

Integrated Opioid Treatment and Recovery Center Q&A

1) What is the new timeline for the Integrated Opioid Treatment and Recovery Center RFA?

Answer: Request for Application (RFA) Timeline – New Timeline effective 10/2/2017

Task	Due Date & Time
SAPTA distributes the Request for Application Guidance with all submission forms	September 22, 2017
Q&A Written Questions due to SAPTA	September 27, 2017
Informational Webinar to address questions - Link for Webinar: https://zoom.us/j/795899819	October 9, 2017 (1:00p.m. – 2:00p.m.)
Deadline for submission of applications	October 23, 2017, by 4:00p.m.
Technical Review of Applications	October 24-25, 2017
SAPTA will notify organizations that have discrepancies within their application.	COB October 25, 2017
Evaluation Period: Content review of applications	October 26-31, 2017
Interviews with Applicants	November 1, 2017
Funding Decisions Announced – SAPTA will notify organizations via e-mail to the listed Project Director	November 3, 2017
Completion of subgrant awards for selected awardees	November 10, 2017
Grant Award Commencement of Project – Pending approved SAMHSA grant award and receipt of Notice of Award	November 15, 2017

NOTE: These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time, with appropriate notice to prospective applicants.

2) Question: Who else is an FQCHC?

Answer: A list of FQHCs in Nevada can be found here:
https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/nv/?page=1

Integrated Opioid Treatment and Recovery Center Q&A

- 3) Question: Can we get a list of CCBHC's in Northern Nevada?

Answer: The following is a list of all the CCBHCs located throughout Nevada (in Alphabetical Order). For more information, please visit the following website:
<http://dphh.nv.gov/Reg/CCBHC/CCBHC-Main/>

Bridge Counseling Associates (LV)
New Frontier Treatment Center (Fallon)
Vitality Unlimited (Elko)
WestCare Nevada (LV and Reno)

- 4) Question: How are you defining wellness promotion?

Answer: The promotion of healthy ideas and concepts to motivate individuals to adopt healthy behaviors. Page 19 of RFA, Part 1.

- 5) Question: If a CCBHC has a multitude of letters of agreement for the required services for this grant, in order to be a CCBHC, do we need to provide them in the application?

Answer: Yes, we need to know who you will have Formal Written Care Coordination agreements with and for what services in the last column of the table of services outlined in Part I, Table I, beginning on page 6 of the RFA.

- 6) Question: Is it required to have a residential services section in the budget?

Answer: It is not required to have a residential services section in the budget, however the organization must be able to provide residential services within their organization or if the organization does not offer residential services, work with an organization through a formalized care coordination agreement for a client to access residential services. Residential treatment services whether provided by the IOTRC's or coordinated with another residential program must be certified by SAPTA for that level of service.

- 7) Question: Can you please explain the billing for residential services if we are not a residential provider?

Answer: Billing for residential services must follow the reimbursable rates established by the Division of Public and Behavioral Health Bureau of Health Wellness and Prevention through the Substance Abuse Prevention and Treatment Agency. See pages 20-23 of Part I of the RFA.

- 8) Question: Is there anticipated future funding that would help organizations sustain the program after the funding period?

Answer: Yes, there will be future funding for services that providers cannot bill other 3rd party payers, SAPTA or Medicaid for. This funding will last up to one year or until Medicaid develops a bundled rate of reimbursement for Certified Integrated Opioid Treatment and Recovery Centers.

- 9) Question: For staff resumes, are you requiring the resume from the RFA be used or may the staff resumes be submitted in a standard tradition word document?

Answer: Please utilize the staff resume format indicated in the RFA.

Integrated Opioid Treatment and Recovery Center Q&A

10) Question: What does “tabbed” mean for the document? Does this mean merely have sections called Tab I, II, etc. such like chapter headings or is it more technically involved?

Answer: Yes, please combine the items requested within each Tab and title the Tabs as indicated on Page 13 of the RFA, Part 1.

11) Question: Will you send out the slide show?

Answer: It is posted here:

<http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/>

12) Question: Which certifications must we include in the application? Is there a specific list?

Answer: We have developed specific Division Criteria for Medication Assisted Treatment services as Integrated Opioid Treatment and Recovery Centers, which is currently going through the process to be approved.

However we cannot certify under the Criteria until it is officially approved so organizations will need to be certified at a minimum for ASAM Level 1 Ambulatory Withdrawal Management, ASAM Level 1 Outpatient, and Co-Occurring Disorder Endorsement in the meantime. Once the MAT Division Criteria is approved we will work with the Centers to obtain the applicable certification.

13) Question: Will the answers to the questions answered live be published in the Q&A section/document?

Answer: Yes, that is this document.

14) Question: We must have an opioid treatment services SAPTA cert, correct?

Answer: We have developed specific Division Criteria for Medication Assisted Treatment services as Integrated Opioid Treatment and Recovery Centers, which is currently going through the process to be approved.

However organizations can not receive Division Certification through SAPTA until the certification criteria is officially approved. Organizations will need to be certified at a minimum for ASAM Level 1 Ambulatory Withdrawal Management, ASAM Level 1 Outpatient, and Co-Occurring Disorder Endorsement in the meantime. Once the MAT Division Criteria is approved we will work with the Centers to obtain the applicable certification.

15) Question: A COD endorsement must be listed on our SAPTA certification?

Answer: Yes. Co-Occurring Disorder endorsement is listed separately on the Certification Application and must be checked.

16) Question: How would you like proof of active Medicaid enrollment?

Answer: Please provide the NPI number for your organization.

17) Question: Am I understanding correctly, that the certification process through SAPTA is separate from having an active SAPTA license, or is it one in the same?

Answer: SAPTA Certifies programs by level of service and endorsements, thus it does not license programs. If a program is currently certified for Level 1 Ambulatory Withdrawal Management, and/or Level 1 Outpatient, and/or has an COD Endorsement, a separate certification is not required initially. Once the Division Criteria for IOTRC's is

Integrated Opioid Treatment and Recovery Center Q&A

passed by the Commission of Behavioral Health, programs will need to apply and be certified for this level of service.

18) Question: Do you have a timeline on the Medicaid rate development?

Answer: Timeline is between now and the next biennium.

19) Question: Would sub awardee funding be appropriate for residential services if a care coordination agreement is in place?

Answer: Yes, up to the 20% of the budget may be allocated towards residential services. If the applicant organization does not offer residential services, then the applicant organization can work with another organization that is able to provide residential services through a sub award. All fees and rates of reimbursement must be consistent with established rates for reimbursement for room and board only as established by SAPTA. [See page 20-23 of Part I of the RFA for rates]. If residential services are paid for through the grant dollars, the program cannot also invoice SAPTA for room and board.

20) Question: Will sub-awardees be a requirement?

Answer: This is dependent on the applicant organization. All services listed in the table located in Part I, Table I beginning on page 6 of the RFA must be delivered either internally or through formal care coordination agreements.

21) Question: Do all care coordination agreements need to be in place before the application is submitted, or can they be in the process. Also, are you considering an MOU as the same as a Care Coordination Agreement?

Answer: No they do not need to be in place, nor do they have to be completed at the time of submission. Formal Care Coordination agreements must be in place by February 1, 2018. A Care Coordination agreement is more detailed than an MOU, but if you have the MOU in place it can be submitted at the time of application with the understanding that a more official and detailed agreement is being developed.

22) Question: If a care coordination agreement is not formally in place by the time the application is submitted, will an "in process letter" be required with the application?

Answer: Yes, with details on services to be provided by the organization you are establishing a care coordination agreement with.

23) Question: Do you know if there will be any reporting requirements with care coordination agreement agencies for quarterly reporting?

Answer: If the Care Coordination Agreement agency is providing services listed within the requirements of the RFA then, yes, there will need to be some data collected for reporting purposes. The details of those requirements should be included in the Care Coordination Agreement as well.

24) Question: Can grant funding be used to pay for leasing new clinic locations in rural areas, including purchasing of equipment necessary for opening?

Answer: No, not at this time.

25) Question: Can funds be used for the lease of a van for a mobile outreach team?

Integrated Opioid Treatment and Recovery Center Q&A

Answer: Yes, but provide an explanation on how this would be sustained after the funding period ends.

26) **Question:** Under the Proposed Staff Resume, is this for the existing staff that we plan on using for expansion? Am I to have proposed hires ready? Am I to submit a resume for all existing staff? Please explain in more detail.

Answer: Fill out and submit a proposed staff resume for all key personnel that will be working on the expansion project. If you are already speaking with an individual that has said they would come on board once funding is in place, submit their resume. If the staff person has not been hired/identified, provide a job description for all positions anticipated being hired for.

27) **Question:** We are in the process of becoming a Medicaid provider but I am guessing that process won't be complete before the application deadline. Would we be able to apply if we can prove we are pursuing becoming a provider?

Answer: Applicant Organizations must be a CCBHC, FQHC, or an Opioid Treatment Program. The applicant organization must also already be fully enrolled as a Medicaid provider and if possible, verify the organization is actively billing Medicaid (page 10 of the RFA).

28) **Question:** In the past, the federal block grant for SA treatment stated that the provider must be a non-profit, however, they later opened the funding to private agencies. Is this funding opportunity open for for-profit agencies?

Answer: on page 9 of the RFA it states non-profits with 501(c)(3) status with the IRS or for-profit organizations are eligible to apply for funding under this announcement.

29) **Question:** Does this grant have age restrictions on MAT? Can consumers under the age of 18 be given Suboxone or Methadone?

Answer: The following provide General Guidelines:

- Subutex and Suboxone it is age 16, but the recommendation is the patient must make 2 attempts at psychosocial treatment before going on the medication.
- Methadone, it is similar but the recommended age is 18 with 2 attempts at psychosocial treatment.

30) **Question:** We were not looking to get certified for methadone but instead for buprenorphine. Is this a deal breaker?

Answer: The applicant organization must provide a minimum of two FDA approved MAT medications on-site. Methadone can be provided through a formal care coordination agreement with an organization certified and licensed to provide methadone.

31) **Question:** Will there be an extension of the existing grant and/or a new grant for continued funding? There are plans for a major Reno project but we feel that with the time frame of the existing grant it would be pushing the ticket to open (Feb 2018) and be totally operational. They want to be successful if awarded the funds but are up against a deadline of April 2018 which could be a problem.

Integrated Opioid Treatment and Recovery Center Q&A

Answer: There will be no continuation funds for applicants applying in this funding round. The applicant organization can wait until Year 2 of the STR project to see if another competitive RFA process comes out.

32) Can we deliver services to treatment centers?

Answer: Services must be delivered within the applicant organization, if applicable. If services can not be delivered within the applicant organization, the applicant organization can work with outside entities through Care Coordination Agreements to ensure that patients/clients receive the appropriate ASAM level of care.

33) Can we deliver services to outpatient clinics?

Answer: Services must be delivered within the applicant organization, if applicable. If services can not be delivered within the applicant organization, the applicant organization can work with outside entities through Care Coordination Agreements to ensure that patients/clients receive the appropriate ASAM level of care.

34) Who pays for MAT? --Who pays for Methadone/Bup and for rural communities who pays to have that transported out to the rural communities?

Answer: It is the STR Core Team's recommendation that should a rural provider be selected as an IOTRC site, then the provider will work with the State of Nevada DPBH to establish mechanisms for transport.

All grant related documents can be accessed on the following website:

<http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/>

Additional Resources:

<http://dpbh.nv.gov/Resources/opioids/Opioid-Info/>

- Review Opioid Surveillance Packet