



# **Utah's Access to Recovery Program ATR Policy and Procedure Manual**

Revision 3  
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## Terms and Definitions

**Adolescent** - An individual age twelve (12) through seventeen (17).

**Agency** - An agency is a business entity that provides RS Services.

**ASAM-PPC-2R** - American Society of Addiction Medicine (ASAM) Patient Placement Criteria 2<sup>nd</sup> Edition Revised (PPC-2R)-Manual containing client placement criteria used to determine the most appropriate level of care for a client.

**Assessment** - The collection of data necessary to develop an individualized treatment strategy aimed at eliminating or reducing alcohol/drug consumption by a thorough evaluation of the person's physical, psychological, and social status, a determination of the environmental forces that contribute to the alcohol/drug using behavior, and examination of the person's support systems and resources.

**Case Management** - Case Management services are assessing, planning, linking, coordinating, monitoring, and advocating for clients to ensure that RSS, designed to meet their needs for care, are delivered in a coordinated and therapeutic manner.

**Charitable Choice** - The general term for several laws that were enacted during the period 1996-2000. These laws are designed to give people in need choice among charities offering them services and apply to projects funded by seven Federal agencies including the Substance Abuse and Mental Health Services Administration. These laws clarify the rights and responsibilities of faith-based organizations that receive Federal Funds.

**Client** - A person/consumer/individual receiving services from a program for drug/alcohol addictions. This term may be used interchangeably with eligible recipient (see definition of eligible recipient).

**Confidentiality** – Used interchangeably with 42 CFR and HIPAA. Agencies providing substance use disorder services to clients are required to keep client records in a secure manner to ensure privacy of individuals receiving services at their agency.

**Current Assessment** - An assessment having been conducted within the last six (6) months.

**Dimensions** - Dimensions are specific bio-psycho-social assessment areas defined by the American Society of Addiction Medicine Patient Placement Criteria Second Edition-Revised (ASAM PPC-2R) as the six (6) dimensional criteria: acute intoxication and/or withdrawal potential; biomedical conditions and complications; emotional, behavioral, or cognitive conditions and complications; readiness to change; relapse, continued use or continued problem potential; and, recovery/living environment.

**Division of Substance Abuse and Mental Health (DSAMH)** - A Division within the Department of Human Services that is responsible for the statewide delivery system of substance abuse clinical treatment and recovery support services.

**DSM-IV TR**– The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. The manual is published by the American Psychiatric Association and covers all mental

health disorders for both children and adults including Substance Abuse and Dependence. It is used to better understand illnesses and potential treatment.

**Eligible Recipient** - An individual who qualifies to receive ATR services.

**Episode of Care** – A period that begins with admission to the ATR program and ends with the last voucher services provided. The episode includes both clinical treatment and recovery support services.

**GPRA** – Government Performance and Results Act. GPRA is a public law passed by Congress in 1993 to improve stewardship in the Federal Government and to link resources and management decisions with program performance. For this grant it is a face-to-face structured interview capturing several client outcomes indicators. GPRA data are collected at baseline, 6 months post baseline and at discharge from ATR.

**HIPAA** - Health Insurance Portability and Accountability Act of 1996. Requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health information data.

**Level of Care** - A level or modality of care is a step in the client's recovery process. A level of care includes clinical services, and may also include care coordination and recovery support services. Every time a client moves from one level of care to another, the appropriately licensed staff will be required to report the clinical reason for the change.

**Local Substance Abuse Authority (LSAA)**—Organization that contracts with Utah Division of Substance Abuse and Mental Health to manage the local system of delivery of substance abuse clinical treatment and recovery support services. Responsibilities of the LSAA include: utilization review and case management services, quality management and outcome assessment, management reporting, account management, claims processing, data collection and managing their provider network.

**RSS**—Recovery Support Services. Approved non-clinical substance abuse services designed to engage and maximize the ability of Eligible Recipients to be successful in their recovery, and to live productively in the community.

**SAMHSA**—Substance Abuse and Mental Health Services Administration. The Federal agency charged with improving the quality and availability of prevention, treatment and rehabilitative services in order to reduce illness, death, disability and cost to society.

Website: <http://www.samhsa.gov>

**Voucher**—Provided to eligible recipients to pay for clinical treatment and recovery support services from a broad network of approved providers. Vouchers are provider specific and are sent to the provider chosen by the eligible recipient.

**Voucher Management System (VMS)** — System for electronically authorizing, distributing, reporting on and billing for vouchered services.

**42 CFR, Part 2**—Federal confidentiality rules that prohibit the redisclosure of information concerning a client in alcohol or drug treatment unless further disclosure is expressly permitted by the written consent of the person who it pertains or otherwise permitted by 42 CFR, Part 2.

## Introduction

### *Purpose of the ATR Policy and Procedure Manual*

ATR focuses on providing eligible recipients with a choice of provider and services to assist them in initiating and sustaining recovery. Utah has been awarded \$10,629,440 to provide services thru September 28, 2014 to 10,103 eligible Utahns. This manual is intended to provide agencies and individuals serving ATR participants with an understanding of how client’s receive services, what services are available to them and the standards for providing those services under this funding stream. Utah’s ATR program will be implemented in Salt Lake, Utah and Weber counties.

### **Utah Division of Substance Abuse and Mental Health:**

The Utah Division of Substance Abuse and Mental Health (DSAMH) is Utah's single state authority for substance abuse treatment in Utah and is the grantee of these federal ATR dollars. It is charged with the oversight of and ensuring compliance with ATR grant requirements. ATR has staff located at both the State and County buildings. Contact information for all staff is as follows:

<p><b><u>Denise Leavitt</u></b>          ATR Administrator          195 North 1950 West          Salt Lake City, UT          84116          Office: 801-538-3951  <a href="mailto:dleavitt@utah.gov">dleavitt@utah.gov</a></p>	<p><b><u>Jodi Delaney</u></b>          Salt Lake County Care          Coordinator          2001 S State St. S2300          Salt Lake City, UT          84190          Office: 801-468-3676          Cell: 801-903-7944  <a href="mailto:jdelaney@utah.gov">jdelaney@utah.gov</a></p>	<p><b><u>Shanel Long</u></b>          Utah County Care          Coordinator          151 South University          Ave, Suite 3200          Provo, UT 84606          Office: 801-851-7134          Cell: 801-995-2176  <a href="mailto:shlong@utah.gov">shlong@utah.gov</a></p>	<p><b><u>Joshua Campbell</u></b>          Weber County Care          Coordinator          237 – 26<sup>th</sup> Street          Ogden, UT 84401          Office: 801-739-7813          Cell: 801-678-1955  <a href="mailto:jrcampbe@utah.gov">jrcampbe@utah.gov</a></p>
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### **DSAMH Care Coordinators:**

DSAMH’s Care Coordinators are housed within each of the LSAA’s. Care Coordinators will be the main point of contact under ATR for agencies wishing to become a network provider. Care Coordinators are responsible to:

- Assess gaps in services in the county
- Identify providers for service delivery along the continuum in the county
- Train providers to requirements of the ATR manual
- Provide technical assistance to providers to ensure implementation of ATR in their agency
- Coordinate referrals from identified entities
- Provide technical assistance to referring agencies to ensure smooth transition of clients from one agency to the other

- Ensure ATR funds are used to enhance current service availability rather than duplicate service availability
- Monitor provider networks for compliance to the ATR standards
- Assist providers in applying for entry into the provider network
- Assist in the development of standards for newly identified recovery support services
- Set monthly targets for the number of new admission to ATR to ensure grant targets are met
- Monitor GPRA reporting requirements and ensure follow up targets are met
- Care Coordinators may screen for program eligibility in certain circumstances
- Care Coordinators may conduct intake and follow-up GPRA interviews under certain circumstances

Care Coordinators are the local point of contact for the ATR grant for providers and program referrals.

**Local Substance Abuse Authorities:**

Local Substance Abuse Authorities (LSAA’s) are charged with ensuring all residents of their county have access to substance abuse treatment. Under the ATR program the LSAA’s will be responsible for contracting with providers to ensure choice of services delivered under ATR from a network of providers. Services will include a full continuum of substance abuse treatment and recovery support services. Each LSAA will manage the admissions to ATR, Voucher authorization, and will conduct regular monitoring visits of their providers to ensure compliance with the ATR manual.

LSAA’s are responsible for defining the services available in their county as well as the targeted referral sources. LSAA’s will then direct the Care Coordinators to the priorities in their county.

**Client Eligibility:**

Eligible participants are those individuals who reside in Salt Lake, Utah or Weber County, have an identified substance use disorder and are:

1. National Guard Members and their Families or Significant Other
2. Referred from Primary Health Care Providers, or Other Health Care Entity
3. Referred from Faith-Based Organizations, or
4. Self-referred, and
5. Shall not be subject to a court order or condition of probation that dictates a specific treatment or recovery support service, and
6. Do not have the ability to pay for services

**Referral to ATR:**

Eligible National Guard members and their immediate family must receive a referral into ATR from Sergeant April Rylander for full ATR benefits (Treatment and Recovery Support Services). ATR staff must receive written or verbal confirmation of referral from Sergeant Rylander. Immediate family of Service Members may access ATR services without a referral from Sergeant Rylander, however, will only have access to Recovery Support Services. To be eligible for full treatment and recovery support services, family members must be referred through Sgt. Rylander.

Individuals referred by qualified primary health care providers or other qualified health care entities have access to full ATR benefits (Treatment and Recovery Support Services), with written or verbal confirmation of referral from the qualified agency. Qualified agencies are those agencies who have agreed to complete SBIRT training and as identified by the local substance abuse authority.

All other individuals seeking ATR services will have access to Recovery Support Services only.

For full ATR benefits the ATR referral form must be completed by the referring agency. The individual referred to ATR may bring the referral form with them to their first ATR appointment, or the referring agency may fax it to the local Care Coordinator.

Regardless of referral source, all individuals interested in ATR benefits must contact their local Care Coordinator or Case Manager to receive a screening and appointment for entry into the ATR program. See appendix A for the ATR referral form and appendix B for ATR phone screening form.

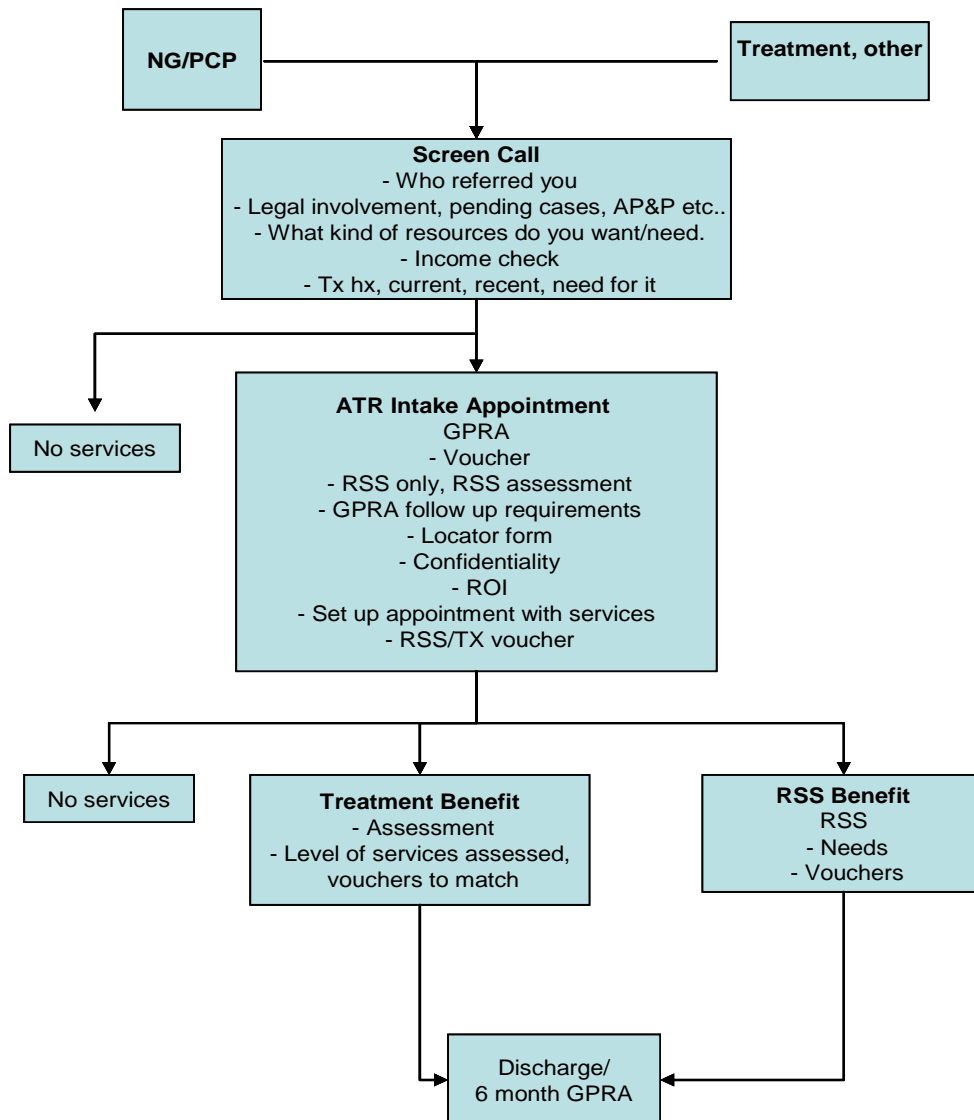
The referring agency will provide the client with a brief description of ATR and give them the ATR pamphlet with contact information see appendix C for the ATR Brochure. The client will schedule an appointment for screening with the Care Coordinator or Case Manager. During the screening the GPRA will be conducted and a brief screening for needed recovery support services and potential level of care will be conducted.

The Care Coordinator and/or the Case Manager will authorize the Case Management voucher as well as needed recovery support services and/or clinical services (Assessment/Treatment). The Care Coordinator and/or the Case Manager will also discuss benefits and risks of the program, review the program and gather releases of information and client locator information. The Care Coordinator and/or the Case Manager will notify the referring agency (as requested) with the outcomes of the screening.

Individuals needing or eligible only for Recovery Support Services will be vouchered for those RSS services based on the screening and RSS assessment conducted by the Care Coordinator or Case Manager. Individuals for whom ATR vouchers will pay for treatment services must have a full bio-psycho-social assessment conducted by a licensed mental health professional who has entered into a contract with the LSAA for the provision of those services.

The following diagram represents how a client will enter and receive ATR services.

## ATR Client Flow Chart



### ATR Vouchers:

All ATR services must be provided within the specifications of a Voucher. Vouchers are agency and facility site location specific. Voucher information includes client name, service description, agency name, facility location, units of service, voucher begin date and voucher end date. Any services provided outside of the voucher are not eligible for reimbursement and claims will be denied. All services must be billed within 30 days of the date of service for reimbursement. Any services billed 31 calendar days or later will be denied. ATR services may not be vouchered without a contract/agreement in place with the service provider.

Vouchers will be issued to ATR clients based on client assessment and choice of providers. ATR services are capped at \$2,500 for all services combined. Once the \$2,500 cap is met the client no longer qualifies for ATR services.

**Client Choice:**

For the purposes of ATR III, client choice is defined as a client being able to select among at least two providers which are qualified to provide the services needed by the client, among them at least one provider to which the client has no religious objection. At any time a voucher is issued for a new service, the client must be provided choice for that service.

Findings from all screenings and assessments will be shared with the client at the end of the interview. The client, with the assistance of the Care Coordinator and/or Case Manager, will develop a recovery plan, see appendix D for recovery plan. The assessing individual will make recommendations for services and answer any questions the client may have. Clients will be provided a list of eligible services and providers for each service. After year 1 of the grant, provider scorecards will be developed for clients to make informed decisions about the agencies they select to provide services.

**Types of Services:**

Recovery Support Services (RSS): These services are designed to support individuals in initiating and maintaining recovery. It has been well established that treatment is not the only route to recovery, although many people need support along their recovery journey. Recovery support services can be provided prior to treatment, during treatment and after treatment to assist individuals in building stability in their recovery and improving their overall wellness. As well, many individuals will be able to initiate and maintain recovery with recovery support services alone.

Available recovery support services may differ from county to county and may be added to over time as we identify additional supportive services that will prove beneficial to the target population. Current the following recovery support services are offered:

- Case Management
- Transportation
- Housing
- Urinalysis Testing
- Recovery Maintenance
- Continuing Care

Standards of service delivery and provider capacity are detailed further in this manual starting on page 12. To become a recovery support services provider an agency must meet the standards defined in this manual and receive a certificate of such from the local ATR Care Coordinator prior to contracting for the provision of those services.

Treatment Services: A full continuum of treatment services will be available for qualifying individuals including Detox, Residential, Day Treatment, Intensive Outpatient and Outpatient treatment. Determination of treatment level will be a result of a full bio-psycho-social assessment conducted by a Licensed Mental Health Therapist as well as a discussion of recommended level of care with the participant.

Treatment providers must meet certain criteria to participate as an ATR network provider. These criteria include:

1. Licensed by the Department of Human Services Office of Licensing to provide Substance Abuse Treatment services in Utah.
2. Provide substance abuse treatment services in accordance with sections III and V of the DSAMH Treatment Practice Guidelines. The Substance Abuse Treatment Practice Guidelines can be found at: [http://www.dsamh.utah.gov/docs/sa\\_treatment\\_practice\\_guidelines.pdf](http://www.dsamh.utah.gov/docs/sa_treatment_practice_guidelines.pdf)
3. Approved to provide voucher funded substance abuse treatment services through contract/agreement with one of the LSAAs.

### **GPRA:**

The Government Performance and Results Act (GPRA) is a tool used by the federal funding agency to report to congress on the outcomes and success of the ATR grant. Additionally, the GPRA tool allows Utah to identify high performing agencies and set targets for the grant. As a direct result of GPRA data Congress has approved 3 different funding cycles for the ATR program.

GPRA is a face to face interview with the participant. It is conducted at baseline (entry into the ATR program), at 6 months post baseline and at discharge from the ATR program. Care Coordinators and/or Case Managers will be responsible for collecting the baseline GPRA interview and entering it into the Voucher Management System. Case Managers will be responsible for conducting Follow-Up and Discharge interviews and entering GPRA data into the Voucher Management System. Case Managers must meet or exceed an 80% target for 6-month follow-up interviews. This target is calculated by dividing the number of follow-ups completed within the window by the number of intakes for which six months has elapsed.

All individuals conducting GPRA interviews must be trained according to DSAMH GPRA training policy and have received a certification of GPRA training prior to conducting any face to face GPRA interviews.

DSAMH has received approval from our federal funders to allow, in certain circumstances, that GPRA follow up interviews be conducted via the telephone. The option to conduct a telephone interview for the 6 Month Follow up GPRA only is as follows:

1. If the ATR client is incarcerated it is permissible to obtain a 6 Month Follow up GPRA over the telephone.
2. If the ATR client has been scheduled for two face to face interviews and does not present for either it is permissible to obtain a 6 Month Follow up GPRA over the telephone.
3. If the ATR client is located more then 50 miles from the GPRA collector it is permissible to obtain a 6 Month Follow up GPRA over the telephone.

The GPRA telephone interview must be conducted utilizing the telephone information sheet found in Appendix E of this manual. This information sheet secures that the clients identity remains confidential and ensures that the interviewer is speaking with the client. No telephone interview can be conducted without the client responding to three out of the four questions correctly. If the client does not respond correctly to three out of the four interview questions correctly the GPRA collector

must immediately stop the telephone interview process. Any information obtained must remain on the telephone information sheet and placed in the clients file. This file must remain in a secure, locked location.

Upon completion of the Telephone Interview Sheet this sheet must be placed in the clients file and kept in a secure locked location.

Under all other circumstances, GPRA interviews must be conducted as defined in the GPRA QxQ guidelines and as detailed in the GPRA training. The GPRA QxQ is found at the SAMHSA SAIS website or by the following link: [https://www.samhsa-gpra.samhsa.gov/CSAT/view/docs/SAIS\\_GPRA\\_Services\\_Tool\\_QxQ\\_final.pdf](https://www.samhsa-gpra.samhsa.gov/CSAT/view/docs/SAIS_GPRA_Services_Tool_QxQ_final.pdf)

### **Voucher Management System:**

The Utah ATR program uses the FEI WITS Voucher Management System (VMS) to record client level data, authorize vouchers, record service delivery and reimburse providers for service delivery. To access the VMS, agencies must have a current contract in place to provide ATR services and each staff member with access to the VMS must have completed the online VMS training. Upon completion of VMS training staff members will be able to view vouchers, create encounter records and submit bills for payment to the Local Substance Abuse Authority with whom they are contracted.

### **Billing ATR Services:**

All services delivered must be billed within 30 calendar days from the date of service. Services billed 31 days or more after the date of service will be denied. All billing must be submitted via the VMS. Providers will be reimbursed for approved claims within 30 days of the claim submission.

### **Documentation Requirements:**

All services reimbursed by ATR must have documentation to substantiate the service being billed. Information must meet agency standards for the type of service as described by the licensing body. At a minimum the documentation must directly link the ATR client to the service as well as the individual receiving the service (if different from the ATR client). Documentation must show the date the service was delivered and the length of time (or number of units) delivered.

### **Provider Application to ATR:**

#### Program Approval

To become an ATR provider, an agency must complete the attached ATR Provider application and submit it to your local ATR Care Coordinator. Upon application approval, the Care Coordinator will provide a certificate of approval to the agency and forward the application and certificate to the Local Substance Abuse Authority. The Local Substance Abuse Authority will then either accept the application and contract with the provider, or provide justification to the agency and the Care Coordinator as to why they will not be contracting with the provider. The ATR Provider Application is located in Appendix G of this manual.

- Providers may be approved for more than one ATR service; however, they must comply with the specific requirements of each ATR service they choose to provide.

- A provider with more than one facility may submit one (1) application for all facilities located within the same LSAA.
  - The application shall list each facility and the services to be offered at that facility.
  - A certificate of approval will be issued for each facility site.
  - Failure of any one facility to receive approval shall not affect the approval of other facilities listed in the application.

### On-Site Inspection

Certain recovery support services require an on-site inspection prior to ATR application approval. These services are identified within the service description section of this manual. In those instances where an on-site inspection is required, the following steps will be taken:

- a. Upon receipt of the application, the LSAA Care Coordinator will review and advise the applicant within thirty (30) days if the application meets the requirements or if more information is needed.
- b. If the application is complete and meets requirements of the Standards for Recovery Support Services, the LSAA Care Coordinator will contact the applicant and schedule an on-site inspection.
- c. The LSAA Care Coordinator will complete the on-site inspection and prepare a written report of findings.
- d. The applicant will be notified within thirty (30) days of the completed on-site inspection of results of the written report of findings.
- e. If the program meets requirements of the Standards for Recovery Support Services, the Care Coordinator will submit the Provider Agreement for the LSAA Director's signature.
- f. The DSAMH Program Administrator will review the application and approve it for entry into the Voucher Management System (VMS)
- g. The LSAA Care Coordinator will send a copy of the signed Provider Agreement to the applicant and a six (6) month provisional Certificate of Approval will be granted subject to Standards for Recovery Support Services.

### Denial/Suspension or Revocation of Provider Approval

- a. The LSAA will deny approval or suspend approval, without prior notice, of any service provider when persuaded by evidence that such conditions exist to endanger the health or safety of any client.
  - i. When a program holds multiple certificates of approval for facilities, the facility having the certificate of approval denied, suspended or revoked shall be clearly specified.
  - ii. The denial, suspension or revocation of a facility, shall not affect the approval of any of the other facilities of the program with multiple certificates of approval.
- b. The LSAA may deny or suspend approval, giving fifteen (15) days notice prior to the effective date to any service provider when:

- i. The program or one or more of its facilities are not in compliance with applicable provisions of the Utah Licensing Statute and Rules, applicable standards from the Substance Abuse Treatment Practice Guidelines, Standards for Recovery Support Services, Provider Agreement, or any condition of a provisional certificate of approval.
- c. The appeals process will be as follows:
  - i. Within five working days the agency may submit any information it deems applicable to the LSAA Director for review.
  - ii. Within five working days the LSAA Director will review the appeal and either approve or deny the appeal. If the appeal is approved, the denial, suspension or revocation will be reversed.
  - iii. If the appeal is denied, the LSAA Director will automatically forward the request to the DSAMH Division Director for a review. The Division Director will have five working days to act on the review. If the appeal is approved, the denial, suspension or revocation will be reversed.
  - iv. If the appeal is denied, the denial, suspension or revocation will be upheld and the provider will not be able to reapply for a six month period.
- d. Corrective Action Plans
  - i. Corrective Action Plans are based on the written report of findings and will be submitted to the LSAA Care Coordinator within thirty (30) days of the receipt of the results of the written report of findings.
  - ii. The Local Substance Abuse Authority Care Coordinator will review the Corrective Action Plan for compliance and will make a recommendation to the DSAMH on whether to accept or reject the plan.

### **Service Description and Program Requirements**

#### **Treatment Services:**

**Assessment:** Assessment is the systematic process of interaction with an individual to observe, elicit, and subsequently assemble the relevant information required to manage his or her problems, both immediately and for the foreseeable future. An assessment gauges which of the available clinical treatment and recovery services options are likely to be most appropriate for the individual being assessed.

Assessments must be conducted by individuals qualified under Utah Code and within agencies licensed by the Utah Department of Human Services Office of Licensing (OL) as a substance abuse treatment program for Social Detoxification, Residential or Outpatient services.

Assessments must meet the requirements specified in the Substance Abuse Treatment Practice Guidelines Part III Assessment Process Sections 1, 2 & 3. ATR will not reimburse for more than one assessment per eligible participant, network providers must accept assessments completed at other network providers.

*Assessment vouchers are available for 60 days from the date of authorization.*

**Detoxification:** ATR allows for social detoxification only to eligible participants. A social detoxification program offers room, board and specialized rehabilitation services to persons who are in an intoxicated state, or withdrawing from alcohol or drugs. In social detoxification, individuals are assisted in acquiring the sobriety and a drug free condition necessary for living in the community and the program places an emphasis on helping the individual obtain further care after detoxification. Social detoxification Program means a short-term non-medical treatment service for individuals unrelated to the owner or provider in accordance with 62A-2-101(18).

Social Detoxification programs must be licensed by the Utah Department of Human Services Office of Licensing (OL) as a Social Detoxification program. License must be kept current. At any time a license is suspended or revoked by the OL, the program must immediately notify the Local Substance Abuse Authority. The LSAA will not reimburse or authorize new vouchers to agencies during periods in which they do not have a current OL license for the identified service.

Records for services must be maintained in accordance with the OL requirements and with the DSAMH Treatment Practice Guidelines section III and V. The Substance Abuse Treatment Practice Guidelines can be found at: [http://www.dsamh.utah.gov/docs/sa\\_treatment\\_practice\\_guidelines.pdf](http://www.dsamh.utah.gov/docs/sa_treatment_practice_guidelines.pdf).

*Detoxification vouchers are authorized for 7 days initially and every 3 days thereafter.*

**Residential:** Residential treatment programs offer room and board and provides for or arranges for the provision of specialized treatment, rehabilitation or habilitation services for persons with emotional, psychological, developmental, or behavioral dysfunctions, impairments, or chemical dependencies. In residential treatment programs, consumers are assisted in acquiring the social and behavioral skills necessary for living independently in the community in accordance with Subsection 62A-2-101(15). Residential treatment program means a 24-hour group living environment for four or more individuals unrelated to the owner or provider in accordance with Subsection 62A-2-101(15).

Residential Treatment Programs must be licensed by the Utah Department of Human Services Office of Licensing (OL) as a Residential Treatment program. License must be kept current. At any time a license is suspended or revoked by the OL, the program must immediately notify the Local Substance Abuse Authority. The LSAA will not reimburse or authorize new vouchers to agencies during periods in which they do not have a current OL license for the identified service.

Records for services must be maintained in accordance with the OL requirements and with the DSAMH Treatment Practice Guidelines section III and V. The Substance Abuse Treatment Practice Guidelines can be found at: [http://www.dsamh.utah.gov/docs/sa\\_treatment\\_practice\\_guidelines.pdf](http://www.dsamh.utah.gov/docs/sa_treatment_practice_guidelines.pdf).

*Residential is pre-authorized initially for 14 days and requires status review with the Case Manager and/or Care Coordinator every 14 days thereafter.*

**Intensive Outpatient Treatment (IOP):** Intensive outpatient treatment programs provide between 9 and 19 hours of service per week for adults and between 7 and 19 hours of service per week for adolescents. IOP is an organized outpatient service that delivers group, individual, family therapy and educational services throughout the day and week to qualified individuals.

Intensive Outpatient Treatment programs must be licensed by the Utah Department of Human Services Office of Licensing (OL) as an Outpatient Treatment program. License must be kept current. At any time a license is suspended or revoked by the OL, the program must immediately notify the Local Substance Abuse Authority. The LSAA will not reimburse or authorize new vouchers to agencies during periods in which they do not have a current OL license for the identified service.

Records for services must be maintained in accordance with the OL requirements and with the DSAMH Treatment Practice Guidelines section III and V. The Substance Abuse Treatment Practice Guidelines can be found at: [http://www.dsamh.utah.gov/docs/sa\\_treatment\\_practice\\_guidelines.pdf](http://www.dsamh.utah.gov/docs/sa_treatment_practice_guidelines.pdf).

*IOP is initially authorized for 6 weeks with re-authorization every 6 weeks thereafter.*

**Outpatient Treatment (OP):** Outpatient treatment programs shall serve consumers who require less structure than offered in day treatment or residential treatment programs. Consumers are provided treatment as often as determined and noted in the treatment plan. Outpatient treatment program means individual, family, or group therapy or counseling designed to improve and enhance social or psychological functioning for those whose physical and emotional status allows them to continue functioning in their usual living environment in accordance with Subsection 62A-2-101(12). Outpatient treatment programs provide less than 9 hours of service per week to adults and less than 7 hours of service per week to adolescents.

Outpatient treatment programs must be licensed by the Utah Department of Human Services Office of Licensing (OL) as an Outpatient Treatment program. License must be kept current. At any time a license is suspended or revoked by the OL, the program must immediately notify the Local Substance Abuse Authority. The LSAA will not reimburse or authorize new vouchers to agencies during periods in which they do not have a current OL license for the identified service.

Records for services must be maintained in accordance with the OL requirements and with the DSAMH Treatment Practice Guidelines section III and V. The Substance Abuse Treatment Practice Guidelines can be found at: [http://www.dsamh.utah.gov/docs/sa\\_treatment\\_practice\\_guidelines.pdf](http://www.dsamh.utah.gov/docs/sa_treatment_practice_guidelines.pdf).

*OP is authorized initially for 3 months and re-authorized every 3 months thereafter.*

## **Recovery Support Services:**

**Drug Testing:** As defined in Utah Code Title 34 Chapter 41 Section 101, Drug testing is the “scientific analysis for the presence of drugs or their metabolites in the human body in accordance with the definitions and terms of this chapter.” Drug Testing may be conducted by any one of the following:

1. An approved substance abuse treatment agency holding a current license with the Utah Department of Human Services Office of Licensing (OL) for Social Detoxification, Residential Treatment or Outpatient Treatment.
2. An approved Case Management agency.
3. An agency certified by either the Substance Abuse and Mental Health Services Administration (SAMHSA) or the College of American Pathology.

Drug Testing must follow the standards set forth in the Substance Abuse Treatment Practice Guidelines Part IV Section 1.9.C.a-h.

*Drug testing is authorized at 4 units per month for a total of 3 months initially and requires re-authorization every 3 months.*

**Continuing Care:** Continuing Care is appropriate for individuals who have completed Residential, Intensive Outpatient or Outpatient treatment but require additional supportive services to maintain the gains made during treatment. Continuing Care services are delivered by the agency from whom the client received treatment. Appropriate interventions in Continuing Care include: relapse prevention, continued development of pro-social support systems, daily living skills education and vocational support.

Continuing Care services must be delivered by the agency with whom the individual received treatment services. The agency must be licensed with the Utah Department of Human Services Office of Licensing as an Outpatient treatment provider. Individuals receiving Continuing Care should maintain no more than 2 hours of face to face continuing care services per week. Continuing Care services are delivered by appropriately qualified substance abuse counselors and/or licensed mental health therapists. Continuing Care may not be provided in conjunction with Recovery Management.

Each continuing care service must be documented in the client file. Documentation must include, at a minimum: date of service, length of service, client attendance, brief summary of the activity/service delivered, signature and credentials of the individual who provided the service.

*Continuing care is authorized for a total of 10 hours per month. Initial authorization is for three months with re-authorization required every three months thereafter.*

**Recovery Management:** Recovery Management is appropriate for individuals who require professional supports to maintain stability but who do not require the intensive services of outpatient treatment or higher, or who are awaiting entry into a higher level of care, or who have concluded a higher level of care but require services to maintain the gains made at that level. Services provided in Recovery Management include peer support groups, life skills education, identification of relapse triggers and development of pro-social support systems.

Recovery Management services must be delivered in an agency meeting one of the following criteria:

1. Appropriately licensed by the Department of Human Services Office Of Licensing (OL) as a substance abuse outpatient treatment provider, or
2. Meet the standards set forth in Appendix G, Facility Standards, of this manual. Inspection of these standards must be completed after submission of the application to the Care Coordinator and prior to approval as a provider of Recovery Management.

Each recovery management service must be documented in the client file. Documentation must include, at a minimum: date of service, length of service, client attendance, brief summary of the activity/service delivered, signature and credentials or role of the individual who provided the service.

*Recovery management is authorized for a total of 10 hours per month. Initial authorization is for three months with re-authorization required every three months thereafter.*

**Emergency Housing Assistance:** Housing is appropriate for individuals who are homeless or in imminent risk of losing their current housing situation without assistance and for whom loss of this housing situation will create imminent risk of increased substance use disorder symptoms and a high likelihood of relapse. Up to two months of 1/3 of the cost of the individuals monthly rent/mortgage will be paid to the landlord/mortgage company on behalf of the individual. No more than \$400 per month and \$800 total will be allowed without prior written approval from the ATR program administrator. Documentation of this approval must be found in the client record.

Entry into housing must be approved by the individual's ATR case manager and the case management record must include proof of housing costs and reimbursement. The Case Manager, or other entity approved by the ATR program administrator, must conduct an inspection of the property to ensure the client resides at the location. The client must be named on the lease agreement or mortgage paperwork as a renter/owner of the identified property for the time frame in which reimbursement is provided. A copy of the lease agreement and/or mortgage verification must be included in the client's case management file.

*Emergency housing is authorized for 1 month initially and re-authorized the 2<sup>nd</sup> month. Only two months are available. Up to \$400 per month may be authorized.*

**Case Management:** Case management is provided to all individuals receiving ATR services. While efforts will be made to allow for choice of Case Manager, circumstances may not always allow for this. When more than one case manager is available, choice will be offered.

Case management is provided to individuals to assist with engagement and retention in the ATR program. Case Managers will facilitate access to needed services, ensure client data is accurately maintained and reported, closely monitor expenditure of funds for vouchered services, and ensure that GPRAs follow up interviews are conducted.

Case managers are responsible for maintaining current contact information and maintaining at least bi-monthly contact with the client through face to face or electronic means. They are responsible for tracking use of services authorized through the vouchers, extending or shortening voucher authorizations, and assisting the client to gain benefit from access to and maintenance of services, supports, and community resources identified in the service plan. Case managers are responsible for monitoring the effectiveness of RSS, verifying that authorized services are being utilized; authorizing additional services as needed; ascertaining the client's satisfaction with the services provided; documenting in the case record the progress of the client; ascertaining whether the services to which the client has been referred are and continue to be appropriate to the client's needs; and conducting follow up GPRAs. Case managers will complete the six month and discharge follow up GPRAs, as well as any satisfaction surveys required by the care coordinator.

Case Management must be delivered in an agency meeting one of the following criteria:

1. Appropriately licensed by the Department of Human Services Office Of Licensing (OL) as a substance abuse outpatient treatment provider.

*Case Management is authorized for 3 months initially for 15 units total. Re-authorization required every three months thereafter. Case Management must be authorized for the duration of ATR services.*

**Childcare:** These services include care and supervision provided to a client's child(ren), less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment and/or recovery support activities. Childcare providers must be licensed by the Utah Department of Health as a childcare agency. Childcare providers must document when the child enters their care and leaves their care for payment of services. Childcare services can be delivered only within the parameters of the voucher.

Childcare must be delivered by a child care provider with an active license with the Department of Health Child Care Licensing.

*Childcare is authorized by the Case Manager based on the client's treatment and recovery support meetings per month.*

**Bus Passes:** Bus passes are available for clients who are engaged in treatment and/or recovery support-related appointments and activities and who have no other means of obtaining transportation. Bus passes may be vouched per ride, per day, or per month depending on the needs of the client. Documentation of providing the voucher to the client must be in the client file for reimbursement.

Bus passes must be provided by participating ATR providers.

*Bus passes are authorized by the Case Manager based on the client's treatment and recovery support needs each month. Passes are authorized on a monthly basis.*

**Medication Assisted Therapies:** MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. ATR does not pay for the physician costs to prescribe and administer the medication; however, it does pay for a portion of the cost of the medication as described below. MAT may not be authorized to individuals who are not receiving additional recovery oriented services in conjunction with the medication. MAT must be administered and/or prescribed (as appropriate) by an appropriately licensed individual approved to prescribe the medication for the purpose of substance use disorders.

*All MAT will be reimbursed in the following manner:*

- 75% of the 340B pricing for the first 6 months
- 50% of the 340B pricing for the following 18 months
- ATR will reimburse a lifetime limit of \$2,500

Buprenorphine, Methadone, Naltrexone, Disulfiram, and Acamprosate Calcium are authorized monthly at the reimbursement rate identified above. Monthly re-authorization is required.

**Educational Services:**

Educational services are those services provided to groups of individuals in a didactic setting. Educational services focus on providing ATR clients or family members with information on specific topics designed to reduce the likelihood that the ATR client will return to use. If educational services are not being delivered in an appropriately licensed DHS treatment provider, the agency providing the service must receive prior-approval through the Utah Evidence Based Workgroup to deliver the

service. Examples of educational services include: Parenting classes, DUI educational series, Family educational series, etc.

For information on the Utah Evidence Based Workgroup and intervention approval, please contact:

Susannah Burt  
Program Manager  
195 North 1950 West  
Salt Lake City, UT 84116  
[sburt@utah.gov](mailto:sburt@utah.gov)  
801-538-4388

*Educational services are authorized for three months initially and every three months there-after. Total units authorized are based on the educational program the client will be attending and as identified as needed by the client and the Case Manager.*

**Life Skills Services:** Life skills are services provided to individuals to assist them in learning skills to ensure Life skills services address activities of daily living, such as budgeting, time management, interpersonal relations, household management, anger management, communication skills, and other issues. If educational services are not being delivered in an appropriately licensed DHS treatment provider, the agency providing the service must receive prior-approval through the Utah Evidence Based Workgroup to deliver the service.

For information on the Utah Evidence Based Workgroup and intervention approval, please contact:

Susannah Burt  
Program Manager  
195 North 1950 West  
Salt Lake City, UT 84116  
[sburt@utah.gov](mailto:sburt@utah.gov)  
801-538-4388

*Life skills are authorized for three months initially and every three months there-after. Total units authorized are based on the life skills program the client will be attending and as identified as needed by the client and the Case Manager.*

**Special Needs:** Special needs are those items identified by the Case Manager and the client as required to meet their recovery goals and for which the client is unable to cover the cost of the need on their own. Such items include: gas vouchers, birth certificates, State ID cards, service co-pays, etc. Services must be authorized to an approved provider.

*Special needs are authorized based on a dollar amount for a single item. Special needs have a lifetime maximum of \$500.*

**New Revision 3 Online Recovery Support:** Online recovery support services are those services delivered through electronic media to individuals. Services may include education on the risks of substance use, identifying environmental supports for recovery, and providing support in the form of online coaches, online peer supports and/or online counselors. Online Recovery Support providers

must have national certification for their online services or, must receive approval through the Utah Evidence Based Workgroup to deliver the service.

For information on the Utah Evidence Based Workgroup and intervention approval, please contact:

Susannah Burt  
Program Manager  
195 North 1950 West  
Salt Lake City, UT 84116  
[sburt@utah.gov](mailto:sburt@utah.gov)  
801-538-4388

*Online Recovery Support is authorized based on a dollar amount for the service. Services are authorized month to month based on the client's use of the service. Online recovery support has a lifetime maximum of \$500.*

**New Revision 3 Sober Supportive Housing:** Sober supportive housing provides drug and alcohol free housing to individuals who are at immediate risk for relapse as a result of their current housing situation. Sober supportive housing means a 24-hour group living environment providing room and board to eligible individuals. Sober supportive housing providers must be licensed through the Utah Department of Human Services, Office of Licensing as a Residential Support agency.

*Sober supportive housing is authorized month to month. ATR will pay the monthly cost up to \$400 and will reimburse no more than \$800 as a lifetime maximum.*

# Appendix A

**ATR Referral Form**

Date of Referral: \_\_\_\_\_

Name of Referring Agency: \_\_\_\_\_

Name and Credentials of Referring Individual: \_\_\_\_\_

Phone Number of Referring Individual:  
\_\_\_\_\_

Name of ATR Referral: \_\_\_\_\_

Service Member: Y N

Date of Birth: \_\_\_\_\_

Phone Number of ATR Referral: \_\_\_\_\_

\_\_\_\_\_  
Signature of Referring Individual

\_\_\_\_\_  
Date

# Appendix B



### ATR Eligibility Screening

Name: \_\_\_\_\_

1. How were you referred to ATR?

Utah National Guard (UNG)

Primary Care Physician/Health Center (PCP)

Faith-based Organization

Self/Treatment

Other: \_\_\_\_\_

*UNG and PCP may be eligible for treatment services; all others are eligible for recovery support services (RSS) only.*

2. Do you have any legal involvement? Yes

No

If client answered yes:

Is your participation in treatment required (or likely to be required) to meet your legal obligations?

*Court required services are not eligible for ATR funds.*

3. Are you currently in treatment? Yes

No

4. Have you ever participated in or completed treatment? Yes

No

5. Are you currently in recovery? Yes

No

If client answered yes:

What kind of services do you need to help you maintain your recovery?

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If client answered no:

Have you ever been diagnosed with a substance use disorder? Yes

No

Do you have or have you had a problem related to your substance use? Yes

No

If client answered yes:

What kind of services would help you initiate recovery?

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*UNG and PCP may be eligible for ATR funded treatment services; all others referred to LSAA.*

6. What is your current household income?
7. How many people does that income support?

*If client presents on the phone as if they may be in crisis (crying, slow or rapid speech, expressing suicidal or homicidal ideation, or fear of being harmed by someone else) follow crisis protocol.*

### Crisis Protocol

- I. Assess for **imminent risk** of harm to self
  - a. Ask the client if they have been thinking about harming themselves or taking their own life
  - b. Ask if they have a suicide plan and if they will explain details about their plan
  - c. Explore if they have the means to carry out their plan
  - d. Ask the client if they will contract for safety

**If client is at imminent risk of suicide find out as much as you can about where they are (address, phone number, landmarks) and call 911.** If client is not at imminent risk of suicide provide the crisis number for your area: Salt Lake County 801-261-1442.

- II. Assess for **imminent risk** of harm to others
  - a. Ask the client if they have been thinking about harming anyone else
  - b. Find out as much information as you can about the person they wish to harm
  - c. Ask if they have a plan and if they will explain details about their plan

**If client is at imminent risk of harming someone else you may have a duty to warn.** Consult your agency about policies and procedures and/or call your local law enforcement agency.

- III. Assess client's imminent risk of being harmed by others
  - a. Ask if they feel threatened by someone right now
  - b. Ask if you can contact law enforcement for them
    - i. If they agree to contact with law enforcement find out what you can about the risk and where they are at

*Important: remember to document following crisis protocol and any actions taken or not taken and the reasons for your decisions.*

# Appendix C

## Call Today

To determine if you qualify for assistance call your local county contact to see what types of services you may be eligible to assist you as you seek or maintain recovery from substance use disorders.

*Salt Lake County*

*Jodi Delaney*

*801-468-3676*

*Utah County*

*Shanel Long*

*801-851-7134*

*Weber County*

*Joshua Campbell*

*801-399-7813*



**Salt Lake County**  
**Jodi Delaney**  
**2001 S. State St. S2300**  
**Salt Lake City, UT 84190**  
**Phone: 801-468-3676**  
**Fax: 801-468-2006**  
**E-mail: [jdelaney@utah.gov](mailto:jdelaney@utah.gov)**

**Utah County**  
**Shanel Long**  
**151 S University Ave. Suite 1500**  
**Provo, UT 84604**  
**Phone: 801-851-7134**  
**Fax: 801-851-7102**  
**E-mail: [shlong@utah.gov](mailto:shlong@utah.gov)**

**Weber County**  
**Joshua Campbell**  
**237—26th Street**  
**Ogden, UT 84401**  
**Phone: 801-399-7813**  
**Fax: 801-778-6824**  
**E-mail: [jrcampbe@utah.gov](mailto:jrcampbe@utah.gov)**

## Utah Access to Recovery (ATR)

*Client centered recovery support services for people with substance use disorders*



# Is ATR for You?

## What Is ATR

ATR is a voluntary program which provides vouchers (funding) to clients for certain recovery support services. ATR is a federally funded program overseen by the State Division of Substance Abuse and Mental Health and implemented by three County Governments in Utah including Salt Lake, Utah and Weber/Morgan Counties.

ATR is designed to provide eligible individuals with a choice of services and community service providers to assist them in initiating and/or maintaining recovery from drugs and alcohol.

## ATR Eligibility

Eligible participants are those individuals who reside in Salt Lake, Utah or Weber/Morgan counties have or have had an identified substance use disorder and are:

- National Guard Members and their Families or Significant Other, or
- Referred from Primary Health Care Providers, or Other Health Care Entity, or
- Is Self-referred, and
- Shall not be subject to a court order or condition of probation that dictates a specific treatment or recovery support service, and
- Do not have the ability to pay for services

## Available Services

- Recovery Support Services, Such As:
  - Recovery Management/Continuing Care
  - Child Care Assistance

- Transportation Assistance
- Medication Assisted Recovery
- Educational and Supportive Services
- In certain cases limited treatment may be available

## To Access ATR Services

Contact the individual listed on this brochure for your county of residence. You will be asked several questions on the phone to determine initial eligibility. If you qualify an appointment will be set to determine the services for which you qualify. At that time you will be given choice of service providers and oriented to the ATR program. Under certain circumstances you may require an additional assessment to further identify levels of treatment need.

# Appendix D

## ATR RECOVERY FORM

Client Name \_\_\_\_\_

1. What do you need to be successful in your recovery? \_\_\_\_\_  
\_\_\_\_\_
2. What is your priority for the next 30 days? \_\_\_\_\_  
\_\_\_\_\_
3. How will that support your recovery? \_\_\_\_\_  
\_\_\_\_\_
4. Approximate voucher amount available for client: \_\_\_\_\_  
\_\_\_\_\_
5. Any amount over \_\_\_\_\_ must be preapproved by the Care Coordinator
6. Service(s) to be authorized over the next 30 days: \_\_\_\_\_  
\_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----

### FOLLOW UP

1. How have services been over the past 30 days? \_\_\_\_\_  
\_\_\_\_\_
2. Is there anything in addition that can assist you in your recovery efforts? \_\_\_\_\_  
\_\_\_\_\_
3. What problems have you encountered in following through with your recovery services? \_\_\_\_\_  
\_\_\_\_\_
4. Has any of your contact information changed? \_\_\_\_\_  
\_\_\_\_\_
5. Set up appointment time for client to call back: \_\_\_\_\_  
\_\_\_\_\_
6. New service(s) or continued service(s) to be authorized for the client: \_\_\_\_\_  
\_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix E

**Utah Division of Substance Abuse and Mental Health  
Access to Recovery  
GPRA Telephone 6 Month Follow up Interviews**

**This policy is to provide guidance for the use of telephone interviews to obtain ONLY 6 Month Follow up Government Performance Reporting Act (GPRA) information. The option to conduct a telephone interview for the 6 Month Follow up GPRA only is as follows:**

- 1. If the ATR client is incarcerated it is permissible to obtain a 6 Month Follow up GPRA over the telephone.**
- 2. If the ATR client has been scheduled for two face to face interviews and does not present for either it is permissible to obtain a 6 Month Follow up GPRA over the telephone.**
- 3. If the ATR client is located more then 50 miles from the GPRA collector it is permissible to obtain a 6 Month Follow up GPRA over the telephone.**

**The GPRA telephone interview must be conducted utilizing the telephone information sheet that is attached to this policy. This information sheet secures that the clients identity remains confidential and ensures that the interviewer is speaking with the client. No telephone interview can be conducted without the client responding to three out of the four questions correctly. If the client does not respond correctly to three out of the four interview questions the GPRA collector must immediately stop the telephone interview process. Any information obtained must remain on the telephone information sheet and placed in the clients file. This file must remain in a secure, locked location.**

**Upon completion of the Telephone Interview Sheet this sheet must be placed in the clients file and kept in a secure locked location.**

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**Denise Leavitt  
January 1, 2011**

## ACCESS TO RECOVERY TELEPHONE INTERVIEW SHEET

Telephonic GPRA Collection for Six Month Follow-up Interview Only

- THIS FORM MUST BE COMPLETED FOR ALL TELEPHONIC GPRA COLLECTION
- TELEPHONIC GPRA COLLECTION IS ONLY ALLOWED FOR THE SIX MONTH FOLLOW UP
- When calling, the interviewer should ask for the ATR service recipient; if the person who answers the phone asks '**who is speaking**,' the interviewer should try to limit their information to just his/her name. The interviewer should try to avoid freely explaining that he/she wants to reach the service recipient based on his/her involvement with ATR. This practice is intended to maintain the confidentiality of the ATR service recipient.

\*\*\*\*\*Name of person completing form (interviewer): \_\_\_\_\_

ATR Provider: \_\_\_\_\_

The following elements must be verified while the ATR service recipient is on the phone with the interviewer:

1. Verify name of ATR service recipient: \_\_\_\_\_
2. Verify date of birth of service recipient: \_\_\_\_\_
3. Verify the last four digits of social security number of service recipient/or the mother's maiden name:  
\_\_\_\_\_
4. Verify ATR service provider with service recipient (i.e. where did the service recipient receive services):  
\_\_\_\_\_

At least three of the four elements listed above must be verified in order for the interviewer to complete the GPRA.

This form must be placed in the service recipient's chart which remains in a locked, secure location.

# Appendix F

# ATR Provider Application

## I. Applicant Information

Organization's Name

DBA (if applicable)

Agency Type (Choose one)

Is the Organization a Faith Based Organization?  Yes  No

Physical Address

Phone Number

City  State  Zip Code

Fax Number

County

Agency Director

Mailing Address

Director's Phone Number

City  State  Zip Code

Director's email

County

Agency Federal Tax Identification Number

County Vendor Number (If Applicable For Reimbursement)

**ATR Contact Information:** Please provide the following information for the individual in your agency who will be the ATR main contact. This individual will receive all notices, alerts, and will be contacted with questions and/or concerns regarding ATR and your agency.

Name  Phone  email

Describe the services your program provides.

Describe how the agency determines if staff and volunteers are qualified and appropriate to serve clients

List any criteria that would prohibit a staff member or volunteer from providing services to or having contact with clients.

Select all that apply to your organization

- is located near public transportation  is handicapped accessible  has handicapped parking  
 provides services in languages other than English. Please list

## II. Disclosures

Has your organization or an employee or volunteer ever lost a professional certification or license for misconduct, failure to maintain required standards, or any other reason?

- Yes  No

If yes please explain:

Is your organization or an employee or volunteer facing any pending or threatened legal litigation?

- Yes  No

If yes please explain:

## III. Type of Organization: Place a check mark in the box that best describes the organization.

Faith-Based (organization is founded on a particular religion or spiritual belief)

Tribal (recognized Native American tribe or association)

Community-Based (not faith or tribal)

Religious Denomination

Native American Affiliation

Select all that apply (hold ctrl to select multiple)

Non-profit  
 For-profit  
 Grassroots (organizations with annual open house)  
 Other

## IV. Information System Requirements:

	Minimum	Preferred
Processor	500 MHz Intel or AMD Processor	1 GHz + Intel or AMD Processor
RAM	128 MB of RAM	1 GB of Ram
Storage	1.5 GB of available hard disk space	15 GB of available space
Graphics	1024X768 or higher-resolution video adapter	Dedicated 128 MB+ Graphics Card
Operating System	Windows XP	Windows XP, Vista, Windows 7
Internet Connection	56k dial-up	1 Mb/s broadband (DSL, Cable, T1, Fiber)
Browser	Internet Explorer 7 or later	Internet Explorer 7 or later

- I have read the information system requirements for the ATR Voucher Management System and attest the organization has access to the minimum system requirements.

**V. ATR Services:** To follow is a listing of all ATR covered services for which agencies may apply to provide to ATR clients. Check those services your agency will provide and, if you have more than one facility, list those facilities that will delivery the service checked. Finally, for each service there is a listing of required documents that must be submitted with the application. Please check those required items that they are included in the application packet.

Service Description	Service Location(s)	Documentation Requirements
<p><b>Assessment:</b> A service delivered to vouchered clients to determine the appropriate treatment service array and identify appropriate level of care for overall symptom reduction. See the ATR manual for reimbursement rates and additional requirements.</p>	<div style="border: 1px solid black; height: 100px;"></div>	<p>Include one of the following for each listed service</p> <p><input type="radio"/> location current license with the Utah DHS Office of Licensing as a substance abuse treatment agency.</p> <p><input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.</p>

## Services Continued

Service Description	Service Location(s)	Documentation Requirements
<input type="radio"/> <b>Detoxification:</b> A short term non-medical treatment service for individuals who are intoxicated or withdrawing from alcohol or drugs.		<p><u>Include the following for each listed service location:</u></p> <input type="radio"/> current license with the Utah DHS Office of Licensing as a substance abuse detoxification agency.
<input type="radio"/> <b>Residential:</b> A short-term non-medical treatment service for individuals meeting ASAM criteria for Residential level III.5 treatment.		<p><u>Include the following for each listed service location:</u></p> <input type="radio"/> current license with the Utah DHS Office of Licensing as a substance abuse residential agency.
<input type="radio"/> <b>Intensive Outpatient Treatment:</b> An outpatient treatment service delivered to individuals meeting ASAM criteria for Intensive Outpatient Treatment Level II.1.		<p><u>Include the following for each listed service location:</u></p> <input type="radio"/> Current license with the DHS Office of Licensing as a substance abuse treatment provider.
<input type="radio"/> <b>Outpatient Treatment:</b> An outpatient treatment service delivered to individuals meeting ASAM criteria for Outpatient Treatment Level I.		<p><u>Include the following for each listed service location:</u></p> <input type="radio"/> Current license with the DHS Office of Licensing as a substance abuse treatment provider.

Service Description	Service Location(s)	Documentation Requirements
<input type="radio"/> <b>Continuing Care:</b> A service delivered to individuals who have completed Residential, Intensive Outpatient or Outpatient treatment but required additional supportive services to maintain the gains made during treatment. Services are delivered by the current treatment agency.		<p><u>Include the following for each listed service location:</u></p> <input type="radio"/> current license with the Utah DHS Office of Licensing as a substance abuse treatment agency.

## Services Continued:

Service Description	Service Location(s)	Documentation Requirements
<input type="radio"/> <b>Recovery Management:</b> A service delivered to individuals awaiting treatment entry, or who have completed treatment at a higher level of care and need additional supports to maintain gains. Service is not delivered at the agency where the client received treatment.		Include the following for each listed service location: <input type="radio"/> current license with the Utah DHS Office of Licensing as an outpatient agency.  <input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.
<input type="radio"/> <b>Housing Assistance:</b> Short-term housing in a safe and recovery-oriented environment for clients with no other housing alternatives.		Include the following for each listed service location: <input type="radio"/> current license with the Utah DHS Office of Licensing as a residential support agency.  <input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.
<input type="radio"/> <b>Case Management:</b> Agency must have prior approval from the County's ATR Care Coordinator to select this option.		Include the following for each listed service location: <input type="radio"/> current license with the Utah DHS Office of Licensing as an outpatient agency.  <input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.
<input type="radio"/> <b>Childcare:</b> Includes care and supervision to an ATR client's children under age 14 for less than 24 hours.		Include the following for each listed service location: <input type="radio"/> current license with the Utah Department of Health Child Care Licensing.  <input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.
<input type="radio"/> <b>Bus Passes:</b> Provides bus passes at monthly, daily, or per use for approved ATR clients.		<input type="radio"/> Must be a provider of another recovery support or treatment service.
<input type="radio"/> <b>Medication Assisted Therapies:</b> The use of medications, in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of Substance Use Disorders.		Include the following for each listed service location: <input type="radio"/> current license as one of the following: 1) prescriber's license and DEA#, 2) Methadone Maintenance agency, 3) Health care facility license.  <input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.
<input type="radio"/> <b>Educational Services:</b> Includes services to ATR clients and/or their family members in a didactic setting.		Include the following for each listed service location: <input type="radio"/> Must have one of the following 1) current license with the Utah DHS as an outpatient treatment agency, or 2) a copy of approval from the Utah Evidence Based Workgroup.  <input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.

**Services Continued:**

<p><input type="radio"/> <b>Life Skills Services:</b> Services provided to individuals to address activities of daily living and other issues.</p>		<p><u>Include the following for each listed service location:</u></p> <p><input type="radio"/> Must have one of the following 1) current license with the Utah DHS as an outpatient treatment agency, or 2) a copy of approval from the Utah Evidence Based Workgroup.</p> <p><input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.</p>
<p><input type="radio"/> <b>Special Needs:</b> These are services identified by the Case Manager as being a barrier to gaining and/or maintaining recovery. These include such things as Gas Vouchers, Birth Certificates, State ID, GED testing, etc. Agencies offering this service must be willing to purchase on behalf of the ATR client any service identified on the voucher.</p>		<p><u>Include the following for each listed service location:</u></p> <p><input type="radio"/> Must provide the special need as identified.</p>
<p><input type="radio"/> <b>Online Recovery Support Services:</b> Services provided to individuals via electronic media to assist them in gaining or maintaining recovery.</p>		<p><u>Include the following for each listed service location:</u></p> <p><input type="radio"/> Must have one of the following 1) CARF accreditation as an online provider, or 2) a copy of approval from the Utah Evidence Based Workgroup.</p> <p><input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.</p>
<p><input type="radio"/> <b>Sober Supportive House:</b> 24 hour room and board in a sober environment for qualifying individuals.</p>		<p><u>Include the following for each listed service location:</u></p> <p><input type="radio"/> Must have a current license with the Utah DHS as Residential Support agency.</p> <p><input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.</p>

Please check here that the following items are included in your application packet:

- W-9                       Facility List                       Staff List

Please return your completed application to the Care Coordinator for your Agency's location.

ATR Project Director  
Denise Leavitt  
195 North 1950 West  
Salt Lake City, UT84116  
Phone: 801-538-3951  
E-mail: dleavitt@utah.gov

Salt Lake County  
Jodi Delaney, Care Coordinator  
2001 S. State St. S2300  
Salt Lake City, UT 84190  
Phone: 801-468-3676  
E-mail: jdelaney@utah.gov

Utah County  
Shanel Long, Care Coordinator  
151 S University Ave. Ste 1500  
Provo, UT 84604  
Phone: 801-851-7134  
E-mail: shlong@utah.gov

Weber County  
Joshua Campbell, Care  
Coordinator  
237 - 26th Street  
Ogden, UT 84401  
Phone: 801-399-7813  
E-mail: jrcampbe@utah.gov

## ATR Provider Facility List

**Instructions:** Fill out the information below for each site location (facility) the agency will be providing ATR services. If there are more sites than this form provides select save as from the file menu and create a new form.

Facility's Name		<input style="width: 100%;" type="text"/>	
Physical Address	<input style="width: 100%;" type="text"/>	Phone Number	<input style="width: 100%;" type="text"/>
City	<input style="width: 100%;" type="text"/>	State	<input style="width: 100%;" type="text"/>
Zip Code	<input style="width: 100%;" type="text"/>	Fax Number	<input style="width: 100%;" type="text"/>
County	<input style="width: 100%;" type="text"/>	Main Contact	<input style="width: 100%;" type="text"/>
Mailing Address	<input style="width: 100%;" type="text"/>	Contact's Phone Number	<input style="width: 100%;" type="text"/>
City	<input style="width: 100%;" type="text"/>	Contact's email	<input style="width: 100%;" type="text"/>
State	<input style="width: 100%;" type="text"/>		
Zip Code	<input style="width: 100%;" type="text"/>		
County	<input style="width: 100%;" type="text"/>	Licensing or Certification Agency	<input style="width: 100%;" type="text"/>
License Number	<input style="width: 100%;" type="text"/>	License Expiration Date	<input style="width: 100%;" type="text"/>

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Facility's Name		<input style="width: 100%;" type="text"/>	
Physical Address	<input style="width: 100%;" type="text"/>	Phone Number	<input style="width: 100%;" type="text"/>
City	<input style="width: 100%;" type="text"/>	State	<input style="width: 100%;" type="text"/>
Zip Code	<input style="width: 100%;" type="text"/>	Fax Number	<input style="width: 100%;" type="text"/>
County	<input style="width: 100%;" type="text"/>	Main Contact	<input style="width: 100%;" type="text"/>
Mailing Address	<input style="width: 100%;" type="text"/>	Contact's Phone Number	<input style="width: 100%;" type="text"/>
City	<input style="width: 100%;" type="text"/>	Contact's email	<input style="width: 100%;" type="text"/>
State	<input style="width: 100%;" type="text"/>		
Zip Code	<input style="width: 100%;" type="text"/>		
County	<input style="width: 100%;" type="text"/>	Licensing or Certification Agency	<input style="width: 100%;" type="text"/>
License Number	<input style="width: 100%;" type="text"/>	License Expiration Date	<input style="width: 100%;" type="text"/>

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Facility's Name		<input style="width: 100%;" type="text"/>	
Physical Address	<input style="width: 100%;" type="text"/>	Phone Number	<input style="width: 100%;" type="text"/>
City	<input style="width: 100%;" type="text"/>	State	<input style="width: 100%;" type="text"/>
Zip Code	<input style="width: 100%;" type="text"/>	Fax Number	<input style="width: 100%;" type="text"/>
County	<input style="width: 100%;" type="text"/>	Main Contact	<input style="width: 100%;" type="text"/>
Mailing Address	<input style="width: 100%;" type="text"/>	Contact's Phone Number	<input style="width: 100%;" type="text"/>
City	<input style="width: 100%;" type="text"/>	Contact's email	<input style="width: 100%;" type="text"/>
State	<input style="width: 100%;" type="text"/>		
Zip Code	<input style="width: 100%;" type="text"/>		
County	<input style="width: 100%;" type="text"/>	Licensing or Certification Agency	<input style="width: 100%;" type="text"/>
License Number	<input style="width: 100%;" type="text"/>	License Expiration Date	<input style="width: 100%;" type="text"/>

# ATR Staff List

**Instructions:** Provide information below for each staff person who either provides ATR services for your agency (for whom billing will be attached to for service delivery) or who requires access to the ATR VMS system for billing and data entry. For Residential agencies, only include case managers and/or therapeutic staff. Choose save as from the file menu to create additional staff lists.

Last Name   Check here if the staff person's role in the agency is billing and/or administrative.  Check if this staff person requires a logon ID and password to the ATR VMS.

First Name   Check here if the staff person's role in the agency is clinical (providing services).

Initial

email   Check if staff is a Manager. If not provide Manager's name. Manager's Name

Gender  License Type (if applicable)  License Number  Exp. Date

list those facilities this individual provides services

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Last Name   Check here if the staff person's role in the agency is billing and/or administrative.  Check if this staff person requires a logon ID and password to the ATR VMS.

First Name   Check here if the staff person's role in the agency is clinical (providing services).

Initial

email   Check if staff is a Manager. If not provide Manager's name. Manager's Name

Gender  License Type (if applicable)  License Number  Exp. Date

list those facilities this individual provides services

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Last Name   Check here if the staff person's role in the agency is billing and/or administrative.  Check if this staff person requires a logon ID and password to the ATR VMS.

First Name   Check here if the staff person's role in the agency is clinical (providing services).

Initial

email   Check if staff is a Manager. If not provide Manager's name. Manager's Name

Gender  License Type (if applicable)  License Number  Exp. Date

list those facilities this individual provides services

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Last Name   Check here if the staff person's role in the agency is billing and/or administrative.  Check if this staff person requires a logon ID and password to the ATR VMS.

First Name   Check here if the staff person's role in the agency is clinical (providing services).

Initial

email   Check if staff is a Manager. If not provide Manager's name. Manager's Name

Gender  License Type (if applicable)  License Number  Exp. Date

list those facilities this individual provides services

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## CHECKLIST OF REQUIRED COMMERCIAL INSURANCE COVERAGE

All ATR providers shall be required to comply with the following insurance requirements as identified. This form should be completed and submitted with the agencies ATR application. Items 1, 2 and 3 below should all appear in the Certificate of Insurance.

**1) Certificate of Insurance:** The agency has a certificate of insurance showing compliance with applicable insurance provisions for each service location.

A) General liability insurance of \$1,000,000 per occurrence and \$2,000,000 aggregate;

B) Automobile insurance: Evidence of automobile insurance coverage is only required if the agency, or any of the agency's employees provide client transportation.

i. Automobile insurance policies for **commercial business entities** must provide for a combined single limit, or the equivalent, of not less than \$1,000,000;

ii. Automobile insurance policies for **individual residential** care homes must cover property damage, personal injury protection and liability with a combined single limit or equivalent of not less than \$100,000 per person and \$300,000 for each accident/occurrence occurring during the course of their duties as an individual residential care home; and,

C) Professional liability insurance of \$1,000,000 per occurrence and \$2,000,000 aggregate. (However, professional liability insurance is only applicable and required if the agency, any of the agency's employees and/or Subcontractors provides a client service that requires professional licensure.)

D) Excess/Umbrella is required if any of the required insurance coverage amounts is not met. When that occurs, the Certificate of Insurance must include the Excess/Umbrella on both Certificate of Liability Insurance and the Additional Insured Endorsement and *must specify to which insurance (GL, PL or Auto) the excess/Umbrella insurance applies.*

**2) Deductibles, retentions, and similar items** for the insurance policies required by this application may not exceed \$10,000 for each of the following insurance types, unless the agency obtains prior written approval of the deductibles, self-insured retentions, self-insurance costs and similar items (and the corresponding policy) from the ATR Program Administrator, who may withhold approval for any reason whatsoever.

General liability insurance

Professional liability insurance

Excess/Umbrella insurance

**3) A Separate Additional Insured Endorsement** must be submitted that states: "*The State of Utah, DHS, DSAMH and their officers and employees are Additional Insureds, with primary coverage (not contributory coverage for General Liability and Professional Liability (and the Excess/Umbrella policy, if applicable).*" The quoted language should also be contained in the Certificate of Insurance, but does not meet the insurance requirements without a separate "Additional Insured Endorsement" that contains the above quoted language.

If any of the above items (1-3) are not applicable please explain why.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

### Specific Instructions

#### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

**Disregarded entity.** Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

#### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Department of Human Services  
195 North 1950 West  
Salt Lake City, UT 84116

**Name of Contractor:**

**CONFLICT OF INTEREST - DISCLOSURE STATEMENT**

Does any employee in your organization have a conflict of interest or potential conflict of interest?

**YES**

*(Please use a separate form for each employee with a conflict or potential conflict, and complete all applicable portions of the form. Attach additional sheets as needed.)*

**NO**

*(Please complete the signature section below.)*

**Dual Employment** *(The notary section of this form must be completed for all dual employment conflicts of interest.)*

Name of individual with dual employment:	
Title or position with the State of Utah or political subdivision:	
Title or position with the Contractor:	
Nature and value of the individual's interest in Contractor's business entity:	
Individual's decision-making authority with the Contractor and with the State:	
How does the Contractor protect DHS from potentially adverse effects resulting from this individual's Conflict of Interest?	

**Related-Party Transactions or Independent Judgment Impaired**

Name and position or title of individual with Conflict of Interest:	(individual associated with Contractor):	
	(individual associated with other party):	
Relationship between identified individuals:		
Description of transaction involving identified individuals and dollar amount (if any):		
Decision-making authority of individuals with respect to that transaction:		
Potential effect on this Contract with DHS:		
How does the Contractor protect DHS from potentially adverse effects resulting from this identified Conflict of Interest?		

**Name of Contractor:**

**Signature:**

I hereby certify that the information I have given is true and complete to the best of my knowledge.

\_\_\_\_\_  
(Name and Title of Person Completing Form)

\_\_\_\_\_  
(Signature)

**Date:** \_\_\_\_\_

**Notary:** *(Must be completed for all dual employment conflicts of interest)*

STATE OF \_\_\_\_\_ )

: ss.

COUNTY OF \_\_\_\_\_ )

SUBSCRIBED to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

(Seal)

NOTARY PUBLIC \_\_\_\_\_

Commission Expires \_\_\_\_\_

DHS/_____ Action:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	** <input type="checkbox"/> Refer to BIRA	Agency Signature: _____	Date: _____
DHS/_____ Action:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	** <input type="checkbox"/> Refer to BIRA	Agency Signature: _____	Date: _____
DHS/_____ Action:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	** <input type="checkbox"/> Refer to BIRA	Agency Signature: _____	Date: _____

\*"Approve" means the Agency has no reason to question the accuracy of a "no conflicts" declaration or, in those situations where a conflict has been declared, that the Agency has taken sufficient action to determine the facts declared by the Contractor do not constitute a prohibited conflict of interest.

\*\*DHS may refer any questions regarding potential Conflicts of Interest to the DHS Bureau of Internal Review and Audit ("BIRA").

**BIRA Action Upon DHS/ Referral:**  Approve  Deny  Other: \_\_\_\_\_



UTAH DEPARTMENT OF HUMAN SERVICES

## **PROVIDER CODE OF CONDUCT**

**ANY CONTRACTED, LICENSED OR CERTIFIED AGENCY, INDIVIDUAL, OR EMPLOYEE IS RESPONSIBLE TO DOCUMENT AND REPORT ABUSE, SEXUAL ABUSE AND SEXUAL EXPLOITATION, NEGLIGENCE, MALTREATMENT AND EXPLOITATION.**

**IF YOU WITNESS  
PROVIDER CODE OF CONDUCT VIOLATIONS,  
CALL THE DEPARTMENT OF HUMAN SERVICES:**

**801-520-2777**

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### **IF YOU WITNESS QUESTIONABLE FINANCIAL ACTIVITY, OR OTHER UNETHICAL BEHAVIOR**

The information below will assist you in contacting the correct Department of Human Services office where you may submit your concerns or complaints or seek assistance in resolving a problem.

- For all issues related to facilities and operations or background screening please contact:
  - **DHS Office of Licensing - (801) 538-4242**
- If you have any concerns regarding treatment of children please contact:
  - **Office of Child Protection Ombudsman – 1-800-868-6413**
- For any concerns related to Department of Human Services contracts, (i.e., financial or payment issues, or to report suspected misuse of public funds) please contact:
  - **Bureau of Internal Review and Audit – (801) 538-8261**

Revised 7/2009

<b>DEPARTMENT OF HUMAN SERVICES POLICY AND PROCEDURES</b>		
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	<b>Revision Date: June 15, 2010</b>	
<b>PROVIDER CODE OF CONDUCT</b>		
<b>RATIONALE: The purpose of this Provider Code of Conduct is to protect the clients of the Department of Human Services, to establish a consistent standard of conduct for the Providers who serve those clients, and to promote conduct that reflects respect for clients and others. (This policy incorporates the provisions of Rule 495-876.)</b>		

## **I. STATEMENT OF PURPOSE.**

The Department of Human Services ("DHS") adopts this Code of Conduct to:

- (a) Protect its clients from abuse, neglect, maltreatment and exploitation; and
- (b) Clarify the expectation of conduct for DHS Providers and their employees and volunteers who interact in any way with DHS clients, DHS staff and the public.

The Provider shall distribute a copy of this Code of Conduct to each employee and volunteer, regardless of whether the employees or volunteers provide direct care to clients, indirect care, administrative services or support services. The Provider shall require each employee and volunteer to read the Code of Conduct and sign a copy of the attached "Certificate of Understanding" before having any contact with DHS clients. The Provider shall file a copy of the signed Certificate of Understanding in each employee and volunteer's personnel file. The Provider shall also maintain a written policy that adequately addresses the appropriate treatment of clients and that prohibits the abuse, neglect, maltreatment or exploitation of clients. This policy shall also require the Provider's employees and volunteers to deal with DHS staff and the public with courtesy and professionalism.

This Code of Conduct supplements various statutes, policies and rules that govern the delivery of services to DHS clients. The Providers and the DHS Divisions or Offices may not adopt or enforce policies that are less-stringent than this Code of Conduct unless those policies have first been approved in writing by the Office of Licensing and the Executive Director of the Utah Department of Human Services. Nothing in this Code of Conduct shall be interpreted to mean that clients are not accountable for their own misbehavior or inappropriate behavior, or that Providers are restricted from imposing appropriate sanctions for such behavior

## **II. DEFINITIONS.**

### **1. General Definitions:**

**"Client"** means anyone who receives services either from DHS or from a Provider pursuant to an agreement with DHS or funding from DHS.

**"DHS"** means the Utah Department of Human Services or any of its divisions, offices or agencies.

**"Domestic-violence-related child abuse"** means any domestic violence or a violent physical or verbal interaction between cohabitants in the physical presence of a child or having knowledge that a child is present and may see or hear an act of domestic violence.

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**"Emotional maltreatment"** means conduct that subjects the client to psychologically destructive behavior, and includes conduct such as making demeaning comments, threatening harm, terrorizing the client or engaging in a systematic process of alienating the client.

**"Provider"** means any individual or business entity that contracts with DHS or with a DHS contractor to provide services to DHS clients. The term "Provider" also includes licensed or certified individuals who provide services to DHS clients under the supervision or direction of a Provider. Where this Code of Conduct states (as in Sections III-VII) that the "Provider" shall comply with certain requirements and not engage in various forms of abuse, neglect, exploitation or maltreatment, the term "Provider" also refers to the Provider's employees, volunteers and subcontractors, and others who act on the Provider's behalf or under the Provider's control or supervision.

**"Restraint"** means the use of physical force or a mechanical device to restrict an individual's freedom of movement or an individual's normal access to his or her body. "Restraint" also includes the use of a drug that is not standard treatment for the individual and that is used to control the individual's behavior or to restrict the individual's freedom of movement.

**"Seclusion"** means the involuntary confinement of the individual in a room or an area where the individual is physically prevented from leaving.

**"Written agency policy"** means written policy established by the Provider. If a written agency policy contains provisions that are more lenient than the provisions of this Code of Conduct, those provisions must be approved in writing by the DHS Executive Director and the Office of Licensing.

**B. Definitions of Prohibited Abuse, Neglect, Maltreatment and Exploitation:**

**"Abuse"** includes but is not limited to:

1. Harm or threatened harm to the physical or emotional health and welfare of a client.
2. Unlawful confinement.
3. Deprivation of life-sustaining treatment except in accordance with a valid advance directive or other legally-sufficient written directive from a competent client or the client's legal representative (e.g., a parent or legal guardian).
4. Physical injury, such as a contusion of the skin, laceration, malnutrition, burn, fracture of any bone, subdural hematoma, injury to any internal organ, any injury causing bleeding, or any physical condition which imperils a client's health or welfare.
5. Any type of unlawful hitting or corporal punishment.
6. Domestic-violence-related child abuse.

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7. Any sexual abuse or sexual exploitation, including but not limited to:

- a. Engaging in sexual intercourse with any client.
- b. Touching the anus or any part of the genitals or otherwise taking indecent liberties with a client, or causing an individual to take indecent liberties with a client, with the intent to arouse or gratify the sexual desire of any person.
- c. Employing, using, persuading, inducing, enticing, or coercing a client to pose in the nude.
- d. Engaging a client as an observer or participant in sexual acts.
- e. Employing, using, persuading, inducing, enticing or coercing a client to engage in any sexual or simulated sexual conduct for the purpose of photographing, filming, recording, or displaying in any way the sexual or simulated sexual conduct. This includes displaying, distributing, possessing for the purpose of distribution, or selling material depicting nudity, or engaging in sexual or simulated sexual conduct with a client.
- f. Committing or attempting to commit acts of sodomy or molestation with a client.

As used in this Code of Conduct, the terms Asexual abuse, and Asexual exploitation, do not refer to approved therapeutic processes used in the treatment of sexual deviancy or dysfunction as long as those therapeutic processes have been outlined in the client's treatment plan and are consistent with generally-accepted therapeutic practices and written agency policy.

**"Neglect"** includes but is not limited to:

1. Denial of sufficient nutrition.
2. Denial of sufficient sleep.
3. Denial of sufficient clothing, or bedding.
4. Failure to provide adequate client supervision, including situations where the Provider's employee or volunteer is asleep or ill on the job, or is impaired due to the use of alcohol or drugs.

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5. Failure to provide care and treatment as prescribed by the client's service, program or treatment plan, including failure to arrange for medical or dental care or treatment as prescribed or as instructed by the client's physician or dentist, unless the client or the Provider obtains a second opinion from another physician or dentist, indicating that the originally-prescribed medical or dental care or treatment is unnecessary.
6. Denial of sufficient shelter, where shelter is part of the services the Provider is responsible for providing to the client.
7. Educational neglect (i.e., willful failure or refusal to make a good faith effort to ensure that a child in the Provider's care or custody receives an appropriate education).

**"Exploitation"** includes but is not limited to:

1. Using a client's property without the client's consent or using a client's property in a way that is contrary to the client's best interests, such as expending a client's funds for the benefit of another.
2. Making unjust or improper use of clients or their resources.
3. Accepting a gift in exchange for preferential treatment of a client or in exchange for services that the Provider is already obliged to provide to the client.
4. Using the labor of a client for personal gain.
5. Using the labor of a client without paying the client a fair wage or without providing the client with just or equivalent non-monetary compensation, except where such use is consistent with standard therapeutic practices and is authorized by DHS policy or the Provider's contract with DHS.

a. Examples:

- (i) It is not "exploitation" for a foster parent to assign an extra chore to a foster child who has broken a household rule, because the extra chore is reasonable discipline and teaches the child to obey the household rules.
- (ii) It is not "exploitation" to require clients to help serve a meal at a senior center where they receive free meals and are encouraged to socialize with other clients. The meal is a non-monetary compensation, and the interaction with other clients may serve the clients' therapeutic needs.

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- (iii) It is usually "exploitation" to require a client to provide extensive janitorial or household services without pay, unless the services are actually an integral part of the therapeutic program, such as in "clubhouse" type programs that have been approved by DHS.

**"Maltreatment"** includes but is not limited to:

1. Physical exercises, such as running laps or performing pushups, except where such exercises are consistent with an individual's service plan and written agency policy and with the individual's health and abilities.
2. Any form of Restraint or Seclusion used by the Provider for reasons of convenience or to coerce, discipline or retaliate against a client. The Provider may use a Restraint or Seclusion only in emergency situations where such use is necessary to ensure the safety of the client or others and where less restrictive interventions would be ineffective, and only if the use is authorized by the client's service plan and administered by trained authorized personnel. Any use of Restraint or Seclusion must end immediately once the emergency safety situation is resolved. The Provider shall comply with all applicable laws about Restraints or Seclusion, including all federal and state statutes, regulations, rules and policies.
3. Assignment of unduly physically strenuous or harsh work or exercise.
4. Requiring or forcing the client to take an uncomfortable position, such as squatting or bending, or requiring or forcing the client to repeat physical movements as a means of punishment.
5. Group punishments for misbehavior of individuals.
6. Emotional maltreatment, bullying, teasing, provoking or otherwise verbally or physically intimidating or agitating a client.
7. Denial of any essential program service solely for disciplinary purposes.
8. Denial of visiting or communication privileges with family or significant others solely for disciplinary purposes.
9. Requiring the individual to remain silent for long periods of time for the purpose of punishment.
10. Extensive withholding of emotional response or stimulation.
11. Denying a current client from entering the client's residence, where such denial is for disciplinary or retaliatory purposes or for any purpose unrelated to the safety of clients or others.

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**III. ABUSE, NEGLECT, EXPLOITATION AND MALTREATMENT ARE PROHIBITED.**

Providers shall not abuse, neglect, exploit or maltreat clients in any way, whether through acts or omissions or by encouraging others to act or by failing to deter others from acting.

**IV. PROVIDER'S COMPLIANCE WITH CONDUCT REQUIREMENTS IMPOSED BY LAW, CONTRACT OR OTHER POLICIES.**

In addition to complying with this Code of Conduct, the Provider shall comply with all applicable laws (such as statutes, rules and court decisions) and all policies adopted by the DHS Office of Licensing, by the DHS Divisions or Offices whose clients the Provider serves, and by other state and federal agencies that regulate or oversee the Provider's programs. Where the Office of Licensing or another DHS entity has adopted a policy that is more specific or restrictive than this Code of Conduct, that policy shall control. If a statute, rule or policy defines abuse, neglect, exploitation or maltreatment as including conduct that is not expressly included in this Code of Conduct, such conduct shall also constitute a violation of this Code of Conduct. *See, e.g.*, Title 62A, Chapter 3 of the Utah Code (definition of adult abuse) and Title 78A, Chapter 6 (definition of child abuse) and Title 76, Chapter 5 (definition of child and adult abuse) of the Utah Code.

**V. THE PROVIDER'S INTERACTIONS WITH DHS PERSONNEL AND THE PUBLIC.**

In carrying out all DHS-related business, the Provider shall conduct itself with professionalism and shall treat DHS personnel, the members of the Provider's staff and members of the public courteously and fairly. The Provider shall not engage in criminal conduct or in any fraud or other financial misconduct.

**VI. SANCTIONS FOR NON-COMPLIANCE.**

If a Provider or its employee or volunteer fail to comply with this Code of Conduct, DHS may impose appropriate sanctions (such as corrective action, probation, suspension, disbarment from State contracts, and termination of the Provider's license or certification) and may avail itself of all legal and equitable remedies (such as money damages and termination of the Provider's contract). In imposing such sanctions and remedies, DHS shall comply with the Utah Administrative Procedures Act and applicable DHS rules. In appropriate circumstances, DHS shall also report the Provider's misconduct to law enforcement and to the Provider's clients and their families or legal representatives (e.g., a legal guardian).

In all cases, DHS shall also report the Provider's misconduct to the licensing authorities, including the DHS Office of Licensing.

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## VII. PROVIDERS' DUTY TO HELP DHS PROTECT CLIENTS.

1. **Duty to Protect Clients' Health and Safety.** If the Provider becomes aware that a client has been subjected to any abuse, neglect, exploitation or maltreatment, the Provider's first duty is to protect the client's health and safety.
2. **Duty to Report Problems and Cooperate with Investigations.** Providers shall document and report any abuse, neglect, exploitation or maltreatment and exploitation as outlined in this Code of Conduct, and they shall cooperate fully in any investigation conducted by DHS, law enforcement or other regulatory or monitoring agencies.
  - a. Except as provided in Section (B)(1)(a) and (B)(3) below, Providers shall immediately report abuse, neglect, exploitation or maltreatment by contacting the local Regional Office of the appropriate DHS Division or Office. During weekends and on holidays, Providers shall make such reports to the on-call worker of that Regional Office.
    - (i) Providers shall report any abuse or neglect of disabled or elder adults to the Adult Protective Services intake office of the Division of Aging and Adult Services.
  - b. The Provider shall make all reports and documentation about abuse, neglect, exploitation, and maltreatment available to appropriate DHS personnel and law enforcement upon request.
  - c. Providers shall document any client injury (explained or unexplained) that occurs on the Providers' premises or while the client is under the Provider's care and supervision, and the Provider shall report any such injury to supervisory personnel immediately. Providers shall cooperate fully in any investigation conducted by DHS, law enforcement or other regulatory or monitoring agencies. If the client's injury is extremely minimal, the Provider has 12 hours to report the injury. The term "extremely minimal" refers to injuries that obviously do not require medical attention (beyond washing a minor wound and applying a band-aid, for example) and which cannot reasonably be expected to benefit from advice or consultation from the supervisory personnel or medical practitioners.
    - (i) Example: If a foster child falls off a swing and skins her knee slightly, the foster parent shall document the injury and report to the foster care worker within 12 hours.
    - (ii) Example: If a foster child falls off a swing and sprains or twists her ankle, the foster parent shall document the injury and report it immediately to supervisory personnel because the supervisor may want the child's ankle X-rayed or examined by a physician.

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3. **Duty to Report Fatalities and Cooperate in Investigations and Fatality Reviews.** If a DHS client dies while receiving services from the Provider, the Provider shall notify the supervising DHS Division or Office immediately and shall cooperate with any investigation into the client's death. In addition, some Providers are subject to the Department of Human Services' Fatality Review Policy. (See the "Eligibility" section of DHS Policy No. 05-02 for a description of the entities subject to the fatal-review requirements. A copy of the policy is available at the DHS web site at: <http://www.dhs.state.ut.us/policy.htm> ) If the Provider is subject to the Fatality Review Policy, it shall comply with that policy (including all reporting requirements) and the Provider shall cooperate fully with any fatality reviews and investigations concerning a client death.
  
4. **Duty to Display DHS Poster.** The Provider shall prominently display in each facility a DHS poster that notifies employees of their responsibilities to report violations of this Provider Code of Conduct, and that gives phone numbers for the Regional Office or Intake Office of the relevant DHS Division(s). Notwithstanding the foregoing, if the Provider provides its services in a private home and if the Provider has fewer than three employees or volunteers, the Provider shall maintain this information in a readily-accessible place but it need not actually display the DHS poster. DHS shall annually provide the Provider with a copy of the current DHS poster or it shall make the poster available on the DHS web site: <http://www.dhs.state.ut.us>.

*Lisa Michele Church*

DATE: 06-15-10

\_\_\_\_\_  
 Lisa-Michele Church, Executive Director  
 Department of Human Services

**PROVIDER CODE OF CONDUCT  
CERTIFICATE OF UNDERSTANDING AND COMPLIANCE**

*(To be signed by all DHS Providers and their employees, volunteers and subcontractors.)*

I have read and been provided with a personal copy of the Provider Code of Conduct for the Utah Department of Human Services.

I understand this Code of Conduct and I will comply with it. I have had an opportunity to ask questions and seek clarification about the Code of Conduct, and my questions have been answered to my satisfaction and understanding.

---

Signature of Employee or Volunteer

Date

Print Name: \_\_\_\_\_

---

Signature of Supervisor

Date

Print Name: \_\_\_\_\_

---

Program/Facility

---

Street Address

---

City, State, ZIP Code

**The Provider shall place a copy of this signed "Certificate of Understanding and Compliance" in the signer's personnel file and shall make that file available to DHS upon request.**

# Appendix G

## Facility Standards

1. Programs identified within the ATR Manual as being required to meet the Facility Standards will comply with the following requirements:
  - a. Maintain a policy and procedure that contains, at a minimum, the organization's purpose and philosophy. Faith-based providers may include Articles of Faith or entity Creed.
  - b. A governing body (e.g. board of directors; church council; board of Deacons) that meets according to their by-laws to provide fiscal planning and oversight, ensure quality improvement in service delivery, establish policies to guide administrative operations of the organization, ensure responsiveness to the community and individuals being served, and delegate operational management to a program manager in order to effectively operate its services.
  - c. A written policy to ensure that a recipients participation in religious activities not explicitly described as part of the approved service is only on a voluntary basis and not conditional for provision of services. This policy will recognize that staff or volunteers may share their personal faith as it related to the credentialed services, but shall explicitly prohibit membership solicitation.
  - d. Any recovery support service program which provides services for persons under the age of eighteen (18) shall meet the following standards:
    - i. Require all staff members having contact with persons under the age of eighteen (18) to submit to a Background Criminal Investigation as required by Utah Statute and Rule.
    - ii. Provide separate recovery support services for adults and adolescents.
2. All recovery support service programs shall prepare a written plan for the provision of services that meets the following standards:
  - a. The mission, statement, goals and objectives developed by the governing body that establish the program's philosophy and direction for recovery support services.
  - b. The client population served, including age groups and other relevant characteristics.
  - c. The hours and days the program provides services.
  - d. The intake or admission process, including how the initial contact is made with the client and the family or significant others.
  - e. The client assessment and evaluation process used by the program.
4. Each facility shall have a list of recovery support service activities that includes:
  - a. A description of each activity;
  - b. The measurable goals of each activity;
  - c. The qualifications of personnel who will provide or supervise each activity.
5. If the program is faith-based the program shall:
  - a. Ensure that Eligible Recipients' participation in religious activities that are not part of the approved recovery support service, including worship, scripture study, prayer or proselytizing, is only on a voluntary basis;
  - b. Notify Eligible Recipients of the religious nature of the organization, their right not to take part in religious activities outside of the approved service, their right to request an alternative provider, and the process for doing so.
6. No reimbursement of service fees shall be made unless services have been authorized prior to their provision and in accordance with DSAMH approval procedures.

## **Fiscal Accountability**

1. The organization shall operate according to an annual written budget of anticipated revenues and expenditures that is approved in a timely manner by the governing body. Fiscal reports should be prepared at least annually and shared with the governing body and show a comparison of the budget to actual expenditures.
2. The organization shall have fiscal management policies, procedures, and practices consistent with generally accepted accounting principles and, as applicable, state and federal law, regulation, or funding requirements.
3. The organization shall utilize financial activity measures to monitor and ensure its ability to pay current liabilities and to maintain adequate cash flow.
4. Fiscal records shall be retained for at least three (3) years or until any litigation or adverse audit findings, or both, are resolved.
5. Faith-based providers of clinical or recovery support services are subject to the same accountability standards as other providers for their use of government funds. In addition, Faith-based providers are required to segregate state substance use funds in separate accounts and reconcile these funds separately from other funding streams. In the event of a Federal audit this will limit the scope of the audit to the state account.
6. The recovery support services program shall maintain adequate levels of liability and property insurance or evidence of self-insurance. At a minimum, the level of coverage shall be at the standards set by the Recovery Support Services Provider Agreement.

## **Personnel Policies and Procedures**

1. Personnel policies shall be developed and adopted and maintained:
  - a. All personnel policies and procedures shall be written, reviewed on an annual basis by the executive director and the governing body, and signed and dated when reviewed or revised.
  - b. The personnel policies and procedures shall include information on the following:
    - i. Employee benefits
    - ii. Recruitment and promotion
    - iii. Orientation
    - iv. Training and staff development
    - v. Employee grievances
    - vi. Safety and employee injuries
    - vii. Relationship with employee organizations
    - viii. Disciplinary systems
    - ix. Suspension and termination mechanisms
    - x. Wages, hours and salary administrations
    - xi. Rules of conduct
    - xii. Lines of authority
    - xiii. Performance appraisals and evaluation schedules

- c. The personnel policies and procedures shall describe methods and procedures for supervising all personnel, including volunteers and students.
    - d. The personnel policies and procedures shall assure confidentiality of personnel records and specify who has access to personnel information.
  2. No recovery support services program approved under these rules shall discriminate on the basis of race, color, ethnicity, religion, age, gender, veteran and handicap status, except in those instances where bona fide occupational qualifications exist.
  3. A personnel record shall be kept on each staff member and shall contain the following items, as appropriate:
    - a. Application for employment
    - b. A written record of all findings from verbal contacts with references and letters of recommendation
    - c. Verification of all training and experience and of licensure, certification, registration or renewals.
    - d. A signed and dated commitment to a code of ethics appropriate for recovery support services staff.
    - e. Number of hours per pay period, wage and salary information, including all adjustments.
    - f. Performance appraisals
    - g. Initial and subsequent health clearances
    - h. Counseling activities
    - i. Disciplinary actions
    - j. Commendations
    - k. Employee incident reports
    - l. A criminal history check for staff having contact with persons under the age of eighteen (18) in accordance with the provisions Utah Code § 62A-2-120 through 122, or Utah Administrative Code, Rule R501-14. See <http://rules.utah.gov/publicat/code/r501/r501-14.htm>.
  4. For each position there shall be a written job description
    - a. Job descriptions shall accurately reflect the job and shall be revised whenever a change in qualifications, duties, supervision or any other major job-related factor is made.
    - b. Each job description shall be comprehensive enough to enable a new employee to understand and manage the position.
    - c. Job descriptions shall be sufficiently detailed to serve as a basis for performance appraisals.
  5. Any wages paid to clients who are engaged in vocational training or who work within the program shall be in accordance with any and all applicable state and federal laws and regulations.
  6. Recovery support service programs that utilize volunteers shall meet the standards set forth in this section.
    - a. The objectives and scope of the volunteer services shall be clearly stated in writing. The statement shall be reviewed at least annually and signed and dated by the executive director or designee.

- b. An orientation shall be conducted to familiarize volunteers with the programs goals, objectives and services and to provide orientation regarding the program's clients. At a minimum, the orientation shall address at least the following:
    - i. Who is responsible for supervising the volunteer.
    - ii. The requirements of maintain confidentiality and protecting client's rights.
    - iii. The emergency policies and procedures.
    - iv. The program's channels of communication, authority and responsibility.
  - c. Volunteers shall be under the direct supervision of the staff of the program, service or unit utilizing their service and shall receive general direction and guidance.
  - d. A criminal history check for staff having contact with persons under the age of eighteen (18) in accordance with the provisions Utah Code § 62A-2-120 through 122, or Utah Administrative Code, Rule R501-14. See <http://rules.utah.gov/publicat/code/r501/r501-14.htm>
7. Recovery support services programs that provide an opportunity for student practice in a formal education or training program shall meet the standards set forth in this section.
- a. The program shall have a written agreement with any education institution that defines the nature and scope of student activities within the program.
  - b. Each student practicing in the recovery support services program shall be supervised.
  - c. All staff, clients, their families or guardians shall be informed when students are providing recovery support services.

### **Prior Authorization of Services**

- 1. No reimbursement of service fees shall be made unless recovery support services have been authorized prior to their provision and in accordance with DSAMH's approval procedures.

### **Client's Rights**

- 1. All recovery support service programs shall have written policies and procedures to protect the fundamental human, civil, constitutional and statutory rights of each client. The client rights policies and procedures shall address, but are not limited to the following:
  - a. The right to impartial access to services, regardless of race, religion, gender, ethnicity, age or handicap
  - b. Respect for personal dignity in the provision of all care and services
  - c. The right to adequate and humane services regardless of the source of financial support
  - d. The right to receive services within the least restrictive environment possible.
- 2. Each client's personal privacy shall be assured and protected:
  - a. The client's family and significant others, regardless of their age, shall be allowed to visit the client, unless such visit are clinically contraindicated by the client's treatment plan.
  - b. Suitable areas shall be provided for clients to visit in private, unless such privacy is contraindicated by the client's treatment plan.
  - c. Clients shall be allowed to send and receive mail without hindrance.
  - d. Clients shall be allowed to conduct private telephone conversations with family and friends, unless clinically contraindicated.

- e. Any restrictions on visitors, telephone calls or other communications shall be fully explained to the client and the client's family.
3. Each client shall be informed of rights and given a written statement of rights, which includes who to contact with questions, concerns or complaints of services provided.
4. Copies of the program's client rights statement shall be posted in apparent places at all sites.
5. In accordance with the requirements of any applicable law or any applicable standard contained in these rules, a written dated and signed informed consent form shall be obtained from the client, the client's family or the client's legal guardian, as appropriate, for participation in any research project or other procedures or activities where consent is required by law.
6. The recovery support services program shall have written policies and procedures for handling cases of client abuse and neglect
  - a. The policies and procedures on client abuse and neglect shall be given to all personnel and shall be made available to others upon request.
  - b. Any and all alleged violations of the policies and procedures shall be investigated.
  - c. There shall be documentation that the results of such investigation shall be reviewed and approved by the executive director and reported to the governing body.

### **Client Records**

1. The recovery support services program shall maintain a written client record on each client. All entries in the client record shall be signed and dated. Symbols and abbreviations shall be used only if they have been approved by professional staff and only when there is an explanatory legend. At a minimum the record shall contain:
  - a. Identifying data recorded on standardized forms that include the client's name, home address, telephone number, date of birth, gender, emergency contact and other identifying data as indicated. These forms shall be dated with the date the information was gathered and signed by the staff member gathering the information.
  - b. Notes for services provided that include;
    - i. Title of service provided
    - ii. Brief description of the service provided
    - iii. The date and actual time (beginning and ending times) the service was rendered
    - iv. Name and title of the person who rendered the service.
  - c. Information on any unusual occurrences, such as:
    - i. Service complications
    - ii. Accidents or injuries to the client
    - iii. Serious illness
    - iv. Procedures that place the client at risk or cause unusual pain

- v. Death of the client. In the event of a client's death, the person must be pronounced dead in accordance with the provisions of Utah law and a summation statement shall be entered in the record in the form of a discharge note.
  - d. Correspondence concerning the client and signed and dated notations of telephone calls concerning the client's services.
  - e. A discharge note shall be entered in the client record within a reasonable period of time not to exceed fifteen (15) days following discharge from services.
2. All entries in the individual record shall be legible, clear, complete, accurate, and recorded in a timely fashion. Any errors shall be marked through with a single line, initialed and dated. Documentation shall be made with indelible ink or print.
  3. The recovery support services program shall have a designated staff member who is responsible for maintaining, controlling and supervising client records and is responsible for maintaining their quality in accordance with these standards.
  4. The active client's records shall be kept at the facility site where the client is served.
  5. The recovery support services program shall have written policies and procedures that govern the compilation, storage, dissemination and accessibility of client records.
    - a. When a program stores client data in electronic or other types of automated information systems, adequate security measures shall prevent inadvertent or unauthorized access to such data.
    - b. Client records shall be maintained for a minimum of three (3) years from the date of final payment.
  6. A written policy shall govern the disposal of client records. Methods of disposal shall be designed to assure the confidentiality of client information.
  7. The recovery support services program shall have written policies and procedures that protect the confidentiality of client records and govern the disclosure of information of the records.
    - a. The policies and procedures shall specify the conditions under which information on applicants or clients may be disclosed and the procedures for releasing such information in accordance with public law.
    - b. The program shall comply with federal regulations 42 CFR, Subchapter A, Part 2, regarding confidentiality of the records of alcohol and drug abuse clients.
    - c. Nothing in any law or rule shall prevent the proper disclosure of information regarding child abuse, abandonment or neglect. Any suspected incidents of child abuse, abandonment or neglect shall be reported to the proper law enforcement agency or to the Department of Human Services.

### **Therapeutic Environment**

1. Each facility site of the program shall have appropriate space, equipment, supplies and fixtures to meet the needs of the clients.

- a. Fixtures and equipment designated for each service shall be constructed or modified in a manner that provides, insofar as possible, pleasant and functional areas that are accessible to all clients regardless of their disabilities.
- b. Private space shall be provided for personal consultation. All space for offices, storage, and supplies shall be adequate and accessible.
- c. Space, equipment and facilities utilized both inside and outside the program shall meet federal, state and local requirements for safety, fire prevention, health and sanitation

### **Medical Emergency Services**

1. The recovery support services program shall have written policies and procedures delineating the type of medical emergency services available and the arrangements for referring or transferring clients to a medical facility.
2. All staff shall be trained in the emergency policies and procedures.

### **Administration of Medication**

1. Administration of medication in recovery support services facilities shall be by means of self-administration and permitted only when a client has a prescription from a physician, a nurse practitioner, or a physician assistant.
2. If the program provides for a central storage of prescribed medication, the program shall have a policy and procedures for storage and provide appropriate storage facilities.

### **Infection Control**

1. Because of the possibility that client may have engaged in high risk behaviors that transmit infections, and staff may be required to handle urine specimens of said clients, and because infections acquired in a program or brought into a program from the community are potential hazards for all persons having contact with the program, all recovery support services programs shall have written policies and procedures pertaining to the operation of an infection control program.
2. Recovery support services programs shall have a staff member who is responsible for developing these policies and procedures and for documenting their implementation.

### **Plant Technology and Safety Management**

1. Buildings on the premises in which services are delivered shall be in compliance with the requirements of the local, state and federal codes concerning access, construction, fire and life safety that are applicable.
  - a. Prior to initial occupancy and annually thereafter, the program's site(s) shall be inspected for compliance with the Uniform Fire Code. Documentation of all findings, recommendations and corrective actions shall be kept on file.

- b. Prior to initial occupancy and at the time of any structural change in a building, it shall be inspected and found to be in compliance with local building codes. Documentation of all findings, recommendations and corrective actions shall be kept on file by the program.
  2. There shall be a plan for the protection of all persons in the event of a fire or other emergency.
    - a. All residents and employees shall be advised of the actions required under emergency conditions. Diagrams of the building showing emergency protection areas and evacuation routes and exits must be conspicuously posted throughout the building. An outline of emergency instructions shall be posted with the diagram.
    - b. There is a fire plan that includes the use and function of fire alarm and detection systems, containment and the protection of lives.
      - i. A minimum of one (1) fire drill shall be held at least every sixty (60) days at unexpected times and under varying conditions to simulate unusual circumstances encountered in case of a fire. A record of drills shall be maintained.
    - c. The emergency preparedness policies and procedures shall be evaluated annually and updated as needed.
  3. The plumbing systems shall be designed, installed, operated and maintained in a manner that provides an adequate and safe supply of water for all required facility operations and facilitates the complete and safe removal of all storm water and waste water.
    - a. The plumbing systems shall comply with applicable local and state codes.
    - b. Prior to occupancy and annually thereafter, the program's facility shall be inspected and approved by the region's health department.
  4. The program shall comply with applicable federal, state and local codes concerning hazardous materials and waste management.
  5. Facility sites that do not have emergency medical care resources shall have first aid kits available in appropriate places.
  6. Written regulations governing the use of smoking materials shall be adopted, conspicuously posted and made know to all program clients, staff members and the public. The written regulations shall include at least the requirements listed below. Nothing in this section requires that smoking be permitted by programs whose admission policies prohibit smoking.
    - a. In accordance with Utah's Clean Air act, no smoking inside facilities is allowed.
    - b. Designated areas at least 25 feet from entrances shall be assigned for client, staff and public smoking.
    - c. Metal containers with self-closing, tight-fitting lids or their equivalent shall be provided in all outdoor areas where smoking is permitted.



# Appendix H

**Attestation of Client Choice**

I, \_\_\_\_\_ attest that I have been given choice of provider for the ATR Services identified below. Client choice is defined as being able to select among at least two providers which are qualified to provide the services vouchered, among them at least one provider to which I have no religious objection.

Services for which choice of provider was offered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Choice was offered to me: \_\_\_\_\_

\_\_\_\_\_  
Client Name – Printed

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# Appendix I

## ATR Rates

Procedure Code	Description	Unit =	Rate Per Unit
<b>Assessment</b>			
90801	Psychiatric Diagnostic Interview Examination	15 min	\$29.66
H0001	Alcohol and Drug Assessment by Non-Mental Health Therapist	15 min	\$11.70
<b>Intensive Outpatient and Outpatient</b>			
90804	Individual Psychotherapy approximately 20-30 minutes	1 session	\$48.62
90806	Individual Psychotherapy approximately 45-50 minutes	1 session	\$97.24
90808	Individual Psychotherapy approximately 75-80 minutes	1 session	\$145.86
90847	Family Psychotherapy – with patient present	15 min	\$24.31
90846	Family Psychotherapy – without patient present	15 min	\$24.31
90849	Group Psychotherapy – Multiple-family group psychotherapy – Per ATR client	15 min	\$5.47
90853	Group Psychotherapy (other than of a multiple-family group) – Per ATR client	15 min	\$5.47
H2019	Individual/Family Therapeutic Behavioral Services	15 min	\$13.69
H2019HQ	Group Therapeutic Behavioral Services – Per ATR client	15 min	\$3.09
H2014	Individual Psychosocial Rehabilitative Services (Individual Skills Training and Development)	15 min	\$12.85
H2017	Group Psychosocial Rehabilitative Services – Per ATR client	15 min	\$3.25
<b>Residential</b>			
H0018	Residential Substance Abuse Treatment	1 Day	\$70.50
H0010	Residential Detoxification	1 Day	\$70.50
<b>Drug Testing</b>			
	Drug Testing	1 Test	\$20
<b>Continuing Care and Recovery Management</b>			
H2019	Individual/Family Therapeutic Behavioral Services	15 min	\$13.69
H2019HQ	Group Therapeutic Behavioral Services – Per ATR Client	15 min	\$3.09
<b>Child Care</b>			
CCH	Child Care Hourly	1 Hour	\$3.50
CCD-I, CCD-T, CCD-S	Child Care Daily – Age based \$17 school age, \$18 toddler, \$24 infant	1 Day	\$17/18/24
<b>Transportation</b>			
BPT	Bus Pass Per Trip	1 Trip	\$2.50

BPD	Bus Pass Daily	1 Day	\$5.50
BPM	Bus Pass Monthly	1 Month	\$75.00
<b>Educational Services</b>			
H2019HQ	Group Therapeutic Behavioral Services – Per ATR Client	15 min	\$3.09
<b>Medication Assisted Therapies</b>			
SBX	Suboxone Medication – based on current quarter 340B pricing	\$1	340B
MTD	Methadone Medication – based on current quarter 340B pricing	\$1	340B
VIV	Vivitrol Medication – based on current quarter 340B pricing	\$1	340B
NTX	Naltrexone – based on current quarter 340B pricing	\$1	340B
<b>Case Management</b>			
3080	Case Management	15 min	\$13.64
<b>Life Skills Services</b>			
H2019	Individual/Family Therapeutic Behavioral Services	15 min	\$13.69
H2019HQ	Group Therapeutic Behavioral Services – Per ATR Client	15 min	\$3.09
<b>Special Needs - SPN</b>			
	Gas Voucher	\$1	\$1
	Emergency Housing	\$1	\$1
	Birth Certificate	\$1	\$1
	State Identification Card	\$1	\$1
	Books for Education/Training Courses	\$1	\$1
	GED Tests	\$1	\$1
<b>Online Recovery Support Services</b>			
ORSS	Online Recovery Support Services	1 Month	Up to \$500
<b>Sober Supportive Housing</b>			
SSH	Sober Supportive Housing	1 Month	Up to \$800

# Appendix J



State of Utah

GARY R. HERBERT  
*Governor*

GREG BELL  
*Lieutenant Governor*

DEPARTMENT OF HUMAN SERVICES

PALMER DePAULIS  
*Executive Director*

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

LANA STOHL  
*Director*



5-18-2011

Memo

From: Denise Leavitt, ATR Program Administrator

RE: Client Eligibility for Services and Client Caps

Effective 5-18-11 all individuals eligible for ATR will have access to all services including Outpatient Treatment, Intensive Outpatient Treatment, Residential Treatment and Social Detoxification. Individuals wishing to access one of these levels of care must complete a full bio-psycho-social assessment along with ASAM level of care determination. Individuals may choose to enter into a level of care *lower* than what was assessed and receive ATR reimbursement; however, individuals wishing to enter into a level of care *higher* than what was assessed will not receive reimbursement from ATR for those higher levels of services.

Additionally, we are waiving the current client cap of \$2,500 for combined services. This does not waive the individual service caps that may be set in the ATR manual. ATR staff will continue to monitor spending and client targets. Adjustments will be made to this policy at the time that spending and client admissions are no longer in line with our targets for year one of the ATR grant. If you have questions or concerns regarding this policy change please feel free to contact me at 801-538-3951 or [dleavitt@utah.gov](mailto:dleavitt@utah.gov).

Sincerely,

Denise Leavitt, MSW  
ATR Program Administrator