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Release #4 contains information for contractors offering substance use recovery services as part of the Iowa Department of Health and Human Services (Iowa HHS) Integrated Provider Network (IPN). Access To Recovery (ATR), a program to more specifically provide recovery support services (RSS), is being added to provide transportation-specific RSS to individuals not qualifying for State Opioid Response (SOR) RSS services.

Release #4 also omits or amends all language related to charging copays for services subsidized by IPN. Per SAMHSA, doing so is not permissible. As such, copays will remain suspended indefinitely.

Iowa HHS has issued this Provider Release as an amendment to the April 2022 Provider Manual. Contact Iowa HHS through the IPN helpdesk ([IPN@idph.iowa.gov](mailto:IPN@idph.iowa.gov)) with any questions.

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**Subject:** Access To Recovery (ATR)

**Effective Date:** July 1, 2023

***Access To Recovery Overview:***

Outcomes of grants such as the 2007-2018 Access to Recovery and 2008-2018 Iowa Gambling Treatment Program recovery support services demonstrated the instrumental role of having supports in place to assist as people with substance use and gambling disorders establish their recovery. Current access for Iowans to recovery support services is limited to several specific populations. In an effort to provide recovery support services (RSS) to individuals in treatment and recovery, regardless of diagnosis, the Iowa HHS is offering funding and programming guidelines to expand RSS resources. Funding will be provided to existing Integrated Provider Network agencies on July 1, 2023 with the program ending on June 30, 2024.

This new Access To Recovery (ATR) program will provide transportation RSS, including bus passes, gas cards, and rideshare vouchers to individuals admitted into the Integrated Provider Network who do not have access to transportation RSS through other discretionary grants. Identified individuals meeting income guidelines will be offered RSS through either SOR or ATR, utilizing the IBHRS Voucher Management System (VMS) to track and bill for this service. In addition, for each individual receiving ATR services, providers will qualify for an additional care coordination reimbursement. It is the intent of this funding opportunity for the bulk of the funds to be used for RSS provided directly to individuals participating in the program.

| UNIT RATES – Recovery Support Services   |                    |  |                        |           |                                  |
|--|--------------------|--|------------------------|-----------|----------------------------------|
| Covered Service: Licensed Program Services for Patients – Substance Use Disorder |                    |  |                        |           |                                  |
| IBHRS Service Procedure  | IBHRS Concept Code | IBHRS Service Procedure Description  | IPN Unit Description   | Unit Cost | Add Location Code for Telehealth |
|  |                    | Care Coordination  | Per patient/ per month | \$25.00   |                                  |
| IA350  | 22000.IA350        | Transportation: <b>Bus</b> - Transportation by bus to and from an activity related to the client's recovery. <b>Gas cards, cab fare, and/or ride sharing apps</b> - Transportation to and from an activity related to the client's recovery. | Unit = 1               | \$1.00    | N/A                              |

**Appendix F**

**Access to Recovery – Documentation Requirements**

***Each provider must document each ATR service provided.  
All ATR documentation must be available for Iowa HHS review as requested.***

**All ATR providers must:**

1. have an organized system to document provision of ATR covered services
2. document each client’s name, address, and phone number in the Voucher Management System
3. document the date and time of each ATR covered service provided
4. summarize the ATR covered service provided
5. maintain records in a secure manner that ensures confidentiality and complies with all state and federal laws and regulations pertaining to confidentiality of records
6. have policies and procedures in place for any volunteers associated with the provider
7. document any services or goods delivered to, or purchased on behalf of, clients using ATR funds (e.g. membership fees, service denials, estimates)
8. maintain documentation consistent with their specific licensure requirements; all other providers must maintain records of services provided for a minimum of five (5) years
9. report all required data in the Iowa Behavioral Health Reporting System (IBHRS) as directed by the Agency

**All Care Coordination Providers must:**

1. ensure each client signs all ATR forms in which a signature is required
2. maintain documentation of receipts which detail all items purchased pertaining to specific funds expended
3. maintain documentation of all estimates and/or purchases from a recognized vendor, which must be on company letterhead, dated by vendor, and include vendor phone and address

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4. document any case of misuse or inappropriate use of ATR funds, including actions taken
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**Subject:** IPN Copay Suspension

**Effective Date:** April 14, 2020

Per SAMHSA, it is not permissible for IPN contractors to collect an additional fee for a service from a patient/client. Reimbursement to the contractor, based on the IPN Unit Rate table (IPN Provider Manual - Appendix O) is considered payment in full. As a result, copay collection and reimbursement will remain suspended for the duration of the IPN project period. The following IPN Provider Manual language is amended or removed:

### II.F.11 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.~~

### II.G Available Funds

#### Payment in Full

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

### V.F Budget Requirements Fees

~~Contractors shall implement a co-pay for the following 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 Residential Treatment Other Covered Services for Patients:~~

- ~~● Early Intervention~~
- ~~● MAT—Medical Evaluation~~
- ~~● MAT—Medical Care~~

- ~~MAT – Medication~~
- ~~MAT – Drug Testing~~
- ~~Recovery Peer Coaching~~

~~Contractors shall not implement a co-pay for the following Other Covered Services for Persons who are not Patients:~~

- ~~Family Education Services~~

## VII.F Budget Requirements

### Fees

~~Contractors shall implement a co-pay for the following 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 Residential Treatment Other Covered Services for Patients:~~

- ~~Early Intervention~~
- ~~MAT – Medical Evaluation~~
- ~~MAT – Medical Care~~
- ~~MAT – Medication~~
- ~~MAT – Drug Testing~~
- ~~Recovery Peer Coaching~~

~~Contractors shall not implement a co-pay for the following Other Covered Services for Persons who are not Patients:~~

- ~~Family Education Services~~

## VIII.F Budget Requirements

### 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~~

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## IX.F Budget Requirements

### Fees

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

- ~~● Methadone Administration~~

### Appendix A.19

~~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.~~