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E_{mpowerment}

Program

Provider Manual



This program is supported, in part, by a grant from the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Addiction Prevention and Recovery Administration

Office of the Sr. Deputy Director



Dear Certified Recover Support Services Provider,

It is with pleasure that I welcome your participation in the Government of the District of Columbia, Department of Health, Addiction Prevention and Recovery Administration, DC CORE Program.

I applaud your enthusiasm and commitment to provide recovery support services for the residents of the District. The DC CORE Program brings the faith and community based organizations (FBO/CBO) together with the clinical treatment provider to offer an unparalleled system of care. The ability to offer those residents of the District of Columbia seeking substance abuse treatment in a full continuum of services will now come to fruition. With this collaborative effort there is little doubt that we can start the process to decrease this epidemic while offering quality “best practices” substance abuse treatment and recovery support services.

This manual has been developed to assist you with the structured components and requirements of the DC CORE program. In the following pages you will find detailed information regarding process and procedures, policies, definitions, reference materials and any applicable forms. The FAQ section will serve as a quick reference and can easily be used to educate the rest of your staff.

This manual will be periodically updated in the coming months. As with any new program, our project team in concert with you will continuously look for way to improve our processes. All updates will be mailed to you for inclusion in the manual.

Again, thank you for supporting the District’s efforts in helping the residents receive superior treatment and recovery support services for substance abuse.

Sincerely,

Tori Fernandez Whitney
Senior Deputy Director
for Substance Abuse Services



PROGRAM OVERVIEW

ATR is a three year competitive discretionary grant program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment. ATR is a Presidential initiative which provides vouchers to clients for the purchase of substance abuse clinical treatment and recovery support services. The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services.

ATR Principles:

Consumer Choice. The process of recovery is a personal one. Achieving recovery can take many pathways: physical, mental, emotional, or spiritual. With a voucher, people in need of addiction treatment and recovery support will be able to choose the programs and providers that will help them most. Increased choice protects individuals and encourages quality.

Outcome Oriented. Success will be measured by outcomes, principally abstinence from drugs and alcohol, and includes attainment of employment or enrollment in school, no involvement with the criminal justice system, stable housing, social support, access to care, and retention in services.

Increased Capacity. Access to Recovery increases the number and types of clinical treatment and recovery support service providers (including faith-based and community organizations) eligible to receive federal funding and expands the array of services available including medical detoxification, inpatient and outpatient treatment modalities, residential services, peer support, relapse prevention, case management, and other recovery support services.

Funding Mechanism:

Grant

Total Available Funding:

\$98 million

Number of Awards:

24

Award Amount for the District of Columbia/APRA:

\$10.569 million (\$3,522,968 per year)

Length of Project Period:

3 years

Expected Number of Clients to be served:

7,970 (includes 450 methamphetamine clients)

How It Will Work: The selected grantees have designed their approach and targeted efforts to areas of greatest need, areas with a high degree of readiness, and to specific populations. In the District of Columbia these will include re-entry, women, women with dependent children and youth.

The Addiction Prevention and Recovery Administration (APRA) will broaden the current continuum of care by including the following ancillary services in the DC CORE/ATR Program:

SUPPORT SERVICES

Recovery Evaluation
Spiritual
Recovery
Educational
Life Skills
Methamphetamine

Parenting Services
Child Care
Transportation
Care Coordination
Family and Marital

For additional information contact: DOH/APRA/DC CORE on (202) 727-8857

Section 1

GENERAL ARTICLES

GENERAL ARTICLES

DC CORE/ATR reserves exclusive rights to determine provider eligibility, appropriateness for service, and access to the DC CORE/ATR network. Such determination may be based on licensure in good standing; training or certification; evidence of competency; interviews; or other knowledge of significance unique to the individual provider. The determination of credentialing by the DC CORE/ATR credentialing committee shall indicate provider responsibility to provide only approved and credentialed services. DC CORE/ATR credentialing does not award or assign any sort of licensure or certification, nor supersede the legal requirements or responsibilities of Federal, District of Columbia municipal law regarding the following: protection of client confidentiality; maintenance of licensure or other professional standing; maintenance of liability and other essential insurance; ethical and appropriate interaction with clients as individuals, families or group members; nor any other legal, fiscal or ethical responsibility.

TERMINATION

DC CORE/ATR may, by written notice to the Provider, terminate the whole or any part of the provider agreement in any one of the following circumstances:

1. APRA/DC CORE/ATR program or the Provider may terminate provider agreement without cause upon thirty (30) days written notice to the other party.
2. If the Provider fails to comply with any terms, conditions, requirements, or provisions of the Human Care Provider Agreement, Department of Health shall notify the Provider in writing, and should the Provider not remedy such failure within a period of time specified in writing by the DC CORE/ATR program office, the provider agreement may be terminated immediately following the end of the time period for remedial action.
3. If, during the term of provider agreement, the Provider or any of its officers, employees or agents commit client abuse, neglect or exploitation, malpractice, fraud, embezzlement or other serious misuse of funds, DC CORE/ATR program office may terminate the provider agreement immediately upon written notice to the Provider.
4. DC CORE/ATR program office may terminate the provider agreement pursuant to the loss of funding, expenditure of grant funds, or other financial limitation to funds.
5. Neither party may nullify obligations already incurred for the performance or failure to perform prior to the date of termination.

CONFLICT OF INTEREST

Recipient organizations must establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others such as those with whom they have family, business, or other ties. Therefore, each institution receiving funding from the DC CORE/ATR program must have written policy guidelines on conflict of interest and avoidance thereof. These guidelines should reflect state and local laws and must cover financial interests, gifts, gratuities and favors, nepotism, and other areas such as political participation and bribery. These rules must also indicate how outside activities, relationships, and financial interests are reviewed and reported by the responsible and objective institution official(s).

CONFIDENTIALITY

This refers to the protection of Personal Health Information (PHI). All DC CORE/ATR service recipients have the right to expect that all PHI will be treated confidentially. PHI must be protected by providers, and at no time should PHI be broadcast or disseminated. Providers must not use any PHI at any time in electronic e-mail communication. The APRA Client Information System (ACIS) provides an individual identifier unique to the ATR system. This is the only reference that may be used in email communication.

Section 2

SERVICE DEFINITIONS FOR RECOVERY SUPPORT SERVICES WITH STANDARDS

Recovery Support Services

(1) Recovery Support Service (RSS) Type and Description	(2) Billing Code	(3) One Billable Service Unit Equals	(4) Rate per Service Unit	(5) Required Exceptions and Limitations - per RSS, per Client
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Authorizations may be required from APRA

RECOVERY SUPPORT CERTIFICATION FOR BASIC SUPPORT SERVICES

The following services can be billed by any clinical treatment program, faith based organization or community based organization that has been certified by APRA under this service type and is limited to those services requested on the approved application.

Recovery Support Evaluation (Evaluation and documentation of client's individual recovery support service needs.)	2010	One Evaluation Session	\$25.00	One evaluation per admittance.
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In order to provide this service you must also adhere to the following:

DOCUMENTATION REQUIREMENTS

- Client ID number
- Voucher number
- Date, start and end time
- Discussion notes indicating the client's need for RSS and the plan for services
- Indication that the client has been given of CHOICE of treatment providers
- Signature of client indicating participation

Care Coordination (Facilitating access to service network and other available community resources to sustain recovery.)	3040	15 min.	\$8.00	Maximum billable units per session = 3 (45 mins/\$24) Maximum billable units per client per year = Unlimited
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In order to provide this service you must also adhere to the following:

DOCUMENTATION REQUIREMENTS

- A. Activation of Recovery Support or clinical treatment voucher.
- B. Creation of a Recovery Support Service Plan with client.
- C. Ongoing face-to-face and other forms of contact with client.
- D. Community referrals.
- E. Document and ensure voucher recipient choice of RSS providers.
- F. Create progress notes using best practice standard of documentation.

MONITORING & OTHER DUTIES REQUIREMENTS

- A. Maintain ongoing contact with the ARC and satellite location.
- B. No self-referral for either treatment or Recovery Support Services shall be made.
- C. Update Recovery Support Services as necessary.
- D. Notify RSS provider of voucher recipient's choice to access services.
- E. Ensure RSS service mix to include, if possible, three recovery support services.

Recovery Support Services

(1) Recovery Support Service (RSS) Type and Description	(2) Billing Code	(3) One Billable Service Unit Equals	(4) Rate per Service Unit	(5) Required Exceptions and Limitations - per RSS, per Client
<p>F. Monitor RSS voucher cap. G. Provide support and relevant information to RSS providers.</p>				
<p>Spiritual Support Group (Universal, non-denominational, spiritually-based recovery support in a group setting.)</p>	5050	1 hour	\$10.00 per person, per group	<p><u>Frequency Limitation:</u> Maximum – One (1) one-hour session per day Three (3) one-hour sessions per week</p>
<p>In order to provide this service you must also adhere to the following:</p> <ol style="list-style-type: none"> (1) Providers of spiritual support must be recognized by the organization's governing body as being trained and qualified to provide this support service. (2) Spiritual Support Group services must be consistent with standard protocols, practices, and tenets of respective dominations <p><u>DOCUMENTATION REQUIREMENTS</u></p> <ul style="list-style-type: none"> • Client ID number • Voucher number • Start and end time for the group • Discussion notes • Number of clients in attendance • Signature of client indicating participation 				
<p>Individual Recovery Mentoring & Coaching Services (Assist clients in assessing their current situation, defining goals, targeting areas to strengthen or improve, creating an effective life-action plan, understanding and overcoming barriers that may inhibit progress, and; holding the individual accountable for implementing the changes and reaching the goals they desire.)</p>	5030	1 hour	\$30.00	<p><u>Frequency Limitation:</u> Maximum – One (1) one-hour session per day Three (3) one-hour sessions per week</p>
<p>In order to provide this service you must also adhere to the following:</p> <ol style="list-style-type: none"> 1. Strengthen individual recovery and overall well-being by providing time for one-on-one and group meetings for support. 2. Mentoring support services may include: <ul style="list-style-type: none"> • Help with finding resources. 				

Recovery Support Services

(1) Recovery Support Service (RSS) Type and Description	(2) Billing Code	(3) One Billable Service Unit Equals	(4) Rate per Service Unit	(5) Required Exceptions and Limitations - per RSS, per Client Authorizations may be required from APRA
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- Help with transition into recovery.
3. Persons providing mentoring services must:
 - a. Demonstrate knowledge of substance use issues.
 - b. Must attend training mandated by APRA.

DOCUMENTATION AND REPORTING REQUIREMENTS

1. Provider will document/report the following minimum information in the record for each billable encounter with the client:
 - Client ID number
 - Voucher number
 - Date of session
 - Start and end time for the session
 - Specific service(s) provided or action taken.
 - Signature of client indicating participation

Individual Education Services (Provide individualized instruction to stabilize or expand client's reading and other skills.)	6030	1 hour	\$35.00	<u>Frequency Limitation:</u> Maximum – One (1) one-hour session per day; Five (5) one-hour sessions per week
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In order to provide this service you must also adhere to the following:

- Persons providing educational services must meet the following criteria:
- Must have at least a high school diploma or GED.
 - Documented experience.

DOCUMENTATION AND REPORTING REQUIREMENTS

1. Provider will document/report the following minimum information in the record for each billable encounter with the client:
 - Client ID number
 - Voucher number
 - Start and end time for the session
 - Training topic or exercise
 - Signature of client indicating participation

Group Education Services (Provide individualized instruction to stabilize or expand client's reading and other skills in a small group setting.)	6031	1 hour	\$10.00 per person, per group	<u>Frequency Limitation:</u> Maximum – One (1) one-hour session per day; Five (5) one-hour sessions per week
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In order to provide this service you must also adhere to the following:

Recovery Support Services

(1) Recovery Support Service (RSS) Type and Description	(2) Billing Code	(3) One Billable Service Unit Equals	(4) Rate per Service Unit	(5) Required Exceptions and Limitations - per RSS, per Client Authorizations may be required from APRA
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Persons providing educational services must meet the following criteria:

- Must have at least a high school diploma or GED.
- Documented experience.

DOCUMENTATION AND REPORTING REQUIREMENTS

1. Provider will document/report the following minimum information in the record for each billable encounter with the client:
 - Client ID number
 - Voucher number
 - Start and end time of the group
 - Training topic or exercise
 - Signature of client indicating participation

Individual Life Skills (Teach clients Employment Skills, Work Preparation, Daily Living Skills and Nutrition Support to equip them to succeed in recovery.)	5040	1 hour	\$25.00	<u>Frequency Limitation:</u> Maximum – One (1) one-hour session per day; Five (5) one-hour sessions per week
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In order to provide this service you must also adhere to the following:

1. Use Best Practice Models to help individuals achieve employment, job retention, or job advancement.
2. Employment support services may include:
 - Job readiness assessment and development
 - Interviewing
 - Career exploration
 - Marketing skills
 - Labor market information
 - Application completion
 - Preparing individuals for job placement
 - Resume writing
 - Job search skills and techniques
 - Positive employment behaviors and attitudes
 - English as a second language
3. Employment opportunities must be located in varied places and represent a diverse skill set.
4. Persons providing job development guidance must meet the following criteria:
 - Must have at least a high school diploma or GED.
 - Documented experience.
 - Knowledge of employment opportunities and network connections in the community.
 - Use Federal and District government and private industry labor resources.

Recovery Support Services

(1) Recovery Support Service (RSS) Type and Description	(2) Billing Code	(3) One Billable Service Unit Equals	(4) Rate per Service Unit	(5) Required Exceptions and Limitations - per RSS, per Client
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Authorizations may be required from APRA

DOCUMENTATION AND REPORTING REQUIREMENTS

1. Provider will document/report the following minimum information in the record for each billable encounter with the client:
 - Client ID number
 - Voucher number
 - Start and end time for the session
 - Training topic or exercise
 - Expected outcomes
 - Signature of client indicating participation

<p>Group Life Skills</p> <p>(Teach clients Employment Skills, Work Preparation, Daily Living Skills and Nutrition Support to equip them to succeed in recovery.)</p>	5041	1 hour	\$10.00 per person, per group	<p><u>Frequency Limitation:</u> Maximum – One (1) one-hour session per day; Three (3) one-hour sessions per week</p> <p><u>Group Size Limitation</u> – Minimum= 5</p>
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In order to provide this service you must also adhere to the following:

1. Use Best Practice Models to help individuals achieve employment, job retention, or job advancement.
2. Employment support services may include:
 - Job readiness assessment and development
 - Interviewing
 - Career exploration
 - Marketing skills
 - Labor market information
 - Application completion
 - Preparing individuals for job placement
 - Resume writing
 - Job search skills and techniques
 - Positive employment behaviors and attitudes
 - English as a second language
3. Employment opportunities must be located in varied places and represent a diverse skill set.
4. Persons providing job development guidance must meet the following criteria:
 - Must have at least a high school diploma or GED.
 - Documented experience.
 - Knowledge of employment opportunities and network connections in the community.

Recovery Support Services

(1) Recovery Support Service (RSS) Type and Description	(2) Billing Code	(3) One Billable Service Unit Equals	(4) Rate per Service Unit	(5) Required Exceptions and Limitations - per RSS, per Client Authorizations may be required from APRA
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- Use Federal and District government and private industry labor resources.

DOCUMENTATION AND REPORTING REQUIREMENTS

1. Provider will document/report the following minimum information in the record for each billable encounter with the client:
 - Client ID number
 - Voucher number
 - Start and end time for the session group
 - Training topic or exercise
 - Number of clients in attendance
 - Signature of client indicating participation

Individual Parenting Skills Services (Assist individual parent with child development skills and provide parenting information.)	3010	1 hour	\$40.00	<u>Frequency Limitation:</u> Maximum – One (1) one-hour session per day; Three (3) one-hour sessions per week
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In order to provide this service you must also adhere to the following:

DOCUMENTATION AND REPORTING REQUIREMENTS

1. Provider will document/report the following minimum information in the record for each billable encounter with the client:
 - Client ID number
 - Voucher number
 - Date of session
 - Start and end time for the session
 - Specific service(s) provided or action taken.
 - Signature of client indicating participation

Group Parenting Skills Services (Assist parents with child development skills and provide parenting information in a group setting, and encourage networking with other parents in similar circumstances.)	3011	1 hour	\$10.00 per person, per group	<u>Frequency Limitation:</u> Maximum – One (1) one-hour session per day; Three (3) one-hour sessions per week <u>Group Size Limitation</u> – Minimum = 5
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In order to provide this service you must also adhere to the following:

DOCUMENTATION AND REPORTING REQUIREMENTS

1. Provider will document/report the following minimum information in the record for each billable encounter with

Recovery Support Services

(1) Recovery Support Service (RSS) Type and Description	(2) Billing Code	(3) One Billable Service Unit Equals	(4) Rate per Service Unit	(5) Required Exceptions and Limitations - per RSS, per Client Authorizations may be required from APRA
<p>the client:</p> <ul style="list-style-type: none"> • Client ID number • Voucher number • Date of group activity. • Start and end time for the session • Specific service(s) provided or action taken. • Number of people in group. • Identified family members and attendance records. • Signature of client indicating participation 				
<p>Individual Family and Marital Services</p> <p>(Teach and enhance communication, personal and family management skills to reduce marriage/family conflict.)</p>	2090	1 hour	\$65.00	<p><u>Frequency Limitation:</u> Maximum – One (1) one-hour session per day; Two (2) one-hour sessions per week</p>
<p>In order to provide this service you must also adhere to the following:</p> <p><u>DOCUMENTATION AND REPORTING REQUIREMENTS</u></p> <ol style="list-style-type: none"> 1. Provider will document/report the following minimum information in the record for each billable encounter with the client: <ul style="list-style-type: none"> • Client ID number • Voucher number • Date of session • Start and end time for the session • Specific service(s) provided or action taken. • Signature of client indicating participation 				
<p>Group Family and Marital Services</p> <p>(Teach and enhance communication, personal and family management skills to reduce marriage/family conflict in a group setting.)</p>	2091	1 hour	\$15.00 per person, per group	<p><u>Frequency Limitation:</u> Maximum – One (1) one-hour session per day; Two (2) one-hour sessions per week</p> <p><u>Group Size Limitation</u> – Minimum = 5</p>
<p>In order to provide this service you must also adhere to the following:</p> <ol style="list-style-type: none"> 1. Service Requirements <ul style="list-style-type: none"> • Written curricula or plan for retreats, workshops, or classes • Activity must show regard for safety, group and individual difference, and team building. • Two or more families involved. 				

Recovery Support Services

(1) Recovery Support Service (RSS) Type and Description	(2) Billing Code	(3) One Billable Service Unit Equals	(4) Rate per Service Unit	(5) Required Exceptions and Limitations - per RSS, per Client Authorizations may be required from APRA
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- Activity design must be approved by staff supervisor or leader.

DOCUMENTATION AND REPORTING REQUIREMENTS

1. Provider will document/report the following minimum information in the record for each billable encounter with the client:
 - Client ID number
 - Voucher number
 - Date of group activity.
 - Start and end time for the session
 - Specific service(s) provided or action taken.
 - Number of people in group.
 - Identified family members and attendance records.
 - Signature of client indicating participation

Individual HIV/AIDS Education (Educate client of the risks, statistics, transmission, legal, and financial aspects of the disease; as well as educate them about local, low-cost and free resources for HIV testing, treatment and supportive services.)	6020	1 hour	\$15.00	<u>Frequency Limitation:</u> Maximum – One (1) one-hour session per day Two (2) one-hour sessions per week
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In order to provide this service you must also adhere to the following:

DOCUMENTATION AND REPORTING REQUIREMENTS

1. Provider will document/report the following minimum information in the record for each billable encounter with the client:
 - Client ID number
 - Voucher number
 - Date of session
 - Start and end time for the session
 - Specific service(s) provided or action taken.
 - Signature of client indicating participation

RECOVERY SUPPORT CERTIFICATION FOR CHILDCARE SERVICES

The following services can be billed by any clinical treatment program, faith based organization or community based organization that has been certified by APRA under this service type and is limited to those services requested on the approved application.

Child Care Services for One (1) Child under age 13 (Services provided only while client	3020	1 hour	\$5.00	<i>The following is applicable for all child care services regardless of the number of children or rate billed:</i>
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Recovery Support Services

(1) Recovery Support Service (RSS) Type and Description	(2) Billing Code	(3) One Billable Service Unit Equals	(4) Rate per Service Unit	(5) Required Exceptions and Limitations - per RSS, per Client
is participating in clinical treatment and/or recovery support services.)				Authorizations may be required from APRA
Child Care Services for Two (2) Children under age 13 (Services provided only while client is participating in clinical treatment and/or recovery support services.)	3021	1 hour	\$7.00	Child Care services are restricted to providers that are licensed under Chapter 3, Title 29 DCMR. <u>Frequency Limitations:</u> For clients in RSS programs - Maximum 4 hrs per day, 5 days per wk
Child Care Services for Three (3+) or more Children under age 13 (Services provided only while client is participating in clinical treatment and/or recovery support services.)	3022	1 hour	\$11.00	For clients in Level III – Day Treatment. - Maximum 7 hrs per day, 4 days per wk For clients in Level II – IOP Treatment. - Maximum 5 hrs per day, 3 days per wk For clients in Level 1 – OP Treatment. - Maximum 2 hrs per day, 5 days per wk

In order to provide this service you must also adhere to the following:

1. Must be licensed under Chapter 3, Title 29 of the District of Columbia Municipal Regulations.
2. Must receive continued training for the recovery team or representative.
3. Services provided only while client is participating in clinical treatment and/or recovery support services.

DOCUMENTATION AND REPORTING REQUIREMENTS

1. Provider will document/report the following minimum information in the record for each billable encounter with the client:
 - Client ID number
 - Voucher number
 - Age of Child(ren) participating in this service
 - Specific service(s) provided and action(s) taken
 - Outcomes, if any, of services provided
 - Amount of time allotted for provided service(s)

RECOVERY SUPPORT CERTIFICATION FOR TRANSPORTATION SERVICES

The following services can be billed by any clinical treatment program, faith based organization or community based organization that has been certified by APRA under this service type and is limited to those services requested on the approved application.

Transportation (Public) (Metro system (bus and subway) access for the purpose of accessing treatment and/or recovery services, job interviews, medical appointments, 12 step or other support groups, school, work, childcare providers, or any other	3050	1 Metro Smartcard	\$30.00 (\$25.00 for Metro Smart card, \$5.00 admin. Fee)	<u>Quantity and Frequency Limitation:</u> One Smartcard per client, per week. <u>Billing Restriction:</u> Must submit receipt for reimbursement.
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Recovery Support Services

(1) Recovery Support Service (RSS) Type and Description	(2) Billing Code	(3) One Billable Service Unit Equals	(4) Rate per Service Unit	(5) Required Exceptions and Limitations - per RSS, per Client Authorizations may be required from APRA
approved activity that supports a client's recovery. Must be associated with another billable service.)				
<p>In order to provide this service you must adhere to the following:</p> <p><u>DOCUMENTATION AND REPORTING REQUIREMENTS</u></p> <ol style="list-style-type: none"> Provider will document/report the following minimum information in the record for each billable encounter with the client: <ul style="list-style-type: none"> Client ID number Voucher number Specific service(s) being provided to the client Estimated time that client will require this service Indication if this is the initial issuance or the number of the subsequent issuance 				
<p>Transportation (Private)</p> <p>(Mileage incurred for the purpose of accessing treatment and/or recovery services, job interviews, medical appointments, 12 step or other support groups, school, work, childcare providers, or any other approved activity that supports a client's recovery. Must be associated with another billable service.)</p>	3051	<p>Round trip</p> <p>(the mileage incurred from location A to B and B to A)</p>	\$12.50	<p><u>Transportation Provider Service Limitations:</u></p> <p>Transport clients only.</p> <p>Client must be going to or from an approved RSS or treatment service.</p> <p><u>Billing Restriction:</u></p> <p>Mileage/trip log required for reimbursement.</p>
<p>In order to provide this service you must adhere to the following:</p> <ol style="list-style-type: none"> Must be licensed under Chapter 3, Title 29 of the District of Columbia Municipal Regulations. <p><u>DOCUMENTATION AND REPORTING REQUIREMENTS</u></p> <ol style="list-style-type: none"> Provider will document/report the following minimum information in the record for each billable encounter with the client: <ul style="list-style-type: none"> Client ID number Voucher number Specific service(s) being provided to the client Estimated time that client will require this service Submission of mileage/trip log indicating date of service, location/address of starting point (pickup), pickup time, location/address of destination (drop off), arrival time. Return trip information must include location/address of starting point (pickup), pickup time, location/address of destination (drop off), arrival time. 				

Methamphetamine Clinical Services

(1) Description of Service / Procedure Code	(2) HCPCS CODE	(3) One Billable Service Unit Equals	(4) Location or Setting	(5) Rate per Service Unit		(6) Required Exceptions and Limitations - per Procedure, per Client Authorizations required from APRA
				a. Non- Hospital- Based Setting	b. Hospital- Based Setting	

RECOVERY SUPPORT CERTIFICATION FOR METHAMPHETAMINE SERVICES

The following services can be billed by any clinical treatment program, faith based organization or community based organization that has been certified by APRA under this service type and is limited to those services requested on the approved application.

Non-hospital based methamphetamine addiction treatment services using the Matrix Model IOP for Methamphetamine Treatment	2130	1 day	This is an all inclusive treatment service which shall utilize Cognitive Behavioral Therapy (CBT), Contingency Management (CM) and Motivational Interviewing (MI) therapies in a non-hospital setting.	\$74.25		At least 3 hours per day and 3 days per week. Maximum of 12 days.
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In order to provide this service you must also adhere to the following:

Reference Chapter 23, Title 29, Section 2356 of the DC Municipal Regulations.

Hospital based methamphetamine addiction treatment services using the Matrix Model IOP for Methamphetamine Treatment	2131	1 day	This is an all inclusive treatment service which shall utilize Cognitive Behavioral Therapy (CBT), Contingency Management (CM) and Motivational Interviewing (MI) therapies in a hospital setting.		\$81.00	At least 3 hours per day and 3 days per week. Maximum of 12 days
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In order to provide this service you must also adhere to the following:

Reference Chapter 23, Title 29, Section 2356 of the DC Municipal Regulations.

Group Recovery Social Activities for Methamphetamine Treatment using Community Reinforcement Approach (CRA) – provide recovery social activities for recovering methamphetamine users in the Lesbian, Gay Bi-sexual, Transgender, and Questioning (LGBTQ) Communities.	7030	1 event		\$150.00		
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In order to provide this service you must also adhere to the following:

1. Service Requirements

- Activity must show regard for safety, group and individual difference, and team building.
- 10 – 15 clients must be involved.
- Activity design must be approved by staff supervisor or leader.
- Services cannot be provided under the DC CORE program until all resources have been exhausted under the Drug Treatment Choice Program (DTCP)

DOCUMENTATION AND REPORTING REQUIREMENTS

1. Provider will document/report the following minimum information in the record for each billable encounter with the client:

- Client ID number
- Voucher number
- Date of group activity.
- Start and end time for the session
- Specific service(s) provided or action taken.
- Number of people in group.
- Identified family members and attendance records.
- Signature of client indicating participation

Section 3

**SPECIALIZED AND TARGET
CRYSTAL METHAMPHETAMINE
TREATMENT - CLINICAL PROVIDER
MODEL PROGRAM CONTENT**

The Crystal Clean Recovery Network (CCRN) is a collaborative integrated care system for intake assessment, treatment access, science-based treatment and recovery support services for indigent (under or non-insured) District of Columbia residents with a substance use disorder that includes crystal methamphetamine abuse or dependency. Currently, the primary target population is “Men who have Sex with Men (MSM)” though services are available to all populations. CCRN services maximize the use of district appropriations (through the Drug Treatment Choice Program/ DTCP) and federal funding to complete a treatment continuum that reflects standards of care in treating crystal methamphetamine dependency.

Service Philosophy

All substance abuse treatment providers participating in the DC CORE/ATR voucher program should recognize the importance of:

1. Services that are based on current research and evidence demonstrating that the treatment approach is a sound, culturally appropriate, and age appropriate method for addressing substance abuse problems.
2. Programs that provide all clients with access to a full range of habilitation and rehabilitation services according to a treatment plan that addresses each client’s individual needs.
3. Programs that provide leadership in the substance abuse field by virtue of offering high quality services; being willing to participate in program evaluation activities, and putting forth a consistent effort to meet or exceed minimum requirements.

Basic Services Required

Agencies participating in the DC CORE/ATR voucher program that provide methamphetamine treatment services must be bound by the following guidelines:

- 1) All clients entering the CCRN system will have already met all of the eligibility criteria (i.e. financial, residency and clinical) required for treatment funded by the DTCP and reflected in the Provider’s current DOH-HCPA.
- 2) All CCRN Providers, that are also satellite intake sites, must ensure and document that clients presenting for a clinical assessment and determination of treatment need (i.e. level of care/ modality) are offered the full choice of availability of treatment providers delivering the recommended level of care. Additionally, remote intake sites will ensure that all documentation of eligibility, clinical assessments and ACIS registrations are completed as required by the APRA Assessment and Referral Center (ARC).
- 3) CCRN clients in need of medical detoxification will be linked to the APRA detoxification center or the APRA certified Provider of detoxification services targeted to sexual minorities.
- 4) All clients presenting with crystal methamphetamine are anticipated by APRA to need a full forty-eight (48) units of Intensive and Non-Intensive Outpatient (IOP/ OP) Treatment to fulfill the service design suggested by the “Matrix Model”, which is the standard of care. To fulfill this clinical expectation, the CCRN Provider will:
 - a) Provide the full compliment of IOP/OP services covered under current approved DTCP voucher (24 units);
 - b) Submit a request for an extension of service units with a clinical justification to the ARC within (5) business day of the conclusion of the DTCP voucher. If approved, this will provide an additional 12 units, for a total of 44 units, under the DC CORE/ATR program.
 - c) Within five (5) business days of the termination of the extension voucher, the Provider will submit a request to the ATR with as clinical justification for an additional twelve (12) days of treatment. **Additionally, the Provider will submit a request for 5-6 months of**

support groups sessions focused on relapse prevention. These services will address relapse prevention, peer pressure, sexual dysfunction and triggers, and other topics specific to crystal methamphetamine dependency.

- d) Upon approval of the request by the ARC, the Provider will enter the client into the federal GPRA system.
- e) All services provided by the CCRN Provider will be documented in the clinical chart and delivered in compliance with the HCPA and ATR policies and procedures.

Section 4

PROVIDER MODEL PROGRAM

1. INITIAL UPFRONT SERVICES

Regardless of the specific level of care for which a client is referred to a treatment program, all new clients coming into treatment need to receive frequent and concentrated services that includes individual counseling, appropriate group counseling and family (couples/marriage) counseling or family/parent education. As clients progress in treatment, varying frequencies of these services may be changed; however, in the beginning to engage clients in treatment, to have adequate contact to fully assess clients' needs, and to develop sufficiently comprehensive treatment plans, clients need to be seen more frequently in full sessions.

2. LENGTH IN TREATMENT

Research continues to document that the length of time clients remain in treatment is directly proportional to their overall success in achieving treatment goals and in achieving and maintaining sobriety/recovery. All programs should develop recovery support plans that will engage clients in treatment for a minimum of three months. For some clients/families four to six months may be needed to sufficiently resolve the substance abusing and related negative behaviors and to develop or restore a positive family environment.

3. FAMILY SERVICES

All programs need to be able to provide a range of family interventions to assist clients (particularly adolescents and young adult clients) in being able to live in a functional family that can support their efforts to achieve and maintain sobriety/recovery. Programs need to be able to offer one or more of the following: family counseling, couples/marriage therapy, family/parent education. In many cases, clients and their family members will benefit from a combination of counseling and education programs.

4. GROUP COUNSELING

Group counseling is a popular and sometimes cost effective way to provide treatment services. However, it is important for programs to be able to provide group counseling that can meet a variety of the different habilitation and rehabilitation needs common to substance abuse clients. Examples may include: **therapeutic groups** that focus on behavior such as anger management, grief resolution; **topic specific groups** that address topics of interest such as how to seek and secure gainful employment or dealing with stress, and relationship issues such as loneliness, or difficulty being assertive; **educational groups** where clients need to develop skills such as time management or budgeting; **gender specific groups** that address issues common to men or women; and many others. All funded programs need to offer a range of group counseling activities for their clients.

5. ALTERNATIVE ACTIVITIES

Clients with chronic substance abusing lifestyles often need to learn more productive uses of their time as well as how to live healthier lifestyles. Therefore, in addition to individual, group and family counseling, programs need to offer a variety of activities that can be experiential, educational, recreational, skill building, or offer just plain healthy fun. Programs are encouraged to be creative in offering such services as occupational therapy groups, budgeting and homemaking classes, computer classes, ropes courses, exercise programs, nutrition classes, etc., that can help to structure clients' time, make treatment services more interesting, and develop needed skills.

6. CASE MANAGEMENT

All clinical and recovery support service providers must ensure clients receive case management services either within their program/agency or through a referral to another provider. It will be incumbent upon the primary provider to maintain oversight of treatment case management services. The treatment case manager and the Recovery Support Services Coordinator must collaborate to make certain that individuals receive comprehensive care. As defined, typical case management services include such activities as helping clients to secure access to appropriate treatment, to educational services, employment services, job training programs, health and welfare services and others based on the recovery support needs identified in the client's initial assessment and supplemented with other needs identified during their time in treatment. A primary counselor, a nurse, or a position employed specifically to be a case manager can provide case management services.

Time spent for billing for services is NOT a case management function, nor are providing reports to the court for DWI or criminal justice clients, or other administrative activities.

Section 5

ROLES AND RESPONSIBILITIES OF CLINICAL SUPERVISION

Contracted provider agencies MUST ensure that program policies and procedures address the need for supervision and how and by whom that supervision will be provided.

In all work settings (social services, business, government, etc.) employees are provided with some form of supervision. Even private, for-profit business executives must answer to (or are supervised by) the Board of Directors, and stockholders. Any person providing DC CORE/ATR funded counseling services MUST have a designated individual who is charged with providing clinical or non-clinical supervision to that person. Supervisors are key staff members that can contribute significantly to the overall quality of treatment/services provided. Supervisors' style should include a balance of support, feedback, problem solving, and instruction. The supervisor should serve as a stable source of support, encouragement, and direction in treatment planning, problem solving, and record keeping. [1]

Supervision is defined as “an individual, who by experience, training, and/or level of licensure is able to provide supervision to clinicians and specialized staff members regarding the appropriate care and treatment of substance abuse clients”. Further, “supervision includes, but is not limited to: oversight of treatment/recovery support plan construction; oversight of client progress notes and other written records; provision of consultation to assist counselors in best working with their clients”. In addition to signing treatment plans and progress notes, an examination of each of the tasks described in the definition above, may serve to clarify the roles and responsibilities of a Supervisor:

1. OVERSIGHT OF TREATMENT/RECOVERY SUPPORT PLANNING

It is a part of the role of a Supervisor to provide significant input into treatment/recovery support plans and to help establish targets for behavior change. One of their primary functions is to keep the services focused on the treatment goals and how clients are going to reach those goals. This is done through regular consultation with each counselor or care coordinator and regular review of treatment plans in client records.

2. OVERSIGHT OF CLIENT PROGRESS NOTES

Substance abuse clients often present multiple challenges to counselors, especially young counselors or those new to the field. A Clinical Supervisor who is not personally involved in administering the therapy can help the counselor or therapist to remain motivated, to be more creative, and to foster a positive attitude in working with a client population that can be difficult, resistant, and slow to progress. Through the regular review of client progress notes, Supervisors can identify and intervene with difficult clients and can ensure that the written record of client and counselor interactions is accurate and up-to-date.

3. PROVISION OF STAFF CONSULTATION

A major role of the Supervisor is to problem-solve difficult cases with the counseling staff. This may be done in one-to-one discussions with a counselor or through staff groups that conduct reviews. A supervisor can help therapists sort through the complex issues that clients bring into treatment and can provide the structure, support, and encouragement to remain focused on the primary goals of treatment.

Section 6

ATR PROVIDER OPERATING REQUIREMENTS AND PROCEDURES FOR BOTH CLINICAL AND RECOVERY SUPPORT SERVICES

All support service and clinical providers shall abide by the following common operating requirements and procedures.

1. VOUCHER ELIGIBILITY, REFERRAL AND MANAGEMENT

Careful monitoring and management of the voucher is vital to the fiscal solvency and viability of the DC CORE funds, and to the effectiveness of the ATR service model. Voucher management is a primary responsibility of all DC CORE stakeholders, from the DC CORE/ATR Project Operations Team, through the ARC, the providers and the clients. To this end, all DC CORE stakeholders must understand and comply with the fundamental requirements of the voucher process. The following outline of policies and procedures are intended to provide guidelines on voucher eligibility, referral and management, but because of the complexity of the ATR grant and relationships among the stakeholders this outline cannot be comprehensive. If a question arises that is not addressed in the following definitions, please contact a member of the DC CORE/ATR Project Operations Team.

- a. The ARC shall determine voucher eligibility for both clinical and recovery support services. No other entity can duplicate or supersede this function.
- b. The ARC shall employ a cadre of professional assessors as appropriate to community need and contractual obligation to DC CORE/ATR. These professionals shall have primary responsibility of assessing eligibility and need for DC CORE/ATR services and for assigning individuals to appropriate service providers with a primary consideration for client choice.
- c. Clinical and Recovery Support Services Vouchers are issued only by the ARC, and will be active from the date of initial assessment for a maximum of 180 days. This period may not be extended. The ARC may not make this designation, nor reactivate an expired or deactivated voucher. Exceptions to this rule can be made only through application to the DC CORE/ATR Operations Team.
- d. All DC CORE/ATR vouchers are issued for one 6-month period of service; interruptions to service delivery longer than one month shall result in discharge, with the following exception:

Brief episodes of incarceration or residential treatment may be sustained without interruption to the voucher as long as the process related provider (clinical treatment; pastoral guidance) continues documented communication with the individual. Interrupted services may be resumed upon release or discharge. The maximum time the voucher can be maintained for incarceration or residential treatment is 30 days. The provider must not discharge the individual and must maintain regular (at least one time per week) contact. The voucher continues to run during this time and cannot be extended.
- e. No DC CORE/ATR provider may refer services to another DC CORE/ATR provider, except through the formal ARC procedure. Providers of the Intensive Recovery Support service may refer individuals in collaboration with the ARC RSSC, but may not make direct referrals.
- f. The Recovery Support Services (RSS) Provider will provide DC CORE/ATR services only to clients with an active DC CORE/ATR Recovery Support Services Voucher.
- g. The clinical treatment provider will provide DC CORE/ATR services only to clients with an active DC CORE/ATR Treatment Services Voucher.

2. VOUCHER OVERSIGHT

Clinical assessment staff, the Recovery Support Service Coordinators, the Intensive Recovery Support Guide, and the treatment provider case manager shall oversee and monitor appropriate mix and use of the Voucher.

3. VOUCHER LIFE AND CAP

- a. The Recovery Support Services voucher will be activated for 180 days.
- b. The treatment voucher shall be activated for 120 days.

4. VOUCHER HOLD

DC CORE/ATR vouchers are issued for six months. There are three extenuating circumstance in which a voucher may be placed on hold for an active DC CORE/ATR client. A request may be submitted for a hold on a voucher if the DC CORE/ATR client is incarcerated, enters inpatient treatment, or is hospitalized. The hold cannot exceed 60 days. Both the treatment and Recovery Support Services vouchers will simultaneously be on hold. A hold can be retroactive for no more than one month. Only DC CORE/ATR clients are eligible for a hold. DC CORE/ATR reserves exclusive rights to determine eligibility of hold for all submitted requests. Request Process:

- a. A written request must be submitted by the ARC Manager to the DC CORE/ATR ARC Coordinator.
- b. The request must include the client identification number, start date of hold, end date of hold, reason for the hold, and the names of all the providers that will be affected by the hold.
- c. The ARC must document hold request in the client file.
- d. DC CORE/ATR Project Operations Team will respond to the ARC Manager within seven (7) working days from the receipt of the requests.
- e. The intake site requesting the hold will contact all the client's providers to inform them of the hold on the voucher.

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5. WEB TRAINING REQUIREMENT

- a. All DC CORE/ATR providers and provider staff or a designated staff trainer must attend any required DC CORE/ATR training pertinent to the services offered.

Notification of training dates will be sent to each provider by DC CORE/ATR Program Operations Office.

5. EVIDENCE OF APPROPRIATE BUSINESS LICENSES

Providers must document all applicable business licenses including, but not limited to: Business Registration and State of New Mexico Taxation and Revenue Department Certificate (see attachment C, Checklist for Recovery Support Service Providers).

6. LICENSURE, CERTIFICATION, CREDENTIALS, OR OTHER STAFF QUALIFICATION

- a. Providers must maintain accurate and up-to-date records of staff qualifications.
- b. Providers shall monitor staff licensure, certification, or other qualifications for employment to ensure that employees are compliant with Federal and District DC CORE/ATR programmatic requirements.

7. PROGRAM COMPLIANCE WITH HEALTH AND SAFETY REGULATIONS

All individuals shall be served in a safe facility. Facilities used by a program are required by law to be in compliance with fire and safety standards established and enforced by the State Fire Marshall, and health, safety and occupational codes enforced at the local level. In providing services, programs must meet all the requirements of the American with Disabilities Act of 1990.

8. ORGANIZATIONAL GOVERNANCE

Each organization must have a governing body, or recognize the tradition, custom or other form of governance which establishes the foundation for accepted and appropriate practice within the community being served (hereafter referred to as “governing body”), that meets to provide organizational, written budget, planning, quality assurance, and operational management, as appropriate.

9. RELIGIOUS ACTIVITY and CHARITABLE CHOICE

Religious Character and Independence.

A religious organization that provides services for the ATR Grant will retain its independence from Federal, State, local governments and the DC CORE/ATR program and may continue to carry out its mission, including the definition, practice and expression of its religious beliefs. The organization may not expend funds that it receives for DC CORE/ATR recovery support services to support any inherently religious activities, such as worship, or proselytization. Among other things, faith-based organizations may use space in their facilities to provide services supported by the ATR Grant, without removing religious art, icons, scriptures, or other symbols. In addition, a religious organization retains the authority over its internal governance, and it may retain religious terms in its organization’s name, select its board members on a religious basis, and include religious references in its organization’s mission statements and other governing documents.

b. Referral to an Alternative Provider.

If a DC CORE/ATR program participant objects to the religious character of a provider that is a religious organization while receiving DC CORE/ATR recovery support services, that participating religious organization shall, within a reasonable time (1 week) after the date of such objection, refer such individual to the Central Intake site for alternate DC CORE/ATR recovery support services, and shall ensure that all referrals are made in a manner consistent with all applicable confidentiality laws.

9. NEW SERVICES

- a. If a new recovery support service is added to an existing organization, for which voucher reimbursement is requested, a contract addendum is required.
- b. If new clinical services are added to an existing organization, for which voucher reimbursement is requested, a contract addendum is required.
- c. If there is a change to the geographical location where specific services are provided and for which voucher reimbursement is requested, a contract addendum is required.

10. STAFF CHANGES

- a. Intake sites shall inform DC CORE/ATR program operations office of all pertinent staff changes in a timely manner.
- b. Provider organizations shall inform the DC CORE/ATR program operations office of all pertinent staff changes in a timely manner.
- c. Changes to employment status or level of licensure, certification or other staff or agency capacity modification shall result in immediate notification to the DC CORE/ATR program operations office, as appropriate.

11. PROGRAM OPERATING STANDARDS

Agencies shall have written policies and procedures in place that show compliance with minimum standards for clinical or recovery support services. All programs shall provide, if culturally appropriate, mission or purpose statement, job description, volunteer memo of understanding (if applicable, that explains expectations of the volunteer), written description of clinical or recovery service activities, and target population; programs must maintain proof of current Commercial General Liability Insurance and Automobile Insurance (if applicable).

12. PROGRAM RULES

An oral or written body of rules governing the rights and conduct of individuals shall be established and maintained by all programs. The individual, and significant others, if applicable, shall be informed of program rules regarding admission, discharge, expulsion, and program expectations for individuals admitted to support services.

13. OTHER VOUCHER PROGRAMS

An individual already receiving services through the DTCP voucher based recovery program is eligible for services through DC CORE/ATR if the requested services are non-clinical recovery support services. Methamphetamine clients are only eligible for the DC CORE/ATR voucher program after the client has received thirty two (32) visits under the DTCP.

14. CODE OF ETHICS

In the absence of a formal or overruling professional code of ethics specific to the profession or agency, DC CORE/ATR program operations office shall consider the APRA code of ethics operational as each agency's formal code of ethics. Events, circumstances and situations that are not addressed in an providers or associates code of ethics, professional or otherwise, and that may be specific to conduct within the DC CORE/ATR project, or are not addressed with the rigor of this code of ethics shall be superseded by the appropriate and more rigorous ethical practice or guideline contained in the ATRNM code of ethics.

15. PROTECTION OF INDIVIDUALS

The rights of individuals who are admitted to programs shall be assured and defined in each program's operating standards. This includes operating standards that protect the dignity, health, and safety of individuals.

16. SUPPORT SERVICE PROGRAM RESPONSIBILITY

The Executive Director, Chief Executive Officer, or Organizational Faith Leader, shall be identified as having ultimate responsibility for services to clients. They shall review and approve the budget, menu of services, location of services, and hours of services.

17. SUPPORT SERVICE GOVERNANCE

All organizations shall have a governing body responsible for establishing its policies, defining its services, guiding its development, and assuring its accountability.

- a. The governing body shall have responsibility for the operation of the support service.
- b. The governing body shall comply with its bylaws, rules, mission, and/or doctrine of their organization.
- c. The credentialed contact person and their alternate, with the permission of the Executive Director, Chief Executive Officer, or Organizational Faith Leader, shall be identified as having responsibility for the operation of the support services.

18. SUPPORT SERVICES

All support services shall be provided under the provider's delegated supervisor.

19. QUALITY ASSURANCE

Support service provider must conduct satisfaction surveys to ensure quality of support services provider.

20. DC CORE/ATR PROVIDERS AND EMPLOYEES

Employees and immediate family members of DC CORE/ATR agencies, providers and non APRA operated intake sites are not eligible for substance abuse clinical or recovery support services through the DC CORE/ATR program. If services are requested by this population, they should be referred to the ARC for appropriate assessment and referral.

21. CONFLICT OF INTEREST

All DC CORE/ATR recipient organizations and employees shall adhere to ethical guidelines governing conflict of interest as outlined under the General Articles heading "conflict of interest" on page ___ of this document.

Section 7

FRAUD AND COMPLIANCE (Reserved)

Section 8

**REQUEST TO PROVIDE ADDITIONAL
SERVICES (Reserved)**

Section 9

PERSONNEL OR VOLUNTEER POLICIES

1. ORIENTATION

The provider shall provide an orientation that includes overview of mission or purpose statement for support services, volunteer duties or job description, review of Volunteer Scope of Work, overview of written policies and procedures, and code of ethics explained to volunteer and than signed by volunteer.

2. PERSONNEL OR VOLUNTEER MINIMUM REQUIREMENTS

The organization shall employ or recruit individuals with education and experience to effectively execute their support service position. Personnel and volunteers who supervise support services must attend credentialing training. Individuals shall pass a background check.

3. PERSONNEL OR VOLUNTEER FILE

Purpose of this file is to show qualifications and experiences of personnel or volunteer. The file shall contain a minimum of the following items:

- a. Job description or scope of work
- b. Resume or list of volunteer or life experiences
- c. License, certification, or related credentials
- d. Signed policies and procedures
- e. Signed standard of conduct
- f. Evidence of applicable training

4. TRAINING POLICY

Key personnel or volunteers must successfully complete Support Services Training. Training will include how to use the management information system, addiction and recovery models, and direct service ethics.

Confidentiality and Individual Records

1. CLIENT RECORD REQUIREMENTS

Organization shall maintain a record on each individual, maintain the individual's records and the individual's identifying information in a confidential manner, and secure consent for the release of client information in accordance with State and Federal Regulations (Title 42, Code of Federal Regulations, Part 2).

2. CLIENT RECORD CONTENT

Records maintained by support service Providers shall contain a minimum of the following information and entries shall be recorded in a timely manner:

- a. Individual ID number
- b. Date of support service
- c. Time support services rendered
- d. Support services utilized
- e. Source of referral and relevant referral information
- f. Progress notes (when applicable)
- g. Consents for the release of client information (when applicable) signed by the individual.

Authorized staff and other authorized parties shall have ready access to the individual's records. This will be outlined in the client consent for release form.

3. INDIVIDUAL RECORD CONFIDENTIALITY

All organizations shall adhere to Health Insurance Portability and Accountability Act (HIPAA) policies and procedures.