

SAMHSA Access to Recovery (ATR) 2007 Grants

Frequently Asked Questions (FAQ), posted June 2008

- **How can incentives be built into a voucher program?**

1. *Provider incentives for program performance:*

Incentive programs can be implemented by adjusting provider reimbursement based on certain performance outcomes. The incentives may either be in the form of a 'reward' or 'penalty,' based on evidence of outcomes. Funding of an incentive program typically is through a separate funding set-aside for distribution upon evidence of outstanding performance, or through an agreement with the participating providers to reimburse initial service provision at a percent of the fee-for-service rate, such as 90 percent. The balance of the reimbursement rate (e.g., 10 percent) that is withheld and set aside would be used to encourage positive client outcomes and reimburse high performing providers according to an established protocol. In the latter example, providers with exceptional performance would receive an 'incentive' bonus while those that are not demonstrating positive outcomes would not receive the full reimbursement rate.

2. *Client incentives for GPRA data collection:*

A client incentive is not necessary for the intake GPRA because the client is already physically present. At discharge, an incentive is not necessary when the client is physically present. If a client has to be tracked down to collect the Discharge GPRA because he or she has left services prematurely (is not physically present at discharge), an incentive may be provided. The incentive cannot be used for routine discharge interviews. For the follow-up 6 month survey, the client needs to be motivated to complete the survey and an incentive is always appropriate. The RFA limits the awarded incentive to no more than \$20 or equivalent (coupons, bus tokens, gifts, child care, and vouchers). Incentives may not be used to motivate clients to enter services (see Section IV.4 Funding Limitations/Restrictions in the RFA).

- **Can ATR grantees use contracts?**

ATR grantees can award administrative contracts for different purposes as long as they operate their program within the agreed percent of admin costs. While grantees are encouraged to conduct performance improvement activities, they can not use ATR funds to conduct an evaluation through a contract mechanism. SAMHSA has already committed \$2 M per year to conduct a cross-site evaluation on the ATR program over the next three years.

- **What are the allowable housing assistance costs under ATR?**

ATR grant funds must be used for clinical treatment and recovery support purposes. Grantees may pay for transitional housing, recovery living centers or homes,

supported independent living, sober housing, short-term and emergency or temporary housing, and housing assistance or management. These services provide a safe, clean, and sober environment for adults with substance use disorders. Lengths of stay may vary depending on the form of housing. This assistance also includes helping families in locating and securing affordable and safe housing, as needed. Assistance may include accessing a housing referral service, relocation, tenant/landlord counseling, repair mediation, and other housing needs identified during the initial assessment. Grantees will need to limit the maximum length and maximum amount of housing support per client in order to meet their client target number within the limited grant funds.

● **Can ATR funds be used to serve incarcerated clients?**

Any incarcerated client (including work release clients) can receive screening, assessment, and case management services through ATR no sooner than 6 months prior to release as long as the purpose of these services is to transition the client into ATR services upon release.

● **What is the definition of a methamphetamine (meth) client?**

For those clients who are not coming from a restricted setting, a meth client is a client who has used meth in the last 90 days (prior to intake) AND who will be receiving services through ATR specifically related to meth use.

For those clients who are coming from a restricted setting, a meth client is a client who has used meth in the 90 days prior to entry into the restricted setting AND who will be receiving services through ATR specifically related to meth use.

Grantees are required to indicate meth clients via a flag on the IT/data entry system. Note: the question on the GPRA tool re: 30 day use does NOT change.

● **Does ATR have any additional requirement related to the Americans with Disabilities Act (ADA)?**

There is no additional ATR-specific language regarding ADA compliance beyond that applicable to all SAMHSA grantees. ATR grantees, as other SAMHSA grantees, must adhere to the same RFA language as noted below and the standard ADA requirements

· RFA language for all SAMHSA grants states the following:

§ Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population. If the ADA does not apply to your organization, please explain why.

● **Must clients have a choice over their case managers?**

Grantees need to have multiple case managers available in case a particular case manager does not work out for a client. However, it is not required that clients be offered a specific choice among case managers.

● **Can grantees serve as ATR providers?**

No. The recipients of the ATR grants and its designated agencies are not eligible to serve as ATR providers. However, if a situation arises where insufficient providers are available to provider client choice (e.g., Tribal organization), this should be discussed with your project officer.

Can GPRA data collection be paid through vouchers under ATR?

- 1) *If GPRA collection* is coupled with other services, such as assessment or any other clinical or recovery support service, the GPRA collection must be bundled together with the service(s) in a single voucher for a single provider.*
- 2) *If GPRA collection is not coupled with any other service, GPRA collection must be paid for with Administrative dollars.*

**GPRA collection refers to intake, discharge, and 6-month follow up surveys.*

Can ATR grant funds be used to pay for mental health-related prescriptions and/or medication copays?

No.

On page 20 of the 2007 ATR Request for Application, it states that:

ATR grant funds must be used for purposes supported by the program and may not be used to:

- *Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.*

Do grantees need to collect information on grass-root organizations?

Yes.

On page 8 of the 2007 ATR Request for Application, the footnote says:

Several performance measures will be reported for all providers, grass-roots providers, providers identified as faith-based and providers identified as secular. Grantees will receive training on how to provide this information using the provider ID number included in the Voucher Information Tool and Voucher Transaction Tool. The categories of providers are not mutually exclusive. That is, grass-roots providers are all providers with an annual operating budget of \$500,000 or less; they may be faith-based or secular. Faith-based and secular providers may have operating budgets that exceed \$500,000 per year.

What are allowable and non- allowable costs under clinical treatment and recovery support services (RSS)?

Both Clinical treatment services and recovery support services supported by the ATR program are categorized under the Voucher Information (Appendix J, p 82 of the ATR RFA). The following language replaces the information on page 35 of the RFA:

Clinical treatment services are provided by individuals who are licensed, certified, or otherwise credentialed to provide clinical treatment services in the State, often in settings

that address specific treatment needs. Examples of clinical treatment services include the following:

- *Screening/assessment*
- *Brief intervention*
- *Treatment planning*
- *Individual counseling*
- *Group counseling*
- *Family/marital counseling*
- *Co-occurring treatment services*
- *Pharmacological interventions*
- *HIV/AIDS Counseling*
- *Other Clinical Services*
- *Medical Care*
- *Alcohol/Drug Testing*
- *HIV/AIDS Medical Support & Testing*
- *Other Medical Services*

Recovery support services are typically provided by paid staff or volunteers familiar with how their communities can support people seeking to live free of alcohol and drugs, and are often peers of those seeking recovery. Some of these services may require reimbursement while others may be available in the community free of charge. Examples of recovery support services include the following:

- *Family Services (including marriage education, parenting and child development services)*
- *Child Care*
- *Employment Services*
- *Pre-employment Services*
- *Employment Coaching*
- *Individual Services Coordination*
- *Transportation to and from treatment, recovery support activities, employment, etc.*
- *Employment services and job training*
- *HIV/AIDS services*
- *Supportive transitional drug-free housing services*
- *Other Case Management Services*
- *Continuing Care*
- *Relapse prevention*
- *Recovery Coaching*
- *Self-help and Support Groups*
- *Spiritual Support*
- *Other After Care Services*
- *Substance Abuse Education*
- *HIV/AIDS Education*
- *Other Education Services*
- *Peer Coaching or Mentoring*

- *Housing Support*
- *Alcohol- and Drug-Free Social Activities*
- *Information and Referral*
- *Other Peer-to-Peer Recovery Support Services*

If you are not sure whether a particular service is covered under the ATR program, please contact Grant Management Specialist Ms. Eileen Bermudez via email at eiileen.bermudez@samhsa.hhs.gov or phone at 240-276-1412 for guidance.

• What kind of documents are required to obtain prior approval for key staff or other personnel changes in the grant?

A. If the Governor delegates authority to a new Authorizing Official the following is required:

- *A letter from the Governor naming the new Authorizing Official*
- *A revised Face Page signed by the new Authorizing Official*
- *A revised Checklist identifying the Business Official (bottom left side) and Project Director/Principal Investigator (bottom right side)*

B. If the Project Director changes, but the Authorizing Official stays the same the following is required:

- *A letter from the Authorizing Official naming the new Project Director*
- *Verification of the new Project Director's Level of Effort and proposed salary.*
 - *Keep in mind that the Special Terms of Award state: SAMHSA requires that the Project Director needs to commit at least 75% level of effort to the project.*
- *Resumé of the new Project Director*
- *A revised Checklist identifying the Business Official (bottom left side) and the new Project Director/Principal Investigator (bottom right side)*

C. If other key staff changes occur the following is required:

- *A letter from the Project Director and/or Authorizing Official naming the new key Staff*
- *Verification of the new key staff's Level of Effort and proposed salary*
- *Resumé of the new key staff*
- *Job description for the position (if not already provided)*

D. Submission Instruction

- *Please send the required document to:*
 - *Eileen Bermudez
Grants Management Specialist
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Division of Grants Management, OPS
1 Choke Cherry Road, Rm 7-1079*

Rockville, MD 20857
20850 (overnight) please do not use U.S. postal for overnight shipments
Office: (240) 276-1412
Fax: (240) 276-1430
E-Mail: eileen.bermudez@samhsa.hhs.gov

Checklists may be faxed.

Face Pages must be originals.

Letters should be originals **or** if any correspondence/ response must be sent from or signed by the Project Director, Principal Investigator, or Authorizing Official of your organization. If prepared by someone other than those individuals listed, the correspondence/ response must be forwarded to the Project Director, Principal Investigator, or Authorizing Official then sent to this office with their comments.