

YORK/ADAMS DRUG & ALCOHOL PROGRAM

REQUEST FOR FUNDING*AUTHORIZATION INSTRUCTIONS

for:

**DETOX; REHAB; and/or
HALF-WAY HOUSE
LEVEL OF CARE TREATMENT**

REMEMBER: *YADAP Funding Authorization is NOT required for OP;IOP; and/or Partial Hospitalization Level of Care Treatment Services

REMEMBER: YADAP's funding is to be utilized as the funding of last resort. Therefore, it is inferred that you are reading these instructions as all other substance use disorder funding options for the client have been exhausted.

GENERAL INSTRUCTIONS

- 1.) The YADAP contracted provider that has determined the client's level of care for detox and/or rehab and/or half-way house treatment services shall also be responsible for submitting the required YADAP request-for-funding- paperwork to the YADAP office for said level of care placement. (REMEMBER: YADAP Funding Authorization is NOT required for OP; IOP; and/or Partial Hospitalization level of care treatment services.)
- 2.) It is, therefore, the contracted provider's responsibility to submit ALL of the required YADAP request-for-funding-paperwork documents AND to ensure that the documents are completed in their entirety & correctly. FAILURE TO SUBMIT THE APPROPRIATE & MOST CURRENT DOCUMENTS and/or FAILURE TO SUBMIT COMPLETE & CORRECT DOCUMENTS WILL DELAY FUNDING APPROVAL AND MAY RESULT IN DENIAL OF PAYMENT.
- 3.) The contracted provider may fax or email the completed request-for-funding-paperwork. Upon receipt of said paperwork, the YADAP staff has a maximum of two (2) business days to respond to the request for funding.
- 4.) While the YADAP staff may be in verbal contact with the contracted providers requesting funding prior to determining authorization, WRITTEN VERIFICATION of the outcome of the funding request will ALWAYS transpire. Written verification will be occur on the first page of the Request for Authorization Page in the designated box AND will be FAXED OR EMAILED to the contracted provider requesting said services.
- 5.) PLEASE BE ADVISED that it is the written verification from the YADAP office which safeguards that funding has been appropriated through the YADAP office. Verbal authorization WITHOUT written authorization may result in delay of funding or denial of funding payment.
- 6.) The YADAP office requires that a PA Department of Public Welfare application (which includes the following forms: ID, PA 4, 1666, 1672) be completed & submitted by and/or for the identified client BEFORE and/or during the DETOX; REHAB; and/or HALFWAY HOUSE treatment episode. REMEMBER: TREATMENT PLACEMENT is NOT contingent on the completion of the MA application (with the exception of the incarcerated clients and/or if/when YADAP identifies such situations).

- 7.) YADAP will ALWAYS provide funding for PREGNANT women with a substance use disorder as they are considered a priority population.

REQUEST FOR FUNDING PAPERWORK

1. **FOR FUNDING REQUESTS:** the following forms/documents MUST be submitted to the YADAP office for review.
REMEMBER: THE YADAP OFFICE HAS 2 BUSINESS DAYS TO RESPOND TO YOUR FUNDING REQUEST AND incomplete and/or incorrect forms may delay placement and/or funding and/or result in a denial for funding payment:
- Request for Authorization
 - YADAP consents to Release Information to:
 - *The contracted provider submitting the request for funding paperwork;
 - *Prospective treatment facility placement option(s);
 - *Department of Public Welfare;
 - *(as applicable) Probation;
 - *(as applicable) Referring Judge;
 - *(as applicable) Sheriff Release;
 - (As applicable) Consent for Re-Disclosure for DPW from Sheriff by YADAP
 - Maximum Client Benefits Sheet
 - Client Rights
 - Grievance and Appeal Process Form
 - PCPC Summary Sheet (Adult / Adolescent as appropriate)
 - TB Questionnaire
 - (as applicable) Faith Based Disclosure Form
 - (As applicable) Client Liability
2. **FOR MONITORING SITE VISITS:** In addition to the aforementioned forms/documents, there are additional forms/documents that MUST be completed with the client, must be completed correctly and entirely, will be considered a permanent part of the client record, AND shall be made available at the time of the monitoring site visit. The following is the list of client forms/documents that are to be made available at the time of the monitoring site visit:
- YDAP Consents to Release Information to:
 - *The contracted provider submitting the request for funding paperwork;
 - *Prospective treatment facility placement option(s);
 - *Department of Public Welfare;
 - *(as applicable) Probation;
 - *(as applicable) Referring Judge;
 - *(as applicable) Sheriff Release;
 - (As applicable) Consent for Re-Disclosure for DPW from Sheriff by YADAP
 - Maximum Client Benefits Sheet
 - Client Rights
 - Grievance and Appeal Process Form
 - Provider consent to release information to YADAP
 - Non-Treatment Needs Case Coordination Report
 - TB Questionnaire
 - (as applicable) Faith Based Disclosure Form
 - (As applicable) Client Liability
 - LOC Assessment
 - PCPC Summary Sheet (Adult / Adolescent as appropriate)
 - Request for Authorization

3. DESCRIPTION OF REQUIRED FORMS/DOCUMENTS

- **Request for Service Authorization:** This form is used to identify the level of treatment care indicated on the PCPC, as well as providing needed demographic and potential funding options for the client. Do not write in box(es) marked "YADAP USE ONLY." Accurate and complete information is vital. If you are not sure what the appropriate response in any section or for any query, do NOT guess. Call the YADAP office for direction.
- **Consent to Release Information forms:** ALL applicable releases are to be reviewed & completed WITH the client. Applicable releases may include: DPW; Probation; Sheriff; Sheriff to DPW; Health Choices; etc. Releases are to be filled out for York/Adams Drug & Alcohol Program (YADAP) to release the client information. The information to be released and reason for disclosure must be indicated.
- **Consent for Re-Disclosure Form (as applicable):** This form is REQUIRED ONLY if client has an open and/or pending criminal summons or warrant AND has signed a consent for the Sherriff and has signed a consent for DPW. The client must sign the Re-Disclosure Form for Sheriff to authorize YADAP to redisclose to DPW.
- **Faith Based Disclosure Form (if applicable):** This form must be filled out if the services being requested are Christian/Religious based. The client's name must be listed at the top of the form, along with the client/witness signatures and dates at bottom. The facility requesting the services must be documented along with the witness phone number.
- **Maximum Client Benefits Sheet:** Client and witness signatures and dates must be obtained documenting that the client has read and understands this form.
- **Grievance and Appeal Process Form:** This form is to be signed and dated by both the client and a witness. Both pages of the document MUST be sent to the SCA.
- **Client Liability (as applicable):** The client liability must be completed for REHAB & HALFWAY HOUSE level of care funding request. The liability is to be completed in its entirety. Please state at top of form the County in which the client resides and whether the liability is a re-determination or not. In section IV, be sure to state the liability percentage the client is responsible for and the dollar amount this calculates to under the service you are requesting. If the client is not responsible for a liability, list liability percentage as zero and dollar amount as zero. This form must be signed, dated, and initialed by the client. A witness must also sign and date this form. Questions about this form are to be directed to the YADAP fiscal department.
- **Client Rights:** This form identifies some of the client's rights throughout their substance use disorder treatment continuum. It is to be reviewed with the client before obtaining the client's signature.
- **TB Questionnaire:** This form is to be reviewed & completed with the client. As appropriate, a referral may be required for further/additional services. If a referral for services is determined, a signed consent for the referral may be required.
- **PCPC Summary Sheet:** The written documentation for each dimension must comply with state and federal confidentiality regulations. It is expected that the most recent version of the PCPC will be utilized.
- **Non-Treatment Needs Case Coordination Report:** This form is to be completed WITH the client AND is to be signed by the client.
- **LOC Assessment Tool:** This tool MUST be completed by the assessor and must contain (at minimal) client information pertaining to the date of initial contact and date of assessment; demographics; education; employment; military; physical health; drug and alcohol; abstinence and recovery periods; behavioral and emotional; family/social/sexual; spiritual; living arrangements; abuse; legal; gambling; potential barriers to treatment; assessment summary