

# **Promoting the Integration of Primary and Behavioral Health Care (PIPBHC)**

## **Provider Manual**

**March 2021**



## A. Introduction

The Promoting the Integration of the Primary and Behavioral Health Care (PIPBHC) grant is a five-year Iowa Department of Public Health (IDPH) program funded by the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment - Center for Mental Health Services (SAMHSA/CMHS). The PIPBHC Project emphasizes client choice and increases the array of available community-based services, supports, and providers. The purpose of this project is to:

- Promote full integration and collaboration in clinical practice between primary and behavioral health care;
- Support the improvement of integrated care models for primary and behavioral health care to improve overall wellness and physical health status of adults with serious mental illness (SMI) and adults with substance use disorders (SUD);
- Promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

***PIPBHC funding supplements, but does not replace or supplant, existing services and funding streams.***

The PIPBHC project is consistent with IDPH’s “recovery-oriented system of care” model that integrates substance misuse prevention, treatment and recovery support services (RSS) with whole health care. Total funding available for the PIPBHC project covered services is \$2,000,000. The PIPBHC project will serve at a minimum 175 clients in each year of the grant, beginning September 30, 2018.

## B. PIPBHC Principles

Implementation of the PIPBHC project is based on the following principles:

- Individuals with SUD and their families have the right to choose recovery and the recovery-related services and supports that best meet their needs.
- Client choice is enhanced by a recovery-oriented system of care that honors each client’s familial, cultural, spiritual, economic, and logistical needs.
- Individualized choice enhances client retention in treatment and strengthens client commitment to - and success - in recovery.
- Participation in PIPBHC is voluntary and can be terminated by the client at any time, without repercussion to the client or family member.

IDPH assures provider and client input to PIPBHC through stakeholder discussions, satisfaction surveys, and solicitation of client and staff feedback during site visits. IDPH staff are available for technical assistance and case consultation.

## C. Client Eligibility

Through utilization of an Integrated Care Team (ICT), the PIPBHC project will focus on adults with a SUD. Sub-populations of focus will include individuals with a SUD and at risk of or have chronic physical health condition/s, a SMI, or both. Services will include early intervention, assessment and diagnosis, person centered treatment planning, evidence based practices, and RSS for primary and behavioral health care needs of individuals with SUD.

An individual who meets all of the following criteria is eligible for participation in PIPBHC:

1. Resident of the state of Iowa
2. Age 18 or older
3. At or below 200% of the Federal Poverty Level
  - Active Military/National Guard personnel only
    - at or below 200% of the Federal Poverty level: all services
    - at or above 201% of the Federal Poverty Level: ICT Services not include RSS
4. A diagnosis of a substance use disorder and
  - At risk of a chronic physical health condition or has a chronic physical health condition and/or
  - Has a serious mental illness (as defined by [SAMHSA](#))
5. Documented need for PIPBHC covered services
6. Without insurance or other financial resources to pay for PIPBHC covered services

IDPH reserves the right to make exceptions to the eligibility criteria on a case by case basis. Providers requesting an exception to the established criteria must do so through the exceptions process outlined in *Section O. Changes or Exceptions to the Provider Manual*.

***Care Coordinators must maintain documentation of client eligibility, including proof of income.***

## D. PIPBHC Covered Services

For the purposes of this project, IDPH has established the PIPBHC covered services listed below. In general, clients participating in PIPBHC choose the covered services they want; the amount, frequency, and duration of their selected covered services (***generally up to \$1,000***).

***The client voucher of up to \$1,000 is to include the National Outcome Measures Interviews.***

There are two categories of covered services available through PIPBHC: Integrated Care Team services and Recovery Support Services.

### 1. Integrated Care Team Services

All PIPBHC clients receive Integrated Care Team services, the central service around which Iowa's PIPBHC program is organized. Integrated Care Team services include enhanced care coordination. Generally, up to **\$480** in PIPBHC funding is available in total for the following care coordination services:

- PIPBHC Assessment with National Outcome Measures (NOMs) Intake Interview
- Care Coordination
- Care Coordination with NOMs Discharge Interview
- Care Coordination with NOMs Follow-up Interview

## 2. Recovery Support Services

PIPBHC RSS services are selected through the care coordination services process. While client choice is a core principle of PIPBHC, funding for RSS is not an entitlement. Care Coordinators have the responsibility to determine the appropriate use of funding and amount of funding as related to a client's recovery goal.

Because of NOMs reporting requirements, transferring services from one provider to another is typically not allowed unless a client is permanently relocating to another city/town. For all transfers, the Care Coordinator must request prior approval from IDPH by submitting an Exception Request Form (see *Appendix J PIPBHC – Exception Request Form.*)

All clients may receive RSS upon initial admission into PIPBHC. Clients select the RSS that best meet their needs through the care coordination process and the Care Coordinator reports the selected services monthly. Generally, up to **\$520** in PIPBHC funding is available in total for the following RSS:

- Child Care
- Drug Testing Incentives (Contingency Management)
- Education
- Sober Living Activities
- Supplemental Needs – Gas Cards
- Supplemental Needs – Wellness
- Transportation – Bus
- Transportation – Cab

## F. Accessing PIPBHC Covered Services

Prospective clients access PIPBHC covered services through the completion of the PIPBHC Assessment and the NOMs Intake Interview (see *Appendix A PIPBHC - PIPBHC Intake Form*).

Through the PIPBHC Assessment and care coordination, the prospective client and PIPBHC Care Coordinator:

- determine a prospective client's eligibility for PIPBHC participation;
- assess the client's need for PIPBHC covered services;
- discuss the client's preferences for PIPBHC covered services;
- identify client-selected PIPBHC covered services and providers;
- complete required paperwork, including, but not limited to, the NOMs Intake Interview;

- review the care coordination services process and schedule the next contact (the Care Coordinator should schedule the NOMs Follow-up Interview during the PIPBHC Assessment session);
- contact other providers, as indicated, to schedule or otherwise facilitate access to PIPBHC covered services;

With the exception of Gas Cards and the Incentive Card, no other Supplemental Needs funding is to be given directly to clients. This includes cash, checks or gift cards. To access RSS clients must receive services through the Integrated Care Team.

## **G. Expenditure Limitation & Documentation**

For any service that would put total expenditures for a specific client at more than **\$1,000**, the Care Coordinator must request prior approval by IDPH by submitting an Exception Request Form (see *Appendix J PIPBHC – Exception Request Form*.) IDPH will respond to Care Coordinator requests with a decision within fifteen calendar days.

***IDPH reserves the right to change the client expenditure limit, otherwise revise funding, or terminate vouchers based on the availability of PIPBHC funds.***

### **1. Recovery Support Services (RSS)**

Each Care Coordinator must report the RSS service information monthly on the RSS Monthly Tracking form.

- Each PIPBHC covered service provided must be consistent with the Receipt Form.
- Each PIPBHC covered service provided must be documented in the provider's record system. (see *Appendix G PIPBHC - Documentation Requirements*)
- A Receipt Form must be documented for each RSS provided.
- Each RSS reported must be consistent with the documentation in the provider's record system.

### **2. Payment**

A PIPBHC covered service is reimbursable through PIPBHC funding only when there is no other funding source for that service. Care Coordinators are responsible for determining and documenting lack of funding for each vouchered PIPBHC covered service.

***If a PIPBHC covered service is a covered service under any other payor, that service cannot be submitted to IDPH for payment through PIPBHC, regardless of whether or not payment is received from that other payor.***

Each program must submit a RSS Monthly Tracking Sheet monthly with the list of clients current enrolled in PIPBHC, regardless if they have received an RSS during that time frame (see *Appendix X RSS Monthly Tracking Sheet*), to IDPH by the 7<sup>th</sup> of each month that summarizes payment requested for all PIPBHC covered services that were provided during the previous calendar month.

## I. National Outcome Measures (NOMs) Data Collection

***Care Coordinators must meet face-to-face with their clients  
to collect and submit required NOMs Intake, Follow-up and Discharge Interviews***

Care Coordinators complete an interview with PIPBHC clients at three specific times (Intake, Discharge and Follow-up) and collect Physical Health Indicator (PHI) data quarterly, using the NOMs tool in [SAMHSA's Performance Accountability and Reporting Systems](#).

### 1. NOMs Intake

NOMs intake information is obtained during the face-to-face PIPBHC Assessment with NOMs Intake Interview, which initiates admission to IPIPBHC.

### 2. NOMs Discharge

NOMs discharge information is obtained during the face-to-face Care Coordination with NOMs Discharge Interview, which is conducted on the date of discharge from the PIPBHC project.

- If a PIPBHC client does not present on the scheduled day of discharge from the program, the provider should arrange to meet with the client to complete the Care Coordination with NOMs Discharge Interview within 14 calendar days.
- If a PIPBHC client has not received services for 90 consecutive days, the provider should arrange to meet with the client to complete the Care Coordination with NOMs Discharge Interview within 14 calendar days after 90 days of inactivity.
- If the Care Coordination with NOMs Discharge Interview cannot be completed within 14 calendar days of the program discharge date, the provider should submit an Administrative Discharge by completing sections A, J, and K of the NOMs tool.

### 3. NOMs Follow-up (Reassessment)

NOMs follow-up information is completed during the Care Coordination with NOMs Follow-up Interview, conducted between five and seven months after the date of the client's admission to the PIPBHC project. (For information on effective follow-up strategies, see [Appendix I PIPBHC Project: Follow-up Strategies](#)).

- The Care Coordination with NOMs Follow-up Interview should be scheduled during the PIPBHC Assessment for between five and seven months from the admission date.
- PIPBHC clients who complete a Care Coordination with NOMs Follow-up Interview receive a \$30 gift card from the provider. If a NOMs Follow-up Interview is conducted by telephone, a gift card should be mailed to the client. If the client is incarcerated, the gift card should be mailed to an individual designated by the client. Gift cards cannot be mailed directly to the incarcerated client.
  - The reimbursement rate for Care Coordination with NOMs Follow-up Interview covers the provider's purchase, management, and distribution of client gift cards.

- The distribution of client gift cards should be documented on *Appendix K PIPBHC – Receipt Form* (which includes a witness/staff signature).

SAMHSA policy requires that after 90 days of no activity, defined as no receipt of any PIPBHC covered service, the client should be discharged from PIPBHC. NOMs interviews must be entered into the SPARS within seven calendar days of the date of the interview. Information regarding the administration of the NOMs tool can be found on the PIPBHC [grant website](#).

***Follow-up is a key requirement of the PIPBHC grant.  
Providers must conduct NOMs Follow-up Interviews with at least 80% of PIPBHC clients.***

The services provided by PIPBHC contractors are vital services that remain a necessity for Iowans during the COVID-19 pandemic. To ensure that contractors are able to continue delivering services, it is paramount that these organizations remain vigilant in their mitigation efforts. In an attempt to reduce exposure to COVID-19 for contractors and the patients they serve, SAMHSA has allowed for the completion of NOMs interviews utilizing phone or electronic means. For more information, please visit the [SAMHSA COVID-19 FAQ](#).

## **J. Confidentiality**

Confidentiality of client information is an ethical obligation for all providers and a legal right for every client, whether such information is received verbally or in writing and whether it is received from the client or a third party. PIPBHC providers must comply with confidentiality of client information and protected health information requirements as set forth in state and federal regulations.

Providers must obtain a completed release of information (see *Appendix F PIPBHC - Release of Information*) from each PIPBHC client, for each party to whom information is disclosed.

Providers should ask PIPBHC clients to list three personal contacts on *Appendix E PIPBHC - Collateral Contacts Form*, and sign a release of information to each contact to help the provider locate the client to complete the Care Coordination with NOMs Follow-up Interview.

Providers should use the unique client identification number when referring to a PIPBHC client in written communications, including e-mail.

## **K. Additional Requirements**

PIPBHC providers must comply with the following additional requirements:

### **1. Audit or Examination of Records**

The Auditor of the State of Iowa or any authorized representative of the State and, where Federal funds are involved, the Comptroller General of the United States or any other authorized representative of the United States Government, shall have access to, and the right to examine, audit, excerpt and transcribe any pertinent books, documents, paper, and

records of the provider related to order, invoices, or payments of the PIPBHC contracts. The provider agrees that IDPH may have access to PIPBHC records.

## **2. Cultural Competence**

PIPBHC clients have the right to culturally competent services. If a provider is unable to provide services to a client with specific cultural needs, the provider should locate appropriate services for the client or contact IDPH for assistance in locating services.

## **3. Health and Safety**

All individuals shall be served in a safe facility. Providers shall maintain documentation of all inspections and correction of all cited deficiencies to assure compliance with state and local fire safety and health requirements. All facilities must be clean, sanitary and in good repair at all times. All facilities will be tobacco free environments. Firearms and other weapons are prohibited on the premises.

## **4. Volunteer Policy**

Volunteers who work with PIPBHC clients must comply with policies required by the provider through which they volunteer and with the PIPBHC *Provider Manual*. Volunteers must follow standard provider personnel policies, including, but not limited to: ethical behavior, safety, confidentiality, protected health information, computer use, financial responsibility, and drug and alcohol use.

## **5. Conflict of Interest**

The contractor shall establish safeguards to prevent employees, consultants, and members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by the desire for private gain for themselves or others with whom they have family, business, or other ties. PIPBHC clients may not purchase services or goods from any person or persons whom a potential conflict of interest may occur.

# **L. Guiding Principles**

Provider staff and volunteers must comply with the guiding principles listed below. Provider staff who are licensed or certified in a specific profession must comply with the code of ethics for their profession as well as with the guiding principles, whichever is the higher standard.

- PIPBHC clients and family members are treated with honesty, dignity, and respect.
- Providers shall abstain from alcohol or other drug usage prior to or during the provision of PIPBHC services.
- Providers shall not accept commissions, gratuities, rebates, gifts, favors, or any other form of non-IDPH payment for PIPBHC services.
- Providers shall not misrepresent themselves or their qualifications, licensing or other accreditation requirements, education, experience, or status.
- Providers shall not perform services outside their area of expertise, scope of practice, training, or applicable license or other accreditation by the State of Iowa.
- Providers who are unable to provide a service to a client will refer the client to a provider qualified to provide that service.



- Providers shall not discriminate on the basis of color, age, gender, sexual orientation, national origin, socio-economic status, spiritual/faith beliefs, psychiatric or physical status, or culture, ethnic, or racial background.
- Providers shall not participate in false or fraudulent activities including, but not limited to, submission of claims for services not rendered, submission of false data, knowingly assisting another provider to enter false claims or data, charging a client for all or any part of a service, and/or providing false representation of credentials, qualifications, insurance, or licensure documents.

## M. Monitoring and Evaluation

IDPH monitors and evaluates PIPBHC services and providers. Monitoring and evaluation areas include, but are not limited to, client eligibility, provider eligibility, provider facilities and policies, service documentation, voucher and encounter data, NOMs reporting, Iowa Grants claim forms, critical and provider incidents, and satisfaction surveys. IDPH will conduct site visits and may talk with PIPBHC clients and with provider staff. Providers are generally notified of planned site visits in advance but IDPH retains the right to conduct site visits at IDPH's discretion. The [\*PIPBHC Site Visit Review Tool\*](#) can be utilized to develop and review client records and is found on the [PIPBHC grant website](#).

Providers who do not meet requirements as stated in the *Provider Manual* and the contract may receive technical assistance from IDPH and may be required to conduct corrective action. Certain violations, safety concerns, or performance below established requirements may result in termination of the provider's contract.

### 1. Client Rights

The provider and client shall review client rights as outlined on [\*Appendix B PIPBHC - Voluntary Consent Form\*](#) and a signature is required for PIPBHC clients.

### 2. Complaints

Providers must have a policy for handling client complaints. PIPBHC clients may file a complaint with IDPH in writing to:

Iowa Department of Public Health  
Division of Behavioral Health  
PIPBHC - Complaint  
Lucas State Office Building, 6<sup>th</sup> Floor  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319

### 3. Reporting

Providers are to report two types of incidences.

- a. **Critical Incidents** are those events that occur while a client is receiving PIPBHC services that negatively impact the client, client's family, other individual or the PIPBHC program including but not limited to:

- death
- suicide attempt
- injury to self
- assault or injury to others
- sexual/physical abuse or neglect, or allegation thereof
- incarceration
- inappropriate use of PIPBHC funds by client

***Providers must submit an PIPBHC - Critical Incident Report  
(see Appendix H) within 24 hours of becoming aware of the incident.***

- b. **Provider Incidents** are reported when a provider action is believed to be out of compliance with *Provider Manual* or contract requirements. For this purpose, individuals must submit an *PIPBHC - Critical Incident Report* (see Appendix O).

IDPH researches Critical Incidents as indicated. Follow-up on reported incidents may include, but is not limited to, technical assistance, requirement of corrective action, funding repayment, contract revision or termination, or determination that no inappropriate incident occurred. Report Provider Incidents to IDPH at [pipbhc@idph.iowa.gov](mailto:pipbhc@idph.iowa.gov) or at 1-515-725-1053.

#### **4. Fraud, Abuse, and Waste Monitoring**

IDPH takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the PIPBHC project.

- a. For PIPBHC project purposes, fraudulent practices include, but are not limited to:

- falsifying information on the provider application or omitting relevant material facts
- misrepresenting staff credentials or qualifications or billing for services provided by unqualified staff
- falsifying client files, records, or other documentation
- billing for services not rendered
- billing multiple times for the same service
- accepting payment for services not rendered
- improper billing to clients for services rendered

- b. For PIPBHC project purposes, abusive practices include, but are not limited to:

- making improper diagnosis
- providing client services that are not necessary or services that are inappropriate for the client's condition
- knowingly not billing a primary payor for an eligible client
- offering or accepting payment to refer clients to a particular provider
- coercing a client to choose a particular provider

- misrepresenting client outcomes
- c. If a provider or any of its employees, volunteers, or board members commits client abuse, neglect or exploitation; malpractice; or fraud, embezzlement, or other serious misuse of funds, IDPH may terminate the provider's participation in the PIPBHC project immediately upon written notice to the provider and may seek repayment of funds.
- d. If a client commits fraud or other serious misuse of funds, IDPH may terminate the client's participation in the PIPBHC project immediately upon written notice to the client and providers and may seek repayment of funds.

## **5. Programming and Licensure Changes**

It is the provider's responsibility to inform IDPH of any change in licensure status or other qualifications or in programming that may affect the provider's ability to provide PIPBHC covered services.

## **N. Appeals**

A PIPBHC provider who disagrees with an IDPH decision to deny a request approval of a PIPBHC covered service or deny payment for a PIPBHC covered service, may request an informal appeal in writing within 30 calendar days of notice of the action being appealed. The appeal must include the provider's name, the client's unique PIPBHC identification number, and specific information to support the provider's appeal. A PIPBHC provider, pursuant to this section, is not entitled to a contested case proceeding. The appeal will be reviewed by the IDPH Behavioral Health Division Director or the Director's designee(s). A decision letter will be mailed to the provider within 14 calendar days of the date the appeal was received by IDPH. Appeals must be addressed to:

Iowa Department of Public Health  
Division of Behavioral Health  
PIPBHC - Appeal  
Lucas State Office Building, 6<sup>th</sup> Floor  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319

## **O. Changes or Exceptions to the Provider Manual**

The *Provider Manual* is subject to change. IDPH will endeavor to inform providers of any changes 30 days before the effective date of the change using the following methods:

- website update
- provider calls
- email notification

In order to stay current on changes to the *Provider Manual*, it is the providers' responsibility to participate in provider calls.

Providers may request an exception to a *Provider Manual* requirement by submitting *Appendix J PIPBHC - Exception Request Form* to the IDPH PIPBHC staff.

IDPH reserves the right to take up to 15 calendar days to review all Exception Requests.

## **Appendix A**

### **PIPBHC - Intake Form**

Date of Session: \_\_\_\_\_ Client Name: \_\_\_\_\_  
Client DOB: \_\_\_\_\_ Client ID: \_\_\_\_\_  
Client Address: \_\_\_\_\_  
Client Phones: \_\_\_\_\_  
Care Coordination Provider and Organization: \_\_\_\_\_

**Section I** - The client is eligible for PIPBHC services if questions 1 and 2 are answered Yes and the agency has obtained the required documentation that the individual meets the federal poverty guidelines.

#### **Recovery Support Services Eligibility**

1. The client must be 18 years of age or older, state of Iowa resident and has received a diagnosis for a substance use disorder and meet one of the two following criteria:
  - a. has or is at risk of a chronic physical health condition and/or;
  - b. has received a diagnosis of a serious mental illness (serious mental illness is defined by someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities).
2. The client is at or below 200% of the current Federal Poverty Level Guidelines. Please refer to the current Federal Poverty Level Guidelines at <http://aspe.hhs.gov/poverty>.  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. Services should be extended, when deemed appropriate, to family members of the clients enrolled.

**Section II** - Document client needs and requests for specific PIPBHC covered services.

#### **All PIPBHC clients receive the following covered services:**

- PIPBHC Assessment with NOMs Intake Interview (1 session)
- Care Coordination (up to 10 sessions)
- Care Coordination with NOMs Discharge Interview (1 session)
- Care Coordination with NOMs Follow-up Interview (1 session)

**Document need, request, and lack of other payment for the following PIPBHC covered services:**

<b>Recovery Support Services</b>
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- Child Care: \_\_\_\_\_
- Drug Testing Incentives: \_\_\_\_\_
- Education: \_\_\_\_\_
- Sober Living Activities: \_\_\_\_\_
- Supplemental Needs – Gas Cards: \_\_\_\_\_
- Supplemental Needs – Wellness: \_\_\_\_\_
- Transportation - Bus: \_\_\_\_\_
- Transportation – Cab: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider / Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix B**

### **PIPBHC - Voluntary Consent Form**

**Introduction:** Welcome to Iowa's Integration Project, funded by the Promoting Integration of Primary and Behavioral Health Care Program (PIPBHC) grant. PIPBHC is a five-year Iowa Department of Public Health (IDPH) program funded by a grant from the Substance Abuse and Mental Health Services Administration - Center for Mental Health Services (SAMHSA/CMHS).

**The goal of Iowa's Integration Project (PIPBHC)** is to improve the lives and health of people by promoting integration and collaboration of health care between your primary care program and your substance use disorder providers of care. Integrated health services could range from a variety of health screenings – to diagnosis and treat physical health/substance use disorder/psychiatric care. The goal is for you to have coordinated and comprehensive care to meet your health care needs.

**Information from the Iowa's Integration Project (PIPBHC)** will help local, state, and federal providers and funding authorities improve the way services are delivered for individuals with a possible substance use disorder and a chronic health care condition. We may ask you to answer a series of questions or participate in health screenings or exams that are part of your treatment plan with your health providers. You may feel uncomfortable answering some of these questions. If you are uncomfortable with any of the questions or tests, please talk with your healthcare provider about your questions or goals. Your participation in your treatment plan is strictly up to you.

**Benefits:** When persons with substance use disorders have other health conditions, they may require medical care that is not traditionally available or coordinated with specialty health providers, such as a substance use disorder program. The high quality treatment that is needed requires a team approach that will include both primary care providers and substance use disorder professionals. The team approach may provide you with better health outcomes. In addition, your participation in meeting your health goals may benefit others by helping us better identify if the way we provide your care has better outcomes or decreases problems related to use of alcohol, tobacco or other drugs.

**Information you will receive from Iowa's Integration Project (PIPBHC):** Everyone participating will be asked to complete screening tools based on their own individual needs. Some may be for alcohol and drugs, some for depression and anxiety, and some may be for medical conditions. You may feel uncomfortable answering some of these questions. If you are uncomfortable with any of the questions, you do not have to answer them. You will receive verbal communication about your screening scores and a staff member will discuss the program and, if you consent, will discuss the options available to you.

**Data Interviews:** If you consent to participate in Iowa's Integration Project (PIPBHC), you will be asked to take part in **three National Outcomes Measures Interviews (NOMs Interviews)** that take around 15 to 45 minutes each; one at admission, one between five and seven months post-admission and one at discharge from the program. NOMs Interviews are a result of the Government Performance and Results Modernization Act of 2010, which requires all SAMHSA-funded programs to collect and report performance data. NOMs Interviews ask questions about

alcohol and drug use, education and employment, family and living conditions, involvement in the criminal justice system, and participation in social support and recovery groups. This data will be used to monitor your involvement and potential benefit received. The data is confidential and will not identify you by name. You will receive a \$30 dollar gift card for completing the NOMs Follow-up Interview.

**Release of Information:** As part of your involvement in Iowa's Integration Project (PIPBHC), you are authorizing contact between IDPH, SAMHSA, and the involved site location staff where you are receiving services, to obtain information necessary for PIPBHC project management. This may include, but is not limited to, screening questionnaires, interviews, information related to fiscal reporting, quality improvement, client progress, and data collection. By signing this form, you are authorizing release of information between you, IDPH, SAMHSA and the staff at the location you are seeking services. You may revoke your release of information at any time except to the extent that action has already been taken.

**Iowa's Integration Project (PIPBHC) is voluntary:** You can refuse to participate in the program or leave at any time. Refusal to participate in the program will not affect any current or future services you receive at the site location. You may refuse to answer certain questions and still participate. If you refuse to answer a question, no one associated with PIPBHC will seek the information you did not provide from some other source. If you participate in PIPBHC and later choose not to participate, information you already have given will remain in the project.

**Risks and Confidentiality:** IDPH and your provider take privacy of your information seriously. Your providers, IDPH, and SAMHSA must comply with confidentiality and protected health information requirements as set forth in Federal Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, 160 & 164). Your records are protected and cannot be disclosed without your written consent. Because PIPBHC involves coordination of services you want, providers will ask you to sign a release of information to allow them to talk with other providers. You may revoke your release of information at any time except to the extent that action has already been taken. Generally, a program may not condition your services on whether you sign a release of information, however, in the special circumstances of the voluntary PIPBHC project; you cannot participate if you do not sign the Voluntary Consent Form. There is no foreseeable physical, medical, psychological, or legal risks involved in this project.

A unique identification number will be assigned to you as a PIPBHC participant. Authorized representatives from IDPH may have access to records that identify you by name. Any information you provide that is part of aggregate data given to SAMHSA will not include your name or other identifying data. If any publications or presentations result from Iowa's Integration Project, you will not be identified.

**Client Rights:** You have the right to:

- appropriate and considerate care and protection
- recognition and consideration of your cultural and spiritual values
- be told of all available resources or referral needed for PIPBHC services and providers
- refuse a recommended service or plan of care



- review records and information about your services
- expect providers, IDPH and SAMHSA to keep all communications and records confidential

**Questions:** If you have questions or concerns about the PIPBHC project, contact [pipbhc@idph.iowa.gov](mailto:pipbhc@idph.iowa.gov) or 515-725-1053.

**I have received, read, and understand the PIPBHC - Voluntary Consent Form and all its contents. I agree to the conditions outlined above and choose to participate in the PIPBHC project.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider / Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix C**

### **Brief Treatment Consent Form**

Congratulations on taking the first steps in choosing to live a healthier lifestyle. Today, we will spend about an hour together to discuss your lifestyle and the impact substance use may have on your goal of becoming healthy. You may receive some benefits from your session including talking about your health and quality of life. You may even make some choices that will have a positive effect on your health. At the same time, you may experience sadness as we talk through situations and may find that not all of your issues have been resolved. If you choose, we can schedule some future sessions depending on your wellness goals. At the end of our session today or future sessions, you may choose to have further treatment. If you do, I can assist you in getting the treatment that you choose and meets your health goals. If anything we discuss makes you feel uncomfortable, you do not have to answer the questions. If you choose to not come back for further sessions, it is your choice.

I have read and understand the benefits of brief treatment along with the aspects that may be uncomfortable. I understand that my participation is voluntary.

_____	_____
Patient signature	Date
_____	_____
Staff signature /Agency	Date

## **Appendix D**

### **Iowa's Integration Project – Concerned Person Voluntary Consent Form**

**Introduction:** Welcome to Iowa's Integration Project, funded by the Promoting Integration of Primary and Behavioral Health Care Program (PIPBHC) grant. PIPBHC is a five-year Iowa Department of Public Health (IDPH) program funded by a grant from the Substance Abuse and Mental Health Services Administration Center for Mental Health Services (SAMHSA/CMHS).

**Involvement in the PIPBHC program:** As a concerned person, you may be eligible to receive services funded by PIPBHC. To make sure concerned persons involved in the client's treatment services are supportive, you may be asked to participate in a substance misuse screening and treatment planning to support your family member in their recovery.

**Information from the PIPBHC program:** Information obtained will help local, state, and federal providers and funding authorities improve alcohol and drug treatment and recovery services for you and others in your community.

**Release of Information:** As part of your involvement in PIPBHC, you are authorizing contact between IDPH and SAMHSA and the provider you're receiving services from, to obtain information necessary for PIPBHC project management. This may include, but is not limited to, information related to fiscal reporting, quality improvement, client progress, and data collection. By signing this form you are authorizing release of information between you and IDPH and SAMHSA. You may revoke your release of information at any time except to the extent that action has already been taken. This consent expires automatically 12 months after the time of consent.

**PIPBHC is voluntary:** You can refuse to participate in PIPBHC or leave at any time. You may refuse to answer certain questions and still participate in PIPBHC. If you refuse to answer a question, no one associated with PIPBHC will seek the information you did not provide from some other source. If you participate in PIPBHC and later choose not to participate, information you already have given will remain in the project.

**Risks and Confidentiality:** IDPH and PIPBHC providers take the privacy of your information seriously. PPW providers, IDPH and SAMHSA must comply with confidentiality and protected health information requirements as set forth in Federal Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, 160 & 164). Your records are protected and cannot be disclosed without your written consent. Because PPW involves coordination of services you want, providers will ask you to sign a release of information to allow them to talk with other providers. You may revoke your release of information at any time except to the extent that action has already been taken. Generally, a program may not condition your services on whether you sign a release of information, however, in the special circumstances of the voluntary PIPBHC project; you cannot participate if you do not sign the Concerned Person Voluntary Consent Form.

Authorized representatives from IDPH may have access to records that identify you by name. Any information you provide that is part of aggregate data given to SAMHSA will not include

your name or other identifying data. If any publications or presentations result from the PIPBHC project, you will not be identified.

**Concerned Person Rights:** You have the right to:

- appropriate and considerate care and protection
- recognition and consideration of your cultural and spiritual values
- be told of all available PIPBHC covered services
- refuse a recommended service or plan of care
- review records and information about your services
- expect providers, IDPH, and SAMHSA to keep all communications and records confidential

**Questions:** If you have questions or concerns about the PIPBHC program, contact [pipbhc@idph.iowa.gov](mailto:pipbhc@idph.iowa.gov) or 515-725-1053.

**I have received, read, and understand the Concerned Person Voluntary Consent Form and all its contents. I agree to the conditions outlined above and choose to participate in the PIPBHC program.**

Concerned Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider / Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix E**

### **Iowa's Integration Project - Collateral Contacts Form**

Welcome to Iowa's Integration Project, funded by the Promoting Integration of Primary and Behavioral Health Care Program (PIPBHC) grant. PIPBHC is a five-year Iowa Department of Public Health (IDPH) program funded by a grant from the Substance Abuse and Mental Health Services Administration Center for Mental Health Services (SAMHSA/CMHS). Iowa's Integration Project requires a National Outcome Measures Follow-up Interview be completed for each client. To assist with this requirement, obtain at least three collateral contacts from the client to help in locating the client six months after intake. Collateral contacts can be individuals that have regular contact with the client (e.g. probation officers, family members, or case workers). Obtain a release of information from the client for each collateral contact.

#### **Contact #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### **Contact #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### **Contact #3**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **Appendix F**

### **PIPBHC - Release of Information**

I, \_\_\_\_\_ authorize \_\_\_\_\_  
(Client) (PIPBHC - Care Coordination Provider/Organization)

to exchange information verbally and/or in writing with:

---

The nature and amount of the information shared will be as limited as possible, but may include:

- personal identifying information
- participation and status in PIPBHC covered services
- drug test results
- collateral contact
- other (specify): \_\_\_\_\_

This consent is specific to my participation in Promoting the Integration of Primary and Behavioral Health Care grant and will be used for care coordination, to monitor and evaluate services, and to submit claims to the Iowa Department of Public Health.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Pts. 160 & 164. Federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted in writing. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that, in any event, this consent expires automatically on the date on which all billing and reporting requirements related to my participation in PIPBHC program have been completely processed.

I understand that, generally, a program may not condition my services on whether I sign a release of information, however, in the special circumstances of the voluntary PIPBHC program, I understand that I cannot participate if I do not sign a release of information.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider / Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix G**

### **Iowa's Integration Project (PIPBHC) - Documentation Requirements**

*Each provider must document each PIPBHC service provided.  
All PIPBHC documentation must be available for IDPH review as requested.*

#### **All PIPBHC providers must:**

1. have an organized system to document PIPBHC covered services provision;
2. document each client's name, address, and phone number;
3. document the date, time and length of each PIPBHC covered service provided;
4. maintain records in a secure manner that ensures confidentiality and complies with all state and federal laws and regulations pertaining to confidentiality of records;
5. have policies and procedures in place for any volunteers associated with the provider;
6. document any services or goods delivered to, or purchased on behalf of, clients using PIPBHC funds (e.g. membership fees, service denials);
7. maintain documentation consistent with their specific licensure requirements.

#### **All Care Coordinators must:**

1. ensure each client signs all PIPBHC forms in which a signature is required;
2. maintain documentation of receipts which detail all items purchased pertaining to specific funds expended;
3. maintain documentation of purchases from a recognized vendor, which must be on company letterhead, signed and dated by vendor, and include vendor phone and address;
4. adhere to the Recovery Support Service (RSS) description and requirements as outlined in the PIPBHC site visit form;
5. document any case of misuse or inappropriate use of PIPBHC funds (an Exception Request must be submitted and approved by the Project Director prior to issuing additional RSS), including actions taken;
6. document satisfaction survey distribution and report any critical incidents to IDPH;
7. document the distribution, including method of delivery, of incentive gift cards to the client or designee.

## **Appendix H**

### **PIPBHC - Critical Incident Report**

Please email to Project Director within 24 hours of becoming aware of the incident

Today's Date: \_\_\_\_\_ Date of Critical Incident: \_\_\_\_\_

Name/Title of Individual Completing Form: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Location where Incident Occurred: \_\_\_\_\_

#### **CLIENT INVOLVED IN INCIDENT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PIPBHC ID #: \_\_\_\_\_

Male       Female       Transgender

List any other involved party (i.e. other client, visitor, staff, etc.): \_\_\_\_\_

#### **NATURE OF INCIDENT**

- Death (from any cause after entry into PIPBHC services) - cause of death: \_\_\_\_\_
- Suicide attempt
- Injury to self
- Injury to or assault on others
- Sexual / physical abuse or neglect, or allegation thereof
- Incarceration
- Inappropriate use of RSS funds by client
- Other - specify: \_\_\_\_\_

Describe incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow-up actions taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff signature: \_\_\_\_\_

IDPH Staff signature: \_\_\_\_\_

Date Received: \_\_\_\_\_



## **Appendix I**

### **PIPBHC Follow-Up Strategies**

**There are several different ways to track clients in order to conduct follow-ups. Some examples are:**

- collateral contacts
- mail contacts
- telephone contacts
- internet searches
- home visits
- public information sources
- specialized institutional information systems

**Some things to remember about follow-up:**

- Follow-up starts at the PIPBHC Assessment with NOMs Intake Interview, continues through the client's PIPBHC involvement, and ends when all clients are accounted for
- Think of follow-up as a process and not as an event

**Recommendations for follow-up:**

- Make the intake process a positive experience
- Prepare the client for tracking at each Care Coordination contact
- Have an updated list of collateral contacts

**Tips for follow-up:**

- Keep in touch with clients between the PIPBHC Assessment with NOMs Intake Interview and the Care Coordination with NOMs Follow-up Interview.
- One month prior to the scheduled Care Coordination with NOMs Follow-up Interview, call the client or schedule a Care Coordination session and call the client's collateral contacts to verify the client's whereabouts
- Keep a tracking log
- Make sure the client has your phone number

**Appendix J**

**Exception Request Form**

Provider Organization:	Client Name:
Client Identification Number:	Staff Submitting Form:

		Describe the exception request and how it supports the client's <i>recovery</i> :	
Baseline	PHI Lab Interview		Date: _____ Approved Denied
3-Month Reassessment	PHI Labs		Date: _____ Approved Denied
6-Month Reassessment	PHI Labs Interview		Date: _____ Approved Denied
9-Month Reassessment	PHI Labs		Date: _____ Approved Denied
12-Month Reassessment	PHI Labs Interview		Date: _____ Approved Denied
Discharge	PHI Labs Interview		Date: _____ Approved Denied
Other:	PHI Labs Interview		Date: _____ Approved Denied
Other:	PHI Labs Interview		Date: _____ Approved Denied

IDPH Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix K**

### **Iowa's Integration Project – Receipt Form**

I, \_\_\_\_\_ (client name)

acknowledge the receipt of:

Child Care: \_\_\_\_\_  
Drug Testing Gift Card #: \_\_\_\_\_  
Gas Gift Card #: \_\_\_\_\_  
NOMs Follow-up Gift Card #: \_\_\_\_\_  
Supplemental Needs: \_\_\_\_\_  
Sober Living: \_\_\_\_\_  
Transportation (Bus/Cab): \_\_\_\_\_  
Other (type): \_\_\_\_\_

from \_\_\_\_\_ (PIPBHC provider organization name) in the amount of  
\$ \_\_\_\_\_.

If applicable, I must provide documentation or receipt of goods or services and will provide that documentation or receipt by \_\_\_\_\_ (date).

**Clients who do not provide accurate documentation or receipts and/or who purchase unauthorized goods or services will not receive additional services for which the receipt was not provided and may be determined ineligible to receive further Recovery Support Services. In addition, IDPH reserves the right to collect reimbursement for the misused funding directly from the client.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Provider / Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If mailed, Address mailed to:

\_\_\_\_\_  
PIPBHC staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

PIPBHC staff witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix L**

RECOVERY PEER COACHING  
RECOVERY PLAN

This plan belongs to: \_\_\_\_\_ Date: \_\_\_\_\_

My hopes and dreams are: \_\_\_\_\_  
\_\_\_\_\_

My hopes and dreams are important because: \_\_\_\_\_  
\_\_\_\_\_

My plan focuses on this/these areas:

Living  Learning  Working  Social Skills  Whole Health

If choosing a Whole Health focus, what specific area do I choose to address at this time?

Healthy Eating      Physical Activity      Restful Sleep      Spirituality

Stress Management      Service to Others      Support Network      Emotional

The steps I plan to take in realizing my hopes and dreams are: \_\_\_\_\_  
\_\_\_\_\_

The ways others can empower me are: \_\_\_\_\_  
\_\_\_\_\_

Who can empower me and how? \_\_\_\_\_  
\_\_\_\_\_

I will know that I am making progress toward realizing my hopes and dreams if:  
\_\_\_\_\_  
\_\_\_\_\_

Some things that could interfere with that realization are: \_\_\_\_\_  
\_\_\_\_\_

How important is realizing your hopes and dreams? 0= not at all 10= most important

0    1    2    3    4    5    6    7    8    9    10

How confident are you that you can make these changes? 0 = not at all 10 = completely confident

0    1    2    3    4    5    6    7    8    9