibit the use of alcohol, tobacco and illicit drugs by staff which includes:
 - Providing, distributing, or facilitating the access of tobacco products to clients;
 - Use of tobacco products in the presence of clients or visitors; and
 - Prohibits the public display of tobacco products by staff.

TL 3 Transitional Living Physical Environment:

- Programs are to ensure compliance with all local, state and federal laws and regulations regarding the condition and maintenance of its facility.
- Provide evidence of current valid certifications, which are maintained on site of all applicable buildings, fire and safety, health, and all other applicable inspections. All items of concern noted in these inspections shall immediately be addressed/corrected.
- Treatment Services may not be provided onsite unless:
 - There is a separate entrance to areas in which services are rendered; and
 - Services are provided in an area used exclusively for treatment.
- Facilities must provide separate bedroom and bathroom areas for males and females;
- Provide adequate barriers to divide populations; as determined by DBHS;
- Programs will maintain this separation by any means necessary including structural separation, continuous monitoring or any combination of efforts required to assure compliance with this standard.
- Window coverings to allow for privacy;
- Sufficient lighting as to avoid injury;
- Sleeping areas shall have at least:
 - Fifty (50) usable square feet per person in single occupancy rooms;
 - Forty-eight (48) usable square feet per person in multiple occupancy rooms;
 - Individual storage for clothes and personal items.

- Plumbing must be:
 - In working condition and to avoid any health threat; and
 - All toilets, sinks and showers shall be clean and in working order.
- There shall be at least one toilet, one sink, and one shower or tub per every eight (8) clients.
- Clients must have access to a secure locked storage for valuables when requested.
- Separate storage areas are provided and designated for:
 - Food, kitchen and eating utensils;
 - Clean linens;
 - Soiled linens and soiled cleaning equipment; and
 - Cleaning supplies and equipment.
- Poisons, toxic materials and other potentially dangerous items shall be stored in a secure location and procedures identified for the need and use of such items.

TL 4 Facility Health and Safety Requirements:

- Maintain a suitably stocked first aid kit(s), with contents as defined in the program's policies and procedures at all sites.
- Maintain fire extinguisher(s) that are accessible, in working order and have attached documentation of annual inspection;
- Evacuation routes are prominently posted throughout all facilities;
- All exits must be clearly marked.
- The programs telephone number(s) and actual hours of operation will be posted at all public entrances.
- Conspicuous warning signs must be posted at all public entrances informing staff, volunteers, clients and visitors as to the following requirements:
 - No alcohol or illicit drugs are allowed in the facilities;
 - No firearms, or other dangerous weapons, are allowed in the facilities with the exception of law enforcement while in the performance of their duties; and
 - The use of tobacco is not allowed in the facilities.
- A copy of compliance with law Title VI/Title VII of the 1964 Civil Rights Law shall be prominently displayed for the viewing public.
- Programs must provide a safe and sanitary environment.

NON-MEDICAL TRANSPORTATION SERVICES

DEFINITION:

Transportation Services for those engaged in alcohol/substance use treatment related appointments/activities (e.g. treatment, recovery check-up appointment, medical care, employment skills building, child care, or parenting service, etc.) with no other means of transportation. Can include bus passes, taxi, transportation services by private transportation agency, does not include routine transportation to and from work.

QUALIFICATIONS:

Transportation Service providers must provide proof of driver's license verification with no major violations in past three years and no more than three points in three years, insurance, and documentation of routine vehicle maintenance, and must submit specific, verifiable receipts for transportation service provided.

Documentation Required:

Certified Transportation providers must demonstrate evidence of the following personnel requirements:

- Transportation staff must meet all of the following minimum requirements prior to working with consumers:
- All vehicle operators and owners must maintain proof of financial responsibility:
 - A copy of the current certificate of insurance
 - A copy of the current vehicle registration

Note: The aforementioned information must be maintained in each vehicle as required by Arkansas law

- Have successfully completed drug screen within thirty (30) days of application Results of the drug screen must be submitted with the application.
- A current and valid driver's license or CDL, when appropriate;
- A signed statement attesting that the those providing transportation under this certification do not have a medical or physical condition, including vision impairment, that cannot be corrected and could interfere with safe driving, passenger assistance, and emergency treatment activity, or could jeopardize the health and welfare of a client or the general public.
- The driver has the ability to understand written and oral instructions and document services delivered.

Providers must assure:

- Maintenance of a safety checklist completed prior to transporting consumer(s) and/or travel attendants. Checklist items shall include, but not be limited to, fire extinguisher; first aid kit,
- Maintenance of service logs or trip sheets that include the date of service the consumer's name, the pick-up point and destination point for each trip, total mileage per trip, and the driver's signature.
- Transportation providers shall ensure that vehicles owned or operated by the provider are maintained according to manufacturer's recommendations.
- Transportation services shall be provided in a safe manner consistent with the regulations of the local authorities.

SPIRITUAL SUPPORT

DEFINITION:

Face-to-face counseling or spiritual guidance with the client to address spiritual issues that negatively impact recovery or that can support recovery, including, establishing/re-establishing a relationship with a higher power, acquiring skills to cope with life changing incidents, adopting positive values/principles, identifying a sense of purpose/mission for one's life, achieving serenity/peace of mind, responsible decision-making, social engagement and family responsibility.

Faith-based services include those provided to clients and using spiritual resources designed to help persons in recovery to integrate better their faith and recovery. Such services are usually provided in a religious or spiritual setting by spiritual leaders or other staff who are knowledgeable about the spiritual values of the community and are equipped to assist individuals in finding spirituality. Services include, but are not limited to, social support and community-engagement services, faith, or spiritual based activities to assist clients with drawing on the resources of their faith tradition and community to support their recovery; mentoring and role modeling; and pastoral or spiritual counseling and guidance.

QUALIFICATIONS AND DOCUMENTATION REQUIRED:

Spiritual Support Services providers must be:

- Ordained, commissioned or licensed minister or equivalent, pastor, bishop, deacon, evangelist, rabbi, imam or other whom is give ministerial status according to the procedure followed by a particular faith's denomination; or
- 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
- 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
- A master's level or above professional who is licensed at the independent level of practice with documented experience and/or education in spiritual counseling, and employed by a mental health clinic, group or individual private practice, hospital, or licensed substance abuse program .

SUPPLEMENTAL NEEDS

DEFINITION:

Assistance provided to ATR client to meet tangible needs that support their recovery and must address goal(s) in the client's Recovery Support Plan. These supplemental needs are determined by the client in collaboration with their care coordinator. In order to receive supplemental needs services, a client **MUST** be an active ATR client for a minimum of thirty (30) days prior to receiving supplemental needs services. **No other service restrictions apply to this service.**

SUPPLEMENTAL NEEDS SERVICES:

Supplemental Needs Coordination Service

Coordination of supplemental needs services to include but not be limited to coordination and support of client access, purchasing of goods and services and transportation of clients to obtain supplemental services.

Clothing/Hygiene Products

This service includes clothing vouchers to be used for obtaining clothing for employment, education, and other recovery-related needs. Hygiene products related to daily needs, including soap, shampoo, toothpaste, deodorant, shaving needs, feminine hygiene products, and dental products. This service does not include perfume, cologne, nail polish, nail polish remover, make-up, hair color, electric razors, cleaning supplies or other purchases as designated by the care coordinator. Products containing alcohol are strongly discouraged.

Education

Assistance provided to clients for the purpose of completing or continuing education, such as for GED coursework and testing, English as a second language (ESL) classes, or educational materials, books, supplies and tuition at a secondary educational institution.

Psychotropic Medication

Assistance provided to clients to purchase a 30 day supply of prescription psychotropic medications. Documentation of medication prescription and/or pharmacy receipt indicating prescription should be maintained in the client file.

Utility Assistance

Assistance provided to clients for the purpose of past due utility assistance or deposits that assist in establishing or maintaining their residence. Client must have documentation of denial from other sources for

utility assistance and documentation of utility bill and attempted payment plan. Utility Assistance can be used for past due bills that are interfering in the client's ability to obtain housing. Utility bills must be in the ATR client's name.

– **Wellness**

Assistance provided to clients for the purchase of items or services that support improved health. This may include an eye exam or the purchase of eye glasses/contact lenses, fitness memberships (including family memberships), smoking cessation, nutritional counseling, weight management, or nutritional assessment.

– **Restorative Dental Care**

Restorative dental care encompasses the process of restoring missing, damaged, or diseased teeth to normal form and function, performed by general dentists.

– **Co-Pays**

Out-of-pocket fees assessed to clients for substance use disorder treatment services or for psychotropic medications or medication assisted treatment.

– **Other Needs**

Other instrumental needs determined by care coordinator and client such as food, assistance with legal expenses, mileage at state rate for transportation to ATR appointment by family member or other individual, automobile repair/battery/etc., or other recovery support needs as reflected in recovery care plan and approved by care coordinator.

QUALIFICATIONS:

Supplemental Needs providers may be organizations or individuals that agree to pay for a vouchered supplemental needs and then bill ATR program for encounter through VMS for reimbursement.

DOCUMENTATION REQUIRED:

A certification statement that the applicant has the financial resources to pay for supplemental needs services at time of delivery with reimbursement by ATR voucher. Statement must be signed by the organization's board chairman, president, CEO, COO, or designee (for organizations only).

Appendix

FEMVA

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

In August of 1996, the Health Insurance Portability and Accountability Act (HIPAA) was enacted. HIPAA requires the development and implementation of standards for the exchange, storage and handling of certain health care administrative data, security measures and privacy protections.

On August 17, 2000, the final regulations for the transactions and code sets were published, with an October 16, 2002, deadline for compliance. The final regulation for health privacy was published in December 2000. The compliance date for this regulation was April 14, 2003.

HIPAA impacts every aspect of the health care industry. To learn more about HIPAA, see the DHS link:

<http://www.hipaa.state.ar.us>

FORMS
SECTION

FORMS SECTION

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR ARKANSAS ACCESS TO RECOVERY (ATR) SERVICES**

ATR Referral Website Client ID# _____

Applicant's Name _____ SSN _____ DOB _____

Mailing Address _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Contact Telephone Number(s) _____

HOUSEHOLD MEMBERS

HOUSEHOLD INCOME

Name	Age	Relationship	Custody Status If Child Under 18 (Sole, Shared, Non-Custodial Parent)	Income Source	Monthly Amount

Total Number in Family _____ Total Monthly Family Income _____

Review the following and ask for clarification if necessary:

- You can choose which services you receive (if you qualify) and you may refuse any service.
- The care coordinator and service provider will keep a case record about you and your family. It may include the reason(s) for services, the services provided, and general information such as name, address and employment status. The care coordinator and service provider are required to make information in your case record available to DHS and the federal government, if requested. Your signature on this form is your consent to the release of this information to DHS and its authorized representatives. You may refuse to supply any or all of this information to the provider, but your refusal may result in the denial or termination of ATR services.
- Your eligibility for services may be reviewed by a representative of DHS or the provider.
- The care coordinator, service provider, and DHS are required to keep information about you, your family, and your case record confidential, except as stated in item two (2) above, or unless you give your written consent.

Certification:

The information I have furnished is correct and I understand my rights and responsibilities as outlined and I am in need of the services requested.

Applicant's Signature _____ Date

FOR CARE COORDINATOR USE ONLY

- Categorical Eligibility (check one):**
 1-3 DUI/DWI offense(s) within the last 18-24 months (most recent within the last 6 months) Pregnant woman with SUD
 Combat Veteran (Reserve/National Guard/Active Duty) DCFS/DYS involvement (Current or at-risk)
- Proof of residence in one of the 13 ATR participating counties in case record** Yes No
- Income eligible (at or below 200% of federal poverty level)** Yes No
- Screened positive for substance use disorder (copy of screen in case record)** Yes No
- 18 years of age and over** Yes No

Eligibility Determination Certification: Service need established and documentation is available and on file for review by DHS and its authorized representatives. Yes No

Signature of Care Coordinator _____ Date

Arkansas Access to Recovery Information and Rights Form

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

ATR services are based on client needs, agency policy, and current available ATR voucher funding, and are subject to change.

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

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

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

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

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

Risks and Confidentiality: AR DHS, UAF Partners and ATR providers take the privacy of your information seriously. ATR providers, AR DHS, UAF Partners and SAMHSA must comply with confidentiality and protected health information requirements as set forth in Federal and State Confidentiality Regulations (42 CFR, Part 2,

and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, (160 & 164). Your records are protected and cannot be disclosed without your written consent.

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

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

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

Client Rights:

You have the right to:

- Appropriate and considerate care and protection
- Recognition and consideration of your cultural and spiritual values
- be told of all available ATR covered services and providers
- choose the services and providers you want from the list of available AR ATR covered services and providers
- refuse a recommended service or plan of care
- review records and information about your services
- expect providers, AR DHS, UAF Partners, and SAMHSA to keep all communications and records confidential

Maintaining Involvement:

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

Questions: If you have questions or concerns about the ATR project, contact ATR Representative at Partners for Inclusive Communities at 501-682-9900.



Arkansas Access To Recovery

Client Choice Form

(Individual's Name) (Individual's Address)

Arkansas' ATR project is based on the following principles:

- Individuals with substance use disorders and their families have the right to choose recovery and the recovery-related services and supports that best meet their needs.
The service system should honor client's needs and beliefs, including their spiritual and cultural needs as well as their family situation and practical concerns
Participation in AR ATR is voluntary and clients can end their participation at any time, without negative consequences.

As an ATR client, we want to make sure that you understand your rights and the choices that are available to you. Your care coordinator should explain these rights to you. Please initial the lines below to indicate that you understand these rights.

I understand that participation in Arkansas Access to Recovery is voluntary.
I understand that every community has at least 2 care coordinators and I get to choose who my care coordinator will be. I can also change my choice of care coordinators at any time.
I understand that I get to choose the treatment and recovery support services that I need for me and my family.
I understand that I get to choose who provides the treatment and recovery support services that I need. I understand that I may change providers and services as my needs change.

I have [] or have not [] been informed of the services which are available to me in my community through the ATR Program and I understand my options.

I have been given the attached list of ATR Certified Care Coordinators and Service Providers for [] county. From that list, I am choosing: [] to provide my Care Coordination Services and

(Fill in name of the chosen Care Coordination person/agency) [] to provide my treatment and recovery services.

(Fill in name of chosen treatment and recovery services provider(s))

This decision does [] does not [] represent a change in provider(s).

Client Signature Date

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

Client Name: _____

Client ID #: _____

Mailing Address: _____

Date of Birth: _____

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency or to a qualified personnel for research, audit, or program evaluation; OR
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspect child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. Sec. 290dd-2 for Federal law and 42 CFR Part 2 for Federal regulations.)

Legal Action Center. (1996) Handbook on legal issues for school-based programs (Revised). pp. 71, 72, & 74. New York: Author

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize _____ to disclose to _____ the following information:

- Admission _____ (Date Signed)
- Behavioral Health Assessment _____ (Date Signed)
- Client Information (Profile) _____ (Date Signed)
- Encounter Detail _____ (Date Signed)
- GPR Assessment _____ (Date Signed)
- GPR Interview _____ (Date Signed)
- Intake Transaction _____ (Date Signed)
- Client Screening _____ (Date Signed)
- Treatment Plan _____ (Date Signed)
- Treatment review _____ (Date Signed)

Other Disclosures _____

The purpose of the disclosure authorized herein is to disclosure: (Please be as specific as possible)

I understand that my records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I. I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance upon it, and that in any event this consent expires automatically as follows: (state date, event or condition upon which consent expires)

I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

I understand that my information may not be protected from re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

I understand that if my record contains information relating to HIV infection, AIDS or AIDS-related conditions, alcohol abuse, drug abuse, psychological or psychiatric conditions, or genetic testing this disclosure will include that information. I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or my

eligibility for benefits; however, if a service is requested by a non-treatment provider (e.g., insurance company) for the sole purpose of creating health information (e.g., physical exam), service may be denied if authorization is not given. If treatment is research-related, treatment may be denied if authorization is not given.

I further understand that I may request a copy of this signed authorization.

Signature of participant _____ Date _____

Signature of Witness (if required) _____ Date _____

Signature of parent, guardian, authorized representative (if required):

_____ Date _____

Personal Representative: _____
Relationship/Authority _____

NOTE: This Authorization was revoked on _____
Date Signature of Staff

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

REVOCATION SECTION

I do hereby request that this authorization to disclose health information of

(Name of Client)

Signed by _____ on _____
(Enter Name of Person Who Signed Authorization) (Enter Date of Signature)

be rescinded effective (enter date) _____. I understand that any action taken on this Authorization prior to the rescinded date is legal and binding.

Signature of participant Date

Signature of Witness (if required) Date

Signature of parent, guardian, authorized representative (if required) Date

Signature of Personal Representative Relationship/Authority Date

ATR RECOVERY SUPPORT SERVICES PLAN

Client Name: _____

Date: _____ ID# _____

Recovery Plan goals and objectives are to be determined by client with guidance from the Care Coordinator. It is to be reviewed with client with each encounter and can be changed as circumstances change. Use this form or a facsimile to complete the plan.

My resources, strengths and skills are:

My barriers and challenges are:

GOAL 1: (General statement of **outcome desired**; list no more than three)

(Example) TO MAINTAIN CHEMICAL-FREE LIFE or to _____

I will know I am achieving this goal when: (example: I have managed each daily routine without drugs or alcohol for 3 mo.)

Projected Achievement date: (example: 3 months from today) _____

Objective 1 (Specific, observable or measurable step in achieving goal)

I will achieve my goal by (how and when?) (example: Establish residence in chem.-free environment or facility with 5 days.)

Action Step #1: (Example: I will seek residence in chem-free facility or environment every day.)

Action Step #2: (Example: After moving in, I will cooperate with rules within the facility every day.)

Dated progress notes: _____

Objective 2. (Example: For 3 months, I will seek daily support among residents who are chem.-free.)

GOAL 2: (OUTCOME DESIRED) (Example: I will seek employment.)

Objective 1: (Example: I will locate 7 job openings in Sunday newspaper or by other means every day.)

Objective 2: (Example: I will submit 5 applications per week for a job for which I am qualified.)

ATR RECOVERY SUPPORT SERVICES PLAN

Client Name: _____

Date: _____ ID# _____

(CONTINUE WITH THIS FORMAT ON UNTIL NO MORE THAN 3 GOALS ARE WRITTEN)

GOAL 3: (OUTCOME DESIRED) _____

Objective 1 _____

Action step #1 _____

Action step #2 _____

Objective 2 _____

Objective 3 _____

SERVICES TO BE PROVIDED TO CLIENT: ALLOWANCE - \$1,000

Care Coordination services _____ \$ _____

_____ \$ _____

_____ \$ _____

Services to meet goals _____ \$ _____

_____ \$ _____

_____ \$ _____

Total to be expended \$ _____

Signed by Client _____ Date _____

Signed by Care Coordinator _____ Date _____

Contact No. or e-mail for Care Coordinator: _____

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.

Collateral Contact Name	Address	Telephone Number	Cell Phone Number	Alternate Phone Number	E-Mail Address

I authorize _____ to contact the individual's above if they are unable to locate me for the purposes of Care Coordination Follow-Up visits, conducting the GPRA 6-Month Follow-up Survey, completing the GPRA Discharge visit and for other official required ATR program needs. I understand that at no time will my Care Coordinator share this information with anyone without my authorization. I further understand that state and federal agency representatives may have access to this information in order to contact me to verify services that were billed and to determine my satisfaction with the program.

Client Signature

Date

ATR GPRA 6- MONTH FOLLOW-UP CORRECTIVE ACTION PLAN (CAP)				
GENERAL INFORMATION				
Care Coordinator Information:	Individual and/or Agency Name: Phone Number: Email Address:			
Compliance Category:	Follow-Up rate			
Compliance Description:	The Follow-Up rate for (insert agency or individual name) is at ____%.			
Requirement not met:	Care Coordinator is below the required 80% Follow-Up rate.			
APPROACH TO COMPLIANCE				
Corrective Action:	Describe the necessary steps to correct the incident described. (Include reporting tracking summary for each client who's due date is past AND Beginning to use provided Tracking Log in this section.			
Roles and Responsibilities:	Describe each project team member and stakeholder involved in the correction, and identify their associated responsibilities for ensuring the plan is executed appropriately.			
Interim Activities (until compliance is reached):	Describe any processes or procedures that need to be followed until the incident is corrected.			

ATR GPRA 6-MONTH FOLLOW-UP CORRECTIVE ACTION PLAN (CAP) SCHEDULE FOR COMPLIANCE	
Major Milestones:	Provide the milestones and dates for the correction of the non-compliance. Include a projection date for reaching a minimum of 80% follow-up rate.
Approvals and Formal Review to be completed by UAMS GPRA Staff	
Approvals and Certification of Compliance:	Corrective Action plans will be reviewed and approved/or resubmitted to care coordinators for edits within 2 business days of receipt.
Formal Review of Status:	
Results of Incident Correction Re-Test:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Signature (if agency must be Agency Director) _____

Date: _____

**DIVISION OF BEHAVIORAL HEALTH SERVICES
ACCESS TO RECOVERY (ATR)
CORRECTIVE ACTION PLAN (CAP)**

GENERAL INFORMATION

Individual Name &/or Agency	
Address	
Email Address	
Phone	

CATEGORY(IES) REQUIRING CORRECTIVE ACTION (CAP)

A) Record Keeping	
B) Documentation	
C) Client Specific Records	

APPROACH TO COMPLIANCE

CAP Category	Who is Responsible?	Strategies (Steps) Provider Will Use to Correct the Deficiency	Measures Provider will use to Ensure the Non-Compliance Does Not Re-occur (include plan to self-monitor compliance on an on-going basis)	Projected Date of Completion	Date CAP Completed
A					
B					
CAP Category	Who is Responsible?	Strategies (Steps) Provider Will Use to Correct the Deficiency	Measures Provider will use to Ensure the Non-Compliance Does Not Re-occur (include plan to monitor compliance on an on-going basis)	Projected Date of Completion	Date CAP Completed
C					

FOR DBHS/ATR STAFF USE ONLY

Corrective Action Plan Approval	Signature			Date
	Date	CAP Category	Monitoring Staff	Monitoring Results
CAP Monitoring				

Arkansas Access to Recovery-Client Satisfaction Survey

Please take a few moments to complete the following survey. The answers you provide will help the Arkansas Department of Human Services evaluate the services you have received. Your input will be used to help us improve our program. Your responses will be kept private. Thank you for your time!

Date:	Gender:	Age:
County of Residence:	Name of Care Coordinator:	
Name(s) of you Treatment and Recovery Support Services Provider(s):		

- Race:**
- | | |
|--|--|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Black or African-American |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> White |

Approximately how long have you been an ATR client? _____ months

1. How did you hear about the ATR program?
2. When you signed up for ATR, did you receive a choice of Care Coordinators to work with? (circle one) Y or N

For each item, circle the answer that best matches your experience in the ATR program *with your Care Coordinator*:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA/Don't Know
3. I was given a choice of ATR service providers by my Care Coordinator.	SA	A	N	D	SD	NA
4. My Care Coordinator treats me with respect.	SA	A	N	D	SD	NA
5. I was able to choose services and providers that were appropriate for my culture (spirituality, ethnicity, etc.).	SA	A	N	D	SD	NA
6. My Care Coordinator assisted me in getting the services I requested and needed.	SA	A	N	D	SD	NA

7. Most of the services I hoped to receive were available.	SA	A	N	D	SD	NA
	SA	A	N	D	SD	NA
8. My Care Coordinator helped me design a recovery plan that was based on my wishes.						
9. I have had monthly contact with my Care Coordinator.	SA	A	N	D	SD	NA

For each item, circle the answer that best matches your experience in the ATR program with your Treatment and Recovery Support Providers:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA/Don't Know
10. When I was referred for a service, I was able to start receiving that service in a timely manner.	SA	A	N	D	SD	NA
11. The services I received have helped me in my recovery.	SA	A	N	D	SD	NA
12. The service provider(s) treated me with respect.	SA	A	N	D	SD	NA
13. Overall, I was satisfied with the treatment and recovery support services that I received.	SA	A	N	D	SD	NA

For each item, circle the answer that best matches your overall experience in the ATR program:

14. ATR services were available at times convenient for me.	SA	A	N	D	SD	NA
15. I would recommend the ATR program to other family, friends or neighbors.	SA	A	N	D	SD	NA

16. During your involvement with ATR, what service(s) was most helpful for you?

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

18. In your opinion, how could we improve the ATR program?

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
4800 WEST 7TH STREET, ADMINISTRATION
LITTLE ROCK, AR 72205
TELEPHONE 501-686-9164
FAX 501-686-9182**

INCIDENT REPORT FOR THE ACCESS TO RECOVERY PROGRAM

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

INCIDENT REPORT

5.		
Extent of Injury:		
Property Loss or Damage.		
6.		
Outcome of the Incident:		
7.		
Corrective Action Taken:		
8.		
What Measures Could Have Prevented the Incident:		
9.		
Notification		
Name	Agency	Time of Notification
a.		
b.		
c.		
d.		
e.		

Arkansas Access to Recovery

Eligibility Determination Exception Request Form

Please fax to: 501-682-9901/Attention: Resource Support Services Coordinator

Date Requested:	Care Coordinator Name:
Potential Client Name:	Client Referral Number:
Care Coordinator Address:	Care Coordinator Telephone Number:
	Care Coordinator FAX Number:

Describe the eligibility requirement(s) to be waived and the reason an exception is needed:

Approved Denied

Reason for Denial: :

Client Signature: _____

Date: _____

Care Coordinator Signature: _____

Date: _____

Recovery Support Services Coordinator Signature: _____

Date: _____

Arkansas Access to Recovery – Service Exception Request Form

Please fax to: Peggy Miller 501-682-9901

Date Requested:	Care Coordination Agency:
Client Name:	Client's Care Coordinator:
Client ID Number:	Care Coordinator's Telephone Number:
Client Start Date:	Care Coordinator's FAX Number:

SERVICE EXCEPTION REQUEST INFORMATION:

Total Additional Amount Requested: \$ _____

Services Additional Funds Will Provide:

Recovery Support Services Plan attached (required)

Other Resources Pursued (What other funds or state agencies have been checked to fill this need?):

Client Need :

(Site the specific recovery support goal/objective this request addresses. Include any unique circumstances that support the client's need for additional funds. Examples: (a) the client has 7 children; (b) the client is sole caregiver for elderly, handicapped, etc.; (c) house burned or was lost; (d) family member was tragically killed; or (e) proven success in recovery—lacks only a small amount of additional assistance) Attach a separate page, if necessary.

CURRENT SERVICE INFORMATION:

Amount vouched to date: \$ _____ Amount expended to date \$ _____

Services rendered to date:

Client Signature: _____ Date: _____

Care Coordinator Signature: _____ Date: _____

Arkansas Access to Recovery Receipt Form

DBHS reserves the right to recoup reimbursement from Providers who do not maintain accurate and adequate documentation of services provided to include receipts and/or who purchase unauthorized goods or services.

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

- Supplemental Needs: _____
- Transportation (Bus Passes/Cab Mileage): _____
- Other: _____

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

I understand that I must provide documentation for any supplemental needs involving utility assistance, rental deposits, automobile repairs, dental services, etc. I agree to provide documentation of receipt of goods or services and will provide that documentation or receipt by _____.

Date

Client Signature: _____

Date: _____

Provider/Witness Signature: _____

Date: _____

Arkansas Access to Recovery 6-Month GPRA Follow-Up Gift Card Receipt Form

I, _____ acknowledge the receipt of a gift card for my participation in the GPRA 6-Month
(Client Name)

Follow-Up.

from _____ in the amount of _____.
(Care Coordinator's Name)

Client Signature: _____ Date: _____

Care Coordinator Signature: _____ Date: _____

FOR ATR ADMINISTRATION USE ONLY

(For use only when gift card is not issued to a client)

Date Received from Care Coordinator: _____

Date Receipt Mailed to Care Coordinator: _____

Signature of ATR Project Director

Date

Arkansas Access to Recovery MONTHLY CONTACT FORM

Name of Client: _____

Client Telephone Number: _____

Date of Contact Made: _____

ATR Recovery Support Plan Update

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

Complete if recovery has not been sustained Social Support/Environment Update:

Questions	Answers
Can I assist you to access other recovery support services? If so, list specific referrals	
Do you have any questions or need any information I can help you obtain? If so, list.	Follow up:
When would you like to schedule the next call?	Date: Time:

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

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

Other Information;

Questions	Answers
Is there any other information that you would like to give?	

Care Coordinator's Signature: _____

Current Collateral Contact Information:

Collateral Contact Name	Address	Telephone Number	Cell Phone Number	Alternate Phone Number	E-Mail Address

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

Telephone Number: _____

Care Coordinators must validate release of information is on file prior for any collateral contacts.

AR ATR PROGRAM

Provider Staff Information Sheet

Provider: _____

Instructions:

As a part of the set up for your agency in the AR WITS Program, each employee who will be entering information into the system or who will need access to the system for administration or billing purposes must be set up individually with rights (access levels). In order to establish the employees' profile in AR WITS, we will need their individual e-mail address and the role they will be playing in the program. Once the employee is set up in the system, they will receive an e-mail with their log-in information and their access will have been activated.

Please complete the table below with ALL employees who will need access to the AR WITS System. Please remember that if you have sub-contracts or memorandums of understanding with other agencies/individuals to perform any services (e.g., drug testing, pharmaceuticals, medical services, etc.) you will need to include the name of the individual(s) who will be responsible for entering their activity into AR WITS. Use additional pages if necessary.

Employee Name	ATR Role (Agency Administrator, Billing Agent, Care Coordinator, Clinician, etc.)	E-mail Address	Telephone Number	Location

Signature of Agency Authorized Representative

Title

Date

Electronic Signature Verification

Date: _____

The Arkansas Access to Recovery (ATR) program operates under the guidelines of the federal grantor, SAMHSA. The federal requirements are for an electronic vouchering and payment process, the AR WITS program. In order to process electronic payments, the Division of Behavioral Health Services (DBHS), is required to follow the requirements of the Arkansas Administrative Procedures Act (APA) which requires provider signatures on invoices. Therefore all DBHS ATR Providers will participate in the electronic signature process.

DBHS is in compliance with federal and derivative state statutes including §19-11-203(29), and §25-31-104 and -105, and the Arkansas Uniform Electronic Transactions Act of 2001 codified at §25-32-101, *et.seq.*

An electronic signature is recognized as valid under Arkansas law if there is evidence of intent by the signatory to be bound by a verified, unique electronic signature under the sole control of the signatory.

Providers participating in the AR ATR Program will have only one authorized agent’s signature at any given time for the purposes of billing. This provider representative must be responsible for ensuring the accuracy of all billing and submitting all invoices presented for payment in the AR WITS system.

The AR WITS program will create an electronic signature of the authorized provider representative on all invoices submitted by the provider in AR WITS using electronic signature capability inherent in Adobe Reader software version 9.0 or later versions.

Providers may participate in the electronic development of invoices for the AR ATR program after establishing authorized signatories as valid and current within the ATR system as follows:

Self-certification to verify cognizant participation as an electronic signatory

- By completion and submission of this form, Vendor verifies and attests to understanding the prescribed concept of electronic processing and Vendor’s willingness to use its electronic signature as an affirmative and binding commitment on invoices that are presented to DBHS for payment.
- Vendor shall list the name and title of its authorized agent indicating the individual’s authorization to bind the vendor by electronic signatures on all invoices on behalf of the Vendor organization:

Vendor _____

Address _____ Tax Identification _____

City _____ State _____ Zip Code _____

Name of Authorized Agent	Title	E-mail Address

The authorized Vendor billing representative shall sign here to indicate understanding and willingness to participate in electronic processing of invoices per this agreement:

Authorized Agent’s Signature: _____

Title: _____