Integrated Provider Network - Questions and Answers

Question	Answer
1. Can outreach fall under either prevention or network support?	Per the IPN Grant RFP (page 33) and the IPN Provider Manual (page 16), Outreach is a Network Support Service as it is not funded under Prevention.
2. For the needs assessments needed for prevention, should they be billed under network support or prevention?	Needs assessment through the Strategic Prevention Framework process will be funded through prevention. Needs assessment for the overall project will be funded through Network Support.
3. Regarding the prevention service priority topics, can you talk more about tobacco since every county has a tobacco prevention partnership?	Bureau of Substance Abuse is in communication with the IDPH Tobacco Division to avoid duplication of efforts. More information will be provided.
4. If we are to be working on assessment and capacity right now, are there any priority areas we should look at?	More resources will be provided, IDPH encourages you to look at the data from your service area, across the life-span, not just for youth. Utilize the Community Assessment Workbook process to analyze your data. All priority areas outlined in the RFP will need to go through the assessment and capacity steps.
5. When can we start doing direct service (in prevention)?	Per the Prevention Services Orientation Guide, "No direct service or prevention programs will be provided during January into mid-February 2019". A caveat to this is for contracted agencies who have submitted and received approval for an exception request. Additional information will be provided regarding direct service start date.
6. For those of us treatment agencies now supervising prevention subcontractors, they are the experts, so will there be any training in how to supervise them?	IDPH will reach out to the organizations where this applies and provide support. We want you to succeed and will be there to provide guidance. Additional information regarding the subcontracting process will be provided soon.
7. Concerned about continuity of care. We had committed to provide prevention services at local schools this semester, and now we can't?	Exception requests are being considered by the monitoring team as quickly as possible.
8. Same issue, in the middle of a sustainability plan, this hurts our credibility in the community and schools	Please submit the exception requests to the IPN email provided.
9. Could meetings in DSM be coordinated with other events to save on travel?	IDPH will assess if combining IPN meetings with IBHA meeting dates is possible.

10. Can you clarify that telehealth has to be live audio/video and just telephone communication does not count? This is hard for some patients to access.	Correct. Under HF 2305, which took effect January 1, 2019, "Telehealth means the delivery of health care services through the use of interactive audio and video. Telehealth does not include the delivery of health care services through an audio-only telephone, electronic mail message or facsimile transition."
11. Medication costs cannot include withdrawal management meds such as Librium, but only can be used on MAT such as those for AUD, OUD or tobacco?	Correct.
12. If a woman is covered by 2 funding streams, but neither covers all the costs, can both be used?	Yes, as long as there is no duplication.
13. Where in the manual are the eligibility requirements? 2B2 doesn't have them?	Page 8 under 2C2.
14. If someone lives in another state but is incarcerated in Iowa, do they qualify for services?	The IPN provides covered services for Iowa residents.
15. Are there changes to the licensure requirements for counselors providing gambling treatment services	No. Per the RFP (page 55) Staff providing Outpatient Treatment must have the appropriate qualifications, experience, degrees, certifications, or licenses required of their position and the services provided and must meet all regulatory requirements. Each service must be provided by staff persons qualified to provide that service.
16. Can we request a 1/12 advance even though the contract is for 18 months? Or does it need to be 1/18?	Per the RFP (page 115), an advance may not exceed one month's value of the contract amount, or 1/18.
17. Can the variance of 10% go from one area to another, ie from outpatient to Women & Children?	No, the 10% variance can be applied within a line item budget but cannot move between service types. The Network Support and Prevention Services line item budgets are allowed up to a maximum of 10% variance against direct cost budget line category amounts as listed within the Budget form component on a cumulative basis, not to exceed the corresponding budget total. Changes in line items that exceed 10% of the corresponding budget require budget negotiation and approval by the Department prior to claim payment.

18. If we are getting close to the number of patients we estimated serving in a particular area, do we need to slow down?	No. Per the IPN Provider Contract (Article X), contract funding, inclusive of allowable patient copays, is payment in full for the contract services provided. The actual total work conducted, the number of persons seeking services, and the types and total units of services that may be provided in the contract period may exceed contract funding. The Contractor must continue to provide contract services for the duration of the contract period, even if the funds provided through the contract are depleted. IDPH will monitor contracts for possible adjustment due to over/under utilization within service areas.
19. What treatment data changes will be needed to support claims?	There have been some changes to data reporting to support the new claim process. ● For **Substance Use Disorder Treatment,** please see Data Entry Guide Update (January 2019) and Early Intervention Guidance (January 2019) which can be found at http://www.idph.iowa.gov/I-SMART as well as the IPN SUD I-SMART and CDR Data Entry Matrix (January 2019). ● For **Problem Gambling Treatment** please see I-SMART Data Entry Matrix (January 2019). ● Additional information on the Problem Gambling Treatment Domain can be found under IGTP Data Entry at http://www.idph.iowa.gov/igtp/treatment.
20. What agency information is needed to post to YLI?	As licensed substance use disorder and/or problem gambling treatment programs, agencies are encouraged to review and update each facility listing for their agency. For each location/facility, a *Welcome Video*, *Facility Photo* and *Informational Text* may be added to each facility listing/profile. This can be done via the Find Help Near You: Submit a listing update. Click here for more information on the Your Life Iowa facility locator.
21. Does IDPH have sample signage for priority services for pregnant women?	No, all SABG funded programs must give pregnant women preference in admissions and publicize the availability of services for pregnant women, including that pregnant women get admissions preference. This statement can be placed on signage and/or used and publicized at the discretion of the agency (e.g., signage, media messages, printed brochures and materials, websites, etc.).

22. Can EFR continue to do assessments at the jail?	Yes, IPN funding is a combination of federal SABG and State Appropriations. Federal SABG funds cannot be used to fund assessments in a correctional setting, but State Appropriations are able to be used for this purpose. Contractors will not be impacted by the separate funding streams as this will be the responsibility of IDPH to differentiate.
23. How do we define and determine Iowa residency?	Contractors must verify patients proof of residency and identity, and have policy and procedures on how they determine identity and Iowa residency (i.e. a program may decide to require a photo ID issued by the Iowa DOT or other government entity and one of the following items: Iowa voter registration card, credit card statement, utility hookup or bill)
24. Clarify timeframes for SSRS report? If we don't have our data into I-SMART on time, how can we know when the SSRS report will be run? Is it rolling YTD data ?	I-SMART loads to the Central Data Repository every Monday and starting in February 2019, I-SMART will also load on the 16th of every month. For the purpose of reporting data for claims and billing, rolling Year-To-Date data will be used to account for corrections and additions made to previous claim months.
25. What is tracked in I-SMART vs the CDR?	**Prevention Data:** ● The prevention service data will be entered in the Prevention Domain of I-SMART. **Substance Use Disorder Data**: ● SUD Tx Data may be reported directly to the CDR from the agency's EHR, or via I-SMART. ● For those agencies using I-SMART, there are specific "IPN" services (see IPN SUD I-SMART and CDR Data Entry Matrix (January 2019) that are to be selected. ● In general, Medical Evaluation, Medical Care, Medication, Recovery Peer Coaching, Transportation, and Early Intervention that are not entered in I-SMART or reported via the CDR are to be tracked outside of I-SMART/CDR by the agency. **Problem Gambling Treatment Data:** ● PG Tx Data is entered in the I-SMART Gambling Domain. Please see I-SMART Data Entry Matrix (January 2019). Additional information on the Problem Gambling Treatment Domain can be found under IGTP Data Entry at http://www.idph.iowa.gov/igtp/treatment.
26. What do we need to track on our own?	Please see the response to question #25.

27. In a case where agencies did a joint application, who enters data?	In the case of joint applications, each contracted agency will enter data as per usual for their own agency.
28. Will a new I-SMART manual come out that tells us what goes in automatically and what an agency has to track on their own?	Please see the responses to questions #19 and #25.
29. There were a lot of questions in the RFP about the numbers of clients receiving MAT and NRTs, do we need to be tracking and reporting that anywhere?	MAT medications are to be tracked/reported per the current I-SMART Data Entry User Guide (May 2015) and CDR Reporting Requirements. **Medications**: On the third page of the Encounter, select the medications taken for drug or alcohol problem only, *whether the program prescribes or not.* These now include: ● Antabuse ● LAAM ● Methadone ● Naltrexone ● Buprenorphine ● Suboxone ● Acamprosate ● None ● Other NRT's are not recorded/reported in I-SMART nor the CDR. These will need to be tracked by each agency.
30. With MAT- our clinic partner provides it, do we still report it with the special initiatives box for clients receiving it outside our office?	Only those programs participating in the MAT-PDOA discretionary grant project are to use the Special Initiative Code "MAT". See also response to #29
31. Can you add NRTs and MAT to the discharge record as a checkbox?	For patients that received MAT during treatment, respond "YES" to the question *Was Methadone Maintenance Part of TX?* Additionally, please see the response to question #29. IDPH will be considering changes to this question to reflect MAT in general, and consider how to collect nicotine use and NRT use.
32. For those that do SBIRT and gambling screens, are those now early intervention services?	Yes. Per the RFP (page 59) and the Integrated Provider Network Provider Manual (page 29) screenings are part of Early Intervention services.
33. Can you repeat what we are to do about crisis vs education services information(for gambling)?	The Crisis Call Log and Education Service Logs are not to be used after January 1, 2019. Crisis services, where patient profile information is collected may be entered in the Crisis Module within the Problem Gambling Domain in I-SMART. When patient profile information is not gathered, IPN providers are to track these contacts internally

	and report the units on the monthly claim spreadsheet. For Problem Gambling Prevention/Education services, there will be an updated Prevention Module in I-SMART coming. Look for more information soon.
34. Can you clarify for W&C that they must be all the way discharged from all other services before they can be entered into W&C services then discharged back out before they can engage in other services again?	Yes, for Women and Children services, the admission must be specific to Women and Children services only with the Womens and Children Special Initiative code selected.
35. Will there be a chance for a separate meeting for subcontractors to ask specific questions?	Yes, IDPH will provide individual meetings to address this.
36. The early intervention services how are those to be tracked and billed? For example, the billing unit is 30 min, so if more than one client is served in 30 min, do we bill one unit per client, even if less than 30 min, or do we bill the total time spent per clinician?	Regarding tracking of Early Intervention services, please see the response to question #25. Regarding billing of Early Intervention services, this is to be billed by duration of the service provided. For example: If a provider sees 10 people for Early Intervention in a 30 minute timeframe, the provider is only to bill 1 unit of Early Intervention.
37. Will IDPH provide consistent language standards re: SUD, SA, GUD, PG... etc. ?	A variety of terminology is used through this grant. Page 27 of RFP: The terms “addictive disorder”, “substance abuse”, “substance-related”, “substance use and gambling problems”, and “substance use disorder” are all used in the RFP, because no single term covers all these various terms as they are referenced in Iowa Code and Administrative Code, by SAMHSA, in evidence-based practices, and in other sources. For prevention, substance use, substance misuse and substance abuse are all terms used. “Substance use disorder” is used when referring to treatment services, consistent with the definition in the Licensure Standards of functional impairment of sufficient impact and duration to meet the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders.
38. Will there be consistent travel expectations/opportunities? What is allowed re: in-state and out-of-state travel?	In-state travel is allowed as an IPN funded activity under Network Support (see page 37 and 39 of the RFP). IPN funding is not intended to be used for out-of-state travel. However, if a contractor

	believes a situation warrants an exception to this policy, an Exception Request can be submitted.
39. Please provide a list of DSM hotels that provide the state rate?	A list of DSM and other hotels around the state that accept the In-State Lodging Rate can be found here: https://das.iowa.gov/procurement/agencies/hotel-motel-and-bb-listing
40. When someone becomes Medicaid eligible, agencies don't necessarily get paid, is there a way to wait and see if we (provider) can actually get paid before removing them from BG?	Agencies would still bill services to IDPH. In the event that a reimbursement is received later from a third party payor (Medicaid), the agency will be expected to reimburse IDPH for the original reimbursement received.
41. Can you send Bureau staff to the ISASA Qtrly meetings in addition to the IBHA mtgs?	Yes. Please contact DeAnn Decker to schedule.
42. So for prevention that cannot do any direct service right now, do we have to document what we are doing (I-SMART) and can we bill for it?	During this transitional time, hours billed toward the IPN Grant for prevention services may include time spent reviewing local data to inform the Work Plan, the creation of an action plan, creating a plan to build capacity in each county within the awarded Service Area, and participation in the IDPH required trainings. If providing direct services (such as meeting with community stakeholders), document these services for entry later into I-SMART Prevention.
43. What is the timeframe for admission related to IV Drug Users?	IV Drug Users are a priority population and individuals must be admitted within 14 days after making the request for admission. Agencies must make interim services available within 48 hours of request for services. If unable to admit within 14 days must admit within 120 days after the date of such request. Agencies must have a mechanism to maintain contact with individuals awaiting admission (when programs cannot admit individuals for intravenous drug abuse within 14 days).
44. Network Support: Face-to-face meetings: does that include zoom meetings?	Yes- Meetings, Trainings, and Technical Assistance Contractors conduct, support, and participate in meetings, trainings, and technical assistance activities that enhance, expand, and improve Integrated Provider Network services. Meetings, trainings, and technical assistance may be face-to-face or may be conducted through electronic means, as determined by IDPH.

45. There are 3 CCAR training in Feb. none of these are Train the Trainers. To sustain recovery peer coaching I believe that having a TOT would be a huge benefit and go a long way toward longevity of the program.	There are two trainings provided by CCAR in February with an additional three day Ethics training for those in attendance at either the first or second training. The initial training focuses on working with the adult population and the second focuses on working with the young adult population. Both trainings are built as a TOT program, please see the website here https://register.extension.iastate.edu/coachingacademy.
46. A recent trend on several prevention grants has been a requirement to submit detailed line item budget for services prior to the completion of assessment/capacity/planning. An ongoing question has been how we are supposed to budget for expenditures whose need can't be determined until well after budgets are due?	IDPH requires detailed completion of budgets for all services. The Strategic Prevention Framework process will begin in July 2019. If new needs or services are identified through this process, amendments can be requested through Iowagrants.gov correspondence.
Relatedly, will we be given sufficient time for SPF steps? 30 days for assessment and capacity under STR was problematic.	Prevention contractors will complete a step of the Strategic Prevention Framework each year of the grant project period.
47. Are there codes for early intervention in I-SMART?	Early Intervention is the Service Description available as of January 1, 2019 to be used by IPN providers using I-SMART for SUD or PG Tx service data reporting. Please see the response to Question 25.
48. Do agencies need to track MAT and NRTs?	Yes. Please see response to Questions 29 and 31.
49. If they are living at an RTF facility and are considered incarcerated, they can't get sliding scale eligibility?	Clients residing in an RTF are eligible for IPN funded services at an IPN funded contractor.
50. Huge learning curve for new gambling providers and prevention additions. Is going to take a lot of training thus less direct services, free month or 2?	Contractors are expected to comply with the requirements of their contract and proposal responses to the RFP.
51. Please clarify/define of required length of time for EIS, 30 min definition is the issue.	Early Intervention is to be billed by duration of the service provided. For example: If a provider sees 10 people for Early Intervention in a 30 minute timeframe, the provider is only to bill 1 unit of Early Intervention.
52. We complete tele-health assessments for inmates a the county jail. Are these clients NOT eligible for BG funds?	IPN funding may be used to conduct an assessment for state of Iowa residents/individuals residing in a jail setting.
53. When are claims due in Iowagrants? I have heard the 15th but that won't be possible if I-SMART dumps on the 16th of month.	Claims are due by the 15th, however agencies may submit within 30 days after the close of the month.
54. What will happen w/gambling roundtable mtgs?	IDPH will be scheduling monthly integrated prevention (Substance Abuse and Gambling) and

	monthly integrated treatment (SUD and Gambling) Zoom web conferences that will replace previously held meetings. More information will be shared soon.
55. Under Trx Services: Please define: "timely response" and "effective response" for YLI? Also "minimal wait time" for outpt and residential	The Department will work with Contractors utilizing the CQI process to define and establish processes and timeframes.
56. Do we have to address all the Prevention Service Priorities (alcohol, marijuana, prescription meds, prob gambling, tobacco?)	Yes, all five prevention priorities shall be addressed per RFP expectations.
57. Is participating in Zero Suicide mandatory? If yes, $12,000 for all the required training and services seems too little. ASIST is a long training and will be costly to send staff from areas far from DSM	Yes, it is required through "Additional Program Services" from section 2.01 of the RFP. Once Zero Suicide Iowa begins, IDPH will work with the network to discuss project requirements and options.
58. Can we use the early intervention services to go into the county jails and conduct SBIRT screeners? And to clarify, if requested to provide assessment to an incarcerated individual we CANNOT utilize this funding stream?	No. Contractors may use IPN funding to conduct assessments in a jail setting. Early Intervention should not be used for this service.
59. When will work plan instructions be available?	The Work Plan template and instructions were emailed to Prevention Leads on January 16, 2019
60. Will out of state travel be allowed to attend trainings like the Midwest training in KC or National wherever?	IPN funding is not intended to be used for out-of-state travel. However, if a contractor believes a situation warrants an exception to this policy, an Exception Request can be submitted.
61. I like the idea of regular calls with trx and prev., I think there would be value in a call about "billing" or "business" or do you anticipate covering that with the directors?	If there are specific questions regarding billing or business that a Contractor would like to ask, please feel free to do this using the IPN Helpdesk. In addition, IDPH intends to address this issue, either in a specific call or through meetings, during a meeting with the provider director association(s).
62. Timeframes for submitting claims	Per the IPN Provider Manual (page 10), Contractors may submit the claim for a month at any time during the next month, up to the 30th day of that next month. IDPH will review claims and determine payment after all Claims Reimbursement Support Documentation is received and the contractor's data is available for review by IDPH in IDPH's data systems.
63. Every encounter in I-Smart (individual and group) requires that you enter what medication that the client is taking and the frequency. According to our I-SMART person, the information does not pull forward so	The current workflow in I-SMART requires that medications used for MAT are to be reported for each encounter. However, IDPH is in the process of amending this requirement. Once finalized,

would need to be entered every time. That does not seem to be reasonable---this information is often not readily available and not sure why you would need it multiple times in a file. Could a question regarding MAT simply be part of the discharge?	medications used for MAT will be reported at first and last encounter.
64. Early Intervention: We have a Prevention staff member who sees students at an intermediate school. These students are not admitted clients, so will I enter each service as a crisis each time they are seen at school and enter the duration in 30-minute increments?	Early Intervention is a Treatment funded service and should not be provided by Prevention staff.
65. Eric says we can have a client enrolled in both gambling and SUD treatment at the same time. Our plan was to approach this with the client having one counselor who had the capacity to provide both services. With the goal of integration, that seemed to make the most sense. The only way I see dual enrolled is if we have an SUD counselor as well as a gambling counselor and the client is seeing both counselors. That really seems to run counter to the whole idea of integration. The only other thing would be to say this session is gambling while this one is SUD which seems nuts. From the standpoint, of pulling down our contract I would assume you want us to have clients who are noted as having a gambling diagnosis as well as SUD.	One counselor can provide integrated SUD/PG Tx services, however, only the primary issue (diagnosis code) funding is to be billed. For the current data reporting requirements, the patient will be reported to both systems (SUD and PG) to document patient profile, placement screening, admission and discharge information. IDPH will be reviewing this issue in the future to see if the process can be simplified.