DATE: July 14, 2014  
TO: SUD Provider Network  
FROM: Business Psychology Associates Provider Network Management  
SUBJECT: Parolee Aftercare Guidelines

Thank you for joining the call on June 9th with the Idaho Department of Correction. We appreciate the 40 participants who were able to join the call, provide feedback and help us identify areas that would benefit from further communication. Based on this discussion, IDOC has clarified the Parolee Aftercare process and updated the Guidelines as attached.

We look forward to the next phone call which will be held on August 12th at 2 PM MDT. We will provide specific information on how to join the call as well as topics to be discussed in the coming weeks. If you have any topics that you would like IDOC to address, please email them to Sharon Burke at sharon.burke@bpahealth.com.

If you have any questions, please contact your Regional Coordinator below:

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Parolee Aftercare Guidelines

**Defined:** 4 hours a week of bundled education, group, individual, and individual with family member present services. Parolee Aftercare also permits authorization of all recovery support services available within the standard service matrix limits.

**Purpose:** To focus on identification and intervention for issues related to motivation for change, relapse prevention, and social support and environment during the community reintegration process.

1. **Treatment Goals:**
   a. Assess willingness and readiness for change, relapse plan and recovery environment
   b. Explore and address problems or risk factors related to substance use
   c. Recognize the harmful consequences of ongoing and past use
   d. Gather collateral information (drug/alcohol testing) for an appropriate level of care assessment
   e. Immediate entry into aftercare treatment services without waiting for an assessment to be completed. Though the GAIN assessment must be completed within 30 days after the client enters services, it is important to provide treatment services immediately to prevent relapse. The Admission in WITS must be completed prior to billing for any treatment services. If the GAIN-I is not conducted and downloaded to WITS prior to the client entering treatment, then providers must enter/complete all required information in the Admission, including the ASAM screen before WITS will allow the provider to bill for services.
   f. Appropriate interventions matched to the stage of change. Individual or group services provided prior to the GAIN assessment should be guided by an initial service plan developed as soon as possible after intake based on ASAM Dimensions 5 and 6. Once the GAIN is completed, an updated service plan must be developed within 30 days.

2. **Length of Parolee Aftercare Episode:**
   a. Expected duration of 90 days
   b. Extensions available and will not exceed an aggregate of 90 additional days. See section 3 “Authorization Change Request”

Revised June 2014
c. Update PO on client change in status. PO involvement needed to address treatment engagement, barriers to recovery and enhance internal/external motivators.

3. Authorization Change Requests
   a. If ASAM problem areas remain a clinical concern, or if the client is not ready to commit/engage in services, a request for another parolee aftercare episode can be submitted
   b. If the client displays increased symptomology for a higher LOC, review dimensions 1, 2 and 3 for stability and interference with treatment and justify dimensions 4, 5, and 6 for an appropriate transfer to OP or IOP
   c. GAIN must be completed prior to request for transfer or additional services. If the GAIN was completed more than 30 days prior to the request, then current ASAM documentation must be submitted for review.