

Oregon Access to Recovery (OR-ATR)

Recovery Management Center (RMC) Provider Handbook

Oregon Access to Recovery (OR-ATR) is a person-centered, community-based recovery program involving clinical treatment, faith-based support, and other recovery support services that provide individual support during the recovery process. Access to Recovery is a Substance Abuse and Mental Health Services Administration (**SAMHSA**) initiative which is: designed to increase access to substance abuse services through independent assessment; emphasize participant choice of recovery support and clinical service providers; develop and maintain extensive service linkages with faith-based and community-based organizations; and delivers funds through an electronic voucher method of payment.

Recovery Support Services are critical to the success of the recovery process. For many people, the difference between success and failure in recovery will depend upon the access to supportive services which aid them in their recovery. Faith-based and community organizations, already deeply engaged in providing aid to people struggling with substance use disorders, are intended to be among the primary recipients of ATR funds.

Principles of Access to Recovery

- No single service is appropriate for all individuals. Matching settings, interventions, and services to each person's particular problems and needs are critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
- Treatment and recovery support needs to be readily available. Because people who are addicted may be uncertain about recovery, taking advantage of opportunities when they are ready is crucial. Potential participants can be lost if services are not immediately available or are not readily accessible.
- Effective recovery support and treatment addresses multiple needs of the person, not just his or her substance use. To be effective, all components of recovery and treatment must address the person's alcohol or other drug use and any associated medical, psychological, social, vocational, and legal problems. Peer-to-peer support by a Certified Recovery Mentor or Peer Support Specialist to assist people in creating and implementing their own recovery support services plan is encouraged and supported in OR-ATR.
- A person's treatment and recovery support services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs. A person may require varying combinations of services and treatment components during the course of treatment and

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recovery. In addition to counseling, a person's process of recovery may be enhanced by additional services not paid for through any other benefit package

- Services should be available, accessible, and acceptable to members of culturally and racially diverse groups of men or women, regardless of age, gender, language ability, sexual orientation, physical, mental or emotional ability level. In addition, the specific tradition, custom or other practices and principles related to healing and recovery that are employed by specific groups, tribes, faith-based organizations, or other entities shall be recognized as significant as related to self-identity, self-value and recovery and as appropriate to the ATR funding source for the services offered.
- Duration of services for an adequate period is essential for effectiveness. The appropriate duration of services for a person depends on his or her problems and needs. Additional services can produce further progress toward recovery.

General Articles

OHA Oregon Credentialing of Providers

OHA reserves exclusive rights to determine provider eligibility, appropriateness for service, and access to the OR-ATR network. Such determination will be based on Letters of Approval in good standing; Community Mental Health Provider designation, training or certification; evidence of competency; interviews; or other knowledge of significance unique to the individual provider. The determination of credentialing by the OHA ATR credentialing process shall indicate provider responsibility to provide only **approved** and **credentialed services** in the geographic location specified in the Agreement or addendum to the Agreement. OR-ATR credentialing does not award or assign any sort of licensure or certification, nor supersede the legal requirements or responsibilities of Federal, Tribal, State, County or municipal law regarding the following: protection of client confidentiality; maintenance of licensure or other professional standing; maintenance of liability and other essential insurance; ethical and appropriate interaction with participants as individuals, families or group members; nor any other legal, fiscal or ethical responsibility.

Termination

OHA may, by written notice to the Provider, terminate the whole or any part of the provider agreement in any one of the following circumstances:

1. Either OHA or the Provider may terminate provider agreement without cause upon thirty (30) days written notice to the other party.
2. If the Provider fails to comply with any terms, conditions, requirements, or provisions of this Agreement, OHA shall notify the Provider in writing, and

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should the Provider not remedy such failure within a period of time specified in writing by OHA, the provider agreement may be terminated immediately following the end of the time period for remedial action.

3. If, during the term of provider agreement, the Provider or any of its officers, employees or agents commit client abuse, neglect or exploitation, malpractice, fraud, embezzlement or other serious misuse of funds, OHA may terminate the provider agreement immediately upon written notice to the Provider.
4. OHA may terminate the provider agreement pursuant to the loss of funding, expenditure of grant funds, or other financial limitation to funds.
5. Neither party may nullify obligations already incurred for the performance or failure to perform prior to the date of termination.

Conflict of Interest

Recipient organizations must establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others such as those with whom they have family, business, or other ties. Therefore, each institution receiving ATR funds must have OR-ATR approved written policy guidelines on conflict of interest and avoidance thereof. These guidelines should reflect state and local laws and must cover financial interests, gifts, gratuities and favors, nepotism, and other areas such as political participation and bribery. These rules must also indicate how outside activities, relationships, and financial interests are reviewed and reported by the responsible and objective institution official(s).

Confidentiality

This refers to the protection of Personal Health Information (PHI). All ATR service participants have the right to expect that all PHI will be treated confidentially. PHI must be protected by providers, and at no time should PHI be broadcast or disseminated. **Providers must not use any PHI at any time in electronic e-mail communication.** The Oregon Web Infrastructure for Treatment Services (OWITS) website provides an individual identifier unique to the ATR system. This is the only reference that may be used in email communication.

Recovery Management Center (RMC) Definitions

Roles and Responsibilities

A Recovery Management Center functions are: intake and screening; referral; data collection; and care coordination.

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The RMC staff shall carefully adhere to all aspects of providing free and independent choice of clinical and recovery support services to all OR-ATR participants. A RMC must inform each and every person that **choice** is the first and primary regard of all services provided within the program guidelines. This means that each participant shall be offered at least a choice of a community-based provider and a faith-based provider. The RMC role is to assist the person with unbiased guidance in a free and independent choice by the participant. No services should be denied based on client choice of an approved provider if they are deemed appropriate by the case management protocol. Alternate services may be recommended based on availability, but the voucher is to be issued based on the individual choice of the support service provider as the critical determinant.

Participant Eligibility Criteria

Individuals seeking OR-ATR voucher services must meet the following **eligibility criteria**:

- Be a resident of Clackamas, Lane, Marion, Multnomah, or Washington counties.
- Be 18+ years of age.
- Have a current diagnosis or history of a substance use disorder.
- Be in the first six months of recovery or community re-entry from an institutional or residential setting.
- Be a person that needs support services to help open the door to recovery.

ATR prioritizes services and supports to special populations including:

- returning veterans and active duty military
- parents involved with child welfare
- transitional age youth (18-25); and
- individuals re-entering the community from institutions like prison and residential treatment programs.

The RMC shall provide intake, screening and recovery support services planning and referrals to clients, as scheduled and as needed, who meet the programmatic eligibility guidelines stated above.

RMC Procedure Guidelines

- Greet and explain intake and screening procedure to screened clientele.
- Have walk in and mobile assessments available.
- There shall be no more than three working days between first contact to assessment.

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- RMC's shall use ATR Pre-Planning document, GPRA Intake, the OWITS Recovery Support Services Plan (RSSP) as part of overall clinical and recovery support assessment and administer periodic reviews and updates of the RSSP as per Oregon protocol and upload data to the **OWITS** website as completed.
- Inform the person of RSSP results and issue vouchers to provider(s) of choice for clinical or support services as indicated.
- Inform provider of issuance of voucher and schedule an appointment for the client with the provider(s). RMC staff will obtain the necessary releases of information to coordinate referrals and services.
- Complete all data requirements in OWITS as required by OR-ATR, including Intake GPRA results at intake and Discharge GPRA
- GPRA data collection at discharge GPRA must meet a 80% completion rate of all participants entered into the OWITS system.
- Submit any materials developed for public or media distribution to include but not be limited to advertising or media campaigns, pamphlets, brochures, etc., or public service announcements to the Project Director for approval prior to finalization and distribution.
- The use of Recovery Mentor/Coach is strongly encouraged to ensure that the person getting services makes the transition between RMC and the next steps in their recovery journey.

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Recovery Management Center shall complete necessary administrative functions:

- Must verify ATR eligibility.
- Submit billing within OWITS website per training provided.
- Maintain all required documentation as instructed.
- Maintain local and satellite office intake/screening schedules.
- Supply OR-ATR information to callers inquiring about ATR services.
- Maintain appropriate participants records as outlined in OR-ATR basic training.
- In case of intake no-show, RMC staff will reach out and reschedule the appointment.
- Attend all meetings with ATR Provider Network, as coordinated by OR-ATR Project Director.
- Agree to participate in all OR-ATR basic trainings. CEU's will be provided when appropriate.
- Work in collaboration with OR-ATR Project Director and designated staff.
- Assist OR-ATR Project Director in monitoring all data to ensure program goals are being achieved.
- Have OR-ATR approved policies and procedures in place for:
 - Emergency situations
 - Processing and resolving participants complaints and grievances
 - Providing participants with the opportunity to comment on the services that they receive.

Recovery Management Centers shall complete an intake and discharge GPRA survey for each assessed client, utilizing the Oregon Voucher Management System (VMS).

Recovery Management Centers shall receive and follow specialized technical training on the Government Performance and Results Acts (GPRA) of 1993 and perform GPRA assessment and required follow-ups on clients and document findings as directed.

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Recovery Management Center Care Coordination

The RMC is responsible for facilitating and monitoring the Recovery Support Services vouchers and the provision of comprehensive case coordination to assist the client in accessing: health and social services, employment and job training programs, educational opportunities, and any other needs identified by the client or other service providers in support of the client's recovery process. The Coordinator shall apply necessary judgment and due diligence in the timely assignment of recovery services to the individual, adhering to agency protocols while honoring the intent of the ATR grant to sanction individual need and choice.

RMC Staff Standards

RMCs shall identify a Care Coordinator and gain approval of choice by OR-ATR Project Director.

The RMC Care Coordinator shall be a certified alcohol and drug counselor. Other equivalent experience and education may be substituted as approved by OR-ATR Project Director.

The RMC staff must attend periodic ATR case coordination trainings designed to enhance community resource expertise and case coordination skills.

RMCs shall identify an OWITS coordinator, support their training on the system and develop a back-up plan should that person not be available.