Accessing York/Adams SCA Funding for Inpatient Services

York/Adams Drug and Alcohol Commission (YADAC)

YADAC Website

(717) 771-9222

PLEASE NOTE

- Hyperlinks within this document are included for your convenience.
- This document is *not all inclusive*.
- Policies, Memos and Procedures link: Policies, Memos & Procedures
- SCA Documents shall be made available upon request.
- Non-WITS SCA related documents must be retained in the individual's chart and are considered a permanent part of the individual's record.

YADAC TREATMENT FUNDING FUNDAMENTALS

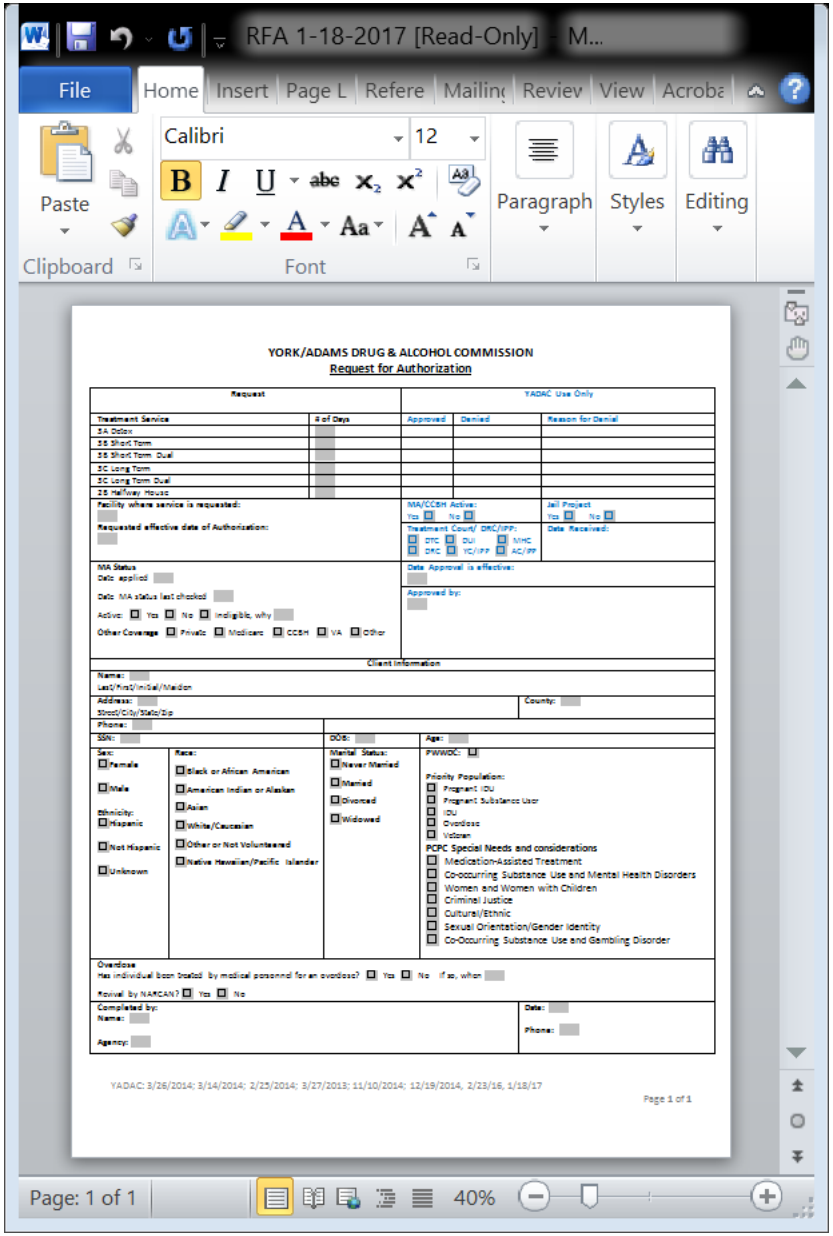
- Providers must ensure that YADAC funding is the payment of last resort.
- Providers must complete and submit Medical Assistance applications to the appropriate County Assistance Office (York or Adams) within three days of admission.
- Complete all forms in their entirety
- Retain all PA WITS documents in the PA WITS system and all other documents in the individual's chart.

CASE MANAGEMENT FILE CONTENT

Providers must utilize PA WITS system to complete requirements listed below:

- Client Profile
- Screening Tool
- Treatment Assessment Protocol (TAP)
- Miscellaneous Note for Tuberculosis (TB) Screening and Referral
- ASAM
- Program Enrollment
- Discharge
- Case Management Notes including, but not limited to, admission and discharge info using Encounter Notes
- Intake
- Treatment Assessment Protocol (TAP)
- Miscellaneous Note for Problem Gambling Screening and Referral
- Admission
- Case Management Service Plan (AKA: Recovery Plan in WITS)
- Discharge
- Documentation of interim services using miscellaneous notes

In addition to the WITS documentation above, the following information must be retained as part of an individual's file: Liability Forms, SCA Grievance and Appeal, Consents, and valid MA eligibility letter

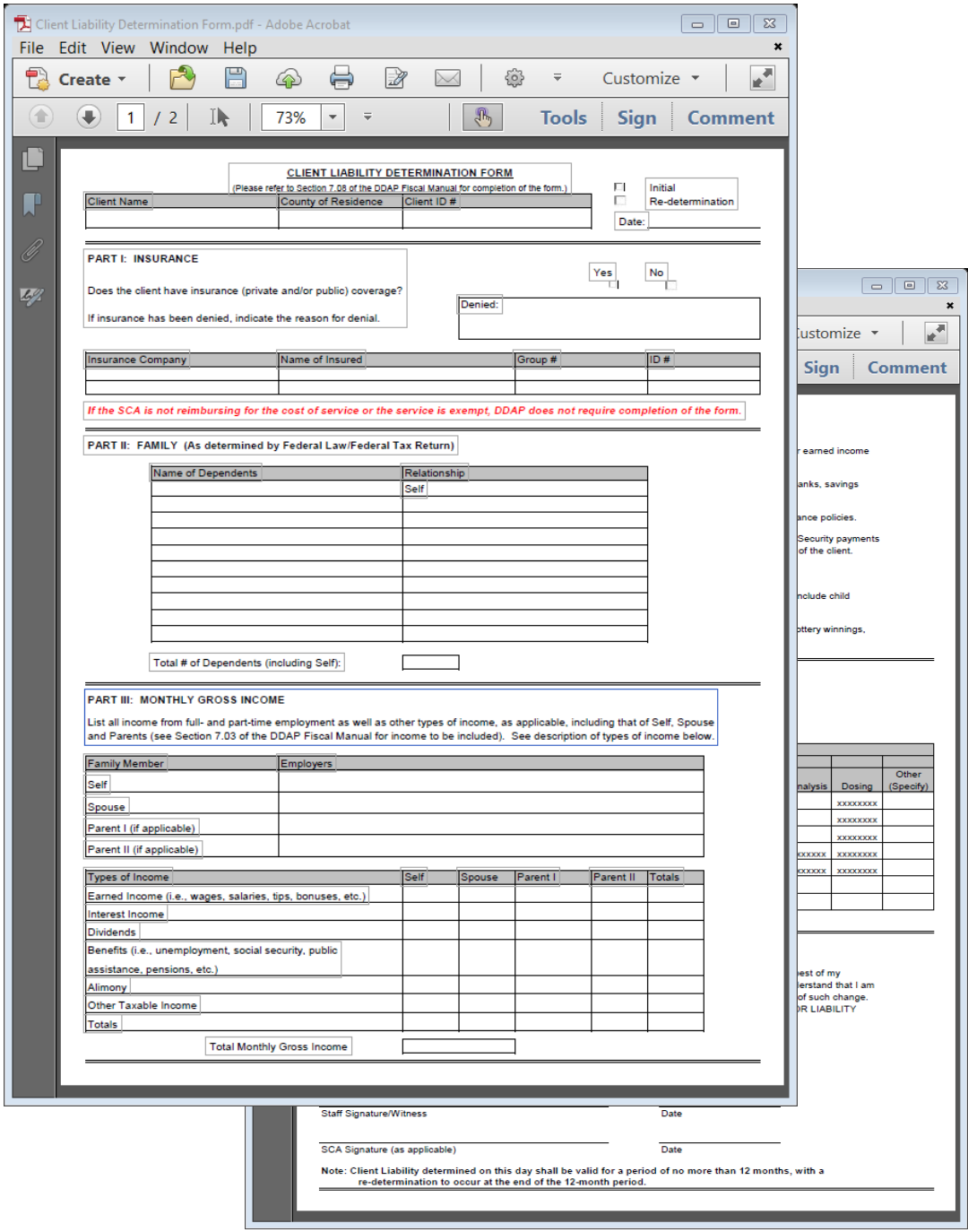


REQUEST FOR AUTHORIZATION

- Our T – 11 Policy outlines all documents that must be completed and retained at the Provider location.
- Request for Authorization (RFA) must be completed and submitted to YADAC to request funding.
- YADAC shall offer a written response within 2 (two) business days.
- Verbal communication shall not constitute authorization.
- An RFA must contain a W # from the online MA application or a fax confirmation from paper submitted applications and must include date applied.
- RFA level of care must match invoice service.
- Submit RFA to YADAC via the following email : yadac-rfa@YorkCountyPA.gov

CLIENT LIABILITY DETERMINATION

- All individuals receiving YADAC funding must have a liability on file, except detox individuals.
- Liabilities shall be determined prior to referral or admission into applicable treatment services.
- Monthly gross income to be based on the last 30 days.
- Please refer to section 7.01 of the current DDAP Fiscal Manual for any further clarifications.
- Client Liability Tables for York/Adams Counties



Client Liability Determination Form.pdf - Adobe Acrobat

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CLIENT LIABILITY DETERMINATION FORM

(Please refer to Section 7.08 of the DDAP Fiscal Manual for completion of the form.)

Client Name	County of Residence	Client ID #

☐ Initial
☐ Re-determination

Date:

PART I: INSURANCE

Does the client have insurance (private and/or public) coverage? Yes ☐ No ☐

If insurance has been denied, indicate the reason for denial. Denied:

Insurance Company	Name of Insured	Group #	ID #

If the SCA is not reimbursing for the cost of service or the service is exempt, DDAP does not require completion of the form.

PART II: FAMILY (As determined by Federal Law/Federal Tax Return)

Name of Dependents	Relationship
	Self

Total # of Dependents (including Self):

PART III: MONTHLY GROSS INCOME

List all income from full- and part-time employment as well as other types of income, as applicable, including that of Self, Spouse and Parents (see Section 7.03 of the DDAP Fiscal Manual for income to be included). See description of types of income below.

Family Member	Employers
Self	
Spouse	
Parent I (if applicable)	
Parent II (if applicable)	

Types of Income	Self	Spouse	Parent I	Parent II	Totals
Earned Income (i.e., wages, salaries, tips, bonuses, etc.)					
Interest Income					
Dividends					
Benefits (i.e., unemployment, social security, public assistance, pensions, etc.)					
Alimony					
Other Taxable Income					
Totals					

Total Monthly Gross Income

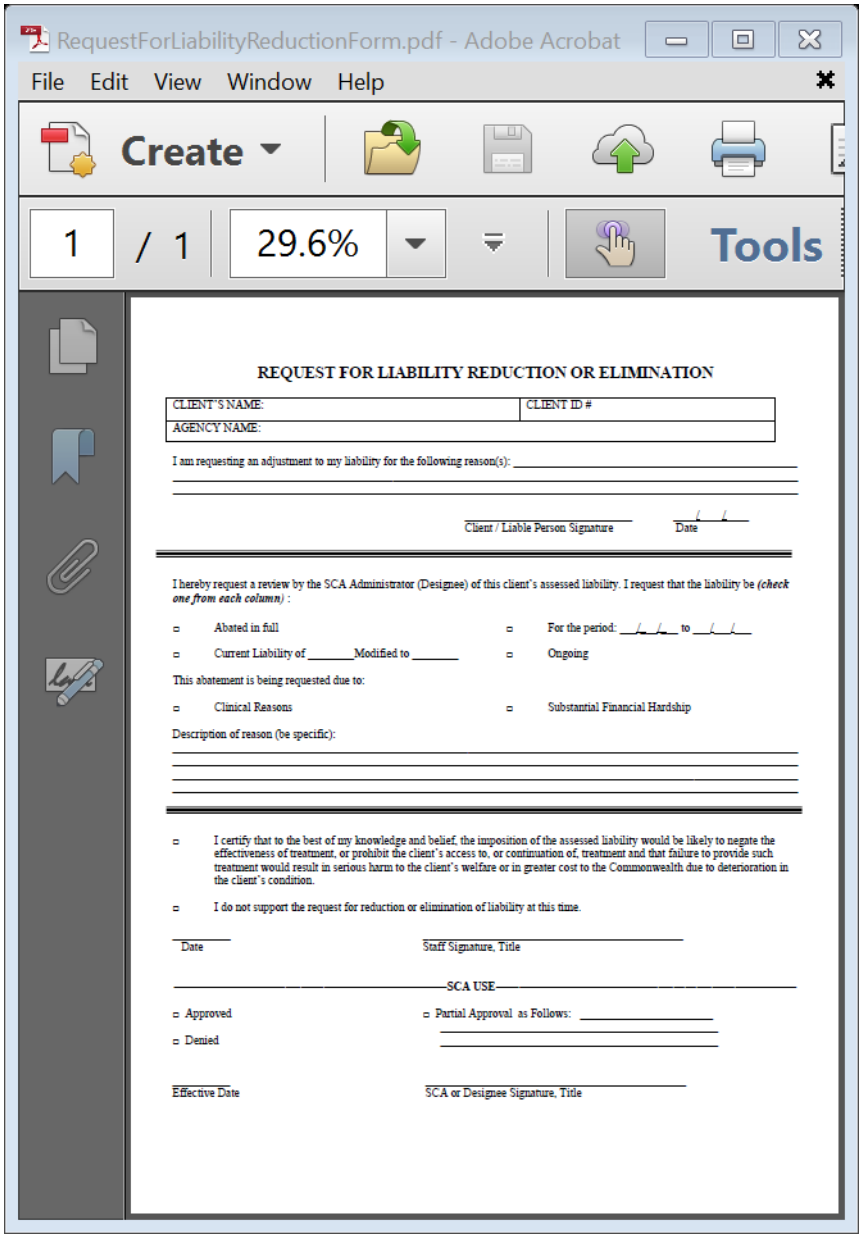
Staff Signature/Witness Date

SCA Signature (as applicable) Date

Note: Client Liability determined on this day shall be valid for a period of no more than 12 months, with a re-determination to occur at the end of the 12-month period.

REQUEST FOR LIABILITY REDUCTION OR ELIMINATION

- Complete this form to request liability reduction or elimination of amount individual is liable to pay.
- Section two is completed to request specifically what the individual needs.
- Email requests to the YADAC RFA mailbox @ rfa@yorkcountypa.gov for response within two days.



RequestForLiabilityReductionForm.pdf - Adobe Acrobat

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REQUEST FOR LIABILITY REDUCTION OR ELIMINATION

CLIENT'S NAME:	CLIENT ID #
AGENCY NAME:	

I am requesting an adjustment to my liability for the following reason(s): _____

_____ Client / Liable Person Signature ___/___/___ Date

I hereby request a review by the SCA Administrator (Designee) of this client's assessed liability. I request that the liability be *(check one from each column)* :

- ☐ Abated in full
- ☐ Current Liability of _____Modified to _____
- ☐ For the period: ___/___/___ to ___/___/___
- ☐ Ongoing

This abatement is being requested due to:

- ☐ Clinical Reasons
- ☐ Substantial Financial Hardship

Description of reason (be specific):

_____

- ☐ I certify that to the best of my knowledge and belief, the imposition of the assessed liability would be likely to negate the effectiveness of treatment, or prohibit the client's access to, or continuation of, treatment and that failure to provide such treatment would result in serious harm to the client's welfare or in greater cost to the Commonwealth due to deterioration in the client's condition.
- ☐ I do not support the request for reduction or elimination of liability at this time.

_____ Date _____ Staff Signature, Title

SCA USE

- ☐ Approved
- ☐ Denied
- ☐ Partial Approval as Follows: _____

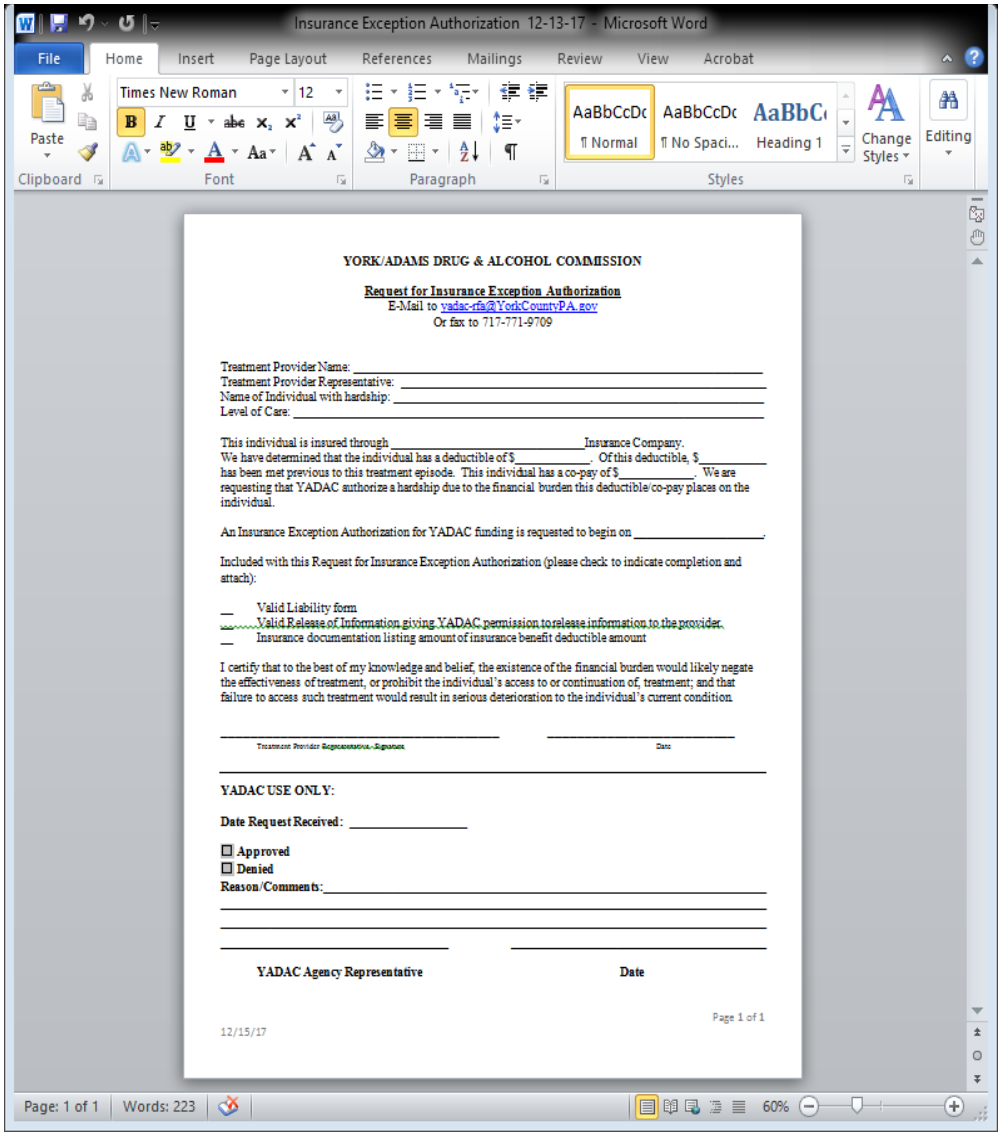
_____ Effective Date _____ SCA or Designee Signature, Title

REQUEST FOR INSURANCE EXCEPTION AUTHROIZATION

- Use this form for individuals with private insurance who cannot afford treatment due to high co-pays or deductibles.

- Verification documents from insurance company must accompany this form. Please see Insurance Exception Memorandum 12/15/17.

- Email requests to the YADAC RFA mailbox @ yadac-rfa@YorkCountyPA.gov for response within two days.



Insurance Exception Authorization 12-13-17 - Microsoft Word

YORK/ADAMS DRUG & ALCOHOL COMMISSION

Request for Insurance Exception Authorization
E-Mail to yadac-rfa@YorkCountyPA.gov
Or fax to 717-771-9709

Treatment Provider Name: _____
Treatment Provider Representative: _____
Name of Individual with hardship: _____
Level of Care: _____

This individual is insured through _____ Insurance Company.
We have determined that the individual has a deductible of $_____. Of this deductible, $_____ has been met previous to this treatment episode. This individual has a co-pay of $_____. We are requesting that YADAC authorize a hardship due to the financial burden this deductible/co-pay places on the individual.

An Insurance Exception Authorization for YADAC funding is requested to begin on _____.

Included with this Request for Insurance Exception Authorization (please check to indicate completion and attach):

__ Valid Liability form
__ Valid Release of Information giving YADAC permission to release information to the provider.
__ Insurance documentation listing amount of insurance benefit deductible amount

I certify that to the best of my knowledge and belief, the existence of the financial burden would likely negate the effectiveness of treatment, or prohibit the individual's access to or continuation of, treatment; and that failure to access such treatment would result in serious deterioration to the individual's current condition.

_____ _____
Treatment Provider Representative - Signature Date

YADAC USE ONLY:

Date Request Received: _____

☐ **Approved**
☐ **Denied**
Reason/Comments:_____

_____ _____
YADAC Agency Representative **Date**

12/15/17

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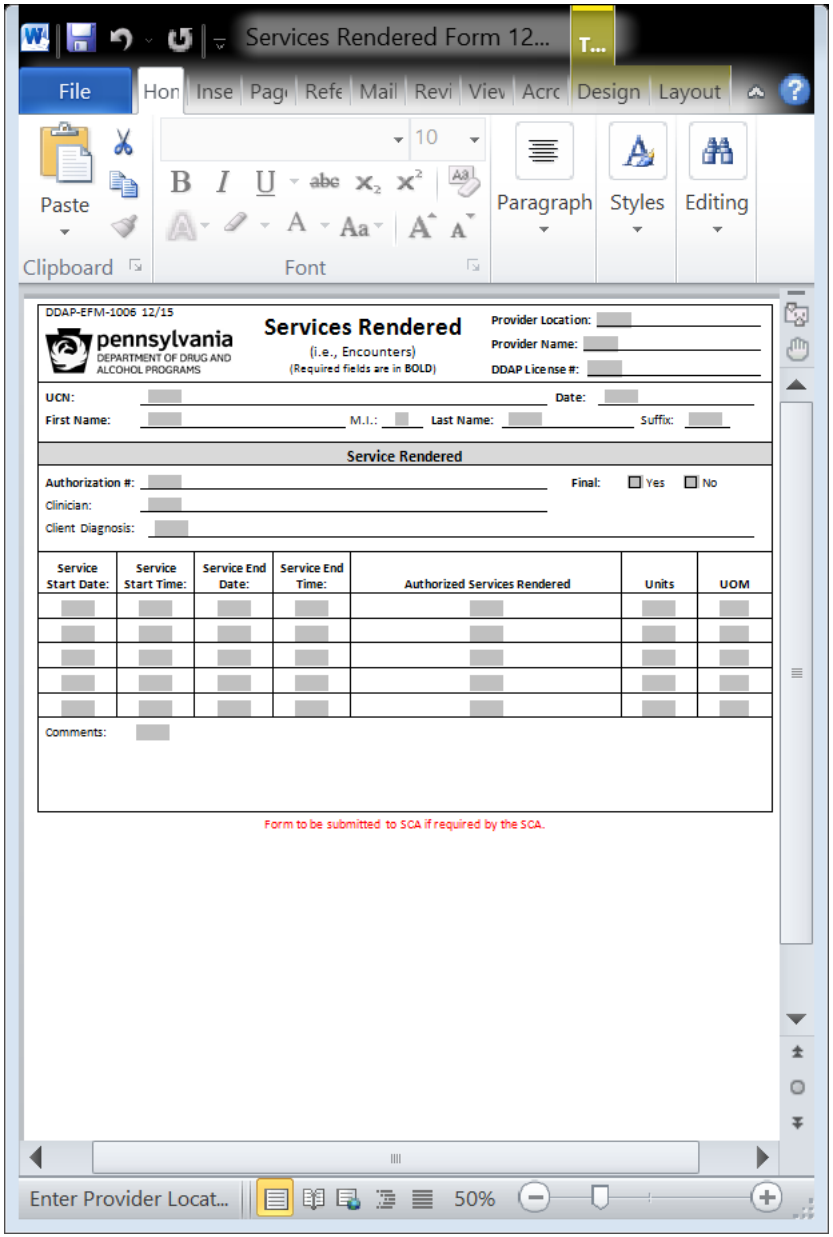
SERVICES RENDERED FORM

- Providers must alert YADAC of admission and discharge dates for levels of care authorized and rendered.
- Submit completed forms to YADAC within 7 business days of discharge from each level of care.
- Forms must be submitted when individuals discharge from detox and again at discharge from rehab as applicable.



DDAP-EFM-1006 12/15

pennsylvania
DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

Services Rendered
(i.e., Encounters)
(Required fields are in BOLD)

Provider Location:
Provider Name:
DDAP License #:

UCN: Date:
First Name: M.I.: Last Name: Suffix:

Service Rendered

Authorization #: Final: ☐ Yes ☐ No
Clinician:
Client Diagnosis:

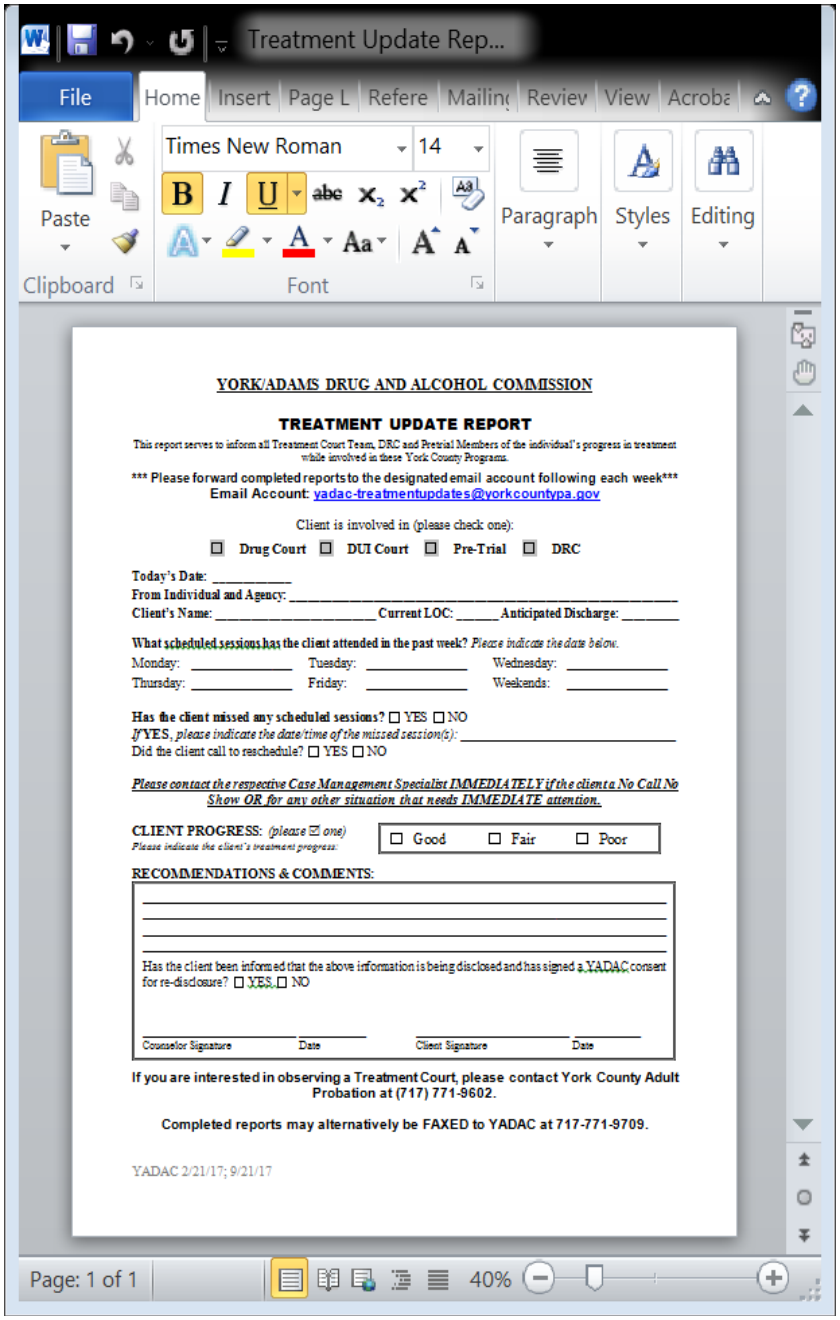
Service Start Date:	Service Start Time:	Service End Date:	Service End Time:	Authorized Services Rendered	Units	UOM

Comments:

Form to be submitted to SCA if required by the SCA.

TREATMENT UPDATE REPORT

- Complete this form to facilitate active, ongoing communication for individuals participating in Treatment Courts and Day Reporting Center (DRC).
- Email completed forms to YADAC Treatment Updates Mailbox @ **yadac-treatmentupdates@yorkcountypa.gov**
- Submit to YADAC regardless of funding.
- A Redisclosure Consent is needed (located on YADAC website).
- Is crucial to involve YADAC in aftercare planning for Treatment Court and DRC individuals.



YORK/ADAMS DRUG AND ALCOHOL COMMISSION

TREATMENT UPDATE REPORT

This report serves to inform all Treatment Court Team, DRC and Pretrial Members of the individual's progress in treatment while involved in these York County Programs.

*** Please forward completed reports to the designated email account following each week***
Email Account: yadac-treatmentupdates@yorkcountypa.gov

Client is involved in (please check one):

☐ Drug Court ☐ DUI Court ☐ Pre-Trial ☐ DRC

Today's Date: _____
From Individual and Agency: _____
Client's Name: _____ Current LOC: _____ Anticipated Discharge: _____

What scheduled sessions has the client attended in the past week? *Please indicate the date below.*
Monday: _____ Tuesday: _____ Wednesday: _____
Thursday: _____ Friday: _____ Weekends: _____

Has the client missed any scheduled sessions? ☐ YES ☐ NO
If YES, please indicate the date/time of the missed session(s): _____
Did the client call to reschedule? ☐ YES ☐ NO

Please contact the respective Case Management Specialist IMMEDIATELY if the client a No Call No Show OR for any other situation that needs IMMEDIATE attention.

CLIENT PROGRESS: *(please ☑ one)*
Please indicate the client's treatment progress:
☐ Good ☐ Fair ☐ Poor

RECOMMENDATIONS & COMMENTS:

Has the client been informed that the above information is being disclosed and has signed a YADAC consent for re-disclosure? ☐ YES ☐ NO

Counselor Signature _____ Date _____ Client Signature _____ Date _____

If you are interested in observing a Treatment Court, please contact York County Adult Probation at (717) 771-9602.

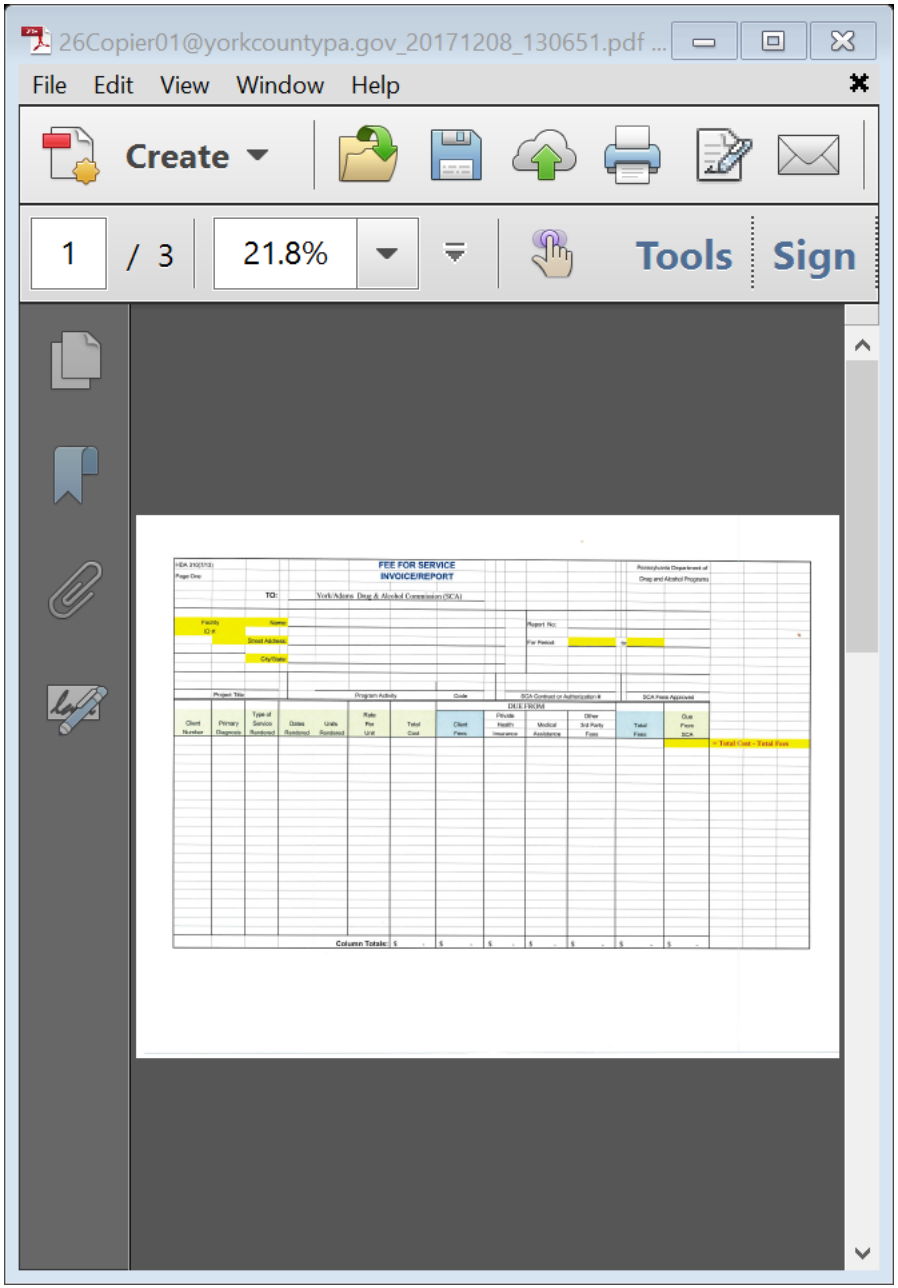
Completed reports may alternatively be FAXED to YADAC at 717-771-9709.

YADAC 2/21/17; 9/21/17

FISCAL INFORMATION

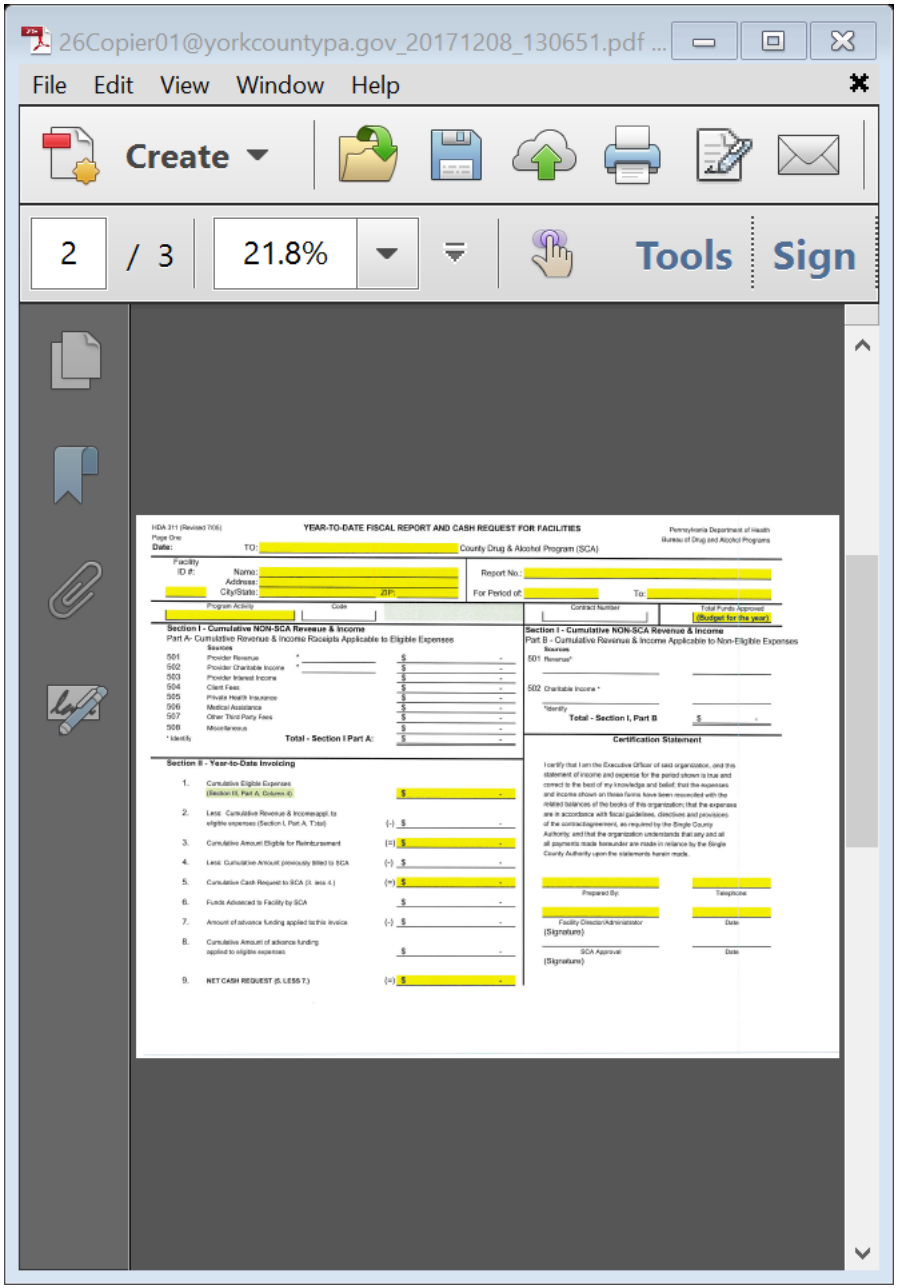
FEE FOR SERVICE INVOICE REPORT HDA310

- Invoices for services rendered are due by the 15th day of the month following the services rendered.
- As YADAC is the payer of last resort, any insurance must be billed first.
- Denials must be retained in charts and presented upon request.
- Unique client numbers are created using the last initial, the first initial and the last four digits of a individual's social security number.
- Any unusual approvals by the SCA must be sent with the billing



BUDGET FORM
(COST REIMBURSED CONTRACTS)
HDA 311

- Invoice s for services rendered are due by the 15th day of the month following the services rendered
- The HDA311 is used for cost reimbursed providers only.
- Contact the fiscal department of York/Adams Drug and Alcohol Commission for further clarification.
- This document is eight pages in length.
- Invoices must match the Request for Authorization and Services Rendered Forms or will be denied and are final.



TIPS

- Please call YADAC with any unusual circumstances.

- Please call YADAC if there is any question about whether funding is available or not.

- SCA paperwork should follow the individual to the next level of care as outlined in our T-13 Policy.

- Please use our Level of Care Assessment & Continuum of Care Process flow chart as a guide to the above T-13 tip.