

State of Maryland
Access to Recovery Program
Department of Health and Mental Hygiene
Alcohol and Drug Abuse Administration

Maryland *RecoveryNet*:
Recovery Support
Services
PROVIDER MANUAL

October 2011

The following Provider Manual and forms are adapted from the
Access to Recovery programs in the States of Iowa and Connecticut.

ADAA reserves the right to make changes to the Provider Manual as needed.

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What is Maryland *RecoveryNet*?

RecoveryNet is a four-year Access to Recovery (ATR) grant awarded to the Maryland Alcohol and Drug Abuse Administration (ADAA) in September 2010 by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. ATR is a presidential initiative that provides vouchers to individuals to purchase services and supports linked to their recovery from substance use disorders. ATR emphasizes client choice and increases the array of available community- and faith-based services, supports, and providers. All services are designed to assist recipients in remaining engaged in their recovery while promoting independence, employment, self-sufficiency, and stability.

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

Services covered by *RecoveryNet* are managed through an electronic Voucher Management System (VMS). After a potential service recipient selects services from a menu of providers and is authorized by a *RecoveryNet* Regional Coordinator to receive services, vouchers are entered into the VMS for selected covered services. All *RecoveryNet* providers enter encounters into the VMS when they provide a covered service to a *RecoveryNet* client. ValueOptions, under contract with the Maryland Alcohol and Drug Abuse Administration, pays *RecoveryNet* providers by matching claims to vouchers and encounters.

RecoveryNet policies and requirements are addressed in this Provider Manual. *RecoveryNet* information is also available at <http://maryland-adaa.org/ATRIndex.html>.

Contact Information

For information regarding Maryland *RecoveryNet*, please contact:

Deborah Green, *RecoveryNet* Project Director
Maryland Alcohol and Drug Abuse Administration
55 Wade Avenue
Catonsville, MD 21228
Phone: 410-402-8592
Email: dgreen@dhmh.state.md.us

Services

RecoveryNet recipients are able to choose services and service providers. Once they are requested and approved, services are issued as pre-approved vouchers. The following services are available in the *RecoveryNet* initiative:

Clinical Services

- **Halfway House Residential Treatment** – Clinically managed low intensity treatment programs offering treatment services at least 5 hours per week directed toward preventing relapse, applying recovery skills, promoting personal responsibility, and reintegration.
- **Marital/Family Counseling**- Services provided to engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse use on the relationship.
- **Pastoral Counseling**- Services provided to encourage spiritual growth, resolve conflict arising from spiritual disconnection, and facilitate progress in recovery through an integrated faith-based and psychological approach.

Recovery Support Services

- **Care Coordination**- Comprehensive medical and social care coordination is provided to clients to identify their needs, plan services, link the services system with the client, monitor service delivery, and evaluate the effort.
- **Recovery Housing**- These services provide a safe, clean, and sober environment for adults with substance use disorders. Lengths of stay may vary depending on the form of housing.
- **Job Readiness Counseling**- This activity is directed toward improving and maintaining employment and may include skills assessment, job coaching, career exploration, résumé writing, interviewing skills, and tips for retaining a job.
- **Childcare**- These services include care and supervision provided to a client's child(ren), less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment and/or recovery support activities.
- **Transportation**- Commuting services are provided to clients who are engaged in treatment-and/or recovery support-related appointments and activities and who have no other means of obtaining transportation.

For complete information on each covered service, including service descriptions, units of service, reimbursement rates, and qualification requirements, see Appendix 1: Maryland *RecoveryNet* – Service Descriptions, Rates, and Qualifications.

Recipient Application for *RecoveryNet* Services

Application Instructions

Prospective service recipients access *RecoveryNet* services through designated Portal Program staff, that will assist them in determining the types of clinical and recovery support services needed after discharge from residential treatment. Staff will use information from the bio-psycho-social assessment completed during the client's stay in residential treatment to assist them in determining ongoing clinical and recovery support service needs. If the client meets eligibility requirements, the client and clinician will complete the *RecoveryNet* application process that includes:

- selecting service providers from a list of approved providers in the *RecoveryNet* Provider Directory;
- completing disclosure consent forms;
- completing the intake GPRA Intake interview; and
- obtaining authorization for services from the *RecoveryNet* Regional Coordinator.

Portal Program clinicians must ensure that prospective service recipients have free and genuine choice in the selection of service providers, and that the selection process is conducted in a way that is respectful and cognizant of the client's cultural background and stated needs.

Service Authorization and Access

The Portal Program Clinician notifies the *RecoveryNet* Regional Coordinator by way of an email of a request for *RecoveryNet* Services. The *RecoveryNet* Regional Coordinator authorizes all service requests made by the Portal Program Clinician. When authorization is received, via returned email, the Portal Program Clinician begins the application and enrollment process. Authorization and referral of all requested services is done in the VMS by the Portal Program Clinician. This will result in notification to service providers of the service units authorized. Application requests may be denied based on availability of funds or lack of available requested services in a geographic location. All denials will state the reason for denial, and may be reversed if missing information is submitted or funds are reallocated.

Vouchers specify the name of the service recipient, the service to be provided, the name of the service provider, the number of units for each vouchered service, and the start and end dates (date range) of the voucher. Authorization(s) are issued for 30 days. All authorizations are set to default in SMART if not used within 30 days. All vouchers will expire in 30 days unless otherwise indicated in the authorization.

Once clients have been authorized to receive services in the *RecoveryNet* initiative, the authorization for Care Coordination will be released in the VMS and the chosen Care

Coordination provider will be notified by the Portal Program clinician. The Portal Program clinician will coordinate with the Care Coordinator to schedule an orientation appointment for the service recipient, prior to their discharge from the residential treatment program. During the orientation appointment, the Care Coordinator and the *RecoveryNet* service recipient should make arrangements for accessing other authorized services after the client's discharge from the residential treatment program. The Care Coordinator is responsible for contacting other service providers to schedule or otherwise facilitate access to selected *RecoveryNet* services.

All service recipients receive Care Coordination, a central service within the RecoveryNet initiative. The Care Coordinator's role in helping the recipient access services has been demonstrated to improve successful linkage to clinical and recovery support services.

Provider Agreement and Approval Process

Prospective providers can initiate a cooperative agreement with Maryland Alcohol and Drug Abuse Administration to provide *RecoveryNet* services by attending a provider forum and requesting an application packet:

- **Baltimore City:**

Karol Harmon 443-854-6654 or email: kharmon@bsasinc.org

- **Central and Western Regions:**

Garrett, Allegany, Washington, Frederick, Carroll, Montgomery, Howard, Baltimore, and Harford Counties

Dena Trail 443-827-9176 or email: dtrail@dhmh.state.md.us

- **Southern and Eastern Regions:**

Anne Arundel, Prince Georges, Calvert, Charles, St. Mary's, Cecil, Kent, Caroline, Queen Anne's, Talbot, Dorchester, Wicomico, Worcester, and Somerset Counties

Anita Ray 443-827-9136 or email: gray@dhmh.state.md.us

All prospective *RecoveryNet* providers must submit the *RecoveryNet* Provider Application and supporting documents for review. The completed Application packet can be mailed or faxed to:

Alcohol and Drug Abuse Administration

RecoveryNet Provider Application

55 Wade Ave.

Catonsville, MD 21228

Fax: 410.402.8602

ATTN: RecoveryNet Provider Application

After receiving the *RecoveryNet* Provider Application packet, *RecoveryNet* staff review all application documents and submit accepted applications for processing. Potential providers whose applications are not accepted will be contacted and given the opportunity to provide additional documentation. Providers whose applications are denied will be notified in writing. Once an application has been reviewed, accepted and processed by the Alcohol and Drug Abuse Administration, a cooperative agreement will be e-mailed to the provider for review and signature. Potential providers print, sign, and return completed cooperative agreements to ADAA. The application process generally takes four weeks from the time *RecoveryNet* staff receive the completed application packet and any necessary additional documentation. Provider applications may be approved or denied based, in part, on existing *RecoveryNet* providers in specific service areas.

To participate in *RecoveryNet*, a provider must have a **signed cooperative agreement with ADAA** to provide specific *RecoveryNet* covered services. (see **Appendix 1: Maryland *RecoveryNet* – Service Descriptions, Rates, and Qualifications**) for required provider qualifications for each service.

To be eligible to enter a cooperative agreement with ADAA to provide *RecoveryNet* services, providers must demonstrate the capability necessary to work with the VMS. The minimum required computer capability, if the provider is required to enter information electronically, is Windows Internet Explorer 6.0 or higher and internet access. Providers must also be able to provide a service demonstration or be available for a site visit from *RecoveryNet* staff.

This Provider Manual and its requirements are incorporated by reference into ADAA cooperative agreements with *RecoveryNet* providers.

Technical Assistance

RecoveryNet staffs are available to assist *RecoveryNet* providers, including initial training to enable providers to use the *RecoveryNet* Voucher Management System, and on an ongoing basis to help providers address client concerns and improve services. For technical assistance, on the *RecoveryNet* Provider Application process please contact the *RecoveryNet* Regional Coordinator who serves your region (see pg. 6). For technical assistance with the VMS contact the Helpdesk 301-397-2330 and **request help with the *RecoveryNet* VMS.**

Required Meetings and Training

When you have signed and submitted your cooperative agreement you will notified of the next available VMS training. Once you or your designated staff member has completed the required VMS training your service will be added to the *RecoveryNet* Service Directory and will be available for selection by *RecoveryNet* recipients. In addition providers are required to attend a quarterly provider meeting in your region. Your Regional Coordinator will notify you of the details of each upcoming meeting. If you are unable to attend you must contact your Regional Coordinator. Attendance is critical to provider participation in the *RecoveryNet*.

Monitoring and Evaluation

RecoveryNet staff monitor and evaluate *RecoveryNet* services and providers. Monitoring and evaluation areas may include, but are not limited to, client eligibility, provider eligibility, provider facilities and policies, service documentation, voucher and encounter data, GPRA reporting, invoices, critical and provider incidents, and satisfaction surveys. *RecoveryNet* Regional Coordinators, and in some cases the *RecoveryNet* Program Manager and Data Manager, will conduct site visits and may talk with *RecoveryNet* service recipients and with provider staff. Providers are generally notified of planned site visits in advance but *RecoveryNet* staff retains the right to conduct site visits at their discretion. The *RecoveryNet* Monitoring Tools can be found at <http://maryland-adaa.org/ATRIndex.html>. Look for the tool that is used to monitor your service type.

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

Site Visits

Provider site visits will be conducted throughout the duration of the *RecoveryNet* program. Site visits may be performed at varying intervals, to evaluate the quality and appropriateness of services provided, recipient records, and professional conduct. During a site visit you will be required to present the required documentation for service delivery for your service type (see **Appendix 6: Provider Proof of Service Delivery Documentation**).

Incident Reporting

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

- Death
- Suicide attempt
- Injury to self
- Assault or injury to others
- Sexual/physical abuse or neglect, or allegation thereof
- Incarceration
- Inappropriate use of *RecoveryNet* funds by client

Providers must submit a *RecoveryNet* – **Critical Incident Report** (see **Appendix 3: RecoveryNet Critical Incident Report**) to the **RecoveryNet Project Director within 24 hours** of becoming aware of the incident. Submit by email to Deborah Green dgreen@dhmh.state.md.us or fax: 401-402-8602, Attn. *RecoveryNet* Project Director

A **Provider Incident** is reported when a provider action is believed to be out of compliance with *RecoveryNet* Provider Manual or cooperative agreement requirements. *RecoveryNet* staff research incidents as indicated. Follow-up on reported incidents may include, but is not limited to, technical assistance, requirement of corrective action, funding repayment, cooperative agreement revision or termination, or determination that no inappropriate incident occurred. Report Provider Incidents to the *RecoveryNet* Regional Coordinator. (See Recipient Grievances section of this Manual for names and contact information).

Client Satisfaction Surveys

The *RecoveryNet* Client Satisfaction Survey (see **Appendix 2: *RecoveryNet* Client Satisfaction Survey**) is administered by Care Coordination service providers during their follow-up interview. Care coordinators may obtain client satisfaction survey responses by telephone. Care Coordinators mail or fax completed surveys to their *RecoveryNet* Regional Coordinator. Providers will be given feedback on the Customer Survey as it relates to their service.

Fraud, Waste and Abuse Monitoring

The Maryland Alcohol and Drug Abuse Administration takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the *RecoveryNet* initiative.

Fraudulent practices include, but are not limited to:

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

Abusive practices include, but are not limited to:

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

Waste includes, but is not limited to, circumstances when services are not rendered or client outcomes are not fulfilled in a cost-effective manner. These circumstances may occur due to fraud and abuse. Examples are:

- Rendering services when they are no longer necessary for a client’s well-being
- Failing to bill other funding sources when appropriate

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

If a client commits fraud or other serious misuse of funds, the ADAA may terminate the client’s participation in the *RecoveryNet* initiative immediately upon written notice to the client and providers and may seek repayment of funds.

Programming and Licensure Changes

It is the provider’s responsibility to inform their *RecoveryNet* Regional Coordinator of any change in licensure status, qualifications and/or in programming that may affect the provider’s ability to provide *RecoveryNet* covered services.

Encounters and Payment

RecoveryNet service providers document provision of covered services, enter encounter information into the VMS, and submit requests for payment to ValueOptions, ADAA’s contracted Administrative Services Organization, as described below. **Be sure that the payee information on your application reflects the correct payee name and address.**

Encounters

Each *RecoveryNet* covered service provided must be consistent with the voucher in the VMS.

Each *RecoveryNet* covered service provided must be documented in the provider’s record system. (see **Appendix 6: Provider Proof of Service Delivery Documentation**).

Files must be:

- Individualized to each recipient and only contain information for one recipient;
- Kept in a secured location to which only approved staff have access;
- Kept at the service location approved for services in the Provider Agreement;
- Document the date, time, and length of each *RecoveryNet* covered service provided;
- Summarize the *RecoveryNet* covered service provided;
- Maintained in accordance with confidentiality laws and regulations;
- Maintained in a manner consistent with specific licensure/certification requirements for the service; and

- Kept by the provider for a period of five years subsequent to the end date of the last service provided.

An encounter must be entered into the VMS for each *RecoveryNet* service provided. Each encounter must be **entered into the VMS within seven calendar days** of the date the *RecoveryNet* covered service was provided. The encounter serves as an invoice for the service that was provided.

Payment

A *RecoveryNet* covered service is reimbursable through *RecoveryNet* funding only when there is no other funding source for that service.

All vouchers include expiration dates. If a provider enters an encounter for a service beyond the service expiration date, it will not be reimbursed.

RecoveryNet service encounter information in the VMS and with documentation must be consistent with documentation in the provider's record system.

Generally, ValueOptions processes and pays for encounters within 30 days of receipt.

If a *RecoveryNet* service is a covered service under any other payor, that service cannot be submitted to ValueOptions for payment through *RecoveryNet*, regardless of whether or not payment is received from that other payor.

Voucher Extensions, Additions, and Revisions

RecoveryNet Care Coordinators establish and maintain relationships with service recipients over time and assist clients in identifying and accessing covered services.

Based on on-going discussion with a client, a Care Coordinator may request:

- an extension of a voucher expiration date
- additional units of service for a service previously authorized
- a reduction in units of a service previously authorized
- new services, not previously authorized

The Care Coordinator must request prior approval from the *RecoveryNet* Regional Coordinator, who authorizes the changes in services.

Ethics and Guiding Principles

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

- *RecoveryNet* service recipients and family members are treated with honesty, dignity, and respect.
- Providers shall abstain from alcohol or other drug usage prior to or during provision of *RecoveryNet* services.
- Providers shall not accept commissions, gratuities, rebates, gifts, favors, or any other form of non-*RecoveryNet* payment for *RecoveryNet* services.
- Providers shall not misrepresent themselves or their qualifications, licensing or other accreditation requirements, education, experience, or status.
- Providers shall not perform services outside their area of expertise, scope of practice, training, or applicable license or other accreditation by the State of Maryland.
- Providers who are unable to provide a service to a client will notify the their regional coordinator
- Providers shall not discriminate on the basis of color, age, gender, sexual orientation, national origin, socio-economic status, spiritual/faith beliefs, psychiatric or physical status, culture, ethnic, or racial background, or client use of a medication assisted recovery modality.
- Providers shall not participate in false or fraudulent activities including, but not limited to, submission or claims for services not rendered, submission of false data, charging a client for all or any part of a service, and/or providing false representation of credentials, qualifications, insurance, or licensure documents.

Grievances

Recipient Grievances

Recipient grievances are defined as a complaint against a *RecoveryNet* service provider. A recipient of *RecoveryNet* services has a right to submit a grievance without fear of penalty or loss of services. Should a recipient have a grievance regarding services received via the *RecoveryNet* program, all efforts shall be made to resolve the grievance via the provider agency's grievance procedure. If the grievance cannot be resolved at the provider level, then the recipient is encouraged to call their *RecoveryNet* Regional Coordinator:

- **Baltimore City:**

Karol Harmon 443-854-6654 or email: kharmon@bsasinc.org

- **Central and Western Regions:**

Garrett, Allegany, Washington, Frederick, Carroll, Montgomery, Howard, Baltimore, and Harford Counties

Dena Trail 443-827-9176 or email: dtrail@dhmh.state.md.us

- **Southern and Eastern Regions:**

Anne Arundel, Prince Georges, Calvert, Charles, St. Mary's, Cecil, Kent, Caroline, Queen Anne's, Talbot, Dorchester, Wicomico, Worcester, and Somerset Counties

Anita Ray 443-827-9136 or email: aray@dhmh.state.md.us

All complaints received by the *RecoveryNet* Regional Coordinators will be documented and investigated. ADAA will be informed of all documented grievances, investigation results, and grievance resolutions.

Corrective action may be requested as a result of a complaint. The *RecoveryNet* Regional Coordinator will set time frames and confirm completion of all implemented corrective action plans. If a grievance is received that may impact the health and welfare of a *RecoveryNet* service recipient, ADAA and/or law enforcement officials may be contacted immediately.

Provider Grievances

ADAA and its contracted ASO, ValueOptions, aim to provide the best customer service possible for *RecoveryNet* service providers but appreciate that there may be instances of miscommunication or other issues that need to be resolved. Providers are encouraged to raise issues verbally or in writing. Providers may file grievances with the ADAA *RecoveryNet* Program Manager or request to speak with the assigned representative for ValueOptions Maryland office.

Recipient Information and Confidentiality

Confidentiality of client information is an ethical obligation for all providers and a legal right for every client, whether such information is received verbally or in writing and whether it is received from the client or a third party. *RecoveryNet* providers must comply with confidentiality of client information and protected health information requirements as set forth in state and federal regulations (See **Appendix 4: HIPAA Privacy Summary**).

Providers must obtain a completed release of information (See **Appendix 5: Release of Information**) from each *RecoveryNet* client, for each party to whom information is disclosed.

Providers should use the unique client identification number assigned by the Voucher Management System when referring to a *RecoveryNet* service recipient in written communications, including e-mail. The provider may not disclose protected health information in e-mail communications.

Changes or Exceptions to the Provider Manual

The *RecoveryNet* Provider Manual is subject to change. ADAA will endeavor to inform providers of any change 30 days before the effective date of the change.

Providers may request an exception to a Provider Manual requirement by submitting an exception request to the ADAA in writing to:

Maryland Alcohol and Drug Abuse Administration
Attn: *RecoveryNet* Project Director
55 Wade Avenue
Catonsville, MD 21228

Appendix 1:
Maryland RecoveryNet – Service descriptions, Rates, and Qualifications

Service Description	Unit of Service	Payment Rate	Required Qualifications
Recovery Housing Assistance Short-term housing in a safe and recovery-oriented environment for clients with no other recovery housing alternatives. Housing must be provided in a facility for individuals in recovery.	Unit = 1 day Total available units = 60	Unit rate = \$17.86	o Meets ADAA Standards for Supportive and Recovery Housing
Job Readiness Counseling Face-to-face counseling with the client on skill assessment, job coaching, career exploration, resume writing, interview skills, labor market information, job search and retention tips	Unit = 15 minutes Total available units = 36	Unit rate = \$7.00	o Certification as a career development facilitator by a recognized national certifying body, OR o Uses ADAA-approved workforce development curriculum
Childcare Childcare for the client's dependent children (under 14 years) while the client is attending, or going to or from, treatment or covered services	Unit = 1 hour Total available units = 56	Unit rate = \$8.00	o Copy of current childcare license or registration certificate
Service Description – Clinical Services			
Addiction Treatment – Halfway House	Unit = 1 day Total available units = 45	Unit rate = \$45.00	o Copy of current DHMH certification
Family or Couples Therapy - Marital/Family Counseling Services provided to engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse use on the relationship.	Unit = 15 min hour session Total available units = 36	Unit rate = \$10.00	o Copy of professional licensure
Pastoral Counseling Face-to-face counseling with the client to address spiritual issues that can support recovery	Unit = 15 min. session Total available units =36	Unit rate = \$10.00	o Copy of professional licensure

Service Description – Care Coordination			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<p>Care Coordination is an activity that assists recipients in gaining access to necessary care and medical, behavioral, social, and other services appropriate to their needs.</p> <p>The functions of case management include recovery assessment, care planning, referral/linkage, and monitoring/follow up</p>	service	Per service type	Selected by county administrator of SUD Funding. Requires an existing contractual relationship with county and or State of MD
<p>Care Coordination Intake Interview</p> <p>One time, face-to-face or telephone* interview (must meet telephone interview criteria) with ATR client conducted prior to discharge from residential treatment program to establish contact with the client and orient them to ATR participation and care coordination</p> <p>Includes:</p> <ol style="list-style-type: none"> 1. Travel time to and from portal program to meet client 2. Review and verification of: <ul style="list-style-type: none"> • Review of participant Application for RecoveryNet Services • Individual Service/Recovery Plan • Referral to clinically recommended level of care • Authorized ATR services and units of service • Of client choice • Collateral contact information • Client understanding and agreement of GPRA discharge/follow-up requirements 3. Establishes Care Coordination contact schedule 4. Schedules the 6-month Care Coordination with GPRA Follow-up Interview with the client 5. Documents the service in the provider's records <ul style="list-style-type: none"> • <i>identifies health care and recovery support needs with</i> 	Unit= 1 interview Total available units=1	Unit rate =\$100.00	See above NOTE: <i>Intake occurs at the portal program unless Care Coordinator is located more than 30 minutes or 20 miles from the portal location</i>

<p><i>client and initiates</i></p> <ul style="list-style-type: none"> • <i>referrals, common linkages include those with treatment and/or other health care, employment, legal, housing, child welfare, social services, peer-support providers, etc..</i> • <i>tracks client utilization of vouchers issues and links the services system with the client</i> • <i>adjusts vouchers to meet client needs by way of issuing provisional vouchers that are approved by Regional Managers</i> • <i>discussing client participation in chosen ATR covered services</i> • <i>supporting client continuation in ATR</i> • <i>entering vouchers for additional ATR covered services, as needed by way of issuing provisional vouchers that are approved by Regional Managers</i> • <i>queries client on updated contact and collateral contact information and reminds of next appointment</i> • <i>documenting each service in the provider's client records (Appendix F)</i> • <i>entering each encounter in the ATR VMS</i> • <i>Enters the encounter in the ATR SMART VMS</i> 			
<p>Care Coordination/ Vital Documents -Accessing critical vital documents for clients such as birth certificate, soc. security card, etc, Pays for any fees and assists with the data entry. (This service does not pay for any transportation of documents. Includes care coordinator time for task required in document acquisition (cannot charge a unit rate with this)</p>	<p>Total available units = 2</p>	<p>Unit rate =\$50.00</p>	<p>See above</p>

<p>Care Coordination Monitoring Ongoing face-to-face or telephone meetings with ATR client, conducted bi-monthly/ or as needed to update client's recovery support plan and coordinate /support client access to, participation in, and continuation in ATR covered services.</p>	<p>Unit =15 minutes; Total available Units = 24</p>	<p>Unit Rate = \$12.00</p>	<p>See above</p>
<p>Care Coordination/ Transportation</p> <p><i>Transportation by taxi or van to and from an activity related to the client's recovery.</i> A provider with an existing relationship to qualified Transportation will pay for client transportation and be reimbursed through ATR. Transportation may only be used for activities that support client's Individual Service Plan, such as treatment visits, 12 Step Support Groups, and other ATR covered services. RecoveryNet transportation is not intended to be used for transportation to and from work on a regular and consistent basis but can be used for work assignments related to employment counseling. Includes:</p> <ul style="list-style-type: none"> • <i>documenting each service in the provider's records</i> • <i>documenting client receipt of services for each instance (provider service documentation form)</i> • <i>entering each encounter in the ATR VMS</i> 	<p>Total Available = 200 units</p>	<p>Unit Rate - \$1.00</p>	<p>See above</p>
<p>Regional Mass Transportation Cards – Cards purchased by the Care Coordinator that allow access to all public transportation in a region.</p> <ul style="list-style-type: none"> • <i>documenting each service in the provider's records</i> • <i>documenting client receipt of services for each instance (provider service documentation form)</i> <p><i>entering each encounter in the ATR VMS</i></p>	<p>Total available = 6 units</p>	<p>Unit Rate = \$80.00</p>	<p>See above</p>

<p>Care Coordination /Gap Services – these are goods or services paid for by the Care Coordinator and reimbursed at the rate below to the Care Coordinator. This is a fund used to supplement client identified needs to support recovery. Items which are appropriate to voucher include:</p> <ul style="list-style-type: none"> • Clothing/Hygiene - Assistance provided to clients to purchase clothing or hygiene products that supports the client’s recovery. • Food – groceries to fill gap in applied for social service such as food stamps, or impending employment, etc. • Medication Gap or Co-pay • Medical Appointment Gap or Co-pay • Hair Cut • Dental Gap Service or Co-pay • Other- Required goods or services that support recovery and are approved by the Regional Manager. • Deposit for long term housing • Utility bill issue – (to avoid shut-off or to establish service up total available units) • Other – defined by Care Coordinator and approved by Regional Manager goods or services not listed above that support recovery plan <p>Requires Care Coordinators to:</p> <ul style="list-style-type: none"> • Contact Regional Manager with request for service or • Purchase the item alone for/ or with the client • Document purchase with receipts • Document in the provider’s record • Document in the SMART VMS 	<p>Total Available = 200 units</p>	<p>Unit Rate - \$1.00</p>	<p>See above</p>
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<p>ATR Care Coordination with GPRA Follow-up Interview One time, face-to-face meeting with client, conducted six months following admission to ATR, to assess satisfaction with ATR and to complete GPRA follow-up interview. Also includes obtaining client satisfaction information and issuing client \$15 gift card. (must be completed within the 5-8 month required window) Includes:</p> <ul style="list-style-type: none"> • <i>tracking and locating client for face to face interview</i> • <i>completing the GPRA Follow-up Interview and entering it in the ATR VMS</i> • <i>Administering and submitting to ADAA the Client Satisfaction Survey</i> • <i>giving client \$15gift card (i.e Walmart or Target) and documenting clients receipt of gift card</i> • <i>documenting the service in the provider's records</i> • <i>entering the encounter in the ATR VMS</i> 	<p>Unit =1 session Total available Units = 1</p>	<p>Unit Rate =\$160</p>	<p>See above NOTE: <i>GPRA Follow-up is a face-to-face encounter unless client is more than 30 minutes or 20 miles from Care Coordinator location, out of state, or incarcerated or otherwise unable to travel. A waiver must be obtained via email from the Project Director. Send waiver request to dgreen@dhmh.state.md.us</i></p>
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Appendix 2: *RecoveryNet* Client Satisfaction Survey

The Maryland Alcohol and Drug Abuse Administration values your opinions and ideas. As a result, we are asking you to evaluate or rate the services you received while participating in the *RecoveryNet* voucher program. Your answers on this survey will help us to provide quality care in the program.

Instructions: For each question listed on the survey, please check the box that most closely describes your experience during the program. If you wish to add to your response, there will be a comment section after every question.

Client selection and information about the RecoveryNet program

1. How did you find out about the *RecoveryNet* voucher program?

Comment:

2. I received enough information about the program to make a good choice about whether or not to participate in the program.

Strongly agree Agree Neutral Disagree Strongly disagree

Comment:

Eligibility Screening

3. Screening and determination of my eligibility to participate in the program was conducted fairly, and in a timely manner.

Strongly agree Agree Neutral Disagree Strongly disagree

Comment:

Needs Matching and Assessment

4. The process for determining my needs for ongoing treatment and recovery support services was thorough, and my cultural beliefs were respected (if applicable).

Strongly agree Agree Neutral Disagree Strongly disagree

Comment:

5. I participated in the selection of my treatment and recovery support services by choosing the service providers from a list of two or more providers, including one to which I had no religious objection.

Strongly agree Agree Neutral Disagree Strongly disagree

Comment:

6. I felt I had free and genuine choice in the selection of my services and path to recovery.

Strongly agree Agree Neutral Disagree Strongly disagree

Comment:

7. I felt I was not influenced to accept a referral to one provider over another.

Strongly agree Agree Neutral Disagree Strongly disagree

Comment:

Consents

8. Treatment program staff obtained my written agreement to participate in the program after explaining my responsibilities and rights.

Strongly agree Agree Neutral Disagree Strongly disagree

Comment:

Services Received

9. The treatment services I received using the voucher program helped me keep sober and drug-free.

Strongly agree Agree Neutral Disagree Strongly disagree

Comment:

10. The recovery support services I received using the voucher program helped me keep sober and drug-free.

Strongly agree Agree Neutral Disagree Strongly disagree

Comment:

11. There were services I needed which were not provided.

Strongly agree Agree Neutral Disagree Strongly disagree not applicable

They included:

This was due to:

Lack of overall program funds Lack of services funded in my region
 Lack of choice for the service I needed in my region Don't know

Comment:

Overall Satisfaction

12. I would recommend participation in the RecoveryNet program to a friend or one of my relatives.

Strongly agree Agree Neutral Disagree Strongly disagree

Comment:

Additional Comments:

Thank you!

Appendix 3: *RecoveryNet* – Critical Incident Report

Please Fax to: **ADAA, Attn: Debbie Green at 410-402-8601** within **24 hours** of becoming aware of the incident.

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

Name/Title of Individual Completing Form: _____

Address: _____

City: _____ State: _____ Zip: _____

Location Where Incident Occurred:

Service Recipient involved in incident:

Name: _____

Date of Birth: _____ *RecoveryNet* ID#: _____

Male

Female

List any other involved party:

Nature of Incident:

Death (from any cause after entry into *RecoveryNet* services)

Cause of death: _____

Suicide Attempt

Injury to self

Injury to or assault on others

Sexual/physical abuse or neglect, or allegation thereof

Incarceration

Inappropriate use of *RecoveryNet* funds

Other (please specify: _____)

Describe Incident:

Follow-up actions taken:

Signature

Date

Appendix 4 – Summary: Privacy Rule for Health Insurance Portability and Accountability Act (HIPAA)

Published as 45 CFR parts 160 and 164 and effective in 2003, this Act protects the privacy of Protected Health Information (PHI) that is:

1. Transmitted by electronic media;
2. Maintained in any medium described in the definition of electronic media: or
3. Transmitted or maintained in any other form or medium.

As defined by HIPAA, *Protected Health Information* is any information, including demographic information, collected from an individual, that is:

1. Created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse;
2. Related to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and which is
3. Able to identify the individual, or with respect to which, there is reasonable basis to believe that the information can be used to identify the individual.

Business associate as defined by HIPAA (45 CFR section 160.103), is a person who, on behalf of the covered entity or provider or of an organized healthcare arrangement in which the covered entity participates, but other than in the capacity of a member of the workforce of such covered entity or arrangement, performs, or assists in the performance of:

1. A function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and re-pricing; or
2. Any other function or activity regulated by this subchapter; or providers, other than in the capacity of a member of the workforce of such covered entity, legal, actuarial, accounting, consulting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for such covered entity, or to or for an organized healthcare arrangement in which the covered entity participates, where the provision of the service involves the disclosure of individually identifiable health information from such covered entity or arrangement, or from another business associate of such covered entity or arrangement, to the person.

All providers who qualify as *covered entities* must comply with the provisions of the Privacy Rule of HIPAA. A *covered entity* is defined as a healthcare provider, a health plan, or a clearing house who transmits any health information in electronic form in connection with a transaction covered by this subchapter (section 160.103 of 45 CFR part 160). If this provider is a covered entity, then HIPAA requires the appropriate policies and procedures to be in place to comply with the HIPAA Privacy Rule. HIPAA requires such policies and procedures to include, but not be limited to, the following topics: Notice of Privacy Practices, Amendment of Protected Health Information (PHI), Recipient Access to PHI, Accounting of Disclosures, Workforce Training, Verification, Authorization for Disclosures of PHI, HIPAA Complaint Process, Marketing (if applicable), Research (if applicable), Audit and Monitoring or HIPAA compliance, and Business Associates Agreements with those companies providing goods and services which require the disclosure of PHI, etc. Where existing confidentiality protections provided by CFR part 2, related to the release of alcohol and drug abuse records, are greater than HIPAA, then the department anticipates that the provider will consider any such provision of 42 CFR part 2 as the guiding language.

Appendix 5: Release of Information

Consent to Disclosure of Confidential Information

I, (Print Name) _____

(Date of Birth) _____, as a participant in the

_____ program,

authorize the program to release information to _____.

This information may include: (Initial each category that applies)

- _____ My name and other personal identifying information;
- _____ My status as a recipient of *RecoveryNet* services;
- _____ Initial and subsequent evaluations or my service needs by the program;
- _____ Summaries of assessment results and history;
- _____ Summary of services plan(s), progress, and compliance;
- _____ Participation in services;
- _____ Discharge plan(s) for *RecoveryNet* services;
- _____ Date of discharge or disenrollment from *RecoveryNet* services, and discharge/disenrollment status;
- _____ Other: _____

The Purpose of the disclosure authorized herein is to provide effective coordination of the treatment and services I receive.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I have received a statement of the intended use of this information. I understand that the federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient, and I understand that the rules prohibiting re-disclosure to third parties without my written consent will be strictly adhered to. I also understand that I may revoke this at any time except to the extent that action has been taken in reliance on it. Unless revoked by me, this consent shall expire upon completion of this service, or:

(Specific date, event or condition upon which this consent expires, only if different from above)

Signature of Participant

Date

Appendix 6: Provider Proof of Service Delivery Documentation

Please fill out the information below and sign. Your signatures verify that the service that you were authorized to provide/receive through the RecoveryNet was delivered on the date(s) and time(s) indicated below by the service provider that you requested.

Name _____
Service type _____
Date: _____ Time of service: _____
This was the provider I selected: yes ___ no ___ (explain: _____)
Service recipient signature _____
Service Provider signature _____

Name _____
Service type _____
Date: _____ Time of service: _____
This was the provider I selected: yes ___ no ___ (explain: _____)
Service recipient signature _____
Service Provider signature _____

Name _____
Service type _____
Date: _____ Time of service: _____
This was the provider I selected: yes ___ no ___ (explain: _____)
Service recipient signature _____
Service Provider signature _____

Name _____
Service type _____
Date: _____ Time of service: _____
This was the provider I selected: yes ___ no ___ (explain: _____)
Service recipient signature _____
Service Provider signature _____

Provider Note: this form must be filled out for each RecoveryNet service you deliver. There is only one service recipient per form however multiple services (up to three) per one recipient can be recorded on this form. Use additional forms for more than three services. Remember information about recipients and the services they receive are confidential. Refer to Appendix of this manual for details on confidentiality. This document must be kept on service site and made available on request by the Regional Coordinator. Provider proof of service delivery forms must be kept by the provider for five years.

Appendix 7: Glossary of *RecoveryNet* Terms and Definitions

Access to Recovery (ATR)- The SAMHSA administered grant that funds Maryland's *RecoveryNet*

ADAA- The Alcohol and Drug Abuse Administration an arm of the Maryland Department of Health and Mental Hygiene, the ADAA oversees the fiscal and regulatory administration of publically-funded substance abuse prevention, intervention and treatment. ADAA is the recipient and administrator of ATR III/*RecoveryNet*

ATR III- This is the third round of SAMHSA ATR Grants and the cycle that funds *RecoveryNet*.

Authorization- Is the permission needed to move a voucher request forward.

Care Coordinator-A vouchered service providing oversight to insure participant's ability to access services needed establish recovery in their community.

Client Satisfaction Surveys- Each *RecoveryNet* participant will evaluate the recovery support service(s) they received. Copies of the evaluations will be shared with providers.

DHMH- The Department of Health and Mental Hygiene

Encounter- Each *RecoveryNet* covered service provided must be documented in the provider's record system. (See page 11 for *Encounter* documentation requirements) An encounter must be entered into the VMS for each *RecoveryNet* service provided. Each encounter must be entered into the VMS within seven calendar days of the date the *RecoveryNet* covered service was provided or where indicated submitted to ADAA for VMS entry. The encounter serves as an invoice for the service that was provided.

Fraud, Waste and Abuse- The Maryland Alcohol and Drug Abuse Administration takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the *RecoveryNet* initiative. (See pages 9-11 for specific definitions of **Fraud, Waste and Abuse.**)

GPRA- Government Performance Result Act established protocols for measuring outcomes through the collection of specific data. The *RecoveryNet* will collect GPRA data through three time specific survey's administered to *RecoveryNet* participants by identified GPRA collection providers.

Payor- Designated service organization contracted by ADAA to issue payment for vouchered services. The *RecoveryNet* payor is ValuOptions.

Portal Program- The point of entry for participants eligible for *RecoveryNet* Services. In Maryland the portal into the *RecoveryNet* is publically-funded residential treatment programs that must meet the requirements established by the Maryland Code of Regulations (COMAR) and certified to operate at the approved level of care by the Department of Health and Mental Hygiene Office of Health Care Quality.

Portal Program Clinician- The specific counselor that will be utilizing the *RecoveryNet* enrollment process , consenting, referring and authorizing services in the VMS.

Provider Agreement- An agreement between the Service Provider and the Alcohol and Drug Abuse Administration that defines the terms and conditions for participation in *RecoveryNet* (page 7)

RecoveryNet- This is the name of Maryland's ATR initiative. *RecoveryNet* is a system transformation in which we are partnering with faith-based and community to connect those in early recovery with services that will support, enhance and sustain recovery in the community.

Recovery Service Provider- These are faith-based and community providers of services that are offered in Maryland's *RecoveryNet* (see page). Recovery Service providers are those that have successfully completed the application process, signed a Provider Agreement, and completed required provider training.

Referral- The process of notifying the service provider chosen by the Service Recipient that a voucher has been authorized for their service. Referrals are made and received through the electronic VMS.

Regional *RecoveryNet* Coordinators- There are three Regional Coordinators that manage the assets and resources in a specific region.

- **Baltimore City:** (*bsAS RecoveryNet Services*) Karol Harmon 443-854-6654 or email: kharmon@bsasinc.org
Baltimore Substance Abuse Systems, Inc.
One North Charles St., Suite 1600
Baltimore, MD 21201
Attn: *RecoveryNet* Regional Coordinator - Region 1

- **Central and Western Regions:** (Garrett, Allegany, Washington, Frederick, Carroll, Montgomery, Howard, Baltimore, and Harford Counties): Dena Trail 443-827-9176 or email: dtrail@dhmh.state.md.us
Baltimore County Bureau of Behavioral Health
6401 York Road, Third Floor
Towson, MD 21212
Attn: *RecoveryNet* Regional Coordinator - Region 2

- **Southern and Eastern Shore Regions:** (Anne Arundel, Prince Georges, Calvert, Charles, St. Mary's, Cecil, Kent, Caroline, Queen Anne's, Talbot, Dorchester, Wicomico, Worcester, and Somerset Counties): Anita Ray 443-827-9136 or email: aray@dhmh.state.md.us
Anne Arundel County Health Department, Behavioral Health
3 Harry S. Truman Parkway, P.O. Box 1050
Annapolis, MD 21401
Attn: *RecoveryNet* Regional Coordinator - Region 3

SAMHSA- Substance Abuse and Mental Health Services Administration is an arm of the federal Health and Human Services (HHS) administration. SAMHSA administers the grant funds for ATR.

Service Recipient- The individual in the portal program receiving the *RecoveryNet* services

Treatment Provider- These are programs certified by the DHMH OHCQ to deliver substance abuse treatment, prevention and/or intervention services

ValueOptions- The established payor for *RecoveryNet* services.

Voucher Management System (VMS)- Services covered by *RecoveryNet* are managed through an electronic Voucher Management System (VMS). After a potential service recipient selects services from a menu of providers and is authorized by a *RecoveryNet* Regional Coordinator to receive services, vouchers are entered into the VMS for selected covered services. Training and Technical assistance for the use of the VMS is required and provided free of charge to service providers.

Voucher Transaction- The activity of moving a voucher through the VMS for payment.