

# **State Opioid Response 3 (SOR3)**

## **Provider Manual**

**October 2022**

**STATE OF IOWA DEPARTMENT OF**

**Health AND Human**

**SERVICES**

## A. Introduction

State Opioid Response 3 (SOR3) is a two-year grant awarded to the Iowa Department of Health and Human Services (Iowa HHS) by the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2022. The SOR3 project aims to address the opioid crisis by increasing access to medications for opioid use disorder (MOUD) using the three FDA-approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder. This program also supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including cocaine and methamphetamine.

***SOR3 funding supplements, but does not replace or supplant, existing services and funding streams.***

Iowa's SOR3 project is consistent with Iowa HHS's "recovery-oriented system of care" model that integrates substance use disorder prevention, harm reduction, treatment, and recovery support services. Total funding available for SOR3 covered services is \$9,081,141 per year for two years. SOR3 intends to serve, at a minimum, the following number of clients in each year of the grant, beginning September 30, 2022.

Grant Year	Minimum # Iowans to be served in Year 1	Minimum # Iowans to be served in Year 2	Total
Prevention & Harm Reduction	5,000	6,000	11,000
Treatment	250	200	450
Recovery	300	350	650

For minimum/maximum required client numbers per agency, please refer to contractual documents. SOR3 covered services are managed through an electronic Voucher Management System (VMS) within the Iowa Behavioral Health Reporting System (IBHRS). Care Coordination providers enter vouchers into the VMS for selected covered services. All SOR3 providers enter encounters into the VMS when they provide a covered service to a client. Providers then submit a report of all encounters completed into the claims section of lowagrants.gov grant site and Iowa HHS pays the providers.

SOR3 policies and requirements are addressed in this *Provider Manual*.

***This Provider Manual and its requirements are incorporated by reference into Iowa HHS contracts with SOR3 providers.***

## **B. SOR3 Goals**

Iowa's implementation of SOR3 centers around the following goals:

- Statewide treatment access for Iowans with an opioid and/or stimulant use disorder
- Increase awareness of opioid & stimulant risks through statewide prevention efforts
- Statewide recovery support services access for Iowans with an opioid and/or stimulant use disorder

Iowa HHS assures provider and client input to the SOR3 project through stakeholder discussions and solicitation of client and staff feedback during site visits. Iowa HHS staff are available for technical assistance and case consultation.

## **C. SOR3 Provider Eligibility and Contracts**

Prospective providers can initiate a contract with Iowa HHS, during the established contracting periods as applicable, to provide SOR3 covered services by submitting a completed SOR3 Provider Application. All prospective SOR3 providers must submit the SOR3 Provider Application and supporting documents for review. The completed application must be submitted through the application process in IowaGrants.gov or per the instructions on the application document.

After receiving the SOR3 application, Iowa HHS staff review all application documents and submit accepted applications for issuance of a contract. Potential providers whose applications are not accepted are contacted and given the opportunity to provide additional documentation. Providers have 30 days to provide Iowa HHS with the additional documentation needed to complete the application process or the application will be denied. Providers whose applications are denied will be notified. Once an application is reviewed, accepted, and processed by Iowa HHS, a contract will be issued. The application process generally takes six to twelve weeks from the time Iowa HHS receives the completed application packet and all necessary additional documentation. Iowa HHS retains the right to deny an application when there are a sufficient number of similar providers in a specific service area.

To participate in SOR3, a provider must have a signed contract with Iowa HHS to provide specific SOR3 covered services. Provider agrees to accept the established unit rate for each

service as payment in full and shall not charge the client any additional amount beyond the established unit rate. See Appendix A for required provider qualifications for each SOR3 covered service.

To be eligible to enter into a contract with Iowa HHS to provide SOR3 covered services, providers must demonstrate the computer capability necessary to work with the Iowa Behavioral Health Reporting System (IBHRS) Voucher Management System (VMS). The minimum required computer capability is stable access to the internet via one of the following: Safari, Firefox or Google Chrome.

## **D. SOR3 Client Eligibility**

An individual who meets **all of the following** criteria is eligible for participation in SOR3:

1. Resident of the state of Iowa
2. Age 18 or older (unless an exception request is approved)
3. Diagnosis of an opioid or stimulant use disorder using DSM-5 criteria or a history of opioid or stimulant overdose
4. Documented need for SOR3 covered services (see options below in E.)
5. To access SOR3 services, clients must be participating in substance use disorder treatment through any payor **or** be regularly receiving and documenting at least one of the following recovery services:
  - Recovery Peer Coaching
  - 12 Step or other formally recognized recovery support groups
  - Family Treatment/Drug Court
6. Without adequate insurance or other financial resources to pay for SOR3 covered services Funded providers must utilize third party and other revenue realized from the provision of services to the extent possible and use SOR3 grant funds only for services to:
  - individuals who are not covered by public or commercial health insurance programs, or
  - individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan.

Providers are expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Providers should also consider other systems from which a potential

service provider may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, providers are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

Iowa HHS reserves the right to make exceptions to the eligibility criteria on a case-by-case basis. For special circumstances, the provider must submit an Exception Request to Iowa HHS, using the template provided in [Appendix I](#).

## **E. SOR3 Covered Services**

For the purposes of this project, Iowa HHS has established the SOR3 covered services listed below (for complete information on each covered service, including service descriptions, units of service, reimbursement rates, and qualification requirements, see [Appendix A](#)). In general, clients participating in SOR3 are asked to choose the covered services they want; the amount, frequency, and duration of their selected covered services (***within provided limits***); as well as their preferred service providers. There are three categories of services available through SOR3: 1. Care Coordination Services, 2. Treatment-Related Covered Services, and 3. Recovery Support Services.

### **I. Care Coordination**

#### **Care Coordination Services**

All SOR3 clients receive Care Coordination, the central service around which Iowa's SOR3 program is organized. Care coordination services providers establish and maintain relationships with SOR3 clients over time and assist clients in identifying and accessing SOR3 covered services. SOR3 covered services are selected through the Care Coordination process and are vouchered through Care Coordination providers. GPRA ([Government Performance and Results Act](#)) reporting is required at different intervals and are combined with Care Coordination:

- Care Coordination: brief, regular individual meetings with client to review grant services
- Care Coordination with GPRA Intake Interview: one-time interview upon grant program enrollment
- Care Coordination with GPRA Discharge Interview: one-time interview upon grant program discharge
- Care Coordination with GPRA Follow-up Interview: one-time interview 5-8 months from GPRA Intake date

While client choice is a core principle of SOR3, SOR3 funding is not an entitlement. Care Coordination providers have the responsibility to determine the appropriate use of funding and amount of funding as related to a client's treatment and/or recovery goals.

Each SOR contracted agency as a Care Coordination provider is assigned a client admissions minimum or maximum number each year. Admission caps support overall project management and are determined by a variety of factors including total project clients, available funding, and provider performance, such as GPRA follow-up rates.

Because of federal GPRA ([Government Performance and Results Act](#)) reporting requirements, transferring Care Coordination services from one provider to another is typically not allowed unless a client is permanently relocating to another city/town and the capacity to transfer is operational in IBHRS. For all transfers of Care Coordination services, the Care Coordination provider must request prior approval from Iowa HHS by submitting an Exception Request Form.

## **2. Treatment-Related Covered Services:**

### **SUD Treatment**

#### **Substance Use Disorder and Mental Health Services**

If SOR3 clients do not qualify for IPN or services funded through another payor (i.e., Medicaid, third party insurer, etc.), they may receive substance use disorder (SUD) treatment and mental health (MH) counseling related to their substance use funded through SOR3. Eligible services include an initial assessment, individual counseling, and group counseling. Individual and group counseling include mental health counseling. Mental health counseling must be related to general mental health risks and/or conditions that often co-occur with a primary diagnosis of substance use disorder or problem gambling, and with remission and recovery. Clients using MOUDs may also need counseling as part of whole-patient care. Under federal law [42.CFR 8.12](#), MOUD patients receiving treatment in OTPs must receive counseling, which may include different forms of behavioral therapy (SAMHSA). Only clients enrolled in the SOR3 grant who do not qualify for the IPN or services funded through another payor are eligible for SUD and MH services under SOR3.

### **Contingency Management**

All SOR3 clients may receive Contingency Management services as a means of encouraging participation in project services. Contingency management can be a successful tool with both individuals with OUD and StimUD, and is the only evidence

based practice for use with people with StimUD. Research has shown that the longer an individual participates in projects similar to SOR3, the more successful they are long term in changing behaviors. A total of \$15 in the form of a gift card can be provided to an individual for every three clinical and/or recovery based sessions attended (limited to no more than one incentive per week and a total of 15 sessions/\$75 per contract year). Individuals in treatment should be made aware of what they are required to do in order to earn the incentive. The incentive should be delivered to the client immediately once the person has completed the required activities.

Any alternative model of implementation for contingency management must have documented prior approval by Iowa HHS and must explain the need for the changes relevant to the provider's community, as well as confirm fidelity to the evidence-base of the model.

#### **Treatment-Related Services**

- Contingency Management
- Drug Testing
- MOUD Medical Care Expense
- MOUD Medical Evaluation
- MOUD Injectable Buprenorphine
- MOUD Injectable Naltrexone
- MOUD Methadone Daily
- MOUD Methadone Weekly
- MOUD Oral Buprenorphine
- Medical/Behavioral Health Co-Pays
- SUD and Mental Health Counseling

### **3. Recovery Support Services**

All SOR3 clients may receive recovery support services as a means of increasing access and reducing barriers to recovery. Clients select the recovery support services that best meet their needs through the care coordination process and the care coordination provider inputs vouchers for the selected services into the VMS. For complete information on each covered service, including service descriptions, units of service, reimbursement rates, and qualification requirements, see Appendix A.

- Clothing/Personal Hygiene Assistance
- Dental Services
- Education Assistance
- Employment Supports

- HIV and Viral Hepatitis Confirmatory Testing
- Housing Assistance
- Rapid HCV Testing 20 min
- Rapid HIV Testing 1 min
- Rapid HIV Testing 20 min
- Recovery Calls
- Recovery Coaching
- Recovery Housing
- Survivor Advocacy in Recovery
- Transportation
- Vocational Training
- Wellness

## **F. Accessing SOR3 Services for Clients**

Prospective clients access SOR3 covered services through completion of a SOR3 Grant Intake with GPRA Intake Interview (see [Appendix B – SOR3 Grant Intake Form](#)) at a funded, contracted provider.

***Clients may participate in SOR3 for up to 24 months or until the end of the project period, whichever is shorter.***

Through the SOR3 Grant Intake process, the prospective client and SOR3 provider:

- determine a prospective client's eligibility for SOR3 participation
- assess the client's need for SOR3 covered services
- obtain client's consent, releases of information, and collateral contacts
- identify client-selected SOR3 services and providers
- complete required paperwork, including, but not limited to, the GPRA Intake Interview
- review provider's process for accessing services and schedule the next contact
- schedule the Care Coordination with GPRA Follow-up Interview during the SOR3 Grant Intake.
- make referrals as appropriate to client needs

## **I. Spending Limits and Timelines: Accessing Treatment-Related and Recovery Support Services**



- A client enrolling in SOR3 has a limit of \$5000 total during grant participation, up to two years or grant-end, whichever is shorter.
- All services received should be documented appropriately per guidance in Appendix A.
- A client is eligible for Treatment-Related Covered Services immediately upon admissions into SOR3 (i.e., SUD Counseling, Contingency Management, and MOUD services)
- A client should be offered HIV, HCV and Viral Hepatitis Rapid and Confirmatory testing immediately upon admissions into SOR3
- A client can receive up to \$500 in Recovery Support Services in the first 30 days after admissions into SOR3
- Thirty days after intake into SOR3, a client is eligible for an additional \$1,000 in Recovery Support Services (total of \$1,500 in first 5 months)
- Five months after intake into SOR3, a client is eligible for any remaining funds up to a total of \$5,000 for all SOR3 funded services
- With the exception of Contingency Management, Gas Cards and 6 month follow-up gift cards, no monetary equivalents are to be given directly to clients. This includes cash, checks or gift cards. Payments for other services must be made directly to the service provider, rather than reimbursing clients.
- To access services, SOR3 clients must be participating in substance use disorder treatment through any payor or be regularly receiving and documenting at least one of the following recovery services:
  - Recovery Peer Coaching
  - 12 Step or other formally recognized recovery support groups
  - Family Treatment/Drug Court
- For any exceptions requested to these guidelines, a formal exception request must be submitted to Iowa HHS. Instructions for exception requests can be found under section H.3. Providers should work with clients to prioritize the funds available within the first month and then again in months 2-5, in order to maximize the benefit of the available grant funds.

## **G. Vouchers**

Following the SOR3 Grant Intake with GPRA Intake Interview with the client, the provider enters vouchers into the Voucher Management System (VMS) to document client services and track spending amounts. For services not offered at the SOR3-funded provider, it is the

responsibility of the provider to facilitate and connect the client to the selected referral organization.

Vouchers must specify the planned SOR3 covered services, the number of units for each vouchered service, and the start and end dates (date range) of the voucher.

- SOR3 providers may edit the vouchered services list, based on on-going discussion with the client and client choice.

For any voucher that would put total expenditures for a SOR3 client at more than **\$5,000**, the provider must request prior approval from Iowa HHS by submitting an Exception Request Form (see [Appendix I State Opioid Response 3 – Exception Request Form](#)). Iowa HHS will respond to provider exception requests with a decision within fifteen calendar days.

***Iowa HHS reserves the right to change the client expenditure limit or otherwise revise funding or terminate vouchers based on the availability of SOR3 funds.***

## H. Encounters and Payment

SOR3 providers document SOR3 covered services, entering details of services provided as *encounters* in the VMS, and submit requests for payment to Iowa HHS, as described below.

***Provider failure to follow the processes and requirements outlined below may result in delayed or denied payment.***

### I. Encounters

- Each SOR3 covered service provided must be consistent with the voucher in the VMS and with documentation in the provider's record system.
- When an encounter is created in the IBHRS VMS in preparation for billing a vouchered service, the field labeled as "# of sessions" is where you enter the number of units. Please refer to the service table in Appendix A to see how many units are allowed per service (e.g., for GPRA Intake you only enter 1 unit, however for Clothing/Hygiene you enter the # of dollars that were spent).
- Each SOR3 covered service provided must be documented in the provider's record-keeping system, such as a client file including program forms and receipts and/or electronic health record. (See [Appendix F State Opioid Response 3 - Documentation Requirements](#)).

- **An encounter must be entered into the VMS for each SOR3 covered service within seven (7) calendar days of the date the service was provided.**

## 2. Payment

SOR3 covered services are reimbursable through SOR3 funding only when there is no other funding source for that service. SOR3 providers are responsible for determining and documenting lack of other funding for each SOR3 covered service.

Each SOR3 provider must submit a monthly claim to Iowa HHS via IowaGrants.gov within 45 days of the month of expenditures. The claim should summarize payment requested for all SOR3 grant expenses including the client services provided during the previous calendar month. Each monthly claim should include supporting documentation for the payment requested.

- SOR3 treatment-related covered services and recovery support services claimed in IowaGrants.gov must be consistent with encounter information from the VMS noted in the IowaGrants Claim Summary Report. This report is available in the IBHRS system.
- Iowa HHS verifies requests for payment by reviewing the claim against encounter information in the VMS.
  - Iowa HHS may elect to review documentation in the provider's record-keeping system as part of the claim verification process.
- Generally, Iowa HHS processes and pays claim requests within 60 days of receipt.

## 3. Exception Requests

It is at the discretion of Iowa HHS to allow for exceptions of services to be provided under special circumstances which may fall outside of the listed limitations in this manual. For example, a client has requested to use wellness benefits that exceed the limit within the first 30 days. The provider should explain this situation using the exception request form and submit to [sor@idph.iowa.gov](mailto:sor@idph.iowa.gov) for approval. The template for the exception requests can be found on the provider website: <https://idph.iowa.gov/mat/provider>. Please note, not all requests will be approved.

Commonly requested items that are not approved:

- Bicycles
- Cellular phones, tablets, or laptops
- Exceeding the SAMHSA limitations for contingency management
- Clothing/Hygiene items for family members of the client

## I. GPRA Data Collection

Providers with a contract with Iowa HHS provide care coordination services and must collect GPRA ([Government Performance and Results Act](#)) data at three specific times, using the GPRA tool in the VMS:

### 1. GPRA Intake-

GPRA intake information is completed during the SOR3 Grant Intake with GPRA Intake Interview that initiates admission to the SOR3 project. No services may be offered to clients before the GPRA intake is completed.

### 2. GPRA Discharge-

GPRA discharge information is completed during the Care Coordination with GPRA Discharge Interview, which is conducted on the date of discharge from the SOR3 project.

- If a SOR3 client does not present on the scheduled day of discharge, the provider should arrange to meet with the client to complete the Care Coordination with GPRA Discharge Interview within 14 calendar days.
- If the Care Coordination with GPRA Discharge Interview cannot be completed within 14 calendar days of the discharge date, the provider should submit an Administrative Discharge by completing sections A, J, and K of the GPRA tool. **Administrative discharges cannot be billed in the VMS.**
- **In the event a GPRA Discharge Interview occurs prior to completion of the GPRA Follow-up Interview, the Care Coordination provider is still required to locate the client to complete the GPRA Follow-up Interview.**
- Providers should follow their agency's discharge policy and timelines. In the event that no policy exists, the SAMHSA policy requires that after 30 days of no activity, defined as no receipt of any SOR3 covered service, the client should be discharged from SOR. To complete the discharge, the provider should arrange to meet with the client to complete the Care Coordination with GPRA Discharge Interview within 14 calendar days of the 30<sup>th</sup> day of inactivity.

### 3. GPRA Follow-up-

GPRA Follow-up is completed during the Care Coordination with GPRA Follow-up Interview conducted between five and eight months after the date of the client's

admission to the SOR3 project (for information on effective follow-up strategies, see *Appendix H State Opioid Response 3 - GPRA Follow-up Strategies*). **Follow-up assessment is a key measurement and providers are required to maintain a follow-up rate of 80%.**

- The Care Coordination with GPRA Follow-up Interview should be scheduled during the SOR3 Grant Intake to be conducted between five and eight months from the admission date.
- SOR3 clients who complete a Care Coordination with GPRA Follow-up Interview receive a \$30 gift card from the provider. If a GPRA 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 GPRA 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 J State Opioid Response 3 – Receipt Form*. If a gift card is mailed, the *Appendix J State Opioid Response 3 - Receipt Form* must be signed by two staff members.

GPRA interviews must be entered into the VMS within seven calendar days of the date of the interview. Information regarding the administration of the GPRA tool can be found in the VMS User Guide at [www.idph.iowa.gov/mat](http://www.idph.iowa.gov/mat)

## **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. SOR3 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 E State Opioid Response 3 - Release of Information*) from each SOR3 client, for each party to whom information is disclosed.

Providers with a contract with Iowa HHS to provide SOR3 Grant Intake should ask SOR3 clients to list three personal contacts on *Appendix D State Opioid Response 3 - Collateral Contacts Form*, or within the client profile in the VMS, and sign a release of information to each contact to help the provider locate the client to complete the Care Coordination with GPRA Follow-up Interview.

Providers should use the unique client identification number assigned by the IBHRS when referring to a SOR3 client in written communications, including e-mail. The provider may not disclose protected health information in unsecured email communications or in correspondence through IowaGrants.

## **K. Additional Requirements**

SOR3 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 SOR3 contract. The provider agrees that Iowa HHS may have access to SOR3 records.

### **2. Cultural Competence**

SOR3 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 Iowa HHS for assistance in locating services. For more information see these resources: <https://thinkculturalhealth.hhs.gov/clas>

### **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 SOR3 clients must comply with policies required by the provider through which they volunteer and with the SOR3 *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. SOR3 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.

- SOR3 clients and family members are treated with honesty, dignity, and respect.
- Providers shall abstain from alcohol or illegal drug usage prior to or during the provision of SOR3 services.
- Providers shall not accept commissions, gratuities, rebates, gifts, favors, or any other form of non-Iowa HHS payment for SOR3 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, preferred language, 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**

Iowa HHS monitors and evaluates SOR3 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, GPRA reporting, claim forms, critical and provider incidents, and satisfaction surveys. Iowa HHS will conduct site visits and may talk with SOR3 clients and with provider staff. Providers are generally notified of planned site visits in advance but Iowa HHS retains the right to conduct site visits at Iowa HHS discretion.

Providers who do not meet requirements as stated in the *Provider Manual* and the contract may receive technical assistance from Iowa HHS 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 C State Opioid Response 3 - Voluntary Consent Form](#) and a signature is required for SOR3 clients.

### **2. Complaints**

Providers must have a policy for handling client complaints. SOR3 clients may file a complaint with Iowa HHS by emailing [sor@idph.iowa.gov](mailto:sor@idph.iowa.gov)

### **3. Incident Reporting**

a. **Critical Incidents** are those events that occur while a client is receiving SOR3 services that negatively impact the client, client's family, other individual or the SOR3 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



- inappropriate use of SOR3 funds by client if not covered by an exception request (Instructions for exception requests can be found under section H.3.)

***Providers must submit a State Opioid Response 3 - Critical Incident Report (see Appendix G) within 24 hours of becoming aware of the incident.***

Iowa HHS researches Critical Incidents as appropriate. 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.

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

Iowa HHS takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the SOR3 project and SOR3 clients.

a. For SOR3 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 SOR3 project purposes, abusive practices include, but are not limited to:

- making an 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, Iowa HHS may terminate the provider's participation in the SOR3 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, Iowa HHS may terminate the client's participation in the SOR3 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 Iowa HHS of any change in licensure status, other qualifications, or in programming that may affect the provider's ability to provide SOR3 covered services.

## **N. Appeals**

A SOR3 provider who disagrees with an Iowa HHS decision to deny a request for approval of a SOR3 covered service or deny payment for a SOR3 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 SOR3 identification number, and specific information to support the provider's appeal. A SOR3 provider, pursuant to this section, is not entitled to a contested case proceeding. The appeal will be reviewed by the Iowa HHS Behavioral Health Division Director or the Director's designee(s). A decision letter will be emailed to the provider within 30 calendar days of the date the appeal was received by Iowa HHS.

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

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

- provider calls
- email notification

In order to stay current on changes to the *Provider Manual*, it is the provider's responsibility to regularly review the Iowa HHS website and participate in provider calls.

As noted in section H.3., providers may request an exception to a *Provider Manual* requirement by submitting *Appendix I State Opioid Response 3 - Exception Request Form* to Iowa HHS via email to: [sor@idph.iowa.gov](mailto:sor@idph.iowa.gov)

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

**Appendix A**

State Opioid Response 3 - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<b>CARE COORDINATION SERVICES</b>			
<p><b>IA100 Care Coordination</b></p> <p>Care coordination is provided on a per client/month rate. Defined as “the collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services, both internal and external to the program, to meet patient needs, using communication and available resources to promote quality care and effective outcomes.”</p> <p>*For Care Coordination billing purposes, a patient must receive at least one additional SOR funded service (beyond the GPRA) from the contractor during the calendar month. If no SOR funded service was provided in a calendar month, Care Coordination should not be charged.</p> <p>Services included in this monthly rate may include:</p> <ul style="list-style-type: none"> <li>on-going, face-to-face or video-conference meetings with client</li> <li>meetings should be conducted as needed to coordinate and support client access to, participation in, and continuation in SOR3 covered services</li> </ul>	<p>Unit = at least 10 minutes</p> <p>Total available units = 1/month</p>	<p>Unit rate = \$100/month</p> <p>*Care Coordination may not be billed if staff time is already billed via grant-funded salary</p>	<p>Person delivering the service must be age 18 or older and be employed by and qualified by:</p> <ul style="list-style-type: none"> <li>a licensed substance use disorder treatment program,</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services</li> </ul> <p><b>and</b></p> <ul style="list-style-type: none"> <li>with a contract with Iowa HHS to provide SOR3 Care Coordination.</li> </ul> <p>Care Coordination services must be SOR3 specific and documentation clarifies the difference from IPN and other discretionary grant services.</p>
<p><b>IA110 Care Coordination with GPRA Intake</b></p> <p>One time, face-to-face or video-conference (during the COVID-19 pandemic, SAMHSA will allow completion by electronic mail or telephone*)</p>	<p>Unit = 1</p>	<p>Unit rate = \$150</p>	<p>Person delivering the service must be age 18 or older and be employed by and qualified by:</p>

<p>meeting with a prospective SOR3 client conducted prior to admission to SOR3 to determine client eligibility for SOR3 participation as well as client needs and requests for specific SOR3 covered services.</p> <p>Includes the following SOR3 <i>Provider Manual</i> forms:</p> <ul style="list-style-type: none"> <li>• <i>SOR3 Grant Intake Form (Appendix B)</i></li> <li>• <i>Collateral Contacts Form (Appendix D)</i></li> <li>• <i>Release of Information (Appendix E)</i></li> <li>• <i>Voluntary Consent Form (Appendix C)</i></li> </ul> <p>Includes:</p> <ul style="list-style-type: none"> <li>• determining client eligibility and need for SOR3 services</li> <li>• discussing client choices for SOR3 covered services</li> <li>• entering vouchers for selected SOR3 covered services, including Care Coordination into VMS/IBHRS</li> <li>• completing the GPRA Intake interview and entering it in the SOR3 VMS</li> <li>• scheduling the 6-month GPRA Follow-up Interview with the client</li> <li>• documenting the service in the provider’s records (<i>Appendix F</i>)</li> </ul>	<p>Total available units = 1</p>	<p>*GPRA Intakes may not be billed if staff time is already billed via grant-funded salary</p>	<ul style="list-style-type: none"> <li>• a licensed substance use disorder treatment program, <b>or</b></li> <li>• an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services <b>and</b></li> <li>• With a contract with Iowa HHS to provide SOR3 Care Coordination.</li> </ul> <p>GPRA interviews may <b>not</b> be conducted by a person delivering Peer Recovery Services, unless approved by Iowa HHS.</p>
<p><b>IAI20 Care Coordination with GPRA Follow-up</b></p> <p>One time, face-to-face or video-conference (during the COVID-19 pandemic, SAMHSA will allow completion by electronic mail or telephone*) meeting with client, conducted 5-8months following admission to SOR3, to complete GPRA Follow-up Interview.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• completing the GPRA Follow-up Interview and entering it in the SOR3 VM</li> <li>• giving client \$30 gift card and collecting a signed receipt (electronic signature is acceptable)</li> </ul>	<p>Unit = 1</p> <p>Total available units = 1</p>	<p>Unit rate = \$180</p> <p>*GPRA Follow-up may not be billed if staff time is already billed via grant-funded</p>	<p>Person delivering the service must be age 18 or older and be employed by and qualified by:</p> <ul style="list-style-type: none"> <li>• a licensed substance use disorder treatment program, <b>or</b></li> <li>• an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services <b>and</b></li> </ul>

<ul style="list-style-type: none"> <li>documenting the service in the provider’s records (<i>Appendix F</i>)</li> </ul>		salary. The \$30 gift card cost may be billed separately in lowagrants claim.	<ul style="list-style-type: none"> <li>with a contract with Iowa HHS to provide SOR3 Care Coordination.</li> </ul> <p>GPRa interviews may <b>not</b> be conducted by a person delivering Peer Recovery Services, unless approved by Iowa HHS.</p>
<p><b>IAI30 Care Coordination with GPRa Discharge</b>          One time, face-to-face or video-conference (during the COVID-19 pandemic, SAMHSA will allow completion by electronic mail or telephone*) meeting with client, conducted at discharge from SOR3, to review client participation in SOR3 covered services and to complete GPRa Discharge Interview.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>completing the GPRa Discharge Interview and entering it in the SOR3 VMS/I-SMART</li> <li>entering the encounter in the SOR3 VMS</li> <li>documenting the service in the provider’s records (<i>Appendix F</i>)</li> </ul>	Unit = 1  Total available units = 1	Unit rate = \$50  *GPRa Discharge may not be billed if staff time is already billed via grant-funded salary	<p>Person delivering the service must be age 18 or older and be employed by and qualified by:</p> <ul style="list-style-type: none"> <li>a licensed substance use disorder treatment program,</li> <li><b>or</b></li> <li>an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services</li> <li><b>and</b></li> <li>with a contract with Iowa HHS to provide SOR3 Care Coordination.</li> </ul> <p>GPRa interviews may <b>not</b> be conducted by a person delivering Peer Recovery Services, unless approved by IHHS.</p>
<b>TREATMENT RELATED COVERED SERVICES</b>			
<p><b>IAI40 Contingency Management</b>          An evidence based practice that encourages individuals with OUD and StimUD to stay engaged in services by positively reinforcing attendance with</p>	Unit = 1	Unit rate = \$15	Person delivering the service must be age 18 or older and be employed by and qualified by:

<p>a gift card. Individuals earn \$15 for every three sessions (to be clinical and/or recovery based) attended (up to fifteen sessions attended; limited to no more than one incentive per week).</p> <p>Clients are to receive gift cards based on the number of sessions attended, and the units should go to the client in the form of a gift card administered by the provider. (See details on this process on page 3). Upon completion of the 15 sessions (\$75 total), incentives are to be discontinued in each contract year.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting the service in the provider’s records with signed client receipts (<i>Appendix F</i>)</li> <li>entering the encounter in the SOR3 VMS</li> <li>documentation of licensed provider recommending participation in CM</li> </ul>	<p>Maximum 1 unit per week</p>	<p>Maximum 5 units per client per year</p>	<ul style="list-style-type: none"> <li>a licensed substance use disorder treatment program, <b>or</b></li> <li>an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services <b>and</b></li> <li>with a contract with Iowa HHS to provide SOR3 Contingency Management</li> <li>staff education on CM completed and submitted in personnel section of IowaGrants.gov</li> </ul>
<p><b>IA210 Medical/Behavioral Health Copays</b></p> <p>Out-of-pocket SUD treatment and/or MOUD fees assessed to clients for IPN/SOR3 and/or third party insurers. SOR3 will pay the assessed client out-of-pocket copay up to \$400.</p> <p>Only one covered service co-pay may be billed per day.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider’s records (Appendix F)</li> <li>entering each encounter in the SOR3 VMS</li> </ul>	<p>Unit = 1</p>	<p>Unit rate = \$1  maximum of \$400</p>	<p>Person delivering the service must be a clinician employed by and qualified by an Iowa HHS-funded substance use disorder treatment program with a contract with Iowa HHS to provide Co-Pays.</p>
<p><b>IA700 MOUD Medical Care</b></p> <p>Medical Care means ongoing medical evaluation services provided by a licensed medical prescriber to assess appropriateness for continued medication for opioid use disorder and/or tobacco cessation services.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting the service in the provider’s records (Appendix F)</li> </ul>	<p>Unit = 1</p>	<p>Unit rate = \$50/day</p>	<p>Organizations or practitioners who deliver these services must meet all state and federal guidelines and licensure requirements in prescribing pharmacological interventions, and have a contract with Iowa HHS to provide</p>

<ul style="list-style-type: none"> <li>entering the encounter in the SOR2 VMS</li> </ul>			SOR2 required services.
<p><b>IA710 MOUD Medical Evaluation</b>        Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medication for opioid use disorder.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting the service in the provider’s records (<i>Appendix F</i>)</li> <li>entering the encounter in the SOR3 VMS</li> </ul>	Unit = 1	Unit rate = \$275  Limit of 1 per patient	Organizations or practitioners who deliver these services must meet all state and federal guidelines and licensure requirements in prescribing pharmacological interventions, and have a contract with Iowa HHS to provide SOR3 required services.
<p><b>IA730 MOUD Injectable Naltrexone</b>        Assistance provided to clients to purchase FDA approved prescription pharmacological medications used only for the treatment of opioid use disorder, only including:</p> <ul style="list-style-type: none"> <li>Naltrexone (Vivitrol)</li> </ul> <p><i>*If any medications are FDA approved for Stimulant Use Disorder after the start date of the contract those medications will be allowed upon request.</i></p> <p>If costs for this service are higher than the maximum amount of funding allowed per month, the provider of this service can collect the remaining amount owed from the SOR3 client, or request an exception.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documentation of adherence to medical protocols</li> <li>documentation of medication prescription and/or pharmacy receipt</li> <li>documenting client receipt of goods or services (<i>Appendix I</i>)</li> <li>documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>entering each encounter in the SOR3 VMS</li> </ul>	Unit = 1	Unit rate = \$1  Maximum of \$1,600/month	Organizations or practitioners who deliver these services must meet all state and federal guidelines and licensure requirements in prescribing pharmacological interventions, and have a contract with Iowa HHS to provide SOR3 required services.



<p><b>IA735 MOUD Injectable Buprenorphine</b>          Assistance provided to clients to purchase FDA approved prescription pharmacological medications used only for the treatment of opioid use disorder, only including:</p> <ul style="list-style-type: none"> <li>• Buprenorphine</li> </ul> <p><i>*If any medications are FDA approved for Stimulant Use Disorder after the start date of the contract those medications will be allowed upon request.</i></p> <p>If costs for this service are higher than the maximum amount of funding allowed per month, the provider of this service can collect the remaining amount owed from the SOR3 client, or request an exception.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• documentation of adherence to medical protocols</li> <li>• documentation of medication prescription and/or pharmacy receipt</li> <li>• documenting client receipt of goods or services (<u>Appendix I</u>)</li> <li>• documenting each service in the provider’s records (<u>Appendix F</u>)</li> <li>• entering each encounter in the SOR3 VMS</li> </ul>	<p>Unit          =          1</p>	<p>Unit rate          =          \$1</p> <p>Maximum of          \$2,000/month</p>	<p>Organizations or practitioners who deliver these services must meet all state and federal guidelines and licensure requirements in prescribing pharmacological interventions, and have a contract with Iowa HHS to provide SOR3 required services.</p>
<p><b>IA740 MOUD Methadone Daily</b>          Assistance provided to clients to purchase FDA approved prescription pharmacological medications used only for the treatment of opioid use disorder, only including:</p> <ul style="list-style-type: none"> <li>• Methadone</li> </ul> <p><i>*If any medications are FDA approved for Stimulant Use Disorder after the start date of the contract those medications will be allowed upon request.</i></p>	<p>Unit          =          1</p>	<p>Unit rate          =          \$14</p>	<p>Organizations or practitioners who deliver these services must meet all state and federal guidelines and licensure requirements in prescribing pharmacological interventions, and have a contract with Iowa HHS to provide SOR3 required services.</p>

<p>If costs for this service are higher than the maximum amount of funding allowed per month, the provider of this service can collect the remaining amount owed from the SOR3 client, or request an exception.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• documentation of adherence to medical protocols</li> <li>• documentation of medication prescription and/or pharmacy receipt</li> <li>• documenting client receipt of goods or services (<i>Appendix I</i>)</li> <li>• documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>• entering each encounter in the SOR3 VMS</li> </ul>			
<p><b>IA750 MOUD Methadone Weekly</b></p> <p>Assistance provided to clients to purchase FDA approved prescription pharmacological medications used only for the treatment of opioid use disorder, only including:</p> <ul style="list-style-type: none"> <li>• Methadone</li> </ul> <p><i>*If any medications are FDA approved for Stimulant Use Disorder after the start date of the contract those medications will be allowed upon request.</i></p> <p>If costs for this service are higher than the maximum amount of funding allowed per month, the provider of this service can collect the remaining amount owed from the SOR3 client, or request an exception.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• documentation of adherence to medical protocols</li> <li>• documentation of medication prescription and/or pharmacy receipt</li> <li>• documenting client receipt of goods or services (<i>Appendix I</i>)</li> <li>• documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>• entering each encounter in the SOR3 VMS</li> </ul>	<p>Unit = 1</p>	<p>Unit rate = \$98</p>	<p>Organizations or practitioners who deliver these services must meet all state and federal guidelines and licensure requirements in prescribing pharmacological interventions, and have a contract with Iowa HHS to provide SOR3 required services.</p>

<p><b>IA760 MOUD Oral Buprenorphine</b>          Assistance provided to clients to purchase FDA approved prescription pharmacological medications used only for the treatment of opioid use disorder, only including:</p> <ul style="list-style-type: none"> <li>• Buprenorphine</li> </ul> <p><i>*If any medications are FDA approved for Stimulant Use Disorder after the start date of the contract those medications will be allowed upon request.</i></p> <p>If costs for this service are higher than the maximum amount of funding allowed per month, the provider of this service can collect the remaining amount owed from the SOR3 client, or request an exception.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• documentation of adherence to medical protocols</li> <li>• documentation of medication prescription and/or pharmacy receipt</li> <li>• documenting client receipt of goods or services (<i>Appendix I</i>)</li> <li>• documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>• entering each encounter in the SOR3 VMS</li> </ul>	<p>Unit          =          1</p>	<p>Unit rate          =          \$1</p> <p>Maximum of          \$600/month</p>	<p>Organizations or practitioners who deliver these services must meet all state and federal guidelines and licensure requirements in prescribing pharmacological interventions, and have a contract with Iowa HHS to provide SOR3 required services.</p>
<p><b>IA770 MOUD Drug Testing</b>          A laboratory test to collect and analyze urine, blood, hair, or saliva, to determine whether a client is using, or has used, alcohol or other drugs.</p> <p>Specimens obtained from clients shall be collected under direct supervision and analyzed as indicated by the program.</p>	<p>Unit          =          1</p>	<p>Unit rate          =          \$10</p>	<p>Provider delivering this service must be a licensed substance use disorder treatment program with a contract with Iowa HHS to provide SOR3 required services.</p>

<p>Includes:</p> <ul style="list-style-type: none"> <li>• documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>• documenting client receipt of goods or services (<i>Appendix J</i>)</li> <li>• entering each encounter in the SOR3 VMS</li> </ul>			<p>Any laboratory used by the provider for drug testing and analysis shall comply, if applicable, with all federal and state proficiency testing programs. Any provider conducting on-site urine testing shall comply with the Clinical Laboratory Improvement Act regulations.</p>
<p><b>H0001 SUD and Mental Health Counseling- Assessment</b></p> <ul style="list-style-type: none"> <li>• An initial assessment of a patient's needs for counseling services and how counseling services relate to general SUD/mental health risks and/or conditions that often co-occur with a primary diagnosis of opioid or stimulant use disorder, and with remission and recovery.</li> </ul>	<p>Opioid/Stimulant Initial Assessment Unit = 90 minutes</p>	<p>Unit Rate = \$165  Maximum of one per patient/per contractor/per treatment episode</p>	<p>Services are provided in accordance with IAC 641—155 Licensure Standards for Substance Use Disorder and Problem Gambling Treatment Programs and should be provided by qualified clinical treatment staff.</p>
<p><b>H0004 SUD and Mental Health Counseling-Individual Session</b></p> <ul style="list-style-type: none"> <li>• Individual mental health counseling must be related to general mental health risks and/or conditions that often co-occur with a primary diagnosis of substance use disorder, and with remission and recovery.</li> </ul>	<p>Individual Counseling Unit = 15 minutes</p>	<p>Unit Rate = \$32.50</p>	<p>Services are provided in accordance with IAC 641—155 Licensure Standards for Substance Use Disorder and Problem Gambling Treatment Programs and should be provided by qualified clinical treatment staff.</p>

<p><b>H0005 SUD and Mental Health Counseling- Group Session</b></p> <ul style="list-style-type: none"> <li>Group mental health counseling must be related to general mental health risks and/or conditions that often co-occur with a primary diagnosis of substance use disorder, and with remission and recovery.</li> </ul>	<p>Group Counseling Unit = 15 minutes</p>	<p>Unit Rate = \$17.50</p>	<p>Services are provided in accordance with IAC 641—155 Licensure Standards for Substance Use Disorder and Problem Gambling Treatment Programs and should be provided by qualified clinical treatment staff.</p>
<b>RECOVERY SUPPORT SERVICES</b>			
<p><b>H0038 Recovery Coaching</b></p> <p>Face-to-face or video conference meetings, provided on an individual basis between the client and a Recovery Coach to discuss routine recovery issues</p> <p>This service is not intended as a substitute for counseling.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>documenting recovery goals in the Recovery Plan (<i>Appendix L</i>)             <ul style="list-style-type: none"> <li><i>This document should be utilized unless another form of documentation has been approved by Iowa HHS.</i></li> </ul> </li> <li>entering the encounter in the SOR3 VMS</li> </ul>	<p>Unit = 1 (15 minutes)</p> <p>Total available units per week = 6</p>	<p>Unit rate = \$20.00</p>	<p>Person delivering the service must be age 18 or older and be employed by or have a formalized volunteer relationship with an organization that has a contract with Iowa HHS to provide SOR3 required services.</p> <p>Additional eligibility requirements include:</p> <ul style="list-style-type: none"> <li>Must be a person in recovery from a substance use disorder and have worked on their own recovery. A Recovery Coach could also be an individual with lived experience supporting another person with a substance use disorder. The person must be willing to share those experiences</li> <li>Must have documented training in recovery coaching or peer facilitation or peer support that is acceptable to Iowa HHS</li> <li>If the proposed recovery coach is trained/educated in a behavioral health field, training as a recovery coach must</li> </ul>

			<p>have occurred prior to training/education in a behavioral health field</p> <p>Recovery Coach position and employee must be covered under the organization's personnel and liability policies.</p>
<p><b>IA220 Dental Services</b>                  Dental Services includes dental examination, dentures, extraction, filling, xray, and other necessary procedures <b>specifically related to the client's substance use.</b></p> <p>Clients must be actively involved in SOR3 for a minimum of three months prior to receiving SOR3 Dental Services and must be currently participating in MOUD and/or substance use disorder treatment (funded by any payor), or be receiving or participating in at least one recovery support service.</p> <p>Dental Services do not include cosmetic services, fluoride treatment, preventative care, cosmetic dentistry, braces, or the use of precious metals.</p> <p>Each SOR3 client is eligible to use up to \$3,000 for Dental Services. SOR3 clients should obtain more than one quote of services needed if the service is anticipated to cost more than \$1,000. Quotes must describe whether or not the service is medically indicated.</p>	<p>Unit                  =                  1</p>	<p>Unit rate                  =                  \$1</p> <p>maximum of                  \$3,000</p>	<p>An individual meeting all licensure standards to practice dentistry as established in Iowa Code chapters 147, 153, and 272C and Administrative Code chapter 650, can apply to be a SOR3 Dental Services provider.</p> <p>A SOR3 Care Coordination provider can fund Dental Services by a qualified provider not enrolled in the SOR3 provider network using the same process currently in place for funding Recovery Support Services.</p> <p>A qualified Dental Services provider meets all licensure standards to practice dentistry as established in Iowa Code chapters 147, 153, and 272C and Administrative Code chapter 650.</p> <p>SOR3 funding may be used only as the funding of last resort. If other resources exist to pay for Dental Services, those resources</p>

			must be exhausted and documented in the provider's records prior to utilization of SOR3 funds.
<p><b>IA230 Housing Assistance</b>          Supports for housing conducive to SUD recovery include application fees, deposits, rental assistance, utility deposits, and utility assistance.</p> <p>SOR Care coordinator assists client to access any existing community resources for these costs, and only uses SOR for any remaining costs.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documentation of a sustainability plan for ongoing costs</li> <li>documentation of bills and payment receipts in client file</li> <li>documenting each service in the provider's records (<i>Appendix F &amp; J</i>)</li> <li>entering each encounter in the SOR3 VMS</li> </ul> <p>The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS.</p>	<p>Unit          =          1</p>	<p>Unit Rate          =          \$1</p> <p>Maximum of          \$3,000 total</p>	<p>Contracted agencies may provide housing assistance using the same process currently in place for funding other Recovery Support Services.</p> <p>SOR3 funding may be used only as the funding of last resort. If other resources exist to pay for services, those resources must be exhausted and documented in the provider's records prior to utilization of SOR3 funds.</p>
<p><b>IA240 Recovery Calls</b>          Weekly telephone or video conference meetings between the SOR3 client and an employee or volunteer using the established tool to discuss routine recovery issues following discharge from substance use disorder treatment services.</p> <p>A patient is eligible for recovery calls dependent on following criteria:</p>	<p>Unit          =          1          (Must be a completed call)</p> <p>Total available</p>	<p>Unit rate          =          \$20</p>	<p>Person delivering the service must be age 18 or older and be employed by or have a formalized volunteer relationship with an organization that has a contract with Iowa HHS to provide SOR3 required services.</p> <p>Qualifications include documented protocols which evidence training and education to</p>

<ul style="list-style-type: none"> <li>• A clinician referral or client request is required for individuals receiving MOUD</li> <li>• Have established recovery through treatment or another pathway</li> <li>• Recovery calls may be appropriate when clinical intensity and duration are reduced after prolonged recovery is achieved</li> <li>• Leaving messages does not count as a completed Recovery Call</li> <li>• Reminder calls regarding clinical services do not count as a Recovery Call</li> </ul> <p>Includes:</p> <ul style="list-style-type: none"> <li>• documenting client contacts and outcomes using the SOR3 Recovery Call Questionnaire (<i>Appendix K</i>)</li> <li>• documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>• providing Iowa HHS data or copies of recovery calls each quarter</li> <li>• entering the encounter in the SOR3 VMS</li> </ul>	<p>units per week        =        1</p>		<p>employees and/or volunteers that is acceptable to Iowa HHS.</p>
<p><b>IA250 Recovery Housing</b></p> <p>Short-term housing in a safe and recovery-oriented environment for clients with no other housing alternatives conducive to SUD recovery. Housing may be provided in a facility for individuals in recovery or in a facility providing related services in the community.</p> <p>Housing costs are to be based on a per night stay and billed at the end of each month.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>• entering each encounter in the SOR3 VMS</li> <li>• documenting each overnight bed day client is present</li> </ul>	<p>Unit        =        1</p>	<p>Unit Rate        =        \$1</p> <p>Maximum of \$400/month</p>	<p>Organizations delivering the service must be legally organized and recognized as a housing provider with a focus on providing housing services to individuals in recovery from substance use disorder, and have a contract with Iowa HHS to provide SOR3 Housing Assistance.</p> <p>The organization must have a documented history of providing housing assistance during the 3 consecutive months immediately prior to the date of application to Iowa HHS and be affiliated with the National Alliance for</p>



			Recovery Residences (NARR) to become a SOR3 provider.
<p><b>IA260 Employment Supports</b>                  Assistance provided to clients who are seeking employment in recovery. This may include individual sessions with an employment coach or care coordinator to work on resume-writing, mock interviewing, job searching, and assistance with job applications. This could also include helping a client research the requirements, education, or training necessary to reach employment goals. This may also include assisting the client to obtain required identification documents.</p> <p>The Care Coordination provider documents the Employment Plan in <i>Appendix M</i> in the client file and enters the voucher. The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the SOR3 VMS</li> <li>documenting the distribution of funding (<i>Appendix I</i>)</li> <li>documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>entering each encounter in the SOR3 VMS</li> </ul>	Unit = 1 (15 minutes)  Total available units per month = 12	Unit rate = \$20.00	Person delivering the service must be age 18 or older and be employed by or have a formalized volunteer relationship with an organization that has a contract with Iowa HHS to provide SOR3 required services.
<p><b>IA310 Clothing/Personal Hygiene Assistance</b>                  Assistance provided to clients to purchase clothing or personal hygiene products that support the client’s recovery.</p> <p>Clothing:</p>	Unit = 1	Unit rate = \$1  maximum of \$500	Organizations approving the service must meet the qualifications to provide SOR3 Care Coordination, and have a contract with Iowa HHS to provide Clothing/Personal Hygiene Products.

<p>This service includes clothing to be used for employment, education, and other recovery-related needs. Clothing vouchers may be issued in segments as related to agency policy or client need.</p> <p><b>Personal Hygiene:</b>        This service includes hygiene products related to individual daily needs, including soap, shampoo, toothpaste, deodorant, shaving needs, feminine hygiene products, and dental products. This service does not include perfume, cologne, nail polish, nail polish remover, make-up, hair color, electric razors, cleaning supplies or other purchases as designated by the Care Coordination provider. Products containing alcohol are strongly discouraged.</p> <p>The Care Coordination provider enters the voucher. The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS.</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>● entering the voucher in the SOR3 VMS</li> <li>● documenting the distribution of funding (<i>Appendix I</i>)</li> <li>● documenting each service in the provider's records (<i>Appendix F</i>)</li> <li>● entering each encounter in the SOR3 VMS</li> </ul>			
<p><b>IA320 Education Assistance</b>        Assistance provided to clients for the purpose of completing or continuing education. This service may be used for GED coursework and testing, English as a second language classes (ESL), or educational materials, training or conference attendance, books and tuition at a secondary educational institution.</p>	<p>Unit        =        1</p>	<p>Unit rate        =        \$1          maximum of        \$800</p>	<p>Organizations approving the service must meet the qualifications to provide SOR3 Care Coordination, and have a contract with Iowa HHS to provide Education.</p>

<p>The Care Coordination provider enters the voucher. The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• entering the voucher in the SOR3 VMS</li> <li>• documenting the distribution of funding (<i>Appendix J</i>)</li> <li>• documenting each service in the provider's records (<i>Appendix F</i>)</li> <li>• entering each encounter in the SOR3 VMS</li> </ul>			
<p><b>IA340 Wellness</b></p> <p>Assistance provided to clients for the purchase of items or services that support improved health. This may include an eye exam or the purchase of eyeglasses/contact lenses, fitness memberships (including family memberships), smoking cessation, nutritional counseling, mindfulness meditation classes, yoga classes, chiropractic care, acupuncture, massage therapy.</p> <p>This service does not cover costs associated with treatment for general medical/health related issues. An exception request for other wellness items must be submitted with a detailed justification demonstrating the evidence-based health benefit and addressing any risks of participation.</p> <p>The Care Coordination provider enters the voucher. The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS.</p>	<p>Unit =</p> <p>1</p>	<p>Unit rate =</p> <p>\$1</p> <p>maximum of \$600</p>	<p>Organizations approving the service must confirm the relevant professional credential of the providers for nutritional counseling, chiropractic care, acupuncture, and massage therapy. Organizations must also meet the qualifications to provide SOR3 Care Coordination, and have a contract with Iowa HHS to provide Wellness.</p>

<p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the SOR3 VMS</li> <li>documenting the distribution of funding (<i>Appendix I</i>)</li> <li>documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>entering each encounter in the SOR3 VMS</li> </ul>			
<p><b>IA350 Transportation</b></p> <p>Transportation assistance in the form of gas cards and bus passes, to be given directly to the client on a weekly basis, for the purpose of transportation to and from an activity related to a client’s recovery. Agencies may reimburse cab or ride sharing apps costs through the use of agency credit cards or agreement with the transportation company on a weekly or monthly basis.</p> <p>Prior to the distribution of additional gas cards, bus passes, cab and ride sharing app fare, individuals must provide a receipt with the matching gift card number from the previous use. Failure to provide a receipt or inappropriate use of transportation may result in the loss of client access to services.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the SOR3 VMS</li> <li>purchasing and distributing gas cards, cab and ride sharing app fare</li> <li>documenting the distribution of funding (<i>Appendix I</i>)</li> <li>documenting the appropriate use of transportation</li> <li>documenting follow up from inappropriate use of transportation</li> <li>documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>entering each encounter in the SOR3 VMS</li> </ul>	<p>Unit = 1</p>	<p>Unit Rate = \$1  maximum of \$2,000</p>	<p>Organizations approving the service must meet the qualifications to provide SOR3 Care Coordination, and have a contract with Iowa HHS to provide Transportation.</p>

<p><b>IA640 Survivor Advocacy in Recovery</b>          Assistance provided to clients who are survivors of domestic or sexual abuse to work with a certified victim advocate in recovery and healing. This may include individual sessions with a Certified Victim Advocate to work on ongoing safety planning or a group session of Seeking Safety.</p> <p>The Care Coordination provider enters the voucher. The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the SOR3 VMS</li> <li>documenting the distribution of funding (<i>Appendix J</i>)</li> <li>documenting each service in the provider's records (<i>Appendix F</i>)</li> <li>entering each encounter in the SOR3 VMS</li> </ul>	<p>Unit          =          1          (15 minutes)</p> <p>Total          available          units per          week          =          6</p>	<p>Unit rate          =          \$20.00</p>	<p>Certified Victim Advocate - an advocate who has met the minimum requirement for Victim Counselor (Twenty-hour online training), completed an additional 40 hours of advanced training and has an approved application with the Iowa Coalition Against Domestic Violence or the Iowa Coalition Against Sexual Assault. A copy of the certification verifies credentials.</p> <p>Certified Victim Advocates must complete a Seeking Safety training in order to co-facilitate with the treatment staff.</p>
<p><b>IA930 Rapid HCV Testing 20 min</b>          A rapid, point-of-care test to collect and analyze blood or an oral swab to determine whether a client has HIV and/or viral hepatitis.</p> <p>Specimens obtained from clients shall be collected under direct supervision and analyzed as indicated by the program.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider's client records (<i>Appendix F</i>)</li> <li>documenting client receipt of goods or services (<i>Appendix J</i>)</li> <li>entering each encounter in the SOR3 VMS</li> </ul>	<p>Unit          =          1</p>	<p>Rapid HCV          (20 minute)          Test          =          \$74</p>	<p>Provider delivering this service must be a licensed substance use disorder treatment program with a contract with Iowa HHS to provide SOR3 required services.</p> <p>An organization is required to have the ability to draw a confirmatory sample and submit it to a laboratory or have a formal relationship with an organization for confirmatory testing. Any laboratory used by the provider for testing and analysis shall comply, if applicable, with all federal and state proficiency testing programs. Any provider conducting on-site</p>

			testing shall comply with the Clinical Laboratory Improvement Act regulations.
<p><b>IA940 Rapid HIV Testing 1 min</b></p> <p>A rapid, point-of-care test to collect and analyze blood or an oral swab to determine whether a client has HIV and/or viral hepatitis.</p> <p>Specimens obtained from clients shall be collected under direct supervision and analyzed as indicated by the program.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>documenting client receipt of goods or services (<i>Appendix J</i>)</li> <li>entering each encounter in the SOR3 VMS</li> </ul>	<p>Unit = 1</p>	<p>Rapid HIV (1 minute) Test = \$45</p>	<p>Provider delivering this service must be a licensed substance use disorder treatment program with a contract with Iowa HHS to provide SOR3 required services.</p> <p>An organization is required to have the ability to draw a confirmatory sample and submit it to a laboratory or have a formal relationship with an organization for confirmatory testing. Any laboratory used by the provider for testing and analysis shall comply, if applicable, with all federal and state proficiency testing programs. Any provider conducting on-site testing shall comply with the Clinical Laboratory Improvement Act regulations.</p>
<p><b>IA941 Rapid HIV Testing 20 min</b></p> <p>A rapid, point-of-care test to collect and analyze blood or an oral swab to determine whether a client has HIV and/or viral hepatitis.</p> <p>Specimens obtained from clients shall be collected under direct supervision and analyzed as indicated by the program.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>documenting client receipt of goods or services (<i>Appendix J</i>)</li> </ul>	<p>Unit = 1</p>	<p>Rapid HIV (20 minute) Test = \$67</p>	<p>Provider delivering this service must be a licensed substance use disorder treatment program with a contract with Iowa HHS to provide SOR3 required services.</p> <p>An organization is required to have the ability to draw a confirmatory sample and submit it to a laboratory or have a formal relationship with an organization for confirmatory testing. Any laboratory used by the provider for testing and analysis shall comply, if applicable,</p>

<p>entering each encounter in the SOR3 VMS</p>			<p>with all federal and state proficiency testing programs. Any provider conducting on-site testing shall comply with the Clinical Laboratory Improvement Act regulations.</p>
<p><b>IA942 HIV and Viral Hepatitis Confirmatory Testing</b>          SOR3 can pay for confirmatory testing but an exception request is required. If an exception request is approved, SOR3 providers can bill the cost of the confirmatory testing          Includes:  <ul style="list-style-type: none"> <li>● documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>● documenting client receipt of goods or services (<i>Appendix J</i>)</li> </ul>         entering each encounter in the SOR3 VMS</p>	<p>Unit          =          1</p>	<p>Unit Rate          =          \$1</p>	<p>An organization is required to have the ability to draw a confirmatory sample and submit it to a laboratory or have a formal relationship with an organization for confirmatory testing. Any laboratory used by the provider for testing and analysis shall comply, if applicable, with all federal and state proficiency testing programs. Any provider conducting on-site testing shall comply with the Clinical Laboratory Improvement Act regulations.</p>

## **Appendix B**

### **State Opioid Response 3 - Grant Intake Form**

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

**Section I** - The client is eligible for SOR services if questions 1 through 4 are answered Yes and the agency has obtained the required documentation that the individual meets the federal poverty guidelines.

#### **Treatment and Recovery Support Services Eligibility**

1. The client is 18 years of age or older. YES \_\_\_\_\_ NO \_\_\_\_\_
  
2. The client has a diagnosis of an opioid use disorder and/or stimulant use disorder or has a history of an opioid or stimulant overdose.  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
3. The client demonstrates the need for SOR3 covered services.  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
4. The client does not have adequate insurance or personal financial resources to pay for requested SOR3 covered services documented in Section II.  
YES \_\_\_\_\_ NO \_\_\_\_\_

**Section II** - Document client needs and requests for specific SOR3 covered services.  
Document lack of insurance or other financial resources for requested SOR3 covered services

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

- SOR3 Grant Intake with GPRA Intake Interview
- Care Coordination
- Care Coordination with GPRA Discharge Interview
- Care Coordination with GPRA Follow-up Interview



**Intake form: Treatment Related Covered Services**

- Contingency Management
  - SUD & MH Counseling Assessment, Individual, and/or Group Sessions
  - Medical/Behavioral Health Copays
  - MOUD Medical Care
  - MOUD Medical Evaluation
  - MOUD Injectable Naltrexone
  - MOUD Injectable Buprenorphine
  - MOUD Methadone (daily or weekly)
  - MOUD Oral Buprenorphine
  - MOUD Drug Testing
  - Rapid HCV Testing
  - Rapid HIV Testing
  - HIV and Viral Hepatitis Confirmatory Testing
- 

**Intake form: Recovery Support Services**

- Recovery Peer Coaching
- Dental Services
- Housing Assistance
- Recovery Calls
- Clothing/Personal Hygiene Assistance
- Education Assistance
- Wellness
- Transportation
- Employment Supports
- Recovery Housing
- Survivor Advocacy in Recovery

\*For more information, see [Appendix A](#) State Opioid Response 3- Service Descriptions, Rates, and Qualifications.

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

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

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

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

## **Appendix C**

### **State Opioid Response 3 - Voluntary Consent Form**

**Introduction:** SOR3 is a two-year grant that has been awarded to the Iowa Department of Public Health (Iowa HHS) by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) that helps to increase access to quality treatment and recovery services from providers across the state of Iowa.

**Goals of SOR3:** SOR3 is a grant that helps participants pay for evidence-based treatment for a substance use disorder when they might otherwise not be able to afford it. This grant helps to pay for Medications for Addiction Treatment for people with opioid use disorder, Contingency Management for people with a stimulant use disorder, care coordination to help participants get the care services they need and other recovery support services that might help participants on their recovery path. During the grant, information is gathered that helps local, state, and federal agencies and funding authorities improve both substance use treatment and recovery services and access to those services and treatment for you and others in your community and across the country.

***SOR3 services are based on client needs, agency policy, and current available SOR3 voucher funding, and are subject to change.***

**Welcome to SOR3!** You are being asked to participate in SOR3 because of an opioid or stimulant overdose or because a treatment provider has identified that you have an opioid or stimulant use disorder.

**Data Interviews:** If you consent to participate in SOR3, you will be asked to take part in **three GPRA data interviews** that take 15 to 45 minutes each. GPRA (Government Performance Results Act) 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. You will receive a \$30 dollar gift card for completing the GPRA Follow-up interview. In the event that during the attempted completion of the GPRA Follow-up Interview you're residing in a restricted setting, by signing this consent you grant your Care Coordination provider the ability to attempt contact with you which may include disclosure to the facility at which you reside of your involvement in SOR3.

**Release of Information:** As part of your involvement in SOR3, you are authorizing contact between Iowa HHS and SAMHSA and each provider you're receiving services from, to obtain information necessary for SOR3 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 Iowa HHS 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 6 months after your final GPRA interview. All identifying information is required by law to be kept confidential.

**Risks and Confidentiality:** IPN and SOR3 providers take the privacy of your information seriously. SOR3 providers, Iowa HHS and SAMHSA must comply with confidentiality and protected health information requirements as set forth in Federal and State 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. HIV and/or HCV viral status information will be kept strictly confidential, pursuant to Iowa Code Chapter 141A.

Because SOR3 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 SOR3 project, you cannot participate if you do not sign the Voluntary Consent Form.

A unique identification number will be assigned to you as a SOR3 participant. Authorized representatives from Iowa HHS 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 SOR3 project, you will not be identified.

**SOR3 is voluntary:** You can refuse to participate in SOR3 at any time. Refusal to participate in SOR3 will not affect any current or future substance use disorder treatment you may receive. You may refuse to answer certain questions and still participate in SOR3. If you refuse to answer a question, no one associated with SOR3 will seek the information you did not provide from some other source. If you participate in SOR3 and later choose not to participate, information you have already given will remain in the project.

As part of your involvement in SOR3 you will receive services from a Care Coordination provider. To assist you with your involvement in SOR3 and utilization of services in your recovery, Care Coordination providers establish policies and determine the appropriate use of funding (i.e. amounts, frequency, services or vendors), up to the available limits, as it pertains to your goals in recovery. Services you receive will be from a community provider as arranged by your care coordinator and shall not represent a conflict of interest.

### **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 SOR3 covered services and providers
- choose the services and providers you want from the list of available SOR3 covered services
- refuse a recommended service or plan of care
- review records and information about your services
- expect providers, Iowa HHS, and SAMHSA to keep all communications and records confidential

**Maintaining Involvement:** If you do not receive at least one SOR3 service or participate in scheduled Care Coordination every 30 days, you will be discharged from the SOR3 program. It is your responsibility to make contact with your Care Coordination provider during this timeframe. In addition, if you do not return required documentation for services provided, ongoing services may be reduced or discontinued entirely. By signing this form, you agree to these conditions in order to maintain involvement.

**Questions:** If you have questions or concerns about the SOR3 project, contact [sor@idph.iowa.gov](mailto:sor@idph.iowa.gov).

**I have received, read, and understand the State Opioid Response - Voluntary Consent Form and all its contents. I agree to the conditions outlined above and choose to participate in the SOR3 program.**

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

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

## **Appendix D**

### **State Opioid Response 3 - Collateral Contacts Form**

The State Opioid Response 3 project requires a GPRA 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.*

***Documentation of collateral contacts may be completed  
in IBHRS in lieu of completing this form.***

#### **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 E**

### **State Opioid Response 3 - Release of Information**

I, \_\_\_\_\_ authorize \_\_\_\_\_  
(Client) (Care Coordination Provider)

to exchange information verbally and/or in writing with:

\_\_\_\_\_  
(Provider/Individual)

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

- personal identifying information
- participation and status in SOR3 covered services
- drug test results
- collateral contacts for follow-up
- other (specify): \_\_\_\_\_

This consent is specific to my participation in the State Opioid Response 3 project 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 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 the State Opioid Response 3 project 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 SOR3 project, I understand that I cannot participate if I do not sign a release of information.

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

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

## **Appendix F**

### **State Opioid Response 3 - Documentation Requirements**

***Each provider must document each SOR3 service provided.  
All SOR3 documentation must be available for Iowa HHS review as requested.***

#### **All SOR3 providers must:**

1. Have an organized system to document SOR3 covered services provision
2. Document each client's name, SOR3 unique identification number, address, and phone number in the Voucher Management System
3. Document the date, time and length of each SOR3 covered service provided
4. Summarize the SOR3 covered service provided
5. Maintain records in a secure manner that ensures confidentiality and complies with all state and federal laws and regulations pertaining to confidentiality of records
6. Have policies and procedures in place for any volunteers associated with the provider
7. Maintain personnel files that document an employee or volunteer is qualified to provide SOR3 covered services as outlined in *Appendix A State Opioid Response 3 - Service Descriptions, Rates, and Qualifications*
8. Document any services or goods delivered to, or purchased on behalf of, clients using SOR3 funds (e.g., membership fees, service denials, estimates)
9. Maintain documentation consistent with their specific licensure requirements; all other providers must maintain records of services provided for a minimum of five (5) years

#### **All Care Coordination Providers must:**

1. Ensure each client signs all SOR3 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 all estimates and/or purchases from a recognized vendor, which must be on company letterhead, dated by vendor, and include vendor phone and address
4. Document grant funded medications detailing name of medication, prescribing practitioner, copy of prescription, and receipt of purchase
5. Document any case of misuse or inappropriate use of SOR3 funds, including actions taken
6. Document the distribution, including method of delivery, of incentive gift cards to the client or designee

## **Appendix G**

### **State Opioid Response 3 - Critical Incident Report**

Please email to: [sor@idph.iowa.gov](mailto:sor@idph.iowa.gov) within 24 hours of becoming aware of the incident

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

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

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

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

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SOR3 ID #: \_\_\_\_\_

Male                  Female

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

#### **NATURE OF INCIDENT**

Death (from any cause after entry into SOR3 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 SOR3 funds by client

Other - specify:  
\_\_\_\_\_

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

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

**Critical Incident Reports are to be completed on every client involved in SOR3 until discharged from the program and GPRA Follow-up Interview has been completed or GPRA Follow-up window has closed.**



## **Appendix H**

### **State Opioid Response 3 - GPRA 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/text contacts
- email contacts
- internet searches
- home visits
- public information sources
- specialized institutional information systems

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

- Follow-up efforts start at the SOR3 Grant Intake with GPRA Intake Interview, continue through the client's total SOR3 involvement, and end 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 SOR3 Grant Intake with GPRA Intake Interview and the Care Coordination with GPRA Follow-up Interview.
- One month prior to the scheduled Care Coordination with GPRA 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 I**

### **SOR3 Exception Request**

<b>Date of Request:</b>	<b>Provider Organization:</b>
<b>Provider Staff:</b>	<b>Provider Email:</b>
<b>Client Identification Number:</b>	<b>Provider Telephone:</b>
<b>Exception Category:</b> <input type="checkbox"/> <b>Service cap increase</b> <input type="checkbox"/> <b>Increase in client annual max</b> <input type="checkbox"/> <b>Other (Describe):</b>	
<b>Exception Description:</b>	
<b>Describe how this request is related to client's recovery:</b>	
<b>Client's involvement in recovery (include any recovery supports received):</b>	
<b>SOR2 funding received to date: \$</b>	
<b>Anticipated cost of request: \$</b>	

Submit via email attachment to [sor@idph.iowa.gov](mailto:sor@idph.iowa.gov).

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

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
For Iowa HHS Use Only

- Approved
- Returned for additional information
- Denied

Comments:

IHHS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Iowa Department of Health and Human Services

## **Appendix J**

### **State Opioid Response 3 – Receipt Form**

I, \_\_\_\_\_ acknowledge the receipt/distribution of:  
(client name)

- Contingency Management (Card #): \_\_\_\_\_
- GPRA Follow-up Incentive (Card #): \_\_\_\_\_
- Clothing/Personal Hygiene Products: \_\_\_\_\_
- Education: \_\_\_\_\_
- Transportation: \_\_\_\_\_
- Wellness: \_\_\_\_\_
- Other: \_\_\_\_\_

*(See List of Treatment and Recovery Support Services and specify service and amount here.)*

from \_\_\_\_\_ (SOR3 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 for participation in SOR3. In addition, Iowa HHS reserves the right to collect reimbursement for the misused funding directly from the client.**

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

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

If GPRA Follow-up Card is mailed:

Address sent to: \_\_\_\_\_

Project Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Staff witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix K**

**Recovery Call Questionnaire**

Client Name:	Date:
Client Phone Number:	Staff:

Start the call by providing a summary to the client of the process you will use when conducting Recovery Check-Up Calls (purpose, use of tool, goals, how often and long calls will be made) and validate release of information is on file prior to call.

How has your recovery been going?	
Have you been able to sustain your recovery?	
What has contributed to your success?	

Complete the following questions if recovery has been sustained:

What has helped you sustain your recovery?	
Have there been specific services or supports that have helped sustain your recovery?	
Have you been regularly attending support group meetings?	
If yes, please specify type (AA/NA, Aftercare, etc.)	
If not, would you like information on these resources?	
Do you have anyone in your life you can talk to about your recovery?	
If yes, please specify who	
Have you been talking with them recently?	
Have you been doing things lately that bring you enjoyment?	
Do you feel like you're progressing towards goals you have set for yourself?	
Is there anything that you can think of that would be helpful to your recovery?	
Do you have any questions or need any information I can help you obtain?	
Would you like to schedule another call? If yes, when?	

On a scale of 1-10, how beneficial are these calls?	1	2	3	4	5	6	7	8	9	10
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Complete the following questions if recovery has not been sustained:

When did you return to use?	
What triggered the return to use?	
What have you been using?	
How often have you been using?	
How much have you been using?	
What has worked well for you in the past when you have returned to use?	
Do you have a recovery plan and if so, have you followed the plan?	
Can I assist you to access treatment or other recovery support services?	
Have you been regularly attending support group meetings?	
If yes, please specify type (AA/NA, Aftercare, etc.)	
If not, would you like information on these resources?	
Do you have anyone in your life you can talk to about your recovery?	
If yes, please specify who	
Have you been talking with them recently?	
Have you been doing things lately that bring you enjoyment?	
Do you feel like you're progressing towards goals you have set for yourself?	
Is there anything that you can think of that would be helpful to your recovery?	
Do you have any questions or need any information I can help you obtain?	
Would you like to schedule another call? If yes, when?	
On a scale of 1-10, how beneficial are these calls?	1 2 3 4 5 6 7 8 9 10

**Appendix L**

**RECOVERY PEER COACHING: RECOVERY PLAN**

This plan belongs to (name): \_\_\_\_\_ 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  
 Support Network     Service to Others     Emotional     Stress Management

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    10

**Appendix M**

**EMPLOYMENT SUPPORTS: EMPLOYMENT PLAN**

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

My short-term employment goals are:

\_\_\_\_\_

My short-term employment goals will assist in my recovery by:

\_\_\_\_\_

My long-term employment goals are:

\_\_\_\_\_

My long-term employment goals will assist in my recovery by:

\_\_\_\_\_

Training or education required to meet my long term employment goal:

\_\_\_\_\_

\_\_\_\_\_

The steps I plan to take in realizing my long term employment goal are:

\_\_\_\_\_

\_\_\_\_\_

Who can empower me and how? What resources do I have access to?

\_\_\_\_\_

\_\_\_\_\_

I will know that I am making progress toward realizing my employment goals if:

\_\_\_\_\_

\_\_\_\_\_

Some things that could interfere with that are:

\_\_\_\_\_

\_\_\_\_\_

How important is realizing your employment goals? 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 reach those goals? 0= not at all 10=completely confident

0 1 2 3 4 5 6 7 8 9 10