

Iowa's Emergency COVID-19 Response Grant:

Frequently Asked Questions (FAQs)

General Questions:

1. Who are the providers involved in the Emergency COVID-19 Response grant?
 - Community & Family Resources
 - Pathways Behavioral Services
 - Prelude Behavioral Services
 - Seasons
 - UCS Healthcare
 - Zion Recovery Services
 - Heartland Family Service
2. What is the CFDA number for this grant?
 - a. 93.665
3. Our organization has multiple grants, how do we know which one to use for a client?
 - a. The Integrated Provider Network grant (IPN) should be utilized first to pay for covered services. In regards to other federal discretionary grants, clients may be enrolled in discretionary grants simultaneously, but clients may not receive duplicate services.
4. Can clients participate in this grant even if they have insurance? How do I know if they are eligible for other grants such as the IPN?
 - a. Yes, individuals can participate if they are underinsured (if their insurance has a high deductible or high co-insurance that is considered not affordable for the client's financial situation or another situation of similar circumstances). For more info on IPN eligibility see the [IPN Provider Manual](#) on page 8-9.
5. How can we engage healthcare professionals who are afraid that entering into services for SUD/MH will affect their license?
 - a. SAMHSA has recently released guidance that healthcare professionals are able to receive support services (stress management, coping skills, etc.) without a diagnosis through this grant. The provision of support services would meet criteria in determining if someone is eligible to participate in the grant and these individuals should be enrolled in the Care Coordination pathway.

Enrollment Questions:

6. Can individuals under the age of 18 be enrolled in this grant? Why were under 18 excluded from this grant?
 - a. This (18+) is the population described in the application, so it would be outside the scope of the project to serve 17 and under.
7. Does the organization need to obtain proof from clients that they are healthcare professionals?
 - a. No
8. Can a client participate if they have Medicaid?
 - a. For clients who have Medicaid that would pay for clinical services, you could enroll them in the Care Coordination with Recovery Support Services (RSS) pathway.
9. Am I able to offer the COVID grant to a patient who is already participating in a FEMA grant?
 - a. Yes.
10. Can you give a general idea of the workflow for this project (in my mind: identify client, screener, collateral contacts, GPRA, etc.)?
 - a. Yes, that would be an appropriate order.
11. If I do the initial intake paperwork by phone or telehealth, do I need to have paperwork signed electronically that day? If I send it to them that day and they don't sign it right away, is that an issue?
 - a. Clients need to sign the voluntary consent form before GPRA administration.
12. Can you tell us what the expectation is for proof regarding the criteria in the screening instrument?
 - a. Regarding residency, anything with the client's address would be accepted (a piece of mail, state ID, etc.). The remaining criteria would be self-report. The client signs this form indicating that the Client Intake responses are true.
13. If the screener is filled out before the GPRA, which date would be used for Admission Date?

- a. The date the GPRA is completed. Admission is determined by the completion of the GPRA.
14. Can other forms (screener) be signed/dated differently than the date administered?
 - a. Yes, potentially, for instance the screener may be filled out before the GPRA.
15. GPRA ID, is the UCN number in ISMART, correct?
 - a. Yes.
16. In the GPRA, under section **A. Planned Services**, are the answers to Treatment Services, Case Management Services, Medical, After Care, etc. supposed to be answered based on the grant or ALL treatment services they receive within our agency?
 - a. Services are selected based upon which services are funded by the grant for that person.
17. You instructed us to complete Releases of Information for the people listed on the Collateral Contacts Form. I assume it is okay for us to use whatever ROI form we are currently using in our agency...or is there one specifically for the COVID grant that I missed?
 - a. Yes, you may use your own ROI as long as it states the purpose of the release and includes the appropriate confidentiality clause referencing 42 CFR Part 2.
18. Are evaluations expected to be covered by these funds? Clients will not have the screener completed until they are meeting with the therapist for the evaluation.
 - a. It's possible the evaluation could be covered, if it was known prior that the client was seeking out services due to impacts of COVID-19. You could do the GPRA/screener on the same day as evaluation, which would allow your organization to bill this grant for it. The client would need to be admitted into the grant the same day, since the grant can't pay for services that occurred before the client was admitted into the grant.
19. In order to remain enrolled in the project, does the client have to maintain contact within a certain timeframe (30 days?—similar to ATR)?
 - a. Yes.
20. The GPRA Intake interview was done on 9/28, client attended group session after completing intake on 9/28 and has an individual session today (9/30). If the client

completes the individual session today, would they qualify for a case rate for the month of September?

a. Yes.

21. When utilizing the Case Rate with RSS pathway, should the organization submit billing to insurance as well?

a. No. When this pathway is utilized it is for individuals who are underinsured or uninsured or do not meet eligibility for admission into IPN.

22. I admitted a client (but have only done the GPRA, consent, collateral contacts, screener, releases), do I put \$500 for \$ *amount* for Case Rate? What do I put for the number of units/occurrence? Just 1, since it was one interaction?

a. GPRA Intake is included in the Case Rate of \$500, but the client must have a minimum of 2 clinical services per calendar month in order to bill the Case Rate for that month.

23. What do we do if a client only came to one session?

a. The organization cannot bill unless it has met the 2 services minimum.

24. Do both group and individual sessions count toward the minimum of 2 clinical services per month for Case Rate with RSS?

a. Yes. These two sessions must occur on a separate day.

25. If a client is to be seen a minimum of twice per month to participate in this grant, is that based on calendar month or within a 30 day period?

a. Calendar month.

26. What is the difference between Case Rate and Care Coordination?

a. Case Rate would be utilized to reimburse for clinical services of an individual that is underinsured or not insured. Care Coordination would be for an individual that has sufficient insurance to pay for clinical services but would still meet the eligibility requirements of the grant and needs additional support due to the impacts of COVID-19. There is a Care Coordination service that the organization can integrate into the client's care each month. The case rate includes the administration of the GPRA.

27. If we had an enrolled client under Case Rate and they received outpatient Substance Use Disorder individual counseling, as well as, outpatient Psychiatric Medication Management, would the Psychiatric Medication Management count under the Case Rate (as in, we wouldn't bill the client for this)? Or, would it only be outpatient SUD or Mental Health Therapy that is attributed to the Case Rate?
 - a. Yes, that would count underneath the case rate. Make sure that for any clients enrolled in this pathway that there is no other source of funding for these services.
28. Can funding be applied to past services (before they were admitted into the grant) or only from the admission date forward?
 - a. Admission date forward.
29. Can we move clients from one pathway to another after admission? For instance, if they obtain insurance and do not need the Case Rate with the RSS pathway can they be moved into the Care Coordination with RSS pathway?
 - a. Yes, first verify that they are not appropriate for IPN. Then submit an Exception Request to gain approval for this change. If ER is approved, ensure that they don't use categories duplicatively (if a client already received \$100 in Gas Cards, this does not start over if transferred to the other pathway, client still has used the \$100 in GC's already and that should be counted towards voucher). In addition, the same maximum voucher amount of \$2,400 should be applied.
30. If a client is seen for clinical services (for example) on 9/3/20 and is scheduled to be seen again on 9/30/20, but reschedules due to illness (or something else) and cannot get scheduled again until 10/8/20, are they eligible for the case rate within the grant? How strict are these guidelines?
 - a. Clients must receive 2 clinical services within the calendar month in order to bill for case rate. These services must occur on separate days.
31. Do the GPRA Interviews count toward the minimum of 2 clinical services per month (in Case Rate) or is it 2 clinical services per month PLUS GPRA?
 - a. 2 clinical services plus GPRA. GPRA is not one of the clinical services.
32. What do we do if the client is in need of medications for mental health?

- a. If an individual enrolled in the grant does not have insurance, is under or uninsured and unable to locate a funding source for behavioral health medications, please submit an exception request detailing the individual's situation. This exception request must be approved by IDPH prior to the utilization of funds. In order to stay in compliance with the funding opportunity through SAMHSA, the organization is required to ensure that the funding is only used as a last resort of funding and there are no other options. This would be purchased as a Pharmacological Intervention from the clients voucher.
- 33. If we have a parent enrolled in the program who has a child that has private insurance (under the parent), could the copay option be used toward copays for the child's services?
 - a. No, that would not be allowable.
- 34. Do copays cover telehealth AND face to face sessions or just telehealth?
 - a. Copays cover both.
- 35. Can we charge the copay for the IPN that we can't currently charge to the client due to the proclamation to the COVID-19 grant?
 - a. No, this would not be an allowable use of funding.

Telehealth Questions:

- 36. Since telehealth is being done for the most part at this time, does it matter where the client lives and where they are referred to for MH and/or SU Services?
 - a. No, that is the preference of the client. Obviously, it is always of benefit for the client to be aware of resources in their local community.
- 37. If telehealth services are no longer approved for service delivery in a few months after the Governor's proclamation ends, will Iowans still be able to participate via telehealth in services under this contract? We had some discussion around geography for continuing services in the event that telehealth can no longer be used and don't want to disrupt services for clients if possible.
 - a. Yes, this grant will continue to fund telehealth services, however the definition and requirements to provide "telehealth" services may change depending upon state law and licensure implications.

GPRA FAQ/ Resources

38. I know that some of our staff will be completing the GPRA and sending it to the grant coordinator to enter, are they able to use the paper version of the GPRA?
- [Yes, click here for the tool.](#) The GPRA tool is listed on this page in both English and Spanish.
39. Is the GPRA Follow-up Interview completed during services or 6 months after discharge?
- It is completed six months after the date of intake, regardless of discharge status. SAMHSA allows a 5-8 month window to complete the 6 month follow up interview for CSAT grants.
40. [Is the monthly RSS tracking form the only GPRA billing documentation required?](#)
- [Yes, it is uploaded each month with the claim.](#)

Recovery Support Services:

41. What is the limit per client for RSS funds?
- \$2,400 per client. Please submit an Exception Request if the client needs additional funding to continue access to treatment and recovery services.
42. What is the difference between Case Management and Care Coordination?
- While the terms "care coordination," "case management" and "service coordination" are often used interchangeably, in practice or application they reflect different principles or activities. Case Management is really the work of assessing needs/barriers and areas of challenge, developing a plan for those needs, implementing and evaluation of this plan, whereas Care Coordination, is more the work where coordination of care occurs, exploring the options and services (both internal and external to the program) to meet the patients needs, using available resources and communication to promote the quality of care and effective outcomes. For the purpose of this grant, Care Coordination was chosen due to the complex and pervasive needs of individuals who are not only experiencing a SUD/MH disorder but also impacted significantly by COVID-19.
43. Is there a specific (ex. 7 day) timeframe between receiving gas cards for clients?
- This is determined by the organization.

44. What do clients need to provide as proof of Cellular Services (pre-paid receipt or monthly bill, etc.?)
 - a. A receipt or a monthly bill showing that the payment was made..
45. Is a client eligible for cell phone assistance if they are a user on an account, but the account is shared and in someone else's name?
 - a. If there is documentation with either the client's name or phone number, the RSS can be used.
46. How would I go about paying toward a client's cell phone bill if they have a Payee who pays their bills? Would I pay the cell phone company directly or request a receipt and pay that money to the client/payee?
 - a. No funds can be given directly to a client. If the client is able to log into their cellular account, the organization can pay within the client's account.
47. I am not sure how to go about paying toward a client's cell phone if it is prepaid. Do I pay on their account and then when they get a receipt, submit/file that? Or will the phone company give our agency a receipt if we pay it? If he already paid for his current minutes, do I have to wait until next month to pay/purchase more minutes for him?
 - a. Yes, you'll need to wait till next month. You'll have to call that company and see how they provide receipts? You'd want a receipt at the time you pay for it, because if for some reason the client does not return, you wouldn't have any documentation for proof of purchase which is required for submitting an expense to IDPH.
 - b. What do I do if the only thing that identifies the patient/customer on the cell phone bill is their cell phone number (their name is not on it)?
 - i. Just submit an exception request detailing that you have verified that it is the person's phone number, and you are requesting an exception as there is not a name on there.
 - c. Does the exception request need to be submitted before paying on the clients phone bill, or after it's been paid?
 - i. Before.

48. Are clients required to provide receipts for both gift cards and gas cards? For example, if a client receives a gift card for \$15 for every 3 clinical sessions they attend, do they have to provide a receipt?
- Receipts are not required for any incentives (GPRA Follow-up Interview; Contingency Management); but they are required for all other RSS.
49. Can you explain a little more about the correct way to fill in the “# of units/occurrence” on the Tracking Forms?
- Number of units or occurrence means the number of times the service occurred in the month. For example, say the total amount was \$100 for the month of October gas cards, but the gas cards were provided four times for \$25 per occurrence, you'd select 4 units/occurrences.
50. If a client does pre-paid phone by purchasing a card at Walmart, do I need to do an exception request for that?
- You can purchase the card and directly enter it into his phone without an ER.
51. Is there a guideline on how long clients need to be enrolled in the COVID-19 Grant before they can receive RSS Funds? We were discussing concerns this morning on if a client came into this grant and was provided RSS and then didn't attend their minimum of 2 sessions for the month.
- Clients are able to receive RSS without receiving a Case Rate or Care Coordination service that month.
52. Regarding Contingency Management, can a client receive two gift cards at once if we have been unable to meet with them? For example, can a client meet the criteria for attending three clinical sessions within one week, and then again the next week? During that time the COVID-19 grant coordinator was not able to meet and does so the week after, when the grant coordinator meets with them, can we disperse two gift cards for CM?
- Yes.