HRSA RCORP March 2022 Reporting: Invoice
Core Activity Expenditure Sheet

Please indicate any expenditures that you have incurred that support work in specific Core Activities. We do not need you to account for staff salary and benefits. We only need to see any expenditures that you made that support your work on the HRSA Core Activities. For example, if you spent $1200 on Narcan kits, then you would indicate that in Core Activity Prevention #1. If you have had no expenses, please indicate "No Expenses." You are not required to have expenses for each Core Activity.

CONSORTIUM NAME:

COUNTY:

PERSON COMPLETING FORM:

INVOICE PERIOD:

Core Activity	Expenditure
P1. Develop, implement, and assess intervention models that leverage opioid overdose reversal and increased naloxone availability as a bridge to treatment and ensure that rural communities have sufficient access to naloxone.	
P2. Provide and assess the impact of culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based treatments and prevention strategies for SUD/OUD (and to eliminate stigma associated with the disease).	
P3. Provide training and other professional development opportunities to increase the number of providers, including physicians, behavioral health providers, advanced practice nurses, pharmacists, and other health and social service professionals, who are able to identify and treat SUD/OUD.	

Core Activity	Expenditure
P4. Increase the number of providers who regularly use a Prescription Drug Monitoring Program (including prescribers and pharmacists).	
P5. Identify and screen individuals who are at risk of SUD/OUD and make available prevention, harm reduction, early intervention services, referral to treatment and other supportive services to minimize the potential for the development of SUD/OUD.	
P6. Track, screen, prevent, and refer to treatment patients with SUD/OUD who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among PWID.	
T1. Increase the number of providers, including physicians, nurse practitioners, clinical nurse specialists, certified nurse-midwives, certified registered nurse anesthetists, and physician assistants who are trained, certified, and willing to provide MAT, including by providing opportunities for existing rural providers to obtain DATA 2000 Drug Enforcement Agency waivers.	
T2. Increase the number of support staff with the training and education to provide activities and services to complement MAT.	
T3. Recruit and retain rural SUD/OUD providers by providing workforce development opportunities and recruitment incentives through mechanisms such as, but not limited to, the NHSC.	
T4. Reduce barriers to treatment, including by supporting integrated treatment and recovery, including integration with behavioral health, dentistry, and social services, and, as appropriate, providing support to pregnant women, children, and at-risk populations using approaches to minimize stigma and other barriers to care.	
T5. Train providers, administrative staff, and other relevant stakeholders to maximize reimbursement for treatment encounters through proper coding and billing across insurance types to ensure financial sustainability of services.	

Core Activity	Expenditure
T6. Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/OUD.	
R1. Enable individuals, families, and caregivers to find, access, and navigate evidence-based and/or best practices for affordable treatment and recovery support services for SUD/OUD, including home and community-based services and social supports such as transportation, housing, child care, legal aid, employment assistance and case management.	
R2. Develop recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.	
R3. Enhance discharge coordination for people leaving inpatient treatment facilities and/or the criminal justice system who require linkages to home and community-based services and social supports. These services and organizations may include case management, housing, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, and sober/transitional living facilities.	