

# ATR Provider Application

## I. Applicant Information

Organization's Name

DBA (if applicable)

Agency Type (Choose one)

Is the Organization a Faith Based Organization?  Yes  No

Physical Address

Phone Number

City  State  Zip Code

Fax Number

County

Agency Director

Mailing Address

Director's Phone Number

City  State  Zip Code

Director's email

County

Agency Federal Tax Identification Number

County Vendor Number (If Applicable For Reimbursement)

**ATR Contact Information:** Please provide the following information for the individual in your agency who will be the ATR main contact. This individual will receive all notices, alerts, and will be contacted with questions and/or concerns regarding ATR and your agency.

Name  Phone  email

Describe the services your program provides.

Describe how the agency determines if staff and volunteers are qualified and appropriate to serve clients

List any criteria that would prohibit a staff member or volunteer from providing services to or having contact with clients.

Select all that apply to your organization

- is located near public transportation     is handicapped accessible     has handicapped parking  
 provides services in languages other than English. Please list

## II. Disclosures

Has your organization or an employee or volunteer ever lost a professional certification or license for misconduct, failure to maintain required standards, or any other reason?

- Yes  No

If yes please explain:

Is your organization or an employee or volunteer facing any pending or threatened legal litigation?

- Yes  No

If yes please explain:

## III. Type of Organization: Place a check mark in the box that best describes the organization.

- Faith-Based (organization is founded on a particular religion or spiritual belief)

- Tribal (recognized Native American tribe or association)

- Community-Based (not faith or tribal)

Religious Denomination

Native American Affiliation

Select all that apply (hold ctrl to select multiple)

## IV. Information System Requirements:

	Minimum	Preferred
Processor	500 MHz Intel or AMD Processor	1 GHz + Intel or AMD Processor
RAM	128 MB of RAM	1 GB of Ram
Storage	1.5 GB of available hard disk space	15 GB of available space
Graphics	1024X768 or higher-resolution video adapter	Dedicated 128 MB+ Graphics Card
Operating System	Windows XP	Windows XP, Vista, Windows 7
Internet Connection	56k dial-up	1 Mb/s broadband (DSL, Cable, T1, Fiber)
Browser	Internet Explorer 7 or later	Internet Explorer 7 or later

- I have read the information system requirements for the ATR Voucher Management System and attest the organization has access to the minimum system requirements.

**V. ATR Services:** To follow is a listing of all ATR covered services for which agencies may apply to provide to ATR clients. Check those services your agency will provide and, if you have more than one facility, list those facilities that will delivery the service checked. Finally, for each service there is a listing of required documents that must be submitted with the application. Please check those required items that they are included in the application packet.

Service Description	Service Location(s)	Documentation Requirements
<p><b>Assessment:</b> A service delivered to vouchered clients to determine the appropriate treatment service array and identify appropriate level of care for overall symptom reduction. See the ATR manual for reimbursement rates and additional requirements.</p> <p><input type="radio"/></p>	<div style="border: 1px solid black; height: 100px;"></div>	<p>Include one of the following for each listed service</p> <p><input type="radio"/> location current license with the Utah DHS Office of Licensing as a substance abuse treatment agency.</p> <p><input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.</p>

## Services Continued

Service Description	Service Location(s)	Documentation Requirements
<input type="radio"/> <b>Detoxification:</b> A short term non-medical treatment service for individuals who are intoxicated or withdrawing from alcohol or drugs.		<p><u>Include the following for each listed service location:</u></p> <input type="radio"/> current license with the Utah DHS Office of Licensing as a substance abuse detoxification agency.
<input type="radio"/> <b>Residential:</b> A short-term non-medical treatment service for individuals meeting ASAM criteria for Residential level III.5 treatment.		<p><u>Include the following for each listed service location:</u></p> <input type="radio"/> current license with the Utah DHS Office of Licensing as a substance abuse residential agency.
<input type="radio"/> <b>Intensive Outpatient Treatment:</b> An outpatient treatment service delivered to individuals meeting ASAM criteria for Intensive Outpatient Treatment Level II.1.		<p><u>Include the following for each listed service location:</u></p> <input type="radio"/> Current license with the DHS Office of Licensing as a substance abuse treatment provider.
<input type="radio"/> <b>Outpatient Treatment:</b> An outpatient treatment service delivered to individuals meeting ASAM criteria for Outpatient Treatment Level I.		<p><u>Include the following for each listed service location:</u></p> <input type="radio"/> Current license with the DHS Office of Licensing as a substance abuse treatment provider.

Service Description	Service Location(s)	Documentation Requirements
<input type="radio"/> <b>Continuing Care:</b> A service delivered to individuals who have completed Residential, Intensive Outpatient or Outpatient treatment but required additional supportive services to maintain the gains made during treatment. Services are delivered by the current treatment agency.		<p><u>Include the following for each listed service location:</u></p> <input type="radio"/> current license with the Utah DHS Office of Licensing as a substance abuse treatment agency.

## Services Continued:

Service Description	Service Location(s)	Documentation Requirements
<input type="radio"/> <b>Recovery Management:</b> A service delivered to individuals awaiting treatment entry, or who have completed treatment at a higher level of care and need additional supports to maintain gains. Service is not delivered at the agency where the client received treatment.		Include the following for each listed service location: <input type="radio"/> current license with the Utah DHS Office of Licensing as an outpatient agency.  <input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.
<input type="radio"/> <b>Housing Assistance:</b> Short-term housing in a safe and recovery-oriented environment for clients with no other housing alternatives.		Include the following for each listed service location: <input type="radio"/> current license with the Utah DHS Office of Licensing as a residential support agency.  <input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.
<input type="radio"/> <b>Case Management:</b> Agency must have prior approval from the County's ATR Care Coordinator to select this option.		Include the following for each listed service location: <input type="radio"/> current license with the Utah DHS Office of Licensing as an outpatient agency.  <input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.
<input type="radio"/> <b>Childcare:</b> Includes care and supervision to an ATR client's children under age 14 for less than 24 hours.		Include the following for each listed service location: <input type="radio"/> current license with the Utah Department of Health Child Care Licensing.  <input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.
<input type="radio"/> <b>Bus Passes:</b> Provides bus passes at monthly, daily, or per use for approved ATR clients.		<input type="radio"/> Must be a provider of another recovery support or treatment service.
<input type="radio"/> <b>Medication Assisted Therapies:</b> The use of medications, in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of Substance Use Disorders.		Include the following for each listed service location: <input type="radio"/> current license as one of the following: 1) prescriber's license and DEA#, 2) Methadone Maintenance agency, 3) Health care facility license.  <input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.
<input type="radio"/> <b>Educational Services:</b> Includes services to ATR clients and/or their family members in a didactic setting.		Include the following for each listed service location: <input type="radio"/> Must have one of the following 1) current license with the Utah DHS as an outpatient treatment agency, or 2) a copy of approval from the Utah Evidence Based Workgroup.  <input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.

**Services Continued:**

<p><input type="radio"/> <b>Life Skills Services:</b> Services provided to individuals to address activities of daily living and other issues.</p>		<p><u>Include the following for each listed service location:</u></p> <p><input type="radio"/> Must have one of the following 1) current license with the Utah DHS as an outpatient treatment agency, or 2) a copy of approval from the Utah Evidence Based Workgroup.</p> <p><input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.</p>
<p><input type="radio"/> <b>Special Needs:</b> These are services identified by the Case Manager as being a barrier to gaining and/or maintaining recovery. These include such things as Gas Vouchers, Birth Certificates, State ID, GED testing, etc. Agencies offering this service must be willing to purchase on behalf of the ATR client any service identified on the voucher.</p>		<p><u>Include the following for each listed service location:</u></p> <p><input type="radio"/> Must provide the special need as identified.</p>
<p><input type="radio"/> <b>Online Recovery Support Services:</b> Services provided to individuals via electronic media to assist them in gaining or maintaining recovery.</p>		<p><u>Include the following for each listed service location:</u></p> <p><input type="radio"/> Must have one of the following 1) CARF accreditation as an online provider, or 2) a copy of approval from the Utah Evidence Based Workgroup.</p> <p><input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.</p>
<p><input type="radio"/> <b>Sober Supportive House:</b> 24 hour room and board in a sober environment for qualifying individuals.</p>		<p><u>Include the following for each listed service location:</u></p> <p><input type="radio"/> Must have a current license with the Utah DHS as Residential Support agency.</p> <p><input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.</p>
<p><input type="radio"/> <b>Drug Testing:</b> The scientific analysis for the presence of drugs or their metabolites in the human body.</p>		<p><u>Include the following for each listed service location:</u></p> <p><input type="radio"/> Must have one of the following: 1)a current license with the Utah DHS 2)an approved Case Management Agency, 3) Certification by SAMHSA, CAP, or CLIA.</p> <p><input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.</p>
<p><input type="radio"/> <b>Medical Services:</b> Medical Health and/ or Dental services including prescriptions, preventive care and primary care</p>		<p><u>Include the following for each listed service location:</u></p> <p><input type="radio"/> Current physician/prescriber license, or if a pharmacy current pharmacist license.</p> <p><input type="radio"/> Completed checklist of required commercial insurance coverage and copies of required insurance policies.</p>

Please check here that the following items are included in your application packet:

- W-9                       Facility List                       Staff List

Please return your completed application to the Care Coordinator for your Agency's location.

ATR Project Director  
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