



ACCESS TO
RECOVERY

Access To Recovery III

2011

BENEFIT COORDINATOR HANDBOOK



Department of Alcohol &
Drug Addiction Services

Ohio Department of Alcohol and
Drug Addiction Services
(ODADAS)

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Funded by the Substance Abuse and Mental Health Services
Administration, Center for Substance Abuse Treatment.

MISSION & VISION

The Mission

"To provide statewide leadership in establishing a high quality addiction prevention, treatment and recovery services system of care that is effective, accessible and valued by all Ohioans."

The Vision

"An addiction-free Ohio that promotes health, safety, and economic opportunity."

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WHAT IS ACCESS TO RECOVERY?

Access to Recovery is a four year discretionary grant program received by the Ohio Department of Alcohol and Drug Addiction Services, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). Access to Recovery (ATR) provides electronic vouchers for treatment and/or recovery support services to eligible adult and adolescent participants.

The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community based providers for clinical treatment and recovery support services.

Ohio's ATR targeted territory includes;

- Cuyahoga,
- Lorain,
- Mahoning,
- Stark
- Summit.

SERVICES PROVIDED

Access to Recovery III Services Provided

Access to Recovery provides an array of services to help clients stay on the Road to Recovery. The following list includes the services offered through Access to Recovery.

Adult Services Offered	Adolescent Services Offered
<ul style="list-style-type: none"> • Drug free Supportive Transitional Housing • GED Training • Substance Abuse Education • Relapse Prevention • Employment Skills Training <ul style="list-style-type: none"> a. Vocational b. Softskills - Resume, Interviewing, Coaching • Transportation • Domestic Violence • HIV/AIDS Education • Peer Mentoring • Parenting Classes • Spiritual Support • Daily Life Skills • Family Engagement • Recovery Coaching • Anger Management • Self-Help and Support Groups • (do not include 12 step programs) 	<ul style="list-style-type: none"> • Employment Skills Training Resume writing, Job Coaching, placement • Daily Life Skills • Anger Management Conflict Resolution Navigating Authority • Parenting Classes • Peer Mentoring Support Groups • Spiritual Support
Adult Treatment Services	Adolescent Treatment Services
<ul style="list-style-type: none"> • Intensive Outpatient Services • Out Patient Services <ul style="list-style-type: none"> Individual Counseling Group Counseling • Family Counseling 	<ul style="list-style-type: none"> • Intensive Outpatient Services • Out Patient Services <ul style="list-style-type: none"> Individual Counseling Group Counseling • Family Counseling

ATR ENROLLMENT PROCESS

A). Receive the release of information, assessment and referral form from the referring agency.

Each client referred to the Access To Recovery program must have an assessment, referral sheet, and release of information sent to the appropriate benefit coordination agency.

The assessment must be completed within one year of the date of service.

If the client does not have an updated assessment they must be referred to another agency to complete the assessment and obtain another referral from that agency.

B). Explain Access To Recovery and the Client Choice model:

Access to Recovery is a four year competitive discretionary grant program received by the Ohio Department of Alcohol and Drug Addiction Services, funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. ATR is a presidential initiative which provides vouchers to clients for purchase of substance abuse clinical treatment and recovery support services.

Client Choice Model

- Clients access recovery support services by going to one of the approved, centralized *Choice for Recovery* intake sites and completing the intake process. This process consists of determination of financial eligibility, completing the initial GPRA screening, and the identification of support service-related needs. Each *Choice for Recovery* participant will be assigned a Benefit Coordinator, who will then assist them with linkage to all choices made for provision of services.
- Under the terms of the Access to Recovery Program, SAMSHA requires that clients be ensured “genuine, free, and independent choice of providers for needed clinical treatment and recovery support services”. For the purposes of the Access to Recovery Program, choice is defined as “ a client being able to choose from among at least two or more network providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection.”
- To further enhance client choice, participants will be assisted in selecting service providers from a comprehensive listing of all eligible *Choice for Recovery* clinical treatment and Recovery Support Service providers. This panel contains information regarding each level of care of clinical treatment, each available recovery support service, contact information, location, and hours of operation.

The Client Choice Model States, “The client must not be influenced in any way while choosing the provider.”

ATR ENROLLMENT PROCESS

C). Determine Client Eligibility.

Eligibility Criteria for ATR Participants	
Adolescents (expansion)*	Criminal Justice-Involved Adults
Resident (or being released) of one of the ATR counties	Resident (or being released) of one of the ATR counties
Ages 12 – 17**	Age 18 or older
DSM-IV Axis 1 substance use disorder of abuse or dependence	DSM-IV Axis 1 substance use disorder or substance use disorder in remission
Eligibility will be based on the income of the adolescent’s family as measured against the Federal Poverty Guidelines. Priority will be given to individuals at 200% of the poverty level.	Eligibility will be based on the income of the individual as measured against the Federal Poverty Guidelines. Priority will be given to individuals at 200% of the poverty level or below.
*Parental or legal guardian consent will be required unless the adolescent is and emancipated minor ** Any adolescent who enrolls in ATR prior to their 18 th birthday will be able to complete their approved ATR voucher services.	Criminal justice-involved, living in the community (not incarcerated), whether or not they are under supervision, within 5 years of discharge for misdemeanor or felony.

D). Complete and Sign all documents for Access To Recovery.

1. Sign the Client Choice Form (Appendix Form 1)

Instruct the CFR client to sign the Client Choice Form.
Hand the client the

2. Client Participation Policy (Appendix Form 2)

make sure the client signs that he/she has received the policy.

3. Complete consent and release of information for GPRA, GPRA follow-ups, assessment/case management services:

Instruct the ATR client to fill out and sign the Consent Form.

4. Complete The Crosswalk Document & RSS Tool (Appendix Form 3& 4)

All services assigned to eligible clients must be identified within the assessment, or identified in the initial intake interview. All services assigned must be administered to support the clients ability to remain on the road to recovery. This document allows the benefit coordinator to transfer information directly from the assessment tool and utilize this information to guide them in selecting services for each client.

ATR ENROLLMENT PROCESS

E). Determine the needs of the client.

The Benefit Coordinator will complete a standardized Recovery Support Screening Tool. The information gathered from the RSS tool will also be entered into the VMS.

A voucher must be created for all clients at the time of referral. No client should be referred to a provider without a voucher being created.

Based upon the assessment and the recovery support screening tool, determine what services the client will need to continue on the road to recovery.

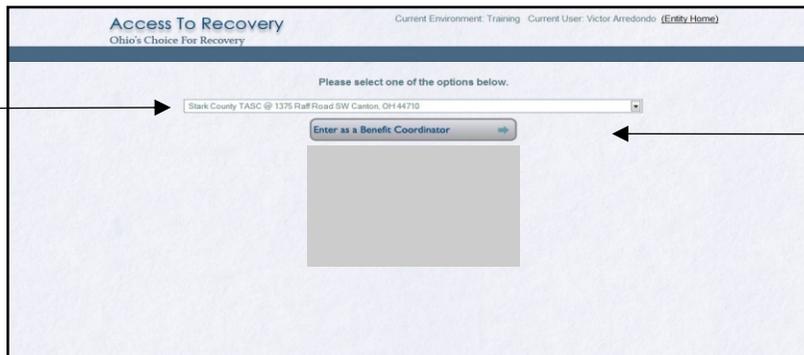
F). Provide client with list of choices of providers:

Once the needs of the client have been identified, provide the client with a choice of providers that provide the services requested. The client must be presented with at least one faith based provider (if available) during this process.

G). Create a service voucher, with dollar amount based on established service rate, using Voucher Information System:

5. A voucher must be created for all clients at the time of referral. No client should be referred to a provider without a voucher being created.
6. Client Appointment Card
Once the client chooses an ATR organization, the Benefit Coordinator will complete the Appointment Card and direct the client to the GPRA collector, or complete the GPRA information.
7. Complete GPRA Interview
Depending on the structure in your organization, you will send the client to a GPRA collector or you will complete the appropriate GPRA releases, the Locator Information Form, and the GPRA.

NAVIGATING THROUGH VMS

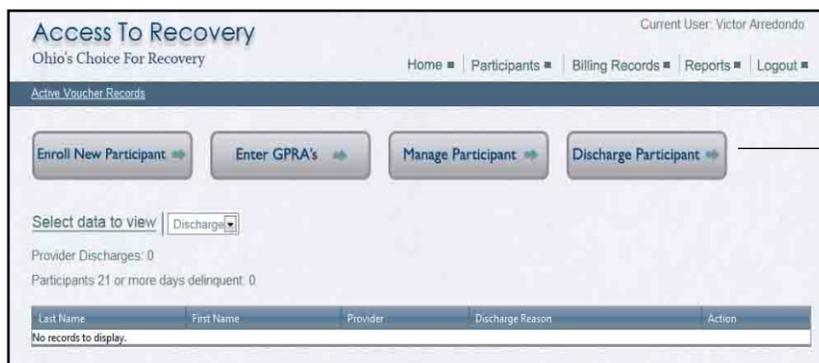


H). Benefit Coordination Voucher Management Home Screen.

1. Provider Name Listed as shown above.
2. Click on Benefit Coordination Menu Button.
3. When Clicking Benefit Coordination Button you will be re-directed to the Main Navigation Page for all your tasks.

I). Begin Enrolling New Participant.

Enroll New Participant



Please proceed to the next page for enrolling new client.

ATR ENROLLMENT PROCESS

Enroll New Participant: Step 1

The Benefit Coordination voucher is created through the VMS. Once the client is entered into the system, the benefit coordinator can bill for the services rendered to the client. These benefit coordination services are billed in accordance with benefit coordination billing policy.

The screen above shows the starting screen: (Or Your Home Screen)

A). To enroll a new client (participant):

1. Click on - Enroll New Participant Button
2. Populate Enrollment Screen with your client information.

B). To complete the initial enrollment - Please complete the Veteran Services information at the bottom of your screen. The click the NEXT button.

NAVIGATING THROUGH VMS

Participant Eligibility Form: Step 2

The screenshot shows the 'Access To Recovery' web application interface. At the top, it says 'Ohio's Choice For Recovery' and 'Active Voucher Records'. The form is titled 'Eligibility Form' and contains various input fields and checkboxes. The fields include: Date of Screening, Next of Kin, Phone Number, Referral Source (with a dropdown menu and an 'Add New' button), Has Substance use Disorder (checkbox), DSM-IV Diagnose (Primary and Secondary dropdown menus), Name of current treatment Provider (ADD or CJ Provider), Address/Phone Number (two separate text boxes), Dates of current treatment episode, Has Criminal Justice Involvement (checkbox), Under Criminal Justice Involvement, indicate what level (dropdown menu), Was client incarcerated in the past 30 days: Yes/No (radio buttons), If incarcerated, when were they released? (text box), Is Adolescent (checkbox), Is Financially Eligible: Yes/No (radio buttons), Name of Probation/Parole Officer, Phone Numbers(s), and a checkbox for No Parole/Post Release Control. At the bottom left, there is a 'Next' button.

The Benefit Coordinator

1. The Benefit Coordinator reviews the client's records to determine if the client needs immediate services or proceeds to populate eligibility VMS form for ATR program.
2. The Benefit Coordinator will use all affiliated documents gathered for the client and inputs in a text box what the continued plan is for the client. (AoD Assessment should be fax or mailed to the Benefit Coordinator prior to appointment)
3. The Benefit Coordinator will gather DSM IV Diagnose from the Clinical Assessment received from a ODADAS certified clinical treatment provider. (ATR does not pay for client assessments)
4. The Benefit Coordinator will populate any current treatment history of the client into the VMS text boxes
5. The Benefit Coordinator will then complete the Criminal Justice eligibility portion of the VMS to complete the process.
6. Click Next to Proceed

NAVIGATING VMS

Level of Care Crosswalk Form: Step 3

Access To Recovery
Ohio's Choice For Recovery

Current Environment: Training Current User: Victor Arredondo ([Entity Home](#))

Home | Participants | Billing Records | Reports | Logout

Active Voucher Records

Level of Care Crosswalk Form

Client ATRID: C97 Name of Person Completing Form: Victor Arredondo
Date of Initial Assessment: Today's Date: 2/8/2011

Instructions
1. Please refer to the client's assessment and select the Level of Care rating for each level listed
2. Check the appropriate services in the ATR services category

Dimension 1 Acute Intoxication Withdrawal (ALCOHOL AND OTHER DRUG USE HISTORY & TREATMENT HISTORY) How did the assessment rate the client's need for treatment for alcohol and/or other drug problems?
Rating Scale: Low

ATR Services:
 Outpatient Intensive Outpatient No Treatment Indicated

Dimension 2 Biomedical Conditions and/or Complications (MEDICAL HISTORY) How did the assessment rate the client's need for medical treatment?
Rating Scale: Low

ATR Services:
 HIV/AIDS Education

Dimension 3 Emotional/Behavioral/Cognitive Conditions and/or Complications (MENTAL STATUS SCREENING/PSYCHIATRY HISTORY) How did the assessment rate the client's need for psychiatric/psychological treatment?
Rating Scale: Low

ATR Services:
 Anger Management

Dimension 4 Treatment Acceptance/Resistance (LEGAL HISTORY) How did the assessment rate the client's need for legal services or counseling?
Rating Scale: Low

ATR Services:
 Domestic Violence Batterer Service

Dimension 5 Relapse Potential (EMPLOYMENT HISTORY/EDUCATIONAL HISTORY) How did the assessment rate the client's need for employment counseling?
Rating Scale: Low

ATR Services:
 Academic/Education Skills Training Pre-Employment Services Peer Coaching for Mentoring Employment Skills Training Transportation Relapse Prevention Recovery Coaching

Dimension 6 Recovery Environment (FAMILY HISTORY(Including Living/Housing Arrangements)) How did the assessment rate the client's need for family and/or social counseling?
Rating Scale: Low

ATR Services:
 Supportive Transitional Drug-Drug Free Housing Services Recovery Support Family Counseling (parenting/marriage) Family Engagement Daily Living Skills Spiritual Support

Dimension 7 Family and Caregiver Functioning(Adolescents ONLY) How did the assessment rate the client's Family and Caregiver functioning level?
Rating Scale: Low

ATR Services:
 Family Counseling (Recovery support)

Special Consideration: If during the course of interacting with the client it is determined that special circumstances have arisen that may not be documented in the assessment/domain areas, Benefit Coordinators may request ATR services. A narrative description must be included in the space below.

Save

The Benefit Coordinator will complete the Crosswalk Level of Care VMS form as reflected on the client's clinical assessment.

- Complete all Seven Dimensions of the Crosswalk form and indicate the level of care for each domain.

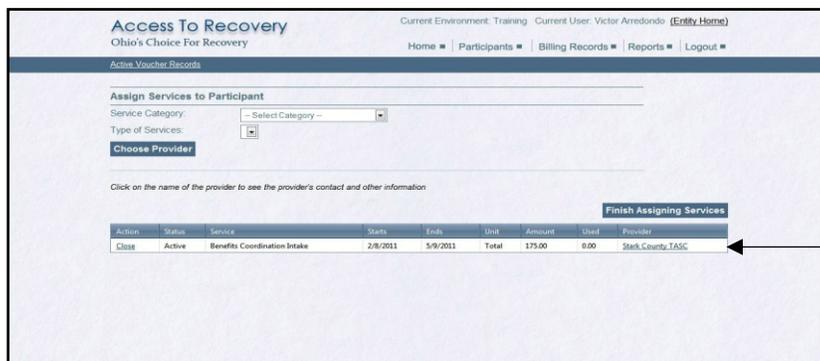
1. High
2. Moderate
3. Low

Important: Please Note any special considerations that were observed during your interactions with the client. Indicate in the text box below.

- Once completed - Click on the Save Button.

NAVIGATING VMS

Participant Service Record(s): Step 4



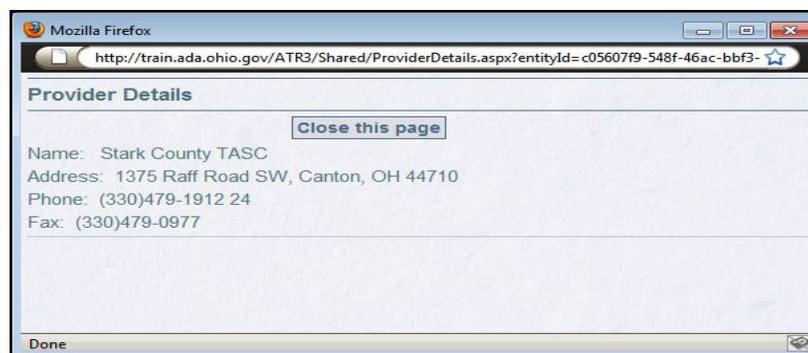
As the Benefit Coordinator completes the New Enrollment and the Level of Care Crosswalk form, the Benefit Coordination voucher for the client newly enrolled will be shown on your Assigned Service Record page. (as seen above)

Please Note the Following Headers:

- Action:** pertains to the life of the voucher (open or closed).
- Status:** indicates if the voucher is still active (billable or not).
- Service:** describes the services attached to the voucher.
- Starts:** indicates the day of the voucher was opened for service.
- Ends:** indicates the closing date for the voucher for services assigned.
- Amount:** shows the service rate associated with the voucher.
- Used:** shows the remaining balance of the voucher for service.
- Provider:** this indicates the provider assigned to the service voucher.

Additional Assistance from this Menu:

Provider Link: click on the link to obtain Agency Contact Information.



NAVIGATING VMS

Creating Additional Vouchers for Service: Step 5

Access To Recovery
Ohio's Choice For Recovery

Current Environment: Training Current User: Victor Arredondo (Edit My Home)

Home | Participants | Billing Records | Reports | Logout

Active Voucher Records

Assign Services to Participant

Service Category: Individual Counseling

Type of Services: Individual Counseling

Choose Provider

Click on the name of the provider to see the provider's contact and other information

Finish Assigning Services

Action	Status	Service	Starts	Ends	Unit	Amount	Used	Provider
Close	Active	Benefits Coordination Intake	2/8/2011	5/9/2011	Total	175.00	0.00	Stark County TASC
Close	Active	Group Counseling	2/8/2011	2/18/2011	Hour	456.96	0.00	The Free Medical Clinic of Greater Cleveland

- 1). Click on: Selection Service Category from the drop down menu.
- 2). Select From Types Service Option from the drop down menu.
- 3). Select - Choose Provider from the blue menu button.(zipcode pop up)
- 4). Enter the county zip code to get Provider(s) Information.
- 5). Click on the Provider Information (client choice) to create the voucher.
- 6). Once you have chosen a provider, you will be re-directed to the screen below.

Access To Recovery
Ohio's Choice For Recovery

Current Environment: Training Current User: Victor Arredondo (Edit My Home)

Home | Participants | Billing Records | Reports | Logout

Active Voucher Records

Create Voucher

Meridian Services, Inc. (330)797-0070
527 North Meridian Road, Youngstown, OH 44509 (330)797-9148
Youngstown

Service Name: Individual Counseling
Description: Meridian offers CARF accredited outpatient chemical dependency treatment for adults and adolescents. Hours of Operation: Mon - Frid 6 am - 9 pm. Sat. 6am - 2 pm. Length of Service: TBD

Service Start Date: 2/8/2011

Service End Date: 2/18/2011

Base Rate: \$91.88/Hour

Amount: 10 Hour units

Cost: Calculate Cost \$918.80

Back Continue

- a). Double check the Provider information at the top of voucher screen
- b). Double check the Service Name for the voucher being created.
- c). Select the Service start date by clicking on the drop down arrow.
- d). Select the Service end date by clicking on the drop down arrow.
- e). Refer to base rate: please take notice of the service units.
- f). Amount Text Box: indicate in service units in whole or half units.
- g). Cost: Click on the calculate cost button to determine your voucher total.
- h). Once the services voucher has been calculated, Click the continue button and your addition service voucher will be shown as above.

NAVIGATING VMS

Creating the Client Appointment and Service Plan: Step 6

Create Appointment

The Free Medical Clinic of Greater Cleveland 12201 Euclid Avenue Cleveland, OH 44106
Phone: (216) 721-4010 Fax: (216) 721-4010

Appointment Date: 2/19/2011
Appointment Start Time: 1:00 PM
Appointment End Time: 2:00 PM
Purpose: orientation to agency to begin group counseling services

Notes:
Group Counseling Services:
M-W twice a week from 1pm-2pm for 10 weeks. Will begin progress notes and start a client file for services beginning 2/19/2011.

Create Appointment
Skip, Already has an Appointment
Skip, Don't Need an Appointment
Skip, Unable to Contact Provider

- As each service voucher is completed, you will be asked to create an appointment.
- Double check the Provider Name for the appointment being created.
- Select the appointment start date by clicking on the drop down arrow.
- Select the appointment end date by clicking on the drop down arrow.
- In the Purpose Text Box: please indicate the purpose of the appointment.
- In the Notes Text Box: Please create the client service plan as shown.
- Once the client appointment has been completed, Click the Create Appointment button to proceed.

Notification of Referral to Provider Step 7

Electronically notify the provider that a ATR client has chosen their program.

Call the provider to inform them that a potential client has chosen their program. Identify for the provider what program the client is planning to utilize. This provides an opportunity to discuss information pertinent to assigning beginning dates and ending dates to the client's record.

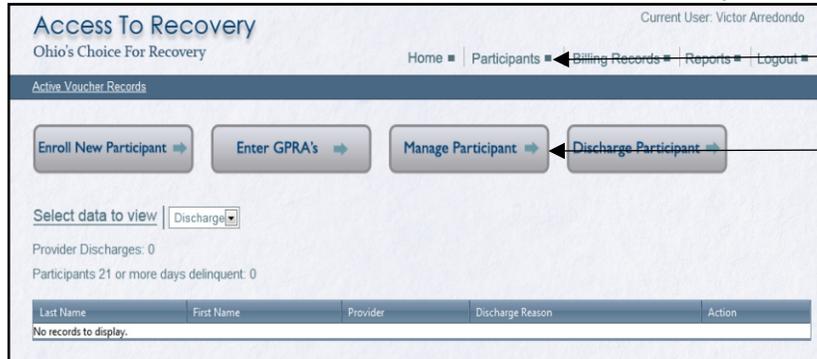
Instruct the provider to notify you if the client does not report to their facility. If the client does not report to the facility contact the client to determine if the client will continue with ATR or be discharged.

Assign a beginning date of service and an ending date of service. This is to be determined based on the needs of the client during benefit coordination.

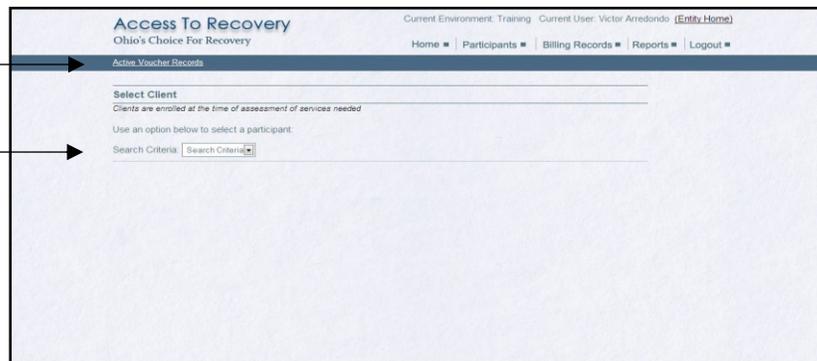
NAVIGATING VMS

Participant Management: Step 8

Search Option #1



- 1). From your VMS Navigation Screen: Click on Manage Participant Button.
- 2). You will be re-directed to the Active Voucher Records Screen seen below.
- 3). Select Search Criteria by clicking on the drop down arrow: Search Options
 - a. By Participant I.D.
 - b. By Participant Name
 - c. By Enrollment Date
 - d. By UCI Number



Search Option #2

- 1). From your VMS Navigation Screen: Click on the Participant Button- Top Menu.
- 2). After clicking on the Participant button, Your search criteria will appear in a drop down menu with the follow search criteria options.
- 3). Select Search Criteria by clicking on the drop down arrow: Search Options
 - a. By New Participant
 - b. By Awaiting Services
 - c. By Awaiting Intake
 - d. By Active
 - e. By Delinquent
 - f. By Discharge
 - g. By Completed
 - h. By My Participants

NAVIGATING VMS

Participant Billing Record: Step 9

Access To Recovery
Ohio's Choice For Recovery

Current Environment: Training Current User: Victor Arredondo [Edit My Home]

Home | Participants | Billing Records | Reports | Logout

Active Voucher Records

Billing Record

John Smithowski 777 Havens Street
3303333030 Canton, OH

Service: Benefits Coordination Intake (2/10/2011 - 5/11/2011)

Beginning Date of Service: 2/10/2011

Time Started: 1:00 PM

Ending Date of Service: 2/10/2011

Time Ended: 2:00 PM

Status: New

Amount Assigned: \$175.00

Amount Used: \$0.00

Amount Available: \$175.00

Follow up contacts by the benefit coordinator to review the client progress, engagement, and needs \$100.00/Total

Number of Total units: 15

Cost: \$15.00

Calculate Cost

Service Description

This billing record is recorded .15 units which equals 15.00 dollars for Benefit Coordination follow up with the client. This total will be subtracted from the voucher's total units of 179.00. The remaining balance will be indicated after the billing record is saved and approved by the agency.

Save Approve Reject Delete

The benefit coordination voucher is created through the VMS. Once the client is entered into the system, the benefit coordinator can bill for the services rendered to the client. These benefit coordination services are billed in accordance with the ATR policy and the benefit coordination billing policy.

The screen above shows the starting screen:

- The benefit coordinator to identify which client the services to bill for: (Benefit Coordination Follow Up)
- After choosing a client for the creation of the billing record, the benefit coordinator can choose on the billing record tab to bill for services rendered.
- This screen has been modified to require the input of a service plan, contact information, and a note that indicates that the provider has been contacted and an appointment date set for the client as well as a description of service.

Access To Recovery
Ohio's Choice For Recovery

Current Environment: Training Current User: Victor Arredondo [Edit My Home]

Home | Participants | Billing Records | Reports | Logout

Active Voucher Records

My Billing Records

Billing Records Created Between: 2/10/2011 and 2/10/2011

Status: Pending

Add Billing Record Search Records

Bill#	Client	Date Added	Amount	Service Name	Service Date	Description
02011-1	John Smithowski	2/10/2011	\$15.00	Benefits Coordination Intake	2/10/2011	This billing record is recorded .15 units which equals 15.00 dollars for Benefit Coordination follow up with the client. This total will be subtracted from the voucher's total unit of 179.00. The remaining balance will be indicated after the billing record is saved and approved by the agency.

Participant Follow Up & Discharge: Step10

As total voucher amount is exhausted, evaluate the need for further services:

Once you have been notified that a client is nearing the end of their service dates for previous services, re-evaluate the client's needs to determine if the client should receive other services through ATR and remain in the Access to Recovery program or if the client is not in need of recovery support services and should be discharged from the Access to Recovery program.

Please note: Discharging a client from a provider does not discharge the client from the Access to Recovery Program.

Determine client discharge from ATR client:

Once services have been exhausted and the goals have been met, then the benefit coordinator would move to do the appropriate discharge procedures in the system.

1. Schedule a discharge interview with appropriate Benefit Coordinator
2. Discharge the client from the ATR program.

Follow up:

When a client, or provider calls the benefit coordinator regarding a client. The benefit coordinator is to record any details of that conversation in both the voucher for payment section and the client contact information section.

The benefit will create a voucher for payment for follow up calls.

The benefit coordinator will provide the details of the call in the contact information section. Please take note that this section will be viewed by the GPRA collector to provide information to aide in obtaining necessary interviews.(See page 17 for this process)

ATR BENEFIT COORDINATORS

CLEVELAND:

Hispanic UMADAOP (Benefit Coordinator for Cuyahoga County)

3305 W 25th
Cleveland Ohio 44109
(216)459-1222
216-459-2696 fax

Oriana House (Benefit Coordinator for Cuyahoga County)

1829 E 55th
Cleveland Ohio 44103
(216) 881-7882
216-881-7896 fax

AKRON:

Oriana House (Benefit Coordinator for Summit County)

15 Fredrick Ave
Akron Ohio 44310
(330) 996-7730
330-996-7742 fax

Community Health Center

725 E Market St
Akron Ohio 44305
330-434-4141
330-315-5230 fax

Urban Ounce of Prevention

1735 S. Hawkins Ave
Akron OH 44320
330-867-5400
330-869-8263 fax

CANTON:

Stark County TASC (Benefit Coordinator for Stark County)

1375 Raff Rd SW
Canton OH 44710
(330) 479-1912
330-479-1916 fax

YOUNGSTOWN:

Mahoning County TASC (benefit coordinator for Mahoning County)

105 Boardman Street 2nd
Youngstown OH 44503
(330)743-2192
330-743-2408 fax

Flying High Inc.

238 South Meridian Road
Youngstown, OH 44509-2925
(330) 259-3439

APPENDIX SCHEDULE

CONSENT FOR RELEASE

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize
(Name of patient)

Access to Recovery (ATR) 6 month follow up interview that will take place inside the Ohio Department of Rehabilitation and Correction (ODRC) facility:
(Name or general designation of alcohol/drug program making disclosure)

to disclose to ATR GPRA collector and the ODRC employee who is present during the ATR follow up interview (name, title):
(Name of person or organization to which disclosure is to be made)

the following information:

Verbal answers to questions from the ATR GPRA 6 month follow up interview.
(Nature and amount of information to be disclosed, as limited as possible)

The purpose of the disclosure authorized in this consent is to:

Complete the ATR grant required data collection.
(Purpose of disclosure, describe the data needs as specific as possible)

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 and 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specification of the **date of interview**, event, or condition upon which this consent expires)

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form: _____

CLIENT PARTICIPATION

Ohio Department of Alcohol and Drug Addiction Services

Access to Recovery Client Participation Policy

- A. **PURPOSE:**
Access to Recovery (ATR) is a federal discretionary grant that was awarded to the State of Ohio and is in no way intended to replace any local funding source, or any local services provided. The policy is designed to govern a client's participation in the ATR program. This policy is intended to list the rights and responsibilities of each client enrolled in this program and the guidelines for participation. This policy does not grant the client the right to receive or extend services beyond the timeframe listed on the issued voucher. Service availability is not guaranteed and is subject to change.
- B. **POLICY:**
All clients that are enrolled in the ATR program must not cause any verbal or physical harm to the employees, staff, and volunteers of any ATR participating agency. All clients must agree to and abide by the provider's policies and rules regarding their behavior while receiving ATR funded services. If a client violates such agreement, it will lead to discharge from the ATR program and eliminate the client's eligibility to receive services funded by ATR.
- C. **PROCEDURE:**
1. All clients enrolled in the ATR program are entitled to receive this Client Participation Policy. This policy is intended to list the rights and responsibilities of each client enrolled in the ATR program.
 2. All clients that are enrolled in the ATR program are prohibited from causing any verbal or physical harm to the employees, staff, and volunteers of any ATR related agencies. All clients must agree and abide by the provider's policies and rules prohibiting verbal or physical harm. If a client violates such agreement, it will lead to discharge from the ATR program and eliminate the client's eligibility to receive services funded through ATR. All clients that are enrolled in the ATR program must abide by all rules implemented by the ATR provider. If an ATR client does not abide by the provider's rules, the ATR provider may discharge the client from their program.

CLIENT PARTICIPATION

3. Any client enrolled in the ATR Recovery Support Services (RSS) and found to be abusing drugs and alcohol will be referred for treatment services. If services are refused, this will lead to immediate termination of all services in the ATR program.
4. All clients that are enrolled in the ATR program are enrolled for a specific period of time identified during the intake interview. Each client has a limited amount of funds that can be used to reimburse providers for services provided to the client. Once those funds are depleted the client is unable to access further funding through ATR funds.
5. Providers will give the client an estimated date of discharge in writing during the initial orientation session and will notify the client in writing 14 days prior to their discharge date that they will be discharged from their program.
6. Each provider will contact the benefit coordinator to schedule a discharge interview for the client and provide the appointment date and time to the client in writing if a discharge interview is scheduled. If a client is receiving services from more than one provider, the benefit coordinator may chose to have the client wait until they have completed receiving all ATR services before they do the discharge interview.
8. If a client fails to comply with this policy or the policies of an ATR provider, the client will be immediately discharged and will stop receiving services.
9. An enrolled ATR client may file a grievance about any violation of client rights, according to an individual provider policy.

Effective Date: 11-18-08

By : _____

Orman Hall, Director
Ohio Department of Alcohol and Drug Addiction Services

Date

CLIENT CHOICE

Ohio's Choice for Recovery Program

Confirmation of Free and Independent Choice

By signing this, I declare that:

- I have freely chosen to participate in Ohio Choice for Recovery program;
- I have been given a free choice of which Recovery Support Service (RSS) providers in Ohio's Choice for Recovery network I want to provide my services;
- I have been given a free choice of which clinical treatment provider in Ohio's Choice for Recovery provider network I want to provide my treatment from among those that offer the level of care determined to be appropriate for my needs
- I was given the opportunity to review the provider profiles that described specific agencies/programs;
- For all service options, the choices included at least one agency to which I had no religious objection;
- For all service options, I was not forced nor pressured to choose one agency rather than another, nor threatened with the loss of any benefits to which I would otherwise be entitled;
- If my preferred choice(s) for Recovery Support Services or clinical treatment services (if applicable) have no openings available for new clients, I was offered a free choice from among those remaining agencies that did have openings available.

Final choices:

Recovery Support Services: _____

Clinical Treatment Services: _____

I have reviewed this agency's provider profile: _____
(Initials)

I am entitled to have a copy of this form. If I think my right to free choice in the Ohio's Choice for Recovery program may have been violated, I may call Alisia Clark @ 614-466-3988 and request a review of my case.

CLIENT NAME: _____
(Please print)

SIGNATURE: _____