

## Idaho Prescriber DEA Registration Assistance for MOUD Accessibility Grant Application

### Purpose

In accordance with the Idaho Behavioral Health Council's priorities, this funding opportunity aims to incentivize new non-physician healthcare providers (e.g., pharmacists, prescribing psychologists, physician assistants, etc.) across Idaho to acquire DEA registration, thereby increasing the accessibility of treatment for patients with Opioid Use Disorder (OUD). Applicants eligible to receive funding from this grant are licensed prescribers in Idaho who choose to register with the DEA in consideration of the recent removal of the X Waiver requirement for prescribing Medication for Opioid Use Disorder (MOUD). The awarded funds will serve as reimbursement for the cost of DEA registration.

### Funding Information

- Facilitator: Division of Occupational and Professional Licenses
- Funding mechanism: State funds received from the State Directed Opioid Settlement Fund
- Award format: Reimbursement in accordance with state finance and accounting requirements
- Total available funding: \$350,000
- Anticipated number of awards: 394
- Award amount: \$888
- Length of project: 3 years

### Eligibility & Preferences

Eligibility requirements:

- Non-physician prescriber licensed in Idaho with appropriate credentialing board(s)
- ≥2 years practicing under current license
- Does not otherwise require a DEA license for everyday practice
- Appropriate education, training, and experience to properly utilize DEA registration for MOUD management
- First time seeking DEA registration and never previously held a DEA license

Preference will be given to applicants that:

- Demonstrate feasibility of implementation of MOUD management services at practice site
- Demonstrate genuine desire to implement MOUD prescribing and management into practice
- Serve in rural or underserved area without significant MOUD access
- Are new classes of healthcare providers that are covered under the federal MAT Act that could not otherwise previously prescribe MOUDs

### Application Information

#### Submission Guidelines

1. Complete application for the Practitioner Controlled Substance Registration.  
<https://dopl.idaho.gov/bop/bop-practitioner-controlled-substance-registration/>.
2. Apply for DEA registration and submit the receipt with completed W-9 form via email to [Finance@dopl.idaho.gov](mailto:Finance@dopl.idaho.gov) and copy [wendy.gutierrez@dopl.idaho.gov](mailto:wendy.gutierrez@dopl.idaho.gov).
3. Please complete the application to the best of your ability and send the completed form via email to [Angela.Higgins@dopl.idaho.gov](mailto:Angela.Higgins@dopl.idaho.gov).

## **Review Process**

Each submitted application will be reviewed by qualified members of a review committee. All members of the review committee will adhere to a standard assessment process to avoid biases while approving or denying grant awards to applicants.

Applicants will be notified via email whether they have been selected to receive grant funds.

## **Timeline**

Applications will be accepted starting on July 1, 2024, and will continue to be accepted until the grant application link indicates that it is closed, meaning that funds have been exhausted. Any DEA registration fees paid prior to July 1, 2024, are NOT eligible for reimbursement under this grant, and reimbursement will not be considered if this situation arises.

Grantees can expect to receive funds within 6 to 8 weeks of submitting proof of payment for DEA registration.

## **Requirements of Grantees**

### **DEA Registration**

Applicants will register with the DEA and complete all requirements to do so, including the 8 hours of training in compliance with the Medication Access and Training Expansion (MATE) Act. Information on this process can be found in the following sources:

- Link to DEA home webpage:  
[Diversion Control Division | Welcome \(usdoj.gov\)](#)
- Link to DEA MAT informational page:  
[Diversion Control Division | Medication Assisted Treatment \(usdoj.gov\)](#)
- Link to information on CE for the MATE Act:  
[Recommendations for Curricular Elements in Substance Use Disorders Training | SAMHSA](#)

### **MOUD Procedure**

Once practitioners are registered with the DEA and able to manage MOUD, they must maintain and follow a standard clinical procedure for assessing and treating patients with OUD. This procedure should be used to guide the clinical decision making involved in the initial patient assessment, therapeutic choices, ongoing management, and multidisciplinary involvement.

### **Reimbursement**

To receive reimbursement, grantees must show proof of payment for DEA registration. Any DEA registration costs paid prior to July 1, 2024, will NOT be eligible for reimbursement through this grant. If, at any time, the grant recipient is unable to maintain DEA registration (suspension or voluntarily surrenders), they must inform the Division of Occupational and Professional Licenses.

The award amount of \$888 is intended to cover the cost of the DEA registration fee. Reimbursement will not be considered for any costs of continuing education or training required for obtaining DEA registration because there are many free education options that comply with the Medication Access and Training Expansion (MATE) Act. For successful reimbursement applicants will be required to complete a [W-9 Form](#). Completed W-9 forms with DEA registration receipt must be submitted via email to [Finance@dopl.idaho.gov](mailto:Finance@dopl.idaho.gov) and copy [wendy.gutierrez@dopl.idaho.gov](mailto:wendy.gutierrez@dopl.idaho.gov).

### **Participation in Data Collection**

Recipients of grant funding must agree to complete a total of 3 surveys to provide information on their experience prescribing MOUD in their practice. These surveys will serve as a tool to gather data on the

outcome measures for this program and are for research purposes only. An email containing a link to access the survey will be emailed to grantees from the Division of Occupational and Professional Licenses every year for 3 years, beginning 1 year after obtaining DEA registration. Failure of grantees to complete all surveys to the best of their knowledge may result in the Division of Occupational and Professional Licenses retracting the grant agreement.

Surveys will include questions on the following topics:

- Basic information on your practice
- Number of patients treated with MOUD and outcomes
- Barriers to providing MOUD
- Successes/hardships experienced managing MOUD

### Contact Information

Questions about this grant should be directed to the Division of Occupational and Professional Licenses and submitted via email to [Angela.Higgins@dopl.idaho.gov](mailto:Angela.Higgins@dopl.idaho.gov)

#### Application Content

1. Name of applicant:
2. What is your profession?
3. Please provide your license number.
4. How long have you been practicing under this license? (student/intern hours or related jobs prior to obtaining licensure and prescriptive authority do not count)
5. Is this your first time seeking DEA registration? If not, what is/was your DEA number?
6. Provide a brief explanation of your practice site, including but not limited to the type of organization, staffing structure, pertinent patient demographics, and/or community characteristics.
7. Provide your job title and explain your role within the organization.
8. Explain how your patient population would benefit from the implementation of MOUD management services within the organization.
9. Describe your plan for implementation of MOUD as a clinical service at your practice site. Include information on your intended method for patient assessment, strategies for documentation and record keeping, and any anticipated changes in normal workflow to account for the addition of this service.

10. Briefly describe the reasons for your desire to obtain DEA registration.

**Grant Agreement**

I, \_\_\_\_\_, agree to complete the grant application honestly and completely. If selected to receive the grant award amount of \$888, I agree to adhere to all grant requirements listed above.

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