



DIVISION OF BEHAVIORAL HEALTH (DBH)
REQUEST FOR SUBSTANCE USE DISORDER SUPPORTED TRAVEL ASSISTANCE INSTRUCTIONS

(Non-Medicaid eligible clients only)

DEFINITIONS

ELIGIBLE CLIENTS: Anyone in need of travel assistance for substance use disorder treatment services who is unable to obtain necessary treatment services in their own community.

PRIORITY CLIENTS: Pregnant women, injection drug users and women with children.

REFERRING AGENCY: The Referring Agency is the agency that has the first contact with the client and who determines that the client requires a higher level of care than available locally.

RECEIVING AGENCY: The Receiving Agency concurs that the client is in need of a higher level of care and agrees to admit the client.

PAYER OF LAST RESORT: The Division of Behavioral Health (hereafter DBH) is the payer of last resort and will pay for travel only if there are no other means to cover the costs. Other sources to be explored prior to requesting DBH assistance may be family, the client, insurance, VA, DOC, Office of Children Services, Medicaid, village and tribal councils, Native corporations or donations.

PROCEDURES FOR OBTAINING TRAVEL FUNDS

Prior to Admission

Referring Agency

- When a client is in need of substance use disorder treatment services that are not available at the local treatment program, the local treatment program shall complete a Request for Division of Behavioral Health Supported Travel Assistance form and obtain a signed Client Consent for the Release of Confidential Information form (***both forms must be filled out completely and legibly***) and then call the nearest DBH-funded substance use disorder treatment facility providing the level of care needed. The ASAM Third Edition and DSM-5 or ICD10 criteria ***must*** indicate that the level of

treatment required to meet the client's need is not available in the client's community. An explanation of the treatment plan must be provided.

- The Referring Agency will discuss the client's assessment, needs and preferences with the Receiving Agency and together determine the appropriateness of treatment at the Receiving Agency's facility. The client shall be informed by the Referring Agency of the scope, approximate length of services and obtain his or her agreement to participate in treatment.

Additionally, the client shall be informed that if he/she fails to complete treatment and/or fails to arrange continuing care services he/she will be responsible for the purchase of their return ticket.

- The Referring Agency will obtain a DBH Consent for the Release of Confidential Information form signed by the client or guardian and submit it to the Receiving agency.
- The Referring Agency must contact the Receiving Agency to confirm travel arrangements from airport to the treatment center.
- The Referring Agency, after purchasing a one-way ticket to the location of the treatment facility, will request reimbursement from DBH by submitting an invoice containing essential information such as the name of the client, cost, travel origin and destination, airfare or other transportation receipts (airline coupon, boarding pass), including the DBH Request for Substance Use Disorder Supported Travel Assistance to:

Division of Behavioral Health
P.O. Box 110620
Juneau, AK 99811-0620

DBH

- The Division of Behavioral Health reviews the travel request and if appropriate, authorizes travel for the client. The DBA staff person in Juneau signs the travel form and faxes it to the Referring Agency.

Following the Admission

Receiving Agency

- The Receiving Agency shall notify the Referring Agency upon the client's successful completion of treatment. The Receiving Agency shall begin discharge planning and coordinate continuing care with the Referring Agency.
- The Receiving Agency faxes the completed DBH Request for Substance Use Disorder Supported Travel Assistance form **with** a copy of the original Consent for the Release of Confidential Information Client Travel to the DBH Juneau office at 907-465-2185.

- Purchase of a return ticket by the Receiving Agency will be contingent on successful completion of treatment and arrangements of continuing care services. Reimbursement will be made when an invoice containing essential information such as the name of the client, cost, travel origin and destination, together with airfare or other transportation receipts, confirmation that the travel was completed, and the DBH Request for Substance Use Disorder Supported Travel Assistance form is submitted to the DBH Office, P.O. Box 110620, Juneau, Alaska, 99811-0620.

Referring Agency

- The Referring Agency confirms the continuing care arrangements and coordinates the client's travel plans with the Receiving Agency.
- The DBH staff person reviews the travel request and if appropriate authorizes travel for the client. The DBH staff person signs the travel forms and faxes it to the Receiving Agency.

INSTRUCTIONS FOR RELEASE OF CONFIDENTIAL INFORMATION

- 1) **Print** all of the information legibly;
- 2) Print the names and addresses of the Referring Agency and the Receiving Agency involved in this travel request;
- 3) **List all medical insurance companies** involved in paying for travel.
- 4) The DBH Consent for the Release of Confidential Information release is pre-printed for you;
- 5) The reason and purpose for the disclosures is pre-printed;
- 6) The revocation condition is pre-printed;
- 7) The counselor shall review the Release with the client to insure that he or she understands its meaning;
- 8) The client initials the event, enters the date and signs the release;
- 9) The counselor reviews the Release to ensure that it is complete and correctly filled out and then faxes the Release **with** the travel request to the DBH office (No travel request will be approved without a Release).