



GUIDE TO THE PROVIDER MANUAL

FOR SAFE & SOBER HOUSING, DRUG TESTING, CHILD CARE AND TRANSPORTATION PROVIDERS IN THE BPA HEALTH NETWORK

This guide is intended to serve only as supplemental material to the BPA Health Provider Manual, Provider Contracts, and IDAPA. It is not intended to be an exhaustive list of expectations and requirements. We hope that Recovery Support Service (RSS) providers use this guide as a quick reference when opening a location, preparing for an audit, or for general questions.

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Releases of Information (ROI)

IDHW General Consent for Release of Information Form (Appendix A)

The General Consent for Release of Information Form can be found on the BPA Health website. To be completed accurately it must include:

1. A name or position title listed at the top of the form identifying who the client can speak to with any questions or concerns about the release. (Providers are encouraged to prepopulate forms with this information to ensure this area is consistently filled out and not left blank).
2. Client name printed legibly in the first sentence of the first section
3. Client initials at the end of each of the three sections
4. An expiration date or event. If an event date is unknown at the time the release is signed providers are encouraged to list “discharge plus 365 days” on the blank line.
5. Client printed name, signature, and date
6. Parent/guardian printed name, signature, and date (if necessary)

Standard Release of Information (Appendix B)

Required for all entities with whom the provider may be sharing client information. A template Release of Information (ROI) form can be found on the BPA Health website. Providers may personalize and use the template or create their own ROI. The following elements are required for all ROIs:

1. Your agency name listed clearly
2. Printed name of the individual authorizing your agency to release and/or exchange information

3. The name and address of the entity with whom the information will be shared
4. The name and date of birth of the client (the individual for whom information is being released or exchanged)
5. Client initials next to all information and record types that will be shared
6. The purpose of the release and/or exchange (either care coordination or a specified "other")
7. HIPAA and 42 CFR language, including an expiration date or event ("discharge plus 365 days" is acceptable when an event date is unknown at the time the release is signed)
8. Client signature and date
9. Parent/guardian signature and date (if necessary)

As a reminder, it is important to have a separate ROI for each entity/person with whom information is being shared or exchanged. RSS providers must have an ROI in place for a client's treatment agency.

SAFE & SOBER HOUSING (SSH)

Audit Guide

SSH Providers are audited on the following:

1. Releases of Information (**see above**)
 - a. IDHW ROI (Appendix A)
 - b. General ROI (Appendix B)
2. Sign-in / Sign-out Logs
3. Facility Review to ensure provider has maintained a safe environment that promotes recovery. The following elements will be reviewed.
 - a. Size, space, and safety
 - b. Community resources
 - c. Staffing
 - d. House rules
 - a. Fire drills
 - b. Facility inspections

Sign-in/Out Logs

- a. Must maintain records of clients entering and leaving the facility. At a minimum, there must be one entry per day for each billed date of service. This means that if a client does not leave the house for an entire day, they

must still record that they were at the house to justify the billed service. Exception: The Idaho Department of Corrections has approved a policy to allow Probation Officers the ability to approve time away from a Safe and Sober Housing (SSH) facility for appropriate absences and allow the agency to bill for those dates. The policy is designed to minimize the negative impact on the SSH provider's business model for such absences. Examples of appropriate absences include travel for work purposes, family emergencies, the use of discretionary jail time, or items related to their treatment or reentry goals. The policy allows that a Probation Officer can approve a maximum total of three nights absence from a SSH facility over a thirty day period while maintaining the clients bed space at the facility. In these cases, the SSH provider must maintain supporting documentation of Probation Officer approval of the client being absent from a SSH facility over a thirty day period while maintaining the clients bed space at the facility. In these cases, the SSH provider must maintain supporting documentation of Probation Officer approval of the client being absent from the housing facility for use in BPA audits. The documentation can be in the form of a secure email, fax, or documented phone conversation. If confirming the absence via the phone, the confirmation should be initiated by SSH provider to the Probation Officer at a known phone number and include the date and time of the call, name and phone number of the Probation Officer.

- b. Dates of service to be audited will be selected at random. The provider is expected to present a log with a client printed name or legible signature that corresponds to the random date selected. Initials will not be accepted. Failure to present client signatures for an entire claim period will result in a recoupment

Size, Space and Safety

The size of rooms are capable of safely housing the number of clients; the facility and outdoor areas are neat, clean, and welcoming; and the facility and outdoor areas are free from safety hazards.

Community Resources

A list of community resources are posted in a visible location and available to clients 24/7.

Staffing

A house manager is on-site a minimum of 20 hours per week, or a housing coordinator who is off-site that makes daily visits to the house to monitor house activities.

House Rules

Rules are posted and/or made available to all clients.

Fire Drills

A fire drill is conducted and documented at least once every 30 days at unexpected times and under varying conditions to simulate unusual circumstances encountered in case of a fire. Documentation must include the date and time of the drill, and the recommendations for improvements if problems were encountered. Documentation must be provided during the audit.

Facility Inspections

Inspections are conducted weekly to determine if any hazards or potential safety issues exist. A record of the inspections must be maintained that includes the date and time of the inspection, problems encountered, and recommendations for improvement. Documentation must be provided during the audit. Failure to provide thorough documentation may result in the provider being placed on a Performance Improvement Plan (PIP).

Examples of hazards and safety issues include: Broken pipes, malfunctioning heating or air conditioning, appliance or equipment failure (such as the microwave not working), door handles not functioning that impacts privacy, etc.

Drug Testing

Audit Guide

Drug Testing Providers are audited on the following:

1. Releases of Information (**see above**)
 - a. IDHW ROI (Appendix A)
 - b. General ROI (Appendix B)
2. Sharing of Testing Results (this includes all testing results)

Sharing of Testing Results

Providers must be able to present documentation that drug test results were sent to the appropriate party (e.g. to treatment providers, probation/parole, medical provider, open case workers, or outside clinicians, as appropriate).

If a Drug Testing provider is using a digital system to allow third party access to testing results, the provider must be able to show that the third party has been set up to access the results.

CHILD CARE

Audit Guide

Child Care Providers are audited on Safety and Sign-in/Sign-out logs.

Safety

Medicines, cleaning products, and other dangerous substances and other articles are kept away from children at all times.

Sign-in / Sign-out Logs

Similar to Safe & Sober Housing providers, Child Care providers must maintain sign-in / sign-out logs to justify the billed service. During the audit, dates of service will be selected at random. The provider will be asked to present the date, time in and time out, each child's name, and the parent's name for each corresponding date of service.

Child care is billed per-child and in units. Therefore, the client may need to sign in and out more than once if the client is receiving multiple services during the day and there is a break in-between (such as counseling in the morning and group in the evening). We also encourage the logs to include the ages of the child(ren) and where or what service the parent is involved in (such as Matrix group, case management, etc.).

Transportation

Audit Guide

Providers must be able to present documentation of auto insurance limits in the required limits.

Additional Reminders & Resources

Staff Updates

Providers **must** complete the staff update form located on the BPA Health website (search “BPA Health SUD Staff Update”) for all new staff members and for any staff that leaves the organization. This form must be completed within 24 of a staff member being hired or leaving. Additionally, providers must notify the WITS helpdesk within 24 hours of a staff member leaving to ensure WITS access is terminated. The WITS form is located on the WITS website. Failure to comply with either of these may result in sanctions.

Communication with Treatment Provider

As a reminder, please ensure communication with Treatment provider is occurring up to two weeks prior to the authorization expiration date. This helps reduce gaps in care and minimizes denials. Help us help you!

Additional Resources

- IDAPA SUD Guidelines:
<https://adminrules.idaho.gov/rules/current/16/160717.pdf>
- www.bpahealth.com
 - IDHW SUD Rate Matrix
 - IDOC SUD Rate Matrix
- Automation (WITS) Help Desk (1-208-332-7316)

Appendix A

Idaho Substance Abuse Treatment and Recovery Support Services

Direct any and all questions or concerns to: [Redacted]

Consent for Release of Information

I, [Redacted] am requesting substance abuse services from Idaho's publicly funded substance abuse system of care. As such I voluntarily authorize BPA Health, those Substance Abuse Treatment and Recovery Support Services (RSS) providers who are contracted to provide Treatment and RSS under Idaho's publicly funded substance abuse system of care, and the Department of Health and Welfare (Department) to disclose my name, all necessary treatment information and my social security number to each other and the Department. This information will be disclosed for the following purposes: **1)** To assist with referring me to appropriate types of care and guiding my treatment and recovery support; **2)** To be entered into the Department's common client database so that I will have one client number for any services received from the Department; **3)** To process payment of costs for my treatment and recovery support services; **4)** For monitoring compliance in the program; **5)** For program audit and research including independent peer reviewers, contract monitors or researchers appointment by the Department; **6)** For investigations related to fraud.

Furthermore, I authorize the disclosure of personal substance abuse treatment and recovery outcomes data collected by contracted Substance Abuse Treatment and RSS Providers, BPA Health and the Department to the Federal Center for Substance Abuse Treatment and its contracted data collection Agents. [Redacted] Client Initials

Informed and Voluntary Consent for Treatment

The purpose of my participation, as a client, in the Idaho publicly funded substance abuse treatment program is to acquire knowledge, skills and attitudes supportive of a sober and more satisfying lifestyle. In addition to the potential positive outcomes likely to occur as a result of my participation, the following reasonably foreseen risks may occur, as they would in any other alcohol and drug treatment program: breach of confidentiality; negative reactions of group members; emotional stress from requirements of group interaction, self-disclosure; stress to relationships resulting from open discussion of issues, past traumas; and, stress to relationships resulting from participant behavioral changes, positive or negative, need to attend recovery support meetings, spend time in group and doing assignments.

Providers will take steps to minimize or protect participants against potential risks by adhering to standards of confidentiality found both in Federal and State Code, and by informing and verifying client understanding of group rules. And, by intervening in and guiding appropriate disclosure, confrontation and resolution in group and in family conflict. Providers will assist clients in accessing sober support services and self-help groups where acceptance and stress reducing support is available. [Redacted] Client Initials

Revocation Clause

This release may be revoked at any time either orally or in writing, except to the extent that action has already been taken in reliance on the release. I acknowledge that some information may include material that is protected by State and Federal regulations including Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Information Portability and Accountability Act (HIPAA). Unless revoked as stated above, this consent expires automatically on: [Redacted] [Redacted] Client Initials

I have read the above Consent to Release of Information, Informed and Voluntary Consent for treatment and the Revocation Clause. I agree I have been given the opportunity to question the above disclosures and consent for care and hereby do agree to the above identified Disclosures and Consent to Treatment.

[Redacted] Client Printed Name

[Redacted] Client Signature

[Redacted] Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Witness Printed Name

Witness Signature

Date

Appendix B

Agency name, address, phone

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

I, _____ authorize [enter Agency name] to:

(Client Name or Parent/guardian of client)

_____ Release to:

_____ Exchange with:

(Name of Agency or Individual)

(Address)

the following information pertaining to _____

(Client Name)

(Date of Birth)

(initial all that apply):

- _____ Substance Abuse Records
- _____ Case Management Records
- _____ Recovery Support Services
- _____ Substance Abuse Assessment
- _____ Treatment Plan
- _____ Psychiatric Evaluation
- _____ Mental Health Records
- _____ Progress Reports
- _____ Laboratory Data (Drug Testing)

- _____ Medication Records
- _____ History & Physical Exam
- _____ Medical Record
- _____ HIV/AIDS Related Information
- _____ Legal Services
- _____ Court Related Information
- _____ Admission/Discharge Summary
- _____ Other: _____

for the purpose of **(initial all that apply):**

_____ Care Coordination

_____ Other: _____

(Be as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, as well as the Health Information Portability and Accountability Act (HIPAA) of 1996, 45 CFR Parts 160 and 164 Subparts A and E, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent any time, by either written or verbal notification, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: _____

(Date or event)

I also understand that this authorization is voluntary and that I may refuse to sign this authorization. I understand that this agency may not condition treatment, payment, enrollment or eligibility for benefits whether or not I sign this authorization, unless allowed by law. I understand that I may inspect or copy any information used or disclosed under this authorization.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Agency Witness: _____ Date: _____