Care Coordination FAQ's

State Care Coordination	ATR /RecoveryNet
1. What is the purpose of Care Coordination (CC)? a. designed to improve recovery outcome for individuals identified as at high risk for relapse, and b. to insure that recognized obstacles to recovery are minimized such as unstable living environments, unemployment, family problems, health problems, etc. c. improve efficiency and fiscal responsibility of public treatment dollars. 2. Who <u>must be</u> enrolled: (CC record must be opened) a. All individuals in residential treatment (III.7) funded by ADAA grant dollars, and b. Other populations identified by the jurisdiction as high risk/high cost. 3. Who <u>can be</u> enrolled? (dependant on capacity) a. Referrals from Care Coordinator's in other jurisdictions, and b. Referrals from residential treatment programs of individuals returning to your jurisdiction having used other treatment payment sources. (must be finically eligible) 4. What do I do with clients that do not want Care Coordination? a. Open a Care Coordination record for all eligible clients. b. Schedule a follow-up contact in less than 30 days to reassess client need and status. c. Dis-enroll from CC when greater than 30 days = no client contact. 5. Who gets the 6 month outcome measure survey? a. <u>All</u> clients whom you have enrolled for State Care	1. How can I get RecoveryNet Services for my client? a. The agency you work for must be a RecoveryNet Provider (Provider Application submitted and Provider Agreement signed) b. <u>All</u> CC's must have completed State CC's training and receive the appropriate SMART Log-in. c. You <u>must email the RAC</u> to request services for your client before you enroll the client? i. Insures that the service is available and that the client is eligible. ii. Failure to request services prior to enrolling the client for ATR services is prohibited and can result in loss of access to RecoveryNet Services for the CC provider. 2. What needs to happen in an ATR Intake? a. You must determine client's eligibility for services. i. Over 18 yrs. ii. Maryland resident iii. 200%Federal Poverty Index iv. Identified need not met bay another funding source v. Active recovery plan b. Orient the Client to RecoveryNet i. Service available and Client Choice of service ii. Required CC contact iii. Required Intake, Follow-up and Discharge GPRA iv. Engagement in Treatment or other recovery support c. Get approval to enroll from the RAC d. Complete the Participant Application with the client e. Enroll the client in the SMART ATR/RecoveryNet Voucher Management System (VMS) f. Administer the Intake GPRA g. Create required consents and

Coordination that are still enrolled at 6 months from their intake date (SMART sends you a reminder).

6. What if a client I am responsible for moves to another jurisdiction?
    a. Bi-weekly telephonic contact can be maintained and you can contact the CC in that jurisdiction to inquire about resources available to the client in that jurisdiction , or
    b. If the client appears to be permanently relocated to that jurisdiction you can request that the CC in the jurisdiction accept the client as a transfer.
7. How do I assess the client's needs?
    a. Work with the client on creating or updating a Recovery Plan.
    b. Indentify strengths for meeting each goal/objective and obstacles or challenges for attainment.
    c. Utilize community resources to address obstacles.

referrals in the VMS

h. Create the authorizations related to services needs.
i. Contact the service providers to set up appointments for the client.
j. Establish date for Follow-up GPRA and next CC contact.
k. Give client copy of ***Participant Application***, ***Recovery Plan***, ***Authorization Report*** **(from the VMS), appointment schedule, and your contact information.**

3. What are collateral contacts?
    a. Collateral contacts are contact sources that client supplies, as defined in the Participant Agreement, to the ATR/RecoveryNet program to insure that client contact is maintained and that the GPRA Follow-up Survey is completed.
    b. Collateral contacts are points of contact where generic messages about contacting the CC can be left and conveyed to the client.
    c. Collateral contacts should include but are not limited to;
        i. Family
        ii. Friends
        iii. Therapists
        iv. DSS workers
        v. Neighbors
        vi. Recovery house
        vii. Shelter
        viii. Parole/Probation worker
        ix. Health care worker
        x. Teacher/ school contact
        xi. Employment contact
        xii. Recovery support contact
        xiii. Social media contact (i.e. Facebook)
        xiv. Email contact

4. Why is the Follow-up GPRA so important?
    a. An 80% GPRA follow-up rate is a condition of funding. Funding could be denied, or reduced if the condition is not met
    b. The GPRA data demonstrates the

	positive impact of recovery support services on recovery outcomes and recovery engagement. c. Completing the follow-up GPRA provides the participant opportunity to improve services and support the continued funding of services for others. 5. What if I lose contact with a client? a. GPRA tracking training is available and Is a valuable resource for CC's b. Use various methods to reach the client is critical; i. All Collateral contacts ii. Contact with the other authorized RecoveryNet Providers iii. Letters to last know address iv. Email v. Social media vi. Treatment providers c. The only allowable excuse for not acquiring a Follow-up GPRA is client death. In this case the CC must document in the record that the client is deceased and complete and administrative Discharge GPRA indication client status. d. All attempts and methods of contact must be documented and submitted to the ATR/RecoveryNet Project Director. e. GPRA follow-up rates for each provider are reported weekly to the provider administrator. Less than 80% completion requires technical assistance from the ATR staff and an Action Plan for improvement. Continued inability to meet the GPRA rate will result in suspension of RecoveryNet Service to the jurisdiction.