



2018
DUII Services
Provider Manual



HEALTH SYSTEMS DIVISION

Version 2.0

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INTRODUCTION

This manual is intended for use by Oregon's DUII Services Providers (DSP) to assist in maintaining compliance with Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR). This manual offers guidance for providing DUII education and treatment services for individuals adjudicated for Driving under the Influence of Intoxicants (DUII) in Oregon¹.

The goal of the manual is to address frequently asked questions regarding the roles and responsibilities of a DSP; however, it is impossible to anticipate every possible scenario. Additional information and training resources are available online at: <http://www.oregon.gov/oha/HSD/AMH-DUII/Pages/Providers.aspx>.

Providers are encouraged to contact the DUII Information Specialist with any questions related to this manual.

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Salem, OR 97301
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Email: DUII.info@dhsoha.state.or.us

¹ Individuals who are adjudicated for a DUII or equivalent charge in a state other than Oregon must complete what is required by that state. Providers are encouraged to contact the appropriate court to ensure the services provided meet the requirements of that state.

OVERVIEW

Oregon's DUII laws are described in detail in [Chapter 813 of the Oregon Revised Statutes](#). DSPs are expected to understand those statutes and any subsequent revisions enacted by the Oregon State Legislature.

The law requires anyone who receives a DUII in Oregon – whether they are under a diversion agreement or have been convicted – to complete both a screening interview and a Division approved treatment program². While the process is similar for both adjudication types (diversion or conviction), there are significant differences that should be noted.

Individuals under a diversion agreement are generally required to complete the screening, treatment, and all other court-ordered obligations within 12 months. The court may grant an extension when there are extenuating circumstances; however, this is not a guarantee. Individuals who do not complete their diversion agreement within the court-ordered time frame risk having their diversion terminated resulting in a DUII conviction. Additionally, individuals under a diversion agreement agree to maintain abstinence from the use of intoxicants³ during the entire diversion period.

Individuals convicted of a DUII generally do not have a specified time within which to complete the screening and treatment requirements⁴; however, the Department of Motor Vehicles (DMV) is unable re-instate the individual's driving privileges without proof of treatment completion⁵ for 15 years from the date of conviction.

² Unless waived by the court.

³ Except as allowed in [ORS 813.200\(5\)](#).

⁴ Unless otherwise ordered by the court.

⁵ Or court order as allowed in [ORS 813.022](#).

THE ROLE OF THE ALCOHOL & OTHER DRUG SCREENING SPECIALIST (ADSS)

As described in [ORS 813.021](#) and [ORS 813.260](#), the ADSS fulfills four important roles: screening; referral; monitoring; and reporting. Each of these roles are discussed in greater detail in the [2018 ADSS Manual](#), but a brief description of each is provided below:

Screening – The ADSS facilitates the completion of a standardized screening tool used to identify indicators of a potential substance use disorder.

Referral – The ADSS conducts facilitated referral to a Division approved DUII Services Provider.

Monitoring – The ADSS receives status reports as well as completion/discharge notices for DUII Services Providers. The ADSS also receives reports from Ignition Interlock Device (IID) installers.

Reporting – The ADSS reports everyone’s successful completion or failure to complete the screening and treatment to the appropriate court.

Conflict of Interest

Unless providing services through an agency designated by OHA as a Sole Service Provider or a Demonstration Project (described below), an ADSS must be free from conflict of interest. [OAR 415-054-0462\(7\)](#) defines conflict of interest as “use of a personal relationship to obtain financial gain or avoidance of financial detriment, making business decisions that create a pattern of biased or preferential treatment, or initiating a professional role with someone with whom there was a pre-existing personal relationship. The conflict of interest may be actual or potential.”

Examples of conflict of interest may include, but are not limited to:

- Being employed by a Division approved DSP
- Receiving free office space, email service, or support services from a Division approved DSP
- Receiving goods or cash from a Division approved DSP for referrals to their program
- Providing ADSS services for an individual with whom there was a pre-existing personal relationship

Sole Service Provider

When an ADSS is designated by a court in a county with only one Division approved DSP, the ADSS may be employed by that DSP if designated as a Sole Service Provider.

The roles of the ADSS and DUII Services Provider remain separate within a Sole Service Provider. ADSS do not provide DUII Education or Rehabilitation services, and ADSS records are kept separate from the individual's clinical record.

DSPs may [apply](#) for designation as a Sole Service Provider as outlined in [OAR 415-054-0545](#).

Demonstration Project

Demonstration projects must demonstrate the effectiveness of combining the ADSS and treatment functions within a single agency or organization. In a demonstration project the ADSS may also provide DUII Education or DUII Rehabilitation services, and records may be combined.

DSPs may [apply](#) for designation as a Demonstration Project as outlined in [OAR 415-054-0550](#).

THE ROLE OF THE DUI SERVICES PROVIDER (DSP)

The DSP is responsible for providing assessment, education, rehabilitation, and reporting as outlined in [OAR 309-019-0195](#). These roles are discussed in greater detail in this manual, but a brief description of each is provided below.

Assessment – DSPs conduct substance use disorder diagnostic evaluations and determine the appropriate level of care for individuals including: service type(s), frequency, and duration.

Education – DSPs provide a minimum of 12 hours of education covering specific topics aimed at decreasing the risk of individuals driving impaired in the future.

Substance Use Disorder Services – DSPs provide individualized treatment services for individuals who meet diagnostic criteria for a substance use disorder.

Reporting – DSPs provide reports to the ADSS, the DMV, and the Division consistent with the requirements of [HIPPA](#) and [42 CFR Part 2](#).

ASSESSMENT

Individuals who are charged with DUII are often encouraged to engage in substance use disorder services prior to the final resolution of their court case. Individuals should receive services in the timeliest manner feasible, and may begin services prior to being formally adjudicated by the court or referred by an ADSS. Individuals must be considered for entry without regard to race, ethnicity, gender, gender identity, gender expression, sexual orientation, religion, creed, national origin, age (except when program eligibility is restricted to children, adults, or older adults), familial status, marital status, source of income, and disability. Additionally, providers may not solely deny entry to individuals who are prescribed medication to treat opioid dependence.

At the time of entry, an assessment shall be completed in accordance with practices outlined in [OAR 309-019-0135](#).

Diagnosis and Level of Care Determination

Each assessment shall be consistent with the dimensions described in [The ASAM Criteria](#), and include sufficient information and documentation to justify the level of care determination consistent with The ASAM Criteria.

Each assessment shall also include sufficient information and documentation to justify the presence or absence of a SUD diagnosis as defined in the [Diagnostic and Statistical Manual of Mental Disorders \(DSM-5\)](#).

While the ADSS referral includes an initial recommendation for the individual to complete either DUII Education or DUII Rehabilitation, it is important to note that this recommendation is made based on a brief screening. Final determination is based on the results of the individual's diagnostic assessment, and in accordance with [OAR 309-019-0195\(4\)-\(7\)](#).

DUII EDUCATION

Per [OAR 309-019-0195\(4\)-\(6\)](#), individuals are eligible to complete a DUII Education only program if they:

- do not currently meet DSM diagnostic criteria for a SUD; and
- meet ASAM Criteria for Level 0.5; and
- have never been diagnosed with a SUD; and
- have never been enrolled in a DUII or SUD treatment program.

DUII Education only programs shall include a minimum of four sessions over a four-week period and include the provision of a minimum of 12 hours of didactic education. The minimum 12 hours does not include diagnostic assessment, service planning, or transfer planning. No more than four of the 12 minimum hours shall be conducted utilizing educational films or pre-recorded audio-visual presentations.

DUII Education topics shall include, but are not limited to:

- Completion of a [Division approved DUII Education Pre-Post Test](#);
- DUII Laws and Consequences in Oregon;
- Use of alcohol and other drugs, and their effects on driving;
- Physical and psychological effects of alcohol and other drugs of abuse;
- SUD signs and symptoms;
- SUD recovery support services; and
- Alternatives to intoxicated driving.

DUII REHABILITATION

Per [OAR 309-019-0195\(7\)](#), individuals must complete a DUII Rehabilitation program if they:

- Meet DSM diagnostic criteria for a SUD; or
- Meet ASAM Criteria for Level 1 or higher; or
- Have been previously diagnosed with a SUD; or
- Have previously been enrolled in a DUII or SUD treatment program.

In addition to completing [DUII Education](#), DUII Rehabilitation shall include completion of the SUD treatment services outlined in the individual's service plan as outlined in [OAR 309-019-0140](#).

ABSTINENCE REQUIREMENTS

Individuals enrolled in [DUII Education](#) are expected to demonstrate abstinence from use of intoxicants as evidenced by negative urinalysis reports, except as allowed in [ORS 813.200](#). Individuals who provide a positive urinalysis test or who self-report use of a substance shall be required to complete [DUII Rehabilitation](#).

Individuals enrolled in [DUII Rehabilitation](#) are expected to maintain abstinence from use of intoxicants as evidenced by negative urinalysis tests, except as allowed in [ORS 813.200](#), while outside of a controlled environment for no less than the final 90 days of the DUII Rehabilitation program.

Due to marijuana's [federal classification as a Schedule 1 drug](#), medical marijuana does not meet the exceptions allowed in [ORS 813.200](#) for a valid prescription or nonprescription medication.

URINALYSIS REQUIREMENTS

DSPs are strongly encouraged to develop policies and procedures consistent with the [ASAM Consensus Statement on the Appropriate Use of Drug Testing in Clinical Addiction Medicine](#). Urinalysis tests shall be conducted as often as deemed clinically appropriate, but no less than:

- At the time of assessment; and
- Twice per calendar month with no more than 14 calendar days between tests; and
- Within two weeks prior to completion; and
- Within 72 hours of receipt of laboratory results indicating that a urinalysis sample was identified as out of range for Creatinine, pH, or Specific Gravity as defined by the urinalysis laboratory results.

At a minimum, samples must be tested for the following substances:

- Alcohol;
- Marijuana;
- Cocaine;
- Amphetamines;
- Opiates; and
- Benzodiazepines.

Additionally, an EtG/EtS test for alcohol shall be conducted, at a minimum, at the time of assessment and within two weeks prior to completion.

DSP COMPLETION DOCUMENTATION

DUII Services Providers issue documentation of an individual's successful completion of a DUII program or their discontinuation of services prior to successful completion as allowed by [HIPPA](#) and [42 CFR Part 2](#).

DSPs may, but are not required to, restrict issuance of completion documentation until the individual has paid all applicable fees. DSPs *may* issue completion documentation if the individual is compliant with the terms of the fee agreement between the provider and the individual. DSPs should develop policies and procedures for issuance of completion documentation consistent with [OAR 309-019-0195](#).

Diversion

Documentation of successful completion should be provided to the individual and the referring ADSS after:

- The DSP has received a referral from the ADSS; and
- The individual has completed DUII Education or DUII Rehabilitation as determined by the diagnostic assessment; and
- The individual has paid for services in full or is compliant with the terms of the fee agreement between the provider and the individual.

Notification should be sent to the referring ADSS for everyone who discontinues services prior to successful completion. It is recommended that a copy of this notice be sent to the individual as well.

Conviction

A numbered DUII Treatment Completion Certificate (DTCC) should be issued for individuals who are convicted of a DUII in Oregon after:

- The DSP has received a referral from the ADSS⁶; and
- The individual has completed DUII Education or DUII Rehabilitation as determined by the diagnostic assessment; and
- The individual has paid for services in full or is compliant with the terms of the fee agreement between the provider and the individual.

⁶ Due to the record retention requirements in effect for ADSS through December 31, 2017, some individuals may be unable to access a copy of their referral. **DUII service providers may therefore issue a DTCC for individuals convicted of DUII prior to January 1, 2011, *without* a referral from an ADSS.**

The DTCC is a carbonless form that produces an original and three copies. The original DTCC should be submitted to the Oregon DMV per the directions on the DTCC. One copy should be provided to the individual, another copy provided to the ADSS, and a copy should be included in individual's service record.

Notification should be sent to the referring ADSS for everyone who discontinues services prior to successful completion. It is recommended that a copy of this notice be sent to the individual as well.

DTCCs should only be issued for individuals who are convicted of DUII.

Division approved DSPs can order DTCCs by contacting the DUII Information Specialist at DUII.Info@dhsosha.state.or.us.

HARDSHIP PERMIT RECOMMENDATIONS

[ORS 813.500](#) requires individuals who are convicted of two or more DUIIs within a five-year period to be evaluated by an agency or organization designated by the Authority to determine whether an individual has a problem condition involving alcohol, inhalants, or controlled substances as defined in [ORS 813.040](#).

Division approved DUII Services Providers are designated to conduct such evaluations, and may provide a recommendation for a hardship permit if:

- The recommendation does not create a health or safety risk to the individual or the public; and
- The recommendation is deemed clinically appropriate; and
- The individual is:
 - Enrolled in or has completed a Division approved DUII Rehabilitation Program; and
 - Maintaining abstinence as defined in [OAR 309-019-0195](#); and
 - Agrees to ongoing contact and abstinence monitoring after successful completion of the DUII Rehabilitation Program as often as deemed clinically appropriate, but no less than once per calendar month while the individual is issued a hardship permit.

The recommendation for issuance of a hardship permit must state specifically the times, places, routes, and days of the week minimally necessary for the individual to:

- Seek or retain employment;
- Attend substance use disorder treatment;
- Obtain necessary medical treatment for the individual or a member of the individual's immediate family; or
- Get to and from a gambling addiction treatment program.

Individuals who are granted a hardship permit must be monitored by the DUII Services Provider for the duration of their hardship permit. The ongoing contact and abstinence monitoring shall be documented in the service plan and included in the individual's service record.

The recommendation for issuance of a hardship permit must be withdrawn if:

- A health or safety risk to the individual or public exists; or

- The individual:
 - Tests positive, except as allowed in ORS 813.200; or
 - Discontinues contact with the DUII Services Provider; or
 - Does not successfully complete a Division approved DUII Education or Rehabilitation Program.

The Individual Record must include all information necessary to document the DUII Services Provider's decision to issue, not issue, or withdraw a recommendation for hardship permit to DMV.

Division approved DUII Services Providers shall establish a procedure for individuals to appeal if a recommendation for issuance of a hardship permit is denied or withdrawn. The appeal process shall include but not be limited to:

- Information on how to file a complaint with the Division directly; and
 - Recourse to the staff supervisor, program director, and CMHP Director.
- Complaints that are unresolved at the provider level may be referred to the Division for review.

Please note that beginning January 1, 2019, DMV will no longer grant hardship permits for individuals with two or more DUII convictions within a five-year period. Individuals who were granted a hardship permit prior to January 1, 2019, will be able to retain their hardship permit if they maintain compliance with their monitoring agreement.

REPORTING

To the Division

DUII Services Providers are required to report to the Division using the mandated state data system, [MOTS](#). Questions regarding MOTS should be directed to MOTS.Support@dhsosha.state.or.us.

To the ADSS

In addition to reporting in MOTS, Division approved DUII Services Providers must report to the referring ADSS as allowed by [HIPPA](#) and [42 CFR Part 2](#):

- No later than 30 calendar days from the date of referral;
- Every 30 calendar days while enrolled in DUII Rehabilitation;
- No later than 14 calendar days from the date of discharge;
- No later than seven calendar days from the written request of the ADSS.

A sample [status report](#) is available online at <http://www.oregon.gov/oha/HSD/AMH-DUII/Pages/DSP.aspx>.

INTERPRETER OR TRANSLATION SERVICES

DSPs may be eligible for reimbursement for special services required to enable a person with a disability, or a person whose proficiency in the use of English is limited because of the person's national origin, to participate in treatment programs that are used for diversion agreements under ORS 813.200 or are required under ORS 813.020. This applies:

- Only to special services required solely because of the person's disability or limited proficiency in the use of English; and
- Whether or not the person is indigent.

Services must be provided by a:

- [Qualified interpreter for an individual with a disability](#);
- [Qualified interpreter for an individual with limited English proficiency](#); or
- [Qualified translator](#)⁷.

DSPs may submit an itemized invoice including:

- Proof of the actual cost of interpreter or translation services; and
- Documentation of denial of payment for interpreter or translation services from the individual's health insurance company (e.g. CCO, commercial insurance provider), if the individual's services are being covered in any part by insurance.

Invoices can be submitted:

- Via secure email to:
DUII.info@oha.oregon.gov
- Via US Postal Mail to:
DUII Information Specialist
OHA Health Systems Division
500 Summer Street NE, E-86
Salem, OR 97301

⁷ As defined in [45 CFR Part 92](#).

MANUAL FEEDBACK

Feedback on the DSP Manual is encouraged and appreciated. Please submit any comments, requests for clarification, or suggested corrections to:

DUII Information
Specialist

Fax: 503-378-8467

Email: DUII.info@oha.oregon.gov

Mail: OHA Health Systems Division
500 Summer Street NE, E-86
Salem, OR 97301