

VOUCHER TRANSACTION FORM



Client ID: _____

Staff ID _____

Voucher Type: Access/Care Coordination __ Clinical Treatment __ Recovery Support__

Voucher Redemption Date: |_|_|/|_|_|/|_|_|_|_|
Month Day Year

Number of Sessions: (Units) ____ (Refer to the Unit Definition some units are 15 minute intervals some are one hour or some other unique unit)

Voucher Service Type: _____ (Indicate which service the client received for this transaction from the list below)

	Services	Unit Cost	Unit Definition and Maximum
<input type="checkbox"/>	2010 = Screening	\$ 10	Screen Complete
<input type="checkbox"/>	2011 = Clinical Assessment	\$ 20	.25hr/Maximum 2 hrs./\$160. (4 units/hour)
<input type="checkbox"/>	2012 = Recovery Support Assessment	\$ 20	.25hr/Maximum 2 hrs./\$160. (4 units/hour)
<input type="checkbox"/>	2013 = GPRA Intake	\$ 80	GPRA Intake Complete and sent to ITC
<input type="checkbox"/>	2014 = GPRA Discharge	\$ 80	GPRA Discharge Complete and sent to ITC
<input type="checkbox"/>	2015 = GPRA Follow-up	\$ 80	GPRA Follow-Up Complete and sent to ITC
<input type="checkbox"/>	2016 = Intake Interview	\$ 50	Intake Completed
<input type="checkbox"/>	2020 = Brief Intervention	\$ 15	.25 hr (4 units/hour)
<input type="checkbox"/>	2060 = Treatment/Recovery Planning	\$ 80	Written plan Completed
<input type="checkbox"/>	2070 = Individual Counseling	\$ 20	.25 hr (4 units/hour)
<input type="checkbox"/>	2080 = Group Counseling/Per Person	\$ 20	1 hr(1 unit/hour)
<input type="checkbox"/>	2090 = Family/Marriage Counseling	\$ 20	.25hr(4 units/hour)
<input type="checkbox"/>	2091 = Family Therapy w/o Client	\$ 20	.25hr(4 units/hour)
<input type="checkbox"/>	2092 = Family Therapy w/ Client	\$ 20	.25hr(4 units/hour)
<input type="checkbox"/>	2100 = Co-Occurring Treatment/Recovery Services	\$ 20	.25hr(4 units/hour)
<input type="checkbox"/>	2101= Psychological Testing	\$ 200	Testing Completed
<input type="checkbox"/>	2102 = Psychiatric Evaluation	\$ 200	Evaluation Complete
<input type="checkbox"/>	2103 = Interpretation of results to family or other responsible person	\$ 110	1 hr(1 unit/hour)
<input type="checkbox"/>	2104 = Other Co-Occurring Treatment/Recovery Support	\$ 20	.25hr(4 units/hour)
<input type="checkbox"/>	2110 = Pharmacological Interventions	\$ 20	.25hr(4 units/hour)
<input type="checkbox"/>	2120 = HIV/AIDS Counseling	\$ 15	.25hr(4 units/hour)
<input type="checkbox"/>	2130 = Other Clinical Services	\$ 15	.25hr(4 units/hour)
<input type="checkbox"/>	2131= Crisis Intervention	\$ 20	.25 hr(4 units/hour)
<input type="checkbox"/>	2132 = Discharge Plan	\$ 80	Discharge Plan Completed
<input type="checkbox"/>	2133 = Traditional Healing Services	\$ 80	1 session
<input type="checkbox"/>	2134 = Sweat Lodge/Per Person	\$ 50	1 lodge
<input type="checkbox"/>	2135 = Talking Circle/Per Person	\$ 50	1 talking circle
<input type="checkbox"/>	2136 = Residential Treatment	\$ 100	Billed by the day (Family and Co-Occurring can be billed in addition to daily rate.

	Services	Unit Cost	Unit Definition and Maximum
<input type="checkbox"/>	3010 = Family Services	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	3020 = Child Care	\$ 8	1 hr(1 unit/hour)
<input type="checkbox"/>	3030 = Employment Services	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	3031 = Pre-Employment	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	3032 = Employment Coaching	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	3040 = Individual Services Coordination(Case Management)	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	3041 = Individual Services Coordination(Case Management Weekly Rate)	\$ 40	Per Week Per Client Under Supervision
<input type="checkbox"/>	3050 = Transportation	\$ 4	.25 hr(4 units/hour)
<input type="checkbox"/>	3060 = HIV/AIDS Service	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	3070 = Supportive Transitional Drug-Free Housing Services	\$ 250	Up to \$250. for one time support of sober housing (special authorization)
<input type="checkbox"/>	3080 = Other Case Management Services	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	3081 = Special Need Fund	\$ 150	Up to \$150 for special un-met client needs
<input type="checkbox"/>	4010 = Medical Care	\$ 85	Exam Completed
<input type="checkbox"/>	4020 = Alcohol/Drug Testing	\$ 25	Test Completed
<input type="checkbox"/>	4030 = HIV/AIDS Medical Support & Testing	\$ 80	Test Completed
<input type="checkbox"/>	4040 = Other Medical Services	\$ 80	Care Completed
<input type="checkbox"/>	4041 = Acupuncture	\$ 40	Per session
<input type="checkbox"/>	4042 = Auricular Acupuncture	\$ 40	Per session
<input type="checkbox"/>	4043 = Alternative Therapies	\$ 60	Per session
<input type="checkbox"/>	4044 = Physical Fitness and Well-Being Activities	\$ 150	Up to \$150 for physical fitness and well being activities.
<input type="checkbox"/>	4045 = Nutritional Management	\$ 40	Per session
<input type="checkbox"/>	4046 = Stress Management	\$ 150	Up to \$150 for stress management activities.
<input type="checkbox"/>	5010 = Continuing Care	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	5020 = Relapse Prevention	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	5030 = Recovery Coaching	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	5040 = Self-Help And Support Groups(Per Person)	\$ 15	1 hr(1 unit/hour)
<input type="checkbox"/>	5050 = Spiritual Support	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	5060 = Other After Care Services	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	6010 = Substance Abuse Education (Per Person)	\$ 20	1 hr(1 unit/hour)
<input type="checkbox"/>	6020 = HIV/AIDS Education(Per Person)	\$ 15	1 hr(1 unit/hour)
<input type="checkbox"/>	6030 = Other Education Services (Per Person)	\$ 20	1 hr(1 unit/hour)
<input type="checkbox"/>	6031 = Indigenous Language Recovery/Expression (Per Person)	\$ 20	1 hr(1 unit/hour)
<input type="checkbox"/>	6032 = Storytelling, Cultural Teaching (Per Person)	\$ 20	1 hr(1 unit/hour)
<input type="checkbox"/>	6033 = Tribal Song and Dance (Per Person)	\$ 20	1 hr(1 unit/hour)
<input type="checkbox"/>	6034 = Tribal Arts and Crafts (Per Person)	\$ 20	1 hr(1 unit/hour)
<input type="checkbox"/>	6035 = Daily Living Skills (Per Person)	\$ 20	1 hr(1 unit/hour)
<input type="checkbox"/>	7010 = Peer Coaching Or Mentoring	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	7020 = Housing Support	\$ 250	Up to \$250. for one time support of eviction prevention (special authorization)
<input type="checkbox"/>	7030 = Alcohol-And Drug-Free Social Activities	\$ 20	1 hr(1 unit/hour)
<input type="checkbox"/>	7040 = Information And Referral	\$ 15	.25 hr(4 units/hour)
<input type="checkbox"/>	7050 = Other Peer-To-Peer Recovery Support Services	\$ 15	.25 hr(4 units/hour)