

Lancaster Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual	CMCS 40a Core Training Invoice
<i>Most Current Revision: 06/21/2022</i> <i>Page: 1 of 1</i> <i>Effective Date: 06/21/2022</i>	

Prior to completing this Core Training Invoice, review policy **CMCS 40 Training Reimbursement for Outpatient Treatment Service Providers**.

____ Checking the box indicates that the policy **CMCS 40 Training Reimbursement for Outpatient Treatment Service Providers** was reviewed:

This completed document is be emailed to: DrugAlcohol@co.lancaster.pa.us

- **Employee Name:**
- **Provider Name:**
- **Provider DDAP #:**
- **Billing Month:**
- **Today's Date:**

Date of Training	Training Description	Attendee Name	# of Hours	Rate	Total
	Addiction 101			\$40 p/h	
	The ASAM Criteria, 2013			\$40 p/h	
	Case Management Overview			\$40 p/h	
	Case Management Skills Training			\$40 p/h	
	Confidentiality			\$40 p/h	
	Motivational Interviewing, Advancing the Practice* *Only required for Case Management Staff hired on or after July 1, 2020			\$40 p/h	
	Case Management Overview			\$40 p/h	
	Screening and Assessment			\$40 p/h	
TOTAL					

I attest that the above information is true and correct. At a minimum, 80% of this reimbursement will be given to the attendee if the attendee is not a full-time employee of the facility.

- Employee Signature:**
- Supervisor Signature:**
- Printed Name of Supervisor:**
- Supervisor email:**