

Oklahoma Department of Mental Health  
and Substance Abuse Services

**OKLAHOMA ACCESS TO RECOVERY** 

***(OATR)***

***Provider Handbook***

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**I. DEFINITIONS AND TERMS** - For the purposes of the Oklahoma Access to Recovery (OATR) program, the following definitions and terms apply:

1. "ACCESS TO RECOVERY (ATR)." ATR is a 3 year competitive discretionary grant program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). ATR is a presidential initiative which provides vouchers to consumers for purchase of substance abuse clinical treatment and recovery support services. The goals of the program are to expand capacity, support consumer choice, and increase the array of faith-based and community based providers for clinical treatment and recovery support services.

2. "AOD." means alcohol and other drugs.

3. "ASAM PPC." means the current edition of the American Society of Addiction Medicine Patient Placement Criteria (currently, PPC-2R).

4. "CASE MANAGEMENT SERVICES." Planned linkage, advocacy and referral assistance provided in partnership with a consumer to support that consumer in self sufficiency and community tenure. Case management actions may take place in the individual's home, in the community, or in the facility. A ODMHSAS Certified Case Manager, in accordance with a treatment plan developed with and approved by the recipient and qualified staff, must provide the services.

5. "CARE COORDINATION." The process that links individuals and their families to services and resources in a coordinated effort to maximize the potential of the consumer to obtain, maintains, and sustains a healthy lifestyle.

6. "CARE COORDINATOR." Those people who will work closely with individuals who are participating in the, Oklahoma Access to Recovery (OATR) Program and are responsible for assessing, advocating, linking, and referring individuals to needed recovery support services and ensuring the coordination of those services received. Care Coordinators must have a high school education or equivalent (GED), be at least 18 years of age. If in recovery, the care coordinator must have a minimum of 2 years of sobriety, and be trained through the Care Coordinator training of ODMHSAS. All Care Coordinators must attend a minimum of 8 continuing education hours per year in order to maintain credentialing. A Care Coordinator must be supervised by his or her agency director or OATR coordinator designated by his or her program. A Care Coordinator cannot be an active OATR consumer. Care Coordinators may provide Consumer Advocacy, Socialization, Referral, Peer Counseling, and other services as identified.

7. "CHILDCARE." This service is available to participants while engaged in activities that support their recovery and/or treatment services. Services must be provided by Department of Human Services' approved childcare programs. Participants must use a tracking log that provides evidence that childcare services were used during times they were involved in treatment and/or recovery support activities.

8. "CONSUMER ADVOCACY." The assistance provided which supports, supplements, intervenes, and/or links the consumers with the appropriate service components. This can include medical, dental, financial, employment, legal, and housing assistance.

9. "CONSUMER ADVOCACY TELEPHONE". The assistance provided by Care Coordinators to the consumers by telephone to engage the consumers in services, to improve retention in program, and for follow-up services. This includes providing information to the consumers on new groups and services, engaging the consumers in conversation related to their well-being and learning why they have not used services, and what barriers keep them from attending services.

10. "CONSUMER CHOICE." For the purposes of this agreement and the Oklahoma Access to Recovery Program, choice is defined as a consumer being able to choose from among three or more providers qualified to render the services needed by the consumer, among them at least one provider to which the consumer has no religious objection.

11. "COORDINATOR OF FIELD SERVICES." Under general supervision, works to facilitate communication with OATR Recovery Support and Treatment Service Providers to ensure that the priorities of OATR are effectively communicated, implemented, and monitored, and supervises the OATR Program Field Representatives.

12. "COMMUNITY RECOVERY SUPPORT SERVICES." These services provide the training and support necessary to ensure active participation of the family or consumer in the treatment planning process and with the ongoing implementation, support and reinforcement of skills learned throughout the treatment process. Training may be provided to family members to increase their abilities to provide a safe and supportive environment in the home and community. These services are provided by a Behavioral Health Aid, Family support Provider, or Certified Recovery Support Specialist.

13. "CREDENTIALLED RECOVERY SUPPORT SERVICE PROVIDER." An organization that has met the requirements outlined in "Credentialing Protocol and Requirements for Credentialed Recovery Support Services" including, but not limited to, completion of the required OATR Government Performance Results Act (GPRA) and Voucher Management System Training, and OATR Care Coordination. Credentialed status is maintained through annual review and training.

14. "DIAGNOSIS (OR PRESENTING PROBLEM) RELATED EDUCATION-FAMILY MEMBERS." The therapeutic education of family members regarding consumers' diagnoses/identified problems and associated issues and implications; face-to-face activity.

15. "DIAGNOSIS (OR PRESENTING PROBLEM) RELATED EDUCATION-GROUP." The therapeutic education of consumers regarding their diagnoses/identified problems and associated issues and implications. In addition to identifying the subject of education, the clinical record shall document the consumers' responses to the materials, particularly as related to the goals of treatment. Group size is limited to participant – staff ration of 16 to 1; face-to-face group activity.

16. "DIAGNOSIS (OR PRESENTING PROBLEM) RELATED EDUCATION-INDIVIDUAL." The therapeutic education of consumers regarding their diagnoses/identified problems and associated issues and implications. In addition to identifying the subject of education, the clinical record shall document the consumers' responses to the materials, particularly as related to the goals of treatment; face-to-face individual activity.

17. "DEPARTMENT." The Oklahoma Department of Mental Health and Substance Abuse Services; also ODMHSAS.

18. "DRUG SCREEN". A drug screen is a method of testing for the use of drugs/alcohol by consumers in substance abuse treatment. It must be qualitative and test for multiple drug classes, and will include Urine Analysis (U.A.s). U.A.s should be administered as indicated by the clinical interview or assessments administered to consumers. Appropriate documentation is required.

19. "ELIGIBLE RECIPIENT." An individual who:
- a. Is assessed as having a substance use disorder;
  - b. Has income at or below 200% of the federal poverty level (FPL); and
  - c. Is an adult involved with the Oklahoma criminal justice system and/or Oklahoma's Child Protective Services.

20. "ELIGIBLE SERVICE PROVIDERS." Eligible service providers for the OATR program may include the following: public and private, nonprofit, proprietary, as well as faith-based and community organizations as approved through established procedures by the Department.

21. "EMERGENCY FOOD SERVICE." Persons may receive gift cards to use for purchase of food from food markets that accept food stamps; organizations may establish means of monitoring an individual's use of the food card.

22. "EVALUATION AND ASSESSMENT." A face-to-face formal evaluation to establish problem identification, clinical diagnosis, or diagnostic impression. An evaluation shall include an interview with the consumer and family. If deemed appropriate, may also include psychological testing and scaling of the severity of each problem identified for treatment and or pertinent collaborative information. The evaluation will determine an appropriate course of assistance which will be reflected in the treatment plan.

23. "FAITH-BASED." An organization, including those within tribal organizations, that self identifies as faith-based (non-secular) and includes faith-based concepts in its by-laws, mission statement, philosophy, and/or other organizational documents.

24. "FAMILY/MARITAL COUNSELING." A face-to-face therapeutic session with family members/couples conducted in accordance with a documented treatment plan focusing on treating family/marital problems and goals. Service shall be available to individuals with psychiatric and/or substance abuse problems.

Family: This group activity must be comprised of two or more related members of the same family attending on a regular, prescribed basis. Individuals attending on an infrequent or as needed basis are not required to be reported.

Marital: This group activity must be comprised of both spouses attending on a regular, prescribed basis. Individuals attending on an infrequent or as needed basis are not required to be reported.

25. "GOVERNMENT PERFORMANCE AND RESULTS ACT OF 1993 (P.L.103-62 (GPRA))." Requires all federal agencies to set program performance targets and report annually on the degree to which the previous year's targets were met. Agencies are expected to evaluate their programs regularly and to use results of these evaluations to explain their successes and failures and justify requests for funding. For ATR, SAMHSA developed a data collection instrument specifically for the ATR program to track the performance of consumers using vouchers for access to treatment and recovery services.

26. "HALF-WAY HOUSE." A low intensity addiction treatment in a supportive living environment that facilitates the individual's re-integration into the community, most often following completion of primary treatment. Major emphasis is on continuing substance abuse care and follow-up, and community ancillary services in an environment supporting continued abstinence. Consumers participate in at least six (6) hours of structured addiction rehabilitation services weekly.

27. "HALFWAY HOUSE SERVICES FOR WOMEN WITH DEPENDENT CHILDREN." Addiction and chemical dependency services in a residential setting providing a planned regimen of 24 hour supervised living arrangements, to include professionally directed evaluation, care, and treatment. Treatment offers individualized

services and treatment, and consumers must participate in at least 6 hours of supportive services, parenting, and child development services per week for adults.

28. "INDIRECT FUNDING." Indirect funding, when referring to payment of ATR services, means that individual, private choice, rather than the government determines which substance abuse treatment and/or recovery support service provider eventually receives the funds. With indirect funding, the individual in need of the service is given a voucher, coupon, certificate, or other means of free agency, such that he or she has the power to select from among eligible substance abuse treatment and recovery support service providers, whereupon the voucher (or other method of payment) may be "redeemed" for the service rendered. When indirect funding is used, faith-based organizations are no longer required to limit voluntary religious activities, including proselytization.

29. "INDIVIDUAL COUNSELING." A face-to-face therapeutic session with an individual conducted in accordance with a documented treatment plan focusing on treating his/her predetermined problem. Service shall be available to individuals with psychiatric and/or substance abuse problems.

30. "INTEGRATED CONSUMER INFORMATION SYSTEM (ICIS)." The ODMHSAS web-based data collection system to which consumer and service information is reported. The Voucher Management System (VMS) is part of the ICIS.

31. "INTENSIVE OUTPATIENT SERVICES - SUBSTANCE ABUSE." An organized, nonresidential outpatient treatment service with scheduled sessions that provides a range of 9 to 15 treatment hours per week. Treatment schedules are arranged to accommodate the time availability of employed and/or parenting consumers and treatment hours may be during the day, evenings, and weekends. Intensive outpatient services are designed to provide a variety of professional diagnostic and primary substance abuse treatment services for consumer and their families whose physical and emotional status allows them to function in their usual environments. Intensive outpatient services have formulated treatment curricula unique to the intensive outpatient program.

32. "MEMORANDUM OF UNDERSTANDING." The document describing the agreement between the Department and an OATR Provider in which the relationship between the Department and Provider, each parties' commitments, and purposes are set out and expectations are stated; also referred to as "MOU."

33. "METHAMPHETAMINE (METH) CONSUMER." For those participants who are not coming from a restricted setting, a meth consumer is a participant who has used meth in the last 90 days (prior to intake) AND who will be receiving services through OATR specifically related to meth use. For those participants who are coming from a restricted setting, a meth consumer is a consumer who has used meth in the 90 days prior to entry

into the restricted setting AND who will be receiving services through OATR specifically related to meth use.

34. “OKLAHOMA ACCESS TO RECOVERY (OATR).” The Oklahoma ATR program funded through the 3 year federal grant from SAMHSA to be implemented by the Department as set forth by SAMHSA and the Department.

35. “OUTPATIENT SERVICES.” Organized non-residential services with scheduled treatment sessions that accommodate employed and parenting consumer’ schedules, and offer treatment services during the day, evening, or weekends. Services are designed to provide a variety of professional diagnostic and primary alcohol and other drug abuse treatment services for consumer, their families, and significant others, whose emotional and physical status allows them to function in their usual environments.

36. “PEER COUNSELING.” Face-to-face individual or group counseling conducted by trained individuals who have experienced similar behavioral health problems. Mutual assistance in promoting recovery may be offered by other persons who have experienced similar substance abuse challenges. These services focus more on wellness than illness. Mentoring and coaching may include assistance from a professional who provides the consumer counsel and/or spiritual support, friendship, reinforcement, and constructive example. Mentoring also includes peer mentoring which refers to services that support recovery and are designed and delivered by peers—people who have shared the experiences of addiction recovery. Recovery support is included here as an array of activities, resources, relationships, and services designed to assist an individual’s integration into the community, participation in treatment, improved functioning or recovery.

37. “PERSONAL IDENTIFICATION SERVICES.” Services that include the provider paying for any or all of the following: State Identification Card, Oklahoma Driver’s License, and State Birth Certificate. Provider will assist the participant in securing appropriate personal identification on an as-needed basis; reimbursement will be provided when original receipt accompanies the provider’s monthly invoice.

38. “PRE-VOCATIONAL SERVICES.” Services that focus on development of general work behavior. The purpose of pre-vocational services is to utilize individual and group work-related activities to assist individuals or develop positive work attitudes, personal characteristics, and work behaviors; to develop functional capacities; and to obtain optimum levels of vocational development.

39. “PROVIDER.” A proprietorship, partnership, corporation, organization, individual, or other legal entity that meets Requirements for Credentialed Status for Provision of Recovery Support Services and offers Recovery Support Services and/or meets the Department’s certification requirements for Substance Abuse Treatment Provider and requirements for Credentialed Status for Provision of Recovery Support Services when providing such services.

40. "PROVIDER DIRECTORY." An OATR provider directory is available to assist consumers to make informed choices regarding service providers. The directory contains provider information such as services offered, service settings, and program specialties.

41. "RECOVERY SUPPORT DISCHARGE SUMMARY." Means the form used to document services a participant has received from a Provider and services that remain, if services do remain, on the participant's voucher.

42. "RECOVERY SUPPORT PLAN." Means a written plan developed with the OATR participant in which problems, needs, goals, and action steps are identified. The Recovery Support Plan is developed and monitored by the Case Manager and/or the Care Coordinator.

43. "RECOVERY SUPPORT SERVICE FORM." Means the form used to document recovery support services for each OATR participant. This form is evidence of services provided and based on the Recovery Support Plan; it is a form that assists in monitoring for fraud, waste, and abuse.

44. "RECOVERY SUPPORT SERVICES." An array of activities, relationships and services designed to assist Eligible Recipients' participation in treatment and maximize the ability of Eligible Recipients to be successful in their recovery, improve functioning, and support continued recovery.

45. "REFERRAL." A formal process of evaluation or review of the presenting problems of an individual which results in the referral of the individual to relevant service resources.

46. "RENTAL REIMBURSEMENT." A service that assists an individual, including immediate family members, with securing a stable living environment or ensuring an individual who is at risk of eviction is not evicted from a secure living environment. This service can only be utilized once per household and once per the life of the program. This service pays an individual's initial deposit in order to enter a minimum of a 6 month lease in the name of the individual served. This service can also be utilized for one month's rent in the case that a participant is at risk of eviction. An individual utilizing this service will qualify based on need and/or if considered homeless by state definition. Participants must provide copies of lease agreements and/or eviction notices. The consumer must present with a signed lease/rental agreement or letter of residency that specifically states 6 months or more. This category can not be utilized with short-term emergency shelter (a consumer is only eligible for one tier of housing support.).

47. "RESIDENTIAL CARE/RESIDENTIAL CARE FOR WOMEN WITH DEPENDENT CHILDREN." Addiction and chemical dependency services in a residential

setting providing a planned regimen of 24 hour supervised living arrangements, to include professionally directed evaluation, care, and treatment. The provision of 24 supportive assistance to include physical exercise, daily living skills, and socialization activities to those consumers who are pre-authorized to live in a residential care facility.

48. "SAMHSA." The federal Substance Abuse and Mental Health Services Administration; the federal agency funding the ATR grant.

49. "PROJECT DIRECTOR ." Under direction of the OATR Program Director, assists with implementation of the OATR Program and managing, coordinating and directing substance abuse treatment and recovery support services provided through the OATR program.

50. "SHORT TERM EMERGENCY SHELTER." Temporary residential sites which are provided until the individual can receive assistance to secure long term housing. Sites might include hotel/motel, respite bed in residential care or nursing home, a safe home, or other sites as appropriate. This service title is for OATR approved sites that have been credentialed and meet all qualifications and meet the short-term emergency shelter protocol to receive the daily rate.

51. "SOCIALIZATION." Working side-by-side with the consumer to instruct them in areas of activities of daily living, social/recreation, and leisure activities with an emphasis on counseling involving interpersonal skills. Services include, but are not limited to, social support and community-engagement services, faith, or spirituality to assist consumers 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.

52. "SPIRITUAL AND/OR FAITH-BASED SUPPORT." A face-to-face group or individual service provided by qualified staff to assist participants to develop spiritually. These activities include those that are inspirational and motivational in nature aimed at helping consumers to establish or re-establish a relationship with a higher power, adopt positive values or principles, identify a sense of purpose and mission for one's life, and achieve serenity and peace of mind. Activities may incorporate prayer, chanting, and music. Such services are usually provided in a religious or spiritual setting by spiritual leaders or others equipped to assist individuals in finding spirituality. Qualified staff for this service includes Credentialed Peer Recovery Support Specialists and or ordained ministers or equivalent, such as a rabbi, tribal healer, or imam, or an individual who has an active relationship with a local religious, spiritual, or tribal body and has that religious, spiritual, or tribal body's endorsement to minister/heal, and must be consistent with standard protocols, practices and tenets of the respective denomination or tribe.

53. "STATEMENT OF WORK." A document attached to the Memorandum of Understanding used to detail expectations for OATR Providers related to the services for which the Provider is approved; also known as "SOW."

54. "SUBSTANCE ABUSE TREATMENT SERVICES." Clinical services provided by organizations/agencies certified as Treatment Service Providers by the Department.

55. "TRACKING LOG." A document that provides evidence that participants were involved in treatment and/or recovery activities during times in which they have used OATR Recovery Support Services including: 1) Bus Passes, 2) Fuel Vouchers, and 3) Childcare Services. The document must include, but not be limited to, the following information: 1) date of activity/service, 2) name of treatment and/or recovery activity, 3) location of activity, 4) signature of person providing treatment and/or recovery activity, and 5) signature of consumer. Recovery Support Service Form #4 may be used or the provider may create its own form.

56. "TRANSPORTATION (AGENCY)." The means for persons to travel to and from clinical or recovery support services, job interviews, medical appointments, 12 step or other support groups, school, work, childcare providers, or other engagements that support recovery. This transportation is provided in the Providers' vehicles driven by Providers' staff members.

57. "TRANSPORTATION – BUS PASS." Passes may be provided to consumers on a monthly or daily basis. Participants must use a tracking log that provides evidence that bus vouchers were used to travel to and from activities that support their recovery. Tracking logs shall be maintained in participants' records to include bus pass identifying number and how the transportation is linked to recovery.

58. "TRANSPORTATION – FUEL VOUCHER." Fuel cards may be given to consumers for purchase of fuel at locations that allow for purchase of fuel with cards that are approved only for fuel purchase to assist with an individual's travel for recovery support activities. Organizations may determine means of monitoring use of an individual's fuel voucher. Participants must use a tracking log that provides evidence that fuel vouchers were used to purchase fuel for travel to and from activities that support their recovery. Tracking logs shall be maintained in participants' records to include mileage logs identifying destination and mileage to and from activities and how the activity is linked to recovery.

59. "TREATMENT PLANNING." The process of developing a written plan based on the assessments that identify the clinical needs/problems necessitating treatment. This process includes establishing goals and objectives; planning appropriate interventions; identifying treatment modalities, responsible staff, and discharge criteria; or the evaluation or updating the treatment plan based on the participant's documented progress.

60. "VOUCHER." An OATR program voucher is an electronic record that provides evidence of the Department's agreement to pay an organization for allowable services provided to an OATR participant who requests such services. Vouchers have a maximum dollar value and a specified time limit and are issued based on availability of grant funds.

61. "VOUCHER MANAGEMENT SYSTEM (VMS)." The web-based data collection system to which the GPRA and voucher information is reported. The VMS is part of the larger Integrated Consumer Information System (ICIS).

## **II. OATR PROGRAM GOALS AND PRINCIPLES**

A. The broad goals of the OATR program are to:

1. Expand capacity, support consumer choice, and increase the array of faith-based and community based providers for clinical treatment and recovery support services.
2. Ensure that all consumers have a genuine, independent choice of service provider that reflects their personal needs and preferences.
3. Empower consumers to be involved in their recovery by being part of all decisions made about the services they receive.
4. Reduce the number of adults incarcerated due to charges related to substance abuse and/or dependency and address the lack of capacity to serve Oklahomans in the criminal justice system in need of substance abuse treatment and recovery support services. The OATR program will target those individuals who are at high risk for entering or who are involved with the criminal justice system and those ready for reintegration into communities and place an emphasis on those with methamphetamine abuse or dependence.

B. The overarching principles of the OATR program are:

1. No single program, service, or approach is appropriate for all individuals. Matching settings, interventions, and services to each individual's particular needs and preferences is critical to his/her ultimate success.
2. Treatment and recovery support services need to be readily available. Because individuals impacted by substance abuse/dependency may be uncertain about recovery, taking advantage of opportunities when the individuals are ready for services is crucial. OATR services are free to

eligible consumers. There should be no charge for assessments, appointments, or other voucher services.

3. Effective treatment and recovery support services address not only the individual's AOD use, but his/her multiple needs (associated medical, psychological, social, vocational, and legal problems).
4. Faith-based and other nontraditional organizations can be significant partners in an individual's recovery, and have the right to maintain their religious identity in the provision of services.

### **III. PROVIDER ELIGIBILITY**

#### **A. Provider Approval Process**

1. To participate in the OATR program, an organization/entity must submit an application and required documentation and be approved by ODMHSAS. Prior to approval all documents must be in file to move forward with providing any OATR service.
2. ODMHSAS will announce via e-mail, postal mail, and educational and informational meetings when it is accepting provider applications. ODMHSAS may limit provider enrollment to specific geographic areas or specific types of services based on need, or may close the enrollment process if the provider network meets the diverse needs and preferences of the individuals being served.
3. ODMHSAS has exclusive rights to determine a provider's eligibility to participate in the OATR network. Such determination will be based on certification in good standing, history of certification complaints or enforcement action, accreditation, appropriateness of services, staff training and qualifications, evidence of staff and organizational competency, interviews with the organization or entity staff, and other knowledge of significance unique to the individual provider.
4. Falsifying or misleading information, misrepresenting qualifications or credentials, or omitting relevant material facts on an application will result in the application being rejected. It is also grounds for terminating a participating provider.
5. A provider's approval to participate in OATR will be specific to the type of services identified in the Statement of Work that is attached to the Memorandum of Understanding. Approval to participate in OATR does not award or assign any sort of licensure or certification, or

supersede the legal requirements of federal, state, county or municipal law.

6. Providers that are not certified or accredited substance abuse treatment service providers must complete the Credentialing Process as outlined in the OATR Credentialing Protocol and meet the requirements outlined in the OATR Requirements for Credentialed Recovery Support Service Providers.
7. ODMHSAS shall not approve applications from organizations/entities which, based on past performance, have been noncompliant with OATR policies and procedures and/or have demonstrated that they do not have adequate staffing or administrative capacity to participate in the OATR program.
8. Providers must ensure all services are offered and can be provided with language assistance if needed at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

#### B. Eligibility Requirements for Providers

The eligibility requirements for providers are as follows:

##### 1. Assessor

- a. The organization must be certified by ODMHSAS as a Substance Abuse or Mental Health Treatment provider, and a current OATR approved provider;
- b. Staff shall be at least eighteen (18) years of age
- c. Current license LADC, LPC, LMFT, LCSW **OR** under supervision;
- d. All staff who will conduct assessments must be treatment professionals with 1 year minimum AOD-specific training and experience.
- e. Assessor staff who will conduct assessments must be trained/certified in use of the Addiction Severity Index, 5<sup>th</sup> edition and the current edition of the ASAM PPC, the training must occur after January 2002.

##### 2. Treatment Provider

- a. The organization must be certified by ODMHSAS as an Outpatient Treatment Service Provider; or
- b. The organization must be certified by ODMHSAS as an Intensive

- Outpatient Treatment Service Provider; or
- c. The organization must be certified by ODMHSAS as a Halfway House Service provider; or
  - d. The organization must be certified by ODMHSAS as a Halfway House Service provider for persons with dependent children.
  - e. All treatment providers **MUST** hold a national accreditation from one of the following entities: CARF, JACHO, or COA.
  - f. The organization must at all times carry liability insurance of no less than 1million dollars (\$1,000,000) per incident and 3 million dollars (\$3,000,000) aggregate professional Liability Insurance to adequately compensate persons for injury to their person or property occasioned by an act of negligence by the organization, its agents, employees, or the like. Said policy must provide that the carrier may not cancel or transfer the policy without giving the Department 30 day's written notice prior to the cancellation or transfer. The organization shall timely renew the policies to be carried pursuant to this section throughout the term of the contract and provide the Department with evidence of such insurance and renewals upon request. If transporting consumer using a two or four door sedan, the Provider shall at all times carry and maintain liability insurance of no less than \$100,000.00 per incident and \$300,000.00 aggregate vehicle insurance to adequately compensate persons for injury to their person or property during transportation by an act of negligence by the Provider, its agents, employees, or the like. If transporting consumer using a passenger van or bus, the Provider shall at all times carry and maintain liability insurance of no less than \$300,000.00 per incident and \$1,000,000 aggregate vehicle insurance to adequately compensate persons for injury to their person or property during transportation by an act of negligence by the Provider, its agents, employees or the like. Said policies must provide that the carrier may not cancel or transfer the policy without giving the Department 30 days written notice prior to the cancellation or transfer. The Provider shall timely renew the policies to be carried pursuant to this section throughout the term of the Memorandum of Understanding and provide the Department with evidence of such insurance and renewals upon request.

### 3. Credentialed Recovery Support Provider

- a. The organization must be registered and in good standing with the

- Oklahoma Secretary of State's Office;
- b. The organization must obtain and maintain all required occupancy and zoning permits;
  - c. The organization must have a documented policy and procedure manual that addresses at least:
    - 1) The organization's purpose and philosophy;
    - 2) Standards of conduct for all staff and volunteers including roles, boundaries, supervision, conflicts of interest, and training; and
    - 3) Consumer rights and grievance procedures that adhere to consumer rights, regulations, and statutes contained in Title 43A of the Oklahoma Statutes and Title 450, Chapter 15 of the Oklahoma Administrative Code.
  - d. The organization must have a governing body (e.g., a board of directors) that meets according to its bylaws to provide fiscal planning and oversight, ensure quality improvement in service delivery, establish policies to guide operations, ensure responsiveness to the community and individuals being served, and delegate operational management to a program manager in order to effectively operate its services.
  - e. The organization must utilize fiscal management policies, procedures, and practices consistent with generally accepted accounting principles and applicable state and federal laws and regulations.
  - f. The organization must have a risk management strategy that includes adequate insurance to cover risks including, but not limited to, liability insurance of no less than \$1,000,000.00 per incident to adequately compensate persons for injury to their person or property occasioned by an act of negligence by the organization, its agents, employees or the like. Said policy must provide that the carrier may not cancel or transfer the policy without giving the Department 30 day's written notice prior to the cancellation or transfer. The organization shall timely renew the policies to be carried pursuant to this section throughout the term of the contract and provide the Department with evidence of such insurance and renewals upon request. If transporting consumer using a two or four door sedan, the Provider shall at all times carry and maintain liability insurance of no less than \$100,000.00 per incident and \$300,000.00 aggregate vehicle insurance to adequately compensate persons for injury to their person or property during transportation by an act of negligence by the Provider, its agents, employees, or the like. If transporting consumer using a passenger van or bus, the Provider shall at all times carry and

maintain liability insurance of no less than \$300,000 per incident and \$1,000,000 aggregate vehicle insurance to adequately compensate persons for injury to their person or property during transportation by an act of negligence by the Provider, its agents, employees or the like. Said policies must provide that the carrier may not cancel or transfer the policy without giving the Department 30 days written notice prior to the cancellation or transfer. The Provider shall timely renew the policies to be carried pursuant to this section throughout the term of the Memorandum of Understanding and provide the Department with evidence of such insurance and renewals upon request.

- g. The organization must complete the required OATR trainings including, but not limited to, GPRA, Voucher Management System training, and OATR Care Coordination training.

#### C. Religious Organization Rights and Requirements

1. Pursuant to the Charitable Choice Provisions and Regulations (42 CFR, Part 54), faith-based/religious providers have the right to maintain their religious character, express their religious beliefs, and integrate religious activities into the provision of services, so long as they otherwise satisfy the OATR program requirements.
2. Each OATR consumer will be presented with at least two (2) appropriate provider choices, at least one of which must be a provider to whom the consumer has no religious objection.
3. If, while receiving OATR services from a faith-based/religious organization, an OATR consumer objects to the religious character of the provider, the provider must refer the consumer back to the assessor, or seek assistance from OATR staff members, to assist the consumer in selecting an alternate provider.

#### D. Required Training

1. Assessors and Treatment Providers must attend training provided by ODMHSAS and/or OATR staff members to include, but not limited to, the following:
  - a. Voucher Management System;
  - b. GPRA Data Collection; and
  - c. ICIS, as needed.

2. Credentialed Recovery Support Providers must attend training provided by ODMHSAS and/or OATR staff members to include a minimum of 8 hours per year but not limited to, the following:
  - a. Care Coordination including:
    - i. Documentation;
    - ii. Strength Based/Person Centered Concept and Evidence-Based Care Model;
    - iii. Core Values;
    - iv. Engagement;
    - v. Goal Attainment;
    - vi. Collaboration/Planning;
    - vii. Documentation;
    - viii. Boundaries; and
    - ix. Safety.
  - b. Voucher Management System; and
  - c. ICIS, as needed.

#### **IV. ORGANIZATIONAL ROLES AND RESPONSIBILITIES**

##### **A. ODMHSAS**

ODMHSAS is the state agency receiving the federal grant funds being used for vouchers and is responsible for the overall success of the OATR voucher program. ODMHSAS is responsible for the following:

1. Approving eligible providers;
2. Monitoring and assessing provider performance;
3. Identifying provider training and technical assistance needs;
4. Conducting provider orientations and trainings;
5. Facilitating resources to meet training and technical assistance needs;
6. Collecting and analyzing program data;
7. Auditing provider claims and authorizing payments;
8. Maintaining the OATR website;
9. Issuing vouchers to consumers via the VMS;
10. Tracking voucher consumers, services, and associated costs;
11. Collecting required outcome and financial data from providers through the VMS;
12. Generating monthly provider invoices based on electronic billings;
13. On-site provider visits to determine compliance and provide technical assistance; and
14. General oversight and support of the OATR program.

##### **B. Assessors**

Assessors are the entry point for all OATR consumers. Persons are referred to an assessor from drug and mental health courts, probation and parole officers, jails, prisons, Child Protective Services, treatment centers, faith-based and community organizations, the OATR website, self-referral, and other referral sources. Assessors are responsible for the following:

1. Meeting with a potential OATR consumer immediately upon referral, but no more than 5 working days after the referral (unless potential consumer is unavailable until later);
2. Referring individuals to another assessor if the assessment cannot be conducted within 5 working days;
3. Determining consumer eligibility for the OATR program;
4. Conducting the Addiction Severity Index, 5<sup>th</sup> edition and/or the *OATR Screening & Assessment for Recovery Support Services*;
5. Identifying the level and type of treatment and/or recovery support services needed by the consumer through use of the current edition of the ASAM PPC;
6. Utilizing the OATR provider directory to identify service providers that match the level and type of treatment and/or recovery support services the consumer needs;
7. Providing an unbiased explanation of the service options to the consumer to ensure that they can make an informed, individual choice about the service provider(s) that will best meet their needs and personal preferences;
8. Completing the OATR Certification of Consumer Choice and faxing to the chosen Provider;
9. Involving the consumer's family, when appropriate, to assist and support the consumer during his/her decision process;
10. Referring the consumer to programs/services outside the OATR network if needs cannot be met by the OATR program or if needed services are covered by another funding source;
11. Scheduling an intake appointment with the consumer's chosen provider(s) and following up within 5 working days to ensure access to services;
12. Faxing the *Referral Form, Form #6*, to the selected provider and the OATR office (405-522-3767);
13. Collecting the consumer data required by GPRA at specified intervals and submitting the GPRA via the VMS within the specified timeframes;
14. Assisting in collection of GPRA data from 90% of consumers served;
15. Providing consumers for whom they are responsible for completing the discharge and sixth month post-admission GPRA data with the consumer satisfaction survey form and return

- envelope at discharge or at the sixth month post-admission follow-up;
16. Completing the *Health Study Locator* form and entering the information electronically within 7 business days post-admission;
  17. Protecting consumers' personal information and participation in treatment or recovery services from unauthorized disclosure by complying with the federal confidentiality regulations related to the release of alcohol and drug abuse records (42 CFR Part 2);
  18. As applicable, complying with the privacy and security requirements of 45 CFR Parts 160 and 164 (the Health Insurance Portability and Accountability Act regulations);
  19. Documenting completion of the assessment process as outlined in 1-19 in a manner that can be reviewed by OATR staff members during site visits;
  20. Maintaining a file for each consumer as specified in Section XVII; and
  21. Attending OATR trainings, quarterly meetings, other required meetings, or performance reviews required by ODMHSAS.

### C. Treatment and Recovery Support Service Providers

Treatment and recovery support providers are responsible for the following:

1. Accepting OATR consumers who are appropriate for their services, as long as they have available capacity;
2. Verifying that the consumer has been approved for voucher services and that they are the designated Provider prior to beginning service provision;
3. Completing the bottom of the form, *Referral Form, Form #6*, and faxing it to the assessor and the OATR office (405-522-3767) within 3 days of the consumer's admission;
4. Informing and orienting each consumer upon admission about applicable program rules, participant requirements, grievance procedures, and other expectations;
5. Providing appropriate and allowable services to consumers as authorized by the voucher and specified in service plans developed by the provider and the consumer;
6. Reporting all specified consumer and service data via the VMS;
7. Collaborating with assessors' reasonable requests to meet with consumers at the treatment or recovery support location to collect required GPRA data;
8. Completing the Health Study Locator and/or updating the Locator as needed to maintain information that will assist in locating consumers for the GPRA follow-up data collection;

9. Collecting GPRA discharge and 6 month post-admission follow-up data for 90% of consumers served;
10. Providing consumers with the satisfaction survey form and return envelope upon completion of OATR services or, if not at completion, at the 6 month follow-up GPRA interview;
11. Maintaining a file for each consumer as specified in Section XVII;
12. Attending trainings, meetings, or performance reviews required by OATR;
13. Protecting consumers' personal information and participation in treatment or recovery services from unauthorized disclosure by complying with the federal confidentiality regulations related to the release of alcohol and drug abuse records (42 CFR Part 2);
14. As applicable, complying with the privacy and security requirements of 45 CFR Parts 160 and 164 (the Health Insurance Portability and Accountability Act [HIPAA] regulations); and
15. Attending OATR trainings, quarterly meetings, and/or performance reviews required by ODMHSAS.

#### D. Case Managers and Care Coordinators

Case Managers must be certified by ODMHSAS and provide the range of services recognized as case management. Certified Case Managers must practice case management within agencies certified by ODMHSAS. Care Coordinators must complete the OATR Care Coordinator training provided by OATR prior to providing services to OATR participants. Care Coordinators must be at least 18 years old, have a high-school diploma or equivalent; if in recovery, have a minimum of 2 years sobriety, and be supervised by program director. A care coordinator cannot be an active OATR consumer and cannot provide direct/indirect services to immediate family members (mother, father, cousins, etc.). Care Coordinators may provide services within certified agencies or credentialed recovery support service provider agencies. At a minimum, the OATR Care Coordinator training will include the following:

1. Concept of Care Coordination
2. Strength Based/Person Centered Concept and Evidenced-Based Care Model
3. Engagement
4. Goal Attainment
5. Collaboration
6. Documentation
7. Supportive Counseling
8. Boundaries

9. GPRA Data Collection, as deemed appropriate

Care Coordinators/Case Managers are assigned to a participant upon admission to a recovery support provider. Care Coordinators/Case Managers are responsible for the following:

1. Meeting with the participant face-to-face to develop the Recovery Support Plan (billable for Care Coordinators as Peer Counseling, Individual);
2. Preparing, implementing, monitoring, and evaluating the participant's Recovery Support Plan;
3. Documenting recovery support services provided on the Recovery Support Service Summary;
4. Meeting with the participant face-to-face (billable) or by telephone (non-billable) no less than one time each week and completing documentation regarding each meeting;
5. Establishing linkages with other service systems and programs serving the participant; acting as a liaison between the participant and the other systems, and advocating for the participant's needs with the systems;
6. Working in collaboration with other agencies that may meet the needs of participants;
7. Maintaining a current list of resources appropriate to the participants being served;
8. Assisting participants in their transitions between levels of care;
9. Documenting all services they provide, indirectly and directly, to participants and updating information as needed;
10. As deemed appropriate, assisting with collection of GPRA discharge and 6month follow-up data for 90% of the consumers they serve.

## V. CONSUMER REFERRALS

- A. All potential OATR consumers must first go to an OATR assessor. They can be referred to an assessor directly from referral sources or through self-referral. Contact information for assessors may be received by contacting the OATR office at 404-522-1661 or at the Access to Recovery link on ODMHSAS' website, [www.ODMHSAS.org](http://www.ODMHSAS.org).
- B. Referral sources will receive education and materials from ODMHSAS that instruct them to refer potential consumers either directly to an identified OATR assessor or to an OATR Coordinator of Field Services, the OATR website or other self-screening sources.

- C. When a potential OATR consumer or his/her representative seeks referral to the OATR program, general information on the program and a referral to an assessor may be given through the OATR Consumer Information brochure and/or through the OATR website.

## **VI. ISSUANCE AND AUTHORIZATION OF VOUCHERS**

### **A. OATR Consumer Eligibility**

1. When a potential OATR consumer presents to an OATR assessor, the assessor will determine the individual's eligibility based on the following criteria:
  - a. The individual must be an adult (18 years or older);
  - b. The individual must be involved, or be at risk of involvement, with the Oklahoma criminal justice system and/or Oklahoma Child Protective Services;
  - c. The individual must meet the indigent criteria (200% of poverty level);
  - d. A financial screening that determines if the appropriate and needed services for the consumer are available to the provider from any other funding source, as specified in Section XVIII (B);and
  - e. The individual must meet one of the following conditions:
    - i) Meet the diagnostic criteria for a substance-related disorder in the current edition of the Diagnostic and Statistical manual of Mental Disorders (DSM);
    - ii) Demonstrate symptoms of AOD use that indicate a need for AOD treatment based on a brief screening; or
    - iii) Be receiving AOD treatment through some other program or funding source but needs supplemental treatment or recovery support services; or
    - iv) Be in recovery from AOD abuse or dependence and needs recovery support services to sustain recovery. For purposes of the OATR program, being in recovery means that the individual had a substance abuse disorder diagnosis in the past but is no longer using, and there has been no more than six months since the individual's last AOD use or last treatment episode.
2. If the individual is not eligible for the OATR program, the assessor must refer the person to appropriate local agencies that can provide assistance and/or support as needed.

### **B. OATR Consumer Assessment**

1. If the individual meets the eligibility criteria noted above, and the individual wishes to access OATR services, the assessor must obtain the individual's consent by having the individual sign a *Consent to Assess* form, which allows the assessor to search the ODMHSAS database to determine whether the consumer is currently receiving substance abuse treatment services or has received services from a ODMHSAS-funded agency before proceeding any further;
2. If consent is obtained, and the assessor determines that the consumer is not currently receiving treatment services, the assessor will complete an *Addiction Severity Index 5<sup>th</sup> Edition*, and the *OATR Screening & Assessment for Recovery Support Services*, and the intake GPRA tool;
3. If the individual is assessed as appropriate for substance abuse treatment services, the assessor uses the current edition of the *ASAM PPC* to determine the appropriate level of care;
4. If the individual is currently receiving treatment services and meets the OATR eligibility criteria, the assessor will complete the *OATR Recovery Screening & Assessment for Recovery Support Services* tool, the *OATR Health Study Locator*, and the intake GPRA;
5. Assessments must be conducted individually, not in a group setting, in a manner and setting that maintains the individual's confidentiality, and only by individuals and organizations authorized by ODMHSAS as OATR assessors;
6. Assessors with clearance approval from the Oklahoma Department of Corrections may go to a criminal justice facility (based on a rotation monitored by the OATR Project Director ) to assess potential OATR participants who will be discharging from the criminal justice agency within a 2 week period;
7. Based on the results of the assessments, placement criteria (using the current edition of the ASAM PPC), and clinical judgment, the assessor will determine the needed type and level of treatment and/or recovery support services;
8. If the assessment indicates a need for services that are not covered by the OATR program (e.g., mental health services, residential treatment, detox, etc.), the assessor must refer the consumer to other programs to address those needs.

9. If the assessment reveals that the consumer does not meet the diagnostic criteria for a substance-related disorder, or does not otherwise qualify for OATR services, the assessor must refer the consumer to more appropriate services.
10. The assessor must conduct the intake GPRA interview with the consumer and submit the data via the VMS. If enrolled in OATR, the assessor must inform the consumer of the need to collect GPRA data again upon discharge and at 6 months post-intake, and obtain the consumer's consent to contact him or her for these interviews.
  - a. If the consumer receives services at a facility that has a ODMHSAS-approved assessor, the initial assessor is only required to complete the intake GPRA tool. Appropriate personnel at the provider agency will be responsible for administering the discharge and follow-up GPRA tools.
  - b. If the consumer receives services at a facility that does not have a ODMHSAS-approved assessor, such as a non-certified recovery support services provider, the initial assessor, or personnel identified and approved by OATR at the non-certified agency, are responsible for completing the intake, the discharge and follow-up GPRA tools.
  - c. If a consumer is referred to an agency but does not present for services, the initial assessor is responsible for completing the discharge and follow-up GPRA tool.

### C. Consumer Choice

1. The assessor must ensure consumer choice by following the actions described below:
  - a. The assessor must make available to the consumer the OATR Provider Directory, either in hard copy or by viewing it online, to help match the consumer with a provider that best meets his/her needs and preferences.
  - b. The assessor must identify all viable provider options, and help the consumer narrow the choices down to no less than two eligible providers. At least one of the options must be a provider to whom the consumer has no religious objection, and the options may not be limited to two locations of the same provider organization.
  - c. The assessor must present to the consumer the information on the

provider options which shall include, but not be limited to, the types of services the providers offer, their hours of operation, settings, whether they are faith-based, any participant requirements, and other information to help the consumer make an informed choice.

d. The assessor's certification that he/she presented provider options to the consumer and the consumer's certification that they made an independent choice must be documented on the *Certification of Consumer Choice for Provider of Services* form and placed in the consumer's file and a copy must be given to the consumer.

2. The assessor will contact the selected provider(s) and set up an initial appointment date and time. Once confirmed, the provider information is entered into the voucher. The voucher is then complete and is submitted to the VMS. Upon submission, the voucher is complete. A copy is printed off and given to the consumer.

#### D. Referral to Treatment and Recovery Support for Voucher Services

1. The assessor will contact the identified treatment and/or recovery support service provider(s), ensure they have available capacity, and schedule an intake appointment for the consumer.
2. The assessor will fax a completed *Referral Form, Form #6* to the Treatment and/or Recovery Support Service Provider(s) 1 business day after the assessment.
3. The assessor will complete the electronic version of *The Health Study Locator* within 5 business days post-admission.
4. The assessor must follow up with the consumer and/or the consumer's chosen provider within at least 5 working days to ensure access to services;  
the assessor must document such follow up.

#### E. Treatment and Recovery Support Voucher Issuance

1. A voucher, allowing payment for the assessment and initial referral, is automatically generated when the intake GPRA data is submitted. If treatment and/or recovery support services are needed, the chosen provider's information is entered into the VMS and submitted. The voucher is now activated, and treatment and/or recovery support services may be provided by the chosen provider(s). A consumer has 14 days to activate the voucher. If activation does not occur during this window, the

voucher is forfeited.

2. ODMHSAS may limit the number of vouchers redeemed by any one service provider based on available funds or a provider's staffing patterns, hours of operation, administrative capacity, and past performance.

#### F. Redeeming Treatment and Recovery Support Vouchers

1. When the consumer presents at the treatment or recovery support provider of his/her choice, the provider will do the following:
  - a. Verify that the consumer has a valid voucher and that your agency is the designated provider by confirming the information in the VMS. By entering certain consumer information into the VMS, a copy of the voucher can be obtained, showing the allowable services and allowable provider(s) for each service. Before providing any services, it is the provider's responsibility to make sure the consumer is enrolled in the OATR program and that a service voucher has been issued. Services provided to a consumer before a voucher is authorized or prior to the voucher start date will not be reimbursed; and
  - b. Fax a completed copy of the *Referral Form, Form #6* to the assessor and the OATR office (405-522-3767) within 3 days of the admission. This notice will verify the consumer's admission to the program and the date of admission or lack of admission. A copy of the form must be maintained in the consumer's file.
2. Inform, orient the consumer, and obtain consumer's signature on all forms regarding the program including rules, participation requirements, grievance procedures, other expectations, and appropriate consents to release information;
3. Develop an individual treatment and/or or recovery support service plan with the consumer. Recovery support providers must use the *Recovery Support Service Plan Form #1*;
4. Provide the appropriate and allowable OATR program services as authorized by the voucher and consistent with the consumer's treatment or recovery support service plan;
5. Bill for services provided in accordance with Section XXI;
6. Collaborate with assessors and accommodate their reasonable requests

to meet with consumers at the treatment or recovery support location to collect required GPRA data; and

7. If the provider does not have available capacity or the consumer is not appropriate for its particular type of services, the provider will immediately contact the assessor to arrange a new provider referral. The provider must also fax the completed *Referral Form, Form #6* to the assessor.

## VII. VOUCHER CHANGE MANAGEMENT

### A. Voucher Cancellation

1. A consumer must be admitted to the prescribed provider and have received a service within 14 days of the voucher being activated. This service must be submitted to the VMS within 7 business days of the service date. If a service is not received in the VMS within this time frame, ODMHSAS will assume that the consumer did not access services and the voucher will be cancelled.
2. A voucher will be cancelled prior to its expiration date if a consumer is ineligible, the voucher funds are depleted, the consumer drops out, no services are provided within a 14-day time frame, or a discharge GPRA is submitted, whichever comes first. However, 6 month follow-up GPRA may be billed on the corresponding voucher, even after the treatment and recovery pieces have expired or been cancelled.

### B. Voucher Effective Periods and Time Extensions

1. Treatment and recovery support vouchers are in effect for 6 months from the date of issuance, unless extended as specified below. The voucher must be activated within a 14 day window or all voucher services will be forfeited. The assessment piece of the voucher is in effect for 8 months from the date of issuance to allow completion of the 6 month post-intake GPRA.
2. A treatment or recovery support voucher may be extended for an additional 30 days if all the following criteria are met:
  - a. Funds remain available on the voucher;
  - b. The service provider requests the extension within 7 business days prior to the expiration date by contacting an OATR Coordinator of Field Services (405-522-5842; 405-522-3866) or the OATR

- Project Director (405-522-5792). The provider must submit a written statement explaining why the voucher should be extended and address the consumer's situation. The provider should contact the helpdesk.
- c. The consumer is currently receiving services and the provider has billed for those services within the last 14 days; and
  - d. ODMHSAS has not instituted any restrictions against extensions.
  - e. The consumer still qualifies for OATR services.
3. A treatment or recovery support voucher service units may be extended (round two), increased, or changed if all the following criteria are met:
- a. Funds remain available on the voucher.
  - b. The service provider (assessor or recovery support) requests the extension (via the Helpdesk), increase or change within 7 business days prior to expiration date or creation date of the voucher by contacting an OATR Coordinator of Field Services (405-522-3866, 405-522-4546), or the OATR Project Director (405-522-5792); the provider must submit a written statement explaining why the voucher should be extended and address the consumer's situation.
    - i. If requesting to increase service units, the provider must submit a ticket to the Helpdesk and specifically list voucher number and service category requesting to be increased. The provider must list services that should be removed if the voucher exceeds the current cap. This can be done by the original assessor or the current recovery support provider.
  - c. The consumer is currently receiving services and the provider has billed for those services within the last 14 days; and
  - d. ODMHSAS has not instituted any restrictions against extensions, increases, or changes.
  - e. The consumer must still qualify for OATR services.
  - f. The consumer must have successfully completed the follow-up GPRA in order to qualify for a round-two of services.

### C. Consumer Transfers -

If a consumer requests a change in treatment or recovery support provider for any reason, the provider must request a transfer from an OATR Coordinator of Field Services (405-522-5842; 405-522-3866; 405-522-4546) within 7 business days of the consumer's request. Documentation of the consumer's request and contact with the OATR Coordinator of Field Services must be kept in the consumer's record. The first recovery support service provider must complete a *Recovery Support Services Discharge Summary Note, Form #3*, give a copy to the consumer, and file the original in the

consumer's file. If the consumer is requesting a transfer to another treatment provider, the first treatment provider shall complete appropriate discharge summaries and documentation as required by ODMHSAS. Consumer transfers may be delayed if all billing has not been submitted by the first provider. The voucher will not be transferred until all billing has been submitted unless the current provider waives the right to be reimbursed for provided services. (Must be submitted in writing).

#### D. Change in Level of Treatment

If the treatment program determines that a consumer needs to change the level of care during the effective period of the consumer's voucher, the provider must complete a *Services Discharge Summary* for the current level of care and notify an OATR Coordinator of Field Services (405-522-5842; 405-522-3866; 405-522-4546) or the OATR Project Director (405-522-5792) within 7 business days of the decision for a change in level of care. The current voucher will be cancelled and one with the appropriate level of care will be issued. The initial services rendered on the voucher must be paid (fee-for-service) prior to the voucher change. If funds remain available on the voucher and if the consumer continues to meet all eligibility factors.

#### E. Consumer Readmissions

1. If a consumer is assessed and approved for OATR services but the voucher is cancelled due to lack of use prior to receiving any treatment or recovery support service, he/she may be readmitted if he/she returns to the assessor and is reassessed and approved for OATR services. The assessor must submit a written statement explaining consumer's needs. The assessor must have approval for the consumer to be eligible for another voucher. A consumer may not utilize certain OATR services a second time (such as fuel cards, food cards, etc). If the consumer cap has been utilized for the specific service category.
2. Once a consumer receives any treatment or recovery support services under OATR and then is discharged due to completion and/or lack of use of services, he/she is no longer eligible for readmission to the OATR program unless approved for readmission by the OATR Project Director or designee. The Project Director, or designee, will make decisions for readmission on a case by case basis and within 7 days of the request by the consumer or provider of services to the consumer.

## VIII. VOUCHER SERVICES AND RATES

### A. Service Titles and Reimbursement Rates

The service descriptions, units of service, and reimbursement rates are outlined in Attachments B, C, and D.

### B. Service Specifications

1. The service unit for each service reflects the time unit for a billable service to be paid. For example, the billing for an individual counseling session cannot be less than 30 minutes. If 60 minutes is provided, two units of services will be reimbursed. If 50 minutes is provided, the time will be rounded down to the next unit, i.e., 30 minutes, and only one unit of service will be reimbursed.
2. Providers may not charge fees to consumers for OATR program services or for admission to an OATR program. Providers must accept vouchers from consumers as payment in full for OATR program services rendered.
3. Providers may not subcontract any portion of OATR services without prior approval from ODMHSAS.

## IX. PROGRAM COMPLETION, DISCHARGE, AND CONSUMER SATISFACTION SURVEYS

### A. Consumer Discharges

1. For recovery support services, when a consumer drops-out or is discharged for rule violations, the provider must complete a *Recovery Services Discharge Summary, Form #3*; or if there is no face-to-face contact with a consumer for 21 days, the provider is to notify the OATR Project Director so an administrative discharge GPRA can be completed. The provider must complete a *Recovery Services Discharge Summary, Form #3* and fax a copy of the form to the OATR office within 7 working days from the 21st day. The original *Recovery Services Discharge Summary, Form #3* shall be maintained in the consumer's record. The participant, when available, receives a copy of the *Recovery Services Discharge Summary, Form #3*.
2. For consumers receiving treatment services, an ICIS discharge and a discharge GPRA shall be completed when a consumer drops out, is discharged, or if there is no face-to-face contact with the consumer for

21 days. The provider must complete a *Services Discharge Summary* within 7 working days from the 21<sup>st</sup> day. The *Services Discharge Summary* shall be maintained in the consumer's record.

#### B. Program Completion

When a consumer is no longer receiving either treatment or recovery services under OATR, whether the consumer completed services, dropped out, or had no contact with the treatment or recovery support provider for 21 days, the assessor must submit a discharge GPRA report through the VMS within 3 days, as specified in Section XVI. If the consumer received treatment services, with or without recovery support services, a designated person at the treatment agency is responsible for completing the discharge and follow-up GPRA's. If a consumer only receives recovery support services, a designated person at the treatment agency that completed the initial GPRA is responsible for completing the discharge and follow-up GPRA: or as determined by the OATR Project Director.

#### C. Consumer Satisfaction Surveys

1. Upon consumer completion of OATR services, discharge, or at the 6 month post intake follow-up, the consumer shall be given a Consumer Satisfaction Survey and a business reply envelope by the Provider or person conducting the GPRA follow-up interview. The consumer is asked to rate the services they received and return the survey to ODMHSAS. The consumer shall be informed that the survey is confidential and is not seen by those providing services.
2. The Provider or person conducting the follow-up interview should emphasize the importance of completing the survey, encourage the consumer to mail the form to ODMHSAS, and inform him/her that postage is not needed to mail the completed survey.

### **X. CONSUMER HEALTH AND SAFETY**

- A. Consumers have the right to be accorded dignity in their personal relationships with staff, volunteers, and other consumers, and to be free from corporal or unusual punishment, exploitation, prejudice, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, sexual harassment, mental abuse, or other actions of a punitive nature;
- B. Program consequences/disciplines for a consumer's inappropriate behavior in the program must be non-violent, age/developmentally appropriate, non-aversive, and clearly stated in the program's rules and procedures;

- C. Providers must conduct a criminal record clearance of all staff and volunteers. **The Provider must have policies and procedures that define the parameters in which persons with criminal records are allowed to serve as staff or volunteers.** The Provider must keep the results of the criminal record review in a confidential portion of the personnel file;
- D. Providers must ensure that sexual offenders in recovery who are working with OATR clients only to other adult sexual offenders in a setting that does not include services provided to persons who are not sexual offenders (no co-mingling of sexual offenders with non-sexual offenders);
- E. Providers offering child care services must meet the requirements of the Oklahoma Department of Human Services regarding staff and volunteers;
- F. Programs must comply with state and federal laws and regulations regarding informed consent, disclosure of confidential information such as patient-identifying information (including communication with parents, guardians, courts), child abuse and neglect reporting requirements, and duty-to-warn issues (threats of violence, HIV infection risk, criminal activity);
- G. The program must provide a reasonable level of structure, care, and supervision to ensure the safety and security of consumers and staff at all times while on the program site. Providers must submit a current copy of policies and procedures with OATR application.
- H. All facilities must be clean, sanitary, and in good repair at all times for the safety and well being of consumers, staff, and visitors;
- I. In addition to notifying the appropriate authorities, the Provider shall fax a report to 405-522-3767 within 24 hours of the following incidents involving or potentially affecting OATR funded participants and verbally report to an OATR Coordinator of Field Services (405-522-5842; 405-522-3866), the OATR Project Director (405-522-5792) or the OATR Project Director (405-522-4546) within 72 hours of discovery: fires of any type; substantial disruption of program operation; death of an active consumer or participant (on or off the program site); suicide attempt by an active consumer or participant (on or off the program site); medical and psychiatric emergencies that result in admission to an inpatient unit of a medical or psychiatric facility; violent behavior on the program site that results in injury or a police report; illegal behavior on the program site that results in injury or a police report; illegal behavior on the program site; use of personal or mechanical restraint or seclusion; and legal, regulatory, or contractual action taken against

Provider. The initial verbal report shall be followed up by a written report that includes at least the following information:

1. Name of consumer (s), unique identifier, and voucher number;
2. Name of provider;
3. Date and time of incident;
4. Location of incident;
5. Brief description of the incident that identifies OATR participants' involvement in incident, staff that observed the incident or that incident was reported to, actions taken, and follow-up actions to be taken.
6. Signature of staff member completing the report and the signature of the Executive Director of the agency.

J. Programs must have a plan of action for continuity of services in the event the organization can no longer perform services due to facility incapacitation or loss of key personnel.

## **XI. MANAGEMENT OF VOUCHER FUNDS**

ODMHSAS may terminate voucher issuance as needed without any advance notice to providers, consumers, or potential consumers pursuant to the loss of funding, expenditure of grant funds, or any other financial limitation to funds.

## **XII. PRIVACY, SECURITY, AND CONFIDENTIALITY REQUIREMENTS**

- A. All OATR Providers, including Recovery Support Service Providers, must protect consumers' personal information and participation in treatment or recovery services from unauthorized disclosure by complying with the federal confidentiality regulations related to the release of alcohol and drug abuse records (42 CFR Part 2).
- B. Any OATR Provider determined to be a covered entity as defined by the Health Insurance Portability and Accountability Act (HIPAA) must adhere to the policies and procedures that the HIPAA requires for a covered entity.
- C. All Providers must obtain a consumer's consent to release information prior to submitting any consumer-identifying information, including billing data, to ODMHSAS, either via telephone, fax, or the VMS. Providers must use a *Consent for the Release of Confidential Information* form for this purpose.
- D. Emailing confidential consumer information or attaching a document that contains confidential consumer information to an email is strictly prohibited by federal and state laws and regulations.

- E. Providers may fax documents with confidential consumer information (consumer assessments, referral notices, etc.) as long as the consumer has consented to the release of information and the provider utilizes the *Fax Transmission of Confidential Consumer Information* form or its equivalent.
- F. Providers must conduct any confidential interactions with consumers, such as assessments and counseling sessions, in a private space that protects their confidentiality.

### **XIII. DISPUTE RESOLUTION**

#### **A. Resolving Disputes between Consumers and Providers**

1. Providers must have grievance procedures in place that a consumer can use to seek resolution of any program-related disputes with the provider. The grievance procedure must assure that the consumer will receive a full, fair, and timely review of the disputed matter. Providers must inform each consumer of the grievance procedures when the consumer is admitted to the program, which shall include ODMHSAS' Consumer Advocate's address and contact telephone number P.O. Box 151, Norman ,OK 73070; 405-573-6605- Oklahoma City Metropolitan Area; 866-699-6605—statewide; e-mail:ts@oODMHSAS.org; for resolution if a grievance cannot be resolved at the program.
2. If a dispute is referred to OATR personnel, OATR personnel may request that the provider submit all relevant information and evidence pertaining to the dispute within 10 working days following receipt of the request for information. This information shall include:
  - a. A description of the disputed issue(s);
  - b. A summary of the consumer's position prepared by the consumer (or his/her representative) related to each disputed issue;
  - c. A summary of the provider's position related to each disputed issue;
  - d. A description of any solution proposed by the provider when the consumer-sought resolution through the provider's grievance procedures.
3. OATR personnel will provide the disputing parties a written decision that resolves the dispute within 20 working days from receipt of all relevant information from the provider. Either the consumer or the provider may terminate voucher services if unwilling to accept the decision.

#### **B. Resolving Disputes between Providers and ODMHSAS or its Contractors**

1. If a provider has a dispute or grievance with ODMHSAS or one of its contractors, the provider shall first discuss and attempt to resolve the issue informally with OATR personnel. This step shall be taken within 30 days from the time the provider knew or should have known of the dispute.
2. If the issue cannot be resolved at this level, the provider may submit a grievance report to ODMHSAS, OATR Project Director, 1200 NE 13<sup>th</sup> Street, Oklahoma City, OK 73117. The report must state the issues in dispute, the provider's position, and the remedy sought.
3. Within 20 working days from receipt of the written grievance report, ODMHSAS and/or the OATR Project Director will make a determination on the grievance and provide a written decision containing the basis for the decision to the provider. This decision is final.

#### **XIV. PROVIDER TRAINING**

- A. Providers must participate and complete training provided by ODMHSAS and/or its representatives to participate in the OATR program. At a minimum, such training will include the following:
  1. An overview of the OATR program;
  2. Care Coordination training for Recovery Support Service Providers not certified by ODMHSAS;
  3. Specific program requirements as outlined in the *OATR Provider Handbook*;
  4. The roles of ODMHSAS, its contractors, and providers;
  5. Performance objectives;
  6. Billing and reimbursement processes;
  7. Data collection and reporting requirements.
- B. Providers will be given advance notice by ODMHSAS of all training dates, methods, and formats. ODMHSAS will provide training materials as necessary at no expense to the provider.
- C. If needed and/or requested, ODMHSAS may facilitate additional training available from other sources.

- D. Providers shall have at least one representative attend the regularly scheduled OATR quarterly meetings.

## **XV. PROVIDER STAFF AND VOLUNTEERS**

- A. The provider must orient and train all staff and volunteers who provide OATR services or administrative tasks on at least the following areas:

1. The OATR *Provider Handbook*;
2. Protection of consumer confidentiality;
3. Consumer rights and grievance procedures;
4. Data collection requirements and methods;
5. Overview of the electronic VMS; and
6. Code of conduct.

- B. The Provider must utilize staff or volunteers who meet the required qualifications for OATR service provision;

- C. Individuals must pass a criminal background check;

1. Providers must conduct a criminal record clearance of all staff and volunteers. The Provider must have policies and procedures that define the parameters in which persons with criminal records are allowed to serve as staff or volunteers. The Provider must keep the results of the criminal record review in a confidential portion of the personnel file;
2. Providers must ensure that sexual offenders in recovery are allowed to provide services only to other adult sexual offenders in a setting that does not include services provided to persons who are not sexual offenders (no co-mingling of sexual offenders with non-sexual offenders);
3. Providers offering child care services must meet the requirements of the Oklahoma Department of Human Services regarding staff and volunteers;

- D. Staff and volunteer files must contain at least the following:

1. Job description or scope of work;
2. Resume or list of volunteer or life experiences;
3. License, certification, or related credentials;
4. Signature that they received orientation on the *OATR Provider*

*Handbook*

5. Evidence of applicable training; and
6. Results of criminal background check.

## **XVI. PROVIDER DATA COLLECTION AND REPORTING REQUIREMENTS**

### **A. GPRA Data Collection and Reporting**

To meet the federal requirements for ongoing funding, all assessors are required to collect GPRA data at intake, six-month post intake, and at discharge.

#### **1. Intake GPRA**

Assessors must collect the required initial/intake GPRA data from each consumer when conducting the assessment and submit the intake GPRA via the VMS prior to billing for the assessment. A treatment and/or recovery support voucher will not be issued unless and until the intake GPRA is submitted.

#### **2. Discharge GPRA**

- a. The assessor must conduct the discharge GPRA interview with the consumer as soon as possible upon discharge, and submit the completed discharge GPRA via the VMS.
- b. If a consumer drops out of all OATR services, the assessor must complete the discharge GPRA as soon as he/she is notified of this by the treatment or recovery support provider.
- c. If the consumer is unavailable to be interviewed for the discharge GPRA, the assessor must complete the first four items in Section A, and all of Sections J and K of the GPRA tool. This is considered an “administrative discharge” and will be reimbursed at a lower rate than a complete discharge GPRA.
- d. The discharge date on the discharge GPRA must be the last date the consumer received treatment or recovery support services, **not** the date the discharge GPRA was completed.
- e. A discharge GPRA must be completed to indicate results of services and to close the service episode.
- f. In cases where the consumer was discharged after the assessment was conducted but prior to issuance or redemption of treatment or recovery support vouchers, the assessor must also submit the discharge GPRA report.

#### **3. Six-Month Post Intake GPRA**

Assessors, or other personnel, as appropriate, in OATR Provider agencies must collect and submit, via the VMS, a 6 month post admission GPRA for each OATR participant. The six-month GPRA window is 30 days before and 60 days after the 6 month post intake date. Therefore, the six-month GPRA interview must be conducted between 5 to 8 months after the intake GPRA was conducted.

a. Locating Former Consumers

- 1) During the assessment process, the assessor must ask the consumer to complete the *Health Study Locator* form to assist in finding the consumer for future follow-up;
- 2) The assessor enters information into the electronic version of the *Health Study Locator*;
- 3) The OATR Treatment and/or Recovery Support Services Provider update the *Health Study Locator* as the OATR participant's information changes;
- 4) If the consumer has discharged from a non-traditional recovery support service provider agency, the OATR assessor that completed the initial GPRA data collection must attempt to locate the former consumer for the 6 month GPRA follow-up data collection. The assessor shall attempt to reach the participant beginning in the fifth month post-admission and continuing through the eighth month post-admission.
- 5) OATR providers must adhere to state and federal laws and regulations regarding confidentiality when attempting to locate former consumers for the progress check-in and 6 month post intake interview; and
- 6) If contacting a consumer/former consumer by telephone, the following guidelines for protecting consumer's privacy must be strictly adhered to:
  - a. Never mention AOD or AOD treatment or recovery until the identity of the consumer has been validated;
  - b. Never leave a message with a person or on a recording device that may identify the caller or the caller's agency as part of an AOD treatment or recovery program;
  - c. When speaking to a person other than the consumer, do not give any more information than a first and last name, affiliation with the OATR program, and

- forwarding telephone number;
- d. When a consumer is reached, verify their date of birth and whether it is a good time for them to talk, prior to conducting the interview.

#### 4. Method of GPRA Data Collection

a. All GPRA data must be entered into the VMS within 5 days of the day the interview was conducted.

b. All intake and discharge GPRA interviews must be conducted face-to-face. The 6 month follow-up GPRA interviews must also be conducted face-to-face unless there are circumstances, such as distance or health that prevent a face-to-face interview. In cases when a face-to-face interview is not possible and efforts have been documented that verify attempts were made to conduct such, a request to complete the 6 month follow-up GPRA interview by telephone must be presented in writing to an OATR Coordinator of Field Services (405-522-5842; 405-522-3866) or the OATR Project Director (405-522-5792). The written request shall include documentation of the efforts made to conduct a face-to-face interview and justification for a telephone interview.

c. Prior to contacting a consumer/former consumer by telephone, the Provider must get a consumer's informed consent by using the *Telephone Interview Consent Form*. The following guidelines for protecting consumers' privacy must be strictly adhered to:

- Never mention AOD or AOD treatment or recovery until the identity of the consumer has been validated.
- Never leave a message that may identify the caller or the caller's agency as part of an AOD treatment or recovery program.
- Never leave a voice message on a recording device at any time.
- When speaking to a person other than the consumer, do not give any more information than a first and last name, affiliation with the OATR program, and forwarding telephone number.
- When a consumer is reached, verify his or her date of birth, and whether it is a good time for him or her to talk prior to conducting the interview.

#### B. Program Reports

Providers must submit the following information/reports:

1. Through the VMS, assessors must submit consumer demographic information, an assessment search prior to conducting an assessment, the intake GPRA data, and the treatment and/or recovery support voucher request after the assessment is conducted.
2. Treatment and recovery support providers must complete the bottom portion of the *Referral Form, Form #6* and fax to the assessor and OATR office (405-522-3767) for each consumer that presents for OATR services.
3. All providers must invoice via the VMS for services provided. It is recommended and preferred that all service transactions be submitted within 7 business days of service date and billing must be completed before the fifth day of the following month. If a GPRA discharge survey is completed, only services provided on or before the discharge survey date can be reported, and all services must be entered by the following month-end. For example, if a GPRA discharge survey is completed on August 15, only services provided on or before August 15 are allowable and must be entered into the system by close of business on September 5 (month-end for OATR agencies).
4. All current contracted treatment providers must complete and/or update the agency profile and staff profile on the Integrated Consumer Information System (ICIS) to include OATR information before providing any OATR services.
5. All new providers must complete and submit to the OATR office (405-522-3767) the *ATR/ICIS User Logon Access Request Form* for all staff members providing services.
6. All providers must complete and submit to the OATR office (fax # 405-522-3767) an *Organizational Change* form within 3 days of any changes to the information provided on the provider enrollment application. This includes any changes to the organizational status, program contact person, location, telephone or fax number, email address, hours of operation, OATR staff, and types of services provided.

## **XVII. CONSUMER FILES**

### **A. Assessor Files**

Assessors must maintain a file for each consumer that contains, at a minimum, the following:

1. Consumer identifying information, including OATR consumer ID number, OATR voucher number, name, address, telephone number, date of birth, gender, and emergency contact (with a consent from the consumer to notify contact in the case of emergency).
2. Documentation that the program conducted a financial screening to determine if the appropriate and needed services for the consumer are available to the provider from any other funding source.
3. A copy of the completed treatment and/or recovery support assessment tool.
  - a) For treatment consumers, the results of the assessment must include evidence that the consumer met the diagnostic criteria for a substance related disorder in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or that he/she did not meet the criteria, but based on severe AOD symptoms, he/she is appropriate for admission to outpatient treatment for further evaluation.
  - b) For consumers who are receiving recovery support only, the assessment results must include evidence that the consumer met the eligibility criteria as specified in Section VI(A)(1)(e)(3-4).
4. The original signed *Certification of Consumer Choice for Provider Services* form verifying that the consumer was presented with at least two provider options for the services needed with at least one of them to which the consumer had no religious objection, given information about the providers, and he/she had freedom to choose the provider selected.
5. A copy of all completed GPRA interviews, unless the GPRA interview data is entered directly into the VMS. In such a case, the file must contain notes stating when the interview was conducted.
6. A copy of the *Referral Form, Form #6* received from the consumer's chosen provider, as appropriate; and
7. The Consent for Assessment, Treatment and Recovery Support Services and all other consents to release information.

## B. Treatment and Recovery Support Consumer Files

Treatment and recovery support providers must maintain a file (can be combined with other treatment files, however, area must be designated that clearly identifies OATR services) for each consumer that contains, at a minimum, the following:

1. Consumer identifying information, including OATR consumer ID number, name, address, telephone number, date of birth, gender, and emergency contact (with a consent from the consumer to notify contact in the case of emergency);
2. The name and telephone number of the consumer's assessor;
3. A copy of the completed *Referral Form, Form #6* and evidence that the form was faxed or otherwise submitted to the assessor and the OATR office (405-522-3767);
4. Authorizations to release confidential information;
5. Completed individual treatment or *Recovery Support Service Plan, Form #1*;
6. Completed *Recovery Support Service Summary, Form #2* and *Recovery Support Service Discharge Summary, Form #3*;
7. Evidence via consumer's signature that the provider informed the consumer of its grievance procedures; and
8. Documentation of the recovery support services provided by the program, utilizing the *Recovery Support Service Summary, Form #2*. This form may be maintained in a group program record or in the individual consumer's file. If a service billed in the VMS does not have corresponding documentation on the *Recovery Support Service Summary, Form #2*, the provider will not be reimbursed for that service. The *Recovery Support Service Summary, Form #2* must be signed by the participant as evidence of receipt of services. If ODMHSAS has already paid the provider for the service not documented, ODMHSAS will seek reimbursement from the provider.

C. In addition to the requirements in Section (B) above, all treatment providers must comply with the requirements for participant files specified in the current issue of Oklahoma Administrative Code, Title 450, Chapter 18, ODMHSAS Revised Standards and Criteria for Alcohol and Drug Treatment Programs

D. All entries in the consumer's record must be legible, clear, completed, accurate,

made with indelible ink or print, and recorded in a timely fashion (at least prior to billing in the VMS).

E. All OATR consumer files (files do not have to be separate from other treatment files, some type of indicator can be utilized to designate OATR status) must be readily available for OATR review at the provider location and must be retained for at least three (3) years.

F. Consumer files must be maintained and information released in a manner that ensures confidentiality and security, in accordance with Title 42, Code of Federal Regulations, Part 2.

G. If consumer records are maintained on a computer system, the provider must have a backup system to safeguard records in the event of operator or equipment failure and to ensure security from inadvertent or unauthorized access. In addition, the provider must make such electronic records available for OATR review during a site visit.

## **XVIII. PROVIDER FISCAL RESPONSIBILITIES**

### **A. Non-Supplantation**

The ATR grant requires that OATR funds be used to expand capacity and supplement, not supplant, current funding for substance abuse treatment and recovery support services in the State.

### **B. Third Party Payors and Financial Screening**

Assessors are responsible for doing a financial screening of an OATR consumer upon admission. If the appropriate and needed treatment services for the consumer are available to the provider from any other fund source, those fund sources must be accessed and/or exhausted prior to accessing OATR voucher funds for those services. For example, if the consumer is Medicaid eligible, the program must bill Medicaid as allowable. However, if Medicaid does not cover all the needed services, the consumer is eligible to receive a voucher for those services not covered by Medicaid.

### **C. Cost Allocation**

OATR treatment service providers who also contract with ODMHSAS for treatment funds must allocate their costs equitably to all funding sources. If the provider's actual cost of an OATR service is determined to be more than the OATR reimbursement rate, the program may not charge the unreimbursed OATR cost to ODMHSAS contracted funding.

## **XIX. PROVIDER PERFORMANCE**

### **A. Evaluation**

ODMHSAS will evaluate the OATR program with data gathered from GPRA interviews, consumer satisfaction surveys, voucher utilization, and program site visits. Consumer characteristics, treatment processes and outcomes, service utilization, and expenditure patterns will be analyzed on an ongoing basis.

### **B. Quarterly Meetings**

1. Providers are expected to participate in quarterly meetings. Providers will be given advance notice of the date, time, and location of the meeting.
2. The purpose of the quarterly meetings will be to:
  - a. Involve providers in problem-solving to improve performance;
  - b. Let providers share success factors and root causes of poor outcomes with each other;
  - c. Determine where improvements can be made; and
  - d. Identify technical assistance and training needs and resources.

### **C. Onsite Visits**

1. OATR will conduct on-site visits; the provider will be notified via email, letter, or telephone call of upcoming site visits. Site visits will be conducted for the following purposes:
  - a. to determine the level of compliance with program requirements;
  - b. to identify areas where additional technical assistance or training is needed;
  - c. to review complaint allegations; and
  - d. to inform decisions regarding noncompliant providers' continued participation in the program.
2. To participate in the OATR program, providers must agree to allow ODMHSAS employees or agents to inspect the premises, review personnel and consumer records, observe program operations, and interview employees and consumers associated with the OATR program.

3. OATR personnel will notify a provider in writing of the results of an onsite review, and the provider must submit a corrective action plan within the time frame specified depending on the nature of the infraction. Failure to remedy deficiencies noted during an onsite review will result in the provider being suspended from admitting any OATR consumers until the deficiencies are corrected.

#### D. Consequences of Noncompliance

When a provider accepts an OATR voucher, it must comply with all the requirements in the *OATR Provider Handbook*. Failure to do so may result in sanctions including, but not limited to, withholding payment until compliance is attained, disallowance of unauthorized billings, repayment of fraudulent billings, fiscal audits, forfeiture of OATR participation, and criminal prosecution.

## XX. FRAUD AND ABUSE

A. ODMHSAS will take all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the OATR program.

1. For purposes of the OATR program, fraudulent practices include, but are not limited to, the following:
  - a. Falsifying information on the provider application or omitting relevant material facts;
  - b. Misrepresenting staff credentials or qualifications or billing for services provided by unqualified staff;
  - c. Falsifying consumer files, records, or other documentation;
  - d. Billing for services not rendered or billing multiple times for the same service;
  - e. Accepting payment for services not rendered or charging a consumer for services rendered.
2. For purposes of the OATR program abusive practices include, but are not limited to, the following:
  - a. Making improper diagnoses;
  - b. Misrepresenting consumer outcomes;
  - c. Providing consumer services that are not necessary or services that are inappropriate for the consumer's condition;
  - d. Knowingly not billing a primary payor (Medicaid or private

insurance) for an eligible consumer;  
e. Offering or accepting payment to refer consumers to a particular provider or coercing a consumer to choose a particular provider.

3. ODMHSAS strongly encourages all providers, business associates, and consumers to immediately report suspected acts of fraud or abuse by calling (405) 522-4546, or by mail to OATR Project Director, 1200 NE 13<sup>th</sup>, Oklahoma City, OK 73117, or by fax to (405) 522-3767).

4. ODMHSAS will accept and investigate all reports of suspected fraud and abuse including those filed anonymously.

5. If a provider or any of its employees, volunteers, or board members commits consumer abuse, neglect or exploitation; malpractice; or embezzlement, or other serious misuse of funds, ODMHSAS terminate the provider's participation in the OATR program immediately upon written notice to the provider.

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B. Providers must help prevent fraud and abuse by having internal controls in place that address at least the following:

1. The control of the user ID and password to the VMS so that only appropriate and authorized persons are allowed access;

2. Control and oversight of billings including who is authorized to enter, review, and approve billings, and segregation of these responsibilities as appropriate;

3. Safeguards to prevent employees, volunteers or members of the governing body from using their positions for purposes that are motivated by private financial gain for themselves or others with whom they have ties;

4. Conflict of interest, addressing financial interests, gifts, gratuities and favors, nepotism, and bribery.

## **XXI. PROVIDER PAYMENTS**

### **A. Payment Overview**

1. The issuance of an OATR voucher is not a guarantee of payment for services up to the full voucher value. It is a commitment on the part of

ODMHSAS to pay for services actually provided up to that maximum value while funding is available and the provider and the consumer remain eligible.

2. Providers will be reimbursed on a fee-for-service basis after a service has been provided.
3. OATR does not automatically generate payment for services provided. Invoicing/billing is the responsibility of the provider.
4. Reimbursement time frames are as follows: Once an invoice is generated and submitted to ODMHSAS it could take 7-10 working days to process and be mailed out. If you have any questions please contact ODMHSAS office at (405) 522-3866 / (405) 522-4546/405-522-5792. A possible delay could occur if you contact anyone other than the individual phone numbers listed above.

#### B. Invoicing Process

1. Providers are expected to use the web-based VMS to submit voucher transactions for services. From the reported transactions, a monthly invoice of allowable services will be generated. Providers will be required to print out, sign, and submit the invoice to the ODMHSAS Finance Division.
2. Original receipts for bus passes, fuel vouchers, and emergency food vouchers, childcare services, short-term emergency services when provided at a hotel or another approved entity other than the provider with the voucher, person's identification items, and rental reimbursements or deposits must be attached to the invoices submitted to the Department. The invoice will be delayed if the receipts are not received with a copy of the invoice in order to cross-check all billing.
2. Once a provider has been approved to participate in OATR, the provider will be contacted by an ODMHSAS Information Services staff member to enroll them in the ICIS data reporting system necessary to access the VMS.
3. Providers must invoice for services within 7 days of providing the service. If no services are entered in the VMS within 14 days of a voucher start date, the voucher will be cancelled and vouchers are automatically closed on the 21st day after their expiration date. *If services are not entered by then, the provider will not be reimbursed.*

4. Provider staff who will be using the web-based VMS must receive training on its use. Training is provided to all new providers and is available on an ongoing basis for new staff. Detailed information is also available by contacting OATR personnel.

### C. Payment Schedule

1. Providers bill for services by entering into the VMS/ICIS the service transaction. Services entered into the VMS by the provider during a calendar month will be uploaded to the ICIS system on the fifth day of the following month. Providers print their invoice on the sixth day of the month and mail or deliver it to Oklahoma Department of Mental Health and Substance Abuse Services, Attention: OATR, 1200 NE 13<sup>th</sup> Street, Oklahoma City, OK 73117.
2. Prior to the upload, the provider who entered the services can go back into the VMS and edit any services that have been entered. After the upload, no changes can be made to the services entered.
3. Providers must validate the billings on the invoice by signing and returning the signed invoice to the ODMHSAS fiscal administrator for processing. If there are adjustments needed to the invoice, the provider must contact ODMHSAS.
4. ODMHSAS will review and approve signed invoices submitted by the provider and make payment usually within a 15 day period.

### D. Recouping Unauthorized Payments

If a service has been reported and paid, the service should be credited on the ICIS system by either ODMHSAS or the provider. A service may need to be credited if it has been paid and the provider discovers the consumer was ineligible for services or the service was paid and the provider discovers an error in the service record. If there is an error in the paid service record, credit the original service record and report the correct service in a new service record. The credit will be applied against the invoice for the subsequent month.

## **XXII. FEDERAL FUND REQUIREMENTS**

Funds for the OATR program are authorized by Sections 501(d)(5) and 509 of the Public Health Service Act, 42 U.S.C. Section 290aa(d)(5) and 290bb-2, Public Law 106-310, Catalogue of Federal Domestic Assistance (CFDA) No. 93.275. OATR providers are subject to the cost principles and financial management requirements

for federal grants contained in Title 45, Part 74 and Part 92 of the Code of Federal Regulations. Pursuant to these regulations, OATR funds may be used only for the services authorized by the voucher, and may not be used to:

- A. Pay for any lease beyond the project period.
- B. Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about the community).
- C. Provide emergency housing, permanent congregate, halfway house, intensive outpatient, or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- E. Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- F. Pay for incentives to induce individuals to enter treatment. However, a grantee or treatment provider may provide up to \$20.00 or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow-up. This amount may be paid for participation in each required interview.
- G. Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- H. Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/ sexually transmitted illnesses (STI), Tuberculosis, hepatitis B and Hepatitis C, or for psychotropic drugs.
- I. Pay the salary of an individual at a rate in excess of \$186,000.00 annually.

### **XXXIII. Termination of Memorandum of Understanding**

- I. The Memorandum of Understanding states in I section B: This Memorandum of Understanding may be terminated without cause by either party upon 30 days written notice to the other party or in accordance with the provisions set forth herein.
  - 1. An active Oklahoma Access to Recovery provider may terminate/severe a Memorandum of Understanding at any time.

2. The following process should be followed:
  - a. Contact an OATR representative in writing regarding your agencies intent to not renew the MOU or proceed forward due to any reasons.
  - b. Include the effective dates and plans to transition any active consumers.
  - c. Submit any ATR/ICIS forms indicating "cancel" user rights and sign the effective date.
  - d. Submit any outstanding billing via the Voucher Management System prior to the fifth of the following month, and submit all required receipts and tracking logs to our office.
  - e. Inform active consumers of service discontinuation and instruct to return to assessor and your agency can help facilitate transition to other providers. Ensure consumers have appropriate contact information regarding active provider.
  - f. Secure consumer charts and ensure they are maintained in a locked area for appropriate storage. The provider also has the choice to forward charts to OATR office for storage.