

CHAPTER SIX

ADATSA PROGRAM SERVICES

Revised July 2007

CHAPTER SIX – ADATSA SERVICES

ABC's of ADATSA

The ABC's of ADATSA is the key reference guide for the Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) program. Over time, the scope of the ABC has expanded, incorporating information of other related chemical dependency treatment services.

ADATSA ABC Manual

<http://www1.dshs.wa.gov/pdf/hrsa/dasa/ABCsofADATSA.pdf>

ADATSA LIVING STIPEND MANAGEMENT

I. ADATSA LIVING STIPEND MANAGEMENT

A. Management of Living Stipend Funds

1. Stipend funds should be immediately available for patients.
2. Funding is interchangeable except federal outpatient treatment funds can not be used for living stipends, but can be used for:
 - a) Increased assessments.
 - b) Enhanced employment overlay.
3. Creates incentive for patient to find employment.
4. Teaches patient how to budget.

B. County's Role/Duties

1. Manage living stipend funds.
 - a) The County is responsible for ensuring contracted funds are available for living stipends throughout the biennium.
 - b) Provide subcontractors with living stipend funding.
 - c) Funds for living stipends must be available to subcontractors for disbursement on first of each month.
 - d) Reconcile stipend funding monthly on invoice from subcontractor.
 - e) Reimburse subcontractor on a monthly basis so stipend funding reserve account is replenished in an amount sufficient to cover two months worth of stipends.
 - f) Obtain a list or ledger from subcontractor that states patient identification code and amount of stipend each patient received each month.
 - g) Monitor subcontractor expenditures for living stipends to ensure that the stipends are spent on appropriate items and on behalf

of the patients.

2. Obtain reimbursement from DASA. Complete A-19 including amount stipend funds that were disbursed.
- C. CSO's and Role/Duties
1. Determines financial eligibility for the ADATSA Program.
 2. Issue medical cards.
 3. Issue food stamps, if eligible.
 4. NO involvement by CSO with stipend determination.
- D. Subcontractors' Role/Duties
1. Have patient complete release of information to referring ADATSA assessment agency at time of admission into outpatient treatment.
 2. Evaluate each patient at intake to determine the initial level of treatment needed.
 3. Services shall be delivered in accordance with a treatment plan
 4. Report promptly to the referring assessment agency any known change of circumstance of income of the patient, or loss of contact with the patient.
 5. Provide employability assessment as well as job seeking motivation and vocational assistance services.
 6. Report each admission and each discharge to the referring ADATSA assessment agency in writing within five days of discharge or admission.
 7. The outpatient provider, as protective payee must give to the patient all material received from the Department of Social and Health Services (medical cards, food stamps, eligibility review, all correspondence concerning continued eligibility), except that which relates directly to the protective payee's role.
 8. The outpatient provider as protective payee has the authority and responsibility to make decisions about the expenditure of stipend funds.
 9. As the protective payee responsible for distributing the living stipend:
 - a) Establish separate checking account for living stipend funds.
 - b) Establish fiscal protocols to manage and track living stipend funds.

- c) Assure that the stipend is spent on behalf of the patients.
- d) The use of stipend funds for the protective payee's personal or business use is a crime.

NOTE: Administrative costs incurred in the performance of protective payee duties (checking account fees, postage, etc.) is included in the treatment contract and is not to be taken from the patient's living stipend.

- e) A separate accounting record/ledger is required and must be maintained for each patient that records check number, who check was written to, for what purpose, and amount of check. (Sample #1)
- f) The provider must consider income when administering living stipends. If the patient becomes employed and earns \$1,000 gross per month or more, do not issue any living stipend until the CSO has determined the patient's financial eligibility

NOTE: The patient retains primary responsibility for reporting changes to the CSO that may affect eligibility.

- g) In the event the patient drops out of the program, unexpended funds for that month remain in the general stipend account of the protective payee to be reconciled with the County. Close out the ledger and indicate the date.
- h) Reconcile living stipend funds monthly (See attached sample invoice form and back-up information sheet – Sample #2 & #3).

10. Guidelines regarding living stipend allocation.

- a) Living stipend funds are for the purpose of providing ADATSA outpatient treatment patients with basic needs for food, shelter, utilities, clothing, and personal care items.
- b) Patients participating in ADATSA outpatient treatment may receive \$339.00 per month.

[NOTE: If a county chooses to limit ADATSA outpatient to a maximum of three months, the maximum dollar amount should not exceed \$1,017.00.]

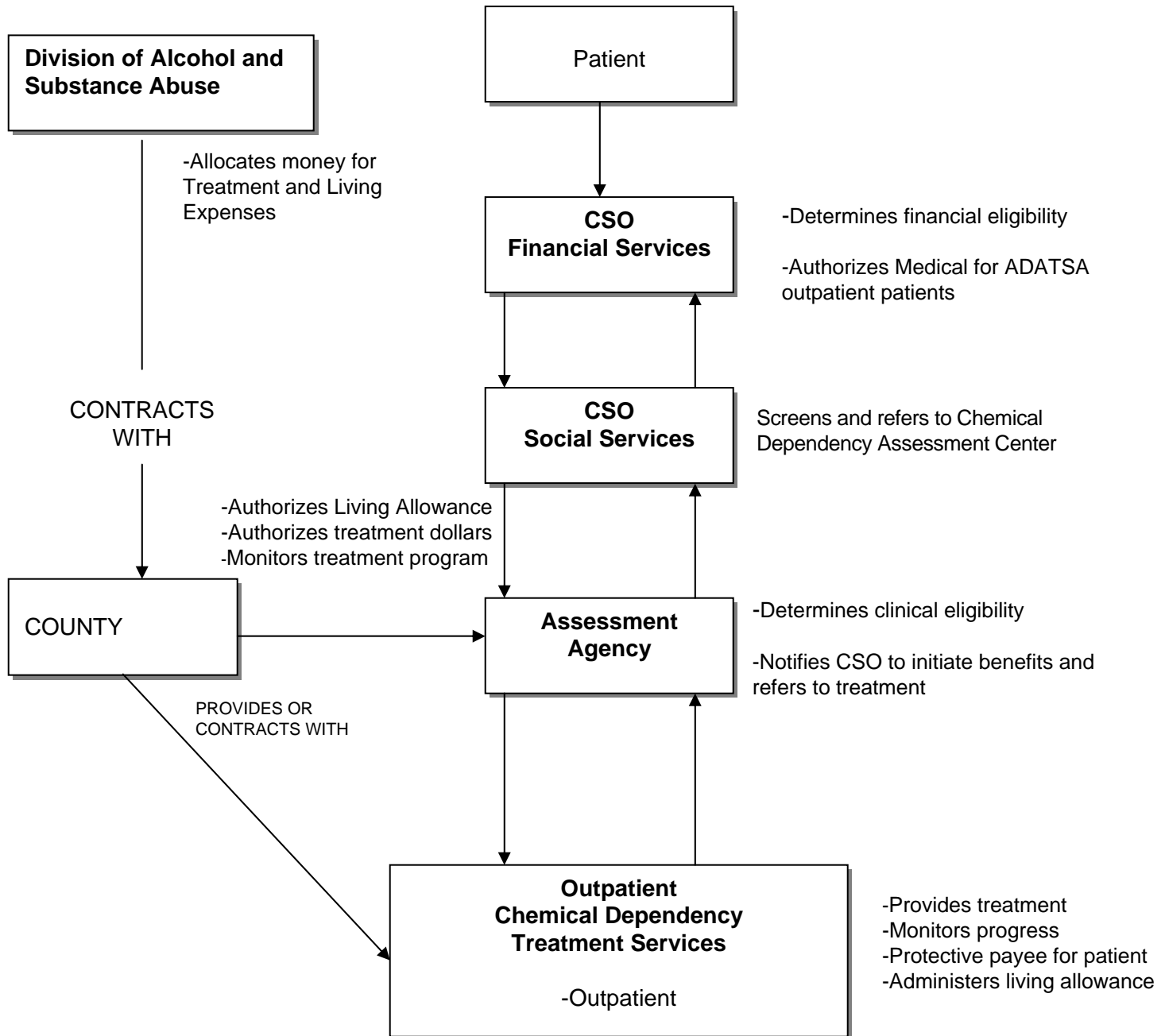
- c) When a patient starts at a time other than the first of the month, the patient's account will be credited for \$339.00 with disbursement typically being pro-rated by days remaining in the month.

- d) Housing and utility payments should be disbursed in the form of a check to the landlord or utility company upon presentation of a bill or invoice. Remaining funds can be disbursed to the patient to be used for personal needs at the discretion of the P-P depending upon the degree of patient recovery. Patients may receive up to \$40.00 per month for personal incidentals.
 - e) Remaining monthly funds, if any, may be disbursed to the patient to cover other basic needs once the patient has provided a receipt.
 - f) If a patient goes to work during the course of ADATSA outpatient treatment, stipend funds may still be available to the patient to support his/her employment re-entry or education pursuits (i.e., work boots, uniforms, books, etc.).
 - (1) The patient's income cannot exceed the financial eligibility payment standard in order to continue to receive stipend funds.
 - (2) Stipend funds must be adjusted down in relationship to need and incentives. Income must be considered in determining the need of the patient and the amount of stipend authorized
 - g) The patient must report any change in his/her income to the CSO of origin.
 - h) If the patient's gross earned income exceeds \$1,000 per month, do not issue any living stipend funds until a determination of eligibility is made by the CSO.
11. Determine amount of living stipend funds each patient receives. The counselor and the patient complete a Protective Payee Agreement (See the attached sample forms – Samples #4 & #5).

E. Recommendations

1. Assure more than one person is familiar with each aspect of living stipend management in the event of staff turnover.
2. Designate a "trouble-shooter" at county to problem solve and to coordinate resolution of issues that will come up.

Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) Outpatient Services and Living Allowance



PATIENT ACCOUNT LEDGER

PATIENT NAME _____

DATE	DESCRIPTION OF TRANSACTION	CHECK NUMBER	EXPENSE	DEPOSIT	BALANCE

SAMPLE #1

NUMBER _____

INVOICE

**_____ HUMAN SERVICES DEPT.
ALCOHOL AND OTHER DRUG PROGRAMS
ADATSA OUTPATIENT TREATMENT CONTRACTS**

CONTRACTING AGENCY NAME & ADDRESS:

REPORTING PERIOD: _____ TO _____

CONTRACT NUMBER: _____

Contractor Certification: I hereby certify under penalty of perjury that the units of service and totals listed herein have been estimated/provided in accordance to contractual obligations to the _____ County Human Services Department and that all units of service were provided without discrimination on the grounds of race, creed, national origin, handicap, sex or age. In addition, I certify that complete patient data is being entered into TARGET by the fifth working day of the month following the month in which services were received by the patient.

AUTHORIZING
SIGNATURE: _____

DATE: _____

**** REIMBURSEMENT SUMMARY ****

APPROVED SERVICE TOTALS	APPROVED UNIT COST	TOTAL UNITS	REIMBURSEMENT	
			CURRENT	TOTAL TO DATE
Outpatient Treatment:				
Protective Payee:	15.00			
Patient Stipend:	N/A	N/A	**	
CURRENT PERIOD TOTAL:				

**** FUNDING DISTRIBUTION ****

FUNDING SOURCE	CURRENT PERIOD	TOTAL TO BUDGET	CURRENT BUDGET	BUDGET BALANCE
Federal: ADATSA Opt.				
State: ADATSA				
Current Period Total:		*		

*(Current Period Totals Match)

****Patient Living Stipend Reconciliation****

Beginning Stipend Balance:	_____
Plus: Monthly Stipend Total:	_____
LESS: CURRENT MO. DISBURSEMENT:	_____ **
ENDING STIPEND BALANCE:	_____

Reviewed For Payment:	_____
Authorized Fund:	_____

SAMPLE #2

ADATSA BACK-UP INFORMATION

AGENCY _____

MONTH _____

	PIC CODE	START DATE	TERM DATE	# OF HOURS	AMOUNT BILLED	STIPEND DISBURSED
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

SAMPLE #3

II. ADATSA OUTPATIENT TREATMENT SERVICES

GUIDELINES FOR STIPEND EXPENDITURES

In making a determination if an expenditure of patient living stipends is appropriate, the general guideline is: appropriate expenditures are those that will assist the patient in maintaining their sobriety and/or become employed. The ADATSA counselor is given discretion in making the final determination. The ADATSA counselor and the patient jointly complete the Protective Payee Agreement and prepare a budget for each month.

The following are examples of expenditures that are either acceptable, unacceptable or expenditures that require specific review of the patient's circumstance before making a determination.

EXAMPLES OF ACCEPTABLE EXPENDITURES: rent, food, utilities, personal incidentals (up to \$40.00 per month), work boots/clothes, hair cuts, bus passes and dental work.

EXAMPLES OF UNACCEPTABLE EXPENDITURES: pagers, cell phones, HBO and premium channels, pet food, telephone service add-one (ex. call waiting), child support, gift purchases, gambling, court costs, fines, and electronic equipment (ex. VCR, stereo, TV).

EXAMPLES OF EXPENDITURES REQUIRING COUNSELOR JUDGMENT: (depending on individual patient circumstance): car payments, long distance, loan payments, auto repairs, bicycle, tuition costs and savings account.

The examples are not intended to be all encompassing. The ADATSA counselor is encouraged to contact the county staff if an unusual request is made that is not clearly "acceptable" or "unacceptable".

III. PROTECTIVE PAYEE AGREEMENT

This agreement shall be completed and signed prior to any distribution of funds received by Name of Outpatient Provider for the benefit of DSHS referred patients.

State guidelines for persons receiving Outpatient ADATSA assistance stipulate that the designated funds be used to provide basic needs of food, shelter, utilities, clothing, and personal items.

Bill and/or receipts must be turned in on or before Tuesday at 5:00 p.m. (group time) to be reimbursed on Wednesday. Any bills and/or receipts turned in after group on Tuesday will not be reimbursed until the following week.

You must label bills and receipts with your first and last names.

It is hereby agreed that funds received for _____ will be dispersed as follows:

Monthly award: \$ _____

Payments will be made as follows:

Payable To	Amount
Shelter	_____

	(Address)
Electric	_____
Water	_____
Telephone	_____
Other (specify) _____	_____
Other (specify) _____	_____

Distribution of funds shall be contingent upon my successful compliance with your established treatment plan.

SAMPLE #4

PROTECTIVE PAYEE AGREEMENT FOR _____, _____
 Date Year

Patient Name: _____

This agreement shall be completed and signed prior to distribution of living stipend funds received for the benefit of eligible patients participating in ADATSA Outpatient Treatment Services. Living stipends are for the purpose of providing ADATSA outpatient treatment patients with basic needs for food, shelter, utilities, clothing, and personal items. The protective payee has the authority and responsibility to make decisions about the expenditure of stipend funds.

Maximum amount of monthly living stipend patient is eligible for (pro-rated according to start date and up to \$339.00/month): \$ _____

Distribution of living stipend will be made as follows:

	Payment To:	Amount
Rent/Shelter:	_____	\$ _____ per month
	(Address)	
Utilities:	_____	\$ _____ per month
Other (specify)	_____	\$ _____ per month
	_____	\$ _____ per month
CPI	_____	\$ _____ \$40 max/month
	TOTAL	\$ _____

Distribution of funds shall be contingent upon the patient's ongoing compliance with the following program requirements, e.g:

- Regular attendance at all scheduled group and individual treatment sessions.
- Attend self-help recovery support groups as outlined in treatment plan.
- Continued compliance with treatment plan.

Patient Signature _____ Date _____

Counselor Signature _____ Date _____

SAMPLE #5