

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

Maryland *RecoveryNet*: Portal Program 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 Portal Program 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 for individuals to purchase clinical and recovery support services and which links service recipients to their recovery from substance use disorders. ATR emphasizes service recipient 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 (authorizations) are entered into the VMS for selected covered services. All *RecoveryNet* providers will enter encounters into the VMS; when they provide a covered service to a *RecoveryNet* service recipient. ValueOptions, under contract with the Maryland Alcohol and Drug Abuse Administration, pays *RecoveryNet* providers by matching claims to authorizations and encounters.

RecoveryNet policies and requirements are addressed in this Portal Program 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

Identifying Potential Participants

Prospective service recipients access *RecoveryNet* services through a 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 service recipient's stay in residential treatment to assist them in determining ongoing clinical and recovery support service needs. If the service recipient meets eligibility requirements, the service recipient and clinician will complete the *RecoveryNet* application and the Intake GPRA (see **Appendix 8: GPRA Quick Tips**).

Determining Eligibility

The *RecoveryNet* target population is adults (18 years or older) with a diagnosed substance use disorder who are enrolled in residential addiction treatment (ASAM Level III.7, Level III.5, or Level III.3) in a publicly funded bed. This population includes inmates in Department of Public Safety and Correctional Services Residential Substance Abuse Treatment programs, and returning Iraqi or Afghanistan veterans who are enrolled in Department of Veterans Affairs residential addiction treatment programs. These programs are considered Portal Programs, providing access to *RecoveryNet* services. Each individual must also meet the following criteria:

1. Resident of Maryland and planning to reside in Maryland after discharge from the residential program.
2. Current ASI or TAP bio-psycho-social assessment
3. Documented need for *RecoveryNet* services
4. Request for *RecoveryNet* services
5. Income at or below 200% of the Federal Poverty Level and be without insurance or other financial resources to pay for *RecoveryNet* services
6. Agree to conditions of *RecoveryNet* initiative
7. If participating in the Department of Public Safety and Correctional Services Residential Substance Abuse Program, must be scheduled for release from the facility into the community within 60 days of discharge from the treatment program.
8. Agree to work with a Care Coordinator of his/her choice as a *RecoveryNet* authorized service
9. Agree to enroll in another level of treatment or in Continuing Care with a Level I Outpatient program

In addition, eligible participants must agree to:

10. Participate in three (3) intervals of the Government Performance and Results Act (GPRA) interview (intake, six months after intake and at discharge from the *RecoveryNet* program). *RecoveryNet* participants completing the six-month follow-up interview will receive a \$15 gift card. The gift card will be mailed to the address the participant provides at the time the follow-up GPRA interview with the Care Coordinator.
11. Provide contact information to locate participant, if necessary, for the final GPRA interview. No confidential information will be provided to persons on the contact page unless authorized by participant through a consent document. A service recipient may revoke consent documents at any time.

Program Orientation

RecoveryNet recipients are able to choose services and service providers. 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 service recipient's cultural background and stated needs.

The clinician must be able to effectively articulate choice of services from the secular and the faith based domain(s) to ensure that freedom of choice is available and accessible. Determining the next step(s) of appropriate services upon discharge to sustain recovery is the desired end product; this process is a person-centered approach to recovery (*collaboration between clinician and recipient*). 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 service recipients to identify their needs, plan services, link the services system with the service recipient, 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 service recipient's child(ren), less than 14 years of age and for less than 24 hours per day, while the service recipient is participating in treatment and/or recovery support activities.
- Transportation- Commuting services are provided to service recipients 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**.

Recovery Service Needs

Once service needs are identified, offering services from the secular and the faith –based arena is required during the choosing of clinical as well as recovery supportive services. The Portal Program clinician completes the Request for *RecoveryNet* Services (see **Appendix 2: Request for *RecoveryNet* Services Email Template**) from the appropriate Regional Coordinator. In addition to offering options, it is the responsibility of the referring clinician to confirm/verify the availability of service(s) requested; *all services listed may not be available*.

Region Determination

Request for *RecoveryNet* services should be directed to the Regional Coordinator in the region that the individual will reside. For example: a resident of Anne Arundel county may be receiving services in Baltimore County and have requested recovery services from their permanent residence Annapolis. The Southern/Eastern Region coordinator would provide their coordination of services. It is imperative that while the portal program clinician is determining services for the prospective *RecoveryNet* service recipient that the request of where recovery services should be rendered is addressed and documented appropriately in the SMART encounter notes. The state is divided into three regions:

- **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@dnhm.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@dnhm.state.md.us

Approval/Authorization Process

The *RecoveryNet* Regional Coordinator authorizes all service requests. Authorization will result in notification to service providers and the Portal Program via email. Authorization may be delayed if the application is missing information. Application requests may be denied based on availability of funds or lack of available requested services. All denials will state the reason for denial which may include but not limited to, missing information and/ or funds are reallocated.

Authorization(s) specify the name of the service recipient, the service to be provided, the name of the service provider, the number of units for each authorized service, and the start and end dates (date range) of the authorization. Authorization(s) are issued for 30 days. All authorizations are set to default in SMART if not used within 30 days. Portal Program clinician(s) are responsible for changing the SMART encounter to change authorization start-up date(s) or to account for the length of service (i.e., 2 months for Recovery Housing).

Once the service recipient has been authorized to receive services in the *RecoveryNet* initiative, the authorization for Care Coordination will be released to the service provider(s) authorized and the chosen Care Coordination provider will be notified. The Portal Program clinician will coordinate with the Care Coordinator to schedule an initial meeting with the service recipient, prior to his or her discharge from the residential treatment program. During the initial appointment, roles and responsibilities of the Care Coordinator and the *RecoveryNet* service recipient should be discussed. The Care Coordinator is responsible for contacting service providers to schedule or otherwise facilitate access to selected *RecoveryNet* services once the service recipient is discharged from the residential program.

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.

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 service recipient's stay in residential treatment to assist them in determining ongoing clinical and recovery support service needs. If the service recipient meets eligibility requirements, the service recipient and clinician will complete the electronic *RecoveryNet* application process (see **Appendix 6: RecoveryNet Application for Services Form**), that includes:

- selecting service providers from a list of approved providers in the *RecoveryNet* Provider Directory;
- completing disclosure consent forms;
- completing referral forms;
- completing the GPRA Intake interview; and
- obtain authorization for services via e-mail 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 service recipient's cultural background and stated needs.

Suggested Timeline Summary for *RecoveryNet* Enrollment

7 - 10 days prior to Discharge (DX)

- **Service recipient** is preparing for DX meets with Counselor to discuss needs for *RecoveryNet* services.
- **Clinician** and service recipient determine needs. (documentation needs to exist in the record, i.e. bio psychosocial assessment, encounter note or recovery plan)
- **Clinician** determines whether service recipient meets other *RecoveryNet* eligibility requirements (income, etc.).

3-5 days prior to DX

- **Clinician** emails *RecoveryNet* Regional Coordinator to inform that an ATR application is being opened. Counselor identifies ATR service needs requested
- **Regional Coordinator** confirms that requested services are available. (within the next business day)
- **Clinician and Service recipient** complete initial *RecoveryNet* Application, GPRA, and required consents;
- **Clinician** assists **service recipient** with *RecoveryNet* provider selection
- **Clinician** electronically issues vouchers and makes referrals for all identified ATR Services
- **Clinician** notifies by phone or email the selected Care Coordinator to facilitate service recipient transfer and Recovery planning

0-3 days Prior to DX

- **Care Coordinator** meets with **service recipient and Clinician** to plan for accessing services.
- **Clinician** enters encounter note in the SMART record documenting service recipients plans and transfer to *RecoveryNet* services/OP TX and follows agency DX procedures. (Any changes to service authorizations, or service

SMART Electronic Record Process

All interaction(s)/transactions (*direct or indirect*) that occur with the prospective *RecoveryNet* recipient must be entered into the SMART system. The SMART intake, which is tailored for ATR services, is the first step in activating services. This includes the ATR needs assessment, intake GPRA, encounter notes, consent forms, referral forms and the authorization process. All of these processes are required to generate service request(s) for the identified recipient of services. All Portal Programs will be trained in the ATR SMART, which includes the intake Government Performance & Results Act (GPRA). Additional information on additional ATR SMART trainings is available at <http://maryland-adaa.org/ATRIndex.html>.

Government Performance Results Act (GPRA)

RecoveryNet services are funded by a grant from the Substance Abuse and Mental Health Services Administration. As part of the grant award, the ADAA is required to collect general information on the service recipients served. The tool used to collect this information is the GPRA. Once prospective service recipients have been identified, Portal Program clinicians are responsible to administer the Intake GPRA. GPRA is part of the SMART record and should take 20 minutes to administer. Regional ATR Coordinators will train Portal Program on the administration of GPRA.

- Admission GPRA will be administered no sooner than 5 days prior to DX
- GPRA is administered in one session (saved and finished)
- When administering the GPRA and if a service recipient seems frustrated, acknowledge their behavior by stating: *"I noticed that you seem distracted or frustrated is there a problem that you want to talk about before we begin"?*
- Read each question as written
- If the service recipient refuses to answer a question, enter "RF=REFUSED" on the tool.
- If the service recipient does not know a response to a question mark "DK=DOES NOT KNOW" Staff should not supply options to service recipient or paraphrase.
- Before starting the interview, consider using a calendar to mark off the last 30 days. Many questions in the GPRA refer to the last 30 days and having a calendar present may assist with service recipient recall of events.
- At the beginning of each section, you should introduce the next section of questions, (e.g., now I'm going to ask you some questions about...)

Care Coordination

A goal of Care Coordination is to provide a “warm hand-off” between the residential program and *RecoveryNet* services. The recovery community has adopted this commonly used term and there are many interpretations and definitions of this concept. The frame of reference for the identified population expresses the following: ***Cordially transfer or refer someone to someone else to access the most appropriate level of care and/or services. The hand-off entails direct service linkage from one level of service to another.***

Facilitating services from the Portal Program to the Care Coordinator includes coordination of efforts and ensuring that the requested services are available upon discharge and the service recipient has agreed to the next level of care (*clinical and/or supportive services*). The Care Coordinator is responsible for contacting other service providers to schedule or otherwise facilitate access to selected *RecoveryNet* services once the service recipient is discharged from the residential program.

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

Portal Programs and Care Coordinators must obtain completed release(s) of information (see **Appendix 5: Release of Information**) from each *RecoveryNet* service recipient, for each service provider that information will be disclosed.

Portal Program and Care Coordinators should use the unique service recipient identification number assigned by the Voucher Management System when referring to a *RecoveryNet* service recipient in written communications, including e-mail. The Portal Program and/or Care Coordinator may not disclose protected health information in e-mail communications.

Critical Incident Reporting

Critical incidents are those events that occur while a service recipient is receiving *RecoveryNet* services that negatively impact the service recipient, service recipient'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 service recipient

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

Portal Programs should report provider incidents an authorized provider's action is believed to be out of compliance with *RecoveryNet* 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 appropriate *RecoveryNet* Regional Coordinator.

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	<ul style="list-style-type: none"> ○ Meets ADA 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	<ul style="list-style-type: none"> ○ Certification as a career development facilitator by a recognized national certifying body, OR ○ Uses ADA-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	<ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> ○ 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. 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 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 Includes: 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 client and initiates</i> • <i>referrals, common linkages include those with treatment</i> </p>	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>and/or other health care, employment, legal, housing, child welfare, social services, peer-support providers, etc..</i></p> <ul style="list-style-type: none"> • <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></p> <p>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.</p> <p>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> • <i>entering each encounter in the ATR VMS</i> 	<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>

<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: Request for *RecoveryNet* Services Email Template

Date: _____

To: **Maryland *RecoveryNet***

From: _____

Re: *RecoveryNet* Eligible Patient

I have a *RecoveryNet* eligible patient Service recipient ID # _____

They are requesting the following services:

- Care Coordination
- _____
- _____
- _____
- _____
- _____

They are planning to discharge to _____ County/City.

Please let me know as soon as possible and not later than _____ if these services are available in the requested region.

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: Health Insurance Portability and Accountability Act (HIPAA) Privacy Summary

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 clearinghouse that 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**

Signature of Witness **Date**

Appendix 6: *RecoveryNet* Application for Services

Application for Services: Clinician please Fax to Care Coordinator when you schedule the intake

Applicant's Name: _____ Date: _____

Gender: M F

Applicant Date of Birth: _____ (mm/dd/yyyy)

Applicant SS#: _____ SMART Client ID # _____

Applicant Address: _____

Address City: _____ State: _____ Zip: _____

Phone #: (____) _____ Cell Phone #: (____) _____

RecoveryNet Portal Program (Referring Program)

Program Name: _____

Counselor Name: _____

Contact Information: (phone and/or email) _____

Client Needs (please check all that apply)?

<input type="checkbox"/> Job Training	<input type="checkbox"/> Social Services/Benefits	<input type="checkbox"/> Food Assistance
<input type="checkbox"/> Employment	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Childcare
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Tax Assistance
<input type="checkbox"/> Life Skills Services	<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing/Rental Assistance	<input type="checkbox"/> Prescription Assistance	<input type="checkbox"/> Other: _____

At closure, please check all services the client has been connected to:

<input type="checkbox"/> Job Training	<input type="checkbox"/> Social Services/Benefits	<input type="checkbox"/> Food Assistance
<input type="checkbox"/> Employment	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Childcare
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Tax Assistance
<input type="checkbox"/> Life Skills Services	<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing/Rental Assistance	<input type="checkbox"/> Prescription Assistance	<input type="checkbox"/> Other: _____

Consent to Participate

I, (Print Name) _____, agree to participate in the ***RecoveryNet*** program.

Purpose: The purpose of this program is to increase access to treatment and recovery support services for persons with substance use disorders; and to provide clients with free and genuine choice of providers of treatment and recovery support services, to include faith based and community providers. The data collected as part of this program will help determine how helpful the *RecoveryNet* program is in enhancing recovery from substance use disorders.

Procedures: *RecoveryNet* program monitors may review my treatment or recovery support services records and my completed client satisfaction survey. From these records, monitors will collect information about the quality of services I received, progress I made, the length of time I received services, violations, and whether I finished the program or not.

Confidentiality: Information collected by each treatment or service provider will only be made available to program monitors and will not be made available to anyone else without my written permission, including probation/parole officials, family, or other treatment providers. Any information I give regarding past criminal behavior will be completely confidential. Disclosure of information about child sexual abuse, threat of harm to myself or others or information about any planned criminal activities cannot be kept confidential. The information collected for reporting to the Center for Substance Abuse Treatment (the agency that provides funding to support this program) will be collected as group data without information that can identify me. After five years, the data will be destroyed.

Risk: No risks are anticipated. My treatment and criminal justice status will not be affected by my answers. According to program policy, all participants and program monitors have been instructed to keep confidential all information obtained about me.

Benefits and Freedom to Withdraw: Although the data collected is not designed to help me personally, the information from this program will be used to help policymakers evaluating a method of delivering services to clients in similar situations. If I choose not to allow the monitors access to my information, I will be assessed for aftercare in the standard manner and will be eligible to receive services available outside the *RecoveryNet* program.

I understand and agree to the following components:

- Services provided under this grant are strictly voluntary
- I have choice regarding all of my service providers. This includes a choice of Care Coordinators.
- My Care Coordinator is required to interview and ask me questions based on the federal law: Government Performance and Results Act (GPRA) at the following three (3) intervals:
 - Intake
 - Six months after intake
 - Discharge from the *RecoveryNet* program
- I will receive a \$15 gift certificate if I complete the six month follow-up interview.
- In the event that my Care Coordinator cannot locate me in order to complete a GPRA interview, I agree to allow him or her to contact the individuals listed on my contact page in order to confirm my whereabouts. The Care Coordinator will then contact me to conduct an interview with me. I understand that no confidential information will be provided to persons on the contact page unless I have authorized it through a consent document.

Signature of Participant**Date**

Signature of Witness/Monitor**Date**

Authorization for Disclosure of Last Known Address and Phone Number

The *RecoveryNet* program is funded through a federal grant that requires the State of Maryland Alcohol and Drug Abuse Administration (ADAA) to collect and report performance data to ensure the effectiveness and efficiency of the program. As a recipient of services through the *RecoveryNet* program you are requested to authorize the organizations indicated below to disclose your last known address and phone number(s) to ADAA and the *RecoveryNet* provider, so that you can be located in approximately 6 months for a follow up survey.

Name of Survey Participant (Print Name): _____

Date of Birth: _____ **SS#:** _____

I authorize:

Maryland Department of Social Services/Maryland Department of Labor

Maryland Department of Public Safety and Correctional Services/Maryland Judicial System

Medical and/or Behavioral Health Treatment Center, Facility, Hospital or Clinic/Homeless Shelter or Outreach Agency

to **RELEASE** information regarding my last known address and phone number(s), to :

ADAA, 55 Wade Avenue, Catonsville, MD 21228

and _____ (the *RecoveryNet* provider) for the limited purpose of locating for a follow up survey. I further authorize ADAA and the *RecoveryNet* provider to **OBTAIN** my last known address and phone number(s) from the above indicated organizations for the limited purpose of locating me for the completion of a follow up survey.

Unless revoked by me, this consent shall expire upon completion of this application, or:

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

I understand that refusal to grant permission will in no way affect my right to obtain present and future treatment, except where disclosure of such communication and records is necessary for treatment. I understand that I may revoke this authorization at any time (not retroactively) by signing the "Cancellation/Revocation" section below, except to the extent that action has already been taken in reliance on it. **This authorization, if not revoked earlier by me, will expire on the date indicated above or in one year from the date of the signature below.**

I further understand that the confidentiality of psychiatric, drug and/or alcohol abuse and HIV records are protected under state and federal law and cannot be disclosed without my written authorization to disclose such information unless otherwise provided for by law.

I understand that I may make a request to inspect and/or copy the information obtained pursuant to this authorization. I further understand that ADAA or the *RecoveryNet* provider will provide me with a copy of this authorization. The information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal law.

Survey Participant Signature

Date

Witness Signature

Date

CANCELLATION/REVOCAION

I understand that by signing below, I am revoking the authorization that I previously provided effective on the date of my signature. I understand that I must inform ADAA, and the *RecoveryNet* provider of my decision to revoke this authorization.

Survey Participant Signature

Date

RecoveryNet Contact Sheet

Please read the following to the client: I agree to allow *RecoveryNet* providers and/or ADAA to contact the individuals listed below to confirm my whereabouts. I understand that no confidential information will be provided to persons on the contact page unless I have authorized it through a separate consent to disclose information.

What is your name?

Last Name	First Name	Middle Name

Is this your married name? Yes No
 (If yes, what is your maiden name?) _____

What other name(s) are you known by? _____

What is your mother's maiden name? _____

What is your most recent address?

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Name and address of any other services/programs used recently: (shelter, community center, religious organization, health care clinic, soup kitchen/food pantry, case management, clinical treatment, veteran services, emergency room)

Program/Service Name: _____

Contact Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Other Information: _____

If something were to happen with your current living arrangements, where is the best place to find you in six months to complete the required GPRA six month follow-up?

PRIMARY CONTACT

Relatives, significant other, or someone we could contact that could assist us in contacting you:

Last Name: _____ First Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Relationship: _____

What is the phone number at this location? _____

Email Address of this Contact: _____

ADDITIONAL CONTACT PERSON

Do not repeat previously given contact

Last Name: _____ First Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

What name is on the mailbox? (Does mail need to be in care of someone else?)

Whose place is it? Name: _____

Relationship: _____

What is the phone number at this location? _____

Email Address of this Contact: _____

ADDITIONAL CONTACT PERSON

Do not repeat previously given contact

Last Name: _____ First Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Relationship: _____

What is the phone number at this location? _____

Email Address of this Contact: _____

Additional Comments Regarding Contact Information:

Consent to Disclosure and Re-Disclosure of Confidential Information

I, (Print Name) _____,

(Date of Birth) _____, as a participant in the Maryland *RecoveryNet* program, understand my support services will be authorized through the *RecoveryNet* Coordinator in my region and the Administrative Services Organization designated by the State of Maryland to pay for the services I receive. I authorize the following individuals and organizations to release and exchange information to each other for the purpose of processing *RecoveryNet* program Requests:

1. *RecoveryNet* Regional Coordinator – Region _____
2. Value Options Administrative Services Organization
3. Care Coordination Agency/Entity: _____
4. *RecoveryNet* Services I have chosen: Provider(s):

5. Outpatient Treatment Provider: _____
6. Other entities I would like to issue consent : (Include Name of organization/agency and type of service)

This information may include: my name, address, age, gender, Social Security Number, clinical assessment, *RecoveryNet* support history and such other information as is necessary to provide effective coordination of the treatment and services I receive.

The Purpose of the disclosure authorized herein is to facilitate the provision of *RecoveryNet* program recovery supports.

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 application, not to exceed 12 months or:

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

Signature of Participant

Date

Signature of Witness

Date

Service Assessment/Needs Matching

Region: _____

Service Need	Assessment Information	Provider Name and Contact	Date/Time Appointment
Care Coordination	N/A (Required Service)	1.	
Recovery Housing Assistance	<input type="radio"/> BIO PSY SOC section : _____ <input type="radio"/> Client Interview <input type="radio"/> Explanation:	1. 2.	
Halfway House	<input type="radio"/> BIO PSY SOC section: _____ <input type="radio"/> Client Interview <input type="radio"/> Explanation:	1. 2.	
Family /Marital Counseling	<input type="radio"/> BIO PSY SOC section: _____ <input type="radio"/> Client Interview <input type="radio"/> Explanation:	1. 2.	
Job Readiness Counseling	<input type="radio"/> BIO PSY SOC section : _____ <input type="radio"/> Client Interview <input type="radio"/> Explanation:	1. 2.	
Pastoral Counseling	<input type="radio"/> BIO PSY SOC section : _____ <input type="radio"/> Client Interview <input type="radio"/> Explanation:	1. 2.	
Childcare	<input type="radio"/> BIO PSY SOC section : _____ <input type="radio"/> Client Interview <input type="radio"/> Explanation:	1. 2.	
Transportation	<input type="radio"/> BIO PSY SOC section : _____ <input type="radio"/> Client Interview <input type="radio"/> Explanation:	1. 2.	

Referral Choice Verification:

_____ I have been show a listing of ATR service providers and I enrolled with a provider of my choice.

_____ The ATR service voucher creation and redemption process has been explained to me, and I understand the time-related limitations associated with redemption of the ATR vouchers that have been created for me.

_____ I understand that if I still have questions about my choice of service providers, I may Contact my

Care Coordinator : _____ Phone: _____

Participant (Signature) (Date)

Enroller (Signature) (Date)

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@dhhm.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@dhhm.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.

Appendix 8: GPRA QUICK TIPS

- **Read all of the questions to the client.** At the beginning of each section, you should introduce the next section of questions, (e.g., “Now I’m going to ask you some questions about...”) Read each question as it is written. In certain cases, the item in parentheses may or may not be read to the client. If a client is having trouble understanding a question, you may explain it to the client to help in its understanding; however, do not change the wording of the question.
- **Read response categories that appear in lower-case lettering.** If all response categories are in capital letters, ask the question open-ended (in other words, do not read the responses, but instead let the client answer and then mark which response the client says).
- **If the client refuses to answer a question, mark “RF” on the tool. If the client does not know the answer to a question, mark “DK” on the tool.** For items where response options are read to the client, do not offer “don’t know” and “refused” to answer as response options—these options should be client-generated only. There are “don’t know” and “refused” response options for all items that are asked of the client. These response options are not available for items that are supplied by program staff.
- Before starting the interview, **consider using a calendar to mark off the last 30 days.** Many questions in the tool refer to the last 30 days and having a calendar present may assist with client recall of events.

Note: Interviews must be conducted in person, unless a waiver has been given by the grant’s Project Director, Debbie Green, DGGreen@dhmh.state.md.us.

If you have questions about the GPRA tool contact your Regional ATR Coordinator

If you have questions about using the GPRA tool in SMART contact the SMART Help desk at 301-397-2330 or email igsrsupport@umd.edu