



Utah Rural Opioid Healthcare Consortium (UROHC)

MAT Waiver Incentive Program for Providers

What is UROHC?

The Utah Rural Opioid Healthcare Consortium (UROHC) brings together providers, health care entities, federally qualified health centers, public and behavioral health organizations, and nonprofit organizations to coordinate resources, expertise, and efforts to combat the Opioid Use Disorder (OUD) in Beaver, Carbon, Emery, Grand, and Iron Counties in Utah. UROHC is housed at Southern Utah University; managed by the Utah Center for Rural Health; and is funded through grants from the Health Resources & Services Administration.

University of Utah PARCKA Half and Half Waiver Training:

As part of the UROHC grant, funding has been made available to providers who serve Beaver, Iron, Grand, Carbon, and Emery county residents to participate in required training to secure a DATA 2000 Buprenorphine waiver to prescribe buprenorphine for Medically Assisted Treatment (MAT). **Eligible providers can receive a one-time payment of \$1,200.00 after completing the FULL Half and Half Waiver Training offered by the University of Utah Health's Program of Addiction Research, Clinical Care, Knowledge, and Advocacy (PARCKA) program AND receiving their DEA X Number.**

Who is eligible?

To receive the MAT Waiver Incentive Payment through UROHC, providers must meet the following criteria:

- 1) Hold the following credentials (with current license): Physician (MD or DO), Physician Assistants (PA-C), Advance Practice Nurses (NP, MSN, DNP, and APRN).
- 2) They must serve residents from Beaver, Carbon, Emery, Grand and/or Iron County.
- 3) Must participate in the University of Utah Health's PARCKA Program Half and Half Training, and complete all necessary steps post training to receive a DEA X prescribing number.

How to register:

In order to be eligible to participate and receive the incentive payment, eligible providers must register with UROHC to participate in the MAT Incentive Payment Program AND the University of Utah PARCKA Program to attend **the online training on Friday, July 17, 2020 from 1:00-5:00 p.m.**

- UROHC Registration: <https://tinyurl.com/UROHCMAT2020>
- University of Utah PARCKA Half and Half Waiver Training Registration: www.signupschedule.com/parcka

How to receive the Incentive Payment:

Eligible providers who are approved to participate will need to attend all required training (live virtual training and online modules). Upon completion of the training, providers must complete all necessary steps and receive a DEA X number, then submit the completed MAT Waiver Incentive Program Provider Payment Form to Samantha Thompson at samanthathompson4@suu.edu by October 31, 2020.

QUESTIONS: Please contact Kasey Shakespear at kaseyshakespear@suu.edu





Half and Half Waiver Training

4-hour in person/ZOOM training for medical providers to qualify for a waiver to prescribe and dispense buprenorphine (4-hours will be done online to complete the total 8-hours for MD/DO; 20-hours additional online training for PA's & NP's)

4 continuing medical education credits for physicians, only for the online portion.

4 continuing education credits for nurses, physician assistants, and pharmacists, only for the online portion.



**PRESENTER: Dr. Adam Gordon
MD, MPH, DFASAM, CMRO**

Sponsored by the Department of Internal Medicine,
Division of Epidemiology's Program for Addiction
Research, Clinical Care, Knowledge, and Advocacy
(PARCKA) supported through a grant from the Utah
Department of Health

**Friday, July 17, 2020
1:00-5:00 pm**



***camera is required to be on to virtually
attend**

**Training is free to attend, but you're
required to register @
www.signupschedule.com/parcka**

**ZOOM link will be sent to you
via email after you register**

**American Academy of Addiction Psychiatry is the
Data 2000 Sponsor for this training (<https://pcssnow.org/>)**



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Program of Addiction Research
Clinical Care ■ Knowledge ■ Advocacy



Utah Rural Opioid Healthcare Consortium (UROHC)

MAT Waiver Incentive Program Provider Payment Form

University of Utah Health PARCKA Half and Half Training, July 17, 2020, 1:00-5:00 p.m.

Provider's Name:	Credentials:	
License Number:	Practice Location:	
Organization:	Date of Submission:	
Mailing Address:		Phone:

Please Attach the following information to this form:

- Certificate of Completion for MAT Half and Half Training
- DEA X Number: _____
- Completed W-9

Email the completed form and required attachments to Samantha Thompson at samanthathompson4@suu.edu no later than October 31, 2020. Payments will be distributed within 30 days of receiving the completed documentation.

Please sign below in to certify that all of the information above is correct. Please note that any falsification of the required information will result in a forfeit of your UROHC MAT Waiver Incentive Payment Program payment.

Signature: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Physician: Steps to Obtain your MAT Waiver

1

Check Your Eligibility

To apply for a waiver you must have a valid medical license and an active DEA number. Apply for a DEA number with the Drug Enforcement Agency's Diversion Control Division (Registration Support) [here](#).

Note: Students may complete the MAT waiver training, maintain their certificate for their records, and apply for their waiver at a later date when they have obtained their full DEA license number.

Take 8-hour MAT waiver training

PCSS offers for FREE the required 8 hours of medications for addiction treatment (MAT) [waiver training](#) with continuing education.

2

3

Submit your NOI Form and Certificates of Completion

Once you finish the 8 hours of training, [complete and submit](#) the following to SAMHSA for review:

1) Notification of Intent (NOI) form 2) Certificate of Completion

Note: To avoid delay in the process of obtaining your waiver, please upload your certificates to the NOI form as faxed and mailed certificates are not acceptable.

Questions? Call SAMHSA at 866-BUP-CSAT (866-287-2728).

PAs: Steps to Obtain your MAT Waiver

1

Check Your Eligibility

To apply for a waiver you must have a valid medical license and an active DEA number. Apply for a DEA number with the Drug Enforcement Agency's Diversion Control Division (Registration Support) [here](#).

Note: Students may complete the MAT waiver training, maintain their certificate for their records, and apply for their waiver at a later date when they have obtained their full DEA license number.

Take 24 hours of required MAT waiver training

PCSS offers for FREE the required 24 hours of medications for addiction treatment (MAT) [waiver training](#) with continuing education. The 24 hour training is broken down into two courses: an 8-hour and additional 16-hour training.

2

3

Submit your NOI Form and Certificates of Completion

Once you finish the 24 hours of training, [complete and submit](#) the following to SAMHSA for review: 1) Notification of Intent (NOI) form 2) Certificates of Completion for both courses

Note: To avoid delay in the process of obtaining your waiver, please upload your certificates to the NOI form as faxed and mailed certificates are not acceptable.

Questions? Call SAMHSA at 866-BUP-CSAT (866-287-2728).

NP, CNM, CNS, CRNA: Steps to Obtain your MAT Waiver

1

Check Your Eligibility

To apply for a waiver you must have a valid medical license and an active DEA number. Apply for a DEA number with the Drug Enforcement Agency's Diversion Control Division (Registration Support) [here](#).

Note: Students may complete the MAT waiver training, maintain their certificate for their records, and apply for their waiver at a later date when they have obtained their full DEA license number.

Take 24 hours of required MAT waiver training

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Once you finish the 24 hours of training, [complete and submit](#) the following to SAMHSA for review: 1) Notification of Intent (NOI) form 2) Certificates of Completion for both courses

Note: To avoid delay in the process of obtaining your waiver, please upload your certificates to the NOI form as faxed and mailed certificates are not acceptable.

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