

YORK/ADAMS DRUG & ALCOHOL COMMISSION

REQUEST FOR FUNDING* AUTHORIZATION INSTRUCTIONS

for:

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

*** REMEMBER – York Adams Drug & Alcohol Commission (YADAC) Funding Authorization is NOT required for OP; IOP; and/or Partial Hospitalization Level of Care Treatment Services**

REMEMBER: YADAC’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.) YADAC contracted providers that have completed a client’s level of care assessment for detox and/or rehab and/or half-way house treatment services are also responsible for submitting the required YADAC request-for-funding (RFA) paperwork to YADAC for said level of care placement. **(REMEMBER: YADAC 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 YADAC 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.**
- 3.) The contracted provider may fax or email the completed request-for-funding-paperwork. Upon receipt of said paperwork, YADAC will respond within two (2) business days to the request.
- 4.) While YADAC may be in verbal contact with the contracted providers requesting funding prior to determining authorization, **final determination of a funding request will always be indicated in writing.** The above notification will serve as verification and will be indicated on the first page of the Request for Authorization Form in the designated box. Said verification will be FAXED OR EMAILED to the contracted provider requesting said services.
- 5.) PLEASE BE ADVISED that it is the above verification from YADAC that safeguards that funding has been appropriated through YADAC. **Verbal authorization WITHOUT written authorization may result in a delay of funding or denial of funding payment.**
- 6.) YADAC requires that a PA Department of Public Welfare along with all applicable application forms, be fully 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 when/if YADAC identifies such situations). HOWEVER, an MA application MUST be submitted once the client is admitted.
- 7.) YADAC will ALWAYS provide funding for PREGNANT women with a substance use disorder, as they are considered a priority population.

REQUEST FOR FUNDING PAPERWORK

1. **FUNDING REQUESTS:** the following forms/documents **MUST** be submitted to YADAC for review.

REMEMBER: YADAC HAS TWO (2) FULL BUSINESS DAYS TO RESPOND TO A FUNDING REQUEST. Incomplete and/or incorrect forms may delay placement and/or funding and/or result in a denial for funding payment:

MANDATORY DOCUMENTATION:

- **Request for Authorization**
 - **YADAC General Consent to Release information to:**
 - *The contracted provider submitting the request for funding paperwork;
 - *Prospective treatment facility placement option(s);
 - *Department of Public Welfare;
 - *Probation (as applicable);
 - *Referring Judge (as applicable);
 - *Sheriff Release(as applicable);
 - *Other appropriate entities (as applicable);
 - **PCPC Summary Sheet** (Adult / Adolescent as appropriate) – to be entered into STAR
2. **MONITORING SITE VISITS:** In addition to the aforementioned forms/documents, there are additional forms/documents that **MUST** be completed with the client. As above, these documents 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:
 - **Request for Authorization form & response from YADAC**
 - **YADAC General Consent to Release information to:**
 - *The contracted provider submitting the request for funding paperwork;
 - *Prospective treatment facility placement option(s);
 - *Department of Public Welfare;
 - *Probation (as applicable);
 - *Other appropriate entities (as applicable);
 - **Provider consent to release information to YADAC**
 - **Consent for Re-Disclosure (as applicable)**
 - **Maximum Client Benefits Sheet**
 - **Client Rights**
 - **Grievance and Appeal**
 - **PCPC Summary Sheets (Admission/Continued Stay/Discharge/Referral)**
 - **TB Questionnaire**
 - **Charitable Choice Disclosure (as applicable)**
 - **Client Liability (as applicable)**
 - **Non-Treatment Needs Case Coordination Report**
 - **Treatment Court Update Reports (as applicable)**
 - **LOC Assessment**

3. DESCRIPTION OF REQUIRED FORMS/DOCUMENTS

- **Request for Authorization:** This form is used to request funding for treatment indicated on the PCPC, as well as to request continuing treatment service funding. Needed demographic and funding information about the client is also gathered on this form. Do not write in box(es) marked “YADAC USE ONLY.” Accurate and complete information is vital. If you are not sure what is the appropriate response is for any section or query, do NOT guess. Call YADAC for direction.
- **General Consent to Release:** Please be aware that ALL applicable releases are to be reviewed & completed WITH the client. Applicable releases may include: DPW; Probation; Referring Judge, etc. Releases are to be filled out for York/Adams Drug & Alcohol Commission (YADAC) to release the client information to the provider requesting funding as well as to the provider where the service will be provided. The information to be released and reason for disclosure must be indicated.
- **Consent for Re-Disclosure (as applicable):** This form is REQUIRED ONLY if client is involved in a treatment court and Treatment Update Reports will be given to YADAC who will then re-disclose the information to the treatment court team..
- **Maximum Client Benefits:** Client and witness signatures and dates must be obtained documenting that the client has read and understands this form.
- **Grievance and Appeal:** This form is to be signed and dated by both the client and a witness. Both pages of the document must be retained in the chart.
- **PCPC Summary Sheet:** It is expected that the most recent version of the PCPC will be utilized. The written documentation for each dimension must comply with state and federal confidentiality regulations.
- **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.
- **Charitable Choice Disclosure (if applicable):** This form must be filled out if the services being requested are Faith Based. The client’s name must be listed at the top of the form, along with the name of the faith based facility where the client is electing to enter treatment. Client/witness signatures and dates must be filled out at the bottom of the page along with the name of the facility requesting the service and their respective phone number.
- **Client Liability (as applicable):** The client liability must be completed for REHAB & HALFWAY HOUSE level of care funding request and is not required for detox services. 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. All dependents must be listed on the liability. 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. A witness must also sign and date this form. Remember that clients entering more intensive levels of care, whereby participation will impact earned income, the monthly gross income to be considered shall be based on the income once admitted, pro-rated to a 30 days period. Questions about this form are to be directed to the YADAC fiscal department.

- **Non-Treatment Needs Case Coordination Report:** This form is to be completed WITH the client AND is to be signed by the client as well as signed and dated by a witness.
- **Treatment Court Update Report:** The purpose of this report is to provide an update on the client's treatment status/progress to YADAC who will in turn re-disclose the information reported to the appropriate treatment court team. Please note that this report is to be faxed to YADAC following each appointment or each week before 2PM on Mondays for the previous week.
- **LOC Assessment:** The Level of Care Assessment (LOCA) tool MUST be completed by the assessor within seven (7) days from the date of initial contact. If this time frame is not met, the reason must be document. The LOCA is to be completed in its entirety in one (1) session. The LOCA told must contain all assessment components as defined by DDAP.

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