



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

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GOVERNOR

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ACCESS TO RECOVERY II

PROVIDER ALERT

October 15, 2007

SUBJECT: Congregate Sober Housing

EFFECTIVE DATE: November 4, 2007

In preparation for implementation of the ATR II Program, DMHAS is initiating the certification and contracting process for congregate sober housing. Effective immediately, DMHAS will begin to certify sober houses that are already contracted under the DMHAS **Housing Transition Program**. The implementation of the ATR II sober housing services coincides with the termination of the Housing Transition Program on November 3, 2007. These providers will receive a Provider Agreement, rate schedule and authorization guidelines from Advanced Behavioral Health (ABH) in the very near future. Upon the execution of the ATR II Provider Agreement by ABH, ATR II sober houses may submit requests for housing assistance on behalf of eligible individuals.

Sober houses that are contracted with DMHAS through the **Recovery Support Program** will be the second group of housing providers eligible to participate in the ATR II Program. These houses will need to add ABH to their commercial liability insurance in order to participate in the ATR II Program. Sober houses that wish to participate in the ATR II Program should submit a revised commercial liability insurance statement with the addition of Advanced Behavioral Health, Inc.

The monthly reimbursement rate for eligible individuals will be based on the HUD Fair Market rates or \$300.00, whichever is greater.

Sober houses that are not currently certified must submit a letter of intent to the department prior to completing a certification application. DMHAS may expand the sober housing network based on geographic need and/or specific target population needs such as gender specific housing.

All certification and contracting with service providers is based on available funding from CSAT. DMHAS has the authority to modify the certification requirements, limit the number of providers per service and modify target populations based on the final negotiated budget with CSAT.

GPR Requirements: There has been a significant change to the GPR requirements for the ATR II Program. GPR data is due at intake, six months post intake, and at discharge. If the discharge from an ATR service occurs six months after the intake, the discharge GPR can act as the six month follow-up as well. Connecticut is required to collect at least 80% of the six month follow-up GPR's; therefore, all providers will be responsible for the collection of the six month follow-up for their service recipients.

DMHAS will facilitate a housing implementation meeting on October 31, 2007 at **Lee Auditorium in Merritt Hall at Connecticut Valley Hospital**. The meeting will be held from 1:00 to 3:00 p.m. Specific information regarding verification of target population, authorization guidelines, GPRA data collection requirements, billing/invoicing instructions and other topics will be discussed.

Additional questions may be addressed to Bill Halsey at 860-418-6747 or at William.Halsey@po.state.ct.us.

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