



Anishnaabek Healing Circle Questions and Answers May, 2008

These are questions that were raised at various training events. Answers have been provided in consultation with the CSAT Project Officer.

Question: Can the ATR funds be used to cover client insurance co-pays?

Answer: I asked our CSAT project officer, Love Foster-Horton, to provide an answer to this question from the SAMHSA policy perspective, on 2/18/08 she responded. The answer is no, ATR funds cannot be used to cover client insurance co-pays.

Question: Can the ATR funds for used to cover drugs prescribed for a substance abuse or related mental health condition?

Answer: I asked our CSAT project officer, Love Foster-Horton, to provide an answer to this question from the SAMHSA policy perspective, on 2/18/08 she responded. The answer is no, ATR funds cannot be used to cover drugs prescribed for a substance abuse or related mental health disorder.

Question: Can the electronic voucher system be used to facilitate data entry by a single data entry person at a provider site or does each approved staff member need to log in to complete their own data entry?

Answer: We original set up the electronic voucher system to facilitate data entry directly by the staff member providing the service. We have modified the system to allow the data entry to be accomplished either way.

Question: Are the tribal providers or other ATR provider considered sub-recipients of the ATR grant and subject to the terms and conditions of the grant award?

Answer: I asked our CSAT Fiscal Grants Management Specialist, Kathleen Sample, to clarify what grant administration standards apply to service providers under the ATR. On 2/21/08 she indicated that providers are vendors, they are not sub-recipients. The Inter-Tribal Council of Michigan has established rules and rates associated with providing services under the ATR which are specified in the provider agreement signed by the Tribal Chairperson or authorized official. Based on Kathleen's response, it is clear that the service provider is responsible for determining how revenue is allocated once it is received. If you have concerns about the use of ATR funds in conjunction with the Indian Health Service funds, or other grant resources that you receive, it would be best to talk with the IHS or the other funding agencies to obtain appropriate guidance. With regard to the interface between tribal resources and ATR funds

that is an internal tribal matter. Again from SAMHSA's perspective the tribal provider is a "vendor" not a sub-recipient of the grant.

Question: Are members of Michigan historic tribes/non-federally recognized tribes, residing in the service area of one of the collaborating tribes, eligible for ATR services?

Answer: Yes

Question: Are members of Canadian tribes, residing in the service area of one of the collaborating tribes, eligible for ATR services?

Answer: Yes

Question: Are children under the age of 14 eligible for ATR services?

Answer: At this time, children under the age of 14 are not eligible to be the primary client enrolled in ATR. It is possible for a child of an ATR client to receive services under service code 2019 -- Family Therapy w/o the client. We will be exploring the possibility of offering treatment services to children under age 14, but as of today we are not able to enroll children under the age of 14 as the primary client in the ATR program.

Question: If a client screens negative for substance use can they still be enrolled in the project?

Answer: If a client screens negative for substance use they can be enrolled if they have a recovery support need.

Question: Can a client be counted toward the target goal if they screen negative and that is the end of the episode of care?

Answer: If a client screens negative for substance use and that is the end of the episode of care they can still count toward the target goal and the provider can be paid for the screening if a negative screen GPRA form is completed and submitted to the ITC.

Question: If a client is receiving services from more than one provider. How will we know what transactions have been completed by each provider.

Answer: The electronic voucher system allows for multiple authorized providers to process transactions against an authorized client voucher. The Voucher Summary Screen will show which provider has processed transactions against the authorized voucher.

Question: Is the voucher redemption date the same as the service date?

Answer: Yes, these are two terms for the same thing.

Question: Can a co-dependent family member who is not a substance abuser or in need of recovery support be the primary client enrolled in ATR?

Answer: No, but it is possible for a family member of an ATR client to receive services under service code 2019 -- Family Therapy w/o the client.

Question: What is CSAT’s official definition of “incarceration.” We understand that ATR cannot provide services to incarcerated individuals in state or federal prison, except that within 6 weeks of release we can begin getting people ready to receive services once they are released. The State of Michigan has a new program in the State prison system for pre-release readiness – we will be able to screen and inform potential clients about ATR prior to their release. Several tribal programs, however, work with clients who are spending time in the local county jail --- for OUL, work release, etc --- some staff go in and counsel onsite, others provide support via phone/visits, etc. Does the local county jail “count” as “incarcerated” for purposes of the ATR grant? Can an ATR client receive a voucher for services received while in jail?

Answer: No, an ATR client cannot receive ATR services while in county jail.

In the RFA on page 20, it states: ATR grant funds must be used for purposes supported by the program and may not be used to:

Provide services to incarcerated population (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).

The exception to this rule, “within six weeks of release or part of their pre-release planning” is allowed for planning.

Question: Is there any reason to prevent licensed, credentialed clinical and/or recovery support providers in Canada from applying for and being approved as an ATR provider? The Anishnaabek people have close ties to Canadian First Nations people across the border and there are several Native American programs there that could/would be able to provide culturally-based services to our population. Does CSAT have any objections?

Answer: To enroll/refer ATR clinic to providers in Canada should not be a normal practice; the only time that you should be referring clients to Canadian providers is if there is not a U.S. culturally appropriate provider within the service area or the Canadian provider is closer or easier for the client to assess.

Please call the ITC staff for further clarification or if you have new questions: Donelda Harper, Terri Tavenner, Connie DePlonty, Lori McDonald, or Eva Petoskey (906) 632-6896.