

# Ohio's State Opioid and Stimulant Response (SOS) Grant Eligibility Checklist and Information for Data Entry

Directions: Use this form with GPRA intake interviews to support data entry of new interviews in the iPortal SOR/SOS app.

## Eligibility Checklist for SOS Services

Providers who deliver treatment and recovery support services need to make sure their clients are eligible for SOS-funded services. A client must respond yes to at least one of the following three questions. Eligibility is over the client's lifetime. If none are yes, the client would not be considered eligible for SOS services.

1. Does the client have an opioid use disorder (OUD) diagnosis or a history of opioid misuse? ☐ Yes ☐ No
2. Does the client have a stimulant use disorder diagnosis or a history of stimulant misuse? ☐ Yes ☐ No
3. Does the client have a history of opiate related overdose? ☐ Yes ☐ No

## Information Needed to Create a New Client in iPortal SOR/SOS app

**Funding Source:** \_\_\_\_ SOS 3.0 NCE (only) or \_\_\_\_ SOS 4.0 (only)

Indicate which grant the services are being paid from.

**Client First Name:** \_\_\_\_\_

**Client Last Name:** \_\_\_\_\_

**Client Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Patient ID:** \_\_\_\_\_

Create a unique identifier for the client. Ask a supervisor or coordinator about local practices to create the patient ID. Do not use any personal identifiers, including any part of the client's name, date of birth, or social security number.

**Location:** \_\_\_\_\_

Use the address that was entered when registering agency in the iPortal SOR/SOS app.

**Board:** \_\_\_\_\_

Use the name of the board who funded the SOS services.

**County:** \_\_\_\_\_

Use the county where services are provided.

What date was the client admitted to SOR SOS funded services? \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Use the date the client began receiving SOS-funded services.

**GPRA Required Programs:** Mark the program funding type based on the notice of subaward from OhioMHAS or board. More than one can be selected; however, only the funding awarded for the grant should be selected. Ask a local supervisor/manager or check your notice of sub-award (NOSA) to clarify the program funding type.

- ☐ **Local Board Projects:** Funding from a local county-based ADAMH board
- ☐ **Community Organization:** Funding directly from OhioMHAS
- ☐ **MOMS Programs (SOS 3.0 NCE only):** Funding directly from OhioMHAS
- ☐ **Innovation (SOS 3.0 NCE only):** Funding directly from OhioMHAS

## Complete the Client Consent Form

To be eligible for the \$30 follow-up gift card, a client must consent to be part of the evaluation and share their contact information.

Did the client provide consent (either verbal consent with documentation or signed consent)?

☐ Yes ☐ No

## GPRA Intake Interview Date

Date the GPRA intake interview was completed with the client: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

## Collect the SAMHSA Locator Form Information

Use the Full Locator Form and Gift Card Mailing Information Form to gather contact information about the client. Enter that data into the iPortal SOR/SOS app.

## Next Steps

- ☐ Log onto the OhioMHAS iPortal SOR/SOS app. Start a new interview and enter the GPRA data. You will need this form, the GPRA Tool, Consent Form, Full Locator Form, and Gift Card Mailing Information Form.
- ☐ Data should be entered in as close to real time as possible. Aim to enter data within 1 day but no later than 7 days after the GPRA interview is conducted. If you have someone else entering the GPRA interview, think about a workflow that allows them to receive the data in enough time for this data entry requirement.