

September 10, 2022

Dear Potential Applicant:

Enclosed you will find the State Opioid Response (SOR) Provider Application. You are invited to apply for funding from The Iowa Department of Health and Human Services (the Department) to expand services available to Iowans with substance use disorders under the SOR Program. Funding is available through an award from the Substance Abuse and Mental Health Services Administration (SAMHSA) to address opioid and stimulant use disorders by:

1. Increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and
2. Supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.
3. Supporting the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine.
4. Reducing unmet treatment needs and opioid-related overdose deaths across America.

Funding is available through September 29, 2023, and can be utilized as soon as a fully executed contract is in place and necessary training has been received. Funding is intended to **supplement** existing services and funding streams, and must not supplant or replace them. The goal of SOR is to ensure Iowans statewide can access high quality treatment services for opioid and stimulant use disorders.

Recipients must utilize third party reimbursements and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, 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. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Recipients should also consider other systems from which a potential service recipient 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, recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

Each applicant organization must comply with all applicable federal, local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

The types of services allowable with SOR grant funds are outlined in the attached application. Please refer to the *SOR Provider Manual* on the [MAT Provider](#) website for additional information regarding the SOR program as well as policies, procedures, reimbursement rates, and eligibility requirements. The checklist on page 1 of the application includes additional resources and information regarding requirements and expectations of grantees. In order to become a contracted provider in the SOR program, the checklist, application, and a W9 must be returned to IDPH via email at [sor@idph.iowa.gov](mailto:sor@idph.iowa.gov) along with all required materials.

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This checklist will assist you in completing the application and submitting all required documentation. Additional information regarding SOR is available at [www.idph.iowa.gov/mat/provider](http://www.idph.iowa.gov/mat/provider). Contracts will be managed via the [Iowagrants.gov](http://Iowagrants.gov) system, and will require all grantees to appoint at least one contact to utilize the system for ongoing contract communication and management. The IBHRS system is currently utilized for data management by the department and all grantees; SOR activities must be entered into this system in order to be reimbursed. Training is available through the SOR Provider website, and we are asking all applicants to complete a few short training modules as part of the application process (see below).

### Checklist

- Application – fully completed
- Documentation requirements listed in Section V of this application
- Liability insurance verification
- List of board of directors or governing body members with contact information and roles
- Organization’s certificate, endorsement, license, registration, or accreditation documentation related to SOR covered services
- Completion of [GPRA Training](#)
- Registration completed in *IowaGrants* ([instructions](#))
- Completion of IIBHRS/VMS Tutorial videos: [#1](#), [#2](#), and [#3](#)
- Agreement to abide by all state and federal rules regulating funding (draft contract available upon request)
- W-9 – fully completed

**Applications to provide services will be accepted based on service need, length of project period remaining, and funding availability.**

If you have any questions regarding the application process, please email [sor@idph.iowa.gov](mailto:sor@idph.iowa.gov).

## State Opioid Response - Provider Application

### Instructions

Please submit completed application and required attachments to: [sor@idph.iowa.gov](mailto:sor@idph.iowa.gov)  
 Thoroughly complete all applicable sections  
 Retain a copy of the completed application and attachments for your files

<b>I. Applicant Information</b>									
Organization name:	Tax ID Number:								
	DUNS Number:								
Name and title of organization's director/leader:	Director's email:								
Mailing address:	Physical address:								
Main phone number:	County:								
Fax number:	Number of years in business (must be $\geq 2$ ):								
Key personnel for this project:									
Key personnel contact phone number:									
Key personnel E-mail address:									
What services does your program provide?									
How do you determine if staff and volunteers are qualified and appropriate to serve clients?									
Note any criteria that would prohibit a staff member or volunteer from providing services to or having contact with clients.									
Select if your organization: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> offers American Sign Language interpretation</td> <td style="width: 50%;"><input type="checkbox"/> is accessible to people with disabilities</td> </tr> <tr> <td><input type="checkbox"/> has a location near public transportation</td> <td><input type="checkbox"/> offers services in languages other than English.</td> </tr> <tr> <td><input type="checkbox"/> has accessible parking</td> <td style="padding-left: 20px;">If so, what language(s)?</td> </tr> <tr> <td><input type="checkbox"/> Provides remote/virtual services</td> <td></td> </tr> </table>		<input type="checkbox"/> offers American Sign Language interpretation	<input type="checkbox"/> is accessible to people with disabilities	<input type="checkbox"/> has a location near public transportation	<input type="checkbox"/> offers services in languages other than English.	<input type="checkbox"/> has accessible parking	If so, what language(s)?	<input type="checkbox"/> Provides remote/virtual services	
<input type="checkbox"/> offers American Sign Language interpretation	<input type="checkbox"/> is accessible to people with disabilities								
<input type="checkbox"/> has a location near public transportation	<input type="checkbox"/> offers services in languages other than English.								
<input type="checkbox"/> has accessible parking	If so, what language(s)?								
<input type="checkbox"/> Provides remote/virtual services									

## II. Disclosures

Is your organization certified, licensed, registered with, or otherwise accredited by or affiliated with an authority accepted by IDPH, consistent with the qualification requirements of the SOR Provider Manual?

Yes Describe: \_\_\_\_\_  No

*If no, please explain:*

No such requirements exist (Must provide documentation verifying there are no such requirements)

Other:

Has your organization or a current employee or volunteer ever had professional certification or licensure revoked or denied for any reason?

Yes  No

*If yes, please explain.*

Is your organization or a current employee or volunteer facing any pending or threatened litigation?

Yes  No

*If yes, please explain.*

Has a current employee or volunteer ever been convicted of a felony?

Yes  No

*If yes, please explain.*

## III. Type of Organization:

Place a check mark in the box that best describes your organization.

Faith-Based  
(organization founded on a particular religion or spiritual belief)

Non-profit/Not-for-profit

For-profit

Community-Based  
(not Faith-Based)

Please indicate type (select all that apply):

Non-profit/Not-for-profit

Private sector/For-profit

Government agency

Tribal organization

Targeted Small Business or Veteran Owned

Other:

## IV. Information System Requirements:

Organization utilizes Microsoft Edge, Google Chrome, Mozilla Firefox or Safari.

**V. SOR Covered Services:** Indicate the services your organization is applying to provide with a checkmark, and ensure required documentation is included with your application packet.

*\*Refer to Appendix A of the [SOR Provider Manual](#) for a complete description of Recovery Support Services allowable through this contract as well as definitions, rates, and eligibility information.*

SOR Care Coordination Covered Services	Eligibility Documentation Requirements
<p><input type="checkbox"/> <b>Care Coordination Services</b> On-going, face-to-face or video-conferencing meetings with the client, conducted as needed to support client access to, participation in, and continuation of SOR covered services.</p> <p><i>Includes the following <b>required</b> activities:</i></p> <p><b>GPRA Interviews</b></p> <ul style="list-style-type: none"> <li>● <b>Care Coordination with Intake Interview</b> (to initiate SOR services)</li> <li>● <b>Care Coordination with GPRA Follow Up Interview</b> (to terminate SOR services)</li> <li>● <b>Care coordination with GPRA Discharge Interview</b> (completed 6 months after intake whether client remains in program or not)</li> </ul>	<p><input type="checkbox"/> Copy of current substance abuse program license</p> <p><b>OR</b></p> <p><input type="checkbox"/> Documentation showing agency has been in business providing referrals, linkages, and coordination of multiple services for a <u>minimum of 2 years</u></p>
SOR Treatment Related Covered Services	Eligibility Documentation Requirements
<p><input type="checkbox"/> <b>MOUD Medical Care</b> Medical Care means ongoing medical evaluation services provided by a licensed medical prescriber to assess appropriateness for continued medication-assisted treatment and/or tobacco cessation services.</p>	<p><input type="checkbox"/> Copy of current State of Iowa substance abuse program license</p> <p><b>OR</b></p> <p><input type="checkbox"/> Copy of waiver for provider in Iowa to prescribe buprenorphine for OUD treatment</p>
<p><input type="checkbox"/> <b>MOUD Medical Evaluation</b> Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medication-assisted treatment and/or tobacco cessation services.</p>	<p><input type="checkbox"/> Copy of current State of Iowa substance abuse program license</p> <p><b>OR</b></p> <p><input type="checkbox"/> Documentation of qualifications to conduct medical evaluations in the state of Iowa</p>
<p><input type="checkbox"/> <b>MOUD Medication</b> Medication means the prescribing of at least one of the FDA approved prescription pharmacological medications used for the treatment of opioid use disorder.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>● Injectable Naltrexone</li> <li>● Injectable Buprenorphine</li> <li>● Methadone Daily</li> <li>● Methadone Weekly</li> <li>● Oral Buprenorphine</li> </ul>	<p><input type="checkbox"/> Copy of current State of Iowa substance abuse program license</p> <p><b>OR</b></p> <p><input type="checkbox"/> Documentation of qualifications to administer/prescribe FDA approved medications in the State of Iowa</p> <p><b>OR</b></p> <p><input type="checkbox"/> Copy of waiver for a provider located in Iowa to prescribe buprenorphine for OUD treatment</p>

<input type="checkbox"/> <b>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 substances, administered by a licensed substance abuse treatment or health care provider.	<input type="checkbox"/> Copy of current State of Iowa substance abuse program license <b>OR</b> <input type="checkbox"/> Copy of waiver for a provider in Iowa to prescribe buprenorphine for OUD treatment
<input type="checkbox"/> <b>SUD Treatment</b> Face-to-face or video conference individual or group counseling.	<input type="checkbox"/> Copy of current State of Iowa substance abuse program license
<b>SOR Recovery Related Covered Services</b>	<b>Eligibility Documentation Requirements</b>
<input type="checkbox"/> <b>Recovery Coaching</b> Face-to-face or video conference meetings between the client and a Recovery Coach to support and sustain recovery from a coach and/or peer perspective.	<input type="checkbox"/> Documentation verifying training (must include name of curriculum and date of training completion) <b>AND</b> <input type="checkbox"/> Documentation of role (employee or formal volunteer)
<input type="checkbox"/> <b>Dental Services</b> Dental Services includes dental examination, dentures, extraction, filling, x-ray, and other necessary procedures specifically related to the client’s substance use.	<input type="checkbox"/> Copy of current/active license <b>OR (If partnering with dentist)</b> <input type="checkbox"/> List of potential dentists (must have active license) <b>AND</b> <input type="checkbox"/> Draft Memorandum of Understanding
<input type="checkbox"/> <b>Housing Assistance</b> Supports for housing conducive to SUD recovery include application fees, deposits, rental assistance, utility deposits, and utility assistance.  SOR Care coordinator assists client to access any existing community resources for these costs, and only uses SOR for any remaining costs.	Contracted agencies may provide housing assistance using the same process currently in place for funding other Recovery Support Services.  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.
<input type="checkbox"/> <b>Recovery Calls</b> Weekly telephone or video conference meetings between the SOR client and an employee or volunteer using an established tool to discuss routine recovery issues following discharge from substance abuse treatment services.	<input type="checkbox"/> Documentation of qualifications (evidence of training, education, and/or knowledge in this area) <b>AND</b> <input type="checkbox"/> Documentation of role (employee or formal volunteer)
<input type="checkbox"/> <b>Clothing/Personal Hygiene Assistance</b> Clothing: This service includes clothing to be used for employment, education, and other recovery-related	Organizations approving the service must meet the qualifications to provide SOR3 Care Coordination, and have a contract with IDPH to provide Clothing/Personal Hygiene Products.

<p>needs. Clothing vouchers may be issued in segments as related to agency policy or client need.</p> <p>Personal Hygiene: 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><input type="checkbox"/> <b>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>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>Organizations approving the service must meet the qualifications to provide SOR3 Care Coordination, and have a contract with the department to provide Education.</p>
<p><input type="checkbox"/> <b>Wellness</b> 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>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 the department to provide Wellness.</p>
<p><input type="checkbox"/> <b>Transportation</b> 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</p>	<p>Organizations approving the service must meet the qualifications to provide SOR3 Care Coordination, and have a contract with the department to provide Transportation.</p>

<p>inappropriate use of transportation may result in the loss of client access to services.</p>	
<p><input type="checkbox"/> <b>HIV and Viral Hepatitis Testing</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.  Includes:  <ul style="list-style-type: none"> <li>● Rapid HCV Testing (20 minutes)</li> <li>● Rapid HIV Testing (1 minute)</li> <li>● Rapid HIV Testing (20 minutes)</li> </ul> </p>	<p><input type="checkbox"/> Copy of applicable license  <b>OR</b>  <input type="checkbox"/> Documentation of a formal relationship with an organization for testing</p>
<p><input type="checkbox"/> <b>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 may also include assisting the client to obtain required identification documents.</p>	<p>Organizations approving the service must meet the qualifications to provide SOR3 Care Coordination, and have a contract with the department to provide Employment Supports.</p>
<p><input type="checkbox"/> <b>Recovery Housing</b>  Short-term housing in a safe and recovery-oriented environment for clients with no other housing alternatives conducive to substance abuse recovery. Housing must be provided in a facility for individuals in recovery or in a facility providing related services in the community.</p>	<p><input type="checkbox"/> Documentation that organization delivering the service is legally organized and recognized as a housing provider certified by National Association of Recovery Residences (NARR)</p>
<p><input type="checkbox"/> <b>Survivor Advocacy in Recovery</b>  Assistance provided to clients who are survivors of domestic or sexual abuse to work with a certified victim advocate (CVA) in recovery and healing. This may include individual sessions with a CVA to work on ongoing safety planning or a group session of Seeking Safety.</p>	<p>Staff providing these services must be Certified Victim Advocates: an advocate who has met the minimum requirement for Victim Counselor, completed an additional 40 hours of training, and has an approved application with the Iowa Coalition Against Domestic Violence or the Iowa Coalition Against Sexual Assault</p>
<p><input type="checkbox"/> <b>Recovery Calls</b>  Weekly telephone or video conference meetings between the SOR client and an employee or volunteer using an established tool to discuss routine recovery issues following discharge from substance abuse treatment services.</p>	<p><input type="checkbox"/> Documentation of qualifications (evidence of training, education, and/or knowledge in this area)  <b>AND</b>  <input type="checkbox"/> Documentation of role (employee or formal volunteer)</p>
<p><input type="checkbox"/> <b>Dental Services</b>  Dental Services includes dental examination, dentures, extraction, filling, x-ray, and other necessary procedures specifically related to the client’s substance use.</p>	<p><input type="checkbox"/> Copy of current/active license  <b>OR (If partnering with dentist)</b>  <input type="checkbox"/> List of potential dentists (must have active license)</p>



	<p><b>AND</b></p> <p><input type="checkbox"/> Draft Memorandum of Understanding</p>
--	---

In the event additional information is required by the department in order to proceed, applicants will have 30 days from the date of the request to provide the additional documentation. Failure to provide requested information will result in denial of the application.

For all approved applications, the department will issue a contract for the provision of the services identified. The duties, rights and obligations of the parties to this agreement shall be governed by the contract documents – including (but not limited to) the Special Conditions, General Conditions and Application. The General Conditions (effective July 1, 2019) can be viewed [here](#).

A signature below certifies: 1) the information provided in this application and attachments is accurate and truthful; 2) checklist items on page 1 have been completed; 3) agency agrees to utilize IowaGrants.gov for contract management; and 4) agency agrees to utilize the data management system designated by the department

\_\_\_\_\_  
(Signature of Applicant Representative)

\_\_\_\_\_  
(Title or Position)

\_\_\_\_\_  
(Date)