

IOWA DEPARTMENT OF PUBLIC HEALTH

DIVISION OF BEHAVIORAL HEALTH

**IDPH Substance Use and Problem Gambling Services
Integrated Provider Network**

REQUEST FOR PROPOSAL #58818015

Project Period: January 1, 2019 – June 30, 2024
Contract Period: January 1, 2019 - June 30, 2020

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SECTION 1 – GENERAL AND ADMINISTRATIVE ISSUES

1.01 Purpose

The purpose of this Request for Proposal (RFP) # 58818015 is to solicit Applications that will enable the Iowa Department of Public Health (Department) to select the most qualified Applicants to establish an integrated provider network for delivery of comprehensive and high quality substance use disorder and problem gambling prevention and treatment services (Integrated Provider Network).

An Applicant to this RFP **must propose to provide all of the service types in the Required Services category, in a Service Area**. The Required Services category is comprised of the following three required substance use and problem gambling service types, which must be provided in each Service Area for which an Application is submitted:

- Network Support
- Prevention Services
- Outpatient Treatment

Refer to SECTION 2 for more details about Required Services.

In addition to the Required Services, an Applicant to this RFP **may propose to provide one or more of the service types in the *Optional Services* category, statewide**. The *Optional Services* category is comprised of the following four optional specialized substance use disorder treatment service types, which must be provided as statewide services, regardless of the Service Area for which a Required Services Application is submitted:

- Adult Residential Treatment
- Juvenile Residential Treatment
- Women and Children Treatment
- Methadone Treatment

Refer to SECTION 2 for more details about *Optional Services*.

1.02 Project Period/Contract Term

The Project Period shall be from January 1, 2019 to June 30, 2024.

The Department expects the initial Contract Term to be an 18 month term from January 1, 2019 to June 30, 2020. The Department shall have the option to renew contracts at its sole discretion for up to four (4) additional one (1) year terms, subject to review of the continuation application, Contractor performance, Contractor compliance with the terms and conditions of the contract, availability of funds, project modifications, or any other grounds determined by the Department to be in the Department's best interests.

The issuance of this RFP in no way constitutes a commitment by the Department to award a contract.

1.03 Application Options and Eligibility Requirements

A. Application Options

An Applicant must apply to this RFP in **one** of the following manners:

1. An Applicant may apply as a **“Single Entity Application” for a Required Services Service Area**. For this manner of application, one Application will be submitted for a Service Area by a single eligible organization (**Single Applicant**). Refer to section 3.01 for Application creation instructions. All Required Services must be provided and described in the Single Entity Application for the Service Area.

Required Services: Network Support must be provided directly by the Single Applicant.

Required Services: Prevention Services and Required Services: Outpatient Treatment - Licensed Program Services for Patients may be provided directly by the Single Applicant or through subcontract relationships (refer to section 1.18). The Single Applicant and each subcontractor for Prevention Services and for Outpatient Treatment - Licensed Program Services for Patients must meet the eligibility and experience requirements outlined for the services the Applicant and subcontractor propose to provide through the Application (refer to section 1.03 B).

If the Single Entity Application includes application for *Optional Services*, the *Optional Services* Licensed Program Services for Patients must be provided directly by the Single Applicant. The Single Applicant must meet the eligibility and experience requirements outlined for each *Optional Service* the Single Applicant proposes to provide through the Application (refer to sections 1.03 B. and 2.04).

If a Single Entity Application is awarded a Required Services Service Area, the Single Applicant will receive a contract with the Department for provision of services in accordance with the awarded Application. Each subcontractor specified in the Application subcontract plan will receive a subcontract from the awarded Single Applicant for the services the subcontractor will provide, in accordance with the awarded Application.

OR

2. An Applicant may apply as a **“Joint Application” for a Required Services Service Area**. For this manner of application, one Application will be submitted

for a Service Area by two or more partnering eligible organizations, with each partner organization considered to be a **Joint Applicant**. Refer to section 3.01 for Application creation instructions. All Required Services must be provided and described in the Joint Application for the Service Area.

Required Services: Network Support must be provided directly by each Joint Applicants.

Required Services: Prevention Services and Required Services: Outpatient Treatment - Licensed Program Services for Patients may be provided directly by one or more Joint Applicants or through subcontract relationships (refer to section 1.18). Each Joint Applicant and each subcontractor for Prevention Services and for Outpatient Treatment - Licensed Program Services for Patients must meet the eligibility and experience requirements outlined for the services the Applicant and subcontractor propose to provide through the Application (refer to section 1.03 B).

If the Joint Application includes application for *Optional Services*, the *Optional Services Licensed Program Services for Patients* must be provided directly by the Joint Applicant proposing to provide that service. Each Joint Applicant providing the service must meet the eligibility and experience requirements outlined for each corresponding *Optional Service* the Joint Applicant proposes to provide through the Application (refer to sections 1.03 B. and 2.04.)

If a Joint Application is awarded a Required Services Service Area, each Joint Applicant will receive a separate contract with the Department for provision of services in accordance with the awarded Application. Each subcontractor specified in the Application subcontract plan will receive a subcontract from one of the awarded Joint Applicants for the services the subcontractor will provide, in accordance with the awarded Application.

References to “Application” in the RFP mean the Single Entity Application and the Joint Application. References to “Applicant” or “Applicants” mean the Single Applicant and the Joint Applicant.

B. Eligibility Requirements

An Applicant must meet the following eligibility requirements for consideration. Failure to meet eligibility requirements will result in rejection of an Application (refer to section 1.16 and SECTION 4.)

Eligible Applicants

An Applicant must meet the following eligibility criteria in order to be eligible to submit an Application in accordance with this RFP:

1. **Applicant** must be an Iowa non-profit/not-for-profit organization.
2. **Applicant** must:
 - a. be currently licensed and have been continuously licensed for at least three (3) years prior to the Application due date, as either a Substance Use Disorder Treatment Program or a Substance Use Disorder and Problem Gambling Treatment Program under 641 Iowa Administrative Code chapter 155, **and**
 - b. have been continuously licensed to provide and have continuously provided Outpatient and Intensive Outpatient Licensed Program Services in Iowa for at least three (3) years prior to the Application due date.
3. If an Applicant proposes to provide any portion of **Required Services: Prevention Services**, the **Applicant** must have at least three (3) years of experience in providing the proposed Prevention Services in Iowa prior to the Application due date.
4. If an Applicant proposes to utilize a subcontractor for provision of any portion of:
 - a. **Required Services: Prevention Services**, the **subcontractor** must:
 - i. be an Iowa non-profit/not-for-profit organization, and
 - ii. have at least three (3) years of experience in providing the proposed Prevention Services in Iowa prior to the Application due date.
 - b. **Required Services: Outpatient Treatment - Licensed Program Services for Patients**, the **subcontractor** must:
 - i. be an Iowa non-profit/not-for-profit organization, and
 - ii. be currently licensed and have been continuously licensed for at least three (3) years prior to the Application due date, as either a Substance Use Disorder Treatment Program or a Substance Use Disorder and Problem Gambling Treatment Program under 641 Iowa Administrative Code chapter 155, and
 - iii. have been continuously licensed to provide and continuously provided the proposed Licensed Program Services in Iowa for at least three (3) years prior to the Application due date.
5. If an Applicant proposes to provide any portion of **Optional Services**, the **Applicant** must:
 - a. be currently licensed and have been continuously licensed to provide the proposed *Optional Services* Licensed Program Services for at least three (3) years prior to the Application due date, and
 - b. have continuously provided the proposed *Optional Services* Licensed Program Services in Iowa for at least three (3) years prior to the Application due date.

Electronic Communication Requirements

Applicant is required to maintain and provide to the Department, upon application, a current and valid email account for electronic communications with the Department.

Official email communication from the Department regarding this Application will be issued from iowa.grants@webgrantsmail.com. An Applicant is required to assure these communications are received and responded to accordingly.

1.04 Service Delivery Area

Service delivery areas are as follows:

A. Required Services

It is the Department's intent to provide Required Services collaboratively in all Iowa counties.

The Department has established Service Areas for delivery of Required Services as outlined in this RFP (refer to SECTION 6, Attachment F - Service Area Map.) The Department reserves the right to revise Service Areas during the Project Period to meet Department goals, and may revise resulting contracts accordingly.

An Applicant must select Service Area(s) from the Service Area Map, and submit an Application for each Service Area for which the Applicant proposes to provide Required Services.

Required Services: Prevention Services and Required Services: Outpatient Treatment must be available to all residents of each Service Area selected. Iowa residents may receive Prevention Services and Outpatient Treatment from the Contractor(s) of their choice, regardless of their county of residence.

The Department's goal is to have statewide coverage for Required Services offered collaboratively in each Service Area. If a Service Area does not have an awarded Application, the Department may request, at its sole discretion, that a Contractor (preferably contiguous) provide the Required Services to the Service Area. If multiple Contractors express interest, the Department may base the award decision on RFP Application scoring.

B. Optional Services

It is the Department's intent to provide *Optional Services* collaboratively statewide.

An Application including any of the four *Optional Services* service types must offer that service to all Iowa residents. An Applicant applying for provision of *Optional Services* may receive an award for one or more *Optional Services* only if the Applicant receives an award for Required Services for at least one Service Area.

Each *Optional Services* service type and covered service proposed must be available to Iowa residents statewide. Iowa residents may receive *Optional Services* from the Contractor(s) of their choice, regardless of their county of residence.

1.05 Available Funds

Source of Funds

The sources of funding are both Federal and State funds. State funds are those appropriated for specific programming through State of Iowa appropriations. Federal funds are those received through the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG).

Total Available Funds

The FUNDING SUMMARY table below identifies the available funds for Required Services and *Optional Services* through this RFP for the initial Contract Term, which is projected to be six (6) months of State Fiscal Year 2019 and 12 months of State Fiscal Year 2020. These funds represent the maximum reimbursements available to be distributed by the Department. The Department anticipates up to \$41,632,413 will be available for Integrated Provider Network services in the initial Contract Term. Actual total awards and individual contract funding levels may vary from those listed or funding may be increased, decreased, or withdrawn completely, depending on availability of funding or any other grounds determined by the Department to be in the Department's best interests.

FUNDING SUMMARY			
Required Services and <i>Optional Services</i>			
Service	Funding Source		Total
	State	Federal	
Required Services			
Network Support	\$1,206,813	\$567,912	\$1,774,725
Prevention Services - Substance Abuse	\$134,468	\$4,347,796	\$4,482,264
Prevention Services - Problem Gambling	\$1,174,500	\$0	\$1,174,500
Outpatient Treatment - Substance Use Disorder	\$11,416,483	\$5,372,462	\$16,788,945
Outpatient Treatment - Problem Gambling	\$1,115,775	\$0	\$1,115,775
Total	\$15,048,039	\$10,288,170	\$25,336,209
<i>Optional Services</i>			
Adult Residential Treatment	\$8,267,108	\$3,890,404	\$12,157,512

Juvenile Residential Treatment	\$171,682	\$80,792	\$252,474
Women and Children Treatment	\$693,110	\$2,411,599	\$3,104,709
Methadone Treatment	\$0	\$781,509	\$781,509
Total	\$9,131,900	\$7,164,304	\$16,296,204
Total RFP Funding	\$24,179,939	\$17,452,474	\$41,632,413

Funding Allocations

The funding allocations are determined by the Department based on:

- State and Service Area population
- Historical and projected service utilization data for State Fiscal Years 2017 and 2018
- Historical funding information for State Fiscal Years 2017 and 2018
- Projected funding information for State Fiscal Years 2019 and 2020
- SABG requirements and guidance
- Department requirements, goals, and priorities

Funding Allocations - Required Services:

The SERVICE AREA FUNDING table below shows the funding available for Required Services for each Service Area for the initial Contract Term.

Refer to SECTION 2 for budget specifications for each service. The Department anticipates making one Application award per Service Area for the amounts listed in this table.

SERVICE AREA FUNDING Required Services							
Service Area	Service Area Counties	Network Support	Prevention Services - Substance Abuse	Prevention Services - Problem Gambling	Outpatient Treatment - Substance Use Disorder	Outpatient Treatment - Problem Gambling	TOTAL
1	Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Sioux	\$104,775	\$275,139	\$52,210	\$746,333	\$49,601	\$1,228,058
2	Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell, Winnebago, Worth	\$101,775	\$244,717	\$46,470	\$664,275	\$44,146	\$1,101,383
3	Allamakee, Clayton, Fayette, Howard, Winneshiek	\$92,775	\$156,494	\$30,507	\$436,079	\$28,981	\$774,836

4	Cherokee, Crawford, Ida, Monona, Plymouth, Shelby, Woodbury	\$98,775	\$282,816	\$68,982	\$986,066	\$65,533	\$1,502,172
5	Audubon, Carroll, Greene, Guthrie, Sac	\$92,775	\$133,053	\$20,843	\$297,930	\$19,800	\$564,401
6	Boone, Calhoun, Hamilton, Humboldt, Pocahontas, Story, Webster, Wright	\$101,775	\$326,903	\$80,355	\$1,148,643	\$76,338	\$1,734,014
7	Hardin, Marshall, Poweshiek, Tama	\$89,775	\$150,871	\$34,990	\$500,183	\$33,242	\$809,061
8	Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Grundy	\$95,775	\$296,952	\$81,612	\$1,166,616	\$77,532	\$1,718,487
9	Delaware, Dubuque	\$83,775	\$136,902	\$42,837	\$612,335	\$40,695	\$916,544
10	Benton, Clinton, Jackson, Jones, Linn	\$92,775	\$386,562	\$125,360	\$1,791,960	\$119,091	\$2,515,748
11	Harrison, Mills, Pottawattamie	\$86,775	\$161,010	\$45,973	\$657,180	\$43,676	\$994,614
12	Adair, Cass, Dallas, Fremont, Montgomery, Page	\$95,775	\$223,805	\$51,454	\$735,524	\$48,882	1,111,440
13	Adams, Clarke, Decatur, Madison, Ringgold, Taylor, Union	\$98,775	\$170,659	\$22,742	\$325,074	\$21,605	\$638,855
14	Polk, Warren	\$83,775	\$508,964	\$196,233	\$2,805,051	\$186,420	\$3,780,443
15	Jasper, Marion	\$83,775	\$96,522	\$26,189	\$374,358	\$24,879	\$605,723
16	Appanoose, Davis, Jefferson, Keokuk, Lucas, Mahaska, Monroe, Van Buren, Wapello, Wayne	\$107,775	\$289,443	\$51,306	\$733,398	\$48,741	\$1,230,663
17	Cedar, Iowa, Johnson, Washington	\$89,775	\$251,022	\$76,283	\$1,090,413	\$72,468	\$1,579,961
18	Des Moines, Henry, Lee, Louisa	\$89,775	\$161,667	\$39,443	\$563,805	\$37,470	\$892,160
19	Muscatine, Scott	\$83,775	\$228,765	\$80,711	\$1,153,725	\$76,675	\$1,623,651

Funding Allocations - *Optional Services*:

The FUNDING SUMMARY table on page 9 shows the total funding available for *Optional Services* for statewide distribution for the initial Contract Term.

Refer to SECTION 2 for budget specifications for each service. An Applicant may apply for up to the amounts listed in this table for each *Optional Service* service type and covered service. An Applicant will propose a budget in compliance with the guidance outlined in SECTION 2. The Department anticipates making multiple Application awards for each *Optional Services* service type to assure statewide access (refer to SECTION 4).

Payor of Last Resort

Funds awarded through this RFP are considered payment of last resort for Integrated Provider Network services.

Federal funding in the RFP cannot be used to supplant other funding. Specifically, federal SABG funding made available in RFP funding is intended to supplement and increase the level of other funds that would, in the absence of such federal funds, be made available for the services for which funds are provided and cannot take the place of the other funds.

Integrated Provider Network contract funding, inclusive of allowable patient copays, should be considered payment in full for the Integrated Provider Network services provided. However, the actual total work conducted, the number of persons seeking services, and the types and total units of services (particularly, substance use disorder treatment) that may be provided in a Contract Term may exceed contract funding. A Contractor must continue to provide RFP services for the duration of the Contract Term, even if the funds provided through the RFP are depleted. By submitting an Application, an Applicant is acknowledging the requirement to continue to offer and provide services as outlined in this RFP even after funds provided through a resulting contract are depleted.

1.06 Schedule of Important Dates (All times and dates listed are local Iowa time.)

The following dates are set forth for informational purposes. The Department reserves the right to change them.

Schedule of Events	
EVENT	DATE
RFP Issued	August 8, 2018
Written Questions and Responses	
Round 1 Questions Due:	August 15, 2018
Responses Posted By:	August 22, 2018
Round 2 Questions Due:	August 29, 2018
Responses Posted By:	September 5, 2018

Final Questions Due: Responses Posted By:	September 17, 2018 September 24, 2018
Applications Due:	October 3, 2018 by 4:00 PM
Post Notice of Intent to Award:	December 12, 2018

A. RFP Issued

The Department will post the RFP under Grant Opportunities quick link at www.iowaGrants.gov on the date referenced in the Schedule of Events table above. The RFP will remain posted through the Applications Due date.

B. Applicant’s Conference – No Applicant’s Conference will be held.

C. Written Questions and Responses

Written questions related to the RFP must be submitted by users registered in IowaGrants (Refer to section 3.01 and the ‘New User Registration Instructions for IowaGrants.gov’ document posted under SECTION 6 - Attachments) through the IowaGrants system at www.iowaGrants.gov no later than the dates specified in the table above.

Written questions submitted after the date specified for final questions in the table above will not be considered and a response will not be provided by the Department.

To submit a question:

- Registered Users login to www.iowaGrants.gov as a returning user;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Click on ‘Ask A Question’ link located at the top right-hand side of the Opportunity Details page, and enter a single question in the ‘Post Question’ box;
- Click the ‘Save’ button;
- A post question confirmation box will appear stating the question is under review.

Additional questions may be submitted by repeating the process above for each individual question. If the question or comment pertains to a specific section of the RFP, the section and page must be referenced. Verbal questions will not be accepted. Questions will not be displayed in IowaGrants until written responses are posted by the Department.

The Department will prepare written responses to all pertinent, timely and properly submitted questions according the schedule of events table above. The Department’s written responses will be considered part of the RFP.

To view posted questions and responses:

- Login to www.iowaGrants.gov;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Scroll to the bottom of the Opportunity Details page, under the **Questions** subsection to view the posted questions and answers.

It is the responsibility of the Applicant to check this Funding Opportunity in www.iowaGrants.gov periodically for written questions and responses to this RFP.

D. IowaGrants Application Creation

Refer to section 3.01 for guidance on how to create an application within IowaGrants.

E. Applications Due

Applications must be submitted by **4:00 p.m.** (local Iowa time) **October 3, 2018** in the Electronic Grant Management System at www.iowaGrants.gov. Attempted submission of a completed Application after the stated due date and time will not be allowed by the system. This Funding Opportunity will not be available as a Current Opportunity on the Electronic Grant Management System after the stated due date and time. If submission of an Application is attempted after the stated due date and time, the Applicant will receive a notice stating “The Funding Opportunity is closed”.

Applications submitted to the Department in any manner other than through the Electronic Grant Management System of the IowaGrants Web site (e.g. electronic mail to any other address, faxed, hand-delivered, mailed or shipped or courier-service delivered versions) will be rejected, not reviewed by the Department and a rejection notice will be sent to the Applicant. Any information submitted separately from the Application will not be considered in the review process.

The date and time system of the IowaGrants Electronic Grant Management System shall serve as the official regulator for the submission date and time of an Application.

The due date and time requirements for submission of the Application within Electronic Grant Management System of IowaGrants Web site are mandatory requirements and will not be subject to waiver as a minor deficiency.

Submission Confirmation Screen: After an Applicant submits an Application, a confirmation screen containing an Application ID number will appear on the submitting Applicant’s computer screen.

It is the Applicant’s sole responsibility to complete all Funding Opportunity Forms and submit the Application in sufficient time.

F. Release of Names of Applicants - October 10, 2018

The names of all Applicants who submitted Applications by the deadline shall be released to all who have requested such notification via an email request to Stacey Hewitt at stacey.hewitt@idph.iowa.gov. The announcement of Applicants who timely submitted an Application does not mean that an individual Application has been deemed technically compliant or accepted for evaluation.

G. Notice of Intent to Award

A Notice of Intent to Award contracts will be posted for 10 business days on the Department Web page <http://idph.iowa.gov/> under *Funding Opportunities* link by 4:30 pm on the date specified in the Schedule of Events table above. Applicants are solely responsible for reviewing the Notice of Intent to Award to determine their award status.

H. Contract Negotiations and Execution of the Contract

Following the posting of the Notice of Intent to Award, the Authorized Officials for the successful Applicants will receive a contract document via email from the Department. The successful Applicant has ten (10) working days from date of receipt in which to negotiate and sign a contract with the Department. If the awarded contracts have not been executed within ten (10) working days of the Applicant's receipt, the Department reserves the right to cancel the award and to begin negotiations with the next highest ranked Applicant or other entity deemed appropriate by the Department. The Department may, at its sole discretion, extend the time period for negotiations of the contract.

1.07 Inquiries

Inquiries related to the RFP shall be submitted in accordance with section 1.06 C. For assistance regarding IowaGrants, please contact the Department IowaGrants Helpdesk at iowagrants.helpdesk@idph.iowa.gov or by calling 1-866-520-8987 (available between 8:00 AM and 4:00 PM on weekdays, excluding state holidays).

Unauthorized contact regarding this RFP with other state employees may result in disqualification. In no case shall verbal communications override written communications. Only written communications are binding on the Department.

The Department assumes no responsibility for representations made by its officers or employees prior to the execution of a legal contract, unless such representations are specifically incorporated into the RFP or the contract.

Any verbal information provided by the Applicant shall not be considered part of its Application.

1.08 Amendments to the RFP

The Department reserves the right to amend the RFP at any time. In the event the Department decides to amend, add to, or delete any part of this RFP, a written amendment will be posted at www.iowaGrants.gov under SECTION 6 - Attachments. The Applicant is advised to check this Website periodically for amendments to this RFP. In the event an amendment occurs after the Funding Opportunity is closed, the Department will email the written amendment to the individuals identified in the submitted Application as the Project Officer (Registered Applicant) and the Authorized Official listed in the Cover Sheet - General Information Form.

1.09 Open Competition

No attempt shall be made by the Applicant to induce any other person or firm to submit or not to submit an Application for the purpose of restricting competition.

1.10 Withdrawal of Applications

An Application created in IowaGrants.gov cannot be deleted. An Application may be withdrawn by request of an Applicant at any time prior to the due date and time. An Applicant desiring to withdraw an Application shall submit notification including the Application ID, title of the Application, and the Applicant organization(s) name(s) via email to iowagrants.helpdesk@idph.iowa.gov.

After this funding opportunity closes, the Department may withdraw Applications that have not been submitted.

1.11 Resubmission of Withdrawn Applications

A withdrawn Application may be resubmitted by an Applicant at any time prior to the stated due date and time for the submission of Applications.

To access a withdrawn Application:

- Registered Users login to www.iowaGrants.gov as a returning user;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Click on 'Copy Existing Application';
- Select the Application that you want to copy by marking it under the 'Copy' column (Note: all Applications whether in editing, submitted or withdrawn status will be displayed to be copied);
- Click the 'Save' button.

The Application that was copied will be open in this Funding Opportunity. Be sure to re-title the Application if necessary by going into the General Information form and editing it. Continue to

complete the Application forms and submit following the guidance provided in sections 1.06 D. and E., and in SECTION 3 of this RFP.

Withdrawn Applications for this RFP posting must be submitted by the due date and time provided in section 1.06 in order to be considered for funding. Withdrawn, submitted, or editing status Applications are also available to copy to other Funding Opportunities in IowaGrants at any time.

1.12 Acceptance of Terms and Conditions

- A. An Applicant's submission of an Application constitutes acceptance of the terms, conditions, criteria and requirements set forth in the RFP and operates as a waiver of any and all objections to the contents of the RFP. By submitting an Application, an Applicant agrees that it will not bring any claim or have any cause of action against the Department or the State of Iowa based on the terms or conditions of the RFP or the procurement process.
- B. The Department reserves the right to accept or reject any exception taken by an Applicant to the terms and conditions of this RFP. Should the successful Applicant take exception to the terms and conditions required by the Department, the successful Applicant's exceptions may be rejected and the Department may elect to terminate negotiations with that Applicant. However, the Department may elect to negotiate with the successful Applicant regarding contract terms which do not materially alter the substantive requirements of the RFP or the contents of the Applicant's Application.

1.13 Costs of Application Preparation

All costs of preparing the Application are the sole responsibility of the Applicant. The Department is not responsible for any costs incurred by the Applicant which are related to the preparation or submission of the Application or any other activities undertaken by the Applicant related in any way to this RFP.

1.14 Multiple Applications

An Applicant may propose to provide **Required Services** to one or more Service Areas. An Applicant must submit **one Application only for a Service Area**. An Applicant must submit a **separate Application for each Service Area** for which the Applicant proposes to provide Required Services.

An Applicant applying for one or more **Optional Services** must include Application information for the proposed **Optional Services** in a Required Services Service Area Application. If an Applicant is submitting two or more Required Services Service Area Applications, the Applicant may choose to include the **Optional Services** information in each Service Area Application. Refer to SECTION 4 for explanation on the review process.

1.15 Oral Presentation

Applicants may be requested to make an oral presentation of the Application. The determination of need for presentations, the location, order, and schedule of the presentations is at the sole discretion of the Department. If an oral presentation is required, Applicants may clarify or elaborate on their Applications, but may in no way change their original Application.

1.16 Rejection of Applications/Cancellation of the RFP

- A. The Department reserves the right to reject, in whole or in part, any or all Applications, to advertise for new Applications, to arrange to receive or itself perform the services herein, to abandon the need for such services, and to cancel this RFP if it is in the best interests of the Department.
- B. Any Application will be rejected outright and not evaluated for any of the following reasons:
 - 1. The Applicant is not an eligible Applicant as defined in section 1.03 or a subcontractor does not meet the requirements as defined in section 1.03.
 - 2. An Applicant submits more than one Application for the same Service Area for this Funding Opportunity.
 - 3. An Application is submitted in a manner other than the Electronic Grant Management System at www.iowaGrants.gov.
- C. Any Application may be rejected outright and not evaluated for any one of the following reasons:
 - 1. The Applicant fails to include required information or fails to include sufficient information to determine whether an RFP requirement has been satisfied.
 - 2. The Applicant fails to follow the application instructions or presents information requested by this RFP in a manner inconsistent with the instructions of the RFP.
 - 3. The Applicant provides misleading or inaccurate answers.
 - 4. The Applicant states that a mandatory requirement cannot be satisfied.
 - 5. The Applicant's response materially changes a mandatory requirement.
 - 6. The Applicant's response limits the right of the Department.
 - 7. The Applicant fails to respond to the Department's request for information, documents, or references.
 - 8. The Applicant fails to include any signature, certification, authorization, or stipulation requested by this RFP.
 - 9. The Applicant initiates unauthorized contact regarding the RFP with a state employee.

1.17 Restrictions on Gifts and Activities

Iowa Code chapter 68B contains laws which restrict gifts which may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Applicants are responsible for determining the applicability of this chapter to their activities and for complying with these requirements.

In addition, Iowa Code chapter 722 provides that it is a felony offense to bribe a public official.

1.18 Use of Subcontractors

- A. An Applicant **is not permitted** to subcontract for provision of the following RFP service types or covered services:
1. Required Services: Network Support
 2. *Optional Services:*
 - a. Adult Residential Treatment, Juvenile Residential Treatment, and Women and Children Treatment - Licensed Program Services for Patients
 - b. Methadone Treatment
- B. An Applicant **is permitted** to subcontract for provision of the following RFP service type or covered services for each proposed Service Area:
1. Required Services: Prevention Services
 2. Required Services: Outpatient Treatment - Licensed Program Services for Patients

Each proposed subcontractor for Required Services: Prevention Services and Required Services: Outpatient Treatment - Licensed Program Services for Patients must meet the eligibility requirements outlined in section 1.03.

- C. An Applicant is permitted to subcontract for services that will assist an Applicant to effectively implement the work and services required by the RFP. Examples of these types of subcontracts include, but are not limited to: licensed medical professionals, transportation services, therapeutic daycare services, etc. These subcontractors must be qualified to provide the subcontracted services but are not required to meet the eligibility requirements outlined in section 1.03.
- D. All proposed subcontracts will require Department pre-approval after the selection process and notice of award.

Subcontracts must adhere to the provisions of Section 5 of the Department General Conditions effective July 1, 2016 as posted on the Department Web page at <http://idph.iowa.gov/> under the *Funding Opportunities* link.

Applications selected by the Department in accordance with the RFP, which include plans for provision of certain services via subcontracts, will be expected to provide RFP services as described and approved within the Application. For this reason, the Department reserves the right to deny requests to change or terminate subcontracts for Required Services: Prevention Services and for Required Services: Outpatient Treatment - Licensed Program Services for Patients, and to require pre-approval for any work plan changes.

Planned use of subcontractors by an Applicant must be clearly explained in the Application forms as provided by the Department (refer to SECTION 3). This information must include, but is not limited to:

- The name and address of the subcontractor;
- The scope of work to be performed by each subcontractor;
- Subcontractor and subcontractor staff qualifications;
- Subcontractor license and experience for each proposed service;
- The estimated dollar amount of each subcontract.

Current individual employees of the State of Iowa may not act as subcontractors under this contract.

The Contractor is fully responsible for all work performed by subcontractors. No subcontract into which the Contractor enters with respect to performance under the contract will, in any way, relieve the Contractor of any responsibility for performance of its duties.

1.19 Reference Checks

The Department reserves the right to contact any reference to assist in the evaluation of the Application, to verify information contained in the Application, and to discuss the Applicant's qualifications and the qualifications of any subcontractor identified in the Application.

1.20 Criminal Background Checks

The Department reserves the right to conduct criminal history and other background investigations into the Applicant, its officers, directors, managerial and supervisory personnel, clerical or support personnel, and professional personnel retained by the Applicant for duties related to the performance of the contract. Such information may be used in determining contract awards. The Applicant shall cause all waivers to be executed by appropriate persons to effectuate the investigations.

1.21 Information from Other Sources

The Department reserves the right to obtain and consider information from other sources concerning an Applicant, including the Applicant's product or services, personnel, and subcontractors, and the Applicant's capability and performance under other the Department contracts, other state contracts and contracts with private entities. The Department may use any of this information in evaluating an Applicant's Application.

1.22 Verification of Application Contents

The Department reserves the right to verify the contents of an Application submitted by an Applicant. Misleading or inaccurate responses may result in rejection of the Application pursuant to section 1.16.

1.23 Litigation and Investigation Disclosure

The Applicant shall disclose any pending or threatened litigation, administrative, or regulatory proceedings or similar matters which could affect the ability of the Applicant to perform the required services. Failure to disclose such matters at the time of application within the Business Organization Form (refer to SECTION 3) may result in rejection of the Application or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of an Application must be disclosed within 30 days in a written statement to the Department.

1.24 Financial Accountability

The Applicant shall maintain sufficient financial accountability and records. The Applicant shall disclose each irregularity of accounts maintained by the Applicant discovered by the Applicant's accounting firm, the Applicant, or any other third party. Failure to disclose such matters, including the circumstances and disposition of the irregularities, at the time of application within the Business Organization Form (refer to SECTION 3) may result in rejection of the Application or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of an Application must be disclosed within 30 days in a written statement to the Department.

1.25 RFP Application Clarification Process

The Department may request clarification from Applicants for the purpose of resolving ambiguities or questioning information presented in the Application. Clarifications may occur throughout the Application evaluation process. Requests for clarification will be issued to the primary user (Registered Applicant) through email from Stacey Hewitt. Clarification responses shall be in writing in the format provided by the Department and shall address only the information requested. Responses shall be submitted to the Department within the time stipulated at the time of the request. An Applicant will not be permitted to modify or amend its Application if contacted by the Department for this reason.

1.26 Waivers and Variances

The Department reserves the right to waive or permit cure of non-material variances in the Application's form and content, providing such action is in the best interest of the Department. In the event the Department waives or permits cure of nonmaterial variances, such waiver or cure will not modify the RFP requirements or excuse the Applicant from full compliance with RFP specifications or other contract requirements if the Applicant is awarded the contract. The determination of materiality is in the sole discretion of the Department.

1.27 Disposition of Applications

All Application submissions become the property of the Department.

If the Department awards funds to an Applicant, the contents of all Applications will be in the public domain at the conclusion of the selection process and will be open to inspection by interested parties subject to exceptions provided in Iowa Code chapter 22 or other provision of law.

1.28 Public Records and Requests for Confidential Treatment of Application Information

The Department's release of public records is governed by Iowa Code chapter 22. Applicants are encouraged to familiarize themselves with chapter 22 before submitting an Application in response to this RFP.

The Department will copy and produce public records upon request as required to comply with chapter 22 and will treat all information submitted by an Applicant as non-confidential records unless Applicant requests specific parts of the Application be treated as confidential at the time of the submission as set forth herein AND the information is confidential under Iowa or other applicable law.

All information submitted by an Applicant will be treated as public information following the conclusion of the selection process unless the Applicant properly requests that information be treated as confidential at the time the Application is submitted.

Failure of the Applicant to request information be treated as confidential as specified herein shall relieve Department personnel from any responsibility for maintaining the information in confidence. Applicants may not request confidential treatment with respect to pricing or budget information and transmittal letters. An Applicant's request for confidentiality that does not comply with this section or an Applicant's request for confidentiality on information or material that cannot be held in confidence as set forth herein are grounds for rejecting an Application as non-responsive.

A. Confidential Treatment of Information is Requested by the Applicant

An Applicant requesting confidential treatment of information contained in its Application shall be required to submit two copies of its Application (one complete Application

(containing confidential information) and one redacted version (with confidential information excised) and complete and submit Form 22 with both Applications; as outlined herein:

1. Complete and Submit Form 22 with both Applications
APPLICANT NOTE: SUBMISSION OF THIS FORM 22 IS REQUIRED **ONLY** IF REQUESTING CONFIDENTIAL TREATMENT OF APPLICATION INFORMATION.

In order to request information contained in an Application to be treated as confidential, the Applicant must complete and submit FORM 22 with both Applications. Failure of the Applicant to accurately and fully complete FORM 22 with the Application submission may result in the Application to be considered non-responsive and not evaluated. The Form 22 is available to download from a link located in the attachments section of the standard application form titled Application Certification and Conditions (refer to SECTION 3). Applicant must download Form 22 from a link within this form, complete it, and upload it into the specific field of the electronic Application Certification and Conditions form in both applications.

Form 22 will not be considered fully complete unless, for **each** confidentiality request, the Applicant: (1) enumerates the specific grounds in Iowa Code chapter 22 or other applicable law that supports treatment of the material as confidential, (2) justifies why the material should be maintained in confidence, (3) explains why disclosure of the material would not be in the best interest of the public, and (4) sets forth the name, address, telephone, and e-mail for the person authorized by applicant to respond to inquiries by the Department concerning the confidential status of such material. Requests to maintain an entire Application as confidential will be rejected as non-responsive.

2. An Applicant that submits an Application containing confidential information must submit two copies of its Application (one complete Application and one redacted version of the Application) for this RFP. Completed Form 22 shall be uploaded in the Application Certifications and Conditions form in **both** copies.

One copy of the Application must be completed and submitted in its entirety, containing the confidential information. This is the Application that will be reviewed.

The Applicant must submit one copy of the Application labeled “Redacted Copy” from which the confidential information had been excised. In order to do this, the Applicant shall rename the copy with the word ‘Redacted’ added as the **first** word in the Application title, using the exact same title as the first copy of the Application. The Applicant must then revise each form within the copied/redacted Application removing the confidential information and inserting the word ‘redacted’ in the required fields. The confidential material must be excised from

the redacted version in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the Application as possible.

Both copies of the Application must be submitted by the Applicant by the due date and time outlined in section 1.06 D.

B. Public Requests

In the event the Department receives a public request for Application information marked confidential, written notice shall be given to the Applicant seventy-two (72) hours prior to the release of the information to allow the Applicant to seek injunctive relief pursuant to Iowa Code section 22.8. The information marked confidential shall be treated as confidential information to the extent such information is determined confidential under Iowa Code chapter 22 or other provisions of law by a court of competent jurisdiction. If the Department receives a request for information that Applicant has marked as confidential and if a judicial or administrative proceeding is initiated to compel the release of such material, Applicant shall, at its sole expense, appear in such action and defend its request for confidentiality. If Applicant fails to do so, Department may release the information or material with or without providing advance notice to Applicant and with or without affording Applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

Additionally, if Applicant fails to comply with the request process set forth herein, if Applicant's request for confidentiality is unreasonable, or if Applicant rescinds its request for confidential treatment, Department may release such information or material with or without providing advance notice to Applicant and with or without affording Applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

The Applicant's failure to request confidential treatment of material pursuant to this section and the relevant law will be deemed by the Department as a waiver of any right to confidentiality which the Applicant may have had.

1.29 Copyrights

By submitting an Application, the Applicant agrees that the Department may release the Application for the purpose of facilitating the evaluation of the Application or to respond to requests for public records. By submitting the Application, the Applicant consents to such release and warrants and represents that such release will not violate the rights of any third party. The Department shall have the right to use ideas or adaptations of ideas that are presented in the Applications. In the event the Applicant copyrights its Application, the Department may reject the Application as noncompliant.

1.30 Appeal of Rejection Decision

The Applicant's receipt of a rejection letter constitutes receipt of notification of the adverse decision per 641 Iowa Administrative Code chapter 176.8(1). Applicants may appeal the adverse decision only for a timely submitted Application. The appeal shall be submitted in writing within ten business days of receipt of notification of the adverse decision. Appeals shall be submitted in writing to Stacey Hewitt, Contract Administrator, Division of Administration and Professional Licensure, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in the RFP were not followed. In the event of an appeal, the Department will continue working with the successful Applicant pending the outcome of the appeal.

1.31 Appeal of Award Decision

The posting of the Notice of Intent to Award on the Department Web page constitutes receipt of notification of the adverse decision per 641 Iowa Administrative Code chapter 176.8(1). Applicants may appeal the adverse decision only for a timely submitted application. The appeal shall be submitted in writing within ten business days of receipt of notification of the adverse decision. Appeals shall be submitted in writing, return receipt requested, to Stacey Hewitt, Contract Administrator, Division of Administration and Professional Licensure, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in the RFP were not followed. In the event of an appeal, the Department will continue working with the successful Applicant pending the outcome of the appeal.

1.32 Definition of Contract

The full execution of a written contract by both parties shall constitute the making of a contract for services and no Applicant shall acquire any legal or equitable rights relative to the contract until the contract has been fully executed by the successful Applicant and the Department.

1.33 Construction of RFP

This RFP shall be construed in light of pertinent legal requirements and the laws of the State of Iowa. Changes in applicable statutes and rules may affect the award process or the resulting contract. Applicants are responsible for ascertaining the relevant legal requirements. Any and all litigation or actions commenced in connection with this RFP shall be brought in the appropriate Iowa forum.

SECTION 2 – DESCRIPTION OF SERVICES

The following section provides a general description and scope of the services to be offered by Applicants to this RFP. This section will include references to Iowa Code and Administrative Code, as well as an overview of the expected work and services for each project. Changes in state or federal law or policy that occur after the published date of this RFP may require successful Applicants to modify the work and services outlined below.

Authority

The Department, through the Bureau of Substance Abuse (which includes the Problem Gambling program) within the Division of Behavioral Health, administers the Substance Abuse Prevention and Treatment Program and the Problem Gambling Program, pursuant to Iowa Code chapters 125 and 135; 641 Iowa Administrative Code chapter 155; and the SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG). The Department is the designated single state authority to develop, implement, and administer a comprehensive substance use disorder program. The Department's responsibilities are under the purview of its advisory body, the State Board of Health, with certain duties delegated to the Board's Substance Abuse and Problem Gambling Treatment Program Committee.

In accordance with Iowa Code section 125.1, it is the policy of this state:

1. That persons with substance-related disorders be afforded the opportunity to receive quality treatment and directed into rehabilitation services which will help them resume a socially acceptable and productive role in society.
2. To encourage substance abuse education and prevention efforts and to insure that such efforts are coordinated to provide a high quality of services without unnecessary duplication.
3. To insure that substance abuse programs are being operated by individuals who are qualified in their field whether through formal education or through employment or personal experience.

2.01 Background and Overview

In implementing its duties, the Department regulates substance use disorder and problem gambling treatment programs, and funds and administers a broad range of related prevention, early intervention, treatment, and recovery support services.

641 Iowa Administrative Code chapter 155, Licensure Standards for Substance Use Disorder and Problem Gambling Treatment Programs (Licensure Standards), defines substance use disorders and problem gambling as addictive disorders. The Department initiated an addictive disorders system of care transition in 2009. The scope of services and implementation of the

services outlined in this RFP represent a final step in that transition, which focuses on an integrated provider network offering services collaboratively throughout the state.

Through the RFP, the Department seeks to establish a statewide, community-based, resiliency- and recovery-oriented system of care for substance use and problem gambling services. Successful Applicants will together form a statewide Department-funded limited provider network that will build service delivery on assessment, collaboration, coordination, access, quality, and effectiveness.

For the purpose of the RFP:

- “Integrated Provider Network” means the limited provider network of successful Applicants that works with the Department to provide and assure awareness of and access to services under this RFP statewide.
- The terms “addictive disorder”, “substance abuse”, “substance-related”, “substance use and gambling problems”, and “substance use disorder” are all used in the RFP, because no single term covers all these various terms as they are referenced in Iowa Code and Administrative Code, by SAMHSA, in evidence-based practices, and in other sources. The RFP generally uses:
 - “addictive disorder” and “substance use and gambling problems” when referring to both issues together.
 - “substance abuse” when referring to prevention services.
 - “substance use disorder” when referring to treatment services, consistent with the definition in the Licensure Standards of functional impairment of sufficient impact and duration to meet the diagnostic criteria of the *Diagnostic and Statistical Manual of Mental Disorders*.

Goals

The overarching goals of the Integrated Provider Network project are based on the understanding that effective addictive disorder services are best delivered as part of an integrated system of care that engages Iowans at all points in their understanding of alcohol, drug, and gambling problems, and in their personal recovery efforts.

An Applicant must have the capability and experience to educate the public, assess local needs, understand state and national policy, inform and collaborate with each other and with stakeholders, reduce stigma, prevent substance use and gambling problems, intervene with at-risk or in-need persons and populations, provide effective treatment, and support early remission and long term recovery.

Through this RFP, the Department seeks to protect and improve the health of Iowans by meeting the following three Integrated Provider Network goals:

1. Establish and maintain a comprehensive and effective system of care for substance use and gambling problems through a statewide integrated network of services and providers.

2. Reduce substance use and gambling problems in Iowa through public education, evidence-based prevention, and early intervention services.
3. Increase remission and recovery from substance use disorders and problem gambling through timely, accessible, ongoing, and effective treatment services.

Overview of Expectations

A successful Applicant to this RFP will be an Integrated Provider Network “Contractor” and will provide directly or assure provision of all Required Services as outlined in this RFP in each awarded Service Area.

In addition, some Contractors will also provide selected *Optional Services* statewide. An Applicant must be awarded the Required Services for at least one Service Area in order to be considered for *Optional Services*.

An Applicant must apply for at least one Required Services Service Area and must provide or assure provision of all Covered Services in the Required Services category, which is comprised of three required service types.

A. Required Services

The three Required Services service types are:

- Network Support
- Prevention Services
- Outpatient Treatment

An Applicant may choose to include in the Applicant’s Required Services Service Area Application, any of the service types in the *Optional Services* category, which is comprised of four optional service types.

B. Optional Services

The four *Optional Services* service types are:

- Adult Residential Treatment
- Juvenile Residential Treatment
- Women and Children Treatment
- Methadone Treatment

Additional Program Services

In the event the Department receives additional funding or requirements through other state or federal awards for services that relate to Integrated Provider Network goals and services as determined by the Department, the Department reserves the right to require Contractors selected as a result of this RFP to provide such related services. Provision of these additional services may be through a separate contract, or may be added to the contract resulting from this RFP.

2.02 Overview of Expectations Related to Delivery of Services

In sections 2.03 and 2.04 below, the Department outlines in detail the expectations and minimum requirements for each service category (Required Services and *Optional Services*) and each service type. Each section will outline specific criteria for the Applicant’s expected compliance for the provision of Required Services and *Optional Services*.

An Applicant must review and understand the expectations and requirements as outlined in each section. An Applicant must submit an Application (refer to SECTION 3) that clearly explains the plan for implementation of services which meets the expectations and requirements outlined in this RFP, as well as related code, rules, and policy.

An Applicant must take a population health approach to the delivery of Integrated Provider Network services. Such an approach ranges from providing information that supports personal health management by individuals with low risk of problems, to more intensive service delivery and management of care for individuals at highest risk. Contractors, as the Department’s partners, will be responsible for the substance use and problem gambling “health” of Iowans and of Iowa communities statewide.

In addition to expected compliance related to the specific services as outlined in sections 2.03 and 2.04, Contractors and certain subcontractors must comply with the SABG Requirements as outlined in the chart below. Each Applicant and each proposed Required Services: Prevention Services and Required Services: Outpatient Treatment - Licensed Program Services for Patients subcontractor must sign a certification form within the Application, attesting to the Applicant’s and subcontractor’s understanding of and expected compliance with these requirements (refer to SECTION 3). In addition, an Applicant shall incorporate these requirements for each applicable service throughout the Application work plans.

Substance Abuse Prevention and Treatment Block Grant (SABG) Requirements	
<i>Note: References to patients or to persons receiving treatment services apply to substance use disorder treatment patients only.</i>	
1. Non-Supplanting Requirement (45 C.F.R 96.135 (a) (4))	Federal funds made available shall not be used to supplement and increase the level of state, local and other non-federal funds that would in the absence of such federal funds be made available for the programs and activities for which funds are provided and will in no event take the place of state, local and other non-federal funds.
2. Priority in Admission Status (45 C.F.R 96.131)	Priority in admission to substance use disorder treatment shall be given to patients with the greatest clinical need, as follows:
<ul style="list-style-type: none"> ● Pregnant women who inject drugs ● Pregnant women who abuse substances in other ways ● Other Individuals who inject drugs ● All others 	

<p>3. Treatment and Interim Services for Pregnant Women (45 C.F.R . 96.131)</p>
<p>Priority admission must be offered to pregnant women, either through immediate admission or priority placement on a waiting list. Interim services must be provided to pregnant women on a waiting list. If there is insufficient capacity to provide interim services, the Department must be notified immediately to assist in the coordination of the provision of interim services (within 48 business hours).</p>
<p>Preference in admission must be given to pregnant women who seek or are referred for and would benefit from SABG funded treatment services. All providers who serve women and who receive SABG funds must provide preference as outlined above and meet the following:</p> <ul style="list-style-type: none"> ● Publicizes that pregnant women receive preference in admission. ● Refers pregnant women to the Department when the program has insufficient capacity to provide services to any such pregnant women who seek services. ● Makes available interim services within 48 hours to pregnant women who cannot be admitted due to lack of capacity. ● Provide the following interim services: <ul style="list-style-type: none"> ○ counseling and education about HIV and tuberculosis about the risks of needle-sharing, risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV transmission does not occur, ○ referral for HIV and TB services, ○ counseling on the effects of alcohol and drug use on the fetus, ○ referrals for prenatal care. ● Documentation of all required elements including documentation of pregnant women capacity, interim services offered, provided and referred.
<p>4. Capacity of Treatment for Persons who Inject Drugs and Interim Services (45 CFR 96.126)</p>
<p>Priority admission must be offered to persons who inject drugs, either through immediate admission or priority placement on a waiting list, to persons who inject drugs. Interim services are provided to individuals for intravenous substance abuse on the waiting list.</p>
<p>Assure that each individual who requests and is in need of treatment for intravenous drug use is admitted to a program of such treatment not later than:</p> <ul style="list-style-type: none"> ● 14 days after making the request for admission, ● 120 days if the program has no capacity to admit the individual on the date of the request; and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance use disorder treatment program. Programs must report to the Department when bed capacity reaches 90% and must document such notification including date and outcome of contact with the Department and interim services or referrals made, within seven (7) days. <p>Notification must be provided to the Department within seven (7) days of reaching 90% treatment capacity.</p>
<p>Provide the following interim services:</p> <ul style="list-style-type: none"> ● counseling and education about HIV and tuberculosis about the risks of needle-sharing, ● risks of transmission to sexual partners and infants and steps that can be taken to ensure that HIV transmission does not occur, ● referral for HIV and TB services, ● counseling on the effects of alcohol and drug use on the fetus-for pregnant women, ● referrals for prenatal care-for pregnant women.
<p>Establish a waiting list that includes a unique client identifier for each injecting drug abuser seeking treatment, including patients receiving interim services.</p> <p>Ensures that outreach efforts include the following:</p> <ul style="list-style-type: none"> ● selecting, training and supervising outreach workers, ● contacting, communicating and following-up with high-risk substance abuser as well as their associates and neighbors (within contrants of 45 CFR Parts 160 and 164 Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2),

<ul style="list-style-type: none"> • promoting awareness among persons who inject drugs to the relationship between injecting drug abuse and communicable diseases such as HIV, TB, etc. to encourage the individuals to enter treatment, • recommending steps that can be taken to ensure that HIV transmission does not occur.
<p>A mechanism to maintain contact with individuals awaiting admission must be in place or established. maintain documentation of all counseling and education provided, Interim Services provided and/or referrals made, dates of services/referrals, providers referred to, and wait list information in the patient's health record and report to the Department as requested.</p> <p>Remove persons awaiting treatment for intravenous substance use off the waiting list only when one of the following conditions occur: such persons cannot be located for admission into treatment or such persons refuse treatment.</p>
<p>5. Wait List Requirement (Office for Treatment Improvement-1992)</p>
<p>Uniform Waiting List is defined as a document that:</p> <ul style="list-style-type: none"> • Identifies individuals who are seeking treatment when appropriate treatment slots are not available • is a log/roster that the program maintains when service capacity has been reached • identifies individuals who are actively seeking treatment and who meet eligibility criteria
<p>Maintain a wait list that:</p> <ul style="list-style-type: none"> • Is a written log/roster that documents when service capacity has been reached, and identifies individuals who are actively seeking treatment and who meet eligibility criteria for admission. • Contains the screening mechanism used and location of the program. • Contains the patient name and contact information (mailing address, telephone number, and other contact information). • States disposition, including how and when the person was informed of the disposition, the recommended resource and how the recommendation was made. • Describes follow-up contact with the referral agency. • Includes priority categories: Pregnant Women and Persons Who Inject Drugs. • Updates the Department on progress at times directed by the Department.
<p>6. AIDS Education Component (45 CFR 96.121)</p>
<p>Provide an AIDS Education Component to treatment patients. The component shall include information regarding optional AIDS virus testing. Pre- and post-test counseling will be made available to patients to be tested for the virus. Maintain documentation of such education and counseling.</p>
<p>7. Religious Discrimination Prohibition/Charitable Choice (42 CFR 54a)</p>
<p>If a provider of service is a religious organization as defined in 42 CFR Part 54 and Part 54A (Charitable Choice Regulations), the provider may not discriminate against a patient on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice. Patients who object to a provider's religious character have the right to referral to another provider and providers will post or otherwise assure notice of such right as follows: "If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider of substance use disorder services to which you have no religious objections." The referral and receipt of alternative service must occur within a reasonable period of time after such a request. The alternative provider must be accessible to the patient and have the capacity to provide substance use disorder treatment services. The services provided by the alternative provider must be of value not less than the value of the services the patient would have received from the Provider. The Provider must document such objection, alternative service made or referral provided.</p>
<p>8. Collection of Treatment Episode Data Set (TEDS) Data (42 US 290aa-4)</p>
<p>Collect and submit to the Department all TEDS data on admission and discharge ages 12 and older.</p>
<p>9. Confidentiality of Protected Health Information (45 CFR 96.132 (e))</p>

Establish a process to protect the privacy and confidentiality of patient records and information, including proportionate disciplinary action for inappropriate disclosures or breaches and ensuring all staff shall receive annual training in accordance with 42 CFR, Part 2 and the Health Insurance Portability and Accountability Act of 1996.
10. Continuing Education (45 CFR 96.132)
Ensure that continuing education is made available to employees of the facility who provide treatment and prevention services.
11. Tuberculosis Requirements (45 CFR 96.127)
<p>Either directly, or through arrangement with other public or nonprofit entities, routinely makes available the following TB services:</p> <ul style="list-style-type: none"> ● Testing to determine whether the individual has been infected with mycobacterium TB to determine the appropriate form of treatment for the individual, ● Providing for or referring the individual infected by mycobacterium TB appropriate medical evaluation and treatment, ● Referring individuals to other providers of TB services if clients are denied admission to the program on basis of lack of capacity, ● Implementing infection control procedures that are consistent with the Department, which are designed to prevent the transmission of TB including: screening of patients, identification of those infected, meeting all state reporting requirements, and conducting case management activities to ensure that individuals receive such services.
12. Coordination of Prevention and Treatment Activities (45 CFR 96.132(c))
Coordinate treatment services with the provision of other appropriate services (including health, social, correctional and criminal justice, education, vocational rehabilitation, and employment services) to ensure clients have access to a full array of services.

Services must be clearly and accurately documented and reported, and must be provided in accordance with applicable laws and requirements. An Applicant must have the capability to report service information and data to the Department in the form and manner determined by the Department. Contractors must submit required information and data in an accurate and timely manner (refer to SECTION 6 and SECTION 7.) Contractor documentation must be sufficient for the Department to verify successful completion of required activities.

The Department requires periodic reporting of compliance with proposed work plan, provision of services, and incurred expenses by Contractors. Successful Applicants will be awarded a contract to be managed within an Electronic Grant Management system within www.iowaGrants.gov. The required reports and related information will be submitted within the Grant Tracking system.

Reports and submission requirements are subject to change at the sole discretion of the Department.

Certain service information and data will be reported/submitted through the Department's data systems, rather than in IowaGrants.

Anticipated reports include:

Reports	Reporting Method	Date Due
Critical Incident Reports	Via e-mail to: SUD.PG.Licensure@idph.iowa.gov	Within 24 hours of the Contractor becoming aware of the incident
Prevention Data Reporting	I-SMART and Qualtrics	By 15 th day of following month
Treatment Data Reporting	I-SMART and/or CDR	By 15 th day of following month
Claims Reimbursement and Support Documentation	IowaGrants	Within 30 days of the end of the month of service
Progress Reports	IowaGrants	Quarterly

2.03 Required Services: Description of Work and Services

This section outlines the requirements for each Required Service. Each section outlines specific criteria for the Applicant’s expected compliance in provision of these services. As applicable for each service, this description of requirements may include, but is not limited to:

- **Service Delivery Requirements**
 - Hours of Operation and Service Locations
 - Staffing and Personnel
 - Evidence-Based Practices and Standards of Care
- **Service Recipient Eligibility Requirements**
- **Covered Services Requirements**
- **Budget Requirements**
 - Direct Costs Categories
 - Indirect or Administrative Costs
 - Unallowable Expenditures
 - Rates
 - Fees
 - Non-Supplanting Requirement
- **Data and Reporting Requirements**

Required Services proposed within an Application must be provided in the proposed Service Area.

A. Network Support

This section outlines specific requirements for **Network Support** services. An Applicant must clearly demonstrate in the Application how the Applicant will meet RFP requirements and provide Network Support services for the Service Area. **The Applicant must provide these services directly.** An Applicant may not subcontract for provision of Network Support services. For Joint Applications, **each Joint Applicant must provide all Network Support services.**

Service Delivery Requirements

An Applicant must describe provision of Network Support services that is comprehensive and integrated in the Service Area and statewide.

For Network Support services, at a minimum the Contractor shall:

- Participate in the Department's management approach for implementing, promoting, monitoring, evaluating, and improving Integrated Provider Network services.
- Coordinate and assure provision of all Required Services within each awarded Service Area.
- If also awarded *Optional Services*, integrate provision of Required Services and awarded *Optional Services*.
- Work with the Department to coordinate and assure provision of Integrated Provider Network services statewide.
- Provide services based on assessed need and address the complex needs of the people served, including, but not limited to, substance use and problem gambling, general medical and mental health conditions, and related family, legal, and other concerns that can hinder remission and recovery.
- Serve as local- and state-level go-to resources for substance use and problem gambling services in Iowa.
- Conduct outreach to assure that Integrated Provider Network services are known to the communities served.
- Assure that all Integrated Provider Network services are readily accessible, comprehensive, flexible, and appropriate to the persons participating in or receiving services.
- Acknowledge Department and SAMHSA SABG funding on websites, materials, campaigns, and other communications or platforms that reference Integrated Provider Network services, using a citation that will be provided by the Department.

Staffing and Personnel

An Applicant must assure staffing and staff qualifications are sufficient to implement Network Support services as outlined in this RFP and as proposed in the Application. No single staff person may exceed 1.0 FTE.

An Applicant must identify the following lead staff person who will serve as the Department's contact for Network Support services and will participate in Network Support and other contract monitoring activities:

1. Network Support Lead

Covered Services Requirements

Network Support Covered Services are based on categories of activities determined by the Department to be necessary to achieve Integrated Provider Network goals.

An Applicant shall describe in the Application the plan for how the Applicant will provide each of the following Network Support Covered Services for the Service Area. Network Support services must be sufficient to meet the assessed needs of the Service Area.

1. Collaboration and Community Outreach

Contractors shall conduct, support, and participate in collaboration and community outreach activities that are intended to establish them as primary resources for substance use and problem gambling issues in their Service Areas and statewide.

Contractors will coordinate planning and service delivery in collaboration with the Department, other Contractors, subcontractors, and a broad range of stakeholders. Services will be based on and aligned with community, Service Area, and state needs and strengths.

Stakeholders may include, but are not limited to:

- Local Boards of Health
- Community coalitions
- County Boards of Supervisors
- Department on Aging, Aging and Disability Resource Centers, Area Agencies on Aging
- Department of Corrections, judicial districts
- Department of Education, school districts and non-public schools
- Department of Human Services, child welfare, Medicaid managed care, Mental Health and Disability Services regions
- Department of Public Health programs and services, State Board of Health
- Department of Public Safety, local law enforcement, emergency response
- Elected officials, policy-makers
- Hospitals, other healthcare providers
- Judicial Branch, drug courts, family treatment courts, juvenile justice
- Mental health services providers
- Local public health agencies, HIV prevention and care centers
- Service Area residents and lowans statewide

2. Needs Assessment

Contractors shall conduct, support, and participate in local and state needs

assessment processes that are intended to support understanding of substance use and problem gambling needs, trends, and service gaps. Needs assessment processes enhance Department of Public Health surveillance efforts.

Needs assessment processes may include, but are not limited to:

- Community Assessment Workbooks
- Each county's Community Health Needs Assessment and Health Improvement Plan (CHNA HIP)
- The Department's Iowa Youth Survey

3. Health Promotion

Contractors shall conduct, support, and participate in health promotion activities that are intended to inform and educate Iowans on substance use and gambling problems. Health promotion also supports access to prevention, early intervention, treatment, and recovery support resources and services.

Health promotion activities may include, but are not limited to:

- Contractor websites and social media presence
- The Department's YourLifelowa helpline and website
- The Department's 1-800-BETS OFF helpline and website
- The Department's "A Matter of Substance" newsletter and other publications
- The Department of Public Health website and social media platforms
- Contractor and Department efforts directed to specific topics and issues

The Department may require the use of certain health promotion resources, materials, and campaigns. A Contractor must request prior approval from the Department for the use of other health promotion materials or campaigns for Integrated Provider Network purposes.

4. Data and Continuous Quality Improvement

Contractors shall conduct, support, and participate in continuous quality improvement (CQI) activities that are intended to improve Integrated Provider Network services by identifying, implementing, and monitoring critical performance measures on an ongoing basis, based on valid and reliable data and stakeholder input.

The Department organizes Integrated Provider Network CQI activities around NIATx concepts, a process improvement model designed for behavioral health. (CHESS/NIATx, University of Wisconsin-Madison; See SECTION 7 - Links.)

CQI activities may include, but are not limited to:

- Access and wait time performance measures
- Critical incident reports (See SECTION 6 - Attachments)
- Data integrity reports
- Engagement and retention performance measures
- External review and evaluation
- Funding source monitoring
- Integrated Provider Network Provider Manual
- Outcome performance measures
- Process “walk-throughs” and improvement projects
- Retrospective review of service provision and contract compliance
- Satisfaction surveys
- Simulated phone calls or other requests for information or services

5. Workforce Development

Contractors shall conduct, support, and participate in workforce development activities that are intended to recruit, retain, and continually develop highly qualified staff to provide Integrated Provider Network services.

Workforce development activities may include, but are not limited to:

- Orienting new staff to Integrated Provider Network services; SABG requirements; Confidentiality of Protected Health Information in accordance with 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, including disciplinary action for inappropriate disclosures or breaches; and contract requirements
- Training all staff each year on Integrated Provider Network services; SABG requirements; Confidentiality of Protected Health Information in accordance with 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, including disciplinary action for inappropriate disclosures or breaches; and contract requirements
- Workforce development planning that includes strategies to:
 - Support recruitment and retention of qualified staff
 - Enhance staff competency and performance
 - Expand the roles of persons in recovery and family members/friends in planning and delivering services

6. Meetings, Trainings, and Technical Assistance

Contractors shall conduct, support, and participate in meetings, trainings, and technical assistance activities that are intended to enhance, expand, and improve Integrated Provider Network Support services. Meetings, trainings, and technical assistance must be face-to-face or may be conducted through electronic means, as determined by the Department. Travel will be required.

Meetings, trainings, and technical assistance will include, but are not limited to:

- CQI meetings (quarterly, face-to-face during the initial Contract Term)
- Governor’s Conference on Substance Abuse (annual, face-to-face)
- Integrated Provider Network Roundtables (quarterly, face-to-face during the initial Contract Term)
- Prevention Conference (as scheduled, face-to-face)
- Reporting requirements and processes (as scheduled)
- Technical assistance (as scheduled)
- Topic-specific trainings (as scheduled)
- Women and Children Roundtables (twice a year, face-to-face)

Budget Requirements

The maximum funding amount available for Network Support services is outlined per Service Area in the SERVICE AREA FUNDING table in section 1.05. An Applicant may apply for up to these amounts for the Network Support Covered Services outlined in this section and described in the Application work plan. The amount listed per Service Area must be shared among Joint Applicants.

An Applicant will demonstrate a line item budget adequate to support the work for the Network Support Covered Services described in the Application, based on the specific line item categories outlined below. The budget amounts per category must be inclusive of all costs (salary, supplies, direct, support and administrative). An Applicant’s budget justification narrative shall describe in detail how the budget was calculated and justify the expenses detailed.

Network Support services will be funded in total, encompassing the Covered Services listed below:

1. Collaboration and Community Outreach
2. Needs Assessment
3. Health Promotion
4. Continuous Quality Improvement
5. Workforce Development
6. Meetings, Trainings, and Technical Assistance

Budget line categories for the Network Support budget are:

Direct Costs Categories

Allowable budget line categories for direct cost expenses include:

- a. Salary and Fringe Benefits
An Applicant shall include all staff salary and fringe amounts directly

funded, wholly or partially with these funds. A justification for each staff charged to this project shall include the staff position title, the annual salary and fringe for the position, and the full-time equivalent (FTE) portion to be charged to these funds.

b. Equipment

Equipment is defined as any item with a cost or value of \$5,000 or more and with an anticipated useful life of one year or more. Pre-approval from the Department for other equipment purchases is required and should not be included at the time of application.

c. Other

This category may include items such as office supplies, educational supplies, project supplies, incentives, communication, rent and utilities (if not included in Administrative or Indirect Costs), training, information technology-related expense, travel*, etc. and should reflect any major activities required to accomplish the work plan. This category also includes any items not meeting the above definition for equipment.

* The Department will not reimburse travel amounts in excess of limits established by Iowa Department of Administrative Services, State Accounting Enterprise. Current in-state maximum allowable amounts are:

- Food - \$8.00/breakfast, \$12.00/lunch, \$23.00/dinner
- Lodging - Maximum \$98.00 plus taxes per night
- Mileage - Maximum of \$0.39 per mile

Indirect or Administrative Costs

An Applicant may charge an indirect rate in accordance with the Applicant's federally approved Indirect Cost Rate Agreement or an Indirect Cost Plan recognized by a state cognizant agency (local governments). If the Applicant charges indirect costs, a copy of the current, signed federally approved indirect cost rate agreement or the Indirect Cost Plan recognized by a state cognizant agency must be submitted as an attachment to the Application. The Department reserves the right to negotiate the application of the Indirect Rate per individual contract.

Only in the absence of a federally approved Indirect Cost Rate Agreement or an Indirect Cost Plan recognized by a state cognizant agency (local governments), Administrative Costs are capped at (limited to) 15% of the direct costs proposed in the budget. The total budget may not exceed total available funds.

Administrative costs are those that are incurred for common or joint objectives, and therefore cannot be identified readily and specifically with a sponsored program, but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation and administrative salaries are generally treated as indirect/administrative costs.

A Contractor shall maintain documentation to support the administrative cost allocation. The Department reserves the right to request the documentation at any time.

Unallowable Expenditures

Per 45 CFR, 96.135, 96.137, and SAMHSA guidance documents, SABG funding can not be expended for the purposes listed below:

- Purchase of land or construction of building or improvements thereon
- Purchase of major medical equipment
- Providing individuals with hypodermic needles or syringes
- Any salary in excess of Level 1 of the federal senior executive service pay scale.
- Inpatient hospital services
- Satisfying the requirement for expenditures of non-Federal funds as a condition for the receipt of Federal funds
- Providing financial assistance to any entity other than a public or nonprofit entity
- Cash payments to intended recipients of health services

Fees

A Contractor shall not charge participants a fee for Network Support services.

Non-Supplanting Requirement (45 C.F.R 96.135 (a) (4))

Federal funds made available shall not be used to supplement and increase the level of state, local and other non-federal funds that would in the absence of such federal funds be made available for the programs and activities for which funds are provided and will in no event take the place of state, local and other non-federal funds.

Data and Reporting Requirements

Network Support services must be clearly and accurately documented in Contractor records, and must be clearly and accurately documented and reported in the Grant Tracking system. The Department requires periodic reporting of compliance with proposed work plan, provision of services, and incurred expenses by Contractors.

A Contractor must document provision of Network Support services in a manner sufficient to support Contractor billing and reporting and Department monitoring.

B. Prevention Services

This section outlines specific requirements for **Prevention Services**. An Applicant must clearly demonstrate in the Application how the Applicant will meet RFP requirements and provide Prevention Services in the Service Area. **The Applicant may provide these services directly or through subcontracting** (refer to sections

1.03 and 1.18).

Service Delivery Requirements

An Applicant must describe how the Applicant will provide Prevention Services in the proposed Service Area that meet the assessed needs of the Service Area.

A Contractor is expected to comply with the definition of prevention in IAC 641—155 Licensure Standards for Substance Use Disorder and Problem Gambling Treatment Program: “activities aimed at minimizing the use of potentially addictive substances, lowering risk in at-risk individuals, or minimizing potential adverse consequences of substance use or gambling.”

A Contractor shall provide Prevention Services that comply with the Institute of Medicine Prevention Classifications, the Strategic Prevention Framework, and the SAMHSA Prevention Service Categories, as outlined below.

1. Institute of Medicine Classifications

The Institute of Medicine (IOM) classifications for classifying prevention services focuses on populations with different levels of risk.

- a. *Universal* services are targeted to the general public or to a whole population group, that has not been identified on the basis of individual risk. Universal is split into two categories:
 - *Universal Direct* interventions directly serve an identifiable group of participants.
 - *Universal Indirect* interventions support population-based programs and environmental strategies.
- b. *Selective* services are targeted to individuals or to a subgroup of the population whose risk of developing a disorder is significantly higher than average.
- c. *Indicated* services are targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing a disorder, or having biological markers indicating predisposition for a disorder but not yet meeting diagnostic levels.

2. Strategic Prevention Framework

SAMHSA’s Strategic Prevention Framework (SPF) is a five-step planning process, with two guiding principles. Contractors must specifically document use of the SPF process in developing and delivering Prevention Services Covered Services to address at least one of the Prevention Services priorities in the Service Area during each Contract Term. The SPF steps are:

- a. The Assess step, which helps define the problem or issue a project needs to tackle, and includes collection of data to:

- Understand a population's needs
 - Review the resources that are required and available
 - Identify the readiness of the community to address prevention needs and service gaps.
- b. The *Build Capacity* step mobilizes human, organizational, and financial resources to meet project goals. Training and education to promote readiness are also critical.
 - c. The *Plan* step involves creation of a comprehensive plan with goals, objectives, and strategies to meet the prevention needs of the community. Organizations select logic models and evidence-based programs and policies, and determine costs and resources needed for effective implementation.
 - d. The *Implement* step focuses on carrying out the prevention plan and identifying and overcoming potential barriers. During implementation, organizations detail the evidence-based programs and policies to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.
 - e. The *Evaluate* step helps organizations recognize what they have done well and what areas need improvement. Evaluation measures the impact of programs and practices to understand their effectiveness and any need for change. Evaluation influences future planning and can impact sustainability, because evaluation can show sponsors that resources are being used wisely.

The SPF guiding principles are:

- a. *Cultural Competence*, which is the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds. Becoming culturally competent requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice.
- b. *Sustainability* is the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability ensures prevention processes are established, partnerships are strengthened, positive prevention outcomes are maintained, and financial and other resources are secured over the long term.

3. **SAMHSA Prevention Services Categories**

A Contractor will report Prevention Services Covered Services to the Department in accordance with the SAMHSA Prevention Service Categories:

- a. *Direct/Indirect Services*
Prevention Services are delivered directly and indirectly. Direct services are preferred.

Direct services are face-to-face contact between prevention staff and participants through curricula delivery, educational activities, and awareness activities.

Indirect services are delivered through social media, websites, printed media, etc.

b. *Session-Based Services*

Session-based prevention services are a pre-planned series of structured program lessons and/or activities. Session-based services are intended to inform, educate, develop skills, and identify/refer individuals who may be at risk for a substance use disorder or problem gambling.

Session-based prevention services must have an anticipated measurable outcome, measured via a pre/post-test survey design.

Session-based services must be evidence-based programs listed on a national registry approved by the Department and focus on outcomes directly related to substance abuse. (See SECTION 7 - Links.)

c. *One-Time Services*

One-time prevention services are single activities intended to inform general and specific populations about substance use or problem gambling.

The Department will provide direction on allowable one-time services. The Department plans to limit one-time services to Information Dissemination or Environmental strategies which may include but may not be limited to:

- Responsible Beverage Service Training using the Training for Intervention Procedures (TIPS), which can include TIPS for Gaming
- Driver's Education classes
- Minor in Possession diversion classes
- Workplace training and workplace policy change
- Responsible Gaming
- Self-Exclusion Tool Kit
- Gambling in the Workplace

d. *Evidence-Based Programs, Policies, and Practices*

"Evidence-based" refers to approaches to prevention that are validated by documented evidence. Integrated Provider Network Prevention evidence-based programs must be specific to substance abuse or problem gambling.

Contractors shall plan and provide Prevention Services in coordination with

stakeholders.

Contractors must provide Prevention Services that address the lifespan, with evidence-based programs appropriate to different persons and populations.

Contractors will address the following Prevention Services priorities:

- Alcohol
- Marijuana
- Prescription medications
- Problem Gambling
- Tobacco

Additional Prevention Services priorities may include, but may not be limited to, methamphetamines, opioids, and suicide, as well as other priorities mutually determined by the Department and the Contractor, based on data and identified need.

Hours of Operation and Service Locations

A Contractor must provide Prevention Services in the Service Area.

A Contractor must have sufficient Prevention Services locations and hours of operation to support access for all residents in each county in the Service Area.

A Contractor may provide Prevention Services in person or through electronic means or written communications, with direct face-to-face services preferred.

A Contractor must offer Prevention Services in each county in each awarded Service Area. A Contractor may request an exception from the Department.

A Contractor cannot limit Prevention Services to the school year and cannot limit Prevention Services locations to schools.

Staffing and Personnel

An Applicant must assure staffing and staff qualifications are sufficient to implement Prevention Services as outlined in this RFP and as proposed in the Application. No single staff person may exceed 1.0 FTE.

Staff providing Prevention Services must have the appropriate qualifications, experience, degrees, certifications, or licenses required of their position and the services provided and must meet all regulatory requirements. Each service must be provided by staff persons qualified to provide that service.

An Applicant must identify the following lead staff person(s) who will serve as the Department's contact(s) for Prevention Services and will participate in

Network Support and other contract monitoring activities:

1. Prevention Services Lead
Minimum of three years experience in the field of substance abuse or problem gambling prevention services; minimum of Bachelor's Degree.
2. Prevention Services Data/QI Lead
Minimum of three years experience in the field of data collection and reporting or quality improvement; minimum of Associate's Degree in data related or human services field.

Evidence-Based Practices and Standards of Care

A Contractor must provide Prevention Services that are evidence-based programs that have outcomes directly related to substance abuse and/or problem gambling. "Evidence-based" refers to approaches to prevention that are validated by documented evidence.

The Department accepts the following registries as resources for Prevention Services programs (refer to SECTION 7 - Links):

- Blueprints for Healthy Youth Development (model programs)
- National Institute of Drug Abuse Red Book (model programs)
- Evidence-Based Practices Resource Center
- Stacked Deck

A Contractor may request an exception from the Department to implement a Prevention Services program not listed in an approved registry. The Department will establish an exceptions request process and review the request with its Evidence-Based Practices Workgroup and approve or deny requests.

The Department has established expectations for Prevention Services staff and services by customizing certain sections of the treatment program Licensure Standards to establish similar standards for Prevention Services (refer to PREVENTION ORGANIZATION EXPECTATIONS table below.) Because the standards are new, the Department will not require full compliance upon Application submission, but will work with Contractors to become fully compliant within the first year of the initial Contract Term.

An Applicant shall describe in the Application the Applicant's current level of compliance with the Prevention Organization Expectations. If the Applicant is not in full compliance with the Prevention Organization Expectations at the time of Application, the Applicant will describe the resources and steps that will be dedicated to become compliant within the first year of the initial Contract Term.

PREVENTION ORGANIZATION EXPECTATIONS

1. Policies and Procedures Manual *(based on IAC 155.21(4))*

Maintain and implement written policies and procedures manual that documents the Contractor's prevention services. Describe the prevention services and related activities, specify the policies and procedures to be followed, and govern all prevention staff.

- a. The manual shall have a table of contents.
- b. Revisions to the manual shall be entered with the date and with the name and title of the staff person making the revisions.

2. Staff Development and Training *(based on IAC 155.21(5))*

Policies and procedures shall establish a staff development and training plan that encompasses all prevention staff and all prevention services, considers the professional continuing education requirements of certified staff, and is available to all prevention staff.

- a. Designate a staff person responsible for the staff development and training plan.
- b. The staff person responsible for the staff development and training plan shall conduct an annual needs assessment.
- c. The staff development and training plan shall describe orientation of new staff which includes an overview of the Contractor's organization, prevention services, and confidentiality.

3. Data Reporting *(based on IAC 155.21(6))*

Policies and procedures shall describe how the Contractor reports data to the Department in accordance with Department requirements and processes.

4. Fiscal Management *(based on IAC 155.21(7))*

Policies and procedures shall ensure proper fiscal management.

5. Personnel *(based on IAC 155.21(8))*

The Contractor shall have personnel policies and procedures.

a. Personnel policies and procedures shall address:

- Recruitment and selection of staff
- Wage and salary administration
- Promotions
- Employee benefits
- Working hours
- Vacation and sick leave
- Lines of authority
- Rules of conduct
- Disciplinary actions and termination
- Methods for handling cases of inappropriate service delivery
- Work performance appraisal
- Staff accidents and safety
- Staff grievances
- Prohibition of sexual harassment
- Implementation of the Americans with Disabilities Act
- Implementation of the Drug-Free Workplace Act
- Use of social media
- Implementation of equal employment opportunity

<p>b. Each position and staff person will have a written job description that describes the duties of each position and staff and the qualifications required for each position.</p>
<ul style="list-style-type: none"> ● A staff person providing prevention services shall be qualified to provide prevention services by meeting at least one of the following conditions:
<ul style="list-style-type: none"> ○ Be certified as a prevention specialist by the Iowa Board of Certification or other organization as approved by the Department. ○ A staff person employed to provide prevention services on and after January 1, 2019 who is not certified as a prevention specialist shall be deemed qualified while the person is in the process of being certified as a prevention specialist. Such staff must meet the requirements of the certification process, must be supervised or mentored by a certified prevention specialist, must participate in Substance Abuse Prevention Skills Training within one year of hire, must receive a minimum of three hours of ethics training within three months of hire, and must be certified as a prevention specialist within 18 months of hire. ○ A staff person employed as the prevention supervisor or lead staff must be certified as a prevention specialist by a national or state organization approved by the Department by June 30, 2020.
<ul style="list-style-type: none"> ● A review of all job descriptions will happen annually and whenever there is a change in a position's duties or required qualifications. ● Job descriptions will be in the personnel section of the policies and procedures manual.
<p>c. Written evaluation of job performance with each staff person will happen at least annually. The evaluation shall include the opportunity for the staff person to comment.</p>
<p>d. Personnel record on each staff person will be maintained. The record shall contain:</p>
<ul style="list-style-type: none"> ● Verification of training, experience, qualifications, and professional credentials ● Job performance evaluations ● Incident reports ● Disciplinary action taken ● Documentation of review of and agreement to adhere to confidentiality laws and regulations. This review and agreement shall occur prior to the staff person's assumption of duties.
<p>e. Personnel policies and procedures shall ensure confidentiality of personnel records and shall specify staff authorized to have access to personnel information.</p>
<p>f. Notification will be made to the Department in writing within ten days of being informed that a staff person has been sanctioned or disciplined by a certifying body. Such notice shall include the sanction or discipline order.</p>
<p>6. Child Abuse, Dependent Adult Abuse, and Criminal Background Checks <i>(based on IAC 155.21(9))</i></p>
<p>Policies and procedures shall address child abuse, dependent adult abuse and criminal background checks.</p>
<ul style="list-style-type: none"> ● Any mistreatment, neglect, or abuse of children and dependent adults is prohibited and shall be reported and enforcement procedures shall be enacted. Alleged violations shall be reported immediately to the Contractor's executive director and appropriate Department of Human Services personnel. Policies and procedures on reporting alleged violations shall be in compliance with subrule 155.21(10). A staff person found to be in violation of Iowa Code sections 232.67 through 232.70, as substantiated by a Department of Human Services investigation, shall be subject to the Contractor's policies concerning termination.
<p>7. Service Records <i>(based on IAC 155.21(10))</i></p>
<p>Policies and procedures shall describe compilation, storage, and dissemination of service records.</p>

8. Quality Improvement <i>(based on IAC 155.21(20))</i>
Policies and procedures shall describe a written quality improvement plan that encompasses all prevention services and related Contractor operations.
9. Safety <i>(based on IAC 155.21(21))</i>
Policies and procedures shall ensure that physical facilities are clean and safe.
<ul style="list-style-type: none"> • A written plan will be in place and will be followed in the event of fire or tornado. The plan shall be conspicuously displayed at the Contractor's facility.

Service Recipient Eligibility Requirements

All Iowa residents are eligible to receive Prevention Services, and may receive such services from the Contractor(s) of their choice. Contractors shall not provide Prevention Services to persons identified as in need of substance use disorder or problem gambling treatment or those receiving treatment.

Covered Services Requirements

Prevention Services Covered Services are based on the six SAMHSA Primary Prevention Strategies. Prevention Services are intended to prevent or reduce use and abuse of alcohol, tobacco, and other drugs, and to prevent or reduce problem gambling.

An Applicant shall describe in the Application the plan for how the Applicant will provide or assure provision of each of the following Prevention Services Covered Services in the proposed Service Area. Prevention Services must be sufficient to meet the assessed needs of the Service Area:

1. Information Dissemination

Information Dissemination provides awareness and knowledge on the nature and extent of alcohol, tobacco and drug use, abuse and addiction, as well as problem gambling, and the effects on individuals, families and communities. It also provides awareness and knowledge of available prevention programs and services. Information Dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

2. Education

Education involves two-way communication and interaction between the educator/facilitator and the participants. Activities are intended to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

3. Alternatives

The Alternatives strategy provides consultation to groups that offer opportunities for target populations to participate in activities that exclude alcohol, other

drugs, gambling, etc. The purpose is to discourage substance misuse, gambling, or other risky behaviors.

4. Problem Identification and Referral

Problem Identification and Referral aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs, as well as risky or problem gambling. The goal is to assess if their behavior can be reversed through education. This strategy does not include any activity designed to determine if a person is in need of treatment.

5. Community-Based Process

The Community-Based Process aims at building community capacity to more effectively provide prevention and treatment services for substance use disorders and problem gambling. Activities include organizing, planning, enhancing efficiency and effectiveness of services, inter-agency collaboration, coalition building, and networking.

6. Environmental

Environmental strategies establish or change written and unwritten community standards, codes, ordinances, and attitudes, thereby influencing incidence and prevalence of alcohol, tobacco, and other drug use/abuse and problem gambling in the population.

Budget Requirements

The maximum funding amounts available for Prevention Services are outlined per Service Area in the SERVICE AREA FUNDING table in section 1.05. An Applicant may apply for up to these amounts for the Prevention Services Covered Services outlined in this section of the RFP and as described in the Application work plan.

An Applicant will demonstrate a line item budget adequate to support the work for the Prevention Services Covered Services as described in the Application, based on the specific line item categories outlined below. The budget amounts per category must be inclusive of all costs (salary, supplies, direct, support and administrative). An Applicant's budget justification narrative shall describe how the budget was calculated and justify the expenses detailed.

Prevention Services will be funded in total, encompassing the Covered Services listed below. The Education and Environmental Covered Services are expected to receive the majority of resources.

1. Information Dissemination
2. Education
3. Alternatives

4. Problem Identification and Referral
5. Community-Based Process
6. Environmental

Budget line categories for the Prevention Services budget are:

Direct Costs Categories

Allowable budget line categories for direct cost expenses include:

- a. **Salary and Fringe Benefits**
The Applicant shall include all staff salary and fringe amounts directly funded, wholly or partially with these funds. A justification for each staff charged to this project shall include the staff position title, the annual salary and fringe for the position, and the full-time equivalent (FTE) portion to be charged to these funds.
- b. **Subcontract**
If a Prevention Services Covered Service is to be subcontracted, the Applicant must detail the anticipated subcontract expenses in this category. Refer to section 1.18 of this RFP and SECTION 5 of the IDPH General Conditions for subcontract provisions and requirements.
- c. **Equipment**
Equipment is defined as any item with a cost or value of \$5,000 or more and with an anticipated useful life of one year or more. Pre-approval from the Department for other equipment purchases is required and should not be included at the time of application.
- d. **Other**
This category may include items such as office supplies, educational supplies, project supplies, incentives, communication, rent and utilities (if not included in Administrative or Indirect Costs), training, information technology-related expense, travel*, etc. and should reflect any major activities required to accomplish the action plan or work plan. This category also includes any items not meeting the above definition for equipment.

* The Department will not reimburse travel amounts in excess of limits established by Iowa Department of Administrative Services, State Accounting Enterprise. Current in-state maximum allowable amounts are:

- Food - \$8.00/breakfast, \$12.00/lunch, \$23.00/dinner
- Lodging - Maximum \$98.00 plus taxes per night
- Mileage - Maximum of \$0.39 per mile

Indirect or Administrative Costs

An Applicant may charge an indirect rate in accordance with the Applicant's federally approved Indirect Cost Rate Agreement or an Indirect Cost Plan recognized by a state cognizant agency (local governments). If the Applicant charges indirect costs, a copy of the current, signed federally approved indirect cost rate agreement or the Indirect Cost Plan recognized by a state cognizant agency must be submitted as an attachment to the Application. The Department reserves the right to negotiate the application of the Indirect Rate per individual contract.

Only in the absence of a federally approved Indirect Cost Rate Agreement or an Indirect Cost Plan recognized by a state cognizant agency (local governments), Administrative Costs are capped at (limited to) 15% of the direct costs proposed in the budget. The total budget may not exceed total available funds.

Administrative costs are those that are incurred for common or joint objectives, and therefore cannot be identified readily and specifically with a sponsored program, but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation and administrative salaries are generally treated as indirect/administrative costs.

A Contractor shall maintain documentation to support the administrative cost allocation. The Department reserves the right to request the documentation at any time.

Unallowable Expenditures

Per 45 CFR, 96.135, 96.137, and SAMHSA guidance documents, SABG funding can not be expended for the purposes listed below:

- Purchase of land or construction of building or improvements thereon
- Purchase of major medical equipment
- Providing individuals with hypodermic needles or syringes
- Any salary in excess of Level 1 of the federal senior executive service pay scale.
- Inpatient hospital services
- Satisfying the requirement for expenditures of non-Federal funds as a condition for the receipt of Federal funds
- Providing financial assistance to any entity other than a public or nonprofit entity
- Cash payments to intended recipients of health services

Substance Abuse Prevention - Additional Unallowable Expenditures:

- Purchase of Naloxone
- Strategies to enforce alcohol, tobacco, or drug (ATOD) policies (compliance checks, party patrols, shoulder taps, etc.)

- Services to enforce ATOD state laws
- Services that support Screening, Brief Intervention and Referral to Treatment (SBIRT), including promotion of SBIRT and screening
- Services that support mental health promotion and mental disorder prevention strategies
- Meal costs that are unrelated to program participant involvement in evidence-based program implementation
- Purchase of gift cards

Fees

A Contractor shall not charge participants a fee for Prevention Services. Contractors may request an exception from the Department.

Non-Supplanting Requirement (45 C.F.R 96.135 (a) (4))

Federal funds made available shall not be used to supplement and increase the level of state, local and other non-federal funds that would in the absence of such federal funds be made available for the programs and activities for which funds are provided and will in no event take the place of state, local and other non-federal funds.

Prevention Services must be clearly and accurately documented in Contractor records, and must be clearly and accurately documented and reported in the Grant Tracking system and Department data systems. The Department requires periodic reporting of compliance with proposed work plan, provision of services, and incurred expenses by Contractors.

A Contractor must document provision of Prevention Services in a manner sufficient to support Contractor billing and reporting and Department monitoring. Contractors shall specifically document use of the IOM classifications, the SPF steps, and the SAMHSA Prevention Services Categories.

The Department has systems in place for collection of data. A Contractor shall report certain Prevention Services information and data through the Department's data systems as outlined below and in SECTION 6 - Attachments and in SECTION 7 - Links. An Applicant shall describe in the Application how reporting will be accomplished in a timely and accurate manner. The data systems currently include:

- Iowa Service Management and Reporting Tool (I-SMART)
 - Substance abuse and problem gambling prevention data
- Qualtrics
 - Substance abuse and problem gambling prevention outcomes data

Contractors shall report Prevention Services outcomes data to the web-based Qualtrics data collection system using a pre-post survey design, including survey

instruments and guidelines provided by the Department (refer to SECTION 6 - Attachments).

Contractors shall report additional Prevention Services data to the I-SMART data collection system as directed by the Department (refer to SECTION 6 - Attachments).

The Department requires periodic reporting of compliance with proposed work plan, provision of services, and incurred expenses by Contractors. A successful Applicant will be awarded a contract to be managed within an Electronic Grant Management system within www.iowaGrants.gov. The required reports and related information will be submitted within the Grant Tracking system.

C. **Outpatient Treatment**

This section outlines specific requirements for **Outpatient Treatment**. An Applicant must clearly demonstrate in the Application how the Applicant will meet RFP requirements and provide Outpatient Treatment in the Service Area. **The Applicant may provide these services directly or through subcontracting** (refer to sections 1.03 and 1.18.)

Service Delivery Requirements

An Applicant must describe how the Applicant will provide Outpatient Treatment services in the proposed Service Area that meet the assessed needs of the Service Area.

Outpatient Treatment services must be readily accessible, comprehensive, appropriate to the persons seeking the services, flexible to meet the evolving needs of patients and service recipients, and effective. Outpatient Treatment services must be available when needed, with minimal wait time.

For Outpatient Treatment services, at a minimum, the Contractor shall:

- Determine a person's need for Outpatient Treatment services and manage the services provided.
- Provide Outpatient Treatment services in compliance with clinical appropriateness and the Department's requirements and guidance.
- Provide Outpatient Treatment services to patients in accordance with each patient's assessed needs.
 - If a patient needs a service the Contractor does not provide, the Contractor must assure that the patient's needs are met by a qualified provider and closely coordinate the patient's successful referral.
- Screen patients for medical and mental health conditions and directly provide or assure provision of needed medical and mental health services.
 - If a patient has a medical or mental health condition the Contractor is not staffed to address, the Contractor must refer the patient to a qualified

- provider and closely coordinate ongoing services with the patient and that provider.
 - If a patient has a medical or mental health condition that is covered by another provider or payor, the Contractor must closely coordinate ongoing services with the patient and that provider/payor.
- Monitor a patient’s progress on an ongoing basis, modifying the level of care and frequency of services in accordance with the person’s evolving needs.
- Establish a “disease management” approach that includes engagement with patients over time, beyond a traditional “acute care and discharge” service delivery model.
- Assure that patients have access to the broad range of crisis services, residential treatment, intensive services and supports, and less intensive and extended services and supports that facilitate remission and engage persons in long term recovery in ways appropriate to each person.
- Have processes in place to outreach to and follow-up with persons who do not keep appointments, and patients who leave treatment prior to discharge by the Contractor.
- Provide substance use disorder treatment services ordered through a court action when the services ordered meet the ASAM Criteria, and the court orders treatment with the Contractor.
 - Contractors will work with the courts to examine the appropriateness of court-ordered placements and identify specific appropriate alternatives for the courts to consider, as indicated.

Hours of Operation and Service Locations

A Contractor must provide Outpatient Treatment in the Service Area.

A Contractor must have sufficient Outpatient Treatment locations and hours of operation to support access for all residents in each county of a proposed Service Area. Hours of operation for Outpatient Treatment must include evening and weekend times.

A Contractor must schedule Outpatient Treatment services with minimal wait time for the patient. The Department will establish wait time performance measures in collaboration with Contractors during the initial Contract Term.

A Contractor will assure timely and effective response to service requests, both during and outside of the Contractor’s normal business hours, including response to referrals from the Your Life Iowa and I-800-BETS OFF helplines and websites.

A Contractor will accommodate requests for services in addition to scheduled Outpatient Treatment services, related to a patient’s emerging needs or worsening condition. A Contractor must have processes in place to serve

“walk-ins” and persons in crisis. Same day services, when requested, are the goal.

A Contractor must provide Outpatient Treatment services in person. A Contractor may request an exception from the Department. The Department will approve or deny such requests.

Staffing and Personnel

An Applicant must assure staffing and staff qualifications are sufficient to implement Outpatient Treatment services as outlined in the RFP and as proposed in the Application. No single staff person may exceed 1.0 FTE.

Staff providing Outpatient Treatment must have the appropriate qualifications, experience, degrees, certifications, or licenses required of their position and the services provided and must meet all regulatory requirements. Each service must be provided by staff persons qualified to provide that service.

An Applicant must identify the following lead staff person(s) who will serve as the Department’s contact(s) for Outpatient Treatment and will participate in Network Support and other contract monitoring activities:

1. Outpatient Treatment Substance Use Disorder Lead

Minimum of three years experience in the field of substance use disorder outpatient treatment; minimum of Bachelor’s Degree (five years of experience in providing substance use disorder treatment can be substituted for Bachelor’s Degree); minimum of certification as a substance abuse professional or licensure as a behavioral health or medical professional.

2. Outpatient Treatment Problem Gambling Lead

Minimum of three years experience in the field of problem gambling treatment; minimum of Bachelor’s Degree (five years of experience in providing problem gambling treatment can be substituted for Bachelor’s Degree); minimum of certification as a problem gambling professional or licensure as a behavioral health or medical professional.

3. Outpatient Treatment Data/QI Lead

Minimum of three years experience in the field of data collection and reporting or quality improvement; minimum of Associate’s Degree in data related or human services field.

Evidence-Based Practices and Standards of Care

A Contractor must provide Outpatient Treatment Licensed Program Services in accordance with the Licensure Standards and this RFP. Contractors must

provide Outpatient Treatment Other Covered Services in accordance with the RFP and Department requirements and guidance.

Service Recipient Eligibility Requirements

Outpatient Treatment services are intended to support Iowa residents who are not eligible for Medicaid, do not have insurance, and do not have access to other resources to pay for needed Covered Services. A Contractor must apply all available funding from third party payors prior to determining a patient's eligibility for Integrated Provider Network funding. A Contractor must assure services are paid by the correct payor.

An individual patient may have different payors for different treatment services. For example, a patient may receive medical care through an insurance health plan or at a Federally Qualified Health Center (FQHC), but may not have coverage for substance use disorder Licensed Program Services. In this example, medical care would be paid by the health plan or the FQHC, and the substance use disorder treatment Licensed Program Services could be paid by Integrated Provider Network funding.

Iowa residents who meet the eligibility requirements below are eligible to receive Outpatient Treatment Licensed Program Services for Patients and Other Covered Services for Patients and may receive such services from the Contractor of their choice.

An Applicant shall describe in the Application the plan to determine and document a person's eligibility for Outpatient Treatment Licensed Program Services for Patients and Other Covered Services for Patients.

Iowa residents who seek Outpatient Treatment Licensed Program Services for Patients and Other Covered Services for Patients must meet the following financial eligibility requirements:

- Income at or below 200% of the Federal poverty guidelines as published by the U.S. Department of Health and Human Services, and
- Not insured, or third party payment is not available to pay for the services.
 - Integrated Provider Network funding can pay for substance use disorder residential Licensed Program Services that are not covered services under the Iowa Health and Wellness Plan.
 - Integrated Provider Network funding can pay for Licensed Program Services that are not covered during the gap period between enrollment in Medicaid and assignment to a managed care organization (MCO) because of Medicaid B3 services requirements.

Contractors must actively support enrollment in Medicaid by eligible persons.

Time spent complying with managed care organization (MCO), insurer, or other payor requirements or processes is not covered by Integrated Provider Network funding. Such

requirements are specific to each payor and each health plan, and are funded under the Contractor's agreement with that payor/health plan. Such requirements and processes may include, but are not limited to, requesting authorization for services, care management activities, claims submission, appeals, meetings, committees, and projects. Refusal by a patient's MCO, insurer, or other payor to authorize a service covered by that payor, or the denial of a covered service claim by an MCO, insurer, or other payor, does not make that patient eligible for Integrated Provider Network funding and does not make that service payable under Integrated Provider Network funding.

Iowa residency is the sole eligibility requirement for Early Intervention.

Covered Services Requirements

Outpatient Treatment Covered Services include Licensed Program Services for Patients, Other Covered Services for Patients, and Other Covered Services for Persons who are not Patients.

1. Licensed Program Services for Patients

An Applicant shall describe in the Application the plan for how the Applicant will provide or assure provision of each of the following Licensed Program Services to patients, sufficient to meet the assessed needs of each patient.

a. Outpatient (based on ASAM Level 1)

- **Initial Assessment**
 - An Initial Assessment must be sufficient to determine the existence of a substance use disorder or a gambling problem and to identify medical and mental health risks or conditions, including assessment of suicide risk.
 - If the Initial Assessment identifies a need for services the Contractor does not provide, the Contractor will closely coordinate referral to qualified provider.
 - If the Initial Assessment identifies a gambling problem, the Contractor will provide or arrange for any needed education on financial management and credit counseling.
 - If the Initial Assessment identifies a medical and/or mental health risk or condition, the Contractor will provide or arrange for provision of any needed medical and/or mental health evaluation or services.
- **Individual 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.

- b. **Intensive Outpatient** (based on ASAM Level 2.1)
- c. **Partial Hospitalization** (based on ASAM Level 2.5)

For Intensive Outpatient and Partial Hospitalization, mental health services are provided in an integrated manner with other treatment services and are included in the service reimbursement rate.

2. **Other Covered Services for Patients**

An Applicant shall describe in the Application the plan for how the Applicant will provide the following Other Covered Service for Patients, sufficient to meet the assessed needs of each patient.

a. **Care Coordination**

Licensure Standards define Care Coordination as “the collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services, both internal and external to the program [Contractor], to meet patient needs, using communication and available resources to promote quality care and effective outcomes.”

- Care Coordination fosters long term engagement and ongoing remission/recovery support.
- Care Coordination services are provided to active patients.
 - For Care Coordination billing purposes, a patient must receive at least one Licensed Program Service from the Contractor during the calendar month.
- Care Coordination encompasses the broad range of patient-specific people, systems, and issues related to the patient’s current situation and future recovery. These may include, but are not limited to, family members, referral sources, employers, schools, medical and mental health professionals, the child welfare system, the courts and criminal/juvenile justice systems, housing status, legal needs, and recovery support.
- Care Coordination is generally conducted by Contractor staff, outside of patient counseling sessions.
- Care Coordination includes use of electronic information and telecommunication technologies to support patients through check-in calls and texts.
 - Contractors providing check-in calls and texts must have policies and procedures that assure safety, privacy, and confidentiality.

An Applicant shall describe in the Application the plan for how the Applicant will provide or assure provision of the following Other Covered Services for Patients, sufficient to meet the assessed needs of each patient.

b. Medical Evaluation

Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medical care and/or medication.

c. Medical Care

Medical Care means medical services provided by a licensed medical professional.

- Medical Care in Outpatient Treatment means medication-assisted treatment, and tobacco cessation services.
- Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of Alcohol Use Disorders, Opioid Use Disorders, and smoking.
 - For the purposes of Integrated Provider Network Medical Care, medication-assisted treatment does not include use of methadone. Methadone Administration is a Covered Service under *Optional Services: Methadone Treatment*.

d. Medication

Medication means medication ordered by the Medical Evaluation for medication-assisted treatment, and/or tobacco cessation.

An Applicant shall describe in the Application the plan for how the Applicant will provide, assure provision of, or develop provision of the following Other Covered Services for Patients:

e. Recovery Peer Coaching

Recovery Peer Coaching means individual face-to-face meetings between a patient and a Recovery Peer Coach to discuss routine recovery issues from a peer perspective.

f. Transportation

Transportation means assistance in the form of gas cards or bus passes, given directly to the patient for the purpose of transportation to and from an activity related to the patient’s treatment plan or recovery plan.

3. Other Covered Service for Persons who are not Patients

An Applicant will describe how the Applicant will provide the following Other Covered Service for Persons who are not Patients:

a. Early Intervention (based on ASAM Level 0.5)

Licensure Standards define Early Intervention as “the ASAM criteria level of care which explores and addresses problems or risk factors that appear to be related to an addictive disorder and which helps the

individual recognize potential harmful consequences.”

- Early Intervention may be provided to persons who have received an Initial Assessment and meet criteria for a substance use disorder but who are unwilling to be admitted to recommended treatment.
 - Early Intervention services with persons who meet criteria for a substance use disorder but who are unwilling to be admitted to treatment use the SBIRT (Screening, Brief Intervention and Referral to Treatment) Screening and Brief Treatment models or a similar model or general counseling method acceptable to the Department.
- Early Intervention may be provided to Iowa residents at risk for a substance use disorder or problem gambling.
 - Early Intervention services with at-risk individuals use the SBIRT (Screening, Brief Intervention and Referral to Treatment) Screening and Brief Treatment models or a similar model acceptable to the Department.
 - If a person’s at-risk status is determined by an assessment, the assessment is an Initial Assessment Outpatient Licensed Program Service.
- Early Intervention may be provided to family members or friends of patients or of persons with substance use or gambling problems who are not in treatment.
 - Early Intervention services with family members or friends use general counseling methods.
- Early Intervention includes counseling persons in crisis.
 - Counseling persons in crisis can be in person or over the phone.
 - Routine requests for information or calls or inquiries handled by non-clinical staff do not qualify as Early Intervention crisis counseling.

Budget Requirements

The maximum funding amounts available for Outpatient Treatment are outlined per Service Area in the SERVICE AREA FUNDING table in section 1.05. An Applicant may apply for up to these amounts for the Outpatient Treatment Covered Services outlined in this section of the RFP and described in the Application.

A Contractor will provide a mix of Outpatient Treatment Licensed Program Services for Patients, Other Covered Services for Patients, and Other Covered Services for Persons who are not Patients. Licensed Program Services for Patients are expected to receive the majority of funding.

Reimbursement for Outpatient Treatment services will be a unit rate reimbursement per

Covered Service provided. The unit rates for Outpatient Treatment Covered Services have been determined by the Department and are listed in the OUTPATIENT TREATMENT RATES table in this section.

The total estimated cost of Outpatient Treatment Covered Services must not exceed the total funds available for Outpatient Treatment per Service Area, as outlined in the SERVICE AREA FUNDING table in section 1.05.

Note: If an Applicant planning to subcontract any Required Services: Outpatient Treatment Covered Services is awarded a contract, the Contractor will be reimbursed at the unit rates (within a subcontract line) and will be limited to the unit rates per Covered Service as outlined in the OUTPATIENT TREATMENT RATES table. The Contractor will be expected to report service levels per unit of service provided to the Department within the claims (refer to section 2.02 and section 2.03 C. Data and Reporting Requirements).

Rates

The unit rates listed in the OUTPATIENT TREATMENT RATES table are all-inclusive amounts and no additional funding will be provided by the Department for these services.

Unallowable Expenditures

Per 45 CFR, 96.135, 96.137, and SAMHSA guidance documents, SABG funding can not be expended for the purposes listed below:

- Purchase of land or construction of building or improvements thereon
- Purchase of major medical equipment
- Providing individuals with hypodermic needles or syringes
- Any salary in excess of Level 1 of the federal senior executive service pay scale.
- Inpatient hospital services
- Satisfying the requirement for expenditures of non-Federal funds as a condition for the receipt of Federal funds
- Providing financial assistance to any entity other than a public or nonprofit entity
- Cash payments to intended recipients of health services

Substance Use Disorder Treatment - Additional Unallowable Expenditures

- Providing treatment services in penal or correctional institutions of the state

OUTPATIENT TREATMENT RATES		
Covered Service: Licensed Program Services for Patients - Substance Use Disorder		
Service Type	Unit Description	Unit Cost
Outpatient Initial Assessment - <i>Certified/Licensed Staff</i>	Limited to one per patient / per Contractor / per treatment episode*	\$125.00
Outpatient Initial Assessment - <i>Independently Licensed Staff</i>	Limited to one per patient / per Contractor / per treatment episode* (Note: In accordance with 641—157.4, an OWI evaluation cannot be billed for more than \$125.)	\$135.00
Outpatient Individual Counseling - <i>Certified/Licensed Staff</i>	Per patient / per 30 minute unit	\$55.00
Outpatient Individual Counseling - <i>Independently Licensed Staff</i>	Per patient / per 30 minute unit	\$65.00
Outpatient Group Counseling - <i>Certified/Licensed Staff</i>	Per patient / per 30 minute unit	\$30.00
Outpatient Group Counseling - <i>Independently Licensed Staff</i>	Per patient / per 30 minute unit	\$35.00
Intensive Outpatient / Partial Hospitalization	Per patient / per day	\$130.00
Covered Service: Other Covered Services for Patients - Substance Use Disorder		
Service Type	Unit Description	Unit Cost
Care Coordination	Per patient / per month	\$75.00
Medical Evaluation	Limited to one per patient / per treatment episode*	\$150.00
Medical Care	Per patient / per session	\$50.00
Medication	Limited to \$100 per month. Maximum of \$300 per patient / per treatment episode*	Actual Cost
Recovery Peer Coaching	Per patient / per session	\$35.00
Transportation	Limited to \$20 per month. Maximum of \$60 per patient / per treatment episode*	Actual Cost
Covered Service: Other Covered Service for Non-Patients - Substance Use Disorder		
Service Type	Unit Description	Unit Cost
Early Intervention - Individual and Group	Per 30 minute unit	\$55.00
Covered Service: Licensed Program Services for Patients - Problem Gambling		
Service Type	Unit Description	Unit Cost
Outpatient Initial Assessment - <i>Certified/Licensed Staff</i>	Limited to one per patient / per Contractor / per treatment episode*	\$125.00

Outpatient Initial Assessment - <i>Independently Licensed Staff</i>	Limited to one per patient / per Contractor / per treatment episode*	\$135.00
Outpatient Individual Counseling - <i>Certified/Licensed Staff</i>	Per patient / per 30 minute unit	\$55.00
Outpatient Individual Counseling - <i>Independently Licensed Staff</i>	Per patient / per 30 minute unit	\$65.00
Outpatient Group Counseling - <i>Certified/Licensed Staff</i>	Per patient / per 30 minute unit	\$30.00
Outpatient Group Counseling - <i>Independently Licensed Staff</i>	Per patient / per 30 minute unit	\$35.00
Intensive Outpatient / Partial Hospitalization	Per patient / per day	\$130.00
Covered Service: Other Covered Services for Patients - Problem Gambling		
Service Type	Unit Description	Unit Cost
Care Coordination	Per patient / per month	\$75.00
Medical Evaluation	Limited to one per patient / per treatment episode*	\$150.00
Medical Care	Per patient / per session	\$50.00
Medication	Limited to \$100 per month. Maximum of \$300 per patient / per treatment episode*	Actual Cost
Recovery Peer Coaching	Per patient / per session	\$35.00
Transportation	Limited to \$20 per month. Maximum of \$60 per patient / per treatment episode*	Actual Cost
Outpatient Treatment: Other Covered Service for Non-Patients - Problem Gambling		
Service Type	Unit Description	Unit Cost
Early Intervention - Individual and Group	Per 30 minute unit	\$55.00

* A treatment episode is defined as the period of service between the beginning of a treatment service for a drug or alcohol [or gambling] problem (admission) and the termination of services for the prescribed treatment plan (discharge). Source: Treatment Episode Data Set (TEDS) State Instruction Manual Admission Data With National Outcomes Measures (NOMS)

Fees

A Contractor may charge patients a fee in the form of a co-pay for Outpatient Treatment Covered Services, as outlined in this section.

Outpatient Treatment services must be available to patients based on a sliding fee scale that considers patient income and family size. A Contractor shall establish and submit a sliding fee scale to the Department upon notice of award. Contractors must implement patient co-pay procedures. Contractors retain such co-pays.

A Contractor **shall** implement a co-pay for the following Outpatient Treatment Licensed Program Services for Patients:

- Outpatient
- Intensive Outpatient
- Partial Hospitalization

A Contractor **may** implement a co-pay for the following Outpatient Treatment Other Covered Services for Patients:

- Medical Evaluation
- Medical Care
- Medication
- Recovery Peer Coaching

A Contractor **shall not** implement a co-pay for the following Outpatient Treatment Other Covered Services:

- Care Coordination
- Early Intervention
- Transportation

Non-Supplanting Requirement (45 C.F.R 96.135 (a) (4))

Federal funds made available shall not be used to supplement and increase the level of state, local and other non-federal funds that would in the absence of such federal funds be made available for the programs and activities for which funds are provided and will in no event take the place of state, local and other non-federal funds.

Data and Reporting Requirements

Outpatient Treatment services must be clearly and accurately documented in Contractor records, and must be clearly and accurately documented and reported in the Grant Tracking system in the Department data system. The Department requires periodic reporting of compliance with proposed work plan, provision of services, and incurred expenses by Contractors.

A Contractor must document provision of Outpatient Treatment services in a manner sufficient to support Contractor billing and reporting and Department monitoring.

A Contractor must document provision of Licensed Program Services in accordance with the Licensure Standards. Contractors must document provision of Other Covered Services to Patients in each patient's record. Contractors must have procedures in place to document provision of Other Covered Services to Persons who are not Patients.

The Department has systems in place for collection of data. A Contractor shall report

certain Outpatient Treatment service information and data through the Department's data systems, as outlined below and in SECTION 6 - Attachments and in SECTION 7 - Links. An Applicant shall describe in the Application how this reporting will be accomplished in a timely and accurate manner. The data systems currently include:

- Central Data Repository (CDR)
 - Substance use disorder treatment services data
- Iowa Service Management and Reporting Tool (I-SMART)
 - Substance use disorder and problem gambling treatment services data

Licensed Program Services data must be reported using the CDR and/or I-SMART data systems, in accordance with the Department's guidelines. (Refer to SECTION 7 - Links.)

In reporting Licensed Program Services data, the Contractor must specify the correct payor for each encounter at the time the encounter is provided. A patient may have a different payor for different services. For example, Integrated Provider Network funding may be the payor for Licensed Program Services and another payor may be responsible for certain other covered services, such as medical care. Further, the payor for some services may change during a patient's treatment episode. If the payor changes, the Contractor must update reporting to specify the correct payor for each encounter.

To support unit of service reimbursement and billing, the Department will require Contractors to report Individual Counseling and Group Counseling Covered Services for Outpatient Treatment as follows:

- Report "Duration" in 30 minute increments, rounded up to the next 30 minute level, e.g. 30, 60, 90, 120.
- Report "Duration Type" as "Minutes".
- Report "Session/Unit" as 1.

For Intensive Outpatient:

- Report "Duration" as "1"
- Report "Duration Type" as "Days"
- Report Encounter Type as "24 Hours Service"
- Report "Session/Unit" as "1"

The Department's data reporting I-SMART and CDR instructions require treatment programs to discharge patients who have not received a treatment service in the previous 60 days from the data system. This is considered to be an administrative discharge. To support appropriate patient engagement in ongoing treatment services that support recovery, the Department will suspend the 60-day administrative

discharge requirement for Contractors, through the duration of the Contract Period.

Mental health services are reported as treatment service data in accordance with Department requirements and guidelines.

2.04 Optional Services: Description of Work and Services

Applications selected for award for Required Services for at least one Service Area, that include application for funding for one or more *Optional Services* service types, will be eligible for evaluation for award of *Optional Services* and funding (refer to SECTION 4).

This section outlines the requirements for each *Optional Service*. Each section outlines specific criteria for the Applicant's expected compliance in provision of these services. As applicable for each service, this description of requirements may include, but is not limited to:

- **Service Delivery Requirements**
 - Hours of Operation and Service Locations
 - Staffing and Personnel
 - Evidence-Based Practices and Standards of Care
- **Service Recipient Eligibility Requirements**
- **Covered Services Requirements**
- **Budget Requirements**
 - Unallowable Expenditures
 - Rates
 - Fees
 - Non-Supplanting Requirement
- **Data and Reporting Requirements**

Optional Services proposed within an Application must be offered statewide and must be provided in Iowa.

A. Adult Residential Treatment

This section outlines specific requirements for **Adult Residential Treatment**. An Applicant proposing to provide these services must clearly demonstrate in the Application how the Applicant will meet RFP requirements and provide Adult Residential Treatment statewide. **The Applicant must provide Licensed Program Services for Patients directly.** An Applicant may not subcontract for provision of Adult Residential Treatment Licensed Program Services for Patients.

Service Delivery Requirements

For Adult Residential Treatment, "adult" generally refers to persons age 18 and older.

Adult Residential Treatment must be readily accessible, comprehensive, appropriate to the persons seeking the services, flexible to meet the evolving needs of patients, and

effective. Adult Residential Treatment must be available when needed, with minimal wait time.

For Adult Residential Treatment, at a minimum, a Contractor shall:

- Determine a person's need for Adult Residential Treatment and manage the services provided.
- Provide Adult Residential Treatment in compliance with clinical appropriateness and the Department's requirements and guidance.
- Provide Adult Residential Treatment in accordance with each patient's assessed needs.
 - If a patient needs a Licensed Program Service the Contractor does not provide, the Contractor must assure that the patient's needs are met by a qualified provider and closely coordinate the patient's successful referral.
- Screen patients for medical and mental health conditions and directly provide or assure provision of needed medical and mental health services.
 - If a patient has a medical or mental health condition the Contractor is not staffed to address, the Contractor must refer the patient to a qualified provider and closely coordinate ongoing services with the patient and that provider.
 - If a patient has a medical or mental health condition that is covered by another provider or payor, the Contractor must closely coordinate ongoing services with the patient and that provider/payor
- Monitor a patient's progress on an ongoing basis, modifying the level of care and frequency of services in accordance with the person's evolving needs.
- Establish a "disease management" approach that includes engagement with patients over time, beyond a traditional "acute care and discharge" service delivery model.
- Assure that patients have access to the broad range of crisis services, residential treatment, intensive services and supports, and less intensive and extended services and supports that facilitate remission and engage persons in long term recovery in ways appropriate to each person.
- Have processes in place to outreach to and follow-up with persons who do not keep appointments, and patients who leave treatment prior to discharge by the Contractor.
- Provide substance use disorder treatment services ordered through a court action when the services ordered meet the ASAM Criteria, and the court orders treatment with the Contractor.
 - Contractors will work with the courts to examine the appropriateness of court-ordered placements and identify specific appropriate alternatives for the courts to consider, as indicated.

Hours of Operation and Service Locations

A Contractor must provide Adult Residential Treatment in the state of Iowa.

A Contractor's hours of operation for Adult Residential Treatment must be 24 hours a day, seven days a week, 365 days a year, and must include weekend programming.

A Contractor must schedule Adult Residential Treatment with minimal wait time for the patient.

A Contractor will assure timely and effective response to service requests, both during and outside of the Contractor's normal business hours, including response to referrals from the Your Life Iowa helpline and website.

A Contractor will accommodate requests for services in addition to scheduled Adult Residential Treatment, related to a patient's emerging needs or worsening condition, with minimal wait time. Contractors will have processes in place to serve "walk-ins" and persons in crisis. Same day services, when requested, are the goal.

A Contractor must provide Adult Residential Treatment Covered Services in person. Contractors may request an exception from the Department. The Department will review and approve or deny such requests.

Staffing and Personnel

An Applicant must assure staffing and staff qualifications are sufficient to implement Adult Residential Treatment services as outlined in this RFP and as proposed in the Application. No single staff person may exceed 1.0 FTE.

Staff providing Adult Residential Treatment must have the qualifications, experience, degrees, certifications, or licenses required of their position and the services provided and must meet all regulatory requirements. Each service must be provided by staff persons qualified to provide that service.

An Applicant must identify the following lead staff person(s) who will serve as the Department's contact(s) for Adult Residential Treatment and will participate in Network Support and other contract monitoring activities:

1. Adult Residential Treatment Lead

Minimum of three years experience in the field of substance use disorder residential treatment for adults; minimum of Bachelor's Degree (five years of experience in providing substance use disorder treatment can be substituted for Bachelor's Degree); minimum of certification as a substance abuse professional or licensure as a behavioral health or

medical professional.

2. Adult Residential Treatment Data/QI Lead

Minimum of three years experience in the field of data collection and reporting or quality improvement; minimum of Associate's Degree in data related or human services field.

Evidence-Based Practices and Standards of Care

The RFP builds on the minimum requirements of the Licensure Standards for treatment staff and services.

A Contractor must provide Adult Residential Treatment Licensed Program Services in accordance with the Licensure Standards and this RFP.

Contractors must provide Adult Residential Treatment Other Covered Services in accordance with the RFP and Department requirements and guidance.

Service Recipient Eligibility Requirements

Adult Residential Treatment services are intended to support Iowa residents who are not eligible for Medicaid, do not have insurance, and do not have access to other resources to pay for needed Covered Services. A Contractor must apply all available funding from third party payors prior to determining a patient's eligibility for Integrated Provider Network funding. A Contractor must assure services are paid by the correct payor.

An individual patient may have different payors for different services. For example, a patient may receive medical care through an insurance health plan or at a Federally Qualified Health Center (FQHC), but may not have coverage for substance use disorder Licensed Program Services. In this example, medical care would be paid by the health plan or the FQHC, and the substance use disorder treatment Licensed Program Services could be paid by Integrated Provider Network funding.

Iowa residents who meet the eligibility requirements below are eligible to receive Adult Residential Treatment and may receive such services from the Contractor of their choice. Contractors must determine and document a person's eligibility for Adult Residential Treatment.

Iowa residents who seek Adult Residential Treatment must meet the following financial eligibility requirements:

- Income at or below 200% of the Federal poverty guidelines as published by the U.S. Department of Health and Human Services, and
- Not insured, or third party payment is not available to pay for treatment covered services.
 - Integrated Provider Network funding can pay for substance use disorder

- residential Licensed Program Services that are not covered services under the Iowa Health and Wellness Plan.
- Integrated Provider Network funding can pay for Licensed Program Services that are not covered during the gap period between enrollment in Medicaid and assignment to a managed care organization (MCO) because of Medicaid B3 services requirements.

Contractors must actively support enrollment in Medicaid by Medicaid eligible persons.

Time spent complying with managed care organization (MCO), insurer, or other payor requirements or processes is not covered by Integrated Provider Network funding. Such requirements are specific to each payor and each health plan, and are funded under the Contractor's agreement with that payor/health plan. Such requirements and processes may include, but are not limited to, requesting authorization for services, care management activities, claims submission, appeals, meetings, committees, and projects. Refusal by a patient's MCO, insurer, or other payor to authorize a service covered by that payor, or the denial of a covered service claim by an MCO, insurer, or other payor, does not make that patient eligible for Integrated Provider Network funding and does not make that service payable under Integrated Provider Network funding.

Covered Services Requirements

Adult Residential Treatment Covered Services include Licensed Program Services for Patients and Other Covered Services for Patients.

1. Licensed Program Services for Patients

An Applicant shall describe in the Application the plan for how the Applicant will provide one or more of the following Licensed Program Services for Patients to adults statewide, sufficient to meet the assessed needs of each patient.

- a. **Clinically Managed Low-Intensity Residential** (based on ASAM Level 3.1)
- b. **Clinically Managed Medium-Intensity Residential** (based on ASAM Level 3.3)
- c. **Clinically Managed High-Intensity Residential** (based on ASAM Level 3.5)
- d. **Medically Monitored Inpatient** (based on ASAM Level 3.7)

Mental health services are provided in an integrated manner and are included in the reimbursement rates for Licensed Program Services for Patients.

2. Other Covered Services for Patients

An Applicant shall describe in the Application the plan for how the Applicant will provide or assure provision of the following Other Covered Services for Patients to adults, sufficient to meet the assessed needs of each patient.

a. Medical Evaluation

Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medical care and/or medication.

b. Medical Care

Medical Care means medical services provided by a licensed medical professional.

- Medical Care in Adult Residential Treatment means medication-assisted treatment and tobacco cessation services.
 - Per SAMHSA, Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders for Alcohol Use Disorders, Opioid Use Disorder and from Smoking.
 - For the purposes of Integrated Provider Network Medical Care, medication-assisted treatment does not include use of methadone. Methadone Administration is a covered service under *Optional Services: Methadone Treatment*.

c. Medication

Medication means medication ordered by the Medical Evaluation for medication-assisted treatment and tobacco cessation services.

Budget Requirements

An Applicant may apply for additional funding for Adult Residential Treatment up to the total funding amount assigned to Adult Residential Treatment in section 1.05. The Department intends to select sufficient applications for award of Adult Residential Treatment funding to support patient access to all such services statewide, up to the total funding available for Adult Residential Treatment.

A Contractor will provide a mix of Adult Residential Treatment Licensed Program Services for Patients and Other Covered Services for Patients. Licensed Program Services for Patients are expected to receive the majority of funding.

A Contractor will be funded to provide Adult Residential Treatment through a unit of service budget. The Department established unit rates for reimbursement of delivery of Adult Residential Treatment, up to the amount specified in the Contractor’s contract.

An Applicant is required to specify the total funding requested for Adult Residential Treatment and to provide a budget justification narrative that describes how the total funding was calculated.

Unallowable Expenditures

Per 45 CFR, 96.135, 96.137, and SAMHSA guidance documents, SABG funding can not be expended for the purposes listed below:

- Purchase of land or construction of building or improvements thereon
- Purchase of major medical equipment
- Providing individuals with hypodermic needles or syringes
- Any salary in excess of Level 1 of the federal senior executive service pay scale.
- Inpatient hospital services
- Satisfying the requirement for expenditures of non-Federal funds as a condition for the receipt of Federal funds
- Providing financial assistance to any entity other than a public or nonprofit entity
- Cash payments to intended recipients of health services

Substance Use Disorder Treatment - Additional Unallowable Expenditures

- Providing treatment services in penal or correctional institutions of the state

Rates

The unit rates listed in the table are all-inclusive amounts and no additional funding will be provided by the Department for these services.

ADULT RESIDENTIAL TREATMENT RATES		
Covered Service: Licensed Program Services for Patients		
Service Type	Unit Description	Unit Cost
Clinically Managed Low-Intensity Residential	Per day	\$80.00
Clinically Managed Medium-Intensity Residential	Per day	\$200.00
Clinically Managed High-Intensity Residential	Per day	\$275.00
Medically Monitored Inpatient	Per day	\$350.00
Covered Service: Other Covered Services for Patients		
Service Type	Unit Description	Unit Cost
Medical Evaluation	Limited to one per patient / per treatment episode*	\$150.00
Medical Care	Per patient / per session	\$50.00
Medication	Limited to \$100 per month. Maximum of \$300 per patient / per treatment episode*	Actual Cost

* A treatment episode is defined as the period of service between the beginning of a treatment service for a

drug or alcohol [or gambling] problem (admission) and the termination of services for the prescribed treatment plan (discharge). Source: Treatment Episode Data Set (TEDS) State Instruction Manual Admission Data With National Outcomes Measures (NOMS)

Contractors must submit claims and report services in accordance with each Service Type, Unit Description, and Unit Cost.

Fees

A Contractor may charge patients a fee in the form of a co-pay for Adult Residential Treatment, as outlined in this section.

Adult Residential Treatment services must be available to patients based on a sliding fee scale that considers patient income and family size. A Contractor shall establish and submit a sliding fee scale to the Department upon notice of award. Contractors must implement patient co-pay procedures. Contractors retain such co-pays.

A Contractor **shall** implement a co-pay for the following Adult Residential Treatment Licensed Program Services for Patients:

- Clinically Managed Low-Intensity Residential
- Clinically Managed Medium-Intensity Residential
- Clinically Managed High-Intensity Residential
- Medically Monitored Inpatient

A Contractor **may** implement a co-pay for the following Adult Residential Treatment Other Covered Services:

- Medical Evaluation
- Medical Care
- Medication

Non-Supplanting Requirement (45 C.F.R 96.135 (a) (4))

Federal funds made available shall not be used to supplement and increase the level of state, local and other non-federal funds that would in the absence of such federal funds be made available for the programs and activities for which funds are provided and will in no event take the place of state, local and other non-federal funds.

Data and Reporting Requirements

Adult Residential Treatment services must be clearly and accurately documented in Contractor records, and must be clearly and accurately documented and reported in the Grant Tracking system and the Department data systems. The Department requires periodic reporting of compliance with proposed work plan, provision of services, and incurred expenses by Contractors.

A Contractor must document provision of Adult Residential Treatment in a manner sufficient to support Contractor billing and reporting and Department monitoring.

A Contractor must document provision of Licensed Program Services in accordance with the Licensure Standards. Contractors must document provision of Other Covered Services in each patient's record.

The Department has systems in place for collection of data. A Contractor must report treatment service information and data through the Department's data systems, as outlined below and in SECTION 6 - Attachments and SECTION 7 - Links.

- Central Data Repository (CDR)
 - Substance use disorder treatment services data
- Iowa Service Management and Reporting Tool (I-SMART)
 - Substance use disorder treatment services data

A Contractor must report Licensed Program Services data using the CDR and/or I-SMART data systems, in accordance with Department requirements and guidelines (refer to SECTION 7 - Links).

In reporting Licensed Program Services data, Contractors must specify the correct payor for each encounter at the time the encounter is provided. A patient may have a different payor for different services. For example, Integrated Provider Network funding may be the payor for Licensed Program Services and another payor may be responsible for certain other covered services, such as medical care. Further, the payor for some services may change during a patient's treatment encounter. For example, Integrated Provider Network funding may be the payor for residential Licensed Program Services and the Iowa Health and Wellness Plan may be the payor for Outpatient Licensed Program Services. To specify the correct payor for each encounter, Contractors must update the primary payment source as needed during the patient's full treatment episode.

Mental health services are reported as treatment service data in accordance with Department requirements and guidelines.

B. Juvenile Residential Treatment

This section outlines specific requirements for **Juvenile Residential Treatment**. An Applicant proposing to provide these services must clearly demonstrate in the Application how the Applicant will meet RFP requirements and provide Juvenile Residential Treatment statewide. **The Applicant must provide Licensed Program Services for Patients directly.** An Applicant may not subcontract for provision of Juvenile Residential Treatment Licensed Program Service for Patients.

Service Delivery Requirements

For Juvenile Residential Treatment, “juvenile” generally refers to persons under age 18.

Juvenile Residential Treatment must be readily accessible, comprehensive, appropriate to the persons seeking the services, flexible to meet the evolving needs of patients, and effective. Juvenile Residential Treatment must be available when needed, with minimal wait time.

For Juvenile Residential Treatment, at a minimum, a Contractor shall:

- Determine a person’s need for Juvenile Residential Treatment and manage the services provided.
- Provide Juvenile Residential Treatment in compliance with clinical appropriateness and the Department’s guidance.
- Provide Juvenile Residential Treatment in accordance with each patient’s assessed needs.
 - If a patient needs a Licensed Program Service the Contractor does not provide, the Contractor must assure that the patient’s needs are met by a qualified provider and closely coordinate the patient’s successful referral.
- Screen patients for medical and mental health conditions and directly provide or assure provision of needed medical and mental health services.
 - If a patient has a medical or mental health condition the Contractor is not staffed to address, the Contractor must assure the patients needs are met by a qualified provider and closely coordinate ongoing services with the patient and that provider.
 - If a patient has a medical or mental health condition that is covered by another provider or payor, the Contractor must closely coordinate ongoing services with the patient and that provider/payor
- Monitor a patient’s progress on an ongoing basis, modifying the level of care and frequency of services in accordance with the person’s evolving needs.
- Establish a “disease management” approach that includes engagement with patients over time, beyond a traditional acute care and discharge service delivery model.
- Assure that patients have access to the broad range of crisis services,

residential treatment, intensive services and supports, and less intensive and extended services and supports that facilitate remission and engage persons in long term recovery in ways appropriate to each person.

- Have processes in place to outreach to and follow-up with persons who do not keep appointments, and patients who leave treatment prior to discharge by the Contractor.
- Provide substance use disorder treatment services ordered through a court action when the services ordered meet the ASAM Criteria, and the court orders treatment with the Contractor.
 - Contractors will work with the courts to examine the appropriateness of court-ordered placements and identify specific appropriate alternatives for the courts to consider, as indicated.

Hours of Operation and Service Locations

A Contractor must provide Juvenile Residential Treatment in the state of Iowa.

A Contractor's hours of operation for Juvenile Residential Treatment must be 24 hours a day, seven days a week, 365 days a year, and must include weekend programming.

A Contractor must schedule Juvenile Residential Treatment with minimal wait times for the patient.

A Contractor will assure timely and effective responses to service requests, during and outside of normal business hours, including response to referrals from the Your Life Iowa helpline and website.

A Contractor will accommodate requests for service in addition to scheduled Juvenile Residential Treatment, related to a patient's emerging needs or worsening condition. Contractors will have processes in place to serve "walk-ins" and persons in crisis. Same day services, when requested, are the goal.

Juvenile Residential Treatment must be provided in person. Contractors may request an exception from the Department. The Department will approve or deny such requests.

A Contractor must provide Juvenile Residential Treatment in a residential facility setting that admits juvenile patients only.

Staffing and Personnel

An Applicant must assure staffing and staff qualifications are sufficient to implement Juvenile Residential Treatment services as outlined in this RFP and as proposed in the Application. No single staff person may exceed 1.0 FTE.

Staff providing Juvenile Residential Treatment must have the appropriate qualifications, experience, degrees, certifications, or licenses required of their position and the services provided and must meet all regulatory requirements. Each service must be provided by staff persons qualified to provide that service.

An Applicant must identify the following lead staff person(s) who will serve as the Department's contact(s) for Juvenile Residential Treatment and will participate in Network Support and other contract monitoring activities:

1. Juvenile Residential Treatment Lead

Minimum of three years experience in the field of substance use disorder residential treatment for juveniles; minimum of Bachelor's Degree (five years of experience in providing substance use disorder treatment can be substituted for Bachelor's Degree); minimum of certification as a substance abuse professional or licensure as a behavioral health or medical professional.

2. Juvenile Residential Treatment Data/QI Lead

Minimum of three years experience in the field of data collection and reporting or quality improvement; minimum of Associate's Degree in data related or human services field.

Evidence-Based Practices and Standards of Care

The RFP builds on the minimum requirements of the Licensure Standards for treatment staff and services.

A Contractor must provide the Juvenile Residential Treatment Licensed Program Service in accordance with the Licensure Standards and this RFP. Contractors must provide Juvenile Residential Treatment Other Covered Services in accordance with the RFP and Department requirements and guidance.

Service Recipient Eligibility Requirements

Juvenile Residential Treatment services are intended to support Iowa residents who are not eligible for Medicaid, do not have insurance, and do not have access to other resources to pay for needed Covered Services. A Contractor must apply all available funding from third party payors prior to determining a patient's eligibility for Integrated Provider Network funding. A Contractor must assure services are paid by the correct payor.

An individual patient may have different payors for different services. For example, a patient may receive medical care through an insurance health plan or at a Federally Qualified Health Center (FQHC), but may not have coverage for substance use

disorder Licensed Program Services. In this example, medical care would be paid by the health plan or the FQHC, and the substance use disorder treatment Licensed Program Services could be paid by Integrated Provider Network funding.

Iowa residents who meet the eligibility requirements below are eligible to receive Juvenile Residential Treatment and may receive such services from the Contractor of their choice. Contractors must determine and document a person's eligibility for Juvenile Residential Treatment.

Iowa residents who seek Juvenile Residential Treatment must meet the following financial eligibility requirements:

- Income at or below 200% of the Federal poverty guidelines as published by the U.S. Department of Health and Human Services, and
- Not insured, or third party payment is not available to pay for treatment covered services.
 - Integrated Provider Network funding can pay for substance use disorder residential Licensed Program Services that are not covered services under the Iowa Health and Wellness Plan.
 - Integrated Provider Network funding can pay for Licensed Program Services that are not covered during the gap period between enrollment in Medicaid and assignment to a managed care organization (MCO) because of Medicaid B3 services requirements.

Contractors must actively support enrollment in Medicaid by Medicaid eligible persons.

Time spent complying with managed care organization (MCO), insurer, or other payor requirements or processes is not covered by Integrated Provider Network funding. Such requirements are specific to each payor and each health plan, and are funded under the Contractor's agreement with that payor/health plan. Such requirements and processes may include, but are not limited to, requesting authorization for services, care management activities, claims submission, appeals, meetings, committees, and projects. Refusal by a patient's MCO, insurer, or other payor to authorize a service covered by that payor, or the denial of a covered service claim by an MCO, insurer, or other payor, does not make that patient eligible for Integrated Provider Network funding and does not make that service payable under Integrated Provider Network funding.

Covered Services Requirements

Juvenile Residential Treatment Covered Services include a Licensed Program Service for Patients and Other Covered Services for Patients.

1. Licensed Program Service for Patients

An Applicant shall describe in the Application the plan for how the Applicant will provide the following Licensed Program Service for Patients to juveniles

statewide, sufficient to meet the assessed needs of each patient.

a. Clinically Managed High-Intensity Residential (based on ASAM Level 3.5)

Mental health services are provided in an integrated manner and are included in the reimbursement rate for Licensed Program Services for Patients.

2. Other Covered Services for Patients

An Applicant shall describe in the Application the plan for how the Applicant will provide or assure provision of the following Other Covered Services for Patients to juveniles, sufficient to meet the assessed needs of each patient.

a. Medical Evaluation

Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medical care and/or medication.

b. Medical Care

Medical Care means medical services provided by a licensed medical professional.

- Medical Care in Juvenile Residential Treatment means medication-assisted treatment and tobacco cessation services.
 - Per SAMHSA, Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders for Alcohol Use Disorders, Opioid Use Disorder and from Smoking.
 - For the purposes of Integrated Provider Network Medical Care, medication-assisted treatment does not include use of methadone. Methadone Administration is a covered service under *Optional Services: Methadone Treatment*.

c. Medication

Medication means medication ordered by the Medical Evaluation for medication-assisted treatment and tobacco cessation services.

Budget Requirements

An Applicant may apply for additional funding for Juvenile Residential Treatment up to the total funding amount assigned to Juvenile Residential Treatment in section 1.05. The Department intends to select sufficient applications for award of Juvenile Residential Treatment funding to support patient access to all such services statewide, up to the total funding available for Juvenile Residential Treatment.

A Contractor will provide a mix of the Juvenile Residential Treatment Licensed Program Service for Patients and Other Covered Services for Patients. Licensed Program Service for Patients are expected to receive the majority of funding.

A Contractor will be funded to provide Juvenile Residential Treatment through a unit of service budget. The Department established unit rates for reimbursement of delivery of Juvenile Residential Treatment, up to the amount specified in the Contractor’s contract.

An Applicant is required to specify the total funding requested for Juvenile Residential Treatment and to provide a budget justification narrative that describes how the total funding was calculated.

Unallowable Expenditures

Per 45 CFR, 96.135, 96.137, and SAMHSA guidance documents, SABG funding can not be expended for the purposes listed below:

- Purchase of land or construction of building or improvements thereon
- Purchase of major medical equipment
- Providing individuals with hypodermic needles or syringes
- Any salary in excess of Level 1 of the federal senior executive service pay scale.
- Inpatient hospital services
- Satisfying the requirement for expenditures of non-Federal funds as a condition for the receipt of Federal funds
- Providing financial assistance to any entity other than a public or nonprofit entity
- Cash payments to intended recipients of health services

Substance Use Disorder Treatment - Additional Unallowable Expenditures

- Providing treatment services in penal or correctional institutions of the state

Rates

The unit rates listed in the table are all-inclusive amounts and no additional funding will be provided by the Department for these services.

JUVENILE RESIDENTIAL TREATMENT RATES		
Covered Services: <i>Licensed Program Service for Patients</i>		
Service Type	Unit Description	Unit Cost

Clinically Managed High-Intensity Residential	Per day	\$275.00
Covered Services: <i>Other Covered Services for Patients</i>		
Service Type	Unit Description	Unit Cost
Medical Evaluation	Limited to one per patient / per treatment episode*	\$150.00
Medical Care	Per patient / per session	\$50.00
Medication	Limited to \$100 per month. Maximum of \$300 per patient / per treatment episode*	Actual Cost

* A treatment episode is defined as the period of service between the beginning of a treatment service for a drug or alcohol [or gambling] problem (admission) and the termination of services for the prescribed treatment plan (discharge). Source: Treatment Episode Data Set (TEDS) State Instruction Manual Admission Data With National Outcomes Measures (NOMS)

Contractors must submit claims and report services in accordance with each Service Type, Unit Description, and Unit Cost.

Fees

A Contractor may charge patients a fee in the form of a co-pay for Juvenile Residential Treatment, as outlined in this section.

Juvenile Residential Treatment services must be available to patients based on a sliding fee scale that considers patient income and family size. A Contractor shall establish and submit a sliding fee scale to the Department upon notice of award. Contractors must implement patient co-pay procedures. Contractors retain such co-pays.

A Contractor **shall** implement a co-pay for the Juvenile Residential Treatment Licensed Program Service:

- Clinically Managed High-Intensity Residential

A Contractor **may** implement a co-pay for the following Juvenile Residential Treatment Other Covered Services:

- Medical Evaluation
- Medical Care
- Medication

Non-Supplanting Requirement (45 C.F.R 96.135 (a) (4))

Federal funds made available shall not be used to supplement and increase the level of state, local and other non-federal funds that would in the absence of such federal funds be made available for the programs and activities for which funds are provided and will in no event take the place of state, local and other non-federal funds.

Data and Reporting Requirements

Juvenile Residential Treatment services must be clearly and accurately documented in Contractor records, and must be clearly and accurately documented and reported in the Grant Tracking system and the Department data systems. The Department requires periodic reporting of compliance with proposed work plan, provision of services, and incurred expenses by Contractors.

A Contractor must document provision of Juvenile Residential Treatment in a manner sufficient to support Contractor billing and reporting and Department monitoring.

A Contractor must document provision of the Licensed Program Service in accordance with the Licensure Standards. Contractors must document provision of Other Covered Services in each patient's record.

The Department has systems in place for collection of data. A Contractor must report treatment service information and data through the Department's data systems, as outlined below and in SECTION - 6 Attachments and SECTION 7 - Links:

- Central Data Repository (CDR)
 - Substance use disorder treatment services data
- Iowa Service Management and Reporting Tool (I-SMART)
 - Substance use disorder treatment services data

A Contractor must report Licensed Program Service data using the CDR and/or I-SMART data systems, in accordance with the Department's guidelines. (Refer to SECTION 7 - Links.)

In reporting Licensed Program Service data, Contractors must specify the correct payor for each encounter at the time the encounter is provided. A patient may have a different payor for different services. For example, Integrated Provider Network funding may be the payor for Licensed Program Services and another payor may be responsible for certain other covered services, such as medical care. Further, the payor for some services may change during a patient's treatment encounter. For example, Integrated Provider Network funding may be the payor for residential Licensed Program Services and the Iowa Health and Wellness Plan may be the payor for Outpatient Licensed Program Services. To specify the correct payor for each encounter, Contractors must update the primary payment source as needed during the patient's full treatment episode.

Mental health services as reported as treatment service data in accordance with Department requirements and guidelines.

C. **Women and Children Treatment**

This section outlines specific requirements for **Women and Children Treatment**. An Applicant proposing to provide these services must clearly demonstrate in the Application how the Applicant will meet RFP requirements and provide Women and Children Treatment statewide. **The Applicant must provide Licensed Program Services for Patients directly.** An Applicant may not subcontract for provision of Women and Children Treatment Licensed Program Services for Patients.

Service Delivery Requirements

Women and Children Treatment must be readily accessible, comprehensive, appropriate to the persons seeking the services, flexible to meet the evolving needs of women patients and their children, and effective. Women and Children Treatment must be available when needed, with minimal wait time.

For Women and Children Treatment, at a minimum, a Contractor shall:

- Determine a person's need for Women and Children Treatment and manage the services provided.
- Provide Women and Children Treatment in compliance with clinical appropriateness and the Department's guidance.
- Provide Women and Children Treatment services in accordance with each person's assessed needs.
 - If a patient needs a Licensed Program Service the Contractor does not provide, the Contractor must assure that the patient's needs are met by a qualified provider and closely coordinate the patient's successful referral.
- Screen patients and children for medical and mental health conditions and directly provide or assure provision of needed medical and mental health services.
 - If a person has a medical or mental health condition the Contractor is not staffed to address, the Contractor must assure the patient's needs are met by a qualified provider and closely coordinate ongoing services with the patient and that provider.
 - If a person has a medical or mental health condition that is covered by another provider or payor, the Contractor must closely coordinate ongoing services with the patient and that provider/payor
- Monitor a patient's progress on an ongoing basis, modifying the level of care and frequency of services in accordance with the person's evolving needs.
- Establish a "disease management" approach that includes engagement with patients over time, beyond a traditional acute care and discharge service delivery model.
- Assure that patients have access to the broad range of crisis services, residential treatment, intensive services and supports, and less intensive and extended services and supports that facilitate remission and engage persons in long term recovery in ways appropriate to each person.

- Have processes in place to outreach to and follow-up with persons who do not keep appointments, and patients who leave treatment prior to discharge by the Contractor.
- Provide substance use disorder treatment services ordered through a court action when the services ordered meet the ASAM Criteria, and the court orders treatment with the Contractor.
 - Contractors will work with the courts to examine the appropriateness of court-ordered placements and identify specific appropriate alternatives for the courts to consider, as indicated.

Hours of Operation and Service Locations

A Contractor must provide Women and Children Treatment in the state of Iowa.

A Contractor's hours of operation for outpatient Women and Children Treatment must include evening and weekend times.

A Contractor must schedule outpatient Women and Children Treatment, particularly Initial Assessments, with minimal wait time for the patient.

A Contractor will assure timely and effective response to service requests, both during and outside of the Contractor's normal business hours, including response to referrals from the Your Life Iowa helpline and website.

A Contractor will accommodate requests for Women and Children Treatment in addition to scheduled services, related to a patient's emerging needs or worsening condition, with minimal wait time. Contractors will have processes in place to serve "walk-ins" and persons in crisis. Same day services, when requested, are the goal.

A Contractor's hours of operation for residential Women and Children Treatment must be 24 hours a day, seven days a week, 365 days a year, and must include weekend services.

Women and Children Treatment must be provided in person. A Contractor may request an exception from the Department. The Department will approve or deny such requests.

A Contractor must provide residential Women and Children Treatment in a residential facility setting that admits women patients only, and their dependent children.

Staffing and Personnel

An Applicant must assure staffing and staff qualifications are sufficient to

implement Women and Children Treatment services as outlined in this RFP and as proposed in the Application. No single staff person may exceed 1.0 FTE.

Staff providing Women and Children Treatment must have the appropriate qualifications, experience, degrees, certifications, or licenses required of their position and the services provided and must meet all regulatory requirements. Each service must be provided by staff persons qualified to provide that service.

An Applicant must identify the following lead staff person(s) who will serve as the Department's contact(s) for Women and Children Treatment and will participate in Network Support and other contract monitoring activities:

1. Women and Children Treatment Lead

Minimum of three years experience in the field of substance use disorder treatment services for women; minimum of Bachelor's Degree (five years of experience in providing substance use disorder treatment can be substituted for Bachelor's Degree); minimum of certification as a substance abuse professional or licensure as a behavioral health or medical professional.

2. Women and Children Treatment Data/QI Lead

Minimum of three years experience in the field of data collection and reporting or quality improvement; minimum of Associate's Degree in data related or human services field.

Evidence-Based Practices and Standards of Care

The RFP builds on the minimum requirements of the Licensure Standards for treatment staff and services.

A Contractor must provide Women and Children Licensed Program Services in accordance with the Licensure Standards and this RFP. A Contractor must provide Women and Children Treatment Enhanced Treatment/Ancillary Support Services in accordance with the RFP and Department requirements and guidance.

A Contractor must also meet the SABG requirements below and related SAMHSA guidance, as provided by the Department.

**Additional Substance Abuse Prevention and Treatment Block Grant Requirements
Pregnant Women and Women with Dependent Children (45 CFR 96.124)**

Note: References to patients or to women receiving services apply to Women and Children patients only.

1. Ensure that women receiving services funded by Women and Children funding have no other financial means to obtain treatment and the funding is the payment of last resort. The provider will document such in the patient record.

2. Ensure that the family is treated as a unit and admits both women and their children, as appropriate.
3. Ensure that the services in 2.02B.3. a. (3) are provided or arranged by the provider and are documented in each patient's record. Providers must maintain a tracking mechanism to report each service to the Department upon request.
4. A Memoranda of Understanding will be established with other service providers to arrange for services in 2.02B.3. a. (3) that the provider does not provide.

Service Recipient Eligibility Requirements

Women and Children Treatment is intended to support Iowa residents who do not have resources to pay for needed Covered Services. A Contractor must apply all available funding from third party payors prior to determining a patient's eligibility for Integrated Provider Network funding. A Contractor must assure services are paid by the correct payor.

An individual patient may have different payors for different services. For example, a patient may receive medical care through an insurance health plan or at a Federally Qualified Health Center (FQHC), but may not have coverage for substance use disorder Licensed Program Services. In this example, medical care would be paid by the health plan or the FQHC, and the substance use disorder treatment Licensed Program Services could be paid by Integrated Provider Network funding.

Iowa residents who are pregnant women and women with children, including women who have custody of their children and women seeking custody, are eligible to receive Women and Children Treatment.

- If Medicaid or another payor pays for the patient's Licensed Program Services, no additional eligibility requirements must be met.
- If Women and Children Treatment funding pays for the patient's Licensed Program Services, the patient must also meet the eligibility requirements outlined below.

If the patient and/or the patient's children are enrolled in Medicaid or with another payor, and Medicaid or the other payor covers the patient's Licensed Program Services and/or any of the patient's or children's Enhanced Treatment/Ancillary Support Services, the Contractor shall not use Integrated Provider Network funding to pay for those covered services.

If the patient and/or the patient's children are not enrolled in Medicaid or with another payor, or if Medicaid or the other payor does not cover the patient's Licensed Program Services and/or any of the patient's or children's Enhanced Treatment/Ancillary

Support Services, and no other payor exists for those services, the Contractor can use Integrated Provider Network funding to pay for those covered services.

Iowa residents who meet the eligibility requirements are eligible to receive Women and Children Treatment Licensed Program Services for Patients and may receive such services from the Contractor of their choice. Contractors must determine and document a person's eligibility for Women and Children Treatment services.

Iowa residents who seek Women and Children Treatment Licensed Program Services must meet the following financial eligibility requirements:

- Income at or below 200% of the Federal poverty guidelines as published by the U.S. Department of Health and Human Services, and
- Not insured, or third party payment is not available to pay for treatment covered services.
 - Integrated Provider Network funding can pay for substance use disorder residential Licensed Program Services that are not covered services under the Iowa Health and Wellness Plan.
 - Integrated Provider Network funding can pay for Licensed Program Services that are not covered during the gap period between enrollment in Medicaid and assignment to a managed care organization (MCO) because of Medicaid B3 services requirements.

Contractors must actively support enrollment in Medicaid by Medicaid eligible persons.

Time spent complying with managed care organization (MCO), insurer, or other payor requirements or processes is not covered by Integrated Provider Network funding. Such requirements are specific to each payor and each health plan, and are funded under the Contractor's agreement with that payor/health plan. Such requirements and processes may include, but are not limited to, requesting authorization for services, care management activities, claims submission, appeals, meetings, committees, and projects. Refusal by a patient's MCO, insurer, or other payor to authorize a service covered by that payor, or the denial of a covered service claim by an MCO, insurer, or other payor, does not make that patient eligible for Integrated Provider Network funding and does not make that service payable under Integrated Provider Network funding.

Covered Services Requirements

Women and Children Treatment Covered Services include Licensed Program Services for Patients and Enhanced Treatment/Ancillary Support Services for Patients and their Children.

1. Licensed Program Services for Patients

An Applicant shall describe in the Application the plan for how the Applicant will provide one or more of the following Licensed Program Services for Patients to women patients statewide, sufficient to meet the assessed needs of the patient.

If an Applicant proposes to provide Women and Children Treatment - Outpatient, the Applicant must propose to provide Outpatient and Intensive Outpatient Licensed Program Services.

If an Applicant proposes to provide Women and Children Treatment - Residential, the Applicant must propose to provide at least one of the residential/inpatient Licensed Program Services, and must also propose to provide Outpatient and Intensive Outpatient Licensed Program Services.

a. Outpatient (based on ASAM Level 1)

● **Initial Assessment**

- An Initial Assessment must be sufficient to determine the existence of a substance use disorder or a gambling problem and to identify medical and mental health risks or conditions, including assessment of suicide risk.
 - If the Initial Assessment identifies a need for services the Contractor does not provide, the Contractor will closely coordinate referral to an appropriate provider.
 - If the Initial Assessment identifies a gambling problem, the Contractor will provide or arrange for any needed education on financial management and credit counseling.
 - If the Initial Assessment identifies a medical and/or mental health risk or condition, the Contractor will provide or arrange for provision of any needed medical and/or mental health evaluation or services.

● **Individual and Group Counseling**

- Individual and Group Counseling include mental health counseling.
 - Mental health counseling provided under Integrated Provider Network funding 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.

b. Intensive Outpatient (based on ASAM Level 2.1)

c. Partial Hospitalization (based on ASAM Level 2.5)

For Intensive Outpatient and Partial Hospitalization, mental health services are provided in an integrated manner with other treatment services and are included in the service reimbursement rate.

- d. **Clinically Managed Low-Intensity Residential** (based on ASAM Level 3.1)
- e. **Clinically Managed Medium-Intensity Residential** (based on ASAM Level 3.3)
- f. **Clinically Managed High-Intensity Residential** (based on ASAM Level 3.5)
- g. **Medically Monitored Inpatient** (based on ASAM Level 3.7)

Mental health services for residential patients are provided in an integrated manner and are included in the reimbursement rates for residential Licensed Program Services for Patients.

2. Enhanced Treatment/Ancillary Support Services for Patients and their Children

An Applicant shall describe in the Application the plan for how the Applicant will provide or assure provision of Enhanced Treatment/Ancillary Support Services to women patients and their children, sufficient to meet the assessed needs of each patient and child.

- Primary medical care for women who are receiving substance abuse services including prenatal care and, while women are receiving such treatment, child care.
- Primary pediatric care for their children, including immunizations.
- Gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse and parenting and child care while the women are receiving these services.
- Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, and their issues of sexual and physical abuse and neglect.
- Sufficient case management and transportation services to ensure that women and their children have access to the services needed during the course of treatment.
- Comprehensive services including case management to assist in establishing eligibility for public assistance programs provided by Federal, State, or local governments; employment and training programs; education and special education programs; drug-free housing for women and their children; prenatal care and other health care services; therapeutic day care for children; Head Start; and other early childhood programs.

Budget Requirements

An Applicant may apply for additional funding for Women and Children Treatment up to the total funding amount assigned to Women and Children Treatment in section 1.05. The Department intends to select sufficient Applications for award of Women and Children Treatment funding to support access to all such services statewide, up to the total funding available for Women and Children Treatment.

A Contractor will provide a mix of Women and Children Treatment Licensed Programs Services and Enhanced Treatment/Ancillary Support Services.

A Contractor will be funded to provide Women and Children Treatment through a unit of service budget. The Department established unit rates for reimbursement of the delivery of Women and Children Treatment, up to the amount specified in the Contractor's contract.

An Applicant is required to specify the total funding requested for Women and Children Treatment and to provide a budget justification narrative that describes how the total funding was calculated.

Unallowable Expenditures

Per 45 CFR, 96.135, 96.137, and SAMHSA guidance documents, SABG funding can not be expended for the purposes listed below:

- Purchase of land or construction of building or improvements thereon
- Purchase of major medical equipment
- Providing individuals with hypodermic needles or syringes
- Any salary in excess of Level 1 of the federal senior executive service pay scale.
- Inpatient hospital services
- Satisfying the requirement for expenditures of non-Federal funds as a condition for the receipt of Federal funds
- Providing financial assistance to any entity other than a public or nonprofit entity
- Cash payments to intended recipients of health services

Substance Use Disorder Treatment - Additional Unallowable Expenditures

- Providing treatment services in penal or correctional institutions of the state

Women and Children Treatment Enhanced Treatment/Ancillary Support Services are funded 100% by the SABG.

Rates

The unit rates listed in the table are all-inclusive amounts and no additional funding will be provided by the Department for these services.

WOMEN AND CHILDREN TREATMENT RATES		
Women and Children Treatment - Outpatient: <i>Licensed Program Services for Patients</i>		
Service Type	Unit Description	Unit Cost
Outpatient Initial Assessment - <i>Certified/Licensed Staff</i>	Limited to one per patient / per Contractor / per treatment episode	\$125.00
Outpatient Initial Assessment - <i>Independently Licensed Staff</i>	Limited to one per patient / per Contractor / per treatment episode* Note: In accordance with 641--157.4, an OWI evaluation can not cost more than \$125.	\$135.00
Outpatient Individual Counseling - <i>Certified/Licensed Staff</i>	Per patient / per 30 minute unit	\$55.00
Outpatient Individual Counseling - <i>Independently Licensed Staff</i>	Per patient / per 30 minute unit	\$65.00
Outpatient Group Counseling - <i>Certified/Licensed Staff</i>	Per patient / per 30 minute unit	\$30.00
Outpatient Group Counseling - <i>Independently Licensed Staff</i>	Per patient / per 30 minute unit	\$35.00
Intensive Outpatient/Partial Hospitalization	Per patient / per day	\$130.00
Women and Children Treatment - Residential: <i>Licensed Program Services for Patients</i>		
Service Type	Unit Description	Unit Cost
Clinically Managed Low-Intensity Residential	Per day	\$80.00
Clinically Managed Medium-Intensity Residential	Per day	\$200.00
Clinically Managed High-Intensity Residential	Per day	\$275.00
Medically Monitored Inpatient	Per day	\$350.00
Women and Children Treatment: <i>Enhanced Treatment/Ancillary Support Services for Patients/Children</i>		
Service Type	Unit Description	Unit Cost
Outpatient Case Rate	Half Month (1-14 calendar days)	\$140.00
Outpatient Case Rate	Full Month (15+calendar days)	\$310.00
Residential Case Rate	Half month (1-14 calendar days)	\$1,400.00
Residential Case Rate	Full Month (15+ calendar days)	\$3,100.00

* A treatment episode is defined as the period of service between the beginning of a treatment service for a drug or alcohol [or gambling] problem (admission) and the termination of services for the prescribed treatment plan (discharge). Source: Treatment Episode Data Set (TEDS) State Instruction Manual Admission Data With National Outcomes Measures (NOMS)

Contractors must submit claims and report services in accordance with each Service Type, Unit Description, and Unit Cost.

Fees

A Contractor may charge patients a fee in the form of a co-pay for Women and Children Treatment, as outlined in this section. Women and Children Treatment must be available to patients based on a sliding fee scale that considers patient income and family size. A Contractor shall establish and submit a sliding fee scale to the Department upon notice of award. Contractors must implement patient co-pay procedures. Contractors retain such co-pays.

A Contractor **shall** implement a co-pay for Women and Children Treatment Licensed Program Services for Patients:

- Outpatient
- Intensive Outpatient
- Partial Hospitalization
- Clinically Managed Low-Intensity Residential
- Clinically Managed Medium-Intensity Residential
- Clinically Managed High-Intensity Residential
- Medically Monitored Inpatient

A Contractor **shall not** implement a co-pay for:

- Enhanced Treatment/Ancillary Support Services

Non-Supplanting Requirement (45 C.F.R 96.135 (a) (4))

Federal funds made available shall not be used to supplement and increase the level of state, local and other non-federal funds that would in the absence of such federal funds be made available for the programs and activities for which funds are provided and will in no event take the place of state, local and other non-federal funds.

Data and Reporting Requirements

Women and Children Treatment services must be clearly and accurately documented in Contractor records, and must be clearly and accurately documented and reported in the Grant Tracking system and the Department data systems. The Department requires periodic reporting of compliance with proposed work plan, provision of services, and incurred expenses by Contractors.

A Contractor must document provision of Women and Children Treatment services in a manner sufficient to support Contractor billing and reporting and Department monitoring.

A Contractor must document provision of Licensed Program Services in accordance

with the Licensure Standards. Contractors must document provision of Enhanced Treatment/Ancillary Support Services in the patient record.

The Department has systems in place for collection of data. A Contractor must report treatment service information and data through the Department's data systems, as outlined below and in SECTION 6- Attachments and SECTION 7 - Links:

- Central Data Repository (CDR)
 - Substance use disorder treatment services data
- Iowa Service Management and Reporting Tool (I-SMART)
 - Substance use disorder and problem gambling treatment services data

A Contractor must report Licensed Program Services data using the CDR and/or I-SMART data systems, in accordance with the Department's guidelines. (Refer to SECTION 7 - Links.)

In reporting Licensed Program Services data, Contractors must specify the correct payor for each encounter at the time the encounter is provided. A patient may have a different payor for different services. For example, Integrated Provider Network funding may be the payor for Licensed Program Services and another payor may be responsible for certain other covered services, such as medical care. Further, the payor for some services may change during a patient's treatment encounter. For example, Integrated Provider Network funding may be the payor for residential Licensed Program Services and the Iowa Health and Wellness Plan may be the payor for Outpatient Licensed Program Services. To specify the correct payor for each encounter, Contractors must update the primary payment source as needed during the patient's full treatment episode.

To support unit of service reimbursement and billing, the Department requires Contractors to report Individual and Group counseling services for outpatient Women and Children Treatment as follows:

- Report "Duration" in 30 minute increments, rounded up to the next 30 minute level, e.g. 30, 60, 90, 120.
- Report "Duration Type" as "Minutes".
- Report "Session/Unit" as 1.

For Intensive Outpatient:

- Report "Duration" as "1"
- Report "Duration Type: as "Days"
- Report Encounter Type as "24 Hours Service"
- Report "Session/Unit" as "1"

To support patient engagement in ongoing treatment services that support recovery, the Department will suspend the 60-day administrative discharge requirement for Contractors for Integrated Provider Network services, through the Contract Period.

Mental health services are reported as treatment service data in accordance with Department requirements and guidelines.

A Contractor must report Women and Children Treatment Licensed Program Services and certain Enhanced Treatment/Ancillary Support Services using the “Women and Children/Magellan Special Initiative” Code/Description.

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D. Methadone Treatment

This section outlines specific requirements for **Methadone Treatment**. An Applicant proposing to provide these services must clearly demonstrate in the Application how the Applicant will meet RFP requirements and provide Methadone Treatment statewide. **The Applicant must provide these services directly.** An Applicant may not subcontract for provision of Methadone Treatment.

Service Delivery Requirements

In addition to the eligibility requirements in section 1.03, Methadone Treatment must be provided by a program that:

1. is currently accredited as an opioid treatment program in accordance with IAC 641—155.35, and
2. has been continuously accredited as an opioid treatment program in accordance with IAC 641—155.35 for at least three (3) years prior to the Application due date, and
3. has been continuously licensed to provide and has continuously provided for at least three (3) years prior to the Application due date, the following substance use disorder Licensed Program Services in Iowa:
 - a. Outpatient
 - b. Opioid Treatment Services

Methadone Treatment must be available with minimal wait time.

For Methadone Treatment, at a minimum, a Contractor shall:

- Determine a person's need for Methadone Treatment and manage the services provided.
- Provide Methadone Treatment in compliance with clinical appropriateness and the Department's requirements and guidance.
- Provide Methadone Treatment in accordance with each patient's assessed needs.
 - If a patient needs a Licensed Program Service the Contractor does not provide, the Contractor must assure the patient's needs are met by a qualified provider and closely coordinate the patient's successful referral.
- Monitor a patient's progress on an ongoing basis, modifying services in accordance with the patient's evolving needs
- Establish a "disease management" approach that includes engagement with patients over time.
- Assure that patients have access to the broad range of crisis services, residential treatment, intensive services and supports, and less intensive and extended services and supports that facilitate remission and engage persons in long term recovery in ways appropriate to each patient.

- Have processes in place to outreach to and follow-up with persons who do not keep appointments, and patients who leave treatment prior to discharge by the Contractor.

Hours of Operation and Service Locations

A Contractor must provide Methadone Treatment in the state of Iowa. Contractors may request an exception from the Department to conduct an activity or provide a service outside of Iowa borders. The Department will approve or deny such requests.

A Contractor must schedule Methadone Treatment with minimal wait time for the patient.

A Contractor will assure timely and effective response to service requests, both during and outside of the Contractor's normal business hours, including response to referrals from the Your Life Iowa helpline and website.

A Contractor must provide Methadone Treatment in person. Contractors may request an exception from the Department. The Department will approve or deny such requests.

Staffing and Personnel

An Applicant must assure staffing and staff qualifications are sufficient to implement Methadone Treatment as outlined in this RFP and as described in the Application. No single staff person may exceed 1.0 FTE.

Staff providing Methadone Treatment must have the appropriate qualifications, experience, degrees, certifications, or licenses required of their position and the services provided and must meet all regulatory requirements. Each service must be provided by staff persons qualified to provide that service.

An Applicant must identify the following lead staff person(s) who will serve as the Department's contact(s) for Methadone Treatment and will participate in Network Support and other contract monitoring activities:

1. Methadone Treatment Lead

Minimum of three years experience in the field of methadone treatment; minimum of certification as a substance abuse professional or licensure as a behavioral health or medical professional.

2. Methadone Treatment Data/QI Lead

Minimum of three years experience in the field of data collection and reporting or quality improvement; minimum of Associate's Degree in data related or human services field.

Evidence-Based Practices and Standards of Care

A Contractor shall provide Methadone Administration in an organized manner consistent with and in compliance with all applicable federal, state and local regulations pertaining to the provision of these services, including those of the Food and Drug Administration (FDA), the Drug Enforcement Administration (DEA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and State of Iowa Specific Standards for Opioid Treatment Programs (IAC 641—155.35).

A Contractor must have policies and procedures regarding therapeutic methadone dosage that are consistent with SAMHSA Center for Substance Abuse Treatment Guidelines for the Accreditation of Opioid Treatment Programs and TIP 43, Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs.

Service Recipient Eligibility Requirements

Methadone Treatment is intended to support Iowa residents who are not eligible for Medicaid, do not have insurance, and do not have access to other resources to pay for needed services. A Contractor must apply all available funding from third party payors prior to determining a patient's eligibility for Integrated Provider Network funding. A Contractor must assure services are paid by the correct payor.

Iowa residents who meet the eligibility requirements below are eligible to receive Methadone Treatment and may receive such services from the Contractor of their choice. Contractors must determine and document a person's eligibility for Methadone Treatment.

Iowa residents who seek Methadone Treatment must meet the following financial eligibility requirements:

- Income at or below 200% of the Federal poverty guidelines as published by the U.S. Department of Health and Human Services, and
- Not insured, or third party payment is not available to pay for treatment covered services.

A Contractor must actively support enrollment in Medicaid by Medicaid eligible persons.

Time spent complying with managed care organization (MCO), insurer, or other payor requirements or processes is not covered by Integrated Provider Network funding. Such requirements are specific to each payor and each health plan, and are funded under the Contractor's agreement with that payor/health plan. Such requirements and processes may include, but are not limited to, requesting authorization for services,

care management activities, claims submission, appeals, meetings, committees, and projects. Refusal by a patient's MCO, insurer, or other payor to authorize a service covered by that payor, or the denial of a covered service claim by an MCO, insurer, or other payor, does not make that patient eligible for Integrated Provider Network funding and does not make that service payable under Integrated Provider Network funding.

Covered Services Requirements

Methadone Treatment Covered Services include one Covered Service for Patients.

1. Covered Service for Patients

An Applicant shall describe in the Application how the Applicant will provide the following Covered Service to persons with opioid use disorders, sufficient to meet the assessed needs of each person.

a. Methadone Administration

Patients who receive Methadone Administration must also receive treatment Licensed Program Services from the Methadone Treatment Contractor or from another licensed and qualified program.

A Contractor must meet Medicaid requirements for providing Medication Assisted Treatment/Recovery to persons with an Opioid Use Disorder, effective January 1, 2019, and must bill Medicaid for methadone provided to Medicaid members.

Licensed Program Services provided to Methadone Treatment patients are reported, billed, and reimbursed separately from Methadone Administration.

Budget Requirements

An Applicant may apply for funding for Methadone Treatment up to the total funding amount assigned to Methadone Treatment in section 1.05. The Department intends to select sufficient applications for award of Methadone Treatment funding to support access to such services statewide, up to the total funding available for Methadone Treatment.

A Contractor will provide one Methadone Treatment Covered Service.

A Contractor will be funded to provide Methadone Treatment through a unit of service budget. The Department established a unit rate for reimbursement of the delivery of Methadone Treatment, up to the amount specified in the Contractor's contract.

An Applicant is required to specify the total funding requested for Methadone Treatment and to provide a budget justification narrative that describes how the total funding was calculated.

Unallowable Expenditures

Per 45 CFR, 96.135, 96.137, and SAMHSA guidance documents, SABG funding can not be expended for the purposes listed below:

- Purchase of land or construction of building or improvements thereon
- Purchase of major medical equipment
- Providing individuals with hypodermic needles or syringes
- Any salary in excess of Level 1 of the federal senior executive service pay scale.
- Inpatient hospital services
- Satisfying the requirement for expenditures of non-Federal funds as a condition for the receipt of Federal funds
- Providing financial assistance to any entity other than a public or nonprofit entity
- Cash payments to intended recipients of health services

Substance Use Disorder Treatment - Additional Unallowable Expenditures

- Providing treatment services in penal or correctional institutions of the state

Rates

The unit rates listed in the table are all-inclusive amounts and no additional funding will be provided by the Department for these services.

METHADONE TREATMENT RATE		
Methadone Treatment: <i>Covered Service for Patients</i>		
Service Type	Unit Description	Unit Cost
Methadone Administration	Per dose	\$12.00

Contractors must submit claims and report services in accordance with the Service Type, Unit Description, and Unit Cost.

Fees

A Contractor may charge patients a fee in the form of a co-pay for Methadone Treatment, as outlined in this section.

Methadone Treatment must be available to patients based on a sliding fee scale that considers patient income and family size. A Contractor must establish and submit a sliding fee scale to the Department upon notice of award. Contractors must implement patient co-pay procedures. Contractors retain such co-pays.

Contractors **shall** implement a co-pay for the Methadone Treatment Covered Service:

- Methadone Administration

Non-Supplanting Requirement (45 C.F.R 96.135 (a) (4))

Federal funds made available shall not be used to supplement and increase the level of state, local and other non-federal funds that would in the absence of such federal funds be made available for the programs and activities for which funds are provided and will in no event take the place of state, local and other non-federal funds.

Data and Reporting Requirements

Methadone Treatment services must be clearly and accurately documented in Contractor records, and must be clearly and accurately documented and reported in the Grant Tracking system and Department data systems. The Department requires periodic reporting of compliance with proposed work plan, provision of services, and incurred expenses by Contractors.

A Contractor must document provision of Methadone Treatment in a manner sufficient to support Contractor billing and reporting and Department monitoring.

A Contractor must document provision of Methadone Treatment in accordance with Department requirements.

The Department has systems in place for collection of data. A Contractor must report treatment service information and data through the Department's data systems, as outlined below and in SECTION 6 - Attachments and SECTION 7 - Links:

- I-SMART Opioid Treatment Program Registry
 - Methadone Treatment data

2.05 Performance Measures

The Department anticipates the following performance measure to be included in a successful Applicant's contract.

The Department will monitor Contractor performance. A Contractor will be expected to cooperate with all reporting and monitoring requirements, including but not limited to: Data Reporting, Claims Reimbursement and Support Documentation, and Progress Reports. Reports and data must be submitted in accordance with Department due dates.

Department monitoring may result in requirements for corrective action, as determined by the Department, up to and including: Contractor development and implementation of a corrective action plan, reduction in the Contractor's funding for the Contract Term and/or Project Period, withholding of funds by the Department, and suspension or termination of the contract (refer to SECTION 5).

Measure

The Contractor shall submit accurate, complete, and timely Data Reporting and Claims Reimbursement with Support Documentation (refer to section 2.02). The Department will review submissions and may request corrections. The Department will issue payments for services only if and when the Contractor's reports and data are accurate, as determined by the Department.

If the Department determines submitted reports and data are not timely, are inaccurate, or incomplete for multiple occurrences, or if such errors and omissions are severe (as determined by the Department), the Department will require the Contractor to create and submit a corrective action plan describing the steps and activities the Contractor will take to ensure future reports and data are timely, accurate, and complete. The Corrective action plan will require Department review and approval prior to implementation by Contractor.

Disincentive

If the Department determines that a Contractor's reports and data are (1) submitted late (without Department pre-approval of an acceptable delay (acceptable delay is at the sole discretion of the Department)), or (2) the reports or data have severe errors or omissions, or (3) the reports or data are not compliant with the deadlines or expectations of the Department-approved corrective action plan, the Department will deduct \$##### (amount to be determined by the Department) for the corresponding month's claim reimbursement amount.

The Contractor shall submit any documentation required for the performance measure into the appropriate data system and the corresponding components (progress reports, claims, etc.) of the grant site within IowaGrants.gov.

The Department reserves the right to establish additional performance measures.

SECTION 3 – APPLICATION FORMAT AND CONTENT

In compliance with the minimum requirements and scope outlined in SECTION 2 – Description of Services, Applicant must complete each form listed below from within IowaGrants for this Funding Opportunity.

3.01 Application Instructions

IowaGrants Registration: Each user who will need access to the Application must be registered in IowaGrants. If not already registered, complete the registration process by following the steps outlined in the 'New User Registration Instructions for IowaGrants.gov' as posted under SECTION 6 - Attachments of this Funding Opportunity. New users should allow a few days for the registration to be processed.

Application Creation:

For Single Entity Applications:

Starting an Application - A Single Applicant will create one Application for Required Services for each proposed Service Area within the IowaGrants system, in response to this RFP. A registered user from the Single Applicant Organization must create (start) an Application within the system.

Each individual within the Single Applicant Organization who desires access to the Application must be registered in IowaGrants (see above). The first user to create an Application for a Funding Opportunity is designated by the system as the primary user (Registered Applicant) for that Application.

Adding registered users to an Application - The primary user/Registered Applicant can add additional registered users as Grantee Contacts within their Organization to the Funding Opportunity for completion/edit/review of forms and submission of the Application as follows:

- Open the saved Application within IowaGrants.
- Go to the General Information component (see Section 3.02 below).
- Add each individual/registered user as an Additional Grantee Contact.
- Click save within this component to add registered users.

For Joint Applications:

Starting an Application - Joint Applicants will create one Application for Required Services for each proposed Service Area within the IowaGrants system, in response to this RFP. Joint Applicants must determine which Joint Applicant Organization will create (start) the Application within the IowaGrants system. A registered user from that selected Joint Applicant Organization must create (start) the Application within the system. It is recommended that a Joint Application state "Joint Application" within the title and list each Joint Applicant Organization within the title. The first user to create an Application for a Funding Opportunity is designated by the system as the primary user (Registered Applicant) for that Application.

Adding registered users to an Application - Each individual who desires access to the Joint Application must be registered in IowaGrants with their *employed Organization*. (See IowaGrants Registration: above for guidance on Registration as needed.) The primary user/Registered Applicant (individual who started the application) can add additional registered users as Additional Contacts to the Application by:

1. Submitting a written request to the IDPH IowaGrants Helpdesk requesting that specific individuals registered in IowaGrants with one of the Joint Applicant Organizations be linked to the Organization that created the Application within the IowaGrants system, and then,
2. Opening the Application within IowaGrants, going to the General Information component (see below) and adding each individual/registered user as an Additional Grantee Contact. Click save within this component to add registered users.

For all Applicants:

- Upon starting and saving an Application, the first screen that appears is the General Information Form. This is where the Applicant will title the Application and identify themselves to their Organization. The Registered Applicant must be representing an eligible Applicant (refer to sections 1.03 and 1.06 D). The saved **General Information Form** appears as the first form in the Application, see SECTION 3.02 below.
- The Application will consist of multiple required forms (refer to SECTION 3.02) available within the Electronic Grant Management system at www.IowaGrants.gov. Each form of the Application must be marked as complete or IowaGrants will not permit the Application to be submitted.
- If multiple users are editing the same form within an Application at the same time, the *last saved version* will override any changes made by other users.
- IowaGrants will permit any registered users to create separate Applications for the same Funding Opportunity, thereby creating multiple Applications for the same Funding Opportunity. **An Applicant is responsible for ensuring only ONE entire Application is completed and submitted for each requested Service Area** (refer to sections 1.04 and 1.14) in response to this RFP.

For general instructions on starting applications and completing application forms in IowaGrants, as well as how to copy previously created applications, refer to the 'IDPH Application Instruction Guidance' as posted under the Attachment section of this Funding Opportunity.

- Submitted Applications must meet all minimum and eligibility requirements outlined in this RFP.
- Promotional materials or other items not required by this RFP will not be considered during the review process.
- Any information or materials not required to be submitted as an attachment by this RFP application will not be considered in the review process.

3.02 Application Forms

An Applicant must complete each Application form listed below following the instructions in this RFP and within the Electronic Grant Management System at www.lowagrants.gov. Each required field of each Application form is asterisked indicating it must be filled in in order for the form to be saved. If a required field is not completed within a form, the system will not allow the form to be saved. Not all fields of every form are asterisked as required fields. It is the Applicant's responsibility to submit a complete application. Once an Application form is completed, the Applicant must mark it as complete. All forms must be marked as complete or IowaGrants will not permit the Application to be submitted.

Note: Many of the forms in this Funding Opportunity are structured as multi-list sections to allow for Joint Applicant information. An Applicant will click the Add button next to each section to open the fields within that section. The Applicant name must be entered into the first field of every section and the corresponding responses entered in the remaining fields pertaining to that Applicant. Upon clicking save, that Applicant's information will be displayed across the row under each column field. This must be repeated for each Joint Applicant. When the form is complete with all necessary Application information entered into the appropriate fields, the form must be marked as complete.

Follow the instructions for each section and field within the form in IowaGrants. A summary of each form's contents is listed below.

General Information:

This form displays the Registered Applicant and their associated Organization that is entered when starting an Application in IowaGrants. After clicking 'Save'; the Registered Applicant can re-open and edit this form to add other users registered or linked with the associated organization in IowaGrants.gov as 'Additional Contacts'. (Refer to Application Creation instructions in section 3.01 above).

Cover Sheet - General Information:

This form requires the Applicant to identify the Authorized Official, the Fiscal Contact, and additional required information. For Joint Applications, the information for the Authorized Official and Fiscal Officer/Agent should be individuals from the Organization that started the Application within IowaGrants (Refer to Application Creation instructions in section 3.01 above).

Integrated Provider Network Applicant Business Organization Information:

This form requires information about each Applicant organization, including address and contact information, history, vision and mission statements, table of organization, disclosure of any pending or threatened litigation or investigation which may affect the Applicant's ability to perform the required services (refer to section 1.23), disclosure of contract default or termination, and disclosure of financial accountability and contact person (refer to section 1.24).

Integrated Provider Network Application Certification and Conditions:

This form provides for the certification and assurance of the Applicant’s intent and commitment to provide the services included in the Application if an award is issued. This form will also identify the individuals to be designated as the Contract Administrator and IowaGrants Grantee Contact in IowaGrants, if an award is issued. Joint Applicants must complete the Additional Certifications section of this form.

This form also contains upload fields for transmittal letters and other applicable communications as well as an optional area for applicants requesting confidential treatment of application information (refer to section 1.28).

The Application Certification and Conditions Form is **required** to be completed and electronically signed and dated by the Executive Director (ED) or Chief Executive Officer (CEO) of each Applicant.

- Iowa Code section 554D.103 defines an electronic signature as “an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record.” An Applicant may insert an electronically scanned signature, a digital signature, or a typed name, symbol, etc. in compliance with this definition for the electronic signature.

An Applicant’s submission of an Application indicates the Applicant’s agreement to conduct this transaction by electronic means.

Integrated Provider Network Service Provision Summary and SAMHSA Certification:

This form requires designation of the Application type (Single Entity or Joint) and the Service Area. This form also requires specific information about each Applicant and about each subcontractor providing Required Services: Prevention Services and Required Services: Outpatient Treatment - Licensed Program Services for Patients, and a summary of the services to be provided by each Applicant and each Prevention or Outpatient Treatment subcontractor.

The form will be used by the Department to ensure Applicant and subcontractor eligibility requirements are met. The form must include information for every field for each Applicant and each Prevention or Outpatient Treatment subcontractor:

- Applicant or Subcontractor Organization Legal Name
- Confirmation of Non-Profit or Not for Profit Status
- Application Relationship (for Provision of Services) - Single Applicant, Joint Applicant, or Subcontractor (for provision of Required Services: Prevention Services or Required Services: Outpatient Treatment - Licensed Program Services for Patients)
- Services Provided
- Corresponding Licenses (include license #)
- Corresponding Experience
- SAMHSA Certification Submission

Integrated Provider Network Subcontract Plan Summary:

This form requires specific information about the Applicant’s proposed plan for subcontracts. Applicants must outline all proposed subcontracts. Planned use of subcontractors by an Applicant must be clearly explained in the Application. This information must include, but is not limited to:

1. The name and address of the subcontractor;
2. The scope of work to be performed by each subcontractor;
3. Subcontractor and subcontractor staff qualifications;
4. Subcontractor license and experience for each proposed service;
5. The estimated dollar amount of each subcontract.

This form has two sections, one section for subcontract plans for provision of Required Services: Prevention Services and Required Services: Outpatient Treatment - Licensed Program Services for Patients; and a second section for subcontract plans that will assist an Applicant to effectively implement the work and services required by the RFP. Examples of subcontracts for the second section of the form include, but are not limited to: licensed medical professionals, transportation services, therapeutic daycare services, etc.

Required Services Application Work Plan Forms

All Applicants must complete all three Required Services Work Plan Forms. For each Required Service, the Applicant shall demonstrate within the work plan the Applicant’s capacity to implement minimum requirements and scope as outlined in SECTION 2.

Reimbursements to successful Applicants for provision of Treatment Services are unit cost rate based as outlined in SECTION 2. Therefore, a specific detailed budget will not be required for these services within the Treatment Services Work Plan. Requested amounts per Required Service will be required within the Integrated Provider Network Budget Summary Form. Requested amounts per service area must be reasonable for the catchment area/population proposed within the Application work plans and may not exceed total amounts available as outlined in Section 1.05. Applicants will provide budgets for both Network Support services and Prevention services within the Work Plan forms.

Required Services: Network Support Work Plan:

This form requires details for implementing the services as outlined in this RFP. Applicant shall demonstrate within the work plan the Applicant’s capacity to implement minimum requirements and scope as outlined in SECTION 2.

Within this form, the Applicant must provide information and documentation about the Applicant’s:

- Background and demonstrated experience in conducting network support related activities.

- Specific information about the staffing and personnel assigned to this service.
- Activities and detailed plans to accomplish the requirements and scope of the service.
- Reasonable line item budget.

Required Services: Prevention Services Work Plan:

This form requires details for implementing the services as outlined in this RFP. Applicant shall demonstrate within the work plan the Applicant’s capacity to implement minimum requirements and scope as outlined in SECTION 2.

Within this form, the Applicant must provide information and documentation about the Applicant’s:

- Background and demonstrated experience in providing prevention services.
- Specific information about the staffing and personnel assigned to this service.
- Activities and detailed plans to accomplish the requirements and scope of the service.
- Reasonable line item budget.

Required Services: Outpatient Treatment Work Plan:

This form requires details for implementing the services as outlined in this RFP. Applicant shall demonstrate within the work plan the Applicant’s capacity to implement minimum requirements and scope as outlined in SECTION 2.

Within this form, the Applicant must provide information and documentation about the Applicant’s:

- Background and demonstrated experience in providing outpatient treatment services.
- Specific information about the staffing and personnel assigned to this service.
- Activities and detailed plans to accomplish the requirements and scope of the service.

OPTIONAL FORMS - Optional Services Work Plan Forms

An Applicant must complete the corresponding ***OPTIONAL FORM*** if the applicant is applying for one or more *Optional Services* service types. If the Application does not include provision of *Optional Services*, an Applicant must open each *Optional Service* form and mark it as complete. This must be done in order for the system to allow the Application to be submitted.

Complete only the forms for the ***Optional Services service type*** for which Application is being submitted. The Applicant is responsible to ensure that all information requested is fully completed in the Work Plan Forms.

Reimbursements to successful Applicants for provision of *Optional Services* are unit cost rate based and outlined in Section 2. Therefore, a specific detailed budget will not be required. Requested amounts per *Optional Service* will be required within the Integrated Provider Network Budget Summary Form. Requested amounts may not exceed total amounts available as outlined in Section 1.05.

OPTIONAL FORM - Optional Services: Adult Residential Treatment Work Plan:

If applying for this *Optional Service*, complete this form in its entirety. This form requires specific information about Adult Residential Treatment under the RFP. This form requires details from the Applicant for implementing the services as outlined in this RFP. An Applicant shall demonstrate within the work plan the Applicant's capacity and specific plans to implement the requirements and scope of Adult Residential Treatment as outlined in SECTION 2. Information provided must be responsive to the RFP description.

Within this form, the Applicant will be expected to provide information and documentation about the Applicant's:

- Background and demonstrated experience in providing residential treatment to adults.
- Specific information about the staffing and personnel assigned to this service.
- Activities and work planned to accomplish the requirements and scope of the service.
- Funding requested.

OPTIONAL FORM - Optional Services: Juvenile Residential Treatment Work Plan:

This form requires specific information about Juvenile Residential Treatment. This form requires details from the Applicant for implementing the services as outlined in this RFP. An Applicant shall demonstrate within the work plan the Applicant's capacity and specific plans to implement the requirements and scope of Juvenile Residential Treatment as outlined in SECTION 2. Information provided must be responsive to the RFP description.

Within this form, the Applicant will be expected to provide information and documentation about the Applicant's:

- Background and demonstrated experience in providing residential treatment to juveniles.
- Specific information about the staffing and personnel assigned to this service.
- Activities and work planned to accomplish the requirements and scope of the service.
- Funding requested.

OPTIONAL FORM - Optional Services: Women and Children Treatment Work Plan:

This form requires specific information about Women and Children Treatment. This form requires details from the Applicant for implementing the services as outlined in this RFP. An Applicant shall demonstrate within the work plan the Applicant's capacity and specific plans to implement the requirements and scope of Women and Children Treatment as outlined in SECTION 2. Information provided must be responsive to the RFP description.

Within this form, the Applicant will be expected to provide information and documentation about the Applicant's:

- Background and demonstrated experience in providing specialized treatment services

to women and their children.

- Specific information about the staffing and personnel assigned to this service.
- Activities and work planned to accomplish the requirements and scope of the service.
- Funding requested.

OPTIONAL FORM - Optional Services: Methadone Treatment Work Plan:

This form requires specific information about Methadone Treatment. This form requires details from the Applicant for implementing the services as outlined in this RFP. An Applicant shall demonstrate within the work plan the Applicant's capacity and specific plans to implement the requirements and scope of Methadone Treatment as outlined in SECTION 2. Information provided must be responsive to the RFP description.

Within this form, the Applicant will be expected to provide information and documentation about the Applicant's:

- Background and demonstrated experience in providing methadone treatment.
- Specific information about the project personnel assigned to this service.
- Activities and work planned to accomplish the requirements and scope of the service.
- Funding requested.

Integrated Provider Network Budget Summary Form:

This form requires the Applicant to input requested amounts per Applicant per Service. Requested amounts per Service Area must be reasonable for the Service Area proposed within the Application and may not exceed total amounts available as outlined in Section 1.05. Amounts entered for Network Support and for Prevention Services must match the amounts identified within the Work Plan forms for these services.

Minority Impact Statement:

This form collects information about the potential impact of the project's proposed programs or policies on minority groups.

SECTION 4 – APPLICATION REVIEW PROCESS AND CRITERIA

4.01 Overview of Review Process

Review/evaluation of Applications submitted under this RFP will be conducted in phases as follows:

Phase I: Technical Review:

The first phase will involve a preliminary review by Department staff of an Applicant's compliance with the mandatory requirements, such as eligibility and Application content for submitted Applications. Applications which fail to satisfy technical requirements or Application content may be eliminated from the Application review. These Applications may be rejected. The Department will notify the Applicant of a rejection that occurs during Phase I of the review process. The Department reserves the right to waive minor variances at the sole discretion of the Department.

Phase II.a: Scoring and Selecting Awards for Required Services:

Applications determined to be compliant with technical requirements and Application content will be accepted for the second phase of evaluation, which shall be completed by a review committee or committees established by the Department. The membership of the review committee(s) shall be determined by the bureau chief with input and oversight from the respective division director. The review committee(s) shall evaluate Applications in accordance with a point system. Each committee member will review the Required Services portion of the Applications and the evaluation criteria outlined in this section and assign a point total for each criterion. If an Applicant is requested to make an oral presentation of the Application pursuant to RFP section 1.15, the committee members may consider the oral presentation of the Applicant in determining the points awarded.

The total score awarded by each committee member will be averaged to arrive at the final score for each Application. The Applications will then be ranked based on the average of the evaluation scores for the Required Services portion. Department staff may solicit additional input and recommendations from the review committee(s).

In the event competitive applications receive an equal number of points for the same Service Area, a second review may be conducted utilizing the same scoring process. In the event a second review is conducted, the respective division director will designate two management employees and one non-management employee to conduct a second review of the Required Services portion of the Applications.

Phase II.b: Department Review and Award for Required Services:

In this phase, the Department will consider the submitted Applications and review committee scores and recommendations for selecting awards for Required Services.

The Department may also consider geographic distribution, Service Area, budget information, any information received pursuant to sections 1.19 - 1.24 of the RFP, and any other information received pursuant to the procurement process. The Department reserves the right not to award the contract for Required Services for a Service Area to the Applicant with the highest point average.

Phase III.a: Scoring and Selecting Awards for *Optional Services*:

Applications selected for award for Required Services that include Application for one or more *Optional Services*, will be accepted for the third phase of evaluation, which shall be completed by a review committee or committees established by the Department. The membership of the review committee(s) shall be determined by the bureau chief with input and oversight from the respective division director.

Applications accepted for evaluation of *Optional Services*, will be separated into groups based on the *Optional Services* service type proposed. The Applications in each group will be assigned to the designated review committee for that service type. An Application may be assigned to multiple review committees, based on the *Optional Services* service types included in the Application.

The review committee(s) shall evaluate the *Optional Services* portion(s) of the assigned Applications in accordance with a point system for each service type. Each committee member will review the assigned *Optional Services* portion of the Applications and the evaluation criteria outlined in this section and assign a point total for each criterion for each *Optional Service* service type. If an Applicant is requested to make an oral presentation of the Application pursuant to RFP section 1.15, the committee members may consider the oral presentation of the Applicant in determining the points awarded.

The total score awarded by each committee member for each *Optional Service* service type will be averaged to arrive at the final score for the applicable service type. The Applications will then be ranked based on the average of the evaluation scores by service type. For Women and Children Treatment, Applicants applying for both Outpatient and Residential Women and Children Treatment services will be funded first, then remaining funds will be distributed to Applicants providing Women and Children Treatment - Outpatient only, as available and as applicable. Department staff may solicit additional input and recommendations from the review committee(s).

Phase III.b: Department Review and Award for *Optional Services*:

In this phase, the Department will consider the submitted Applications and the review committee(s) scores and recommendations for selecting awards for *Optional Services* service types.

The Department may also consider geographic distribution, Service Area, budget information, scores received for the Required Services portion of the Application, any information received pursuant to sections 1.19 - 1.24 of the RFP, the number and type of *Optional Services* service

types and Covered Services proposed, the scores received for the *Optional Services* service types and Covered Services proposed, and any other information received pursuant to the procurement process. The Department reserves the right not to award funding for *Optional Services* to the Applicant with the highest point average.

4.02 Scoring of Applications

Accepted Applications will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the RFP.
- D. The overall ability of the Applicant to successfully provide Integrated Provider Network services

Points will be assigned for each item listed as follows:

- 5 Applicant's Application or capability is exceptional and exceeds expectations for this criterion.
- 4 Applicant's Application or capability is superior and slightly exceeds expectations for this criterion.
- 3 Applicant's Application or capability is satisfactory and meets expectations for this criterion.
- 2 Applicant's Application or capability is unsatisfactory and contains numerous deficiencies for this criterion.
- 1 Applicant's Application or capability is not acceptable or applicable for this criterion.

Required Services:

Refer to the Attachment E for the scoring rubric for Required Services. A maximum of **600** points may be awarded to each Application for Required Services. A minimum average score of **360** or greater is required for the Application to be considered for funding for Required Services. Applications scoring less than the minimum average score will be not be awarded funds and will not be considered for any proposed *Optional Services*.

Optional Services:

Refer to the Attachment E for the scoring rubric for each *Optional Services* service type. See the below table for the maximum of points that may be awarded for **each** *Optional Service* service type and the minimum average score required for the *Optional Services* service type to be considered for funding. Optional Services work plans scoring less than the minimum average score for the *Optional Services* service type will be not awarded funds for the corresponding *Optional Services* service type.

Optional Services	Maximum Points	Minimum Average Score Required
Adult Residential	200	120
Juvenile Treatment	180	108
Women and Children Treatment		
Outpatient and Residential	360	216
Outpatient Only	270	162
Methadone Treatment	165	99

SECTION 5 – CONTRACT

5.01 Conditions

Any contract awarded by the Department shall include specific contract provisions and the IDPH General Conditions effective July 1, 2016 as posted on the Department Web page <http://idph.iowa.gov/> under *Funding Opportunities link*. Refer to SECTION 6 - Attachments on the Funding Opportunity page for the Draft Contract Template. The Draft Contract Template included is for reference only and is subject to change at the sole discretion of the Department.

The contract terms contained in the general conditions are not intended to be a complete listing of all contract terms, but are provided only to enable an Applicant to better evaluate the costs associated with the RFP and the potential resulting contract. An Applicant should plan to include such terms in any contract awarded as a result of the RFP. All costs associated with complying with these requirements should be included in the Application. If the contract exceeds \$500,000, or if the contract together with other contracts awarded to the Contractor by the Department exceeds \$500,000 in the aggregate, the Contractor shall be required to comply with the provisions of Iowa Code chapter 8F.

Results of the review process or changes in federal or state law may require additions or changes in final contract conditions requirements.

5.02 Incorporation of Documents

The RFP, any amendments and written responses to Applicant questions, and the Application submitted in response to the RFP form a part of the contract. The parties are obligated to perform all services outlined in the RFP and described in the Application unless the contract specifically directs otherwise.

5.03 Order of Priority

In the event of a conflict between the contract, the RFP and the Application, the conflict shall be resolved according to the following priorities, ranked in descending order:

1. the Contract;
2. the RFP;
3. the Application.

5.04 Contractual Payments

The Department provides contractual payments on the basis of reimbursement of expenses in accordance with Iowa Code 8A.514. In the event the Contractor lacks sufficient working

capital to provide the services of the contract, an advance not to exceed one month's value of the contractual amount may be provided by the Department. One-third (1/3) of this advance will be deducted from eligible reimbursement of expenses for the 7th, 8th and 9th months of service.

If an Applicant is not a current Contractor with the Department, a completed current and accurate W-9 form will be requested by the Department upon award of a contract. The Department shall not provide any reimbursement of expenses until the W-9 is received and accepted.

SECTION 6 – ATTACHMENTS

The following reference documents are posted separately under the Attachment section of this Funding Opportunity.

- A This RFP
- B New User Registration Instructions for IowaGrants.gov
- C IDPH Application Instruction Guidance
- D Draft FY19 IDPH Substance Use and Problem Gambling Integrated Provider Network Contract Template
- E Draft FY19 IDPH Substance Use and Problem Gambling Integrated Provider Network Application Score Tool
- F Service Area Map
- G Critical Incident Report

SECTION 7 – LINKS

The following reference documents are available by clicking on the link provided in the Website Links section of this Funding Opportunity.

IDPH General Conditions

<http://idph.iowa.gov/finance/funding-opportunities/general-conditions>

Blueprints for Healthy Youth Development

<http://www.blueprintsprograms.com/>

Federal Guidelines for Opioid Treatment Programs

<https://store.samhsa.gov/shin/content/PEP15-FEDGUIDEOTP/PEP15-FEDGUIDEOTP.pdf>

Iowa Gambling Treatment Program

<http://www.idph.iowa.gov/igtp>

I-SMART and CDR

<https://www.idph.iowa.gov/ismart>

National Institute of Drug Abuse Red Book

https://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf

NIATx Model

<https://niatx.net/Content/ContentPage.aspx?PNID=1&NID=8>

SAMHSA Evidence-Based Practices Resource Center

<https://www.samhsa.gov/ebp-resource-center>

Stacked Deck

https://www.hazelden.org/HAZ_MEDIA/7931_stackeddeck.pdf

Strategic Prevention Framework

<http://www.samhsa.gov/spf>

Substance Abuse Prevention and Treatment Block Grant

<https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=1cd9b9d45c5713f41740207f1f4c5010&mc=true&n=pt45.1.96&r=PART&ty=HTML#sp45.1.96.l>

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<https://yourlifeiowa.org>