IDPH Substance Use and Problem Gambling Services
Integrated Provider Network

Integrated Provider Network Provider Manual

January 2019

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I. Introduction

The Iowa Department of Public Health (IDPH) Substance Use and Problem Gambling Services Integrated Provider Network (Integrated Provider Network) is a statewide, community-based, resiliency- and recovery-oriented system of care for substance use and problem gambling services. IDPH selected Integrated Provider Network contractors in 2018, through a competitive request for proposal process that evaluated applicant capability and experience to:

- Educate the public
- Assess local needs
- Understand state and national policy
- Inform and collaborate with each other and with stakeholders
- Reduce stigma
- Prevent substance use and gambling problems
- Intervene with at-risk or in-need persons and populations
- Provide effective treatment, and
- Support early remission and long term recovery.

Contractors, as IDPH's representatives, are responsible for the substance use and problem gambling "health" of Iowans and of Iowa communities statewide.

A. Provider Manual

Contractors must provide Integrated Provider Network services in accordance with applicable laws and requirements, and with the Integrated Provider Network contract.

The Integrated Provider Network Provider Manual (Provider Manual) is part of the contract between IDPH and each contractor for provision of Integrated Provider Network services. The Provider Manual is intended to provide contractors with general information about contract requirements, and with specific details and instructions, where indicated. If Provider Manual language differs from contract language, the contract language prevails.

Certain information in the Provider Manual is in ***bold italics*** or is bulleted or is in a text box, to draw the reader's attention.

The Provider Manual includes information for all Integrated Provider Network service types.

All contractors provide Required Services:
Network Support, Prevention Services, and Outpatient Treatment.

Certain contractors also provide one or more Optional Services:
Adult Residential Treatment, Juvenile Residential Treatment,
Women and Children Treatment, and Methadone Treatment

The Provider Manual is organized into nine sections, followed by Appendices A. through L. Sections I. and II. contain general information applicable to many or all service types. Sections III. through IX. are specific to each service type.

The Provider Manual will be published for each contract period. Revisions and updates will be published as either a numbered and dated ***Integrated Provider Network Provider Manual Release*** or a revised Provider Manual, as determined by IDPH. Contractors are responsible for monitoring IDPH Provider Manual communications and for compliance with revisions and updates as they are published. IDPH will endeavor to give contractors 30 days notice of any Provider Manual revision that adds a requirement to contractors.

Integrated Provider Network Mailbox
Contractors may direct general questions about the Provider Manual and requests for exceptions, as allowed per the contract and as described in the Provider Manual, to the Integrated Provider Network email mailbox at IPN@idph.iowa.gov.

Use the ***Integrated Provider Network Exception Request Form*** in ***Appendix L*** to request an exception.

IDPH will review and respond to questions and exception requests in a timely manner. IDPH will document a contractor's approved exception request in the Grant Tracking system.

B. Goals

Through the Integrated Provider Network, contractors assist IDPH to protect and improve the health of Iowans by meeting the following three goals:

1. **Establish and maintain a comprehensive and effective system of care** for substance use and gambling problems through a statewide, integrated network of services and providers.

2. **Reduce substance use and gambling problems** through public education, evidence-based prevention, and early intervention services.

3. **Increase remission and recovery from substance use disorders and problem gambling** through timely, accessible, ongoing, and effective treatment services.

C. Lead Staff

Lead staff identified in each contractor's application serve as IDPH's contacts for Network Support services and participate in Network Support and other contract monitoring activities. Required Lead staff roles are listed below. Each contractor must have designated Lead staff for Network Support, Prevention Services, and Outpatient Treatment. Contractors providing Adult Residential Treatment, Juvenile Residential Treatment, Women and Children Treatment, and Methadone Treatment must also have designated Lead staff for those service types. ***Contractor staff may fill more than one Lead staff role.***

- Network Support Lead
- Prevention Services Lead
- Prevention Services Data/QI Lead
- Outpatient Treatment Substance Use Disorder Lead
- Outpatient Treatment Problem Gambling Lead
- Outpatient Treatment Data/QI Lead

- Adult Residential Treatment Lead
- Adult Residential Treatment Data/QI Lead
- Juvenile Residential Treatment Lead
- Juvenile Residential Treatment Data/QI Lead
- Women and Children Treatment Lead
- Women and Children Treatment Data/QI Lead
- Methadone Treatment Lead
- Methadone Treatment Data/QI Lead

IDPH Lead staff for Integrated Provider Network purposes are:

- DeAnn Decker, Substance Abuse Bureau Chief
- Julie Hibben - Substance Abuse Prevention
- Julie Jones - Contract Manager
- Eric Preuss - Problem Gambling
- Michele Tilotta - Substance Abuse Prevention and Treatment Block Grant
- Deanna Triplett - Substance Use Disorder Treatment

II. Overview

A. Service Delivery Areas

IDPH established service areas for delivery of Network Support, Prevention Services, and Outpatient Treatment and reserves the right to revise service areas to meet IDPH goals. (See ***Appendix K - Map of Integrated Provider Network Service Areas and Providers***.)

Contractors that provide one or more Optional Services -- Adult Residential Treatment, Juvenile Residential Treatment, Women and Children Treatment, and Methadone Treatment -- provide such services statewide.

Integrated Provider Network services are offered collaboratively in each service area and statewide.

B. Hours of Operation and Service Locations

Contractors provide Integrated Provider Network services in Iowa. ***Contractors may request an exception from IDPH*** and must receive IDPH approval prior to implementation.

Hours of operation and service location requirements specific to a service type are listed in that service type section.

Contractors provide treatment Covered Services in person or through telehealth. Treatment Covered Services that can be provided through telehealth are listed in each treatment service type section.

- Per 2018 House File 2305, "Telehealth" means the delivery of health care services through the use of interactive audio and video. "Telehealth" does not include the delivery of health care services through an audio-only telephone, electronic mail message, or facsimile transmission. Health care services that are delivered by telehealth must be appropriate and delivered in accordance with applicable law and generally accepted health care practices and standards

prevailing at the time the health care services are provided …"

C. Service Recipient Eligibility Requirements

Network Support and Prevention Services

All Iowa residents may participate in and receive Network Support and Prevention Services.

Treatment Services

Treatment services are intended to support Iowa residents who are not eligible for Medicaid, do not have insurance, and do not have access to other resources to pay for needed Covered Services.

Contractors must apply all available funding from third party payors prior to determining a patient's eligibility for contract funding and must assure services are paid by the correct payor.

- An individual patient may have different payors for different treatment services. For example, a patient may receive medical care through an insurance health plan or at a Federally Qualified Health Center (FQHC), but may not have coverage for substance use disorder Licensed Program Services. In this example, medical care would be paid by the health plan or the FQHC, and the substance use disorder treatment Licensed Program Services could be paid by contract funding.

Iowa residents who meet the requirements below are eligible to receive treatment Licensed Program Services for Patients and Other Covered Services for Patients and may receive such services from the contractor(s) of their choice.

Contractors must determine and document a person's eligibility for treatment services.

Iowa residents who seek Licensed Program Services for Patients and Other Covered Services for Patients must meet the following financial eligibility requirements:

- Income at or below 200% of the Federal poverty guidelines as published by the U.S. Department of Health and Human Services, and
- Not insured, or third party payment is not available to pay for the services.
    - Contract funding can pay for Licensed Program Services that are not covered during the gap period between enrollment in Medicaid and assignment to a managed care organization because of Medicaid (b)(3) services requirements.
    - Contract funding can pay for substance use disorder residential Licensed Program Services for Patients that are not covered services under the Iowa Health and Wellness Plan.

Contractors must actively support enrollment in Medicaid by Medicaid eligible persons.

- Time spent complying with managed care organization (MCO), insurer, or other payor requirements or processes is not covered by contract funding. Such requirements are specific to each payor and each health plan, and are funded under the contractor's agreement with that payor/health plan. Refusal by a patient's MCO, insurer, or other payor to authorize a service

covered by that payor, or the denial of a covered service claim by an MCO, insurer, or other payor, does not make that patient eligible for contract funding and does not make that service payable under contract funding.

Any additional service recipient eligibility requirements specific to a service type are listed in that service type section.

D. Performance Measures

Contractors must submit accurate, complete, and timely Data Reporting, Claims Reimbursement reports, and Claims Reimbursement Support Documentation. IDPH reviews submissions and issues payments for services when contractor reports are accurate, as determined by IDPH.

If IDPH determines a contractor's submitted reports are not timely, are inaccurate, or are incomplete for multiple occurrences, or if IDPH determines such errors and omissions are severe, IDPH will require the contractor to create and submit a corrective action plan. Contractors must request and receive approval of the corrective action plan from IDPH prior to implementation.

IDPH will deduct funding from a corresponding month's claim reimbursement amount, if IDPH determines a contractor's reports:

- Are submitted late, without IDPH pre-approval of an acceptable delay, or
- Have severe errors or omissions, or
- Are not compliant with the IDPH-approved corrective action plan.

IDPH may develop additional performance measures in collaboration with contractors, through the Network Support - Data and Continuous Quality Improvement covered service.

E. Documentation

Contractors must clearly and accurately document Integrated Provider Network services in their records, and must clearly and accurately report Integrated Provider Network services in the IDPH Grant Tracking system and data systems.

Contractors must document provision of Integrated Provider Network services in a manner sufficient to support their billing and IDPH monitoring.

IDPH requires periodic reporting of compliance with contractor work plans, provision of services, and incurred expenses.

- Any additional data and reporting requirements specific to a service type are listed in that service type section.

F. Reports

Contractors must complete and submit the reports listed below. IDPH reserves the right to add to or change reports and submission requirements, as determined necessary.

Report	Reporting Method/Type	Frequency/Date Due
1. Claims Reimbursement	IowaGrants Claim Component	See Contract Article X - Payments
2. Claims Reimbursement Support Documentation - Claim Spreadsheet, Claim Detail, Claim Progress Report	IowaGrants Claim Component	Monthly no later than 30th day of following month
3. Critical Incident Report	Via e-mail to: IPN@idph.iowa.gov	Within 24 hours of Contractor becoming aware of the incident
4. Data Reporting - Prevention	I-SMART and Qualtrics	Monthly no later than 15th day of following month
5. Data Reporting - Treatment	I-SMART and/or CDR	Monthly no later than 15th day of following month
6. Progress Report	IowaGrants Progress Report Component	To be determined
7. SABG Certification Form	Submitted with Application	At application and annually
8. Sliding Fee Scale	IowaGrants Progress Report Component	At application for IDPH approval and annually
9. Subcontract Draft	IowaGrants Subcontract Documents	Submitted with contract for IDPH approval prior to execution
10. Work Plan - Network Support	IowaGrants Progress Report Component	April 1, 2019 for IDPH approval
11. Work Plan - Prevention Organization Expectations	IowaGrants Progress Report Component	April 1, 2019 for IDPH approval
12. Work Plan - Prevention Services	IowaGrants Progress Report Component	January-June 2019 Work Plan due March 15, 2019 for IDPH approval

1. Claims Reimbursement

Submit claims for reimbursement to IDPH once a month by completing the Claim Form in the Iowa Grants.

- **For Network Support and Prevention Services**, enter the total amount requested for each service type and enter the amount for each applicable line item for each service type.
- **For Outpatient Treatment, Adult Residential Treatment, Juvenile Residential Treatment, Women and Children Treatment, and Methadone Treatment**, enter the total amount requested for each service type.

Note: Contractors may submit the claim for a month at any time during the next month, up to the 30th day of that next month. IDPH will review claims and determine payment after all Claims Reimbursement Support Documentation is received and the contractor's data is available for review by IDPH in IDPH's data systems.

2. Claims Reimbursement Support Documentation

For Outpatient Treatment, Adult Residential Treatment, Juvenile Residential Treatment, Women and Children Treatment, and Methadone Treatment, upload the Claims Reimbursement Support Documentation in the Iowa Grants system. Claims Reimbursement Support Documentation includes:

- Claim Spreadsheet
- Claim Detail
- Claim Progress Report

3. Critical Incident Report

Critical Incidents are events that occur while a patient or other person is participating in or receiving Integrated Provider Network services, that negatively affect that person or another person or the contractor. Submit Critical Incident Reports as directed on ***Appendix J - Critical Incident Report Form***.

4. Data Reporting - Prevention

Requirements for reporting Prevention Services are in ***Section IV***.

5. Data Reporting - Treatment

Requirements for reporting treatment services are in each service type section, ***Sections V. through IX***.

6. Progress Report

Progress Reports to be determined.

7. SABG Certification Form

Contractors and subcontractors that provide substance abuse Prevention Services and substance use disorder treatment Licensed Program Services must meet SAMHSA Substance Abuse Prevention and Treatment Block Grant requirements. See ***Appendix A - SABG Certification Form***.

8. Sliding Fee Scale

Treatment services must be available to patients based on a sliding fee scale that considers patient income and family size, as stated in the federal Poverty Guidelines at https://aspe.hhs.gov/poverty-guidelines.

Contractors may charge patients a co-pay for certain treatment covered services, based on application of the sliding fee scale. Contractors retain such co-pays.

- Co-pay requirements specific to a service type are listed in that service type section.

In implementing their IDPH-approved sliding fee scales, contractors must implement and maintain documentation of patient co-pay procedures and policies and retain documentation of co-pays and associated patient income and family size.

9. Subcontract

Draft subcontracts were submitted with contractor contracts, for IDPH approval.

Changes to subcontracts for Prevention Services and Outpatient Treatment Licensed Program Services require IDPH prior approval.

Subcontracts, including subcontracts for other Covered Services such as Medical Evaluation, are handled in accordance with contract General Conditions.

10. Work Plan - Network Support

Instructions to be finalized.

11. Work Plan - Prevention Services Expectations

Instructions to be finalized.

12. Work Plan - Prevention Services

Submit a work plan for January through June 2019, as directed by IDPH, using the format in the example form below.

Service Area | Counties Served:					
Integrated Provider Network Prevention Priority:					
Center for Substance Abuse Prevention Strategy:					
Institute of Medicine Category:					
Program/Strategy:					
Action Steps	**Timeline**		**Location** (place, city, county)	**Short-Term Outcome(s)** (at least 1) (SMART) Specific, Measurable, Attainable, Realistic, Time-Sensitive	**Persons Responsible**
	Start Date	End Date			
1.					
2.					

3.					
4.					
5.					

G. Available Funds

The sources of funding for Integrated Provider Network services are both State and Federal funds. State funds are those appropriated to IDPH for specific programming through State of Iowa appropriations. Federal funds are those received through the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG).

Payor of Last Resort

Integrated Provider Network funds are considered payment of last resort.

Payment in Full

Contract funding, inclusive of allowable patient copays, is payment in full for the Integrated Provider Network services provided.

- The actual total work conducted and services provided in a contract period may exceed contract funding. Contractors must continue to provide Integrated Provider Network services, even if contract funds are depleted.

H. Budget

The budgets listed for each service type in each contractor's contract are separate budgets. Contractors cannot interchange funds between service types without request to IDPH and execution by IDPH of a contract amendment.

- Substance Abuse Prevention and Treatment Block Grant unallowable expenditures are specified in ***Appendix A - SABG Certification Form***.

I. Payment

Contractors complete and submit claims for reimbursement of services rendered.

For Network Support and Prevention Services, IDPH provides line item budget contractual payments on the basis of reimbursement of actual expenses.

For Outpatient Treatment, Adult Residential Treatment, Juvenile Residential Treatment, Women and Children Treatment, and Methadone Treatment, IDPH provides unit cost budget contractual payments on the basis of reimbursement of Covered Services unit rates. The rate sheets for each

service type are in ***Appendices E. through I***.

IDPH will not reimburse travel amounts in excess of limits established by the Iowa Department of Administrative Services.

- Instate maximum allowable amounts for food are $8.00/breakfast, $12.00/lunch and $23.00/dinner; lodging maximum $98.00 plus taxes per night and mileage maximum of $0.39 per mile.
- Out of state maximum allowable amounts for meals are available upon request. There is no restriction on airfare or lodging but the incurred expenditures are to be reasonable.

Except as allowed in the contract, contractors must submit all claims to IDPH by August 10 for all services performed in the preceding state fiscal year, which ends on June 30. Final payment may be withheld until all contractually required reports have been received and accepted by IDPH. At the end of the contract period, unobligated contract amount funds revert to IDPH.

J. Additional Contract Requirements

1. Contractors must assure linkage with the local board of health in each county where services are provided.

2. Work plan revisions must be approved by IDPH prior to implementation. Requests for work plan revisions must be received by IDPH on or before May 1, 2019.

3. Contractors must be an Iowa non-profit/not-for-profit organization and must be licensed and qualified to provide contracted services throughout the project period.

4. Contractors must assure any subcontractor providing Prevention Services or Treatment Licensed Program Services for Patients is an Iowa non-profit/not-for-profit organization and is licensed and qualified for the subcontracted services throughout the project period.

5. Contractors must assure the contractor and any subcontractor providing Prevention Services or Treatment Licensed Program Services for Patients comply with the requirements specified in the ***Appendix A - SABG Certification Form***.

6. Contractors must assure the contractor and any subcontractor providing Prevention Services or Treatment Licensed Program Services for Patients orient new staff to contract services and requirements; ***Appendix A - SABG Certification Form***; and Confidentiality of Protected Health Information in accordance with 42 CFR, Part 2 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, including disciplinary action for inappropriate disclosures or breaches.

7. Contractors must assure the contractor and any subcontractor providing Prevention Services or Treatment Licensed Program Services for Patients train staff each year on contract services and requirements; ***Appendix A - SABG Certification Form***; and Confidentiality of Protected Health Information in accordance with 42 CFR, Part 2 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, including disciplinary action for inappropriate disclosures or breaches.

8. Contractors must notify IDPH in writing within 10 working days of any change of Lead staff.

9. Contractors must receive prior approval from IDPH to change or terminate a subcontract for Prevention Services or Outpatient Treatment Licensed Program Services for Patients.

10. Contractors must assure staffing and staff qualifications are sufficient to implement contract services. No single staff person may exceed 1.0 FTE across the contract.

11. IDPH may change contract conditions if there are changes in Federal or State law.

12. IDPH may change the contract if IDPH receives additional funding or requirements through other State or Federal awards for services that relate to Integrated Provider Network goals and services, and IDPH requires contractors to provide the related services through the Integrated Provider Network contract.

III. Network Support

A. Service Delivery Requirements

Contractors directly provide Network Support services that are comprehensive and integrated in their service areas and statewide.

At a minimum, contractors must:

- Participate in IDPH's management approach for implementing, promoting, monitoring, evaluating, and improving Integrated Provider Network services.
- Coordinate and assure provision of all Required Services in the service area.
- If contracted for Optional Services, integrate provision of Required Services and contracted Optional Services.
- Work with IDPH to coordinate and assure provision of Integrated Provider Network services statewide.
- Provide services based on assessed need and address the complex needs of the people served, including, but not limited to, substance use and problem gambling, general medical and mental health conditions, and related family, legal, and other concerns that can hinder remission and recovery.
- Serve as local- and state-level resources for substance use and problem gambling services in Iowa.
- Conduct outreach to assure that Integrated Provider Network services are known to the communities served.
- Assure that Integrated Provider Network services are readily accessible, comprehensive, flexible, and appropriate to the persons participating in or receiving services.

Contractors must acknowledge IDPH and SABG funding on websites, materials, campaigns, and other communications or platforms that reference Integrated Provider Network services, using the following citation:

"[Contractor] is part of the IDPH Integrated Provider Network, with services funded by the Iowa Department of Public Health and the U.S. Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration."

B. Covered Services Requirements

Contractors provide each of the following Network Support Covered Services for their service areas:

1. Collaboration and Community Outreach

Contractors conduct, support, and participate in collaboration and community outreach activities that establish the contractor as a primary resource for substance use and problem gambling issues in the Service Area and statewide.

Contractors coordinate planning and service delivery in collaboration with IDPH, other contractors, subcontractors, and stakeholders, based on and aligned with community, service

area, and state needs and strengths.

Stakeholders may include, but are not limited to:

- Local Boards of Health
- Community coalitions
- County Boards of Supervisors
- Department on Aging, Aging and Disability Resource Centers, Area Agencies on Aging
- Department of Corrections, judicial districts
- Department of Education, school districts and non-public schools
- Department of Human Services, child welfare, Medicaid managed care, Mental Health and Disability Services regions
- Department of Public Health programs and services, State Board of Health
- Department of Public Safety, local law enforcement, emergency response
- Elected officials, policy-makers
- Hospitals, other healthcare providers
- Judicial Branch, drug courts, family treatment courts, juvenile justice
- Mental health services providers
- Local public health agencies, HIV prevention and care centers
- Service Area residents and Iowans statewide

2. Needs Assessment

Contractors conduct, support, and participate in local and state needs assessment processes that support understanding of substance use and problem gambling needs, trends, and service gaps. Needs Assessment processes may include, but are not limited to:

- Community Assessment Workbooks
- Each county's Community Health Needs Assessment and Health Improvement Plan (CHNA HIP)
- IDPH's Iowa Youth Survey

3. Health Promotion

Contractors conduct, support, and participate in health promotion activities that inform and educate Iowans on substance use and gambling problems. Health promotion also supports access to prevention, early intervention, treatment, and recovery support resources and services.

Health Promotion activities may include, but are not limited to:

- Contractor websites and social media presence
- IDPH's YourLifeIowa and 1-800-BETS OFF helpline and website
- IDPH's "A Matter of Substance" newsletter and other publications
- The IDPH website and social media platforms
- Contractor and IDPH efforts directed to specific topics and issues

IDPH may require use of certain health promotion resources, materials, and campaigns.

Contractors must request prior approval from IDPH for the use of other health promotion materials or campaigns for Integrated Provider Network purposes.

4. Data and Continuous Quality Improvement

Contractors conduct, support, and participate in continuous quality improvement (CQI) activities that improve Integrated Provider Network services by identifying, implementing, and monitoring critical performance measures on an ongoing basis, based on valid and reliable data and stakeholder input.

IDPH organizes Integrated Provider Network CQI activities around NIATx concepts. (See ***Appendix C***.)

CQI activities may include, but are not limited to:

- Access and wait time performance measures
- Critical incident reports (***See Appendix J***.)
- Data integrity reports
- Engagement and retention performance measures
- External review and evaluation
- Funding source monitoring
- Provider Manual review
- Outcome performance measures
- Process "walk-throughs" and improvement projects
- Retrospective review of service provision and contract compliance
- Satisfaction surveys
- Simulated phone calls or other requests for information or services

5. Workforce Development

Contractors conduct, support, and participate in workforce development activities that recruit, retain, and develop highly qualified staff to provide Integrated Provider Network services.

Workforce Development activities may include, but are not limited to, strategies to:

- Support recruitment and retention of qualified staff
- Enhance staff competency and performance
- Expand the roles of persons in recovery and family members/friends in planning and delivering services

6. Meetings, Trainings, and Technical Assistance

Contractors conduct, support, and participate in meetings, trainings, and technical assistance activities that enhance, expand, and improve Integrated Provider Network services. Meetings, trainings, and technical assistance may be face-to-face or may be conducted through electronic means, as determined by IDPH.

Meetings, trainings and technical assistance may include, but are not limited to:

- CQI meetings (quarterly, face-to-face during the initial contract term)
- Governor's Conference on Substance Abuse (annual, face-to-face)
- Integrated Provider Network Roundtables (quarterly, face-to-face during the initial contract term)
- Prevention Conference (as scheduled, face-to-face)
- Reporting requirements and processes (as scheduled)
- Technical assistance (as scheduled)
- Topic-specific trainings (as scheduled)
- Women and Children Roundtables (twice a year, face-to-face)

C. Budget Requirements

The Network Support budget is a line item budget, reimbursed on actual direct cost expenditures per budget line category. Allowed budget line categories for Network Support are:

- Salary and Fringe Benefits
- Equipment
- Other
- Indirect or Administrative Cost

D. Fees

Contractors cannot charge participants a fee for Network Support Covered Services.

IV. Prevention Services

A. Service Delivery Requirements

Contractors assure provision of Prevention Services in their service areas that meet the assessed needs of the service area. Contractors provide these services directly or through a subcontractor.

Contractors comply with the definition of prevention in IAC 641—155 Licensure Standards for Substance Use Disorder and Problem Gambling Treatment Program: "activities aimed at minimizing the use of potentially addictive substances, lowering risk in at-risk individuals, or minimizing potential adverse consequences of substance use or gambling."

At a minimum, contractors must provide Prevention Services that comply with the Institute of Medicine Prevention Classifications, the Strategic Prevention Framework, and the SAMHSA Prevention Service Categories, described below.

Contractors plan and provide Prevention Services in coordination with stakeholders.

Contractors provide Prevention Services that address the lifespan, with evidence-based programs appropriate to different persons and populations.

Contractors address the following Prevention Services priorities:

- Alcohol
- Marijuana
- Prescription medications
- Problem Gambling
- Tobacco

Additional Prevention Services priorities may include, but may not be limited to, methamphetamines, opioids, and suicide, as well as other priorities mutually determined by IDPH and contractors, based on data and identified need.

1. Institute of Medicine Classifications

The Institute of Medicine (IOM) classifications for classifying prevention services focus on populations with different levels of risk.

a. *Universal* services are targeted to the general public or to a whole population group, that has not been identified on the basis of individual risk. Universal is split into two categories:
   - *Universal Direct* interventions directly serve an identifiable group of participants.
   - *Universal Indirect* interventions support population-based programs and environmental strategies.

b. *Selective* services are targeted to individuals or to a subgroup of the population whose

risk of developing a disorder is significantly higher than average.

c. *Indicated* services are targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing a disorder, or having biological markers indicating predisposition for a disorder but not yet meeting diagnostic levels.

2. Strategic Prevention Framework

SAMHSA's Strategic Prevention Framework (SPF) is a five-step planning process, with two guiding principles. Contractors document use of the SPF process in developing and delivering Prevention Services Covered Services to address at least one of the Prevention Services priorities in the Service Area during each contract term. The SPF steps are:

a. The *Assess* step, which helps define the problem or issue a project needs to tackle, and includes collection of data to:Understand a population's needs
   - Review the resources that are required and available
   - Identify the readiness of the community to address prevention needs and service gaps.

b. The *Build Capacity* step mobilizes human, organizational, and financial resources to meet project goals. Training and education to promote readiness are also critical.

c. The *Plan* step involves creation of a comprehensive plan with goals, objectives, and strategies to meet the prevention needs of the community. Organizations select logic models and evidence-based programs and policies, and determine costs and resources needed for effective implementation.

d. The *Implement* step focuses on carrying out the prevention plan and identifying and overcoming potential barriers. During implementation, organizations detail the evidence-based programs and policies to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

e. The *Evaluate* step helps organizations recognize what they have done well and what areas need improvement. Evaluation measures the impact of programs and practices to understand their effectiveness and any need for change. Evaluation influences future planning and can impact sustainability, because evaluation can show sponsors that resources are being used wisely.

The SPF guiding principles are:

a. *Cultural Competence*, which is the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds. Becoming culturally competent requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice.

b. *Sustainability* is the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability ensures prevention processes are established, partnerships are strengthened, positive prevention outcomes are maintained, and financial and other resources are secured over the long term.

3. SAMHSA Prevention Strategies Categories

Contractors report Prevention Services Covered Services to IDPH in accordance with the SAMHSA Prevention Services Categories:

a. *Direct/Indirect Services* - Prevention Services are delivered directly and indirectly. ***Direct services are preferred.*** Direct services are face-to-face contact between prevention staff and participants through curricula delivery, educational activities, and awareness activities. Indirect services are delivered through social media, websites, printed media, etc.

b. *Session-Based Services* - Session-based prevention services are a pre-planned series of structured program lessons and/or activities. Session-based services are intended to inform, educate, develop skills, and identify/refer individuals who may be at risk for a substance use disorder or problem gambling. Session-based prevention services must have an anticipated measurable outcome, measured via a pre/post-test survey design. Session-based services must be evidence-based programs listed on a national registry approved by IDPH and focus on outcomes directly related to substance abuse. (See Appendix C.)

c. *One-Time Services* - One-time prevention services are single activities intended to inform general and specific populations about substance use or problem gambling. IDPH will provide direction on allowable one-time services. ***IDPH plans to limit one-time services to Information Dissemination or Environmental strategies*** which may include but may not be limited to:
   - Responsible Beverage Service Training using the Training for Intervention Procedures (TIPS), which can include TIPS for Gaming
   - Driver's Education classes
   - Minor in Possession diversion classes
   - Workplace training and workplace policy change
   - Responsible Gaming
   - Self-Exclusion Tool Kit
   - Gambling in the Workplace

d. *Evidence-Based Programs, Policies, and Practices* - "Evidence-based" refers to approaches to prevention that are validated by documented evidence. Prevention Services evidence-based programs must be specific to substance abuse or problem gambling. Contractors plan and provide Prevention Services in coordination with stakeholders. Contractors provide Prevention Services that address the lifespan, with evidence-based programs appropriate to different persons and populations.

B. Hours of Operation and Service Locations

Contractors provide Prevention Services in their service areas.

Contractors have sufficient Prevention Services locations and hours of operation to support access for all residents in each county in their service areas.

Contractors provide Prevention Services in person or through electronic means or written communications, with direct face-to-face services preferred.

Contractors offer Prevention Services in each county in their service area. ***Contractors may request an exception from IDPH.***

Contractors cannot limit Prevention Services to the school year and cannot limit Prevention Services locations to schools.

C. Evidence-Based Practices and Standards of Care

Contractors provide Prevention Services that are evidence-based programs that have outcomes directly related to substance abuse and/or problem gambling.

IDPH has accepted certain registries as resources for Prevention Services Programs:

- Blueprints for Healthy Youth Development (model programs)
- National Institute of Drug Abuse Red Book (model programs)
- Evidence-Based Practices Resource Center
- Stacked Deck

To implement a Prevention Services program not listed in an approved registry, ***contractors must request an exception from IDPH.***

IDPH established Prevention Organization Expectations for Prevention Services staff and services. Contractors must work with IDPH to become fully compliant during the contract term. (See ***Appendix D - Prevention Organization Expectations***.)

D. Service Recipient Eligibility Requirements

Contractors cannot provide Prevention Services to persons identified as in need of substance use disorder or problem gambling treatment or those receiving treatment.

E. Covered Services Requirements

Prevention Services Covered Services are based on the six SAMHSA Primary Prevention Strategies. Prevention Services prevent or reduce use and abuse of alcohol, tobacco, and other drugs, and prevent or reduce problem gambling.

Contractors provide or assure provision of the following Prevention Services Covered Services in their service areas:

1. Information Dissemination

Information Dissemination provides awareness and knowledge on the nature and extent of alcohol, tobacco and drug use, abuse and addiction, as well as problem gambling, and the effects on individuals, families and communities. It also provides awareness and knowledge of available prevention programs and services. Information Dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

2. Education

Education involves two-way communication and interaction between the educator/facilitator and the participants. Activities are intended to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic

judgment abilities.

3. Alternatives

The Alternatives strategy provides consultation to groups that offer opportunities for target populations to participate in activities that exclude alcohol, other drugs, gambling, etc. The purpose is to discourage substance misuse, gambling, or other risky behaviors.

4. Problem Identification and Referral

Problem Identification and Referral aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs, as well as risky or problem gambling. The goal is to assess if their behavior can be reversed through education. This strategy does not include any activity designed to determine if a person is in need of treatment.

5. Community-Based Process

The Community-Based Process aims at building community capacity to more effectively provide prevention and treatment services for substance use disorders and problem gambling. Activities include organizing, planning, enhancing efficiency and effectiveness of services, inter-agency collaboration, coalition building, and networking.

6. Environmental

Environmental strategies establish or change written and unwritten community standards, codes, ordinances, and attitudes, thereby influencing incidence and prevalence of alcohol, tobacco, and other drug use/abuse and problem gambling in the population.

F. Budget Requirements

The Prevention Services budget is a line item budget, reimbursed on actual direct cost expenditures per budget line category. Budget line categories for Prevention Services are:

- Salary and Fringe Benefits
- Subcontract
- Equipment
- Other
- Indirect or Administrative Cost

Fees

Contractors cannot charge participants a fee for Prevention Services Covered Services. ***Contractors may request an exception from IDPH.***

G. Data and Reporting Requirements

Contractors specifically document use of the IOM classifications, the SPF steps, and the SAMHSA Prevention Services Categories.

Contractors report certain Prevention Services information and data through IDPH's data systems as outlined below and in ***Appendix B***. The data systems include:

- Iowa Service Management and Reporting Tool (I-SMART)
  - Substance abuse and problem gambling prevention data
- Qualtrics
  - Substance abuse and problem gambling prevention outcomes data

Contractors report Prevention Services outcomes data to the web-based Qualtrics data collection system using a pre-post survey design, including survey instruments and guidelines provided by IDPH.

Contractors report additional Prevention Services data to the I-SMART data collection system as directed by IDPH.

V. Outpatient Treatment

A. Service Delivery Requirements

Contractors assure provision of Outpatient Treatment services that meet the assessed needs of the service area. Contractors provide these services directly or through a subcontractor.

Contractors provide Outpatient Treatment services that are readily accessible, comprehensive, appropriate to the persons seeking the services, flexible to meet the evolving needs of patients and service recipients, and effective. Outpatient Treatment services are available when needed, with minimal wait time.

At a minimum, contractors must:

- Determine a person's need for Outpatient Treatment services and manage the services provided.
- Provide Outpatient Treatment services in compliance with clinical appropriateness and IDPH requirements and guidance.
- Provide Outpatient Treatment services to patients in accordance with each patient's assessed needs.
- If a patient needs a Licensed Program Service a contractor does not provide, the contractor must assure that the patient's needs are met by a qualified provider and closely coordinate the patient's successful referral.
- Screen patients for medical and mental health conditions and directly provide or assure provision of needed medical and mental health services.
- If a patient has a medical or mental health condition a contractor is not staffed to address, the contractor must refer the patient to a qualified provider and closely coordinate ongoing services with the patient and that provider.
- If a patient has a medical or mental health condition that is covered by another provider or payor, the contractor must closely coordinate ongoing services with the patient and that provider/payor.
- Monitor a patient's progress on an ongoing basis, modifying the level of care and frequency of services in accordance with the person's evolving needs.
- Establish a "disease management" approach that engages with patients over time.
- Assure that patients have access to crisis services, residential treatment, intensive services and supports, and less intensive and extended services and supports that facilitate remission and engage persons in long term recovery in ways appropriate to each person.
- Have processes in place to outreach to and follow-up with persons who do not keep appointments, and patients who leave treatment prior to discharge by the contractor.
- Provide substance use disorder treatment services ordered through a court action when the services ordered meet The ASAM Criteria, and the court orders treatment with the contractor.
    - Contractors work with the courts to examine the appropriateness of court-ordered placements and identify specific appropriate alternatives for the courts to consider, as indicated.

B. Hours of Operation and Service Locations

Contractors provide Outpatient Treatment services in their service areas.

Contractors have sufficient Outpatient Treatment locations and hours of operation to support access for all residents in each county of their service areas. Hours of operation for Outpatient Treatment include evening and weekend times.

Contractors schedule Outpatient Treatment services with minimal wait time for the patient.

Contractors assure timely and effective response to service requests, both during and outside their normal business hours, including response to referrals from the Your Life Iowa and 1-800-BETS OFF helplines and websites.

Contractors accommodate requests for services in addition to scheduled Outpatient Treatment Covered Services, related to a patient's emerging needs or worsening condition. Contractors have processes in place to serve "walk-ins" and persons in crisis. Same day services, when requested, are the goal.

Outpatient Treatment Covered Services that may be provided by telehealth are Initial Assessment, Medical Evaluation, and Medical Care. Contractors may request an exception from IDPH and must receive approval prior to implementation.

C. Evidence-Based Practices and Standards of Care

Contractors provide Outpatient Treatment Licensed Program Services in accordance with IAC 641—155 Licensure Standards for Substance Use Disorder and Problem Gambling Treatment Programs. Contractors provide Outpatient Treatment Other Covered Services in accordance with IDPH requirements and guidance.

D. Service Recipient Eligibility Requirements

See Section II.B.2.

Iowa residency is the sole eligibility requirement for Early Intervention.

E. Covered Services Requirements

Outpatient Treatment Covered Services include Licensed Program Services for Patients, Other Covered Services for Patients, and Other Covered Services for Persons who are not Patients.

1. Licensed Program Services for Patients

Contractors provide or assure provision of each Licensed Program Service to patients, sufficient to meet the assessed needs of each patient.

a. Outpatient (based on ASAM Level 1)

- **Initial Assessment**
  - An Initial Assessment must be sufficient to determine the existence of a substance use disorder or a gambling problem and to identify medical

and mental health risks or conditions, including assessment of suicide risk.

- If the Initial Assessment identifies a need for services a contractor does not provide, the contractor must closely coordinate referral to qualified provider.
- If the Initial Assessment identifies a gambling problem, contractors provide or arrange for any needed education on financial management and credit counseling.
- If the Initial Assessment identifies a medical and/or mental health risk or condition, contractors provide or arrange for provision of any needed medical and/or mental health evaluation or services.

- **Individual and Group Counseling**
  - Individual and Group Counseling include mental health counseling.
    - Mental health counseling must be related to general mental health risks and/or conditions that often co-occur with a primary diagnosis of substance use disorder or problem gambling, and with remission and recovery.

b. **Intensive Outpatient** (based on ASAM Level 2.1)

c. **Partial Hospitalization** (based on ASAM Level 2.5)

For Intensive Outpatient and Partial Hospitalization, mental health services are provided in an integrated manner with other treatment services and are included in the service reimbursement rate.

2. Other Covered Services for Patients

Contractors provide Other Covered Service for Patients, sufficient to meet the assessed needs of each patient.

a. Care Coordination

The Licensure Standards define Care Coordination as "the collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services, both internal and external to the program, to meet patient needs, using communication and available resources to promote quality care and effective outcomes."

- Care Coordination fosters long term engagement and ongoing remission/recovery support.
- Care Coordination services are provided to active patients.
  - For Care Coordination billing purposes, a patient must receive at least one Licensed Program Service from the contractor during the month.
- Care Coordination encompassess the broad range of patient-specific people, systems, and issues related to the patient's current situation and future recovery. These may include, but are not limited to, family members, referral sources, employers, schools, medical and mental health professionals, the child welfare system, the courts and criminal/juvenile justice systems, housing status, legal needs, and recovery support.

- Care Coordination is generally conducted by contractor staff, outside of patient counseling sessions.
- Care Coordination includes use of electronic information and telecommunication technologies to support patients through check-in calls and texts.
    - Contractors providing check-in calls and texts must have policies and procedures that assure safety, privacy, and confidentiality.

Contractors provide or assure provision of the following Other Covered Services for Patients, sufficient to meet the assessed needs of each patient.

b. Medical Evaluation

Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medical care and/or medication.

c. Medical Care

Medical Care means medical services provided by a licensed medical professional.

- Medical Care in Outpatient Treatment means medication-assisted treatment and tobacco cessation services.
    - Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of Alcohol Use Disorders, Opioid Use Disorders, and smoking.
        - For Medical Care, MAT does not include methadone.

d. Medication

Medication means medication ordered by the Medical Evaluation for MAT and tobacco cessation.

Contractors provide, assure provision of, or develop provision of the following Other Covered Services for Patients:

e. Recovery Peer Coaching

Recovery Peer Coaching means individual face-to-face meetings between a patient and a Recovery Peer Coach to discuss routine recovery issues from a peer perspective.

f. Transportation

Transportation means assistance in the form of gas cards or bus passes, given directly to the patient for the purpose of transportation to and from an activity related to the patient's treatment plan or recovery plan.

3. Other Covered Service for Persons who are not Patients

Contractors provide the following Other Covered Service for Persons who are not Patients:

a. Early Intervention (based on ASAM Level 0.5)

The Licensure Standards define Early Intervention as "the ASAM criteria level of care which explores and addresses problems or risk factors that appear to be related to an addictive disorder and which helps the individual recognize potential harmful

consequences."

- Early Intervention may be provided to persons who have received an Initial Assessment and meet criteria for a substance use disorder but who are unwilling to be admitted to recommended treatment.
    - Early Intervention services with persons who meet criteria for a substance use disorder but who are unwilling to be admitted to treatment use the SBIRT (Screening, Brief Intervention and Referral to Treatment) Screening and Brief Treatment models or a similar model or general counseling method acceptable to IDPH.
- Early Intervention may be provided to Iowa residents at risk for a substance use disorder or problem gambling.
    - Early Intervention services with at-risk individuals use the SBIRT Screening and Brief Treatment models or a similar model acceptable to IDPH.
    - If a person's at-risk status is determined by an assessment, the assessment is an Initial Assessment Outpatient Licensed Program Service.
- Early Intervention may be provided to family members or friends of patients or of persons with substance use or gambling problems who are not in treatment.
    - Early Intervention services with family members or friends use general counseling methods.
- Early Intervention includes counseling persons in crisis.
    - Counseling persons in crisis can be in person or over the phone.
        - Routine requests for information or calls or inquiries handled by non-clinical staff do not qualify as Early Intervention crisis counseling.

F. Budget Requirements

Contractors provide a mix of Outpatient Treatment Licensed Program Services for Patients, Other Covered Services for Patients, and Other Covered Services for Persons who are not Patients. ***The majority of funding is expected to be expended on Licensed Program Services for Patients.***

Rates

See ***Appendix E - Outpatient Treatment Rates***.

Fees

Contractors **shall** implement a co-pay for the following Outpatient Treatment Licensed Program Services:

- Outpatient
- Intensive Outpatient
- Partial Hospitalization

Contractors **may** implement a co-pay for the following Outpatient Treatment Other Covered Services:

- Medical Evaluation
- Medical Care
- Medication
- Recovery Peer Coaching

Contractors **shall not** implement a co-pay for the following Outpatient Treatment Other Covered Services:

- Care Coordination
- Early Intervention
- Transportation

G. Data and Reporting Requirements

Contractors document provision of Licensed Program Services in accordance with the Licensure Standards. Contractors document provision of Other Covered Services to Patients in each patient's record. Contractors have procedures in place to document provision of Other Covered Services to Persons who are not Patients.

Contractors report certain Outpatient Treatment service information and data through IDPH's data systems, as outlined below and in ***Appendix B***. The data systems include:

- Central Data Repository (CDR)
  - Substance use disorder treatment services data
- Iowa Service Management and Reporting Tool (I-SMART)
  - Substance use disorder and problem gambling treatment services data

Contractors report Licensed Program Services data to the CDR and/or I-SMART data systems, in accordance with IDPH guidelines.

- In reporting Licensed Program Services data, contractors must specify the correct payor for each encounter at the time the encounter is provided. A patient may have a different payor for different services. For example, Integrated Provider Network funding may be the payor for Licensed Program Services and another payor may be responsible for certain other Covered Services, such as medical care. Further, the payor for some services may change during a patient's treatment episode. If the payor changes, contractors must update reporting to specify the correct payor for each encounter.

To support unit of service reimbursement and billing, IDPH requires contractors to report Individual Counseling and Group Counseling Covered Services for Outpatient Treatment as follows:

- Report "Duration" in 30 minute increments, rounded to the nearest 30 minute level, e.g. 30, 60, 90, 120.
- Report "Duration Type" as "Minutes".
- Report "Session/Unit" as 1.

For Intensive Outpatient and Partial Hospitalization:

- Report "Duration" as "1"
- Report "Duration Type: as "Days"
- Report Encounter Type as "24 Hours Service"
- Report "Session/Unit" as "1"

IDPH I-SMART and CDR instructions require treatment programs to discharge patients who have not received a treatment service in the previous 60 days from the data system. This is considered to be an administrative discharge.

To support appropriate patient engagement in ongoing treatment services that support recovery, IDPH will suspend the 60-day administrative discharge requirement for Contractors, for the duration of the project period.

Mental health services are reported as treatment service data in accordance with IDPH requirements and guidelines.

VI. Adult Residential Treatment

A. Service Delivery Requirements

For Adult Residential Treatment, "adult" generally refers to persons age 18 and older.

Contractors provide Adult Residential Treatment statewide. Contractors directly provide Adult Residential Treatment Licensed Program Services for Patients.

Contractors provide Adult Residential Treatment services that are readily accessible, comprehensive, appropriate to the persons seeking the services, flexible to meet the evolving needs of patients, and effective. Adult Residential Treatment must be available when needed, with minimal wait time.

At a minimum, contractors must:

- Determine a person's need for Adult Residential Treatment and manage the services provided.
- Provide Adult Residential Treatment in compliance with clinical appropriateness and IDPH requirements and guidance.
- Provide Adult Residential Treatment to patients in accordance with each patient's assessed needs.
    - If a patient needs a Licensed Program Service a contractor does not provide, the contractor must assure that the patient's needs are met by a qualified provider and closely coordinate the patient's successful referral.
- Screen patients for medical and mental health conditions and directly provide or assure provision of needed medical and mental health services.
    - If a patient has a medical or mental health condition a contractor is not staffed to address, the contractor must refer the patient to a qualified provider and closely coordinate ongoing services with the patient and that provider.
    - If a patient has a medical or mental health condition that is covered by another provider or payor, the contractor must closely coordinate ongoing services with the patient and that provider/payor
- Monitor a patient's progress on an ongoing basis, modifying the level of care and frequency of services in accordance with the person's evolving needs.
- Establish a "disease management" approach that engages with patients over time.
- Assure that patients have access to crisis services, residential treatment, intensive services and supports, and less intensive and extended services and supports that facilitate remission and engage persons in long term recovery in ways appropriate to each person.
- Have processes in place to outreach to and follow-up with persons who do not keep appointments, and patients who leave treatment prior to discharge by the contractor.
- Provide substance use disorder treatment services ordered through a court action when the services ordered meet The ASAM Criteria, and the court orders treatment with the contractor.
    - Contractors will work with the courts to examine the appropriateness of court-ordered placements and identify specific appropriate alternatives for the courts to consider, as

indicated.

B. Hours of Operation and Service Locations

Hours of operation for Adult Residential Treatment are 24 hours a day, seven days a week, 365 days a year, and include weekend programming.

Contractors schedule Adult Residential Treatment with minimal wait time for the patient.

Contractors assure timely and effective response to service requests, both during and outside their normal business hours, including response to referrals from the Your Life Iowa helpline and website.

Contractors accommodate requests for services in addition to scheduled Adult Residential Treatment Covered Services, related to a patient's emerging needs or worsening condition, with minimal wait time. Contractors have processes in place to serve "walk-ins" and persons in crisis. Same day services, when requested, are the goal.

Adult Residential Treatment Covered Services that may be provided by telehealth are Medical Evaluation and Medical Care. Contractors may request an exception from IDPH and must receive approval prior to implementation.

C. Evidence-Based Practices and Standards of Care

Contractors provide Adult Residential Treatment Licensed Program Services in accordance with the Licensure Standards. Contractors provide Adult Residential Treatment Other Covered Services in accordance with IDPH requirements and guidance.

D. Service Recipient Eligibility Requirements

See Section II.B.2.

E. Covered Services Requirements

Adult Residential Treatment Covered Services include Licensed Program Services for Patients and Other Covered Services for Patients.

1. Licensed Program Services for Patients

Contractors provide one or more Licensed Program Services for Patients to adults statewide, sufficient to meet the assessed needs of each patient.

- **a. Clinically Managed Low-Intensity Residential** (based on ASAM Level 3.1)
- **b. Clinically Managed Medium-Intensity Residential** (based on ASAM Level 3.3)
- **c. Clinically Managed High-Intensity Residential** (based on ASAM Level 3.5)
- **d. Medically Monitored Inpatient** (based on ASAM Level 3.7)

Mental health services are provided in an integrated manner and are included in the reimbursement rates for Licensed Program Services for Patients.

2. Other Covered Services for Patients

Contractors provide or assure provision of Other Covered Services for Patients to adults, sufficient to meet the assessed needs of each patient.

a. Medical Evaluation

Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medical care and/or medication.

b. Medical Care

Medical Care means medical services provided by a licensed medical professional.

- Medical Care in Adult Residential Treatment means medication-assisted treatment and tobacco cessation services.
    - Per SAMHSA, Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders for Alcohol Use Disorders, Opioid Use Disorder and from Smoking.
        - For Medical Care, MAT does not include methadone.

c. Medication

Medication means medication ordered by the Medical Evaluation for MAT and tobacco cessation.

F. Budget Requirements

Contractors provide a mix of Adult Residential Treatment Licensed Program Services for Patients and Other Covered Services for Patients. ***The majority of funding is expected to be expended on Licensed Program Services for Patients.***

Rates

See ***Appendix F - Adult Residential Treatment Rates***.

Fees

Contractors **shall** implement a co-pay for the following Adult Residential Treatment Licensed Program Services for Patients:

- Clinically Managed Low-Intensity Residential
- Clinically Managed Medium-Intensity Residential
- Clinically Managed High-Intensity Residential
- Medically Monitored Inpatient

Contractors **may** implement a co-pay for the following Adult Residential Treatment Other Covered Services:

- Medical Evaluation
- Medical Care
- Medication

G. Data and Reporting Requirements

Contractors document provision of Licensed Program Services in accordance with the Licensure Standards. Contractors document provision of Other Covered Services in each patient's record.

Contractors report treatment service information and data through IDPH's data systems, as outlined in ***Appendix B***. The data systems include:

- Central Data Repository (CDR)
  - Substance use disorder treatment services data
- Iowa Service Management and Reporting Tool (I-SMART)
  - Substance use disorder treatment services data

Contractors report Licensed Program Services data using the CDR and/or I-SMART data systems, in accordance with IDPH requirements and guidelines.

- In reporting Licensed Program Services data, contractors must specify the correct payor for each encounter at the time the encounter is provided. A patient may have a different payor for different services. For example, Integrated Provider Network funding may be the payor for Licensed Program Services and another payor may be responsible for certain other Covered Services, such as medical care. Further, the payor for some services may change during a patient's treatment encounter. For example, Integrated Provider Network funding may be the payor for residential Licensed Program Services and the Iowa Health and Wellness Plan may be the payor for Outpatient Licensed Program Services. To specify the correct payor for each encounter, contractors must update the primary payment source as needed during the patient's full treatment episode.

Mental health services are reported as treatment service data in accordance with IDPH requirements and guidelines.

VII. Juvenile Residential Treatment

A. Service Delivery Requirements

For Juvenile Residential Treatment, "juvenile" generally refers to persons under age 18.

Contractors provide Juvenile Residential Treatment statewide. Contractors directly provide the Juvenile Residential Treatment Licensed Program Service for Patients.

Contractors provide Juvenile Residential Treatment services that are readily accessible, comprehensive, appropriate to the persons seeking the services, flexible to meet the evolving needs of patients, and effective. Juvenile Residential Treatment must be available when needed, with minimal wait time.

At a minimum, contractors must:

- Determine a person's need for Juvenile Residential Treatment and manage the services provided.
- Provide Juvenile Residential Treatment in compliance with clinical appropriateness and IDPH guidance.
- Provide Juvenile Residential Treatment in accordance with each patient's assessed needs.
    - If a patient needs a Licensed Program Service the contractor does not provide, the contractor must assure that the patient's needs are met by a qualified provider and closely coordinate the patient's successful referral.
- Screen patients for medical and mental health conditions and directly provide or assure provision of needed medical and mental health services.
    - If a patient has a medical or mental health condition the contractor is not staffed to address, the contractor must assure the patient's needs are met by a qualified provider and closely coordinate ongoing services with the patient and that provider.
    - If a patient has a medical or mental health condition that is covered by another provider or payor, the contractor must closely coordinate ongoing services with the patient and that provider/payor
- Monitor a patient's progress on an ongoing basis, modifying the level of care and frequency of services in accordance with the person's evolving needs.
- Establish a "disease management" approach that includes engagement with patients over time.
- Assure that patients have access to crisis services, residential treatment, intensive services and supports, and less intensive and extended services and supports that facilitate remission and engage persons in long term recovery in ways appropriate to each person.
- Have processes in place to outreach to and follow-up with persons who do not keep appointments, and patients who leave treatment prior to discharge by the contractor.

B. Hours of Operation and Service Locations

Contractors provide Juvenile Residential Treatment in the state of Iowa.

Hours of operation for Juvenile Residential Treatment are 24 hours a day, seven days a week, 365 days a year, and include weekend programming.

Contractors schedule Juvenile Residential Treatment with minimal wait time for the patient.

Contractors assure timely and effective response to service requests, both during and outside their normal business hours, including response to referrals from the Your Life Iowa helpline and website.

Contractors accommodate requests for services in addition to scheduled Juvenile Residential Treatment Covered Services, related to a patient's emerging needs or worsening condition, with minimal wait time. Contractors have processes in place to serve "walk-ins" and persons in crisis. Same day services, when requested, are the goal.

Juvenile Residential Treatment Covered Services that may be provided by telehealth are Medical Evaluation and Medical Care. Contractors may request an exception from IDPH and must receive approval prior to implementation.

Contractors must provide Juvenile Residential Treatment in a residential facility setting that admits juvenile patients only.

C. Evidence-Based Practices and Standards of Care

Contractors provide the Juvenile Residential Treatment Licensed Program Service in accordance with the Licensure Standards. Contractors provide Juvenile Residential Treatment Other Covered Services in accordance with IDPH requirements and guidance.

D. Service Recipient Eligibility Requirements

See Section II.B.2.

E. Covered Services Requirements

Juvenile Residential Treatment Covered Services include a Licensed Program Service for Patients and Other Covered Services for Patients.

1. Licensed Program Service for Patients

Contractors must provide the following Licensed Program Service for Patients to juveniles statewide, sufficient to meet the assessed needs of each patient.

a. Clinically Managed High-Intensity Residential (based on ASAM Level 3.5)

2. Other Covered Services for Patients

Contractors provide or assure provision of Other Covered Services for Patients to juveniles, sufficient to meet the assessed needs of each patient.

a. Medical Evaluation

Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medical care and/or medication.

b. Medical Care

Medical Care means medical services provided by a licensed medical professional.

- Medical Care in Juvenile Residential Treatment means medication-assisted treatment and tobacco cessation services.

c. Medication

Medication means medication ordered by the Medical Evaluation for medication-assisted treatment and tobacco cessation services.

- Per SAMHSA, Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders for Alcohol Use Disorders, Opioid Use Disorder and from Smoking.
  - For Medical Care, MAT does not include methadone.

F. Budget Requirements

Contractors provide a mix of Juvenile Residential Treatment Licensed Program Service for Patients and Other Covered Services for Patients. ***The majority of funding is expected to be expended on Licensed Program Service for Patients.***

Rates

See ***Appendix G - Juvenile Residential Treatment Rates***.

Fees

Contractors **shall** implement a co-pay for the Juvenile Residential Treatment Licensed Program Service:

- Clinically Managed High-Intensity Residential

Contractors **may** implement a co-pay for the following Juvenile Residential Treatment Other Covered Services:

- Medical Evaluation
- Medical Care
- Medication

G. Data and Reporting Requirements

Contractors document provision of the Licensed Program Service in accordance with the Licensure Standards. Contractors document provision of Other Covered Services in each patient's record.

Contractors report treatment service information and data through IDPH's data systems, as outlined below and in ***Appendix B***. The data systems include:

- Central Data Repository (CDR)
  - Substance use disorder treatment services data
- Iowa Service Management and Reporting Tool (I-SMART)
  - Substance use disorder treatment services data

Contractors report Licensed Program Service data using the CDR and/or I-SMART data systems, in accordance with IDPH guidelines.

- In reporting Licensed Program Service data, contractors must specify the correct payor for each encounter at the time the encounter is provided. A patient may have a different payor for different services. For example, Integrated Provider Network funding may be the payor for Licensed Program Services and another payor may be responsible for certain other Covered Services, such as medical care. Further, the payor for some services may change during a patient's treatment encounter. For example, Integrated Provider Network funding may be the payor for residential Licensed Program Services and the Iowa Health and Wellness Plan may be the payor for Outpatient Licensed Program Services. To specify the correct payor for each encounter, contractors must update the primary payment source as needed during the patient's full treatment episode.

Mental health services are reported as treatment service data in accordance with IDPH requirements and guidelines.

VIII. Women and Children Treatment

A. Service Delivery Requirements

Contractors provide Women and Children Treatment statewide. Contractors directly provide Women and Children Treatment Licensed Program Services for Patients.

Contractors provide Women and Children Treatment services that are readily accessible, comprehensive, appropriate to the persons seeking the services, flexible to meet the evolving needs of women patients and their children, and effective. Women and Children Treatment are available when needed, with minimal wait time.

At a minimum, contractors must:

- Determine a woman's need for Women and Children Treatment and manage the services provided.
- Provide Women and Children Treatment in compliance with clinical appropriateness and IDPH guidance.
- Provide Women and Children Treatment services in accordance with each person's assessed needs.
    - If a patient needs a Licensed Program Service a contractor does not provide, the contractor must assure that the patient's needs are met by a qualified provider and closely coordinate the patient's successful referral.
- Screen patients and children for medical and mental health conditions and directly provide or assure provision of needed medical and mental health services.
    - If a person has a medical or mental health condition the contractor is not staffed to address, the contractor must assure the patient's needs are met by a qualified provider and closely coordinate ongoing services with the patient and that provider.
    - If a person has a medical or mental health condition that is covered by another provider or payor, the contractor must closely coordinate ongoing services with the patient and that provider/payor
- Monitor a patient's progress on an ongoing basis, modifying the level of care and frequency of services in accordance with the person's evolving needs.
- Establish a "disease management" approach that includes engagement with patients over time.
- Assure that patients have access to crisis services, residential treatment, intensive services and supports, and less intensive and extended services and supports that facilitate remission and engage persons in long term recovery in ways appropriate to each person.
- Have processes in place to outreach to and follow-up with persons who do not keep appointments, and patients who leave treatment prior to discharge by the contractor.
- Provide substance use disorder treatment services ordered through a court action when the services ordered meet The ASAM Criteria, and the court orders treatment.
    - Contractors will work with the courts to examine the appropriateness of court-ordered placements and identify specific appropriate alternatives for the courts to consider, as indicated.

B. Hours of Operation and Service Locations

Hours of operation for outpatient Women and Children Treatment include evening and weekend times. Hours of operation for residential Women and Children Treatment are 24 hours a day, seven days a week, 365 days a year, and include weekend programming.

Contractors schedule Women and Children Treatment with minimal wait time for the patient.

Contractors assure timely and effective response to service requests, both during and outside their normal business hours, including response to referrals from the Your Life Iowa helpline and website.

Contractors accommodate requests for services in addition to scheduled Women and Children Treatment Covered Services, related to a patient's emerging needs or worsening condition, with minimal wait time. Contractors have processes in place to serve "walk-ins" and persons in crisis. Same day services, when requested, are the goal.

Women and Children Treatment Covered Services that may be provided by telehealth are Initial Assessment, Medical Evaluation, and Medical Care. Contractors may request an exception from IDPH and must receive approval prior to implementation.

Contractors must provide residential Women and Children Treatment in a residential facility setting that admits women patients only and their dependent children.

C. Evidence-Based Practices and Standards of Care

Contractors provide Women and Children Treatment Licensed Program Services in accordance with the Licensure Standards. Contractors provide Women and Children Treatment Enhanced Treatment/Ancillary Support Services in accordance with IDPH requirements and guidance.

Contractors must meet SABG requirements and related SAMHSA guidance, as provided by IDPH. (See ***Appendix A - SABG Certification Form***.)

D. Service Recipient Eligibility Requirements

See Section II.B.2.

Iowa residents who are pregnant women and women with children, including women who have custody of their children and women seeking custody, are eligible to receive Women and Children Treatment.

Contractors must make Enhanced Treatment/Ancillary Support Services available to all eligible women and their children.

- If Medicaid or another payor pays for the patient's Licensed Program Services, no additional eligibility requirements must be met.
- If Women and Children Treatment funding pays for the patient's Licensed Program Services, the patient must also meet the eligibility requirements outlined below.

If the patient and/or the patient's children are enrolled in Medicaid or with another payor, and Medicaid or the other payor covers the patient's Licensed Program Services and/or any of the patient's or children's Enhanced Treatment/Ancillary Support Services, contractors cannot use contract funding to pay for those Covered Services.

If the patient and/or the patient's children are not enrolled in Medicaid or with another payor, or if Medicaid or the other payor does not cover the patient's Licensed Program Services and/or any of the patient's or children's Enhanced Treatment/Ancillary Support Services, and no other payor exists for those services, contractors can use contract funding to pay for those Covered Services.

E. Covered Services Requirements

Women and Children Treatment Covered Services include Licensed Program Services for Patients and Enhanced Treatment/Ancillary Support Services for Patients and their Children.

1. Licensed Program Services for Patients

Contractors provide Licensed Program Services to women patients statewide, sufficient to meet the assessed needs of the patient.

Contractors provide one or more residential/inpatient Licensed Program Services and also provide Outpatient and Intensive Outpatient Licensed Program Services.

a. Outpatient (based on ASAM Level 1)

- **Initial Assessment**
  - An Initial Assessment must be sufficient to determine the existence of a substance use disorder or a gambling problem and to identify medical and mental health risks or conditions, including assessment of suicide risk.
    - If the Initial Assessment identifies a need for services a contractor does not provide, the contractor must closely coordinate referral to an appropriate provider.
    - If the Initial Assessment identifies a gambling problem, the contractor must provide or arrange for any needed education on financial management and credit counseling.
    - If the Initial Assessment identifies a medical and/or mental health risk or condition, the contractor must provide or arrange for provision of any needed medical and/or mental health evaluation or services.
- **Individual and Group Counseling**
  - Individual and Group Counseling include mental health counseling.
    - Mental health counseling provided under contract funding must be related to general mental health risks and/or conditions that often co-occur with a primary diagnosis of substance use disorder, and with remission and recovery.

b. Intensive Outpatient (based on ASAM Level 2.1)

c. **Partial Hospitalization** (based on ASAM Level 2.5)
d. **Clinically Managed Low-Intensity Residential** (based on ASAM Level 3.1)
e. **Clinically Managed Medium-Intensity Residential** (based on ASAM Level 3.3)
f. **Clinically Managed High-Intensity Residential** (based on ASAM Level 3.5)
g. **Medically Monitored Inpatient** (based on ASAM Level 3.7)
For Intensive Outpatient, Partial Hospitalization, all residential services, and Medically Monitored Inpatient, mental health services are provided in an integrated manner and are included in the service reimbursement rate.

2. Enhanced Treatment/Ancillary Support Services for Patients and their Children
Contractors provide or assure provision of Enhanced Treatment/Ancillary Support Services to women patients and their children, sufficient to meet the assessed needs of each patient and child.

- Primary medical care for women who are receiving substance abuse services including prenatal care and, while women are receiving such treatment, child care.
- Primary pediatric care for their children, including immunizations.
- Gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse and parenting and child care while the women are receiving these services.
- Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, and their issues of sexual and physical abuse and neglect.
- Sufficient case management and transportation services to ensure that women and their children have access to the services needed during the course of treatment.
- Comprehensive services including case management to assist in establishing eligibility for public assistance programs provided by Federal, State, or local governments; employment and training programs; education and special education programs; drug-free housing for women and their children; prenatal care and other health care services; therapeutic day care for children; Head Start; and other early childhood programs.

F. Budget Requirements

Contractors provide a mix of Women and Children Treatment Licensed Program Services for Patients and Enhanced Treatment/Ancillary Support Services. Women and Children Treatment Enhanced Treatment/Ancillary Support Services are funded 100% by the SABG.

Rates
See ***Appendix H - Women and Children Treatment Rates***.

Fees
Contractors **shall** implement a co-pay for Women and Children Treatment Licensed Program Services:

- Outpatient

- Intensive Outpatient
- Partial Hospitalization
- Clinically Managed Low-Intensity Residential
- Clinically Managed Medium-Intensity Residential
- Clinically Managed High-Intensity Residential
- Medically Monitored Inpatient

Contractors **shall not** implement a co-pay for:

- Enhanced Treatment/Ancillary Support Services

G. Data and Reporting Requirements

Contractors document provision of Licensed Program Services in accordance with the Licensure Standards. Contractors document provision of Enhanced Treatment/Ancillary Support Services in the patient record.

Contractors report treatment service information and data through IDPH's data systems, as outlined below and in ***Appendix B***. The data systems include:

- Central Data Repository (CDR)
  - Substance use disorder treatment services data
- Iowa Service Management and Reporting Tool (I-SMART)
  - Substance use disorder and problem gambling treatment services data

Contractors report Licensed Program Services data using the CDR and/or I-SMART data systems, in accordance with IDPH guidelines.

- In reporting Licensed Program Services data, contractors must specify the correct payor for each encounter at the time the encounter is provided. A patient may have a different payor for different services. For example, Integrated Provider Network funding may be the payor for Licensed Program Services and another payor may be responsible for certain other Covered Services, such as medical care. Further, the payor for some services may change during a patient's treatment encounter. For example, Integrated Provider Network funding may be the payor for residential Licensed Program Services and the Iowa Health and Wellness Plan may be the payor for Outpatient Licensed Program Services. To specify the correct payor for each encounter, contractors must update the primary payment source as needed during the patient's full treatment episode.

To support unit of service reimbursement and billing, contractors report Individual and Group counseling services for outpatient Women and Children Treatment as follows:

- Report "Duration" in 30 minute increments, rounded to the nearest 30 minute level, e.g. 30, 60, 90, 120.
- Report "Duration Type" as "Minutes".
- Report "Session/Unit" as 1.

For Intensive Outpatient and Partial Hospitalization:

- Report “Duration” as “1”
- Report “Duration Type: as “Days”
- Report Encounter Type as “24 Hours Service”
- Report “Session/Unit” as “1”

Mental health services are reported as treatment service data in accordance with IDPH requirements and guidelines.

Contractors ***report Women and Children Treatment Licensed Program Services and certain Enhanced Treatment/Ancillary Support Services using the “Women and Children/Magellan Special Initiative” Code/Description.***

IX. Methadone Treatment

A. Service Delivery Requirements

Contractors provide Methadone Treatment statewide. Contractors directly provide the Methadone Treatment Covered Service for Patients.

Contractors continuously meet the following requirements throughout the project period:

1. Accredited as an opioid treatment program in accordance with IAC 641—155.35, and
2. Accredited as an opioid treatment program in accordance with IAC 641—155.35, and
3. Licensed to provide and continuously provide following substance use disorder Licensed Program Services in Iowa:
    a. Outpatient
    b. Opioid Treatment Services.

At a minimum, contractors must:

- Determine a person's need for Methadone Treatment and manage the services provided.
- Provide Methadone Treatment in compliance with clinical appropriateness and IDPH requirements and guidance.
- Provide Methadone Treatment in accordance with each patient's assessed needs.
    - If a patient needs a Licensed Program Service the contractor does not provide, the contractor must assure the patient's needs are met by a qualified provider and closely coordinate the patient's successful referral.
- Monitor a patient's progress on an ongoing basis, modifying services in accordance with the patient's evolving needs
- Establish a "disease management" approach that includes engagement with patients over time.
- Assure that patients have access to crisis services, residential treatment, intensive services and supports, and less intensive and extended services and supports that facilitate remission and engage persons in long term recovery in ways appropriate to each patient.
- Have processes in place to outreach to and follow-up with persons who do not keep appointments, and patients who leave treatment prior to discharge by the contractor.

B. Hours of Operation and Service Locations

Contractors schedule Methadone Treatment with minimal wait time for the patient.

Contractors assure timely and effective response to service requests, both during and outside their normal business hours, including response to referrals from the Your Life Iowa helpline and website.

The Methadone Treatment Covered Service that may be provided by telehealth is Methadone Administration.

C. Evidence-Based Practices and Standards of Care

Contractors provide Methadone Administration in an organized manner consistent with and in compliance with all applicable federal, state and local regulations pertaining to the provision of these services, including those of the Food and Drug Administration (FDA), the Drug Enforcement Administration (DEA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and State of Iowa Specific Standards for Opioid Treatment Programs (IAC 641—155.35).

Contractors have policies and procedures regarding therapeutic methadone dosage that are consistent with SAMHSA Center for Substance Abuse Treatment Guidelines for the Accreditation of Opioid Treatment Programs and TIP 43, Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs.

D. Service Recipient Eligibility Requirements

See Section II.B.2.

E. Covered Services Requirements

Methadone Treatment Covered Services include one Covered Service for Patients.

1. Covered Service for Patients

Contractors provide the following Covered Service to persons with opioid use disorders, sufficient to meet the assessed needs of each person.

a. Methadone Administration

Contractors assure Methadone Treatment patients also receive treatment Licensed Program Services from the contractor or from another licensed and qualified program.

Contractors meet Medicaid requirements for providing Medication Assisted Treatment/Recovery to persons with an Opioid Use Disorder, and bill Medicaid for methadone provided to Medicaid members.

Licensed Program Services provided to Methadone Treatment patients are reported, billed, and reimbursed separately from Methadone Administration.

F. Budget Requirements

Contractors provide one Covered Service for Patients.

Rate

See ***Appendix I - Methadone Treatment Rate***.

Fees

Contractors **shall** implement a co-pay for the Methadone Treatment Covered Service:

- Methadone Administration

G. Data and Reporting Requirements

Contractors document provision of Methadone Treatment in accordance with IDPH requirements.

Contractors must report treatment service information and data through IDPH's data systems, as outlined below and in ***Appendix B***. Data systems include:

- I-SMART Opioid Treatment Program Registry
  - Methadone Treatment data

APPENDIX A - SABG Certification Form

Contractors and subcontractors providing substance abuse Prevention Services and substance use disorder treatment Licensed Program Services must comply with the SABG requirements outlined below. Complete SABG requirements are at: https://tinyurl.com/y73q4wor

Substance Abuse Prevention and Treatment Block Grant (SABG) Requirements

Note: References to patients or to persons receiving treatment services apply to substance use disorder treatment patients only.

1. Non-Supplanting Requirement (45 C.F.R 96.135 (a) (4))

Federal funds made available shall not be used to supplement and increase the level of state, local and other non-federal funds that would in the absence of such federal funds be made available for the programs and activities for which funds are provided and will in no event take the place of state, local and other non-federal funds.

2. Payment Schedule (96.137)

When using SABG funds for 96.124, 96.127 and 96.128, SABG funded entities must make every reasonable effort to: Collect reimbursement for costs of providing services to patients through other programs or private insurance and secure payments from patients or clients in accordance with their ability to pay.

3. Statewide Assessment of Needs (96.133)

The state is required to submit to the Secretary an assessment of Need in the State for authorized activities, both by locality and the State in general. Providers are required to participate in the annual survey and data collection process.

4. Priority in Admission Status (45 C.F.R 96.131)

Priority in admission to substance use disorder treatment shall be given to patients with the greatest clinical need, as follows:

- Pregnant women who inject drugs
- Pregnant women who abuse substances in other ways
- Other Individuals who inject drugs
- All others

5. Treatment and Interim Services for Pregnant Women (45 C.F.R . 96.131)

a. Priority admission must be offered to pregnant women, either through immediate admission or priority placement on a waiting list. Interim services must be provided to pregnant women on a waiting list. If there is insufficient capacity to provide interim services, IDPH must be notified immediately to assist in the coordination of the provision of interim services (within 48 business hours).

b. Preference in admission must be given to pregnant women who seek or are referred for and would benefit from SABG funded treatment services. All providers who serve women and who receive SABG funds must provide preference as outlined above and meet the following:
   - Publicizes that pregnant women receive preference in admission.
   - Refers pregnant women to IDPH when the program has insufficient capacity to provide services to any such pregnant women who seek services.
   - Makes available interim services within 48 hours to pregnant women who cannot be admitted due to lack of capacity.
   - Provide the following interim services:
     - counseling and education about HIV and tuberculosis about the risks of needle-sharing, risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV transmission does not occur,
     - referral for HIV and TB services,
     - counseling on the effects of alcohol and drug use on the fetus,

- referrals for prenatal care.
- Documentation of all required elements including documentation of pregnant women capacity, interim services offered, provided and referred.

6. Capacity of Treatment for Persons who Inject Drugs and Interim Services (45 CFR 96.126)

a. Priority admission must be offered to persons who inject drugs, either through immediate admission or priority placement on a waiting list, to persons who inject drugs. Interim services are provided to individuals for intravenous substance abuse on the waiting list.

b. Assure that each individual who requests and is in need of treatment for intravenous drug use is admitted to a program of such treatment not later than:
- 14 days after making the request for admission,
- 120 days if the program has no capacity to admit the individual on the date of the request; and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance use disorder treatment program. Programs must report to IDPH when bed capacity reaches 90% and must document such notification including date and outcome of contact with IDPH and interim services or referrals made, within seven (7) days.

Notification must be provided to IDPH within seven (7) days of reaching 90% treatment capacity.

c. Provide the following interim services:
- counseling and education about HIV and tuberculosis about the risks of needle-sharing,
- risks of transmission to sexual partners and infants and steps that can be taken to ensure that HIV transmission does not occur,
- referral for HIV and TB services,
- counseling on the effects of alcohol and drug use on the fetus-for pregnant women,
- referrals for prenatal care-for pregnant women.

d. Establish a waiting list that includes a unique client identifier for each injecting drug abuser seeking treatment, including patients receiving interim services.

e. Ensures that outreach efforts include the following:
- selecting, training and supervising outreach workers,
- contacting, communicating and following-up with high-risk substance abuser as well as their associates and neighbors (within contrants of 45 CFR Parts 160 and 164 Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2),
- promoting awareness among persons who inject drugs to the relationship between injecting drug abuse and communicable diseases such as HIV, TB, etc. to encourage the individuals to enter treatment,
- recommending steps that can be taken to ensure that HIV transmission does not occur.

f. A mechanism to maintain contact with individuals awaiting admission must be in place or established. maintain documentation of all counseling and education provided, Interim Services provided and/or referrals made, dates of services/referrals, providers referred to, and wait list information in the patient's health record and report to IDPH as requested.

g. Remove persons awaiting treatment for intravenous substance use off the waiting list only when one of the following conditions occur: such persons cannot be located for admission into treatment or such persons refuse treatment.

7. Coordination of Prevention and Treatment Activities (45 CFR 96.132(c))

Coordinate treatment services with the provision of other appropriate services (including health, social, correctional and criminal justice, education, vocational rehabilitation, and employment services) to ensure clients have access to a full array of services.

8. Wait List Requirement (Office for Treatment Improvement-1992)

a. Uniform Waiting List is defined as a document that:
- Identifies individuals who are seeking treatment when appropriate treatment slots are not available
- is a log/roster that the program maintains when service capacity has been reached
- identifies individuals who are actively seeking treatment and who meet eligibility criteria

b. Maintain a wait list that:
   - Is a written log/roster that documents when service capacity has been reached, and identifies individuals who are actively seeking treatment and who meet eligibility criteria for admission.
   - Contains the screening mechanism used and location of the program.
   - Contains the patient name and contact information (mailing address, telephone number, and other contact information).
   - States disposition, including how and when the person was informed of the disposition, the recommended resource and how the recommendation was made.
   - Describes follow-up contact with the referral agency.
   - Includes priority categories: Pregnant Women and Persons Who Inject Drugs.
   - Updates IDPH on progress at times directed by IDPH

9. AIDS Education Component (45 CFR 96.121)

Provide an AIDS Education Component to treatment patients. The component shall include information regarding optional AIDS virus testing. Pre- and post-test counseling will be made available to patients to be tested for the virus. Maintain documentation of such education and counseling.

10. Non discrimination (42 USC 300x–57)

a. For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 [42 U.S.C. 6101 et seq.], on the basis of handicap under section 504 of the Rehabilitation Act of 1973 [29 U.S.C. 794], on the basis of sex under title IX of the Education Amendments of 1972 [20 U.S.C. 1681 et seq.], or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964 [42 U.S.C. 2000d et seq.], providers and activities funded in whole or in part with MHBG or SABG funds shall be considered to be providers and activities receiving Federal financial assistance.

b. No person shall on the ground of sex (including, in the case of a woman, on the ground that the woman is pregnant), or on the ground of religion, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available through the MHBG or SABG.

11. Religious Discrimination Prohibition/Charitable Choice (42 CFR 54a)

If a provider of service is a religious organization as defined in 42 CFR Part 54 and Part 54A (Charitable Choice Regulations), the provider may not discriminate against a patient on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice. Patients who object to a provider's religious character have the right to referral to another provider and providers will post or otherwise assure notice of such right as follows: "If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider of substance use disorder services to which you have no religious objections." The referral and receipt of alternative service must occur within a reasonable period of time after such a request. The alternative provider must be accessible to the patient and have the capacity to provide substance use disorder treatment services. The services provided by the alternative provider must be of value not less than the value of the services the patient would have received from the Provider. The Provider must document such objection, alternative service made or referral provided.

12. Collection of Treatment Episode Data Set (TEDS) Data (42 US 290aa-4)

Collect and submit to the Department all TEDS data on admission and discharge ages 12 and older.

13. Confidentiality of Protected Health Information (45 CFR 96.132 (e))

Establish a process to protect the privacy and confidentiality of patient records and information, including proportionate disciplinary action for inappropriate disclosures or breaches and ensuring all staff shall receive annual training in accordance with 42 CFR, Part 2 and the Health Insurance Portability and Accountability Act of 1996.

14. Continuing Education (45 CFR 96.132)

Ensure that continuing education is made available to employees of the facility who provide treatment and prevention services.

15. Requirements Regarding Tuberculosis (42 USC 300x-24, 96.127 and 96.121)

a. The provider directly, or through arrangements with other public or nonprofit private entities, routinely

makes available the following TB services to each individual receiving treatment for substance abuse:

- Counseling the individual with respect to TB
- Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual
- Appropriate medical evaluation and treatment for individuals infected by mycobacteria TB

b. For clients denied admission to the program on the basis of lack of capacity, the program refers such clients to other providers of TB services.

c. The provider has implemented infection control procedures that are consistent with those established by IDPH to prevent the transmission of TB and that address the following:

- Screening patients and identifying those individuals who are infected or at high risk of becoming infected
- Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2
- Case management activities to ensure that individuals receive such services

d. The provider reports all individuals with active TB as required by State law and in accordance with Federal and State confidentiality requirements, including 42 CFR part 2.

16. Coordination of Prevention and Treatment Activities (45 CFR 96.132(c)

Coordinate treatment services with the provision of other appropriate services (including health, social, correctional and criminal justice, education, vocational rehabilitation, and employment services) to ensure clients have access to a full array of services.

17. Smoking Prohibition (Pro-Children Act of 1994 (Act), Public Law 103-227, Iowa Smokefree Air Act)

The provider shall demonstrate that it prohibits smoking in any facilities owned, leased, or contracted for the provision of health, day care, early childhood development services, education, or library services to children under the age of 18, if the services are funded by federal providers.

18. Unallowable Expenditures (45 CFR, 96.135, 96.137)

SABG funding cannot be expended for the purposes listed below:

- Purchase of land or construction of building or improvements thereon
- Purchase of major medical equipment
- Providing individuals with hypodermic needles or syringes
- Any salary in excess of Level II of the federal senior executive service pay scale.
- Inpatient hospital services
- Satisfying the requirement for expenditures of non-Federal funds as a condition for the receipt of Federal funds
- Providing financial assistance to any entity other than a public or nonprofit entity
- Cash payments to intended recipients of health services
- Providing treatment services in penal or correctional institutions of the state

Substance Abuse Prevention - Additional Unallowable Expenditures:

- Purchase of Naloxone
- Strategies to enforce alcohol, tobacco, or drug (ATOD) policies (compliance checks, party patrols, shoulder taps, etc.)
- Services to enforce ATOD state laws
- Services that support Screening, Brief Intervention and Referral to Treatment (SBIRT), including promotion of SBIRT and screening
- Services that support mental health promotion and mental disorder prevention strategies
- Meal costs that are unrelated to program participant involvement in evidence-based program implementation
- Purchase of gift cards

19. Sliding Fee Scale Requirement

Treatment services must be available to patients based on a sliding fee scale that considers patient income and

family size as stated in the Poverty Guidelines at https://aspe.hhs.gov/poverty-guidelines.

Contractors must implement and maintain documentation of patient co-pay procedures/policies and retain documentation of co-pays-and associated patient income and family size.

20. Single State Audit (2 CFR 200.501)

The provider shall adhere to the following requirements:

a. If the provider expends $750,000 or more in federal financial assistance during the provider's fiscal year, an independent financial and compliance audit must be completed by a Certified Public Accounting firm under the auspices of 2 CFR 200 Uniform Administrative Requirements for Federal Awards–Single State Audit. The provider must submit a copy of the audit report to IDPH. The provider must also submit a data collection form and reporting package to the Federal Audit annually to: https://harvester.census.gov/facweb
b. If the provider is a non-Federal entity that expends less than $750,000 during the provider's fiscal year, the provider must retain records to support expenditures, and the provider will make those records available for review or audit by appropriate officials of the Substance Abuse and Mental Health Services Administration (SAMHSA), the state, and the General Accounting Office.
c. If the 2 CFR 200 audit report includes findings or questioned costs, the provider must develop and implement a corrective action plan that addresses the audit findings and recommendations contained therein. The provider must submit the corrective action plan to IDPH.
d. The provider must retain records to support expenditures and make those records available for review or audit by appropriate officials of SAMHSA, the awarding agency, the General Accounting Office and/or their representatives.

21. Salary limitation

States and subrecipients cannot use the block grants to pay salaries more than level II of the federal senior executive service pay scale.

22. Prohibitions regarding receipt of funds (42 USC 300x–56)

The provider understands the following as conditions regarding receipt of SABG funds:

a. Persons associated with the provider shall not knowingly and willfully make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payments may be made from the SABG.
b. Persons associated with the provider with knowledge of the occurrence of any event affecting the initial or continued right of the person to receive any payments from a grant made from the MHBG or SABG shall not conceal or fail to disclose any such event with an intent to fraudulently secure such payment either in a greater amount than is due or when no such amount is due.
c. Any person who violates any prohibition established in this section shall for each violation be fined in accordance with federal law or imprisoned for not more than 5 years, or both.

23. Prohibition on Using Funds for Lobbying (Title 31, United States Code, Section 1352)

- The provider must not use federal funds to lobby the Executive or Legislative Branches of the State or Federal Government in connection with the MHBG or SABG.
- If the provider receives federal funds in excess of $100,000, it must disclose whether and how much it uses any non-federal funds for lobbying.

24. Government-wide Debarment and Suspension (Nonprocurement) (13 CFR 400.109)

The provider agrees to participate in the government-wide exclusion of suspended or debarred personnel and has policies to that effect.

25. Peer Review Process (42 USC 300x-53, SABG 96.136)

- The provider agrees to participate, if selected, in the Independent Peer Review conducted by the State. The provider agrees to permit and cooperate with federal investigations into the use of the SABG.
- The provider must submit such data and reports as required by the state to meet block grant reporting requirements.

Additional Substance Abuse Prevention and Treatment Block Grant Requirements Pregnant Women and Women with Dependent Children (45 CFR 96.124) *Note: References to patients or to women receiving services apply to Women and Children patients only.*
1. Ensure that women receiving services funded by Women and Children funding have no other financial means to obtain treatment and the funding is the payment of last resort. The program will document such in the patient record.
2. Ensure that the family is treated as a unit and admits both women and their children, as appropriate.
3. Ensure that the services in 2.02B.3. a. (3) are provided or arranged by the program and are documented in each patient's record. Providers must maintain a tracking mechanism to report each service to the Department upon request.
4. Establish a Memoranda of Understanding with other service providers to arrange for services in 2.02B.3. a. (3) that the program does not provide.

By signing, I attest that my organization and all employees of my organization will know, understand, and comply with federal Substance Abuse Prevention and Treatment Block Grant requirements.

If my organization provides Women and Children Treatment, I further attest that my organization and all employees will comply with the additional requirements for Pregnant Women and Women with Dependent Children.

I attest that I have the authority to sign on behalf of the contractor or subcontractor organization.

Organization Name:

Signature of Authorized Individual:

Typed Name of Signatory:

Title of Signatory:

Date Signed:

APPENDIX B - Links to IDPH Substance Use and Problem Gambling Resources

- IDPH General Conditions - http://idph.iowa.gov/finance/funding-opportunities/general-conditions
- Federal Guidelines for Opioid Treatment Programs https://store.samhsa.gov/shin/content/PEP15-FEDGUIDEOTP/PEP15-FEDGUIDEOTP.pdf
- Iowa Gambling Treatment Program http://www.idph.iowa.gov/igtp
- I-SMART and CDR - https://www.idph.iowa.gov/ismart
- Substance Abuse Prevention and Treatment Block Grant https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=1cd9b9d45c5713f41740207f1f4c5010&mc=true&n=pt45.1.96&r=PART&ty=HTML#sp45.1.96.l
- Your Life Iowa https://yourlifeiowa.org

APPENDIX C - Links to Evidence-Based and Best Practices

- Blueprints for Healthy Youth Development http://www.blueprintsprograms.com/
- National Institute of Drug Abuse Red Book https://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf
- NIATx Model https://niatx.net/Content/ContentPage.aspx?PNID=1&NID=8
- SAMHSA Evidence-Based Practices Resource Center https://www.samhsa.gov/ebp-resource-center
- Stacked Deck https://www.hazelden.org/HAZ_MEDIA/7931_stackeddeck.pdf
- Strategic Prevention Framework http://www.samhsa.gov/spf

APPENDIX D - Prevention Organization Expectations

PREVENTION ORGANIZATION EXPECTATIONS

1. Policies and Procedures Manual *(based on IAC 155.21(4))*

Maintain and implement written policies and procedures manual that documents the Contractor's prevention services. Describe the prevention services and related activities, specify the policies and procedures to be followed, and govern all prevention staff.

a. The manual shall have a table of contents.
b. Revisions to the manual shall be entered with the date and with the name and title of the staff person making the revisions.

2. Staff Development and Training *(based on IAC 155.21(5))*

Policies and procedures shall establish a staff development and training plan that encompasses all prevention staff and all prevention services, considers the professional continuing education requirements of certified staff, and is available to all prevention staff.

a. Designate a staff person responsible for the staff development and training plan.
b. The staff person responsible for the staff development and training plan shall conduct an annual needs assessment.
c. The staff development and training plan shall describe orientation of new staff which includes an overview of the Contractor's organization, prevention services, and confidentiality.

3. Data Reporting *(based on IAC 155.21(6))*

Policies and procedures shall describe how the Contractor reports data to IDPH in accordance with IDPH requirements and processes.

4. Fiscal Management *(based on IAC 155.21(7))*

Policies and procedures shall ensure proper fiscal management.

5. Personnel *(based on IAC 155.21(8))*

The Contractor shall have personnel policies and procedures.

a. Personnel policies and procedures shall address:
- Recruitment and selection of staff
- Wage and salary administration
- Promotions
- Employee benefits
- Working hours
- Vacation and sick leave
- Lines of authority
- Rules of conduct
- Disciplinary actions and termination
- Methods for handling cases of inappropriate service delivery
- Work performance appraisal
- Staff accidents and safety
- Staff grievances
- Prohibition of sexual harassment
- Implementation of the Americans with Disabilities Act
- Implementation of the Drug-Free Workplace Act
- Use of social media
- Implementation of equal employment opportunity

b. Each position and staff person will have a written job description that describes the duties of each position and staff and the qualifications required for each position.
- A staff person providing prevention services shall be qualified to provide prevention services by meeting at least one of the following conditions:
    - Be certified as a prevention specialist by the Iowa Board of Certification or other organization as approved by IDPH.
    - A staff person employed to provide prevention services on and after January 1, 2019 who is not certified as a prevention specialist shall be deemed qualified while the person is in the process of being certified as a prevention specialist. Such staff must meet the requirements of the certification process, must be supervised or mentored by a certified prevention specialist, must participate in Substance Abuse Prevention Skills Training within one year of hire, must receive a minimum of three hours of ethics training within three months of hire, and must be certified as a prevention specialist within 18 months of hire.
    - A staff person employed as the prevention supervisor or lead staff must be certified as a prevention specialist by a national or state organization approved by IDPH by June 30, 2020.
- A review or all job descriptions will happen annually and whenever there is a change in a position's duties or required qualifications.
- Job descriptions will be in the personnel section of the policies and procedures manual.

c. Written evaluation of job performance with each staff person will happen at least annually. The evaluation shall include the opportunity for the staff person to comment.

d. Personnel record on each staff person will be maintained. The record shall contain:
- Verification of training, experience, qualifications, and professional credentials
- Job performance evaluations
- Incident reports
- Disciplinary action taken
- Documentation of review of and agreement to adhere to confidentiality laws and regulations. This review and agreement shall occur prior to the staff person's assumption of duties.

e. Personnel policies and procedures shall ensure confidentiality of personnel records and shall specify staff authorized to have access to personnel information.

f. Notification will be made to IDPH in writing within ten days of being informed that a staff person has been sanctioned or disciplined by a certifying body. Such notice shall include the sanction or discipline order.

6. Child Abuse, Dependent Adult Abuse, and Criminal Background Checks (based on IAC 155.21(9))

Policies and procedures shall address child abuse, dependent adult abuse and criminal background checks.

- Any mistreatment, neglect, or abuse of children and dependent adults is prohibited and shall be reported and enforcement procedures shall be enacted. Alleged violations shall be reported immediately to the Contractor's executive director and appropriate Department of Human Services personnel. Policies and procedures on reporting alleged violations shall be in compliance with sub-rule 155.21(10). A staff person found to be in violation of Iowa Code sections 232.67 through 232.70, as substantiated by a Department of Human Services

investigation, shall be subject to the Contractor's policies concerning termination.
7. Service Records (based on IAC 155.21(10)) Policies and procedures shall describe compilation, storage, and dissemination of service records.
8. Quality Improvement (based on IAC 155.21(20)) Policies and procedures shall describe a written quality improvement plan that encompasses all prevention services and related Contractor operations.
9. Safety (based on IAC 155.21(21)) Policies and procedures shall ensure that physical facilities are clean and safe. • A written plan will be in place and will be followed in the event of fire or tornado. The plan shall be conspicuously displayed at the Contractor's facility.

APPENDIX E - Outpatient Treatment Rates

UNIT RATES - OUTPATIENT TREATMENT		
Covered Service: Licensed Program Services for Patients - Substance Use Disorder		
Service Type	**Unit Description**	**Unit Cost**
Outpatient Initial Assessment - *Certified/Licensed Staff*	Limited to one per patient / per Contractor / per treatment episode*	$125.00
Outpatient Initial Assessment - *Independently Licensed Staff*	Limited to one per patient / per Contractor / per treatment episode* (Note: In accordance with 641—157.4, an OWI evaluation cannot be billed for more than $125.)	$150.00
Outpatient Individual Counseling - *Certified/Licensed Staff*	Per patient / per 30 minute unit	$55.00
Outpatient Individual Counseling - *Independently Licensed Staff*	Per patient / per 30 minute unit	$65.00
Outpatient Group Counseling - *Certified/Licensed Staff*	Per patient / per 30 minute unit	$30.00
Outpatient Group Counseling - *Independently Licensed Staff*	Per patient / per 30 minute unit	$35.00
Intensive Outpatient / Partial Hospitalization	Per patient / per day	$130.00
Covered Service: Other Covered Services for Patients - Substance Use Disorder		
Service Type	**Unit Description**	**Unit Cost**
Care Coordination	Per patient / per month	$75.00
Medical Evaluation	Limited to one per patient / per treatment episode*	$150.00
Medical Care	Per patient / per session	$50.00
Medication	Limited to $100 per month. Maximum of $300 per patient / per treatment episode*	Actual Cost
Recovery Peer Coaching	Per patient / per session	$35.00
Transportation	Limited to $20 per month. Maximum of $60 per patient / per treatment episode*	Actual Cost
Covered Service: Other Covered Service for Non-Patients - Substance Use Disorder		
Service Type	**Unit Description**	**Unit Cost**
Early Intervention - Individual and Group	Per 30 minute unit	$55.00
Covered Service: Licensed Program Services for Patients - Problem Gambling		
Service Type	**Unit Description**	**Unit Cost**
Outpatient Initial Assessment - *Certified/Licensed Staff*	Limited to one per patient / per Contractor / per treatment episode*	$125.00

Outpatient Initial Assessment - *Independently Licensed Staff*	Limited to one per patient / per Contractor / per treatment episode*	$150.00
Outpatient Individual Counseling - *Certified/Licensed Staff*	Per patient / per 30 minute unit	$55.00
Outpatient Individual Counseling - *Independently Licensed Staff*	Per patient / per 30 minute unit	$65.00
Outpatient Group Counseling - *Certified/Licensed Staff*	Per patient / per 30 minute unit	$30.00
Outpatient Group Counseling - *Independently Licensed Staff*	Per patient / per 30 minute unit	$35.00
Intensive Outpatient / Partial Hospitalization	Per patient / per day	$130.00
Covered Service: Other Covered Services for Patients - Problem Gambling		
Service Type	**Unit Description**	**Unit Cost**
Care Coordination	Per patient / per month	$75.00
Medical Evaluation	Limited to one per patient / per treatment episode*	$275.00
Medical Care	Per patient / per session	$50.00
Medication	Limited to $100 per month. Maximum of $300 per patient / per treatment episode*	Actual Cost
Recovery Peer Coaching	Per patient / per session	$35.00
Transportation	Limited to $20 per month. Maximum of $60 per patient / per treatment episode*	Actual Cost
Outpatient Treatment: Other Covered Service for Non-Patients - Problem Gambling		
Service Type	**Unit Description**	**Unit Cost**
Early Intervention - Individual and Group	Per 30 minute unit	$55.00

* A treatment episode is defined as the period of service between the beginning of a treatment service for a drug or alcohol [or gambling] problem (admission) and the termination of services for the prescribed treatment plan (discharge). Source: Treatment Episode Data Set (TEDS) State Instruction Manual Admission Data With National Outcomes Measures (NOMS)

APPENDIX F - Adult Residential Treatment Rates

UNIT RATES - ADULT RESIDENTIAL TREATMENT		
Covered Service: Licensed Program Services for Patients		
Service Type	**Unit Description**	**Unit Cost**
Clinically Managed Low-Intensity Residential	Per day	$80.00
Clinically Managed Medium-Intensity Residential	Per day	$200.00
Clinically Managed High-Intensity Residential	Per day	$275.00
Medically Monitored Inpatient	Per day	$350.00
Covered Service: Other Covered Services for Patients		
Service Type	**Unit Description**	**Unit Cost**
Medical Evaluation	Limited to one per patient / per treatment episode*	$150.00
Medical Care	Per patient / per session	$50.00
Medication	Limited to $100 per month. Maximum of $300 per patient / per treatment episode*	Actual Cost

* A treatment episode is defined as the period of service between the beginning of a treatment service for a drug or alcohol [or gambling] problem (admission) and the termination of services for the prescribed treatment plan (discharge). Source: Treatment Episode Data Set (TEDS) State Instruction Manual Admission Data With National Outcomes Measures (NOMS)

APPENDIX G - Juvenile Residential Treatment Rates

UNIT RATES - JUVENILE RESIDENTIAL TREATMENT		
Covered Services: *Licensed Program Service for Patients*		
Service Type	**Unit Description**	**Unit Cost**
Clinically Managed High-Intensity Residential	**Per day**	**$275.00**
Covered Services: *Other Covered Services for Patients*		
Service Type	**Unit Description**	**Unit Cost**
Medical Evaluation	Limited to one per patient / per treatment episode*	$150.00
Medical Care	Per patient / per session	$50.00
Medication	Limited to $100 per month. Maximum of $300 per patient / per treatment episode*	Actual Cost

* A treatment episode is defined as the period of service between the beginning of a treatment service for a drug or alcohol [or gambling] problem (admission) and the termination of services for the prescribed treatment plan (discharge). Source: Treatment Episode Data Set (TEDS) State Instruction Manual Admission Data With National Outcomes Measures (NOMS)

APPENDIX H - Women and Children Treatment Rates

UNIT RATES - WOMEN AND CHILDREN TREATMENT		
Women and Children Treatment - Outpatient: *Licensed Program Services for Patients*		
Service Type	**Unit Description**	**Unit Cost**
Outpatient Initial Assessment - *Certified/Licensed Staff*	Limited to one per patient / per Contractor / per treatment episode	$125.00
Outpatient Initial Assessment - *Independently Licensed Staff*	Limited to one per patient / per Contractor / per treatment episode* Note: In accordance with 641--157.4, an OWI evaluation can not cost more than $125.	$150.00
Outpatient Individual Counseling - *Certified/Licensed Staff*	Per patient / per 30 minute unit	$55.00
Outpatient Individual Counseling - *Independently Licensed Staff*	Per patient / per 30 minute unit	$65.00
Outpatient Group Counseling - *Certified/Licensed Staff*	Per patient / per 30 minute unit	$30.00
Outpatient Group Counseling - *Independently Licensed Staff*	Per patient / per 30 minute unit	$35.00
Intensive Outpatient/Partial Hospitalization	Per patient / per day	$130.00
Women and Children Treatment - Residential: *Licensed Program Services for Patients*		
Service Type	**Unit Description**	**Unit Cost**
Clinically Managed Low-Intensity Residential	Per day	$80.00
Clinically Managed Medium-Intensity Residential	Per day	$200.00
Clinically Managed High-Intensity Residential	Per day	$275.00
Medically Monitored Inpatient	Per day	$350.00
Women and Children Treatment: *Enhanced Treatment/Ancillary Support Services for Patients/Children*		
Service Type	**Unit Description**	**Unit Cost**
Outpatient Case Rate	Half Month (1-14 days)	$140.00
Outpatient Case Rate	Full Month (15+ days)	$310.00
Residential Case Rate - Facility does not Admit Children	Half Month (1-14 calendar days)	$140.00
Residential Case Rate - Facility does not Admit Children	Full Month (15+calendar days)	$310.00
Residential Case Rate - Women Patients Only and Facility Admits Children	Half month (1-14 calendar days)	$1,400.00
Residential Case Rate- Women Patients Only and Facility Admits Children	Full Month (15+ calendar days)	$3,100.00

* A treatment episode is defined as the period of service between the beginning of a treatment service for a drug or alcohol [or gambling] problem (admission) and the termination of services for the prescribed treatment plan (discharge). Source: Treatment Episode Data Set (TEDS) State Instruction Manual Admission Data With National Outcomes Measures (NOMS)

APPENDIX I - Methadone Treatment Rate

UNIT RATES - METHADONE TREATMENT		
Methadone Treatment: ***Covered Service for Patients***		
Service Type	**Unit Description**	**Unit Cost**
Methadone Administration	Per dose	$12.00

APPENDIX J - Critical Incident Report

IOWA DEPARTMENT OF PUBLIC HEALTH - INTEGRATED PROVIDER NETWORK
CRITICAL INCIDENT REPORT

Submit this form to the Integrated Provider Network email mailbox at **IPN@idph.iowa.gov,** Attention: Critical Incident, within *24 business hours of when the incident occurred or when the organization was informed of the incident.*
Retain a copy of the form in the patient's file.

Date:
Name/Title of Individual Completing Form:
Contractor Organization Name:
Address: City: Phone: Email::
Location of Incident:

PATIENT or PERSON INVOLVED IN INCIDENT
Patient ISMART#:
If incident involves a person who is not a patient, name that person here:

☐ Male ☐ Female Age:

List any other involved party (i.e. patient, family member, visitor, staff, member, etc.):

Specify service being provided or treatment level of care:

DATE OF INCIDENT: **TIME OF INCIDENT:** ☐ a.m. ☐ p.m.
The incident was: ☐ Witnessed ☐ Discovered

TYPE OF INCIDENT:
- ☐ Death - Specify (i.e. car accident, heart attack, overdose, suicide, etc.):
- ☐ Suicide attempt
- ☐ Self-injury
- ☐ Assault/abuse of others or allegation thereof (Report child abuse pursuant to Iowa Code section 232.67 through 232.70 and dependent adult abuse pursuant to Iowa Code section 235B.3)
- ☐ Medication error (wrong dosage, wrong medication, wrong time, unauthorized administration)
- ☐ Unauthorized departure from a 24-hour facility pursuant to a court order
- ☐ Behavior that requires the intervention of law enforcement
- ☐ Behavior that results in physical injury to the patient or another person that requires treatment by a medical professional, emergency room visit, or admission to a hospital
- ☐ Condition that requires emergency medical treatment
- ☐ Condition that requires emergency mental health treatment
- ☐ Other dangerous behavior
- ☐ Other

Brief description of incident:

Follow-up actions taken by Contractor (i.e. patient admitted to hospital, counseling/referral provided to family, revised policies/procedures):

Resolution as a result of follow-up action:

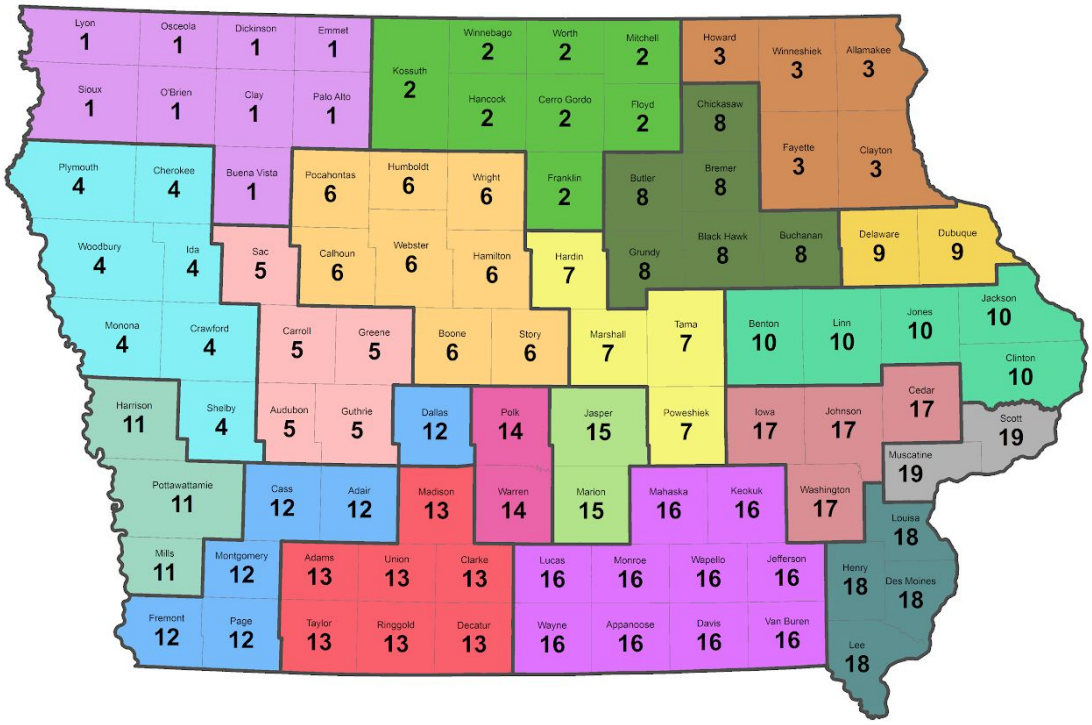
Signature of Individual Completing Form:

Date Signed:

Date and Time emailed to IDPH:

APPENDIX K - Map - Integrated Provider Network Contractors

Services Areas - Network Support, Prevention Services, and Outpatient Treatment
Statewide - (1) = Adult Residential Treatment, (2) = Juvenile Residential Treatment, (3) = Women and Children Treatment, (4) = Methadone Treatment



Service Area	Contractor	Service Area	Contractor
1	Compasse Pointe	13	Crossroads Behavioral Health Services
2	Prairie Ridge Integrated Behavioral Healthcare (1)	14	Broadlawns Medical Center
3	Northeast Iowa Mental Health Center		House of Mercy (1,3)
4	Jackson Recovery Centers, Inc. (1, 2, 3)		Prelude Behavioral Services (1)
5	Community Opportunities DBA New Opportunities		United Community Services (4)
6	Community and Family Resources (1, 2)	15	House of Mercy (1, 3)
7	Substance Abuse Treatment Unit of Central Iowa		United Community Services
8	Pathways Behavioral Services, Inc.(1)	16	Southern Iowa Economic Development Association
9	Substance Abuse Services Center	17	Prelude Behavioral Services (1)
10	Area Substance Abuse Council,Inc. (1, 2, 3)	18	Alcohol & Drug Dependency Services (1)
11	Heartland Family Service (1, 3)	19	Center for Alcohol & Drug Services, Inc. (1)
12	Zion Recovery Services, Inc (1)		New Horizons

APPENDIX L - Integrated Provider Network Exception Request Form

Integrated Provider Network
Exception Request Form

Email to IPN@idph.iowa.gov
Do not include any protected health information.

Date Requested:	Contractor Organization:
Check service type: ☐ Network Support ☐ Prevention Services ☐ Outpatient Treatment ☐ Adult Residential Treatment ☐ Juvenile Residential Treatment ☐ Women and Children Treatment ☐ Methadone Treatment	Contractor Staff Name:
Contractor Telephone:	Contractor Email:

State the requested exception. Cite the related contract requirement. Explain how the request supports Integrated Provider Network goals and requirements.
IDPH ONLY: ☐ Approved ☐ Denied Notes: