

**Iowa's Integration Project – Promoting the Integration of Primary and Behavioral Health Care
Recovery Support Services Monthly Tracking Form for PIPBHC**

NAME OF AGENCY:			MONTH OF:					
NOM's ID			NOM's ID		NOM's ID		NOM's ID	
#			#		#		#	
	\$ amount	# of units/ occurrence	\$ amount	# of units/ occurrence	\$ amount	# of units/ occurrence	\$ amount	# of units/ occurrence
Care Coordination with NOM's								
Care Coordination (number of hours, 15 minute increments)								
Child Care (number of hours)								
Drug Testing Incentives								
Education								
Sober Living Activities (amount spent)								
Supplemental Needs (amount spent)								
Gas cards								
Wellness								
TRANSPORTATION (amount spent)								
Bus								
Cab								
TOTAL:								

1. Care Coordination with NOM's (GPRA) Intake (Unit = 1 meeting- Unit rate\$150)
2. Care Coordination with NOM's (GPRA) Discharge (Unit = 1 meeting- Unit rate \$50) - only if Discharge Interview is completed
3. Care Coordination with NOM's (GPRA) Follow-Up (Unit = 1 meeting- Unit rate \$180)
4. Care Coordination (Unit = 15 min – Rate = \$10) Maximum 10 sessions
5. Child Care (Unit = 1 hour – Unit Rate = \$15.00) Maximum \$300
6. Drug Testing Incentives (\$5 for every three consecutive negative screens, up to 15 screens)
7. Education (Unit Rate = 1 unit = \$1) Maximum - \$200
8. Sober Living Activities (Unit Rate = \$1) Maximum = \$250
9. Supplemental Needs-Gas Cards (Unit Rate = 1 gas card – Unit rate = \$1) Maximum = \$600
10. Supplemental Needs Wellness (Unit Rate = \$1) Maximum \$250
11. Transportation – Bus (Unit Rate- Up to \$100 per month) Maximum \$100
12. Transportation – Cab (Unit Rate = \$1) Maximum \$200

Scan and email to: jennifer.robertson-hill@idph.iowa.gov by the 7th day of each month