



ACCESS TO RECOVERY III



PROVIDER MANUAL

March 2011

STATE OF CONNECTICUT

Department of Mental Health and Addiction Services

www.ct.gov/dmhas

Administrative Services Organization

Advanced Behavioral Health

www.abhct.com

TABLE OF CONTENTS

| | |
|---|-------|
| General Information | 3 |
| Purpose | 3 |
| What is Access to Recovery III? | 3 |
| Program History | 3 |
| Connecticut's ATR Program | 3 |
| Customer Service Information | 3 |
| Provider Credentialing | 4-5 |
| Process..... | 4 |
| Credentialing, Contracting & Status | 4 |
| Site Visits | 4 |
| Quality Management | 4 |
| Fraud, Abuse and Waste..... | 5 |
| Web-Based Voucher Management System | 6 |
| Overview | 6 |
| Process..... | 6 |
| Training | 6 |
| ATR Service Requests | 7-9 |
| Recipient Eligibility | 7 |
| Process for Service Requests..... | 7 |
| Service Authorization..... | 7 |
| Service Availability | 7 |
| Additional Documentation | 7 |
| Service Documentation | 7 |
| Government Performance and Results Act (GPRA) Assessment | 8 |
| Invoices | 8 |
| Discharges | 8 |
| Ethics..... | 8 |
| Recipient Information and Confidentiality | 9 |
| Recipient Complaints and Grievances | 9 |
| Recipient Appeals | 10 |
| Provider Grievances | 10 |
| Provider Appeals | 10 |
| Exceptions | 10 |
| ATR Covered Services | 11-12 |
| Clinical Services..... | 11 |
| Recovery Support Services | 11-12 |
| Staffing..... | 12 |
| Service Requirements | 11-12 |
| Clinical Services..... | 13-14 |
| Appendix 1 | |
| Code of Ethics for Prevention/Recovery Professionals..... | 15-16 |
| Appendix 2 | |
| Privacy Rule of Health Insurance Portability and Accountability Act. 17 | |

GENERAL INFORMATION

Purpose

This manual is a guide outlining the protocols and procedures for providing ATR III services. The manual will guide providers in meeting their responsibilities to service recipients.

What is ATR III?

Adapted from the Substance Abuse & Mental Health Services Administration (SAMHSA) Access to Recovery (ATR) website, <http://atr.samhsa.gov>.

ATR III is a four-year grant program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). ATR III is a presidential initiative which provides vouchers to adults with substance use disorders to help pay for a range of community-based clinical treatment and recovery support services. The goals of the program are (1) Facilitate genuine individual choice and promote multiple pathways to recovery through the development and implementation of a substance use treatment and recovery support service voucher system; (2) Expand access to a comprehensive array of clinical substance use treatment and recovery support services, including those provided through faith-based organizations; and (3) Ensure each client receives an assessment for the appropriate level of services. All services are designed to assist recipients remain engaged in their recovery while promoting independence, employment, self-sufficiency, and stability.

Program History

The program was launched in August 2004 when three-year *Access to Recovery I* grants were awarded to 14 states and one tribal organization. During that grant period, more than 170,000 people with substance use disorders received treatment and/or recovery support services—exceeding the nationwide target of 125,000 people. Over 17,000 were served in Connecticut.

Given that success, the program was re-funded in September 2007 when three-year *Access to Recovery II* grants were awarded to 18 states, 5 tribal organizations, and the District of Columbia. During this grant period *Access to Recovery II* in Connecticut served over 9,000 service recipients.

CT's ATR Program

The Department of Mental Health and Addiction Services (DMHAS) received an *ATR I* grant in 2004, an *ATR II* grant in September 2007 and an *ATR III* grant on September 30, 2010. The program serves adults with substance use disorders who are involved with specific state and community partner agency programs. Advanced Behavioral Health (ABH®) has been contracted by DMHAS to act as the Administrative Services Organization (ASO) for ATR III.

Customer Service Information

Customer service representatives are available to answer general program questions and complete eligibility screenings, Monday through Friday 8:30 am – 5:00 pm.

Phone #: 1-866-580-3922

Fax#: 1-866-580-4322

Advanced Behavioral Health, Inc.
213 Court Street
Middletown, CT 06457
www.abhct.com

Department of Mental Health and
Addiction Services
410 Capitol Avenue
P.O. Box 341431
Hartford, CT 06134
www.ct.gov/dmhas

Process

ATR III service providers must complete a credentialing and contracting process set forth by DMHAS and ABH. Providers will not be reimbursed for services until a contract has been executed. DMHAS and ABH retain the right to deny provider credentialing based on competitive procurement outcomes, information contained in the credentialing application, or the current needs of ATR III.

Credentialing, Contracting & Status

Providers who successfully complete the credentialing process will be offered the opportunity to contract with ABH. Within the first six months of providing services, contracted providers will have an initial audit. The results of this audit will not negatively affect the provider's status, rather it will be an opportunity to learn and prepare for the annual audit/site visit. Providers may be moved to a provisional provider status if, at any time, they fail to provide services according to the terms of their agreement or are placed on corrective action due to a negative audit or site visit. Providers that fail to improve shall be placed under serious review which may include contract termination.

Site Visits

Provider site visits will be conducted throughout the duration of the ATR III program. Site visits are performed to evaluate the quality and appropriateness of services provided, recipient records, and professional conduct. Site visit forms and schedules can be found on the ABH website.

Quality Management

Documented incidents of alleged or suspected fraud, waste or abuse will be investigated by ABH, DMHAS, and law enforcement authorities as appropriate, according to state and federal guidelines. Recipients determined to have intentionally committed fraud, waste or abuse may be prohibited from receiving additional program services and may be reported to the appropriate law enforcement entity. Any provider determined to have knowingly committed fraud, waste or abuse shall risk ATR III contract termination. Refer to the ATR III Provider Agreement for other situations under which the ATR III contract may be terminated.

For the purposes of ATR III, fraud, waste and abuse are defined as follows:

- Fraud** includes, but is not limited to intentional deceptions or representations that a recipient and/or provider knows to be false or does not believe to be true. The individual and/or agency makes deceptions or misrepresentations solely for the benefit of that individual/or agency.
Examples: knowingly billing for services that were not rendered, knowingly billing multiple times for the same services, knowingly billing multiple funding resources for the same services, misrepresenting agency or staff qualifications to deliver services, a recipient permits another person to use his or her gift card.
- Waste** includes, but is not limited to, circumstances when services are not rendered or recipient outcomes are not fulfilled in a cost-effective manner. These circumstances may occur due to fraud or abuse. *Examples: rendering services when they are no longer necessary for a consumer's well-being or failing to bill other funding resources when appropriate.*
- Abuse** includes, but is not limited to, a provider acting in a manner that goes against sound clinical, financial, or business practices that results in the potential for recipient harm or unjustifiable program cost increases. It also includes recipient behaviors that generate waste of ATR III resources or unnecessary costs. *Examples: referring recipients to services that are not indicated during their assessment, continuing to refer consumers to services that are no longer appropriate, a recipient who continually requests provider changes without valid reasons.*

Fraud, Waste and Abuse

To prevent fraud, waste and abuse:

Provider Responsibilities

Provider responsibilities include, but are not limited to, the following:

1. Providers must meet ATR III provider eligibility requirements, based on the type of service(s) they provide.
2. Providers must report any changes in the conditions of ownership or leadership within their agency.
3. Providers must provide ABH with an accurate and current listing of all key and direct service staff.
4. Providers must train all staff to perform job duties including volunteers.
5. Providers must deliver services in a professional and ethical manner.
6. Providers must maintain documentation in recipient records to accurately reflect and support all services rendered under ATR III funding.
7. Providers must accurately track and report all service encounters.
8. Providers shall have the primary responsibility of ensuring that ATR III funds do not replace any existing funding already in place within the agency.
9. Providers shall have the primary responsibility of ensuring that ATR III service encounters are not billed to other funding resources and ATR III simultaneously.

ABH Responsibilities

ABH responsibilities include, but are not limited to, the following:

1. ABH shall only authorize and pay providers who have an executed ATR III Provider Agreement and Rate Agreement detailing the services which they have been deemed eligible to provide.
2. ABH will maintain a toll-free telephone line to allow recipients a means to report unprofessional or fraudulent behavior, express concerns, or receive information on ATR III services.
3. ABH must also document that recipients received a copy of their rights and responsibilities, as explained in the Consent to Participate forms.
4. ABH must review all submitted service encounters for billing accuracy and reconcile them against all active vouchers issued to a recipient. Any discrepancies or concerns in the reporting of billable service encounters must be conveyed to, and resolved with, the reporting agency.
5. ABH will pay providers in a timely manner upon the submission of a clean claim.
6. ABH and DMHAS must conduct on-site and desk audits for reasons to include, but not limited to: verifying that services are being delivered in a safe and professional manner, examining recipient records for documentation of all services, and comparing services billed against those documented as rendered.
7. ABH shall generate reports to monitor the following: provider invoicing for services reported and rendered, the number of recipients served, the type of services being provided, and the amount paid for those services.

Recipient Responsibilities

1. Recipients shall call the ABH Customer Service Center to report behavior that is a violation of their rights or to report other circumstances of fraud, waste and abuse.
2. Recipients must justify any request to change providers.
3. Recipients must use vouchers in a responsible manner for the intended service or goods.

WEB-BASED VOUCHER MANAGEMENT SYSTEM (VMS)

Overview

ATR III utilizes a web-based voucher management system (VMS) to collect and manage provider and recipient information. Providers will use the VMS to:

- accept referrals and create service authorizations,
- input progress notes,
- submit invoices,
- discharge recipients, and
- run provider level reports.

The VMS also provides information to providers such as authorization determinations and payment status.

Process

Contracted providers will complete an ATR III Program Internet ATR III Application-Statement of Rights & Responsibilities. Upon submitting the form, users will be given a username and password to access the system. At the first login attempt, users will be asked to change their password. Passwords will need to be changed every 60 days for security purposes. Users who forget their password can contact ABH to request to have their password reset.

Training

Training on the Voucher Management System will be provided by ABH to contracted providers either through online or in person. Detailed instructions on the VMS can be found at www.abhct.com under Resources: ATR III: General Program Information: “ATR III Web Manual.”

ATR III SERVICE REQUESTS

Recipient Eligibility

Click [here](#) for a list of updated ATR III target populations

The ATR III target population is adults (18 years old or older) with a verifiable substance use disorder AND who are involved in one of several community-based or state agency programs. ABH requires verification of the recipient's participation in one of these groups before services are approved.

Process for Service Requests

Potential service recipients must call the ABH Customer Service Center to verify eligibility and complete program registration. Upon successful registration, potential service participants will make a recovery planning appointment with an ATR III Care Coordinator. The ATR III Care Coordinator completes a recovery assessment, a Government Performance and Results Act (GPRA) assessment, appropriate releases and consent documents. Based upon the recovery plan the service recipient will choose service(s) and provider(s) that will assist with their recovery objectives. The service recipient will contact providers to arrange for services. Service providers can coordinate ATR III funded services for a service recipient, through the Care Coordinator, by calling the ABH Customer Service Center.

Service Authorization

Authorizations for services are in the VMS. After meeting with the service recipient, providers enter the service recipient's birth date and the start of service date to initiate the service authorization. Services are authorized in 30-day increments. Referrals not accepted after 30 days will be removed from the VMS.

Service Availability

Providers are required to give ATR III service recipients an appointment for services within 7 days of accepting an authorization. If a provider is at capacity and cannot serve a recipient within the 14 day timeframe, the client should be referred to call the ABH Customer Service Center to indicate they are willing to wait or to request a different referral.

Additional Documentation

If a service requires special information, the provider will work with the service recipient to provide that information. Providers have 5 calendar days to submit the required documentation. Once the information is reviewed by ABH, a service authorization will be issued. If required documents aren't received within 5 days, the service request is denied.

Service Documentation

Note: Providers are not required to keep a copy of documents that are entered into the web-based voucher management system.

As an ATR III service provider, you are required to keep files containing recipient information. 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 ATR III service rate schedule; and
- Kept by the provider for a period of three years following the end of the contract term.

Sample documents and instructions on completing the documents can be found on the ATR III website at www.abhct.com under Resources: ATR III: Forms.

ATR III SERVICE REQUESTS (continued)

Government Performance and Results Act (GPRA) Assessment

The Government Performance and Results Act of 1993 was enacted by Congress to improve stewardship in the Federal government and to link resources and management decisions with program performance. All of the Center for Substance Abuse Treatment (CSAT) discretionary programs must comply with GPRA.

As an ATRIII awardee, DMHAS requires ABH and ATR III Providers to work together to achieve the required 100% follow-up (six month) GPRA (FGRPA) rate. Providers are expected to provide their most current information regarding a service recipient so that the Care Coordinator may locate the recipient to administer the FGPRPA.

Invoices

Process Invoices for authorized services must be submitted via the web-based VMS. Please refer to the VMS Manual located at www.abhct.com under Resources: ATR III: ATR III Web Manual.

Timely Filing Providers must submit invoices for payment no later than 30 days following the service date. **Claims received by ABH after the 30 day timely filing limit will be denied.** ABH has 30 days to pay a clean claim. Checks are typically generated weekly and are mailed directly to the provider of services. If a service or a claim has been denied, the denial reason will be available in the VMS.

Discharges

ATR III providers are required to discharge recipients:

- Who have not received services for 30 days;
- Who have successfully completed authorized services;
- Who have requested to transfer to another provider of the same services;
- Who leave services against the advice of the provider; or
- Who become incarcerated.

A discharge must be entered in the online VMS. Refer to the VMS training manual located at www.abhct.com under Resources: ATR III: General Program Information for specific instructions. Failure to enter discharges within 60 days of the discharge date may lead to a corrective action plan.

Ethics

To help ensure that recipients of Access to Recovery services receive the highest possible quality of care, ATR III providers should adhere to the code of ethics listed in Appendix 1 or develop a corresponding code for their agency.

Recipient Information and Confidentiality

It is the expectation of ABH and DMHAS that providers will honor and apply all current releases of Federal HIPAA confidentiality requirements (see a summary in Appendix 2) and that by doing so, a provider will ensure that:

- only approved staff have access to recipient information;
- recipient information will not be shared with other parties without the proper release(s) of information;
- the expiration date and approved parties stipulated on the recipient's release(s) of information will be honored, and when communicating with approved parties, the recipient's information will be protected;
- releases of information are not altered by anyone but the recipient;
- recipient personal health information will not be sent over e-mail or any non-secure method;
- communications that include recipient information will only be sent by secure fax, voicemail, or the web-based VMS; and
- mailings sent to the recipient at his or her home do not reveal protected health information.

Providers may communicate with ABH by e-mail using the recipient's ATR III ID or Encounter number. Providers may not use recipient names, social security numbers, or any other indentifying information, in any e-mail.

Recipient Complaints and Grievances

Providers are expected to create and/or maintain a grievance procedure for all ATR III service recipients, including recording (at a minimum) a short, dated summary of the issue, the provider's response, and the resolution. Providers may be required to make this information available to ABH and/or DMHAS at any time. ABH will monitor, track, and review grievances for frequency and severity, and will provide DMHAS recommendations based on these findings.

Providers have a responsibility to attempt to resolve grievances in such a way that recipients have no fear of penalty or loss of services. Recipients should address grievances with the provider directly; if a suitable resolution cannot be agreed upon, recipients are then encouraged to call the ABH customer service center (1-866-580-3922) to file a formal complaint. Recipients can also document their complaint in writing (in English or Spanish) for submission to ABH. ABH will document receipt of the grievance and the ABH Service Recipient Rights Officer will initiate an investigation within 3 business days of receipt. DMHAS will be informed of all documented grievances, investigation results, and grievance resolutions. Within 21 days of the filing of a grievance, ABH will furnish a written response to the service recipient grievant and DMHAS.

Corrective action may be required from the provider as a result of a complaint. ABH will set time frames and confirm completion of all corrective action plans. If a grievance is received that may impact the health and welfare of an ATR III recipient, DMHAS and/or law enforcement officials may be contacted immediately. Complaint resolution may include (but is not limited to) temporary suspension of authorizations or payments, limitation of services or locations, and/or termination of the Provider Agreement.

Recipient Appeals

Providers are expected to have an appeals process outlining how a service recipient should request a formal change to an official decision. Service recipients should submit their appeal to the service provider to either be handled by the service provider or to be forwarded to ABH, as appropriate. Providers may submit an appeal to ABH, on behalf of a recipient, for appeals related to limitations or exclusions of services. The process for provider appeals is described below. Service recipients may submit a recipient appeal directly to ABH.

Provider Grievances

ABH aims to provide the best customer service possible for ATR III providers but appreciates 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 ATR III Program Manager or request to speak with the Vice President of Programs at ABH. Providers also have the option of filing a complaint with the ATR III Program Manager at DMHAS.

Provider Appeals

Providers must submit all challenges, appeals, or requests for exception to policy in writing to ABH. These written requests should contain information that can identify the recipient, a summary of the issue, and an explanation of the provider's request. Appeals, including written rebuttal and information of good cause, may be filed for the following reasons, within 7 days of provider's receipt of denial notification:

1. Provider's failure to obtain timely authorizations for initial or continued stay requests;
2. Provider's failure to submit service billing claims in a timely fashion;
3. Limitations and/or exclusions of services; and
4. Provider's failure to comply with the time frames and other requirements of the Provider Agreement; and

ABH will review all appeals and exceptions, and notify the provider of the decision, within 7 days of receipt of the appeal. Notification shall include the reasons for the decision and instructions for requesting further appeal.

Providers can submit a second appeal to DMHAS within 7 days of the receipt of the decision of the first appeal. The Provider must include documentation plus correspondence with and responses from ABH. DMHAS will make a final determination of the appeal within 60 days of receipt.

Exceptions

A service recipient with the help of their provider may submit an exception request when their particular circumstance may indicate that an exception should be considered. Exception requests must provide proof of need from the service recipient and proof of the provider's support of an exception being approved.

CLINICAL SERVICES

Buprenorphine Treatment

A non-residential service provided in a facility licensed by the Department of Public Health to offer “Ambulatory Chemical Detoxification” or substance abuse “Outpatient Treatment” to opiate addicted individuals. This service involves administration or prescription of Suboxone or Subutex with gradual reductions in dosage to mitigate symptoms in addition to clinical support, including an assessment of needs, recovery planning, individual and group therapy, and relapse prevention strategies. This model is designed to enable the recipient to become opiate-free between 181 and 365 days for induction/maintenance/taper.

RECOVERY SUPPORT SERVICES

Care Coordination

Available to all individuals accessing ATR III, and care coordinators will follow ATR III recipients through their course of ATR III services. Care coordinators complete the recovery assessment, recovery planning, service determination and referral to ATR III and other funded services. Care coordinators will also assess client satisfaction and aid in service re-engagement if needed.

Recovery Assessment

A compilation of screening required to determine program eligibility and service planning completed by an ATR III care coordinator.

Recovery Management Services

Recovery management services are intended to assist the individual to work on integrating relapse prevention skills and achieve autonomy including obtaining gainful employment and independent living in their community. These services include referral, linkage, and coordination of wrap around services according to an individualized recovery plan incorporating the input of individuals served and their natural supports. Services are provided in the community, and a primary goal is to provide linkages to substance abuse and mental health treatment and recovery support services.

Supported Recovery Housing Services

A clean, safe, drug and alcohol-free transitional living environment with on-site case management services available at least 8 hours per day 5 days per week. Case management services include assessment, recovery planning and discharge planning with the goal of linking residents to substance abuse and mental health treatment services, entitlements, employment, permanent housing and other needed community supports to promote autonomy.

Independent Housing

Short-term assistance provided to secure affordable and safe housing via a lease agreement with a landlord. Funding is transitional in nature, thus individuals must have income to support the rental amount on an ongoing basis.

DESCRIPTION OF ATR COVERED SERVICES (continued)

Faith Recovery Support Services

Faith recovery support services are provided via individual meetings that are designed to help persons in recovery forge supportive connections with self-selected faith communities, discover positive personal interests, and take on valued social roles. Faith recovery support services included mentoring and positive role modeling, pastoral and spiritual counseling, social support and community engagement, and integration of faith and recovery values to support recovery and relapse prevention. Services are usually provided in a religious or spiritual setting by spiritual leaders or other staff who are knowledgeable about the spiritual values of the community and are equipped to assist individuals in finding spirituality.

Basic Needs

Available to individuals engaged in treatment and/or recovery supports. Issued in the form of a gift card or a bus pass. Basic needs can only be approved and distributed by the ATR III Care Coordinator.

Recovery Oriented Vocational Services

Services directed toward improving and maintaining employment and include: skills assessment and development, job coaching, job placement, resume writing, interviewing skills, and tips for retaining a job. Other services include training in a specific skill or trade to assist individuals to prepare for, find, and obtain competitive employment.

Wellness Services

Directed toward improving overall health and well-being and include services that may not be covered by traditional health insurance such as: nutritional counseling, gym memberships, smoking cessation, weight loss counseling, relaxation, meditation, yoga, tai chi, homeopathy, etc.

STAFFING

Availability

ATR III providers must have a recovery support staff member available a minimum of 8 hours per day and 5 days per week.

Staff Competencies

Providers of ATR III services must ensure that staff members possess appropriate certifications, licensure, or other qualifications to meet competencies, as outlined in the Request for Qualified Contractors for each service.

Supervision

Contractors must have qualified administrative/leadership personnel to provide oversight and supervision of the direct care staff. Staff and/or volunteers providing ATR III services must receive two hours of supervision a month.

SERVICE REQUIREMENTS

ALL SERVICES

The following are mandatory for all services:

- Qualified staff has an understanding of substance use disorders, substance use and co-occurring mental health disorders, along with the principles of recovery. Staff should understand addiction as a disease and reflect the ethnic, racial, gender, and linguistic composition of the individuals being serviced.
- Appropriate documentation on each person served. Specific chart requirements vary according to the service provided.
- Availability of and/or referral to on-site or off-site recovery support groups such as those based on a 12-step model.
- A detailed orientation to services available and service recipients' rights and responsibilities as program participants.
- Collaboration with other community service providers
- Collaborating in the development and implementation of recovery plans with the service recipients, treatment provider(s), and other agencies and family members as appropriate.
- A mechanism and detailed procedure specifying discharge planning and service recipient transition following completion of their recovery plan goals.
- Access to a computer that is connected to the internet and can send/receive e-mail communication.
- Contractors must have systems in place that utilize data to monitor and inform program management of necessary quality management and improvement.

Buprenorphine Treatment

- The requirements for this service have not been defined as of March 2011.

Recovery Management Services (RMS)

In addition to the requirement for all services, RMS providers are required to have these components:

- Recovery Specialists will be expected to maintain a chart on each person served. Staff should know the resources available in the surrounding and community and be able to complete the following:
 - intake assessment
 - releases of information
 - recovery plan based on the clients stated needs and strengths
 - referral to treatment and recovery support services
 - progress notes
 - discharge planning
- Assistance to service recipients in securing basic needs (e.g. clothing, food), permanent housing, employment, entitlements, transportation, and treatment services. Services should include referrals to DSS entitlements, vocational/educational opportunities, Section 8 and other housing subsidies, medical or other treatment appointments, energy assistance, food stamps, and other potential sources of income and community recovery supports.
- Transportation (or linkage to transportation services) for service recipient appointments or meetings at medical, clinical, or other community services.

SERVICE REQUIREMENTS (continued)

Supported Recovery Housing (SRH)

In addition to the requirement for all services, SRH providers are required to have these components:

- SRH providers will be expected to maintain a chart on each person served. Staff should know the resources available in the surrounding and community and be able to complete the following:
 - intake assessment
 - releases of information
 - recovery plan based on the clients stated needs and strengths
 - referral to treatment and recovery support services
 - progress notes-documenting 1 hour of case management per week
 - discharge planning
- SRH providers must have clients sign and/or submit the following documents, as described in the Provider Agreement:
 - Client Service Agreement
 - Program rules that clearly outline the rules associated with SRH services and the consequences for violation of these rules.
 - Job Readiness and/or proof of income forms for the second 30 days of housing.
 - Sign In/Out forms documenting when a client leaves and returns to the house.
- Assistance to service recipients in securing basic needs (e.g. clothing, food), permanent housing, employment, entitlements, transportation, and treatment services. Services should include referrals to DSS entitlements, vocational/educational opportunities, Section 8 and other housing subsidies, medical or other treatment appointments, energy assistance, food stamps, and other potential sources of income and community recovery supports.
- Transportation (or linkage to transportation services) for service recipient appointments or meetings at medical, clinical, or other community services.

Recovery Oriented Vocational Services (ROVS)

In addition to the requirement for all services, ROVS providers are required to have these components:

- Recovery oriented vocational service providers will be expected to maintain documentation on each person served. Staff should know the resources available in the surrounding community and be able to complete the following:
 - intake assessment
 - recovery oriented vocational plan based on the clients stated needs and strengths which integrates employment and recovery principles
 - referral to potential employers or other vocational supports as deemed appropriate
 - referral to treatment and other recovery support services, as needed
 - progress notes
 - discharge planning
- Transportation (or linkage to transportation services) for service recipient employment or employment related activities.

APPENDIX 1: CODE OF ETHICS FOR PREVENTION/RECOVERY PROFESSIONALS

Adapted from the code of the Connecticut Department of Mental Health and Addiction Services

PREAMBLE

The Principles of Ethics are a model of standards of exemplary professional conduct. This Code of Ethical Conduct expresses the professional's recognition of his responsibilities to the public, to service recipients, and to colleagues. They should guide providers serving DMHAS programs in the performance of their professional responsibilities. The Principles call for commitment to honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which Recovery Professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the field.

PRINCIPLES

I. Non-Discrimination

A Recovery Professional shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition, or physical, medical or mental disability. A Recovery Professional should broaden his understanding and acceptance of cultural and individual differences, and in so doing, render services and provide information sensitive to those differences.

II. Competence

A Recovery Professional shall observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and discharge professional responsibility to the best of his ability.

Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

- a. Professionals should be diligent in discharging responsibilities: to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- b. Due care requires a professional to plan and supervise adequately and evaluate to the extent possible any professional activity for which he is responsible.
- c. A Recovery Professional should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his competencies. Each professional is responsible for assessing the adequacy of his own competence for the responsibility to be assumed.
- d. Ideally Recovery Professionals should be supervised by Nationally Registered Prevention Professionals (NRPP). When this is not available, Recovery Professionals should seek peer supervision or mentoring from other competent Recovery Professionals.
- e. When a Recovery Professional has knowledge of unethical conduct or practice on the part of an agency or Recovery Professional, he has an ethical responsibility to report the conduct or practices to appropriate funding or regulatory bodies or to the public.
- f. A Recovery Professional should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for him or herself.
- g. Individuals and organizations providing recovery support services are obliged to stay current with best practices in substance abuse recovery, recovery management, and community resources.

III. Integrity

To maintain and broaden public confidence, Recovery Professionals should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

- a. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.
- b. Recovery Professionals should not misrepresent either directly or by implication professional qualifications or affiliations.
- c. Where impairment is evident in a colleague or a service recipient, a Recovery Professional should be supportive of assistance or treatment.
- d. A Recovery Professional should not be associated directly or indirectly with any service, products, individuals, and organization in a way that is misleading.

IV. Nature of Services

Do no harm to service recipients. Services provided by Recovery Professionals shall be respectful and non-exploitative.

- a. Services should be provided in a way which preserves the protective factors inherent in each culture and individual.
- b. Recovery Professionals should use formal and informal structures to receive and incorporate input from recipients in the development, implementation, and evaluation of Recovery services.
- c. Where there is suspicion of abuse of children or vulnerable adults, the Recovery Professional shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.
- d. The provider shall not impose, nor allow his/her staff or volunteer to, impose his/her own religious views or practices on recipients whose faith preference is different from his/her own.

V. Confidentiality

Confidential information acquired during service delivery shall be safeguarded from disclosure, including—but not limited to—verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases. Recovery Professionals are responsible for knowing the confidentiality regulations relevant to their Recovery specialty.

VI. Ethical Obligations for Community and Society

According to their consciences, Recovery Professionals should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of Recovery Professionals to educate the general public and policy makers. Recovery Professionals should adopt a personal and professional stance that promotes health.

APPENDIX 2: PRIVACY RULE OF HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

SUMMARY: PRIVACY RULE OF 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 provides, other than in the capacity of a member of the workforce of such covered entity, legal, actuarial, accounting, 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 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 of 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 42 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.