



IOWA DEPARTMENT OF PUBLIC HEALTH

DIVISION OF BEHAVIORAL HEALTH

Substance Use and Problem Gambling Services
Integrated Provider Network

Request for Application

RFA #58818015-4
Fiscal Year 2023 & 2024

Project Period: January 1, 2019 - June 30, 2024

Contract Period: July 1, 2022 - June 30, 2024

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SECTION 1 – GENERAL AND ADMINISTRATIVE ISSUES

1.01 Purpose

The purpose of this RFA is to provide guidance for current contractors to submit continuation applications to the Iowa Department of Public Health (referred to as Department) to renew service provisions as described by and within the project period established by the Request for Proposal #58818015. Services covered by this application include an integrated provider network for delivery of comprehensive and high quality substance use disorder and problem gambling prevention and treatment services.

The Department is actively working to strengthen capacity to address health inequities in Iowa. Health equity is defined as the attainment of the highest possible level of health for all people by achieving the environmental, social, economic and other conditions in which all people have the opportunity to attain their highest possible level of health.

For prevention efforts, this grant promotes health equity through the Strategic Prevention Framework model and its guiding principle step Cultural Competency which adheres to and promotes 15 Cultural and Linguistic Appropriate Service (CLAS) Standards. Use of CLAS is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity.

For treatment efforts, this grant promotes health equity through expanding access to services for individuals and families with incomes at or below 200% of the Federal Poverty Guidelines as published by the U.S. Department of Health and Human Services, and those individuals not insured or for services in which third party payment is not available to pay for services.

1.02 Project and Contract Period

The Department expects the contract period to be a two-year term from July 1, 2022 to June 30, 2024. This contract period is the fourth and fifth year of a five and one-half year project period. Continued funding during the defined project period is dependent on approval of the continuation application, contractor performance and compliance with general and special conditions of the contract, availability of project funds, program modifications, or any other grounds determined by the Department to be in the Department's best interest.

The issuance of this RFA in no way constitutes a commitment by the Department to award a contract.

1.03 Eligible Applicants

Applicants must meet each of the following eligibility requirements for consideration.

Eligible Applicants

Only current contractors are eligible to submit a continuation application under this RFA.

Current contractors:

- Rosecrance Jackson Centers (Service Area 1)
- Prairie Ridge Integrated Behavioral Healthcare dba Prairie Ridge (Service Area 2)
- Northeast Iowa Mental Health Center, Inc. (Service Area 3)

- Rosecrance Jackson Centers (Service Area 4)
- Community Opportunities, Inc. dba New Opportunities, Inc. (Service Area 5)
- Community and Family Resources (Service Area 6)
- Substance Abuse Treatment Unit of Central Iowa (Service Area 7)
- Pathways Behavioral Services, Inc. (Service Area 8)
- Area Substance Abuse Council, Inc. (Service Area 9)
- Area Substance Abuse Council, Inc. (Service Area 10)
- Heartland Family Service (Service Area 11)
- Zion Integrated Behavioral Health Services (Service Area 12)
- Crossroads Behavioral Health Services (Service Area 13)
- House of Mercy (Service Area 14B)
- Community and Family Resources (Service Area 14C)
- UCS Healthcare (Service Area 14D)
- House of Mercy (Service Area 15A)
- UCS Healthcare (Service Area 15B)
- Southern Iowa Economic Development Association (Service Area 16)
- Community and Family Resources (Service Area 17)
- Alcohol & Drug Dependency Services (Service Area 18)
- Center for Alcohol & Drug Services, Inc. (Service Area 19A)
- Robert Young Center (Service Area 19C)

Electronic Communication Requirements

Applicants are required to maintain and provide to the Department, upon application, a current and valid email account for electronic communications with the Department.

Official email communication from the Department regarding this application will be issued from iowa.grants@mail.webgrantscloud.com. Applicants are required to assure these communications are received and responded to accordingly.

1.04 Service Delivery Area

Refer to the RFP #58818015 pages 8-9, for service delivery area parameters. Any changes in the current service delivery area must adhere to these instructions. Any service delivery area changes for this RFA must be agreed to by existing contractors and applicable boards of health, and approved by the Department. Submit requests to John McMullen at john.mcmullen@idph.iowa.gov. Written approval must be obtained prior to submitting a continuation application.

1.05 Funding

The source of funding is both Federal and State funds. Federal funds are those received through the Substance Abuse Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG) [CFDA 93.959]. State funds are those allocated for specific programming through state of Iowa appropriations.

Applicants may apply for up to the amounts listed in the table below for the SFY 23 funding year. Actual total awards and individual contract funding levels may vary from that listed or funding may be withdrawn completely, depending on availability of funding or any other grounds determined by

the Department to be in the Department's best interests.

The total estimated cost for services must not exceed the total funds available per Service Area. The table below shows the amounts for the SFY 23 funding year. SFY 24 funding will be added via amendment prior to the start of the SFY24 contract year.

Service Area Funding								
<i>Residential (Adult Residential-AR, Juvenile Residential-JR), Women and Children (W&C),</i>								
Service Area	Contractor	Network Support	Prevention Services - Substance Abuse	Prevention Services - Problem Gambling	Outpatient / Residential Treatment - Substance Use Disorder	Outpatient Treatment - Problem Gambling	Optional Services - W&C Methadone	TOTAL
1	Rosecrance Jackson Centers	\$69,850	\$183,426	\$34,807	\$497,556	\$75,000	\$0	\$860,639
2	Prairie Ridge	\$67,850	\$163,144	\$30,980	\$1,489,572	\$75,000	\$0	\$1,826,546
3	Northeast Iowa Mental Health Center Inc.	\$61,850	\$104,329	\$20,338	\$290,719	\$75,000	\$0	\$552,236
4	Rosecrance Jackson Centers.	\$65,850	\$188,544	\$45,988	\$1,317,469	\$75,000	\$660,021 (W&C)	\$2,352,872
5	New Opportunities	\$61,850	\$88,702	\$13,895	\$198,620	\$75,000	\$0	\$438,067
6	Community & Family Resources	\$67,850	\$217,935	\$53,570	\$1,917,169	\$75,000	\$0	\$2,331,524
7	Substance Abuse Treatment Unit of Central Iowa	\$59,850	\$100,580	\$23,327	\$333,456	\$75,000	\$0	\$592,213
8	Pathways Behavioral Services, Inc.	\$63,850	\$197,968	\$54,408	\$1,467,600	\$75,000	\$0	\$1,858,826
9	Substance Abuse Services Center	\$55,850	\$91,268	\$28,558	\$408,223	\$75,000	\$0	\$658,899
10	Area Substance Abuse Council, Inc	\$61,850	\$257,708	\$83,573	\$2,101,921	\$75,000	\$451,888 (W&C)	\$3,031,940
11	Heartland Family Service dba ACT Program	\$57,850	\$107,340	\$30,649	\$517,758	\$75,000	\$227,145 (W&C)	\$1,015,742
12	Zion Integrated Behavioral Services	\$63,850	\$149,203	\$34,303	\$946,514	\$75,000	\$0	\$1,268,870
13	Crossroads Behavioral Health Services	\$65,850	\$113,773	\$15,161	\$216,716	\$75,000	\$0	\$486,500

14B	House of Mercy	\$56,935	\$0	\$0	\$534,852	\$0	\$730,752 (W&C)	\$1,322,539
14C	Prelude Behavioral Services	\$56,936	\$0	\$77,307	\$457,319	\$75,000	\$0	\$666,562
14D	United Community Services, Inc	\$56,936	\$339,309	\$53,515	\$963,982	\$0	\$521,006 (Methadone)	\$1,934,748
15A	House of Mercy	\$27,925	\$0	\$0	\$124,786	\$0	\$0	\$152,711
15B	United Community Services, Inc.	\$27,925	\$64,348	\$17,459	\$124,786	\$75,000	\$0	\$309,518
16	Southern Iowa Economic Development Association	\$71,850	\$192,962	\$34,204	\$488,932	\$75,000	\$0	\$862,948
17	Prelude Behavioral Services	\$59,850	\$167,348	\$50,855	\$2,694,204	\$75,000	\$0	\$3,047,257
18	Alcohol & Drug Dependency Services	\$59,850	\$107,778	\$26,295	\$656,986	\$75,000	\$0	\$925,909
19A	Center for Alcohol & Drug Services, Inc.	\$30,024	\$98,858	\$53,807	\$1,515,446	\$75,000	\$0	\$1,773,135
19C	Robert Young Center	\$25,826	\$53,652	\$0	\$77,476	\$0	\$0	\$156,954

Payor of Last Resort & Non Supplanting

Funds awarded through this RFA are considered payment of last resort for Integrated Provider Network services.

Federal funding in the RFA cannot be used to supplant other funding. Specifically, federal SABG funding made available in RFA funding is intended to supplement and increase the level of other funds that would, in the absence of such federal funds, be made available for the services for which funds are provided and cannot take the place of the other funds.

Copays

Integrated Provider Network (IPN) contract funding, inclusive of allowable patient copays, should be considered payment in full for the IPN services provided. However, the actual total work conducted, the number of persons seeking services, and the types and total units of services (particularly, substance use disorder treatment) that may be provided in a contract term may exceed contract funding. A contractor must continue to provide RFA services for the duration of the contract term, even if the funds provided through the RFA are depleted. By submitting an application, an applicant is acknowledging the requirement to continue to offer and provide

services as outlined in this RFA even after funds provided through a resulting contract are depleted.

1.06 Schedule of Important Dates (All times and dates listed are local Iowa time.)

The table below lists critical dates in the application and contract award process. Contractors are encouraged to review the entire RFA for detailed information about events, dates, times and sites.

EVENT	DATE
RFA Issued	April 18, 2022
Written Questions and Responses	
Questions Due	April 21, 2022
Interim Responses Posted by	April 28, 2022
Final Questions Due	May 5, 2022
Final Responses Posted by	May 12, 2022
Applications Due	May 17, 2022 by 4:00 p.m. Local Iowa Time
Post Notice of Intent to Award	June 21, 2022

A. RFA Issued – The Department will post the RFA under Grant Opportunities quick link at www.iowagrants.gov on the date referenced in the Schedule of Events table above. The RFA will remain posted through the Applications Due date.

B. Applicant’s Conference – No conference will be held.

C. Written Questions and Responses – Written questions related to the RFA must be submitted through www.iowagrants.gov no later than the dates specified in the table above. Written questions submitted after the date specified for final questions in the table above will not be considered and a response will not be provided by the Department.

Applicant must be registered with IowaGrants in order to submit a question (Refer to the ‘New User Registration Instructions for IowaGrants.gov’ document posted under the Attachments section of this Funding Opportunity).

To submit a question:

- Registered Users login to www.iowagrants.gov as a returning user;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Click on ‘Ask A Question’ link located at the top right-hand side of the Opportunity Details page, and enter a single question in the ‘Post Question’ box;
- Click the ‘Save’ button;
- A post question confirmation box will appear stating the question is under review.

Additional questions may be submitted by repeating the process above for each individual question. If the question or comment pertains to a specific section of the RFA, the section and

page must be referenced. Verbal questions will not be accepted. Questions will not be displayed in IowaGrants until written responses are posted by the Department.

The Department will prepare written responses to all pertinent, timely and properly submitted questions according to the schedule of events table above. The Department's written responses will be considered part of the RFA.

To view posted questions and responses:

- Login to www.iowaGrants.gov;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Scroll to the bottom of the Opportunity Details page, under the **Questions** subsection to view the posted questions and answers.

It is the responsibility of the applicant to check this Funding Opportunity in www.iowaGrants.gov periodically for written questions and responses to this RFA.

D. Application Creation – The application will consist of multiple required forms (refer to Section 2.02) available within the Electronic Grant Management system at www.iowaGrants.gov. Each form of the application must be completed in its entirety or IowaGrants will not permit the application to be submitted.

Each individual within the applicant organization who desires access to the application must be registered in IowaGrants (**See Attachment D - New User Registration Instructions for IowaGrants.gov**). The first user to initiate an application for a Funding Opportunity is designated by the system as the primary user (Registered Applicant) for that application. This primary user can add additional registered users as Grantee Contacts within their organization to the Funding Opportunity for completion/edit/review of forms and submission of the application. If multiple users are editing the same form within an application at the same time, the last saved version will override any changes made by other users.

IowaGrants will permit multiple registered users of the applicant organization to create separate applications for the same Funding Opportunity, thereby creating multiple applications for the same Funding Opportunity. The applicant is responsible for ensuring only one entire application is completed and submitted for each requested service area (refer to Sections 1.04) in response to this RFA.

E. Applications Due – Applications must be submitted by 4:00 p.m. (local Iowa time) **May 17, 2022**, in the Electronic Grant Management System at www.iowaGrants.gov. Attempted submission of a completed application after the stated due date and time will not be allowed by the system. This Funding Opportunity will not be available as a Current Opportunity on the Electronic Grant Management System after the stated due date and time. If submission of an application is attempted after the stated date and time, the applicant will receive a notice stating "The Funding Opportunity is closed".

Applications submitted to the Department in any manner other than through Electronic Grant Management System of the IowaGrants website (e.g. electronic mail to any other address, faxed,

hand-delivered, mailed or shipped or courier-service delivered versions) will be rejected, not reviewed by the Department and a rejection notice will be sent to the applicant. Any information submitted separately from the application will not be considered in the review process.

The date and time system of the IowaGrants Electronic Grant Management System shall serve as the official regulator for the submission date and time of an application.

The due date and time requirements for submission of the application within the Electronic Grant Management System of IowaGrants website are mandatory requirements and will not be subject to waiver as a minor deficiency.

Submission Confirmation Screen: After an applicant submits an application, a confirmation screen containing an Application ID number will appear on your computer screen.

It is the applicant's sole responsibility to complete all Funding Opportunity Forms and submit the application in sufficient time.

F. Notice of Intent to Award – A Notice of Intent to Award the contract(s) will be posted for 10 business days on the Department webpage <http://idph.iowa.gov/> under *Funding Opportunities* link by 4:30 pm on the date specified in the Schedule of Events table above. Applicants are solely responsible for reviewing the Notice of Intent to Award to determine their award status.

G. Contract Negotiations and Execution of the Contract – Following the posting of the Notice of Intent to Award, the Authorized Official for the successful applicant(s) will receive a contract document via email from the Department. The successful applicant has ten (10) working days from the date of receipt in which to negotiate and sign a contract with the Department. If a contract has not been executed within ten (10) working days of applicant's receipt, the Department reserves the right to cancel the award and to begin negotiations with the next highest ranked applicant or other entity deemed appropriate by the Department. The Department may, at its sole discretion, extend the time period for negotiations of the contract.

1.07 Technical Assistance

Technical assistance is available for developing program-specific components of the application. Contractors are encouraged to contact IPN Help Desk at ipn@idph.iowa.gov with questions about program issues.

For assistance regarding IowaGrants, please contact the IDPH IowaGrants Helpdesk at iowagrants.helpdesk@idph.iowa.gov or by calling 1-866-520-8987 (available between 8:00 AM and 4:00 PM on weekdays, excluding state holidays).

In no case shall verbal communications override written communications. Only written communications are binding on the Department. The Department assumes no responsibility for representations made by its officers or employees prior to the execution of a legal contract, unless representations are specifically incorporated into the RFA.

1.08 Amendments to the RFA

The Department reserves the right to amend the RFA at any time. In the event the Department decides to amend, add to, or delete any part of this RFA, a written amendment will be posted at www.iowaGrants.gov under the Attachments section of this Funding Opportunity. The applicant is advised to check this website periodically for amendments to this RFA. In the event an amendment occurs after the Funding Opportunity is closed, the Department will email the written amendment to the individuals identified in the submitted application as the Project Officer (Registered Applicant) and the Authorized Official listed in the Cover Sheet - General Information Form.

1.09 Withdrawal of Applications

An application created in IowaGrants.gov cannot be deleted. An application may be withdrawn by request of an applicant at any time prior to the due date and time. An applicant desiring to withdraw an application shall submit notification including the application ID, title of the application, and the applicant organization name via email to iowagrants.helpdesk@idph.iowa.gov.

After this funding opportunity closes, the Department may withdraw applications that have not been submitted.

1.10 Resubmission of Withdrawn Applications

A withdrawn application may be resubmitted by an applicant at any time prior to the stated due date and time for the submission of applications.

To access a withdrawn application:

- Registered Users login to www.iowaGrants.gov as a returning user;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Click on 'Copy Existing Application';
- Select the application that you want to copy by marking it under the 'Copy' column (Note: all applications whether in editing, submitted or withdrawn status will be displayed to be copied);
- Click the 'Save' button.

The application that was copied will be open in this funding opportunity. Be sure to re-title the application if necessary by going into the General Information form and editing it. Continue to complete the application forms and submit following the guidance provided in sections in section 2 of this RFA.

Withdrawn applications for this RFA posting must be submitted by the due date provided in section 1.06 in order to be considered for funding. Withdrawn, submitted, or editing status applications are also available to copy to other Funding Opportunities in IowaGrants at any time.

1.11 Right to Reject Applications/Cancellation of RFA

- A. The Department reserves the right to reject, in whole or in part, any or all applications, to advertise for new applications, to arrange to receive or itself perform the services herein, to abandon the need for such services, and to cancel this RFA if it is in the best interests of the Department.

- B. Any application will be rejected outright and not evaluated for any of the following reasons:
1. The applicant is not an eligible applicant as defined in section 1.03.
 2. An applicant submits more than one application for the same service area for the same funding opportunity.
 3. An application is submitted in a manner other than the Electronic Grant Management System at www.IowaGrants.gov.
- C. Any application may be rejected outright and not evaluated for any one of the following reasons:
1. The applicant fails to include required information or fails to include sufficient information to determine whether an RFA requirement has been satisfied.
 2. The applicant fails to follow the application instructions or presents information requested by this RFA in a manner inconsistent with the instructions of the RFA.
 3. The applicant provides misleading or inaccurate answers.
 4. The applicant states that a mandatory requirement cannot be satisfied.
 5. The applicant's response materially changes a mandatory requirement.
 6. The applicant's response limits the right of the Department.
 7. The applicant fails to respond to the Department's request for information, documents, or references.
 8. The applicant fails to include any signature, certification, authorization, or stipulation requested by this RFA.
 9. The applicant initiates unauthorized contact regarding the RFA with a state employee.

1.12 Acceptance of Terms and Conditions

- A. An applicant's submission of an application constitutes acceptance of the terms, conditions, criteria and requirements set forth in the RFP and RFA and operates as a waiver of any and all objections to the contents of the RFP and RFA. By submitting an application, an applicant agrees that it will not bring any claim or have any cause of action against the Department or the State of Iowa based on the terms or conditions of the RFP, RFA, or the procurement process.
- B. The Department reserves the right to accept or reject any exception taken by an applicant to the terms and conditions of the RFP or this RFA. Should the successful applicant take exception to the terms and conditions required by the Department, the successful applicant's exceptions may be rejected and the Department may elect to terminate negotiations with that applicant. However, the Department may elect to negotiate with the successful applicant regarding contract terms which do not materially alter the substantive requirements of the RFA or the contents of the applicant's application.

1.13 Public Records and Requests for Confidential Treatment of Application Information

The Department's release of public records is governed by Iowa Code chapter 22. Applicants are encouraged to familiarize themselves with Chapter 22 before submitting an application in response

to this RFA.

The Department will copy and produce public records upon request as required to comply with Chapter 22 and will treat all information submitted by an applicant as non-confidential records unless applicant requests specific parts of the application be treated as confidential at the time of the submission as set forth herein AND the information is confidential under Iowa or other applicable law.

All information submitted by an applicant will be treated as public information following the conclusion of the selection process unless the applicant properly requests that information be treated as confidential at the time the application is submitted.

Failure of the Applicant to request information be treated as confidential as specified herein shall relieve Department personnel from any responsibility for maintaining the information in confidence. Applicants may not request confidential treatment with respect to pricing or budget information and transmittal letters. An applicant's request for confidentiality that does not comply with this section or an applicant's request for confidentiality on information or material that cannot be held in confidence as set forth herein are grounds for rejecting an application as non-responsive.

A. Confidential Treatment of Information is Requested by the Applicant

An applicant requesting confidential treatment of information contained in its application shall be required to submit two copies of its application (one complete application (containing confidential information) and one redacted version (with confidential information excised) and complete and submit Form 22 with both applications; as outlined herein:

1. Complete and Submit Form 22 with both applications

APPLICANT NOTE: SUBMISSION OF THIS FORM 22 IS REQUIRED ONLY IF REQUESTING CONFIDENTIAL TREATMENT OF APPLICATION INFORMATION.

In order to request information contained in an application to be treated as confidential, the applicant must complete and submit FORM 22 with both applications. Failure of the applicant to accurately and fully complete FORM 22 with the application submission may result in the application to be considered non-responsive and not evaluated. The Form 22 is available to download from a link located in the attachments section of the standard application form titled Application Certification and Conditions (refer to section 2 of this RFA). Applicant(s) must download Form 22 from a link within this form, complete it, and upload it into the specific field of the electronic Application Certification and Conditions form in both applications.

Form 22 will not be considered fully complete unless, for **each** confidentiality request, the applicant: (1) enumerates the specific grounds in Iowa Code chapter 22 or other applicable law that supports treatment of the material as confidential, (2) justifies why the material should be maintained in confidence, (3) explains why disclosure of the material would not be in the best interest of the public, and (4) sets forth the name, address, telephone, and e-mail for the person authorized by applicant to respond to inquiries by the Department concerning the confidential status of such material. Requests to maintain an entire application as confidential will

be rejected as non-responsive.

2. An applicant that submits an application containing confidential information must submit two copies of its application (one complete application and one redacted version of the application) for this RFP. Completed Form 22 shall be uploaded in the Application Certifications and Conditions form in **both** copies.

One copy of the application must be completed and submitted in its entirety, containing the confidential information. This is the application that will be reviewed.

The applicant must submit one copy of the application labeled “Redacted Copy” from which the confidential information had been excised. In order to do this, the applicant shall rename the copy with the word ‘Redacted’ added as the **first** word in the application title, using the exact same title as the first copy of the application. The applicant must then revise each form within the copied/redacted application removing the confidential information and inserting the word ‘redacted’ in the required fields. The confidential material must be excised from the redacted version in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the application as possible.

Both copies of the application must be submitted by the applicant by the due date and time outlined in Section 1.06 (E).

B. Public Requests

In the event the Department receives a public request for application information marked confidential, written notice shall be given to the applicant seventy-two (72) hours prior to the release of the information to allow the applicant to seek injunctive relief pursuant to Iowa Code Section 22.8. The information marked confidential shall be treated as confidential information to the extent such information is determined confidential under Iowa Code Chapter 22 or other provisions of law by a court of competent jurisdiction. If the Department receives a request for information that applicant has marked as confidential and if a judicial or administrative proceeding is initiated to compel the release of such material, applicant shall, at its sole expense, appear in such action and defend its request for confidentiality. If the applicant fails to do so, the Department may release the information or material with or without providing advance notice to the applicant and with or without affording the applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

Additionally, if applicant fails to comply with the request process set forth herein, if applicant’s request for confidentiality is unreasonable, or if applicant rescinds its request for confidential treatment, Department may release such information or material with or without providing advance notice to applicant and with or without affording applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

The applicant's failure to request confidential treatment of material pursuant to this section and the relevant law will be deemed by the Department as a waiver of any right to confidentiality which the applicant may have had.

1.14 Appeal of Rejection Decision

The applicant's receipt of a rejection notice constitutes receipt of notification of the adverse decision per 641 Iowa Administrative Code Chapter 176.8(1). Applicants may appeal the adverse decision only for a timely submitted application. The appeal shall be submitted in writing within ten (10) business days of the applicant's receipt of the notification of the adverse decision. The appeal shall be addressed to the contract compliance officer cited in the RFP, Department of Public Health, and shall be submitted via email, including a read receipt verification, to john.mcmullen@idph.iowa.gov. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in the RFP were not followed by the Department. In the event of an appeal, the Department will continue working with the successful applicant(s) pending the outcome of the appeal.

1.15 Appeal of Award Decision

The posting of the Notice of Intent to Award on the Department webpage constitutes receipt of notification of the adverse decision per 641 Iowa Administrative Code Chapter 176.8(1). Applicants may appeal the adverse decision only for a timely submitted application. The appeal shall be submitted in writing within ten (10) business days of the applicant's receipt of the notification of the adverse decision. The appeal shall be addressed to the contract compliance officer cited in the RFP, Department of Public Health, and shall be submitted via email, including a read receipt verification, to john.mcmullen@idph.iowa.gov. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in the RFP were not followed by the Department. In the event of an appeal, the Department will continue working with the successful applicant(s) pending the outcome of the appeal.

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SECTION 2 – APPLICATION CONTENT

2.01 Scope and Description of Services

1. Overview

This is a continuation of services from the original FY19 IDPH Substance Use and Problem Gambling Services Integrated Provider Network RFP #58818015 ([See Attachment B](#)).

The Department has included updates to the requirements and revisions in the delivery of services and expectations which have occurred during this RFP project period. Applicants are expected to review the RFA carefully and ensure their applications are responsive to work and services presented in this RFA.

The Iowa Department of Public Health (Department), Substance Use and Problem Gambling Services Integrated Provider Network (IPN) is a statewide, community-based, resiliency and recovery-oriented system of care for substance use and problem gambling services.

Through this RFA, the Department seeks to protect and improve the health of Iowans by meeting the following three IPN 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 in Iowa 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.

The Department is actively working to strengthen capacity to address health inequities in Iowa. Health equity is defined as the attainment of the highest possible level of health for all people by achieving the environmental, social, economic, and other conditions in which all people have the opportunity to attain their highest level of health. This RFA promotes health equity through collecting important information to understand disparities among persons impacted by substance use and gambling problems.

2. Required Reports

Reports	Reporting Method	Date Due
<u>90% Capacity Notification</u>	<u>IowaGrants</u>	<u>Within 7 days of reaching 90% capacity</u>
Claims Reimbursement and Support Documentation	IowaGrants	Within 30 days of the end of the month of service. The FY23 final claim must be

		submitted by August 15, 2023 The FY24 final claim must be submitted by August 15, 2024
Critical Incident Reports	Via e-mail to: SUD.PG.Licensure@idph.iowa.gov	Within 24 hours of the Contractor becoming aware of the incident
Data Reporting- Prevention	REDCap Prevention System	By 15th day of following month
Data Reporting- Treatment	IBHRS	By 15th day of following month
Quarterly Progress Reports July-Sept Oct-Dec Jan-Mar Apr-June	IowaGrants	<u>SFY23 Due Dates</u> October 28, 2022 January 27, 2023 April 28, 2023 July 28, 2023 <u>SFY24 Due Dates</u> October 27, 2023 January 26, 2024 April 26, 2024 July 26, 2024
<u>Sliding Fee Scale draft</u>	<u>IowaGrants</u>	<u>By July 31, 2022</u>
Subcontracts- draft, unsigned	Type: Subcontract Documents	Submit for Department approval prior to obtaining signatures

3. Staffing or Personnel Requirements

Staffing must be sufficient to implement the project as described in this guidance. The Department specifies that each contracted agency is required to maintain a contingency plan for vacancies.

An applicant must assure staffing and staff qualifications are sufficient to implement Required Services and all Optional Services as outlined in the RFP and as proposed in the responding application. No single staff person may exceed 1.0 FTE.

At a minimum, applicants must identify the following personnel:

1. Fiscal Contact
2. Prevention Lead
3. Prevention Data Lead
4. Prevention Staff (both gambling and substance abuse)
5. Substance Use Disorder Treatment Lead
6. Substance Use Disorder Treatment Data/QI Lead

7. Outpatient Treatment Problem Gambling Lead
8. Key Personnel for each Optional Service funded

4. Unallowable Costs

Applicants will prepare budgets or submit for reimbursement of services provided through this RFA. For any expenses submitted for consideration, this section outlines costs that are not allowed. Applicants shall submit budgets as requested specific to the services as outlined throughout this RFA and within the IowaGrants application forms and shall not include any unallowable costs listed in this section. Per 45 CFR, 96.135, 96.137, and SAMHSA guidance documents, SABG funding can not be expended for the purposes listed below:

1. Purchase of land or construction of building or improvements thereon
2. Purchase of major medical equipment
3. Providing individuals with hypodermic needles or syringes
4. Any salary in excess of Level II of the federal senior executive service pay scale.
5. Inpatient hospital services
6. Satisfying the requirement for expenditures of non-Federal funds as a condition for the receipt of Federal funds
7. Providing financial assistance to any entity other than a public or nonprofit entity
8. Cash payments to intended recipients of health services
9. Providing treatment services in penal or correctional institutions of the state Substance Abuse Prevention - Additional Unallowable Expenditures:
10. Purchase of Naloxone
11. Strategies to enforce alcohol, tobacco, or drug (ATOD) policies (compliance checks, party patrols, shoulder taps, etc.)
12. Services to enforce ATOD state laws
13. Services that support Screening, Brief Intervention and Referral to Treatment (SBIRT), including promotion of SBIRT and screening
14. Services that support mental health promotion and mental disorder prevention strategies
15. Purchase of gift cards
16. Meal costs that are unrelated to program participant involvement in evidence-based program implementation
17. Marijuana or any marijuana product
18. Vehicle Rentals
19. Providing treatment services in penal or correctional institutions of the state
 - a. Please see Appendix N - IDPH/State Appropriation Only Funded Services regarding alternative funding for treatment services in a penal or correctional institution of the state.

5. Performance Measures

These are the performance measures that successful applicants shall be expected to obtain during the contract period(s). The resulting contracts will reflect these measures.

A. Prevention Incentive

1. An incentive of \$3,000 will be provided for participation in a two-day Prevention 101 face-to-face training provided by the Department in August 2022 (dates and

times to be announced). The training will take place near or in Des Moines.

In order to qualify for the incentive, each contractor should choose one (1) IPN funded prevention specialist (currently providing direct services) to attend the training. Contractors with more than one IPN Service Area should choose a staff member from each service area to attend and will receive an incentive for each service area.

B. Treatment Incentives

1. Serving Priority Populations (SUD) - In order to increase awareness and timeliness of service delivery to priority populations, the Department will be continuing the "simulated calls" evaluation project with the University of Northern Iowa. Each IPN treatment provider will receive at least twelve (12) calls during each of the FY23 and FY24 contract periods. The expectation is that all people who contact an agency are assessed to see if they are one of the Block Grant priority populations. For this measure, a minimum of 50% of the total simulated calls will have successfully either asked if the person was pregnant, or if the person uses drugs intravenously. An incentive of \$5,000 will be provided if a provider meets the 50% threshold.
2. Reduce No-Shows (SUD and PG): - The Contractor will decrease the number of substance use disorder and problem gambling patients that do not show up for their initial appointments. A \$1,000 incentive will be awarded to Contractors that successfully reduce their no-show rate by at least 5% below baseline.
3. Increase Admissions (PG): - The Contractor will increase the number of problem gambling treatment admissions. A \$5,000 incentive will be awarded to Contractors that successfully admit twenty Iowa residents for problem gambling treatment.

The release of incentives will be determined by the Department and as supported by IBHRS records entered by July 31, 2023 for grant year 4, and by July 31, 2024 for grant year 5.

6. Network Support

This section outlines expectations of successful applicants for provision of Network Support services. Applicants shall respond within the IowaGrants application forms compliant to the information presented in this section.

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 Department's management approach for implementing, promoting, monitoring, evaluating, and improving IPN 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 the Department to coordinate and assure provision of IPN 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 IPN services are known to the communities served.
- Assure that IPN services are readily accessible, comprehensive, flexible, and appropriate to the persons participating in or receiving services.

Contractors must acknowledge the Department 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 Department 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. 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);
- The Iowa Department of Public Health’s Iowa Youth Survey.

Contractors must include in community needs assessment an examination of how health disparities impact access to care in the service area.

2. 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;
- YourLifelowa and 1-800-BETS OFF website and helpline;
- “A Matter of Substance” newsletter and other publications;
- The Department’s substance abuse prevention and treatment focused media campaigns;
- The Department’s website and social media platforms;
- Contractor and the Department’s efforts directed to specific topics and issues.

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

3. Data and Continuous Quality Improvement

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

The Department organizes Integrated Provider Network CQI activities around NIATx concepts (**See Attachment C - Integrated Provider Network - Provider Manual (April, 2022) - Appendix C - Links to Evidence-Based & Best Practices**).

CQI activities may include, but are not limited to:

- Access and wait time performance measures;
- Critical Incident reports (*See Link C - IPN Critical Incident Report Form*);
- 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.

4. Workforce Development

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

5. Meetings, Trainings, and Technical Assistance

Contractors conduct, support, and participate in meetings, training, and technical assistance activities that enhance, expand, and improve IPN services. Meetings, training, and technical assistance may be face-to-face or may be conducted through electronic means, as determined by the Department.

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);
- IPN 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;
- Other;
- Indirect or Administrative Costs

Contractors experiencing under-utilization of their Outpatient Treatment Covered Services budget can submit a request to the Department through IowaGrants correspondence to redirect up to 10% of their total Outpatient Treatment Covered Services budget for local health promotion activities under Network Support. Requests must include an updated Network Support Work Plan that includes the scope and expected outcome of each proposed activity.

1. Line Item Budget

Applicants will demonstrate a budget adequate to support the work of the application based on the specific line item categories outlined below. A budget justification narrative shall describe how the budget was calculated and justify the expenses detailed. Budgets shall not include unallowable costs as listed in section 2.01.4.

2. Direct Costs Categories

Allowable budget line categories for direct cost expenses include:

a. Salary and Fringe Benefits

The applicant shall include all staff annual salary and annual fringe amounts directly funded, wholly or partially with these funds. A justification for each staff charged to this project shall include the staff name, position title, the annual salary and annual fringe for the position, and the full-time equivalent (FTE) portion to be charged to these funds.

b. Equipment

Equipment may not be purchased with these funds.

c. Other

This category may include items such as office supplies, educational supplies, project supplies, incentives, communication, rent and utilities (if not included in Administrative or Indirect Costs), training, information technology-related expenses, travel, etc. and should reflect any major activities required to accomplish the action plan or work plan. This category also includes any items not meeting the above definition for equipment.

d. Lodging

The Department will **not** reimburse the Contractor travel amounts in excess of limits established by [Iowa Department of Administrative Services](#), or for expenses at an in-state event if the lodging provider is not certified by the Iowa Department of Public Safety's Human Trafficking Prevention Training.

- Current in-state and out of state travel rate reimbursements can be found posted on the Department's [IDPH General Conditions for Service Contracts website](#).
- Before traveling in the state or prior to procuring space for a conference or meeting at a site where lodging is available under this contract, the Contractor must ensure that the selected lodging provider is certified by checking this website: <https://stophtiowa.org/certified-locations>. This applies to all in-state lodging, conferences, meetings, or any other state funded event. Use of lodging providers who are not certified will not be reimbursed. Certification of a lodging provider will be verified by the Department before reimbursing this expenditure in a claim.

3. Indirect or Administrative Costs

Applicants may charge an indirect rate in accordance with their federally approved Indirect Cost Rate Agreement or an Indirect Cost Plan recognized by a state cognizant agency (local governments). If the applicant charges indirect costs, a copy of the current, signed federally approved indirect cost rate agreement or the Indirect Cost Plan recognized by a state cognizant agency must be submitted as an attachment to the application. The Department reserves the right to negotiate the application of the Indirect Rate per individual contract.

Only in the absence of a federally approved Indirect Cost Rate Agreement or an Indirect Cost Plan recognized by a state cognizant agency (local governments),

Administrative Costs are capped at (limited to) 15% of the direct costs proposed in the budget. The total budget may not exceed total available funds. Administrative costs are those that are incurred for common or joint objectives, and therefore cannot be identified readily and specifically with a sponsored program, but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation and administrative salaries are generally treated as indirect/administrative costs.

The applicant shall maintain documentation to support the administrative cost allocation. The Department reserves the right to request the documentation at any time.

D. Fees

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

7. Prevention Services

This section outlines expectations of successful applicants for provision of Prevention Services. Applicants shall respond within the IowaGrants application forms compliant to the information presented in this section.

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:

- Substance Use (based on local assessment of need as directed by the Department)
 - Alcohol
 - Marijuana
 - Problem Gambling

- Opioids & Prescription Medications
- Tobacco

Additional Prevention Services priorities may include methamphetamine, and suicide, as well as other priorities mutually determined by the Department and contractors, based on data and identified need.

During this contract period Prevention Services will focus on the Implementation and Evaluation steps of the Strategic Prevention Framework. The Department will issue guidance on the associated deliverables to be completed for these steps.

Prevention Specialists must allocate a certain amount of their indirect/direct time towards the Implementation and Evaluation steps of the Strategic Prevention Framework as well as other direct service hours provided to achieve the approved Action Plan. The Department recommends utilizing the formula of 768 direct service hours per 1.0 FTE or each full-time prevention staff member providing approximately 64 direct service hours each month.

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 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 *Implementation* step focuses on carrying out the prevention plan and identifying and overcoming potential barriers. During the Implementation step, 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 the Department 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 the Department and focus on outcomes directly related to substance abuse (**See Attachment C - Integrated Provider Network - Provider Manual (April, 2022) - Appendix C - Links to Evidence-Based & Best Practices**).
- c. *One-Time Services* - One-time prevention services are single activities intended to inform general and specific populations about substance use or problem gambling. The Department will provide direction on allowable one-time services. The Department plans to limit one-time services to Information Dissemination or Environmental strategies which may include but may not be limited to:
 - Driver's Education classes;
 - Gambling in the Workplace;
 - Gaming toolkits (Casino, lottery, social and charitable gaming);
 - Minor in Possession diversion classes using PRIme for Life or PRI 420 programs;
 - Responsible Beverage Service Training using the Training for Intervention Procedures (TIPS), which can include TIPS for Gaming;
 - Responsible Gaming;
 - Workplace training and workplace policy change
- 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 the Department if there is a need to deviate from this expectation and must receive approval prior to implementation.

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

The Department has created an “Evidence Based Programs, Practices and Policies Selection and Implementation Guide” that should be utilized to select prevention services that are allowable under this funding source. To implement a Prevention Services program not listed in this guide, *contractors must request an exception from the Department.*

The Department established Prevention Organization Expectations for Prevention Services staff and services. Contractors must comply with these expectations throughout the project period (**See Attachment C - Integrated Provider Network - Provider Manual (April, 2022) - Appendix C - Links to Evidence-Based & Best Practices**).

D. Service Recipient Eligibility Requirements

All Iowa residents are eligible to receive Prevention Services. Contractors shall not provide Prevention Services to persons identified as in need of substance use disorder or problem gambling treatment or those receiving treatment. This includes providing early intervention services such as pre-screening, screening, and Screening, Brief Intervention, and Referral to Treatment (SBIRT).

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;**

- **Other;**
- **Indirect or Administrative Costs**

Line Item Budget:

Applicants will demonstrate a budget adequate to support the work of the application based on the specific line item categories outlined below. A budget justification narrative shall describe how the budget was calculated and justify the expenses detailed. Budgets shall not include unallowable costs as listed in section 2.01.4.

Direct Costs Categories

Allowable budget line categories for direct cost expenses include:

1. Salary and Fringe Benefits

The applicant shall include all staff annual salary and annual fringe amounts directly funded, wholly or partially with these funds. A justification for each staff charged to this project shall include the staff name, position title, the annual salary and annual fringe for the position, and the full-time equivalent (FTE) portion to be charged to these funds.

2. Subcontract

If services performed for any activities outlined in this RFA are to be subcontracted, the applicant must detail the anticipated subcontract expenses in this category. Refer to Section 1.18 of RFP Number 58818015 and Section 5 of the IDPH General Conditions for subcontract provisions and requirements.

3. Equipment - Equipment may not be purchased with these funds.

4. Other

This category may include items such as office supplies, educational supplies, project supplies, communication, rent and utilities (if not included in Administrative or Indirect Costs), training, information technology-related expenses, travel, etc. and should reflect any major activities required to accomplish the action plan or work plan. This category also includes any items not meeting the above definition for equipment.

a. Lodging

The Department will **not** reimburse the Contractor travel amounts in excess of limits established by [Iowa Department of Administrative Services](#), or for expenses at an in-state event if the lodging provider is not certified by the Iowa Department of Public Safety's Human Trafficking Prevention Training.

- Current in-state and out of state travel rate reimbursements can be found posted on the Department's [IDPH General Conditions for Service Contracts website](#).
- Before traveling in the state or prior to procuring space for a conference or meeting at a site where lodging is available under this contract, the Contractor must ensure that the selected lodging provider is certified by checking this website: <https://stopthiowa.org/certified-locations>. This

applies to all in-state lodging, conferences, meetings, or any other state funded event. Use of lodging providers who are not certified will not be reimbursed. Certification of a lodging provider will be verified by the Department before reimbursing this expenditure in a claim.

5. Indirect or Administrative Costs

Applicants may charge an indirect rate in accordance with their federally approved Indirect Cost Rate Agreement or an Indirect Cost Plan recognized by a state cognizant agency (local governments). If the applicant charges indirect costs, a copy of the current, signed federally approved indirect cost rate agreement or the Indirect Cost Plan recognized by a state cognizant agency must be submitted as an attachment to the application. The Department reserves the right to negotiate the application of the Indirect Rate per individual contract.

Only in the absence of a federally approved Indirect Cost Rate Agreement or an Indirect Cost Plan recognized by a state cognizant agency (local governments), Administrative Costs are capped at (limited to) 15% of the direct costs proposed in the budget. The total budget may not exceed total available funds. Administrative costs are those that are incurred for common or joint objectives, and therefore cannot be identified readily and specifically with a sponsored program, but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation and administrative salaries are generally treated as indirect/administrative costs.

The applicant shall maintain documentation to support the administrative cost allocation. The Department reserves the right to request the documentation at any time.

6. Fees

Contractors cannot charge participants a fee for Prevention Services Covered Services. Contractors may request an exception from the Department if there is a need to deviate from this expectation.

G. Data and Reporting Requirements

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

Contractors report Prevention Services information and data through the Department data systems as outlined below and in the IPN Provider Manual (**Attachment C - Integrated Provider Network - Provider Manual (April, 2022) - Appendix C. Links to Evidence-Based and Best Practice**). The data system is:

- Research Electronic Data Capture (REDCap) Prevention System

Contractors utilize the REDCap Prevention System to report prevention services data and

outcomes data using a pre-post survey design, including survey instruments and guidelines provided by the Department.

8. Outpatient Treatment

This section outlines expectations of successful applicants for provision of Outpatient Treatment Services. Applicants shall respond within the IowaGrants application forms compliant to the information presented in this section.

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 the Department's 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 (SUD) treatment services ordered through a court action when the services ordered meet The American Society for Addiction Medicine (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.

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 the Department's requirements and guidance.

D. Service Recipient Eligibility Requirements

See Attachment C - Integrated Provider Network - Provider Manual (April, 2022) - Section II.C.

E. Covered Services Requirements

Outpatient Treatment Covered Services include Licensed Program Services for Patients, Other Covered Services for Patients, Other Covered Services for Persons who may or may not be 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. Services are provided in accordance with IAC 641—155 Licensure Standards for Substance Use Disorder and Problem Gambling Treatment Programs and should be provided by qualified clinical treatment staff.

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 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 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 Services 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 (excluding Intake Assessment) or Medication Assisted Treatment (MAT) dosing at an Opioid Treatment Program/Medication Unit from the contractor during the month.

- Care Coordination encompasses 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.

b. Early Intervention (based on ASAM Level 0.5)

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 but do not meet criteria for a substance use disorder. Individuals that previously received an Initial Assessment and do meet criteria for a substance use disorder may not be provided Early Intervention.
- Early Intervention could be considered as an equivalent to SBIRT Brief Treatment, which is a more intensive intervention than a SBIRT Brief Intervention.
- Early Intervention may be provided using the SAMHSA Integrated Change Therapy/Brief Treatment Model or a similar model acceptable to the Department.
- Although ASAM recognizes impaired driving programs as an example of Early Intervention, IPN funding may not be used for this purpose.

c. Interim Services

Services for Priority Populations (pregnant women and individuals who inject drugs that are seeking treatment)

- Must be offered when priority populations cannot be admitted within required timeframes and would benefit from IPN funded services.
- The purposes of these services are to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of transmission of disease.
- At a minimum, interim services include counseling and education about: HIV and tuberculosis (TB), the risks of needle-sharing, the risks of transmission to

sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

- The program must offer interim services within 48 hours to pregnant women who cannot be admitted because of capacity.
- For individuals who inject drugs, the program must offer interim services not later than 14 days of making the request.

d. MAT – Medical Evaluation

Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medication-assisted treatment and/or tobacco cessation services.

e. MAT – Medical Care

Medical Care means ongoing medical evaluation services provided by a licensed medical prescriber to assess appropriateness for continued medication-assisted treatment and/or 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/or tobacco use.
- Medical Care does not include routine monitoring of MAT compliance by testing for the presence of other substances (e.g., urine drug screen) or conducting other medical tests.

f. MAT – Medication

Medication means medicine(s) ordered by the Medical Evaluation for MAT and/or tobacco cessation.

g. MAT – Drug Testing

Drug Testing means routine monitoring of MAT compliance by testing for the presence of other substances (e.g., urine drug screen).

h. 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.

i. Screening, Brief Intervention and Referral to Treatment (SBIRT)

SBIRT is an integrated, evidence-based approach that offers providers the tools to effectively and efficiently screen individuals for risky substance use (**See Attachment C - Integrated Provider Network Manual (April, 2022) - Appendix B. Links to IDPH Substance Use and Problem Gambling Resources**).

- SBIRT stands for Screening, Brief Intervention and Referral to Treatment and refers to the following processes:
 - Screening: Universal screening for quickly assessing use and severity of substance use.
 - Brief Intervention: Brief motivational and awareness-raising intervention given to individuals determined to be at risk for problematic substance use.
 - Referral to Treatment: Referrals to specialty care for individuals at high risk for substance use disorder.
- SBIRT Screening services may occur in a group setting, but any services beyond Screening must be provided on an individual basis.
- A service historically offered as part of the SBIRT process has been Brief Treatment. Although Brief Treatment can be a referred service, it is now funded as Early Intervention for Patients.
- SBIRT services are to be provided by substance use treatment providers in a variety of locations outside of a treatment center. Examples include primary care settings and schools.

j. 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 Services for Persons who may or may not be Patients

These efforts are to be provided by individuals skilled in delivering treatment services and should not be applied as prevention activities.

a. Crisis Counseling

A response to a crisis or emergency situation experienced by an individual, family member and/or significant others related to substance use disorders, such as:

- Crisis Counseling services shall provide a focused intervention and rapid stabilization of acute symptoms of mental illness or emotional distress. The interventions shall be designed to de-escalate situations in which a risk to self, others, or property exists.
- Crisis Counseling services shall assist a member to regain self-control and reestablish effective management of behavioral symptoms associated with a psychological disorder in an age-appropriate manner.

- Crisis Counseling services with family members or friends using general counseling methods.
- Crisis Counseling services can occur 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.
- Crisis Counseling services are intended for individuals, family members and/or significant others not currently enrolled in services.

b. Engagement

Communication with potential or current patients with the intention of engaging/reengaging and enrolling/continuing them in services. Must be direct contact via in-person or by other technology.

4. Other Covered Services for Persons who are not Patients

These services are to be provided by individuals skilled in delivering information in these areas, and should not be applied as prevention activities.

a. Community Outreach

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

Contractors are encouraged to conduct outreach activities that inform the public of available services offered, including activities that promote awareness, identifies individuals in need of services, engages them, and links such individuals with the most appropriate services. Services may include, but are not limited to:

- Presentations
- Meeting Attendance
- Referral Network Building Activities

Contractors coordinate planning and service delivery in collaboration with the Department, 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:

- Casinos
- Community Coalitions
- Community-based Organizations
- 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, non-public schools and colleges/universities/postsecondary institutions.

- Department of Human Services, Child Welfare, Medical Managed Care
- Mental Health and Disability Service 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 Boards of Health
- Local Public Health Agencies, HIV Prevention and Care Centers
- Service Area Residents and Iowans Statewide

Substance Use Disorder contractors may use up to 10 percent of funding allocated for treatment services on Community Outreach activities that inform the public of available services offered.

b. Family Education Services

Education on various topics related to substance use disorders, treatment and recovery, for family members and concerned persons of individuals in treatment.

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.

Reimbursement for Outpatient Treatment services will be a unit rate reimbursement per Covered Service provided. The unit rates for Outpatient Treatment Covered Services have been determined by the Department and are listed in **Attachment C - Integrated Provider Network - Provider Manual (April, 2022), Appendix O.**

1. Rates

See Attachment C - Integrated Provider Network - Provider Manual (April, 2022), Appendix O

2. Fees

Contractors may 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:

- 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 Outpatient Treatment Other Covered Services:

- Care Coordination
- Crisis Counseling
- Family Education Services
- Interim Services
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Transportation

G. Data and Reporting Requirements

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

Contractors report Outpatient Treatment service information and data through the Department data systems as outlined below and in the IPN Provider Manual (**Attachment C - Integrated Provider Network - Provider Manual (April, 2022) - Appendix C. Links to Evidence-Based and Best Practice**). The data systems include:

- Iowa Behavioral Health Reporting System (IBHRS)
 - Substance use disorder treatment services data

Contractors report Licensed Program Services data to the IBHRS data system, in accordance with Department 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.

For services utilizing a unit rate reimbursement, IPN providers should submit data as

follows:

For Outpatient Services

- Report Service as Individual, Group, or Recovery Support
- Report IPN Service Procedure
- Report “Service Duration Type” as “Minutes”
- Report “Duration Number” as the number of minutes for the service provided.
- For 837P claims, report “Unit” based on the number of 15-minute units for the service. For example, if the session is 22 minutes 1 Unit would be reported on the claim. If the session is 23 minutes, report 2 units on the claim.

For Intensive Outpatient/Partial Hospitalization

- Report Service as Intensive Outpatient
- Report IPN Service Procedure
- Report “Service Duration Type” as “Days”
- Report “Duration Number” as “1”
- For 837P claims, report “Unit” as “1”
- Additional data entry guidance for reporting Intensive Outpatient (IOP) Services :
 - Report Service as Intensive Outpatient
 - For Per Diem Group Services
 - Report Service Duration Type as “Days”
 - Report Duration Number as “1”

For Individual Counseling Sessions not occurring on an IOP Per Diem Group Day

- Report Service Duration Type as “Minutes”
- Report Duration Number as less than or equal to 60 minutes.
- For 837P claims, report “Unit” based on the number of 15-minute units for the service. For example, if the session is 22 minutes 1 Unit would be reported on the claim. If the session is 23 minutes, report 2 units on the claim.

For Interim Services

- Report Service as Individual, Group, or Recovery Support
- Report IPN Service Procedure (See *Appendix O - IPN Service Unit Rates* for the IBHRS Service Procedure Codes to be reported).
- Report “Service Duration Type” as “Minutes”
- Report “Duration Number” as the number of minutes for the service provided.
- For 837P claims, report “Unit” based on the number of 15-minute units for the service. For example, if the session is 22 minutes 1 Unit would be reported on the claim. If the session is 23 minutes, report 2 units on the claim.

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

9. Problem Gambling Treatment Services

This section outlines expectations of successful applicants for provision of Problem Gambling Treatment Services. Applicants shall respond within the IowaGrants application forms compliant to the information presented in this section.

A. Service Delivery Requirements

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

Contractors provide Problem Gambling 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. Problem Gambling Treatment services are available when needed, with minimal wait time.

At a minimum, contractors must:

- Determine a person's need for Problem Gambling Treatment services and manage the services provided.
- Provide Problem Gambling Treatment services in compliance with clinical appropriateness and Department requirements and guidance.
- Provide Problem Gambling 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 Problem Gambling 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 Problem Gambling Treatment services in their service areas.

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

Contractors schedule Problem Gambling 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-BETSOFF helplines and websites. See Link P - [Provider Release #6: Your Life Iowa Warm Hand-off Pilot Project](#)

Contractors accommodate requests for services in addition to scheduled Problem Gambling 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.

C. Evidence-Based Practices and Standards of Care

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

D. Service Recipient Eligibility Requirements

See Attachment C - Integrated Provider Network - Provider Manual (April, 2022) - Section II.C.

E. Covered Services Requirements

Problem Gambling Treatment Covered Services include Licensed Program Services for Patients, Other Covered Services for Patients, and Other Covered Services for Persons who are or 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. Services are provided in accordance with IAC 641—155 Licensure Standards for Substance Use Disorder and Problem Gambling Treatment Programs and should be provided by qualified clinical treatment staff.

a. Outpatient (based on ASAM Level 1)

- Initial Assessment
 - An Initial Assessment must be sufficient to determine the existence of 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 problem gambling with remission and recovery.

b. Intensive Outpatient (based on ASAM Level 2.1)

2. Other Covered Services for Patients

Contractors provide Other Covered Services 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 encompasses 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.

b. Early Intervention (based on ASAM Level 0.5)

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 but do not meet criteria for a gambling disorder. Individuals that previously received an Initial Assessment and do meet criteria for a gambling disorder may not be provided Early Intervention.
- Early Intervention could be considered as an equivalent to SBIRT Brief Treatment, which is a more intensive intervention than a SBIRT Brief Intervention.
- Early Intervention may be provided using the SAMHSA Integrated Change Therapy/Brief Treatment Model or a similar model acceptable to the Department.

c. 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 Services for Persons who may or may not be Patients

These services are to be provided by individuals skilled in delivering treatment services and should not be applied as prevention activities.

a. Crisis Counseling

A response to a crisis or emergency situation experienced by an individual, family member and/or significant others related to gambling disorders, such as:

- Crisis Counseling services shall provide a focused intervention and rapid

stabilization of acute symptoms of mental illness or emotional distress. The interventions shall be designed to de-escalate situations in which a risk to self, others, or property exists.

- Crisis Counseling services shall assist a member to regain self-control and reestablish effective management of behavioral symptoms associated with a psychological disorder in an age-appropriate manner.
- Crisis Counseling services with family members or friends using general counseling methods.
- Crisis Counseling services can occur 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.
- Crisis Counseling services are intended for individuals, family members and/or significant others not currently enrolled in services.

b. Engagement

Communication with potential or current patients with the intention of engaging/reengaging and enrolling/continuing them in services. Must be direct contact via in-person or by other technology.

4. Other Covered Services for Persons who are not Patients

These services are to be provided by individuals skilled in delivering information in these areas and should not be applied as prevention activities.

a. Community Outreach

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

Contractors are encouraged to conduct outreach activities that inform the public of available services offered, including activities that promote awareness, identifies individuals in need of services, engages them, and links such individuals with the most appropriate services. Services may include, but are not limited to:

- Presentations
- Meeting Attendance
- Referral Network building activities

Contractors coordinate planning and service delivery in collaboration with the Department, 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:

- Casinos

- Community coalitions
- Community-based organizations/Cultural Organizations
- 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, non-public schools and colleges/universities/postsecondary institutions
- 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
- Faith-based providers
- Hospitals, other healthcare providers
- Judicial Branch, drug courts, family treatment courts, juvenile justice
- Mental health services providers
- Local Boards of Health
- Local public health agencies, HIV prevention and care centers
- Service Area residents and lowans statewide

Problem Gambling contractors may use up to 50 percent of funding allocated for treatment services on Community Outreach activities that inform the public of available services offered.

b. Family Education Services

Education on various topics related to Problem Gambling disorders, treatment and recovery, for family members and concerned persons of individuals in treatment.

F. Budget Requirements

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

1. Rates

The Department has adjusted the Problem Gambling Treatment Budget, amount funded, and reimbursement process to support a designated Problem Gambling Treatment professional. Expectations on Work Plan Activities, Reimbursement, Billing, Fees, and Data Reporting are listed below.

2. Fees

Problem Gambling Treatment Services are no longer tied to the IPN Unit Rate Table.

Contractors cannot charge participants a fee for IPN funded Problem Gambling Treatment Services.

Contractors will, as applicable, continue to bill third party payors (Medicaid or Other Insurance). For PG treatment services billed to a third party payor, the monthly claim to the Department should be reduced by the cost (salary, fringe, and indirect) determined to provide the service. Contractor will identify the cost to provide this service and this documentation must be kept on file for audits or retrospective review. For example, the Department Finds a provider to employ a full-time counselor to offer PG treatment services. The provider establishes the cost to provide the service (salary, fringe, indirect) is \$25 per hour. If a contractor has a client that comes in that has insurance which reimburses for PG treatment services and pays the contractor \$100 for providing a one-hour service, the contractor must reduce the billing to the Department based on the established cost to provide the service.

Problem Gambling Treatment expenses are now reimbursed on actual direct cost expenditures per budget line category. Budget line categories for Problem Gambling Treatment Services are:

- Salary/Fringe – Problem Gambling Treatment Champion(s): Contractor must employ at least a single 1.0 Full-Time Equivalent (FTE) or two .50 FTEs to provide project coordination throughout the project period. If applicants choose to fund two .50 FTEs coordinators, training and meeting costs must be budgeted for both individuals providing coordination services.
- Recovery Support Services (not fee for service): Contractor will maintain documentation to support claimed amount (IBHRS).
- Indirect costs
- Other: Mileage and other expenses to support Problem Gambling Treatment Champion(s).

3. Work Plan Activities and Expectations

- Contractor will be required to submit a Work Plan for Department approval
- Contractors will participate in TA (onsite and/or virtual) with the Department
- Contractors will develop and submit PG Service Community Outreach Plans based on the Department Community Outreach Model. Plan will include the activities that target and build referral pathways for gambling treatment within their service areas (identifying those areas where those who gamble and experiencing problems may be found, potential referral pathways, etc.)

4. Data Reporting

Contractors will collect and report Problem Gambling Treatment Service data to IBHRS (Provider Client, Treatment Episode, Services, and Non-Patient services) for utilization tracking (monthly, quarterly, and annually) and retrospective review and related direct service requirements.

10. Residential Treatment (formerly Adult Residential and Juvenile Residential)

This section outlines expectations of successful applicants for provision of Residential Treatment Services. Applicants shall respond within the IowaGrants application forms compliant to the information presented in this section.

A. Service Delivery Requirements

This section outlines the requirements for Residential Treatment.

Previously Adult Residential and Juvenile Residential were separated by category. Residential Treatment now encompasses both Adult and Juvenile Residential Treatment Services.

For Residential Treatment, “adult” generally refers to persons age 18 and older and “juvenile” refers to persons under age 18.

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

Contractors provide 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. Residential Treatment must be available when needed, with minimal wait time.

Contractors assure meeting SABG requirements (§96.126 Capacity of Treatment for Intravenous Drug Abusers and §96.131 Treatment Services for Pregnant Women) including offering priority admission, either through immediate admission or priority placement on a waiting list, for the following individuals seeking SUD treatment:

- pregnant women who inject drugs
- pregnant women
- those who inject drugs
- all others

At a minimum, contractors must:

- Determine a person’s need for Residential Treatment and manage the services provided.
- Provide Residential Treatment in compliance with clinical appropriateness and the Department’s requirements and guidance.
- Provide 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 Residential Treatment are 24 hours a day, seven days a week, 365 days a year, and include weekend programming.
- Contractors schedule 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 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.

Residential Treatment Covered Services that may be provided by telehealth are Medical Evaluation and Medical Care. Contractors may request an exception from the Department if there is a need to deviate from this expectation and must receive approval prior to implementation.

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

C. Evidence-Based Practices and Standards of Care

Contractors provide Residential Treatment Licensed Program Services in accordance with the Licensure Standards and the RFP. Contractors provide Residential Treatment Other Covered Services in accordance with the Department's requirements and guidance.

D. Service Recipient Eligibility Requirements

See Attachment C - Integrated Provider Network - Provider Manual (April, 2022) - Section II.C.

E. Covered Services Requirements

Residential 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 one or more Licensed Program Services for Patients to individuals 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 3.5)
- d. Medically Monitored Inpatient (based on ASAM Level 3.7)
- e. Outpatient (based on ASAM Level 1) - to address Problem Gambling

Due to the comorbidity of substance use and problem gambling disorders, the Department supports the provision of services that can address both disorders simultaneously. This may include SBIRT (use of the DG-SPS) (see below under "Other Covered Services for Patients) and Early Intervention or Outpatient treatment for Problem Gambling treatment while the patient is in residential SUD treatment. Problem Gambling Early Intervention or Outpatient treatment services provided to a patient in a 3.1 or higher level of care cannot supplant the required 30-50 hours of substance use disorder treatment per week. All problem gambling treatment services are to be submitted in IBHRS.

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, sufficient to meet the assessed needs of each patient.

a. Early Intervention (based on ASAM Level 0.5) to address Problem Gambling

The ASAM criteria level of care which explores and addresses problems or risk factors that appear to be related to a gambling disorder and which helps the individual recognize potential harmful consequences.

- Early Intervention may be provided to persons who have received an Initial Assessment but do not meet criteria for a problem gambling disorder. Individuals that previously received an Initial Assessment and do meet criteria for a problem gambling disorder may not be provided Early Intervention.
- Early Intervention could be considered as an equivalent to SBIRT Brief

Treatment, which is a more intensive intervention than a SBIRT Brief Intervention.

- Early Intervention may be provided using the SAMHSA Integrated Change Therapy/Brief Treatment Model or a similar model acceptable to the Department.

b. MAT – Medical Evaluation

Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medication-assisted treatment and/or tobacco cessation services.

c. MAT – Medical Care

Medical Care means ongoing medical evaluation services provided by a licensed medical prescriber to assess appropriateness for continued 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/or tobacco use.
- Medical Care does not include routine monitoring of MAT compliance by testing for the presence of other substances (e.g., urine drug screen) or conducting other medical tests.

d. MAT – Medication

Medication means medicine(s) ordered by the Medical Evaluation for MAT and/or tobacco cessation.

e. MAT – Drug Testing

Drug Testing means routine monitoring of MAT compliance by testing for the presence of other substances (e.g., urine drug screen).

f. 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.

3. Other Covered Services for Persons who are not Patients

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

a. Family Education Services

Education on various topics related to substance use and problem gambling disorders, treatment and recovery, for family members and concerned persons of individuals in treatment.

F. Budget Requirements

Contractors provide a mix of Residential 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.

Reimbursement for Residential Treatment services will be a unit rate reimbursement per Covered Service provided. The unit rates for Residential Covered Services have been determined by the Department and are listed in **Attachment C - Integrated Provider Network - Provider Manual (April, 2022), Appendix O.**

1. Rates

See Attachment C - Integrated Provider Network - Provider Manual (April, 2022).

2. 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 – Problem Gambling
- 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

G. Data and Reporting Requirements

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

Contractors report treatment services information and data through the Department data systems as outlined below and in the IPN Provider Manual (**Attachment C - Integrated Provider Network - Provider Manual (April, 2022) - Appendix C. Links to Evidence-Based and Best Practice**). The data systems include:

- Iowa Behavioral Health Reporting System (IBHRS)
 - Problem gambling treatment services data
- 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.

Note: During FY 23, the Department intends to introduce "bed tracking" practices to monitor availability of residential treatment services. Reporting mechanisms for this requirement have not been determined, however, the Department will provide sufficient notice to contractors so as to avoid placing undue hardship.

For services utilizing a unit rate reimbursement, IPN providers should report data as follows:

For Residential and Inpatient levels of care

- Report Service as Residential
- Report IPN Service Procedure
- Report "Service Duration Type" as "Days"
- Report "Duration Number" as "1"
- For 837P claims, report "Unit" as "1"

For Interim Services

- Report Service as Individual, Group, or Recovery Support
- Report IPN Service Procedure (**See Appendix O - IPN Service Unit Rates for the IBHRS Service Procedure Codes to be reported**).
- Report "Service Duration Type" as "Minutes"
- Report "Duration Number" as the number of minutes for the service provided.
- For 837P claims, report "Unit" based on the number of 15-minute units for the service. For example, if the session is 22 minutes 1 Unit would be reported on the claim. If the session is 23 minutes, report 2 units on the claim.

Mental health services are reported as treatment service data in accordance with the Department's requirements and guidelines.

11. Women and Children Treatment

This section outlines expectations of successful applicants for provision of Women and Children Treatment Services. Applicants shall respond within the IowaGrants application forms compliant to the information presented in this section.

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 the Department's 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 the Department if there is a need to deviate from this expectation 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 for Patients in accordance with the Licensure Standards. Contractors provide Women and Children Treatment Enhanced Treatment/Ancillary Support Services for Patients and their Children in accordance with the Department's requirements and guidance and as outlined in Section E.2.

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

D. Service Recipient Eligibility Requirements

See Attachment C - Integrated Provider Network - Provider Manual (April, 2022) - Section II.C.

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.

The program uses SABG funds as the "payment of last resort" for services for pregnant women and women with dependent children and, therefore, makes every reasonable effort to collect reimbursement when coverage is available through:

- Private health insurance benefits
- Social Security Act, including programs under Title XVIII and Title XIX
- State compensation program
- Public assistance program for medical expenses
- Grant programs
- Other benefit program

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 includes 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 for Patients and their Children. Women and Children Treatment Enhanced Treatment/Ancillary Support Services are funded 100% by the SABG.

Reimbursement for Women and Children Treatment services will be a unit rate reimbursement per Covered Service provided. The unit rates for Women and Children Treatment Covered Services have been determined by the Department and are listed in **Attachment C - Integrated Provider Network - Provider Manual (April, 2022)**.

Federal funding cannot be used to supplant other funding. Specifically, federal SABG funding made available is intended to supplement and increase the level of other funds that would, in the absence of such federal funds, be made available for the services for which funds are provided and cannot take the place of other funds.

1. Rates

See Attachment C - Integrated Provider Network - Provider Manual (April, 2022), Appendix O.

2. 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 for Patients in accordance with the Licensure Standards. Contractors document provision of Enhanced Treatment/Ancillary Support Services for Patients and their Children in the patient record.

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

- Iowa Behavioral Health Reporting System (IBHRS)
 - Substance use disorder treatment and non-patient services data
 - Problem gambling treatment and non-patient services data

Contractors report Licensed Program Services data using the IBHRS data system, in accordance with the Department's 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.

For services utilizing a unit rate reimbursement, IPN providers should submit data as follows:

For Outpatient Services

- Report Service as Individual, Group, or Recovery Support
- Report IPN Service Procedure
- Report "Service Duration Type" as "Minutes"
- Report "Duration Number" as the number of minutes for the service provided.

- For 837P claims, report “Unit” based on the number of 15-minute units for the service. For example, if the session is 22 minutes 1 Unit would be reported on the claim. If the session is 23 minutes, report 2 units on the claim.

For Intensive Outpatient/Partial Hospitalization

- Report Service as Intensive Outpatient
- Report IPN Service Procedure
- Report “Service Duration Type” as “Days”
- Report “Duration Number” as “1”
- For 837P claims, report “Unit” as “1”
- Additional data entry guidance for reporting Intensive Outpatient (IOP) Services :
 - Report Service as Intensive Outpatient

For Per Diem Group Services

- Report Service Duration Type as “Days”
- Report Duration Number as “1”

For Individual Counseling Sessions not occurring on an IOP Per Diem Group Day

- Report Service Duration Type as “Minutes”
- Report Duration Number as less than or equal to 60 minutes.
- For 837P claims, report “Unit” based on the number of 15-minute units for the service. For example, if the session is 22 minutes 1 Unit would be reported on the claim. If the session is 23 minutes, report 2 units on the claim.

For Residential and Inpatient levels of care

- Report Service as Residential
- Report IPN Service Procedure
- Report “Service Duration Type” as “Days”
- Report “Duration Number” as “1”
- For 837P claims, report “Unit” as “1”

For Interim Services

- Report Service as Individual, Group, or Recovery Support
- Report IPN Service Procedure (*See Appendix O - IPN Service Unit Rates for the IBHRS Service Procedure Codes to be reported*).
- Report “Service Duration Type” as “Minutes”
- Report “Duration Number” as the number of minutes for the service provided.

- For 837P claims, report “Unit” based on the number of 15-minute units for the service. For example, if the session is 22 minutes 1 Unit would be reported on the claim. If the session is 23 minutes, report 2 units on the claim.

The Department introduced new IBHRS Service Procedures to track Women and Children Services/Enhanced Treatment/Ancillary Support Services for Patients/Children. See Appendix J for the IBHRS Service Procedures and Service Procedure Modifiers to be used to report Ancillary services. Women and Children Case Rates (Appendix H) remain unchanged.

Contractors report Women and Children Treatment Licensed Program Services and Enhanced Treatment/Ancillary Support Services per Appendix O (Unit Rates) and report the Special Initiative Type Code “Women and Children” as part of the IBHRS Treatment Episode data.

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

12. Methadone Treatment

This section outlines expectations of successful applicants for provision of Methadone Treatment Services. Applicants shall respond within the IowaGrants application forms compliant to the information presented in this section.

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:

- Accredited as an opioid treatment program in accordance with IAC 641—155.35, and
- Licensed to provide and continuously provide following substance use disorder Licensed Program Services in Iowa:
 - Outpatient
 - 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 Department 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

A contractor must provide Methadone Treatment in the state of Iowa. Contractors may request an exception from the Department to conduct an activity or provide a service outside of Iowa borders. Contractors must 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.

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 Attachment C - Integrated Provider Network - Provider Manual (April, 2022) - Section II.C.

E. Covered Services Requirements

Methadone Treatment Covered Services include one Covered Service for Patients.

- **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.

- **Methadone Administration**

Contractors assure patients receiving Methadone Treatment 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 patients receiving Methadone Treatment are reported, billed, and reimbursed separately from Methadone Administration.

F. Budget Requirements

Reimbursement for Methadone Treatment services will be a unit rate reimbursement per Covered Service provided. The unit rates for Methadone Treatment Covered Services have been determined by the Department and are listed in **Attachment C - Integrated Provider Network - Provider Manual (April, 2022), Appendix O.**

1. **Rate**

Attachment C - Integrated Provider Network - Provider Manual (April, 2022), Appendix O.

2. **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 the Department's requirements.

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

- Iowa Behavioral Health Reporting System (IBHRS)
 - Substance use disorder treatment services data
 - Problem gambling treatment services data

For services utilizing a unit rate reimbursement, IPN providers should submit data as follows:

- Dosing of Methadone is not reported as a Service Event to IBHRS.
- Dosing is billed via the IBHRS 837P process.
 - For 837P claims, report “Unit” based on the number of doses received by the patient on that date of service.

For specific project requirements, refer to Section 2.03 Required Services: Description of Work and Services and Section 2.04 Optional Services: Description of Work and Services of RFP #58818015.

2.02 Application Instructions

Each user will complete the registration process, if not already registered. Follow the steps outlined in the ‘New User Registration Instructions for IowaGrants.gov’ as posted under the Attachment section of the Funding Opportunity. New Users should allow a few days for the registration to be processed. Refer to Section 1.06 (C) for instructions on Application Creation.

Note: The IowaGrants.gov system will permit multiple users within the Applicant Organization to register and begin creation of an application for each funding opportunity. The applicant is responsible for ensuring only one entire application is completed and submitted for the same service area.

For general instructions on completing applications in IowaGrants.gov, as well as copying previously created applications, refer to the ‘IDPH Application Instruction Guidance’ as posted under the Attachment section of the Funding Opportunity.

- Submitted applications must meet all minimum and eligibility requirements outlined in this RFA.
- Promotional materials or other items not required by this RFA will not be considered during the review process.
- Any information or materials not required to be submitted as an attachment by this RFA application will not be considered in the review process.

Upon starting an application, the first screen that appears is the General Information Form. This is where the applicant will title their application and identify the Organization they are representing. The registered applicant must be representing an eligible entity (refer to section 1.03). After clicking ‘Save’; the applicant can re-open and edit this form to add other users registered with the represented organization in IowaGrants.gov as ‘Additional Contacts’.

The saved **General Information** Form appears as the first form in your application.

Required Services

Per the RFP, an applicant must provide or assure provision of all Covered Services in the required Services category, which comprises three required service types. Applicants shall demonstrate in their applications their ability to provide the services as outlined in this RFA.

The three Required Service types are:

1. Network Support
2. Prevention Services
3. Outpatient Treatment

The Optional Service types are:

1. Residential Treatment
2. Women and Children Treatment
3. Methadone Treatment

For each Service Type, the applicant must demonstrate the experience, background, and partnerships necessary to fulfill the action plan and project. For details, refer to section **2.03 Application Forms**.

2.03 Application Forms

A. Overview

Applicants must complete each application form listed below following the instructions here and within the Electronic Grant Management System at www.lowagrants.gov. Each required field of each Application Form must be completed or the system will not allow the form to be saved. Once an application form is completed, the applicant must mark it as complete. All forms must be marked as complete or IowaGrants will not permit the application to be submitted. Follow the instructions for each section and field within the form in IowaGrants. A summary of each Form's contents is listed below.

B. Cover Sheet - General Information: This form requires the applicant to identify the Authorized Official, the Fiscal Contact, and additional required information.

C. Integrated Provider Network Applicant Business Organization Information: This form requires information about the applicant organization, including legal name, address, alternate mailing address for warrant/payments, business structure, history, table of organization, any pending or threatened litigation or investigation which may affect the Applicant's ability to perform the required services, as well as identification of the applicant's accounting firm and reporting any irregularities discovered in any of the accounts maintained by the applicant, and disclosure of history of contract default or terminations.

D. Integrated Provider Network Application Certification and Conditions: This form provides for the certification and assurance of the Applicant's intent and commitment to provide the services included in the application if an award is issued. This form will also identify the individual designated as the Grantee Contact with full responsibility for assignment of individuals to a resulting grant site in IowaGrants. Optional sections of this form include a section for the request for confidentiality in compliance with section 1.12 of this RFA and upload field for transmittal letters and other applicable communications.

The Certification and Conditions Form is **required** to be completed, electronically signed and dated by the Executive Director (ED) or Chief Executive Officer (CEO) of the applicant.

- Iowa Code Section 554D.103 defines an electronic signature as “an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record.” An applicant may insert an electronically scanned signature, a digital signature, or a typed name, symbol, etc. in compliance with this definition for the electronic signature.

An applicant’s submission of an application indicates the applicant’s agreement to conduct this transaction by electronic means.

E. Integrated Provider Network Service Provision Summary and SAMHSA Certification:

This form will be used by the Department to ensure applicant and subcontractor eligibility requirements are met. This form must include information for every field for each applicant and each Prevention or Outpatient Treatment subcontractor including:

- Applicant or Subcontractor Organization Legal Name
- Confirmation of Non-Profit or Not for Profit Status
- Application Relationship (for Provision of Services) - Applicant or Subcontractor (for provision of Required Services: Prevention Services or Required Services: Outpatient Treatment - Licensed Program Services for Patients)
- Services Provided
- Corresponding Licenses (include license #)
- Corresponding Experience
- SABG Certification Submission

In compliance with Section 2.02 of the RFP, resulting contractors and subcontractors must comply with the SABG Requirements as outlined in the Integrated Provider Network Service Provision Summary and SAMHSA Certification (Attachment H). Each applicant and subcontractor must sign this form and submit it with the application in the application form titled: Integrated Provider Network Service Provision Summary and SAMHSA Certification (Attachment H).

F. Integrated Provider Network Subcontract Plan:

This form requires specific information about the applicant’s proposed plan for subcontracts. Applicants must outline all proposed subcontracts. Planned use of subcontractors by an applicant must be clearly explained in the application. This information must include, but is not limited to:

1. The name and address of the subcontractor;
2. The scope of work to be performed by each subcontractor;
3. Subcontractor and subcontractor staff qualifications;
4. Subcontractor license and experience for each proposed service;
5. The estimated dollar amount of each subcontract.

This form has two sections, one section for subcontract plans for provision of Required Services: Prevention Services and Required Services: Outpatient Treatment - Licensed Program Services for Patients; and a second section for subcontract plans that will assist an applicant to effectively implement the work and services required by the RFP or this RFA. Examples of subcontracts for the second section of the form include, but are not limited to: licensed medical professionals, transportation services, therapeutic daycare services, etc.

None of the work or services relating to this contract shall be subcontracted to another organization or individual without specific prior written approval by the Department. For subcontracts valuing \$2000 or more, the Contractor shall submit to the Department the proposed subcontract, or written agreement between the parties, for review in addition to the subcontract plan component within IowaGrants.

G. Personnel: This form requires specific information about the project personnel related to providing the services described in the RFP and this RFA. Specifically applicants will identify the title/position, name, role and responsibilities, experience and education, and credential or license # as applicable for each person with time dedicated to this project.

At a minimum, applicants must identify the following personnel:

- Fiscal Contact
- Prevention Lead
- Prevention Data Lead
- Prevention Staff (both gambling and substance abuse)
- Substance Use Disorder Treatment Lead
- Substance Use Disorder Treatment Data/QI Lead
- Outpatient Treatment Problem Gambling Lead
- Key Personnel for each Optional Service funded

Staffing or personnel requirements may include specific skills, such as active listening, certain languages spoken, and other competencies needed to work with priority populations. Staffing or personnel requirements should not include certifications, skills or experience extraneous to the work and services being procured.

H. Required Services Application Work Plan Forms

All applicants must complete all three Required Services Work Plan Forms (Network Support, Prevention Services and Outpatient Treatment). For each Required Service, the applicant shall demonstrate within the work plan the applicant's capacity to implement minimum requirements and scope as outlined in Section 2.

I. Required Services: Network Support Work Plan

This form requires details for implementing the services as outlined in the RFP and this RFA. Applicant shall demonstrate within the work plan the applicant's capacity to implement minimum requirements and scope as outlined in Section 2.

Within this form, the applicant must provide information and documentation about the applicant's activities and detailed plans to accomplish the requirements and scope of the service.

1. Network Support Service Delivery Requirements Work Plan

- a. Applicant must describe any changes to the provision of Network Support services. Applicant must also describe potential barriers, solutions and technical assistance needed to improve the service delivery of Network Support services.

2. Network Support Covered Services Requirements Work Plan

- a. Applicant must describe potential barriers, solutions and technical assistance needed to improve the delivery/implementation of each of the following:
 - Needs Assessment;
 - Health Promotion;
 - Data and Continuous Quality Improvement;
 - Workforce Development;
 - Meetings, Training and Technical Assistance.
- b. Applicant must include in community needs assessment an examination of how health disparities impact access to care in the service area.

3. Network Support Budget

- a. The Network Support budget is a line item budget, reimbursed on actual direct cost expenditures per budget line category. Proposed expenses and budget details must be adequate, yet reasonable to support the work of the application. Allowed budget line categories for Network Support are:
 - Salary and Fringe Benefits
 - Other
 - Indirect or Administrative Cost
- b. Requests must include an updated Network Support Work Plan that includes the scope and expected outcome of each proposed activity.

Contractors experiencing under-utilization of their Outpatient Treatment Covered Services budget can submit a request to the Department through Iowa Grants correspondence to redirect up to 10% of their total Outpatient Treatment Covered Services budget for local health promotion and outreach activities under Network Support. Requests must include an updated Network Support Work Plan that includes the scope and expected outcome of each proposed activity.

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

J. Required Services: Prevention Services Work Plan

This form requires details for implementing the services as outlined in the RFP and this RFA. Applicant shall demonstrate within the work plan the applicant's capacity to implement minimum requirements and scope as outlined in Section 2.

Within this form, the applicant must provide information and documentation about the applicant's:

1. Prevention Locations and Services

- a. Each applicant providing Prevention Services lists counties where prevention services are currently provided. List demonstrates ability to provide Prevention Services.

2. Prevention Services Staffing and Personnel

- a. Applicant must describe how many full-time equivalency (FTE) allocations have been

determined and how FTE allocations are sufficient to successfully provide IPN prevention services in all counties with the awarded services.

3. Prevention Services Delivery Requirements Work Plan

- a. Applicant must describe at least three barriers to providing substance abuse and problem gambling primary prevention services and provide a solution to each of the identified barriers which will be applied during the contract period.

4. Prevention Services Covered Services Requirements

- a. Applicant must describe the evidence-based prevention programs selected for the Service Area based on the Planning step of the Strategic Prevention Framework.
- b. Applicant must describe how the public will be engaged, including youth, within each county of the awarded Service Area to plan for and coordinate prevention services.
- c. Applicant must describe how all Center for Substance Abuse Prevention Services will be provided within the majority of services dedicated towards the Education and Environmental strategies as outlined in the RFP.
- d. Applicant must describe how the Strategic Prevention Framework will be the primary tool to guide substance abuse and problem gambling primary prevention efforts. Response must demonstrate the ability to dedicate adequate staff time towards the Strategic Prevention Framework.
- e. Applicant must describe how staff will continue to provide community-based problem gambling prevention services. Response must demonstrate how the agency will prepare staff for problem gambling prevention through ongoing trainings, utilization of the Strategic Prevention Framework, Center for Substance Abuse Prevention strategies, and the Institute of Medicine categories.
- f. Applicant must include the number of IPN funded Prevention staff who are currently certified as Prevention Specialists. Provide a response detailing if all Prevention Specialists have been certified within 18 months of hire per the RFP requirement. If a staff member has not been certified within 18 months of hire, describe the barriers to becoming certified and the plan to assure all staff become certified in accordance with the RFP.

5. Prevention Services Budget

- a. Reimbursement for Prevention Services is a line item reimbursement per budget line category. This requires the applicant to describe the details of proposed expenses to implement the project as described in the application to accomplish the work as described in this RFA. Proposed expenses and budget details must be adequate, yet reasonable to support the work of the application.

K. Required Services: Outpatient Treatment Work Plan

This form requires details for implementing the services as outlined in this RFA. Applicant shall demonstrate within the work plan the applicant's capacity to implement minimum requirements and scope as outlined in Section 2.

Within this form, the applicant must provide information and documentation addressing the following:

1. Outpatient Treatment Location and Service Levels

- a. Application lists applicant/subcontractor. For each location, application specifies: county and town, days of operation, hours of operation, and Licensed Program Services and other Covered Services to be provided. Response demonstrates ability to assure access to Outpatient Treatment for residents in each county in the Service Area.

2. Outpatient Treatment Service Delivery Requirements Work Plan

- a. Applicant must describe how the organization plans to improve access to care and identify the technical assistance needed to improve access.
- b. Applicant must describe any changes to the evidence-based substance use disorder and problem gambling practices that will be provided for the population. Applicant describes plans to improve evidence-based SUD and problem gambling services for the population. Response must demonstrate the ability to provide evidence-based practices to fidelity which includes plans for monitoring adherence to fidelity of identified practices.
- c. Applicant must describe potential barriers that impact wait times, and capacity and identify applicable solutions and technical assistance needed to make improvements in these areas. Applicant must include in the description an examination of how health disparities impact access to care in the service area.

3. Outpatient Treatment Covered Services Requirements

- a. Applicant must describe any changes to the provision or assurance of medication assisted treatment to patients. Applicant must also describe potential barriers, solutions and technical assistance needed to improve the delivery of medication assisted treatment to patients. Description demonstrates ability to provide services in accordance with patients' assessed needs; and to provide medication-assisted treatment.
- b. Applicant must describe any changes to the provision of mental health services to patients. Applicant must also describe potential barriers, solutions and technical assistance needed to improve the delivery of mental health services for patients. Description demonstrates ability to provide services in accordance with patients' assessed needs and to provide mental health services.
- c. Applicant must describe any changes to the provision of tobacco cessation services. Applicant must also describe potential barriers, solutions and technical assistance needed to improve the delivery of tobacco cessation services.
- d. Applicant shall specify and describe any changes in memorandum of understanding with partners/key stakeholders specific to Outpatient Treatment services. Applicant shall describe how the organization plans to utilize memorandums of understanding to establish relationships and continue work with other organizations to improve the care provided to patients.
- e. Applicant shall describe potential barriers, solutions and technical assistance needed for each of the following:
 - Priority Admission Status
 - Wait List

- Interim Services
 - After Hour Services
 - Immediate unscheduled treatment services
 - Individuals unwilling to be admitted
 - Outreach and follow up with patients that leave treatment unexpectedly
- f. Applicant shall describe potential barriers, solutions and technical assistance needed for each of the following:
- Care Coordination
 - MAT - Medical Evaluation
 - MAT - Medication
 - MAT - Medical Care

4. Outpatient Treatment Services Budget

- a. Applicant identifies funding requested.

5. Outpatient Treatment Other Covered Services Requirements (Optional)

- a. Community Outreach

Applicant shall describe the proposed outreach activities to inform the public of available services offered; identify the percentage of the SUD and/or PG budget submitted; number of projected hours; and, outcomes expected. A separate work plan item must be submitted for each budget for which Outreach Activities are proposed.

L. Required Services: Outpatient Treatment - Problem Gambling Work Plan

The applicant adequately describes a work plan that outlines the details for implementing the services as outlined in this RFA. Applicant shall demonstrate within the work plan the applicant's capacity to implement minimum requirements and scope.

Within the work plan, the applicant must provide information and documentation addressing the following:

1. Outpatient Treatment - Problem Gambling Locations and Services

- a. Application lists applicant/subcontractor. For each location, application specifies: county and town, days of operation, hours of operation, and Licensed Program Services and other Covered Services to be provided. Response demonstrates ability to assure access to Outpatient Treatment for residents in each county in the Service Area.

2. Outpatient Treatment - Problem Gambling Staffing and Personnel

- a. Applicant must describe how full-time equivalency (FTE) allocations have been determined and how current FTE allocations are sufficient to successfully provide IPN prevention services in all counties within the awarded service area.
- i. Problem Gambling Treatment Champion(s): Contractor must employ at least a single 1.0 Full-Time Equivalent (FTE) or two .50 FTEs to provide project coordination throughout the project period. If applicants choose to fund two .50 FTEs coordinators, training and meeting costs must be budgeted for both individuals providing coordination services.

3. Outpatient Treatment - Problem Gambling Services Delivery Requirements Work Plan

- a. Applicant must describe at least three barriers to providing problem gambling treatment services and provide a solution to each of the identified barriers which will be applied during the contract period.

4. Outpatient Treatment - Problem Gambling Services Budget

- a. Applicant identifies funding requested.

5. Outpatient Treatment Other Covered Services Requirements

- a. Community Outreach

Applicant shall describe the proposed outreach activities to inform the public of available problem gambling treatment services offered; identify the percentage of the Problem Gambling budget submitted; number of projected hours; and, outcomes expected. A separate work plan item must be submitted for each budget for which Outreach Activities are proposed.

M. Optional Services Work Plans

An applicant must complete the corresponding OPTIONAL FORM if the applicant is applying for one or more Optional Services service types. If the application does not include provision of Optional Services, an applicant must open each Optional Service form and mark it as complete. This must be done in order for IowaGrants system to allow the application to be submitted.

Complete only the forms for the Optional Services service type for which application is being submitted. The applicant is responsible to ensure that all information requested is fully completed in the Work Plan Forms.

N. Optional Form - Optional Services Residential Treatment (Adult/Juvenile) Work Plan:

If applying for this Optional Service, complete this form in its entirety. This form requires details from the applicant for implementing the services as outlined in the RFP and this RFA. An applicant shall demonstrate within the work plan the applicant's capacity and specific plans to implement the requirements and scope of Residential Treatment as outlined in Section 2. Information provided must be responsive to the RFA description. Within this form, the applicant will be expected to provide information and documentation to address the following:

1. Residential Treatment Location and Service Levels

- a. Application lists applicant name, planned location, county and town for each location, Licensed Program Services for each location, and number of beds for each location. Response demonstrates ability to provide Residential Treatment statewide.

2. Residential Treatment Services Delivery Requirements Work Plan

- a. Applicant must describe any changes to the evidence-based substance use disorder and problem gambling practices that will be provided for the population. Applicant describes plans to improve evidence-based SUD and problem gambling services for the population. Response must demonstrate the ability to provide evidence-based practices to fidelity which includes plans for monitoring adherence to fidelity of

identified practices.

- b. Application must describe potential barriers that impact wait times, and capacity and identify applicable solutions and technical assistance needed to make improvements in these areas. Applicant must include in the description an examination of how health disparities impact access to care in the service area.

3. Residential Treatment Covered Services Work Plan

- a. Applicant must describe any changes to the provision or assurance of medication assisted treatment to patients. Applicant must also describe potential barriers, solutions and technical assistance needed to improve the delivery of medication assisted treatment to patients. Description demonstrates ability to provide services in accordance with patients' assessed needs; and to provide medication-assisted treatment.
- b. Applicant must describe any changes to the provision of mental health services to patients. Applicant must also describe potential barriers, solutions and technical assistance needed to improve the delivery of mental health services for patients. Description demonstrates ability to provide services in accordance with patients' assessed needs and to provide mental health services.
- c. Applicant must describe any changes to the provision of tobacco cessation services. Applicant must also describe potential barriers, solutions and technical assistance needed to improve the delivery of tobacco cessation services.
- d. Applicant shall specify and describe any changes in memorandum of understanding with partners/key stakeholders specific to Residential Treatment services. Applicant shall describe how the organization plans to utilize memorandums of understanding to establish relationships and continue work with other organizations to improve the care provided to patients.

4. Residential Treatment Services Budget

- a. Applicant identifies funding requested.

O. Optional Form - Optional Services Women and Children Treatment Work Plan:

This form requires specific information about Women and Children Treatment. An applicant shall demonstrate within the work plan the applicant's capacity and specific plans to implement the requirements and scope of Women and Children Treatment as outlined in Section 2 of the RFP and this RFA.

Within this form, the applicant must provide information and documentation to address the following:

1. Women and Children Treatment Location and Service Levels

- a. Application lists Applicant/Subcontractor. For each location, application specifies: county and town, days of operation, hours of operation, and licensed Program Services and Other Covered Services to be provided. Response demonstrates ability to assure access to Women and Children Treatment Services for residents in each location and state-wide.

2. Women and Children Service Delivery Requirements Work Plan

- a. Applicant must describe any changes to the evidence-based substance use disorder and problem gambling practices that will be provided for the population to include children of the women served. Applicant describes plans to improve evidence-based SUD and problem gambling services. Applicant demonstrates the ability to provide effective treatment and evidence-based practices. Applicant outlines how the family is treated as a unit within the program. Response must demonstrate the ability to provide evidence-based practices to fidelity which includes plans for monitoring adherence to fidelity of identified practices.
- b. Application must describe potential barriers that impact wait times, and capacity and identify applicable solutions and technical assistance needed to make improvement in these areas. Applicant must include in the description an examination of how health disparities impact access to care in the service area.

3. Women and Children Covered Services Work Plan

- a. Applicant must describe any changes to the provision of enhanced treatment/ancillary services to patients. Applicant must also describe potential barriers, solutions and technical assistance needed to improve the delivery of enhanced treatment/ancillary services to patients.
- b. Applicant must describe any changes to the provision or assurance of medication assisted treatment to patients. Applicant must also describe potential barriers, solutions and technical assistance needed to improve the delivery of medication assisted treatment to patients. Description demonstrates ability to provide services in accordance with patients' assessed needs; and to provide medication-assisted treatment.
- c. Applicant must describe any changes to the provision of mental health services to patients. Applicant must also describe potential barriers, solutions and technical assistance needed to improve the delivery of mental health services for patients. Description demonstrates ability to provide services in accordance with patients' assessed needs and to provide mental health services.
- d. Applicant must describe any changes to the provision of tobacco cessation services. Applicant must also describe potential barriers, solutions and technical assistance needed to improve the delivery of tobacco cessation services.
- e. Applicant shall specify and describe any changes in memorandum of understanding with partners/key stakeholders specific to Women and Children services. Applicant shall describe how the organization plans to utilize memorandums of understanding to establish relationships and roles and continue work with other organizations to improve the care provided to patients.

4. Women and Children Treatment Services Budget

- a. Applicant identifies funding requested.

P. Optional Form - Optional Services Methadone Treatment Work Plan:

This form requires specific information about Methadone Treatment. This form requires details from the applicant for implementing the services as outlined in the RFP or this RFA. An applicant shall demonstrate within the work plan the applicant's capacity and specific plans to implement the requirements and scope of Methadone Treatment as outlined in Section 2.

Within this form, the applicant will be expected to provide information and documentation to address the following:

1. Methadone Treatment Location and Service Levels

- a. Application lists applicant name, planned location, county and town for each location.

2. Methadone Treatment Service Delivery Requirements

- a. Applicant must describe potential barriers, solutions and technical assistance needed to improve the delivery of Methadone Treatment for patients. Description demonstrates ability to provide services in accordance with patients' assessed needs and to provide methadone administration consistent with national practice standards. Applicant must include in the review of potential barriers an examination of how health disparities impact access to care in the service area.

3. Methadone Treatment Covered Services Work Plan

- a. Applicant must describe any changes to the provision or assurance of Licensed Program Services to patients receiving Methadone Treatment. Applicant describes how coordination of care occurs if Licensed Program Services are provided by another organization and describes a plan to improve coordination of care. Description demonstrates how applicant will meet the RFA requirements.
- b. Applicant shall specify and describe any changes in memorandum of understanding with partners/key stakeholders specific to Methadone Treatment services. Applicant shall describe how the organization plans to utilize memorandums of understanding to establish relationships and roles and continue work with other organizations to improve the care provided to patients.

4. Methadone Treatment Services Budget

- a. Applicant identifies funding requested.

Q. Iowa Provider Network Budget

This form requires specific information about how funding will be allocated for each of the following services the contractor's award will be utilized for. All budget lines must be rounded to the whole dollar:

- 1. Network Support (Refer to section 2.01.6)
- 2. Prevention Services (Refer to section 2.01.7)
- 3. Outpatient Treatment (Refer to section 2.01.8)
- 4. Problem Gambling Treatment (Refer to section 2.01.9)
- 5. Residential Treatment (Refer to section 2.01.10)
- 6. Women and Children Treatment (Refer to section 2.01.11)
- 7. Methadone Treatment (Refer to section 2.01.12)

R. Budget Justification Form

This form requires specific information for how each of the budget categories (line items) are broken down within their respective budgets. All budget lines must be rounded to the whole dollar. To ensure all of the necessary information is included in each break-down, provide the following:

1. **Salaries/ Fringe:** In "Details", enter the employee name, position title, annual salary, annual fringe, and FTE amount to be charged to grant funds. If the position is vacant, enter the position title and 'Vacant'. In the 'Grant Funds' field enter the dollar amount to be charged to Grant Funds.
2. **Subcontract:** In "Details", enter name of contracted provider and a brief description of the activity subcontracted. In the 'Grant Funds' field enter the dollar amount to be charged to Grant Funds or Match.
3. **Other:** In "Details", enter description and details of other expenses to be charged to the program. Expenses should be clearly noted in separate categories. In the 'Grant Funds' field enter the dollar amount to be charged to Grant Funds.
 - a. Include any indirect/administrative costs plus a justification for these costs. Include a statement ensuring there is no duplication of direct costs in the requested rate/cost. Note: There is no "drop down" option for these expenses and these should be included in "Other" within the justification.

S. Minority Impact Statement: This form collects information about the potential impact of the project's proposed programs or policies on minority groups.

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SECTION 3 – EVALUATION PROCESS AND CRITERIA

3.01 Review Process

Technical Review: The submitted application will be reviewed by Department staff for the applicant's compliance with the mandatory requirements, such as eligibility and application content. Applications which fail to satisfy the mandatory requirements may be eliminated from the application review. These applications may be rejected. The Department will notify the applicant of a rejection that occurs during the technical review phase. The Department reserves the right to waive minor variances at the sole discretion of the Department.

Review Committee: All applications determined to be compliant with mandatory requirements and application content of this RFA will be assigned for review of content and completeness. In this continuing year of the project period, applications will be reviewed without awarding point scores.

Final Review and Award: The appropriate Bureau Chief(s) and the Division Director will review the evaluation and recommendation.

3.02 Review Tool

Each application will be reviewed using the review tool included as an attachment to this funding opportunity.

3.03 Misleading or Inaccurate Information

All materials submitted are subject to verification. Providing misleading or inaccurate information shall be grounds for rejection of the application.

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SECTION 4 – CONTRACT

4.01 Contract Conditions

Any contract awarded by the Department shall include specific contract provisions and the Iowa Department of Public Health [General Conditions Effective July 1, 2019](#) as posted on the Department's website under Funding Opportunities. Refer to the Draft Contract Template Attachment under this Funding Opportunity. The Draft Contract Template included is for reference only and is subject to change at the sole discretion of the Department.

The contract terms contained in the general conditions are not intended to be a complete listing of all contract terms, but are provided only to enable applicants to better evaluate the costs associated with the RFA and the potential resulting contract. Applicants should plan to include such terms in any contract awarded as a result of the RFA. All costs associated with complying with these requirements should be included in the application. If the contract exceeds \$ 500,000, or if the contract together with other contracts awarded to the Contractor by the Department exceeds \$500,000 in the aggregate, the Contractor shall be required to comply with the provisions of Iowa Code Chapter 8F.

The Department requires contractors to link with the local board of health when providing services supported by Department funding. In particular, contractors are expected to assist the local board of health in carrying out the three core functions of public health as defined in 641 IAC 77.3 (137): assessment, policy development and assurance. Examples of linking with the board of health include, but are not limited to:

- Provide environmental and/or health data to the local board of health for the purposes of, and provide assistance in, assessing and analyzing the health status of the community.
- Submit reports to the local board of health on the effectiveness, accessibility, and quality of services provided.
- Include the local board of health in establishing policies and plans associated with the services provided. This can be accomplished by establishing a liaison between the contractor and the board of health or by attending regular meetings of the board of health.
- Educate the local board of health about the services provided and work with the board to identify target populations in need of the services provided.
- Be active in the Community Health Needs Assessment and Health Improvement Plan process.
- Provide the board of health expert input on the services provided and how those services relate to; the health priorities of the community, and health improvement plans to address those priorities.

The contractor is expected to provide documentation of linkage efforts if requested by the Department.

Results of the review process or changes in federal or state law may require additions or changes in final contract conditions requirements.

4.02 Incorporation of Documents

The RFA, any amendments, and written responses to applicant questions, and the application submitted in response to the RFA form a part of the contract. The parties are obligated to perform all services described in the RFP, RFA, and applications unless the contract specifically directs otherwise.

4.03 Contractual payments

The Department provides contractual payments on the basis of reimbursement of expenses in accordance with Iowa Code 8A.514.

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SECTION 5 – ATTACHMENTS

The following reference documents are posted separately under the Attachment section of this Funding Opportunity.

- A- FY23 IDPH Substance Use and Problem Gambling Services Integrated Provider Network RFA
- B- FY19 IDPH Substance Use and Problem Gambling Services Integrated Provider Network RFP #58818015
- C- [IPN Provider Manual \(April, 2022\)](#)
- D- New User Registration Instructions for IowaGrants.gov
- E- IDPH Application Instruction Guidance
- F- FY23 Substance Abuse and Problem Gambling Services Integrated Provider Network DRAFT Contract Template
- G- FY23 Substance Abuse and Problem Gambling Services Integrated Provider Network DRAFT Review Tool
- H- Integrated Provider Network Service Provision Summary and SAMHSA Certification

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SECTION 6 – LINKS

The following reference documents are available by clicking on the link provided in the website Links section of this Funding Opportunity.

- A. IDPH General Conditions
<http://idph.iowa.gov/finance/funding-opportunities/general-conditions>
- B. Blueprints for Healthy Youth Development
<http://www.blueprintsprograms.com/>
- C. IPN Critical Incident Report
<http://idph.iowa.gov/Portals/1/userfiles/152/Critical%20Incident%20Form%20Fillable.pdf>
- D. Federal Guidelines for Opioid Treatment Programs
<https://store.samhsa.gov/sites/default/files/d7/priv/pep15-fedguideotp.pdf>
- E. Iowa Gambling Treatment Program
<http://www.idph.iowa.gov/igtp>
- F. Iowa Behavioral Health Reporting System (IBHRS)
<https://idph.iowa.gov/Bureau-of-Substance-Abuse/Substance-Use-and-Problem-Gambling-Data/Iowa-Behavioral-Health-Reporting-System>
- G. National Institute of Drug Abuse Red Book
http://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf
- H. NIATx Model
<https://www.niatx.net/what-is-niatx/>
- I. SAMHSA Evidence-Based Practices Resource Center
<http://www.samhsa.gov/ebp-resource-center>
- J. Stacked Deck
http://www.hazelden.org/HAZ_MEDIA/7931_stackeddeck.pdf
- K. Strategic Prevention Framework
<http://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>
- L. Substance Abuse Prevention and Treatment Block Grant
<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=1cd9b9d45c5713f41740207f1f4c5010&mc=true&n=pt45.1.96&r=PART&ty=HTML#sp45.1.96.l>
- M. Your Life Iowa
<http://yourlifeiowa.org>

- N. Integration Provider Network Provider Manual Releases
<http://idph.iowa.gov/substance-abuse/Integrated-Provider-Network/Documents>
- O. American Society of Addiction Medicine (ASAM)
asam.org
- P. Provider Release #6 - Your Life Iowa Warm Hand-off Pilot Project
<https://idph.iowa.gov/Portals/1/userfiles/83/IPN/IPN%20Provider%20Manual%20%28July%202019%29%20Provider%20Release%20%236%20%282021%2009%2022%29.pdf>