Request for Applications

Targeted Mobile Treatment Vehicle to Increase Access to Treatment for Opioid Use Disorder

Research Foundation for Mental Hygiene, Inc.
150 Broadway
Menands, New York 12204

In Partnership with:
New York State Office of Addiction Services and Supports
1450 Western Avenue
Albany, New York 12203

Please be aware that any expenses your agency incurs in the preparation and submission of the application(s) will not be reimbursed by NYS OASAS or RFMH.

http://www.oasas.ny.gov
http://corporate.rfmh.org
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I. **Introduction:**

The New York State Office of Addiction Services and Supports (OASAS), through its fiscal agent, the Research Foundation for Mental Hygiene, Inc. (RFMH), is a recipient of a State Opioid Response Grant (SOR) from the Substance Abuse and Mental Health Services Administration (SAMHSA). The SOR Grant will be supporting several OASAS initiatives, including the expansion of mobile treatment vehicles throughout New York State with the purpose of expanding access to addiction treatment services in underserved communities.

A. **Funding Available:**

NYS OASAS through its fiscal agent, the Research Foundation for Mental Hygiene (RFMH), will issue up to five (5) awards for a maximum value of $1,125,000. The grant year ends September 29, 2020 and all funds must be expended by that time although an extension is possible, but contingent upon federal approval of funds.

B. **Eligible Applicants:**

OASAS outpatient programs certified pursuant to 14 NYCRR Part 822, operated by a voluntary agency, Local Government Unit (LGU) or for-profit, not including outpatient rehabilitation programs. Awards will be made available to serve the following Economic Development Zones (EDZ):

- Capital Region
- Mid-Hudson
- Central New York
- Mohawk Valley
- North Country

The EDZ are outlined in Attachment A.

Providers who have not previously receive funding to enhance mobile treatment capacity through the State Targeted Response or State Opioid Response grants will receive an extra 10 points added to their application score.

C. **Goal:**

The primary aim of the RFMH/OASAS effort is to fund one provider in each of the five (5) eligible EDZs to purchase and operate a mobile treatment vehicle with the primary purpose of expanding access to addiction treatment services in underserved regions of the state.

D. **Overview:**

In 2017, with funding supported through the Opioid State Targeted Response (STR) grant from SAMHSA, OASAS created the Center of Opioid Treatment Innovation (COTI). COTIs are innovative program models, implemented statewide and designed to expand access to life-saving addiction treatment services for individuals with Opioid Use Disorder (OUD), with an emphasis on reaching people using heroin/opioids who have not been connected to care previously or have been unable to sustain their recovery through traditional treatment approaches. COTIs are
developed as community-based models uniquely tailored to meet the needs of the communities they serve. COTIs are comprised of multidisciplinary teams that use peer outreach and engagement to connect individuals to mobile treatment services, linkage to Medication Assisted Treatment, telepractice, and warm handoff to support access to different levels of care. A list of COTIs can be found on the OASAS Regional Services page at: https://oasas.ny.gov/support-services

Utilization of mobile treatment vehicles has resulted in expanded access to services, especially in rural communities. Mobile treatment vehicles allow for the delivery of services without siting a new freestanding program. COTIs have engaged with over 13,000 New Yorkers across the state to date. While establishing individual mobile treatment units in each community across the state may not be sustainable, the intent of this initiative aims to establish access based on need at a minimum in each of the eligible EDZ.

Two types of mobile treatment vehicles have been utilized in New York, modified vans with the ability to provide counseling services one-on-one or in a small group and telepractice capability as well as the full “mobile clinic”, with bathrooms, exam space, telepractice capability and the ability to provide the full array of outpatient services.

If awarded, providers will work with OASAS staff to develop written policies and procedures specific to the provision of services on mobile treatment vehicles, including but not limited to:

- Practice Procedures: scheduling, documentation, patient records, support staff, contingency plans for travel interruptions.
- Physical Environment: location of patient and practitioner, room setting, patient confidentiality protections.
- Emergency Procedures: clinical and/or safety concerns, education and training of staff.
- Patient Suitability for mobile services; Informed Consent: process for evaluating patient suitability; medication prescribing, administration or dispensing, and a New York State Class 3A License where required.
- Confidentiality and privacy of health information.
- Quality Review: schedule for periodic reviews of equipment and connectivity; records of attempted vs. delivered mobile services.

Funding guidelines and restrictions:

There will be no funds awarded for operation of mobile treatment services, including staffing. Providers will be expected to identify an implementation plan identifying how mobile treatment vehicles will be supported, including financial assistance for staffing and other operation costs.

Providers must identify which vehicle they plan to purchase and why that vehicle will best serve the needs of the region.

Providers must complete a vehicle justification that addresses the ten criteria outlined in Attachment B.
E. Implementation Plan:

Providers will be required to submit the cover page in Attachment C with the response to this Request for Applications (RFA) and identify which of the mobile treatment vehicles will be purchased.

F. Reporting Requirements:

Successful applicants will be required to submit regular reports tracking progress on specific outcomes, to be identified by OASAS. Successful applicants will meet regularly with OASAS staff until project completion.

II. Application Requirements:

A. Application Narrative:

Application must be submitted in accordance with the criteria set forth in this RFA. The application must be submitted using the Cover Page in Attachment C.

A. Agency Information (30 points):

1. Provide an overview of agency history, experience, mission, and vision. Include examples of community-based programming and relevant stakeholder relationships.

2. Provide a description of the region to be served and the community(s) need for mobile treatment capacity.

B. Implementation Plan. (40 points):

The implementation plan shall include:

1. Selection of the vehicle and explanation supporting the appropriateness of the selected vehicle.

2. Identify how the program will support operation of the vehicle like insurance and vehicle maintenance, and what funding will be used to support staffing. Include how mobile services will offer education and training to build robust referral relationships, promote cultural alignment and reduce stigma in the community.

D. Budget and Vehicle Justification (30 points):

1. Up to $100,000 for a mobile treatment van, modified to allow for provision of telepractice as well as with space for individual and small group counseling.

2. Up to $225,000 for a full mobile treatment clinic vehicle, modified to allow for provision of all outpatient services, including telepractice.

3. Complete a vehicle justification in accordance with the specifications outlined in Attachment B.

4. Identify a sustainability plan to assure for on-going delivery of mobile services after identified operations and implementation plans have been completed.
An additional 10 points will be added to the application score of any applicant who has not previously received funding to enhance mobile treatment capacity through the State Targeted Response or State Opioid Response grants.

Funding awarded will include the cost of the vehicle as well as any associated vehicle costs including insurance, maintenance and gas up to the maximum cost allowed for the selected vehicle type (as outlined above) through September 29, 2020.

If awarded, awardee will need to have an active System for Award Management (SAM) registration. This may be completed upon notice of award at https://sam.gov/SAM/.

**B. Expected Timetable for Key Events:**

- **Release Date:** Thursday, July 9, 2020
- **Bidders’ Questions Due:** Thursday, July 15, 2020
- **Responses to Bidders’ Questions:** Thursday, July 22, 2020
- **Applications Due:** Thursday, July 29, 2020
- **Anticipated Award:** Friday, August 10, 2020

**C. Bidders’ Inquiries:**

Bidders’ questions are to be sent via email to: SOR@oasas.ny.gov. All inquiries must include your name, organization, phone number, and email address. Reference the SOR – RFA Targeted Mobile Treatment Vehicle in your message and subject line.

To the degree possible, each inquiry should cite the RFA section to which it refers; OASAS will not entertain inquiries via telephone or fax. The inquiries and answers to all inquiries will become part of this RFA and any contract. Inquiries will not be responded to on an individual basis. Written responses to all inquiries submitted by the deadline date will be posted to the OASAS website on or about Thursday, July 22, 2020.

**D. Format of Proposal Instructions:**

The application must be submitted using the cover page of the application labeled Attachment C. The application should be in 12-point font and should be no longer than six (6) pages. Applications that do not use Attachment C will be considered incomplete and will not be reviewed.

**E. Instructions for Submission:**

Applications should be submitted no later than 5:00EST on Thursday, July 29, 2020 via email to SOR@oasas.ny.gov with a subject line “Request for Applications – Targeted Mobile Treatment Vehicle”.

**III. Administrative Information**

**A. Cancellation of Awards**
RFMH and OASAS reserve the right to cancel any tentative award where the applicant fails to meet contracting time frames, experiences significant contract execution issues related to vendor responsibility, or if any other issue impedes the timely implementation of services.

**B. Reserved Rights:**

NYS OASAS, through its fiscal agent, RFMH, reserves the right to:

- Reject any or all proposals received in response to this RFA;
- Not make an award to any applicant who is not in good standing at the time of award;
- Withdraw the RFA at any time, at the agency’s sole discretion;
- Make an award under this RFA in whole or in part;
- Make awards based on geographical or regional consideration to best serve the interests of the State;
- Make awards in a culturally competent and ethnically diverse manner as determined necessary and appropriate in the sole discretion of OASAS to best serve the interest of the State.
- Make multiple awards within a geographic area;
- Negotiate with the successful applicant within the scope of the RFA in the best interests of NYS;
- Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of this RFA;
- Seek clarifications and revisions of applications;
- Use application information obtained through site visits, management interviews and the State’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information as it becomes available;
- Amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
- Direct bidders to submit proposal modifications addressing subsequent RFA amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specification that cannot be met by all the prospective bidders;
- Waive any requirement that is not material;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Accept submissions after the due date, if OASAS through RFMH in its sole discretion, determines there is good cause shown for the delay in the submission(s)/letter(s);
- Utilize any and all ideas submitted in the applications received; and
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder’s application and/or to determine a bidder’s compliance with the requirements of the solicitation.
C. Compliance Requirements:

All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and state laws and regulations.
Attachment A: Economic Development Zone Map
Attachment B: RFMH Vehicle Justification Questionnaire

Before You Purchase a Vehicle

You must address the following:

1. How will the purchase of the vehicle benefit the agency? You must provide justification.

2. Will other programs occupy this vehicle? Or will the vehicle be dedicated to the proposed project only? If so, what would be the other program's portion of the expense? What would be the SAMHSA project's fair share?

3. How many clients would utilize this vehicle? How many other vehicles are available for these clients to use? Does the organization have a mobile clinic? If yes, why would your organization need more than one?

4. Who would drive the vehicle? Will you budget for the driver's salary in subsequent project years?

5. Will non-grant funds be used for maintenance, insurance, and gasoline? If not, why?

6. What is the organization’s plan to maintain (pay for) the vehicle after the grant period ends?
**ATTACHMENT C**  
Cover Page

**Provider Information:**

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<tr>
<td>1. Printed legal Name of Applicant Entity:</td>
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<td>2. Applicant’s MMIS#:</td>
<td>3. Applicant’s OASAS Provider Number:</td>
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<td>4. Applicant’s Street Address/P.O. Box:</td>
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<td>5. Applicant’s City/Town/Village:</td>
<td>6. Postal Zip Code:</td>
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<td>7. PRU# of Applicant’s Part 822 Program:</td>
<td>8. Name of Applicant’s Outpatient Program (if different from Provider Name):</td>
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<td>9. Applicant’s Program Street Address/P.O. Box (if different from above):</td>
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<td>10. Applicant’s Program City/Town/Village:</td>
<td>11. Applicant’s Program Postal Zip Code:</td>
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<td>12. Printed Name of Applicant Contact Person:</td>
<td>13. Printed Title of Contact:</td>
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<td>14. Contact Telephone #:</td>
<td>15. Contact Email:</td>
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<td>16. Signature:</td>
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**Provider Attestation for Policy and Procedure Development**

I, (print or type full name and title of applicant) hereby attest that the above identified program, if selected, will develop written policies and procedures that address the requirements as outlined in Section II(B)(3) of this Request for Applications.

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## Section I: Provider Information:

1. Printed Legal Name of Applicant Entity: 

2. Applicant's OASAS Provider Number: 

3. Applicant's OASAS Provider PRU Number(s): 

4. Applicant's Street Address/P.O. Box: 

5. Applicant's City/Town/Village: 

6. Postal Zip Code: 

7. Date Prepared: 

8. Printed Name of Applicant Contact Person: 

9. Printed Title of Contact: SOR Grant – Year 1 

10. Contact Telephone #: 

The budget justification is required for Year 1 which will end on September 29, 2020. The table at the bottom of this document will reflect the full requested budget. **Use only whole dollars.**

## Section II: Expenses:

**Equipment:** Items in excess of $5,000

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<th>Purpose</th>
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**JUSTIFICATION:** Describe need and include explanation of how costs were estimated.

**Supplies:** Materials costing less than $5,000 per unit and often having one-time use

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<th>Item(s)</th>
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**TOTAL**
### Admin/Indirect cost rate:
Indirect costs are necessary for the operation of an organization and are shared across all programs within the organization. Some examples are building occupancy (i.e. rent), equipment usage, administrative staff, audit and legal services, utilities, telecommunications (including phone and internet service), security and fire protection, and liability insurance. Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both.

SAMHSA Requirements on Indirect Cost Rate: Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in paragraphs (c)(1)(i) and (ii) and section (D)(1)(b) of appendix VII to this part, may elect to charge a de Minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. The 10% is charged to the Modified Total Direct Costs (MTDC) which means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, and travel. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs.

<table>
<thead>
<tr>
<th>(A) Total Direct Expenses</th>
<th>(B) Total of Excluded Items</th>
<th>(C) MDTC (A - B = C)</th>
<th>(D) Cost Rate</th>
<th>Total Indirect Cost (C x D)</th>
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<tr>
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JUSTIFICATION: (* if provider has a federally approved indirect cost rate other than 10% they must provide a copy)

**Total Direct Expense Budget:** $____________________

**Total Indirect Cost:** $____________________

**Total Budget:** $____________________