



Track 2

**Managing Recovery for
Supervisors: 4**

Fitting RC services to Phase I, II, and III ATR
consumers/ RC as group facilitator

**Recovery Coach Institute
Anishnaabek Healing Circle ATR III**



H3-9: Recovery Coach— List of Important Knowledge, Skills, and Personal Characteristics

Knowledge of

- Science of addiction and recovery
- Recovery processes, stages, and tasks
- Recovery-promoting services and supports
- How to recognize client strengths and their importance in the self direction of recovery
- Recovery values and the primacy of recovery in the life of the client
- The rights of the client in selecting recovery routes and practices
- The importance of client choice
- The client's need for guidance in making informed choices
- Nonclinical practice ethics
- Confidentiality
- Roles and boundaries
- The importance of cultural sensitivity and practice
- Trauma-informed practice
- Community resources
- Agency/Organizational requirements pertaining to coaching.

Skills

- Assessing client readiness for coaching
- Motivating and engaging with the client
- Exercising active listening and communication
- Identifying client strengths and recovery capital
- Teaching, explaining, informing, and assisting
- Recovery planning
- Mentoring and role-modeling recovery
- Assisting with conflict resolution
- Participating in crisis intervention
- Conducting referrals
- Record keeping and communicating well through writing
- Identifying issues for supervision
- Serving as community liaison and providing advocacy.

Personal Characteristics (information that may be present in a typical listing)

- Self presentation, including self awareness, self assurance, and self knowledge
- Open and welcoming
- Ability to use careful judgment and discretion
- Tact and diplomacy
- Interest in others and sensitivity to needs and strengths
- Participatory and cooperative
- Conscientious
- Emotionally mature
- Honest
- Flexible.



Anishnaabek Healing Circle
Access to Recovery
Informed Consent for Recovery Management

Client Information Release Authorization/ Recovery Support Provider

I _____ (Name of Client), hereby authorize
_____ (name of Recovery Support Provider) and
_____ (Name of treatment organization/agency)

To release the information specified below to each other. Please check each box that you agree to. Do not check a box unless you are authorizing that item:

- To verbally discuss my recovery management progress and status with the above named treatment/recovery support individuals/organizations.
- To identify additional recovery support resources I may need based on my progress and status; to identify what resources are available in the area.
- To verbally discuss the potential resources with me and with the above named treatment/recovery individuals/organizations.
- To verbally discuss the status of my GPRA follow-up interview.
- To collaborate on conducting the follow-up interview.
- I authorize the Recovery Support Provider to contact me directly.
- Other (specify) _____

Purpose:

The purpose of this disclosure is to coordinate the services available through the Anishnaabek Access to Recovery Network Providers to insure that the client receives the maximum benefit from the services available.

Limits: This consent may be revoked at any time. If not revoked, the consent will expire on 30 days after my discharge from the Anishnaabek Access to Recovery program.

Signature of the Client _____ Date _____

Agency Representatives: _____ Date _____

Agency Representatives: _____ Date _____

ATR Client ID: _____

Recovery Support Provider Referral Form:



Name Clinical Provider/Care Coordinator Who is Referring: _____

Name Recovery Support Provider Who will provide the service: _____

Client ID _____ Date: _____

Service Code _____

Number of Sessions/classes Authorized: _____

Minimum: _____ Maximum: _____

Activity supported by this expenditure (describe):

Individual Recovery Support Goal:

Recovery Related Outcome: How will you know the outcome was achieved?

Note: Do not include the client's name or identifying information -- use the Client ID# only
Attach this form to the group note or voucher transaction for this service as documentation.

This form is completed by the referring provider/care coordinator, preferably prior to any recovery support activity taking place. The form may be sent to the recovery support provider beforehand, or, in the case of an ongoing class or activity, sent with the client and given to the recovery support provider at the time of the activity.

Signature of Provider – Staff Person Referring: _____ Date _____

Recovery Support Provider: _____ Date _____



Recovery Support Provider Notes: Describe Service Provided. Do not include the clients name or identifying information. Attach this form to the voucher for this service as documentation.

Client ID _____ **Date:** _____

Recovery Support Staff Providing this Service: _____

Individual Recovery Support Goal:

Service Code: _____

Amount of Transaction: _____

Activity supported by this Expenditure:

Recovery Related Outcome: How do you know the outcome was achieved?

**SIGN-IN
FOR GROUP/CLASS**



DATE: _____ TIME: _Start _____ Finish _____

LOCATION: _____ FACILITATOR(s): _____

CLASS OR GROUP: _____

Print name	Sign Name	

Print name	Sign Name	



**Anishnaabek Healing Circle
Access to Recovery
Informed Consent for Recovery Management**

Client Information Release Authorization/ Recovery Support Provider

I Sheila McKay (Name of Client), hereby authorize
Samantha Jones (name of Recovery Support Provider) and
Bay Mills (Name of treatment organization/agency)

To release the information specified below to each other. Please check each box that you agree to. Do not check a box unless you are authorizing that item:

- To verbally discuss my recovery management progress and status with the above named treatment/recovery support individuals/organizations.
- To identify additional recovery support resources I may need based on my progress and status; to identify what resources are available in the area.
- To verbally discuss the potential resources with me and with the above named treatment/recovery individuals/organizations.
- To verbally discuss the status of my GPRA follow-up interview.
- To collaborate on conducting the follow-up interview.
- I authorize the Recovery Support Provider to contact me directly.
- Other (specify) _____

Purpose:

The purpose of this disclosure is to coordinate the services available through the Anishnaabek Access to Recovery Network Providers to insure that the client receives the maximum benefit from the services available.

Limits: This consent may be revoked at any time. If not revoked, the consent will expire on 30 days after my discharge from the Anishnaabek Access to Recovery program.

Signature of the Client Sheila McKay Date 4-2-09

Agency Representatives: Roman Schaudas BM Date 4/2/09

Agency Representatives: Sam Jones Date 4/6/09

ATR Client ID: BM1100098

Recovery Support Provider Referral Form:



Name Clinical Provider/Care Coordinator Who is Referring: Renee Schwiderson, Bay Mills

Name Recovery Support Provider Who will provide the service: Samantha Jones

Client ID BM1100098 Date: 4/2/09

Service Code 5040
Number of Sessions/classes Authorized: 6
Minimum: 2 Maximum: 6

Activity supported by this expenditure (describe):
Weekly Women's Support Group, Tuesday nights at the Shedawin Building

Individual Recovery Support Goal: Learn at least 2 things about myself that relate to my being a wife and mother. I want to understand what my role is supposed to be now that I am sober.

Recovery Related Outcome: How will you know the outcome was achieved? By the end of the 6 week support group session, the client should be able to relate to her counselor what she has learned about her role.

Note: Do not include the client's name or identifying information --- use the Client ID# only
Attach this form to the group note or voucher transaction for this service as documentation.

This form is completed by the referring provider/care coordinator, preferably prior to any recovery support activity taking place. The form may be sent to the recovery support provider beforehand, or, in the case of an ongoing class or activity, sent with the client and given to the recovery support provider at the time of the activity. The recovery support provider can use this form as a guide - if client wants/needs more sessions, the referring provider/care coordinator and the recovery support provider can modify to suit client needs.

Signature of Provider - Staff Person Referring: Renee Schwiderson Date 4-2-09 (date referred)
Recovery Support Provider: Samantha Jones Date 4-6-09 (date of first group)

SIGN-IN FOR GROUP/CLASS **SAMPLE**



DATE: 4-30-09 (date of activity)

TIME: Start 6 pm Finish 8 pm

LOCATION: Shedawin Building **FACILITATOR(s):** Samantha Jones

CLASS OR GROUP: Women's Support Group

Print name	Sign Name	
Sally Rye	<i>Sally Rye</i>	
<p>Gloria WRONG ---- Print full name</p>	<p>Be sure everybody prints and signs name so we can read it Clearly --- if you KNOW someone is an ATR client you can make an "x" here</p>	X
Gerry Curtis	<p>If you are not sure whether someone is an ATR client that's ok, have EVERYBODY sign in and we will sort out the ATR clients later.</p>	
	<p>Be sure every class sign in also has a RS Group Service Note to go with it, clip them together and put them in the folder for Aagii, the Recovery Support Biller. She will identify ATR clients and bill for you.</p>	

Anishnaabek Access to Recovery
Recovery Support Group Service Note



Describe the service provided. **Do not include the client's names or any identifying information.** The service note is to be used for a group activity. Attach the group sign-in sheet. Fill out a Voucher Transaction Form for each ATR client on the sign-in. Send all these forms to the ATR biller. Either the Recovery Support Provider or the biller must put the Client ID # on the Voucher Transaction Form. The biller must enter the activity into the voucher system within 48 hours of service. (Note to records-keeper: duplicate group note for each ATR client and keep in client file).

Program/Location: Shedawin Building

Recovery Support Provider Name: Samantha Jones

Time Start: 6 pm **Time/End:** 8 pm **Date:** 4-30-09

Activity: Women's Support Group

Service Code: 5040

(from ATR Recovery Support Service Definitions and Rate Schedule)

Describe service provided and outcomes:

Tonight is the 4th night of 6 planned sessions. We are talking about the circle of life: how all things are connected to one another. Tonight we explored the Eastern direction: how life begins in the east and how we move around the medicine wheel from birth to old age. We discussed how an interruption in our journey around the circle (like substance abuse) can interfere with our understanding and growth and how getting back into the circle can reconnect us to the circle of life.

Lively group discussion --- three new people came to group.
Two participants brought cookies to share and everybody cleaned up afterwards.
4 of the participants want to make medicine wheel hoop earrings. told them about the Tuesday night crafts group.

Describe how the activity is related to a recovery goal: Understanding the medicine wheel teachings.



ATR Recovery Support Voucher Transaction Form

Client ID **BMI100098**
 Date (Voucher Redemption Date= Date of Service) **04/30/2009** (mm/dd/yyyy)

Provider Name **Samantha Jones**

Refer to Service Rate Schedule for more information on rates. Rates are built into the voucher system and the number of units that can be billed are subject to established annual caps.

Units	Service	Units	Services	Units	Service
	2061= Recovery Management Plan (.25/hr. /4 units/hr)		5030 = Recovery Coaching Individual (.25/hr. /4 units/hr.)		6033 = Tribal Song and Dance (Per Person) (.25/hr. /4 units/hr.)
	3010 = Family Services (.25/hr. /4 units/hr.)	8	5040 = Self-Help And Support Groups (Per Person) (.25/hr. /4 units/hr.)		6034 = Tribal Arts and Crafts Group (Per Person) (.25/hr. /4 units/hr.)
	3020 = Child Care (per hr.)		5050 = Spiritual Support Individual (.25/hr. /4 units/hr.)		6035 = Daily Living Skills Group (Per Person) (.25/hr. /4 units/hr.)
	3040 = Individual Services Coordination(Case Management) (.25/hr./4 units/hr.)		5051 = Traditional Healing Services (per person) (1 session)		6036 = Tribal Arts and Crafts Supplies (\$1 increments bill actual cost)
	3050 = Transportation (\$1 increments bill actual cost)		5052 = Sweat Lodge (per person) (1 lodge)		6037 = Daily Living Skills and Cultural Subsistence Material Support (\$1 increments bill actual cost)
	4041 = Acupuncture (\$1 increments bill actual cost)		5053 = Talking Circle (per person) (1 session)		7010 = Peer Coaching Or Mentoring Individual Services (.25/hr. /4 units/hr.)
	4042 = Auricular Acupuncture (\$1 increments bill actual cost)		5060 = Other After Care Services (.25/hr. /4 units/hr.)		
	4043 = Alternative Therapies (\$1 increments bill actual cost)		6010 = Substance Abuse Education (Per Person) (.25/hr. /4 units/hr.)		7030 = Alcohol-And Drug-Free Social Activities (.25/hr. /4 units/hr.)
	4044 = Physical Fitness and Well-Being Activities (\$1 increments bill actual cost)		6020 = HIV/AIDS Education (Per Person) (.25/hr. /4 units/hr.)		7040 = Information And Referral (.25/hr. /4 units/hr.)
	4045 = Nutritional Management (1 session)		6030 = Other Education Services (Per Person) (.25/hr. /4 units/hr.)		7050 = Other Peer-To-Peer Recovery Support Services Individual Services (.25/hr. /4 units/hr.)
	4046 = Stress Management (\$1 increments bill actual cost)		6031 = Indigenous Language Recovery/Expression (Per Person) (.25/hr. /4 units/hr.)		2015 = GPRA Follow-up (1 complete GPRA follow-up)
	5010 = Continuing Care (.25/hr. /4 units/hr.)		6032 = Storytelling, Cultural Teaching (Per Person) (.25/hr. /4 units/hr.)		2018= GPRA Follow-up (no client interview 1 incomplete GPRA)(\$10)
					3042 = Report and Record Keeping (.25/hr. /4 units/hr.)

RECEIPT FOR INCENTIVE



Date: _____

This is to certify that _____ (print name) has received a
Gift card in the amount of \$ _____ as an ATR incentive for the following:

Signature, Recipient Date

Signature, Program Representative Date

Date Incentive was awarded: _____

(Note: this documentation will be maintained in recipient's ATR file and will be available for audit purposes)



ATR Recovery Support Voucher Transaction Form

Client ID _____
 Provider Name _____
 Date (Voucher Redemption Date= Date of Service) _____ (mm/dd/yyyy)

Refer to Service Rate Schedule for more information on rates. Rates are built into the voucher system and the number of units that can be billed are subject to established annual caps.

Units	Service	Units	Services	Units	Service
	2061= Recovery Management Plan (.25/hr. /4 units/hr)		5030 = Recovery Coaching Individual (.25/hr. /4 units/hr.)		6033 = Tribal Song and Dance (Per Person) (.25/hr. /4 units/hr.)
	3010 = Family Services (.25/hr. /4 units/hr.)		5040 = Self-Help And Support Groups (Per Person) (.25/hr. /4 units/hr.)		6034 = Tribal Arts and Crafts Group (Per Person) (.25/hr. /4 units/hr.)
	3020 = Child Care (per hr.)		5050 = Spiritual Support Individual (.25/hr. /4 units/hr.)		6035 = Daily Living Skills Group (Per Person) (.25/hr. /4 units/hr.)
	3040 = Individual Services Coordination(Case Management) (.25/hr./4 units/hr.)		5051 = Traditional Healing Services (per person) (1 session)		6036 = Tribal Arts and Crafts Supplies (\$1 increments bill actual cost)
	3050 = Transportation (\$1 increments bill actual cost)		5052 = Sweat Lodge (per person) (1 lodge)		6037 = Daily Living Skills and Cultural Subsistence Material Support (\$1 increments bill actual cost)
	4041 = Acupuncture (\$1 increments bill actual cost)		5053 = Talking Circle (per person) (1 session)		7010 = Peer Coaching Or Mentoring Individual Services (.25/hr. /4 units/hr.)
	4042 = Auricular Acupuncture (\$1 increments bill actual cost)		5060 = Other After Care Services (.25/hr. /4 units/hr.)		
	4043 = Alternative Therapies (\$1 increments bill actual cost)		6010 = Substance Abuse Education (Per Person) (.25/hr. /4 units/hr.)		7030 = Alcohol-And Drug-Free Social Activities (.25/hr. /4 units/hr.)
	4044 = Physical Fitness and Well-Being Activities (\$1 increments bill actual cost)		6020 = HIV/AIDS Education(Per Person) (.25/hr. /4 units/hr.)		7040 = Information And Referral (.25/hr. /4 units/hr.)
	4045 = Nutritional Management (1 session)		6030 = Other Education Services (Per Person) (.25/hr. /4 units/hr.)		7050 = Other Peer-To-Peer Recovery Support Services Individual Services (.25/hr. /4 units/hr.)
	4046 = Stress Management (\$1 increments bill actual cost)		6031 = Indigenous Language Recovery/Expression (Per Person) (.25/hr. /4 units/hr.)		5054 = Spiritual/Cultural Feast Supplies (\$8 per person per feast) (annual limit \$80 per client)
	5010 = Continuing Care (.25/hr. /4 units/hr.)		6032 = Storytelling, Cultural Teaching (Per Person) (.25/hr. /4 units/hr.)		5055 = Spiritual/Cultural Retreat Support (\$1 increments bill actual cost) (annual limit \$200 per client)
					5056 = Sweat Lodge Materials (\$8 per person per sweat lodge) (annual limit \$80 per client)

Anishnaabek Healing Circle ATR III Voucher Eligibility by Client Stage of Change Summary 10-11-10

ATR III Recovery Model	Phase I: Pre-Treatment Outreach & Engagement	Phase II: Action	Phase III: Maintenance
<p>Client Status: Too many people in our tribal communities need treatment but never get it; with the ATR resources our capacity to support recovery has been enhanced but we need to offer culturally meaningful motivational outreach and engagement.</p>	<p>Individuals have positive screening scores but they are not ready to have a full clinical assessment or to consider treatment. These ATR III participants are screened, a GPRA intake is completed, and they are registered as clients for ATR Phase I services. The focus of Phase I is on developing readiness. (Note: Readiness can be addressed at all phases.) Motivational services and peer coaching can be provided along with limited transportation support for attending ATR Phase I activities. Each ATR access center must develop a plan for how they will provide culturally based motivational services to ATR clients in Phase I.</p>	<p>Person is actively engaged in clinical treatment. Completing a clinical assessment and beginning treatment based on the assessment is the definition of "actively engaged" for the purposes of assigning an ATR III client to Phase II.</p>	<p>Person is in recovery but could relapse. This includes people in all stages of recovery from early to long term sustained recovery.</p>
<p>Client Readiness: Client Readiness is not linear and can be addressed at all phases.</p>	<p>Pre-Contemplation</p>	<p>Contemplation</p>	<p>Preparation</p>
<p>Diagnosis: Phase I individuals screen positive but do not have a full clinical assessment until they move to Phase II.</p>	<p>Individuals have positive screening scores, they are not currently willing to complete a full assessment or begin treatment. For this person only the AUDIT, DAST or CAGE is completed. A full clinical assessment will be completed when (if) they move to Phase II.</p>	<p>Action</p>	<p>Relapse Prevention</p>
<p>Service Categories/Vouchers</p>			
<p>Client GPRA Follow-up</p>	<p>Eligible (\$60)</p>		
<p>Client GPRA Discharge</p>	<p>Eligible (\$10)</p>		
<p>Access Center</p>	<p>Eligible (\$300) Phase I (\$100)</p>		
<p>Motivational Development and Readiness</p>	<p>Eligible \$160</p>		
<p>Care Coordination</p>	<p>Eligible (\$300) Phase I (\$20)</p>		
<p>Brief Intervention</p>		<p>Eligible</p>	
<p>Outpatient</p>		<p>Eligible</p>	
<p>Intensive Outpatient</p>		<p>Eligible</p>	
<p>Residential Treatment</p>		<p>Eligible</p>	
<p>Sub-acute Detox</p>		<p>Eligible</p>	
<p>Medical Services</p>		<p>Eligible</p>	<p>Eligible</p>
<p>Housing Support Services</p>		<p>Eligible</p>	<p>Eligible</p>
<p>Transitional Living Facilities</p>		<p>Eligible</p>	<p>Eligible</p>
<p>Employment & Education</p>		<p>Eligible</p>	<p>Eligible</p>
<p>Peer Support & Relapse Prevention</p>	<p>Eligible (\$340) Phase I (\$240)</p>		<p>Eligible</p>
<p>Family & Parenting Support</p>		<p>Eligible</p>	<p>Eligible</p>
<p>Financial - Basic Needs</p>	<p>Not eligible unless prior written authorization from ATR central office.</p>	<p>Eligible</p>	<p>Eligible</p>
<p>Legal Support</p>		<p>Eligible</p>	<p>Eligible</p>
<p>Health & Global Wellness</p>		<p>Eligible</p>	<p>Eligible</p>
<p>Spiritual Support/Cultural Support</p>		<p>Eligible</p>	<p>Eligible</p>
<p>Transportation</p>	<p>Eligible (\$150) Phase I (\$10 per readiness activity completed. Up to \$40)</p>		
<p>Mental Health Services/Co-occurring</p>		<p>Eligible</p>	<p>Eligible</p>



Voucher Request/Recovery Support Summary Form

Client ID: _____ Staff Name: _____

Please select the appropriate vouchers for this ATR client based on his/her phase and/or his/her clinical and recovery support assessment.

The auto generated vouchers will be issued for the maximum per voucher all other voucher amounts must be entered by the user/requestor.

- Auto-generated Vouchers are marked **
- Vouchers may be requested for the amount necessary to meet the client's needs--up to the maximum amount per voucher.

	Enter Amount of Request in Dollars or Days	Max Per Voucher	Max Per Program	Phase I Vouchers	Phase II	Phase III
Vouchers						
Client GPRA Follow-up**	Auto	\$60.00	\$120.00	Auto	Auto	Auto
Client GPRA Discharge**	Auto	\$10.00	\$20.00	Auto	Auto	Auto
Access Center**	Auto	\$300.00	\$300.00	Auto	Auto	Auto
Motivational Development and Readiness	\$ dollars	\$320.00	\$320.00	Available	Available	Available
Care Coordination Voucher**	Auto	\$800.00	\$2,400.00	\$200 Auto	\$800 Auto	\$800 Auto
Brief Intervention	\$ dollars	\$180.00	\$180.00	Not Available	Available	Not Available
Outpatient	\$ dollars	\$1,100.00	\$2,200.00	Not Available	Available	Not Available
Intensive Outpatient	\$ dollars	\$1,200.00	\$2,400.00	Not Available	Available	Not Available
Residential Treatment (Max 30 days)	days	\$7,500.00	\$7,500.00	Not Available	Available	Not Available
Sub-acute Detox (Max 3 days)	days	\$975.00	\$975.00	Not Available	Available	Not Available
Medical Services	\$ dollars	\$300.00	\$600.00	Not Available	Available	Available
Housing Support Services	\$ dollars	\$500.00	\$500.00	Not Available	Available	Available
Transitional Living Facilities	\$ dollars	\$2,250.00	\$2,250.00	Not Available	Available	Available
Employment and Education	\$ dollars	\$800.00	\$800.00	Not Available	Available	Available
Peer Support & Relapse Prevention	\$ dollars	\$800.00	\$2,400.00	\$240	Available	Available
Family & Parenting Support	\$ dollars	\$400.00	\$400.00	Not Available	Available	Available
Financial/Basic Needs	\$ dollars	\$150.00	\$450.00	Not Available	Available	Available
Legal Support	\$ dollars	\$200.00	\$200.00	Not Available	Available	Available
Health & Global Wellness	\$ dollars	\$200.00	\$800.00	Not Available	Available	Available
Spiritual / Cultural Support	\$ dollars	\$800.00	\$2,400.00	Not Available	Available	Available
Transportation	\$ dollars	\$150.00	\$300.00	\$40	Available	Available
Mental Health Services / Co-Occurring	\$ dollars	\$1,600.00	\$1,600.00	Not Available	Available	Available



ATR Recovery Support Voucher Transaction Form

Client ID _____
 Date (Voucher Redemption Date= Date of Service) _____ (mm/dd/yyyy)
 Provider Name _____

Refer to Service Rate Schedule for more information on rates. Rates are built into the voucher system and the number of units that can be billed are subject to established annual caps.

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	3010 = Family Services (.25/hr. /4 units/hr.)		5040 = Self-Help And Support Groups (Per Person) (.25/hr. /4 units/hr.)		6034 = Tribal Arts and Crafts Group (Per Person) (.25/hr. /4 units/hr.)
	3020 = Child Care (per hr.)		5050 = Spiritual Support Individual (.25/hr. /4 units/hr.)		6035 = Daily Living Skills Group (Per Person) (.25/hr. /4 units/hr.)
	3040 = Individual Services Coordination(Case Management) (.25/hr./4 units/hr.)		5051 = Traditional Healing Services (per person) (1 session)		6036 = Tribal Arts and Crafts Supplies (\$1 increments bill actual cost)
	3050 = Transportation (\$1 increments bill actual cost)		5052 = Sweat Lodge (per person) (1 lodge)		6037 = Daily Living Skills and Cultural Subsistence Material Support (\$1 increments bill actual cost)
	4041 = Acupuncture (\$1 increments bill actual cost)		5053 = Talking Circle (per person) (1 session)		7010 = Peer Coaching Or Mentoring Individual Services (.25/hr. /4 units/hr.)
	4042 = Auricular Acupuncture (\$1 increments bill actual cost)		5060 = Other After Care Services (.25/hr. /4 units/hr.)		
	4043 = Alternative Therapies (\$1 increments bill actual cost)		6010 = Substance Abuse Education (Per Person) (.25/hr. /4 units/hr.)		7030 = Alcohol-And Drug-Free Social Activities (.25/hr. /4 units/hr.)
	4044 = Physical Fitness and Well-Being Activities (\$1 increments bill actual cost)		6020 = HIV/AIDS Education(Per Person) (.25/hr. /4 units/hr.)		7040 = Information And Referral (.25/hr. /4 units/hr.)
	4045 = Nutritional Management (1 session)		6030 = Other Education Services (Per Person) (.25/hr. /4 units/hr.)		7050 = Other Peer-To-Peer Recovery Support Services Individual Services (.25/hr. /4 units/hr.)
	4046 = Stress Management (\$1 increments bill actual cost)		6031 = Indigenous Language Recovery/Expression (Per Person) (.25/hr. /4 units/hr.)		
	5010 = Continuing Care (.25/hr. /4 units/hr.)		6032 = Storytelling, Cultural Teaching (Per Person) (.25/hr. /4 units/hr.)		



ATR III Voucher Transaction Form

Client ID _____ Date of Service _____ mm/dd/yyyy Staff Name _____

Client GPRA Follow-up Voucher	Units	Units	Medical Services Voucher
2015 = GPRA Follow-up			4010 = Medical Care
2018= GPRA Follow-up (no client interview)			4020 = Alcohol/Drug Testing
2021 GPRA Follow-up Data Management			4030 = HIV/AIDS Medical Support & Testing
2022 GPRA Follow-up Interview Tier 2 Tracker			4040 = Other Medical Services
2023 GPRA Follow-up Interview out of the Window			Housing Support Services Voucher
Client GPRA Discharge Voucher			3070 = Supportive Transitional Drug-Free Housing Services
2014 = GPRA Discharge			7020 = Housing Support
2017= GPRA Discharge (no client interview)			Employment & Education Voucher
Access Center Voucher			3030 = Employment Services
2010 = Screening			3031 = Pre-Employment
2011 = Clinical Assessment			3032 = Employment Coaching
2012 = Recovery Support Assessment			6035 = Daily Living Skills Group (Per Person)
2013 = GPRA Intake			6037 Daily Living Skills/Cultural Subsistence Materials
2016= ATR Intake Interview			6030 = Other Education Services Group (Per Person)
2061= Recovery Management Plan			Peer Support/Relapse Prevention Voucher
Motivational Development Voucher			7010 = Peer Coaching Or Mentoring Individual Service
6010 = Substance Abuse Education <u>Group</u>			7030 = Alcohol-And Drug-Free Social Activities
6038 = Motivational Development Activities			7050 = Other Peer-To-Peer Recovery Support Services
Care Coordination Voucher			5020 = Relapse Prevention Individual Service
3040 = Individual Services Coordination (Case Management)			5021 = Relapse Prevention Group (Per Person)
3042= Report and Record Keeping			5030 = Recovery Coaching Individual Service
2131= Crisis Intervention			5040 = Self-Help And Support Groups(Per Person)
2132 = Discharge Planning from Clinical Treatment			Family & Parenting Support Voucher
5060 = Other After Care Services			3010 = Family Services
5010 = Continuing Care			3020 = Child Care
7040 = Information And Referral			
Brief Intervention Voucher			3033 = Domestic Violence Group
2020 = Brief Intervention			Basic Needs Voucher
Outpatient Voucher			3081 = Special Need Fund
2060 = Clinical Treatment Plan			Legal Support Voucher
2070 = Individual Counseling			3082 = Legal Support
2080 = Group Counseling/Per Person			Health & Global Wellness Voucher
2090 = Family/Marriage Counseling			6020 = HIV/AIDS Education <u>Group</u> (Per Person)
2091 = Family Therapy w/o Client			4041 = Acupuncture
2092 = Family Therapy w/ Client			4042 = Auricular Acupuncture
2120 = HIV/AIDS Counseling			4043 = Alternative Therapies
2130 = Other Clinical Services			4044 = Physical Fitness and Well-Being Activities
Intensive Outpatient Voucher			4045 = Nutritional Management
2060 = Clinical Treatment Plan			4046 = Stress Management
2070 = Individual Counseling			4047 = Message Therapy
2080 = Group Counseling/Per Person			Spiritual /Cultural Support Voucher
2090 = Family/Marriage Counseling			5050 = Spiritual Support/Individual
2091 = Family Therapy w/o Client			5051 = Traditional Healing Services
2092 = Family Therapy w/ Client			5052 = Sweat Lodge/Per Person
2120 = HIV/AIDS Counseling			5053 = Talking Circle/Per Person
2130 = Other Clinical Services			5054=Spiritual/Cultural Feast Supplies
			5055=Spiritual/Cultural Retreat Support



ATR III Voucher Transaction Form

Client ID _____ Date of Service _____ mm/dd/yyyy Staff Name _____

Spiritual /Cultural Support Voucher (Continued)	Units	Units	Sub-Acute Detox
5056=Sweat Lodge Materials			2161 = Keystone Sub-acute Detox
6031 = Indigenous Language Recovery <u>Group</u>			2141 = Adult; Sub-Acute Detox Harbor Hall
6032 = Storytelling, Cultural Teaching <u>Group</u>			2144 = Sub-Acute Detox Great Lakes Recovery
6033 = Tribal Song and Dance <u>Group</u> (Per Person)			2148=Sub Acute Detox: Addiction Treatment Services
6034 = Tribal Arts and Crafts <u>Group</u> (Per Person)			2164= Sub Acute Detox: Salvation Army Harbor Light
6035 = Daily Living Skills Group (Per Person)			
6036 = Tribal Arts and Crafts Supplies			
6037 =Daily Living/Cultural Subsistence Materials			
Transportation Voucher			Transitional Living Facilities
3050 = Transportation			2140= Residential Treatment Ain-Dah-Ing
Mental Health Services/Co-Occurring Voucher			2159= Saginaw Chippewa Supportive Living Program
2100 = Co-Occurring Treatment/Recovery Services			2162 = Addiction Treatment Services Transitional Living
2101= Psychological Testing			2160 = Great Lakes Recovery Transitional Housing/3.1 Level of Care
2102 = Psychiatric Evaluation and Follow-up			2163= Transitional Living: Salvation Army Harbor Light
2104 = Other Co-Occurring Treatment			2165= Harbor Hall Transitional Living
2130 = Other Clinical Services			
Non-Hospital Residential			
2145 = Residential Treatment Saginaw Chippewa Tribe			
2136 = Residential Treatment Adult Great Lake Recovery			Notes:
2137 = Residential Treatment -Adolescent Great Lake Recovery			
2138 = Residential Treatment – Adult & Adolescent Keystone			
2146=Residential Treatment- Phoenix House Inc			
2147=Residential Treatment: Addiction Treatment Services			
2158=Recovery High: Charlevoix County Probate/Family Court			
2139= Residential Treatment Women/Children Great Lakes Recovery Centers			
2142 = Residential Treatment: Individual & Family KiiKeeWanNiiKaan SW Healing Lodge			
2143 = Residential Treatment Adult New Day Treatment Center			
[REDACTED]			
[REDACTED]			
2149=Residential Treatment : Harbor Hall			
2155 = Residential: Muskegon River Youth Home			
2156=Secure Detention: Muskegon River Youth Home			
2157=Sexual Offender TX: Muskegon River Youth Home			
2165= Residential: Salvation Army Harbor Light			