

Access to Recovery III Pre-Application Technical Assistance Meeting

January 2010

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Overview of Funding Opportunity

Overview of Funding Opportunity: ATR III RFA

- Due Date for Applications: March 10, 2010
- Funding Opportunity Number: TI-10-008
- Anticipated Total Available Funding: \$95.5M/yr
- Estimated Number of Awards: Up to 30
- Estimated Award Amount: Up to \$2 - \$4 M
- Length of Project Period: Up to 4 Years
- Eligible Applicants: SSAs and the highest ranking official and/or the duly authorized official of a federally recognized American Indian/Alaska Native Tribe or Tribal organization

What are the Key Requirements of the Program?

Key Requirements

- Each Client Receives an Assessment
- Each Client Receives a Voucher(s) for the Services he/she Needs
- Each Client receives a Genuine Choice of Providers from which to receive services.
- Provider Network must be comprehensive including clinical treatment, RSS, secular and faith based options.
- Each Grantee must emphasize Care Coordination
- Grantee Must Maintain Accountability by Creating Incentive Systems and Pro-Active Steps to Prevent Waste, Fraud, and Abuse.
- Grantee Must Expand Clinical Treatment and Recovery Support Service (RSS) Capacity without Supplanting Current Funding.
- Staffing:
 - SSA or Highest Tribal Official (5-10% LOE in kind)

- Project Director (Minimum of 75% LOE)
- Treatment and Recovery Support Services Coordinator
- Information Technology Coordinator
- Fiscal Coordinator
- Key Staff Must Attend at Least One Grantee Meeting per Year
- Electronic Voucher Management System (VMS)
- Eligibility Determinations for Clients and Providers
- Outreach, recruitment, and engagement of providers (clinical Tx, RSS, FBCOs)
- Ability to Upload Client Data to SAMHSA
- Oversight standards related to Fraud, Waste, and Abuse
- Establishment of Referral Pathways and Collaborations with Other System.
- Must Submit Data to SAMHSA/CSAT:
 - Client Outcomes Form (GPRA Form) for each client at intake, at 6-months post intake, and at discharge.
 - Voucher Information Tool data (Amount Issued)
 - Voucher Transaction Tool data (Amount Redeemed)
- All data must be uploaded to SAMHSA/CSAT within 7 days of data collection.

Client Data

- Client targets should be unduplicated
- Data must be collected via CSAT GPRA tool
- Demographics, substance use, employment/education, CJ involvement, risk behaviors, MH status
- Five additional items for returning grantees

Voucher/Transaction Data

- For each voucher issued, a voucher information record must be submitted
- Data must also be submitted for each voucher redeemed. Two tools utilized for this
- Data must be uploaded to SAIS

Additional Information Regarding Funding Opportunity: ATR III

Supplemental Awards Based on Performance:

- At end of year 2 and 3, SAMHSA/ CSAT will review each Grantee's cumulative performance data to assess if the grantee has:
 - Exceeded its target for number of clients served by 25% or more
 - Met or Exceeded 80% target for the 6-month follow-up interviews
 - Provided service based on allowable and allocable cost principles.
- If these criterion are met, grantee may receive a supplemental award of up to 5% of the yearly requested amount.
- Supplemental Awards will be awarded in year 3 for performance in year 2; and in year 4 for performance in year 3.

Past Performance

- Previously funded ATR grantees will be evaluated based on:
 - Client target rates
 - Dollars expended

What Should Be Included in Your Application to SAMHSA?

What Should be Included in Your Application

- Forms—[PHS 5161-1 (SF 424 v2; SF 424A)], Abstract, and Table of Contents
- Project Narrative and Supporting Documentation
- Attachments
- Other Forms or Items to Read Before Signing the Face Page

What Should be Included in Your Application (RFA pg. 17-20)

Forms, Abstract and Table of Contents:

- Face page – SF 424 V2
- Abstract – no longer than 35 lines
- Table of Contents—Include page numbers for each section and each attachment
- Budget Form—SF 424A, which is part of the PHS 5161-1 (Sections B, C, and E of the form). Also see Appendix E for sample budget/narrative table to use.

Project Narrative and Supporting Documentation

- Sections A-D for new applicants (35 pages)

- Sections A-E for previously ATR funded applicants (40 pages)
- Section F: Literature Citations
- Section G: Budget and Narrative Justification
- Section H: Biographical Sketches and Job Descriptions
- Section I: Procedures related to Confidentiality, participant protection and the Protection of Human Subjects Regulations using guidelines on page (34-38 of RFA)

Attachments 1-6 (no page limits on 1, 2, 5, and 6):

- 1: Letters of Commitment/Proposed Provider Directories, Memoranda of Understanding
- 2: Data Collection Instruments/Interview Protocols
- 3: Sample Consent Form
- 4: Non-Supplantation Letter
- 5: Implementation Plan
- 6: For Previously Funded ATR Grantees—the Letter from CSAT which includes your performance data.

Other Forms or Items to Read before Signing:

- Project/Performance Site Location(s) Form: Part of PHS 5161-1
- Assurances – Non-construction Programs (page 19 of RFA).
- Certifications—read before signing the SF 424v2
- Disclosure of Lobbying Activities Standard Form found in the PHS 5161-1
- Checklist – found in PHS 5161-1.

What You Should Know About

- SAMHSA Participant Protection Requirements (SPP)
- Protection of Human Subjects Regulations (Title 45 Public Welfare CFR Part 46 Protection of Human Subjects)
- Confidentiality (Title 42 Public Health CFR Part 2 Confidentiality of Alcohol and Drug Abuse patient records)

What Is Important?

- The risks to the participants & staff are minimal, this includes physical, medical, psychological, social and legal risks along with risks to confidentiality
- The selection of participants is fair and risks inherent with special populations such as pregnant women, children, incarcerated people are addressed
- There will be no coercion; participants must be able to volunteer to participate
- The data collection procedures have safeguards to protect confidentiality
- There are informed consent procedures*
- The ratio of risk to benefit is addressed so the risks are reasonable compared to benefits accrued

Research

A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge

When is 45 CFR 46 Applicable?

Does the Project involve human subjects? (Read the definition for human subjects)

- No, 45 CFR 46 does not apply
- Yes, see next question
 - Are any of the grant activities considered research? (Read the definition for research)
 - No, 45 CFR 46 does not apply
 - Yes, 45 CFR 46 applies

Informed Consent – Basic Checklist

- Statement that the study involves research if applicable.
- Explanation of the purpose of the program or research.
- Expected duration of the subject's participation.
- Description of the procedures to be followed.
- Identification of any procedures which are experimental.
- Description of any reasonably foreseeable risks or discomforts to the subject.
- Disclosure of appropriate alternative procedures or courses of tx, if any, that might be advantageous to the subject.
- Statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained.
- Contact names & phone numbers for participants to ask questions about program/research, participant rights, and injury.
- If program/research involves more than minimal risk with the possibility of injury, explanation of whether or not compensation or medical tx will be available.

42 CFR Part 2 Disclosure Consent Form (9 Mandatory Elements)

1. Name or general designation of the program or person to make the disclosure.
2. Name or title of the individual or the name or the organization to which disclosure is to be made.
3. Name of the patient.
4. Purpose of the disclosure.
5. How much and what kind of information is to be disclosed.
6. Patient understands that he/she may revoke the consent at any time – orally or in writing – except to the extent that action has been taken in reliance on it.
7. The date or condition upon which the consent expires, if it has not been revoked earlier.
8. The date the consent is signed.
9. The signature of the patient and, when required for a patient who is a minor, the signature of a person authorized to give consent or, when required for a patient who is incompetent or deceased, the signature of a person authorized to sign under in lieu of the patient.

Sample Multiparty Consent Form for the Release of Confidential Information (In compliance with 42 CFR Part 2)

I, Jane Doe, authorize
(NAME OF PATIENT)

ABC Treatment Program
(NAME OR GENERAL DESIGNATION OF PROGRAM MAKING DISCLOSURE)

to disclose to:

- 1.
2. _____
(NAME OF PERSONS OR ORGANIZATIONS TO WHICH DISCLOSURE IS TO BE MADE)

the following information:

my attendance and compliance in substance abuse treatment
(NATURE OF THE INFORMATION, AS LIMITED AS POSSIBLE)

The purpose of the disclosure authorized herein is to:
Assist the Hill Co. Dept of Welfare to determine my eligibility for benefits and/or to evaluate my readiness/ability to participate in a training program
(PURPOSE OF DISCLOSURE, 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, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

XX/XX/2004 or upon program discharge

(SPECIFICATION OF THE DATE, EVENT, OR CONDITION UPON WHICH THIS CONSENT EXPIRES)

(Date) (Print Name) (Signature of Participant)

(Date) (Print Name) (Signature of Parent, Guardian or Authorized Rep. when required)

Prohibition on Rediscovery Statement

Notice to accompany disclosure: Each disclosure made with the patient's written consent must be accompanied by the following written statement (which should not be altered):

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

How Can You Submit Your Application?

Method of Application Submission (RFA pg. 21-22)

- Can be submitted electronically through <http://www.Grants.gov/> or
- Hard copy: Using US Postal Service, send the original and 2 hard copies (unbound) to:
 - Crystal Saunders, Director of Grant Review
 - Office of Program Services
 - Substance Abuse and Mental Health Services Administration
 - Room 3-1044
 - 1 Choke Cherry Road
 - Rockville, MD 20857
- See page 22 for how to label your application (e.g., new or previously ATR-funded applicant, etc.)

Evaluation Criterion

Point Structure—100 Total Points Available:

- Section A: Statement of Need (15 Points)

- Section B: Proposed Approach to Meet Program Goals (40 points for New Applicants; 30 for Previously ATR Funded Applicants)
- Section C: Readiness to Implement/Expand (25 points for New Applicants; 20 Points for Previously ATR-Funded Applicants)
- Section D: Management, Staffing and Cost Controls (20 Points)
- Section E: Past Performance with ATR Grant(s)—Previously ATR-Funded Applicants Only (15 Points)

Evaluation Criterion

Section A: Statement of Need

- Describe the nature and prevalence of substance abuse problems in target area.
- Quantify the need for services and capacity of service system to provide the services, and the difference between the two.
- Discuss the existing service gaps and how you propose to address the gaps and reduce health disparities in target area.
- Describe the current system for providing clinical substance abuse treatment and recovery support services in propose target area
- Number of current clinical treatment substance abuse treatment and recovery support services providers, gaps in service delivery, and barriers to access to service access
- New Applicants – State if you have a voucher system in place to pay for clinical substance abuse treatment and recovery support services along with any needed enhancements to meet the goals and objectives of the grant.
- Previous/Current ATR Applicants – Describe any enhancements needed to your existing voucher systems to meet the goals and objectives of the grant.

Cultural Competence

- SAMHSA’s Guidelines for Assessing Cultural Competence; web site: <http://www.samhsa.gov/grants/apply.aspx>
- Cultural competence stresses the need to educate treatment providers about cultural differences and provide materials that address those differences.
- Cultural resonance results when cultural competence is applied in a way that reflects a true empathy and experience with the culture.

Evaluation Criterion

Section B: Proposed Approach to Meet Program Goals

- Target Number of Clients
- Project plans to meet yearly client numbers and expenditures
- Data collection plans
- Approach for implementing vouchers for services:
 - Organizational/management structure
 - Referral sources

- VMS
- Network of Providers
- Eligibility criteria for organizations and clients
- Policies and procedures for screening, assessment, and level of care determinations
- Evidence that clients will receive genuine choice of providers
- Client satisfaction
- Implementation Plan
- Attachment 5 of Application
- Appendix K of RFA

Section C: Readiness to Implement/Expand

2 Ways to Respond to this Criterion:

- New Applicants – Readiness to Implement
 - Must be fully implemented within 4 months after award date
- Previously ATR-funded Applicants – Readiness to Expand
 - Must be fully implemented within 3 months after award date

Describe your ability to Fully Implement

What does “Fully Implement” mean?

- Fully functional electronic VMS
- An enrolled and trained network of providers (clinical and RSS; and FBOs)
- Enrolling and serving clients
- Uploading Federally mandated GPRA data within required timelines
- Memoranda of Understanding MOU(s) with key system partners

Document which of the following you currently possess to implement the VMS

- Ability to:
 - Make eligibility determinations for clients and providers
 - Manage and monitor a voucher program
 - Set reimbursement rates and monitor costs per person served
 - Collect and report data (through existing or planned system)
 - Implement quality improvement activities incl. TA/training
 - Establish and implement standards for clinical and RSS providers
- Capability to:
 - Conduct screening and assessment, and issue vouchers based on established criteria
 - Provide a list of eligible providers to clients
- Describe anticipated potential operational problems, if any; propose solutions, including TA from SAMHSA

- For previously funded: How will you rely on lessons learned and build on past accomplishments?
- Describe other partnering organizations/entities, including their roles in implementing the voucher program.
 - Include in attachment 1, letters of commitment, provider directories, and potential or signed MOUs showing readiness

Section D: Management Efforts to Control Quality and Prevent Fraud, Waste and Abuse

- Electronic Tracking Systems
 - Cross reference other public data systems to identify duplication of services
 - Random electronic and on-site audits of billings and clinical substance abuse treatment and recovery support services
 - Initial review of providers services and financial capacity
 - Utilizing Client Satisfaction Surveys

Section D: Project Resources

- Office of Management and Budget (OMB) Cost Principles Circular -122
 - Web site: <http://www.samhsa.gov/grants.gov/grantsmanagement>.
- Grants Financial Management
 - Web site: <http://www.samhsa.gov/grantsgeneralinfo>
- 45 CFR, Part 74 Code of Federal Regulation

Section D: Working with Other Agencies

- Describe what agencies you will be working with, their capacity to identify clients and administer the grant Quantify the need for services and capacity of service system to provide the services, and the difference between the two.
- Letters of Support and Memorandum of Understanding Access to Recovery, Request for Application; No. TI-10-008, Appendix L, page 82.

Section D: Provider Performance

- Describe system to monitor provider performance
- Describe procedures to remedy performance issues

Section D: Establishing Voucher Reimbursement Rates

- Proposed cost per person
- Cost bands
- Cost based on prior experience to include an estimate of the reasonable cost for services in target area

- Plan of action and timeline for developing voucher reimbursement rates

Section D: Overall Project Management

- Describe how you monitor the overall project within reasonable cost bands
- Access to Recovery, Request for Application; No. TI-10-008, Appendix M, page 88

Section E: Past Performance with ATR Grant(s)—Previously ATR-funded Applicants Only

- Application reviewers will evaluate:
 - Achievement of clients served targets
 - Use of funds as planned in the program budget per year.
- May earn up to 15 points based on previous yearly performance related to these two measures.

SAMHSA GRANT REVIEW: THE MYSTERY OF REVIEW REVEALED

TENETS OF REVIEW

- Each application must receive a thorough and impartial peer review
- Each application is considered and scored only in accordance with the Funding Announcement’s published review criteria. An application is reviewed solely on its own merits and not compared to other applications.
- Only what is written in the application is considered. Reviewers are instructed not to make assumptions, “read between the lines” or use personal knowledge of the applicant or applicant organization.
- Review committee members are chosen for the expertise required for a comprehensive review of the applications.
- Conflict of interest standards are strictly followed.
- Confidentiality is maintained.
- A “level playing field” is maintained.
- Whether or not an application “should be” funded is never a review consideration.

THE PROCESS

- SCREENING
- Review staff screen for formatting, screen out criteria, and programmatic eligibility.
- Program staff screen for other published programmatic requirements.

CHOOSING REVIEWERS

- Review staff will analyze the RFA for required expertise.
- Review staff will discuss the RFA with responsible program staff for suggestions as to expertise and possible reviewers.
- The RA will also use other sources to identify potential reviewers.
- In addition to expertise the RA must consider COI, diversity, geography, and review experience if any.

THE REVIEW “TEMPLATE”

- A template is developed from the published review criteria.
- The template assures a degree of uniformity and assures that every element of a review criterion is considered.
- The template requires each reviewer to make both an objective and a qualitative assessment.
- Each bullet is divided into its individual elements.

OBJECTIVE ASSESSMENT

- The reviewer determines if a response to each element is apparent in the application.
- Apparent is defined as an element responded to in the correct section and,
- Responded to in a substantive manner i.e., more than only repeating the criterion/bullet.

QUALITATIVE ASSESSMENT

- Each reviewer indicates the qualitative merit of the response using a five point Likert scale.
- The Likert scale uses five descriptors, “unacceptable,” “marginal,” “acceptable,” “very good” and, “outstanding.”
- Each element, or group of like elements, receives a qualitative assessment.
- For each section (review criterion) each descriptor is also assigned a point range based on the weighted points of the review criterion.

On-Site Review

- An on-site review typically uses 12-15 persons per committee, plus a chairperson.
- The committee is divided into groups of 3 called triads.
- Each triad reviews 5-6 applications.
- The reviewers in each triad are chosen according to the expertise needed for the applications assigned.
- The triad develops a consensus for each element in the application.
- When consensus cannot be reached, the majority opinion is reported and the disagreement must be brought up when the full committee meets for discussion.

FULL COMMITTEE

- Beginning mid-week, the triads assemble as a full committee.
- The meeting is run by the chairperson.
- Each triad presents its review, section by section.
- Each section is discussed by the full committee.

SCORING

- All applications are scored on a 1-100 point scale in all 3 types of review.
- An individual reviewer’s score is the sum of the section scores.
- The priority score is the mean of the individual reviewer’s scores.
- For on-site reviews, each reviewer independently determines a score for each section following its discussion. No one is bound by the triad’s scores.

PROGRAM ROLE FOR ON-SITE REVIEW

- The program representative may address the committee during its orientation and answer reviewers' questions within the guidelines previously discussed.
- The program representative is encouraged to attend the full committee meeting.
- At the meeting, the program representative may be asked questions by the review administrator or chairperson.
- The program representative may also approach the review administrator with any concerns. The review administrator will decide how the concern should be addressed.

SUMMARY STATEMENT, ON-SITE REVIEWS

- Reviewers in an on-site review use the template as a tool when they meet as triads.
- As triads, the reviewers develop a power point presentation of strengths and weaknesses found in the application for the full committee discussion.
- The presented strengths and weaknesses may be modified by the full review committee after discussion.
- The modified review, after editing, becomes the summary statement.
- Summary statements are distributed to program and to the applicant.
- Summary statements go to the appropriate National Advisory Council as the second level of review when the funding announcement is for \$100,000 or more.

Planning Your ATR Program

ATR Program Planning Model

ATR Grantee

- Target Population(s) Target Regions
- Referral Sources Points of Client Entry
- Sustainability
- Fraud, Waste, and Abuse
- GPRA Data Collection
- Provider Network
- Care Coordination
- Electronic Voucher Management System
- Financial Management

ATR Grantee

- Management Team
- Leading Change
- Accountability
- Formalized Partnerships
- Strong Communications Plan
- Implementation Plan with Deadlines and Point Persons Identified

- Must Manage: IT, Fiscal, and Service Areas

Target Population(s)

- Target the underserved!
- Use prevalence and epidemiological data to demonstrate need
- If data is unavailable conduct focus groups or other interviews
- Assess service infrastructure and service gaps related to the target population(s) to gauge capacity to serve
- Do not make eligibility criterion too stringent

Target Region(s)

- Target underserved regions!
- Region may be a city, county, parish, region, Tribal network (spanning States), or entire States
- Focus on regions that have ability to offer choice—there must be at least two service providers for each service being proposed.
- Target regions where a healthy partnership can be grown—need buy-in from local leaders.

Referral Sources

Memoranda of Understanding

- Be specific about which clients you are targeting
- Be specific about number of referrals per month
- Be specific about what services are available to potential clients being referred
- Be specific about your role and the role of your referral source
- Be specific about how potential clients are informed about ATR
- Be specific about how clients get from point A to point B

Partnerships with Referral Sources

- Requires High Level Buy-In
- Requires Mid-Level Buy-In
- Requires Low-Level Buy In
 - From where will Clients be referred?
 - Who will inform clients about ATR?
 - Who must the referring entity contact for an ATR Assessment?
 - Who ensures the client gets from point A to point B?

Points of Client Entry

- Map Points of Client Entry
- The more the better (increases accessibility)
- Consider:
 - Numerous central intake units
 - No wrong door approach – client can get enrolled at any ATR provider

- Establish points of client entry in the communities of the people you seek to serve (accessible and convenient).

Keys to Sustainability

- Marketing/Education
- Partnership Development
- Outcome Data
- Fund Development Strategies/Multiple Funding Streams
- Key Stakeholders
 - Congregations
 - Alliances
 - Legislators/Policy makers
 - Foundations/Corporations
 - Banks

Sustainability

- Think of the end at the beginning
- How does ATR fit into the larger vision of your service system
- Begin documenting policies, procedures, protocols, save and distribute data reports, track lessons learned in order to communicate down the road and/or replicate in other parts of your jurisdiction.
- “Sell” ATR to providers as an opportunity to enhance viability and sustainability beyond grant cycle.
- Know what legislators and other potential funders are looking for and align your data to be able to demonstrate your successes.
- Providers, especially CFBOs, need capacity building and sustainability training on topics such as board development, infrastructure building, organizational development, grant writing, etc. Start thinking about how to support them up front.

Fraud, Waste, and Abuse

- Be smart not punitive! Intention matters.
- Use your VMS to create built in controls that do not permit fraud or abuse to happen even if providers or stakeholders try.
- Be clear, in writing, about what RSS are permissible and what RSS are not. If you don’t know, call CSAT for guidance!
- If an instance is detected, inform CSAT immediately through your Project Officer
- Conduct regular audits and site visits of your providers to ensure that documentation is kept correctly and that reimbursement matches services delivered. Take corrective action swiftly if funds are being used inappropriately or disingenuously.
- Prevent waste of funds by ensuring providers are clear about the reimbursement procedures. This will minimize innocent errors.

GPRA Data Collection Integrated into Your Program Model

Client Outcome Data:

- Helps keep your providers motivated and allows them to see the result of their work—share it with them.
- Clearly define in the beginning which data collection model you will use:
- Care coordinators, clinical treatment providers, GPRA data collectors, etc.
- Data collectors can be crucial partners who help keep clients engaged in the service delivery process—when calling for a GPRA follow-up interview, can also check if client is satisfied with services and if they need new or different services.
- Strong communication needs to exist between Management Team, GPRA data collectors, Care Coordinators, and all Providers—all these partners are responsible for supporting each client.
- Start your program with a solid client locator form, clearly designate your GPRA data collection team, and ensure solid processes for follow-up.

The Provider Network

- Your program should offer comprehensive services—a full menu of clinical tx and RSS
- Reach out to providers who offer such services starting with the ATR application process.
- Balance service standards with policies and protocols—do not put providers off by making the application process complicated or cumbersome.
- Advertise ATR as an opportunity to grow capacity.

Getting Started

- Before and during the application process, identify your provider network
- Make sure that you select organizations with strong infrastructures
 - Appropriate staffing
 - Policies and procedures
 - Adequate and sound facilities
 - Required Equipment (computers and data collection systems)
- Host ATR educational forums
 - To filter out providers that will not fit and to identify those that are most appropriate for your program design
 - To begin the a pre-application process
 - Identify strong leaders faith and secular among your providers that can rally these groups to provide peer support
 - To identify technical assistance and training needs for potential participants
- Do not underestimate the need for training! Training must occur at every stage of the grant. Consider identifying a trainer that can work full time on your management team.
- Recognize, respond to, and value the unique needs and contributions of RSS providers and FBCOs—identify an RSS or FBO liaison who can help bridge the “culture of administrators” with the “culture of CFBOs”.

- Continually emphasize what providers get out of the ATR experience to keep them engaged.
- Create ongoing forums for providers to:
 - Be recognized for their work
 - Get to know about the other providers in the network
 - Establish relationships that can be harnessed for sustainability efforts
 - Communicate key policies or updates from the Grant Management Level
 - Build a client-centered culture and community focused on supporting recovery.
- Value innovation and collaboration—especially between clinical treatment and RSS providers.
- Providers must understand from the outset that ATR is client-centered and outcomes oriented—providers must be able to function in this manner and may resist such emphases if this is a new way of doing business.
- Enter into signed agreements with providers and hold them accountable! (no need to be mean).

Care Coordination

- Grantee must have a solid model of care coordination
- Care Coordinators must be highly trained with clearly defined roles and very little other duties.
- Care coordinators act as the glue of your project
- Care Coordinators must form relationship with client upon entry into ATR
- Must follow client throughout entire duration of voucher
- Must respond to needs of client regardless of which provider client is with.
- Must have access to VMS to be able to track and update info on clients
- Must have strong communication with grant managers, providers, and GPRA data collectors.

The Electronic Voucher Management System

- Can be built from scratch or an existing system may be adapted to conduct VMS functions
- Must be capable of issuing and tracking vouchers at a minimum
- Should be capable of producing management reports to support decision making
- Should include controls to prevent and detect fraud, waste, or abuse of federal funds
- Should allow providers to bill directly online to streamline reimbursement process

Financial Management

- Grantees are awarded on a yearly basis, grantees should work to within yearly budgets and targets.
- Financial management must be based on target number of clients served, average cost per client, length of a voucher life, and close tracking of how much is obligated in vouchers vs. how much is used.
- CSAT has financial management spreadsheets that can be used to support monthly tracking.
- Financial information should be reported to management team at least on a monthly basis. Program should be accelerated or decelerated based on extent to which program is meeting monthly client and expenditure targets.

- Management structure should have cost controls in place to again prevent and detect fraud, waste, or abuse. Actual instances of fraud, waste, or abuse should be remediated swiftly and dollars should be recouped when necessary.

Contact List

Program Questions: Roula K. Sweis 240-76-1574

Grants Management Questions: Kathleen Sample 240-276-1407

Review Questions: Stanley Kusnetz: 240-276-1085

Data-Related Questions: Deepa Avula: 240-276-2961

Faith-Based Provider Questions: Jocelyn Whitfield: 240-276-2759

Additional Resources

- <http://www.atr.samhsa.gov/> for RFA and Question and Answer Page
- “Access to Recovery Implementation Toolkit” Publication
- (draft pre-released January 21, 2010)
- Webinars on ATR RFA:
 - January 27 for SSAs, 3-5pm EST
 - January 29 for Tribal Members, 3-5pm EST
 - Go to: http://www.atr.samhsa.gov/ATR3_TA_activities.aspx for logging-in instructions.