

Indiana Access to Recovery (ATR) Care Coordination Application



Thank you for applying to provide Care Coordination services for the Access to Recovery (ATR) Program. When you have completed this form, please email it to DeAnna Hoskins, ATR Provider Services Associate, in the Office of Faith-Based and Community Initiatives dhoskins@ofbci.in.gov Please include your completed ATR General Application in that email. Required attachments can be scanned and emailed or can be mailed separately to:

Access to Recovery
Indiana Office of Faith-Based and Community Initiatives
302 W. Washington Street, Room E012
Indianapolis, IN 46204

If you have questions about how to fill out this application, please contact the Office of Faith-Based and Community Initiatives at (317)233-4273 or (888) 335-9490. Please mention ATR when you call. Thank you.

Organization Name:
Name and Title of Person Completing Application:
Phone number:
Email address:

Care Coordination Service - Definition

Organizations providing care coordination are expected to assure that clients whose care they coordinate comply with all aspects of Indiana ATR, receive the highest quality services from Indiana ATR service providers, and receive full access to all other government programs for which they qualify. Care Coordination organizations are expected to ensure that all individuals that they employ individuals as Care Coordinators that have a minimum of a bachelor's level education in Social Work, Psychology, Counseling or other relevant profession; and previous Case Management/Care Coordination experience with addicted populations. When approved by the Indiana ATR state office, 2 years of case management experience with additions clients may substitute for each year lacking in education. Such approval will require supervision by individual with standard qualifications. Employees whose duties do not include direct client contact are not subject to the forgoing qualifications. Organizations that provide Care Coordination services are not eligible for ATR reimbursement for any other recovery service. ATR Vouchers will only pay for Care Coordination in support of individual clients' recovery activities as listed in their individual recovery plan.

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Care Coordination Scope of Work

ATR Care Coordinators are an integral component of the ATR program. Care Coordinators work with clients directly, helping them to identify the most appropriate services to aid them in their recovery from chemical addiction or dependency.

Care Coordinators will:

- Determine eligibility of prospective clients by completing an eligibility screening (INATR-002).
- Orient all clients to their rights as ATR participants, explain all ATR services available to that client, and explain the “client choice” component of the program.
- Help clients to create their Individualized Recovery Plans (IRP) and then authorize vouchers for the needed services, as identified in the IRP.
- Track client progress through the program and administer the ATR Government Performance and Results Act (GPRAs) survey at the client’s entry into the program, at six-months following their enrollment, and at their discharge from the program. Care coordinating agencies are expected to administer follow-up GPRAs on 90% of their clients. Agencies that fall below 90% must participate in trainings offered by the state technical assistance staff. If a care coordinating agency falls below 75%, the agency will be considered out of compliance and will be unable to accept new ATR clients until rectified.
- Administer the Adult Needs and Strengths Assessment (ANSA) in support of service planning. Care Coordinating agencies are expected to have a certified ANSA user on staff before offering services to clients, and a certified ANSA Super-user on staff by March 2009.
- Ensure that clients remain connected to the program through ongoing contact (phone and in person), motivation and support.
- Keep an ongoing electronic and physical record of all contact with clients. This includes maintenance of a physical file containing client demographic and contact information, the IRP, signed Release of Information documents, a client contact log, and any other ancillary information relevant to the client. Maintenance of the electronic record will require agencies to create client profiles, authorize vouchers for all services, and claim payment for care coordination activity. ATR Client files are to be stored in compliance with the Health Information Portability and Accountability Act (HIPAA) and other applicable state and federal privacy provisions, including, but not limited to, CFR 42 part 2.
- Provide Emergency Relapse Prevention to clients and claim vouchers for the same.
- Provide clients opportunities and encouragement to complete Client Satisfaction Surveys.

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ATR Reimbursement Rates for Care Coordination Services

Unlike other ATR reimbursement categories which typically have flat rate per unit, Care Coordination reimbursement rates vary depending on the type of service being provided and whether that service occurs in person or electronically. “Administrative” units are also included in the reimbursement rate list. Each “unit” is 15 minutes in length. A typical direct contact would be 30-60 minutes in length. A typical phone contact would be 15 minutes in length.

Modality or Service Type	Cost Per Unit	Unit	Maximum number of Units	Maximum Cost per Client	Maximum combined expenditure
In Person Contact	\$ 14.00	¼ hour	23	\$ 322.00	\$ 972.00
Administration	\$ 7.00		15	\$ 105.00	
Electronic Contact	\$ 7.00		60	\$ 420.00	
Follow-up client incentives	\$ 20.00	\$ 20.00	1	\$ 20.00	
Emergency Relapse Prevention	1:1	\$ 1.00	120	\$ 120.00	
Intake Screen	\$ 20.00	Negative Screen	1	\$ 20.00	\$ 20.00

CARE COORDINATION ADDITIONAL QUESTIONS AND REQUIREMENTS
Organizations that provide Care Coordination must be independent of other ATR Clinical and Recovery Service organizations. This means care coordination organizations cannot be linked financially, share board or staff members with non-care coordination ATR providers.
Is the applicant organization independent of other organizations providing Clinical or Recovery Support programming for ATR? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the person(s) providing Care Coordination Services have a minimum of a bachelor’s level education in Social Work, Psychology, Counseling or other relevant profession? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe organization’s and relevant staff’s previous experience providing case management or care coordination to clients:
Please describe organization’s previous training and experience working with addicted populations:
Please describe organization or relevant staff’s previous training and experience with “Motivational Interviewing” techniques:

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ATR SERVICE PROFILE INFORMATION

An integral component of the ATR program is the concept and practice of “client-choice” in all aspects of the program. This means that a minimum of two provider organizations will be available to clients in each of our ATR Counties. Client-choice does extend to Care Coordination services. In order for clients to educate themselves about the various Care Coordination providers in their geographic area, we ask that each organization provide a description of their Care Coordination program using the ATR Service Profile format below. Please complete the questions specific to the services the organization plans to offer. ATR Clients will review the information provided in order to select services for their Individualized Recovery Plan. *It is strongly recommended that applicants use “client-friendly” language (versus therapeutic jargon or acronyms) in their program descriptions.*

ATR Service Category: Care Coordination	Name of Organization:
Name of Program:	
Hours of Program:	Days Program is Offered:
Location(s) of Program:	
Description of Program:	
If a Faith-Based Program, are there any additional requirements clients should be aware of:	
Goal (s) of Program:	
Eligibility Information:	Other Relevant information:
Do ATR Vouchers cover the full cost of the program to the client? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, what is the additional cost to the client per session/unit? \$	
Please provide instructions as to how a new client can enroll/be referred into the program:	

Signature required to process application.

I affirm, under penalty of perjury, that all information provided in this application and all attachments is accurate and valid and that I have personal knowledge of the accuracy of the information contained herein.

Signature of Applicant

Date

Title