

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
REQUEST FOR APPLICATIONS (RFA) SUPP1009
Opioid Treatment Program Additional Location**

EXPECTED TIMETABLE FOR KEY EVENTS:

	DATE	TIME
RFA Release Date	3/18/2022	
Deadline for Submission of Applicant's Inquiries	3/25/2022	5:00 PM EST
Anticipated Release of Inquiries & Answers by OASAS	3/30/2022	
Application Submission Due Date and Time	4/14/2022	5:00 PM EST
Anticipated Notification of Award	5/6/2022	

ALL INQUIRIES TO:

COVIDFunds@oasas.ny.gov
Bureau of Contracts & Procurements
NYS Office of Addiction Services and Supports
Subject: **OASAS Project No. SUPP1009**

MAIL SUBMISSION OF APPLICATIONS TO:

NYS Office of Addiction Services and Supports
Bureau of Contracts & Procurements
1450 Western Avenue, 5th Floor
Albany, NY 12203
Attn: Nicole Gennarelli, Contract Management Specialist 2
Labeled: OASAS Project No. SUPP1009

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
REQUEST FOR APPLICATIONS (RFA) SUPP1009
OTP Additional Location
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I. INTRODUCTION AND BACKGROUND:

A. PURPOSE OF REQUESTS FOR APPLICATIONS

The Office of Addiction Services and Supports (OASAS) is seeking applications for the development of Opioid Treatment Program (OTP) Additional Locations in response to the State's opioid crisis and need for increasing OTP services availability. An OTP Additional Location is a facility established as part of, but geographically separate from, an existing OASAS-certified OTP. Additional locations' licensed private practitioners or community pharmacists dispense or administer an opioid agonist treatment medication or collect samples for drug testing or analysis. Other treatment services can be provided as allowable under OASAS Part 822 regulations. OTP Additional Locations are not required to be free-standing entities and can be co-located with other services. There are no minimum or maximum distance requirements from the home OTP.

B. FUNDING AVAILABLE

- Up to a \$1,000,000 in Substance Abuse Prevention and Treatment (SAPT) Block Grant funds is available to assist OTPs in developing OTP Additional Locations.
- It is anticipated that five one-time only awards of up to \$200,000 will be made.
- Providers that operate multiple OTPs may apply for multiple awards; however, such Providers must submit separate applications for each OTP Additional Location.
- Providers may only apply for one award per Home OTP.

C. FUNDING RESTRICTIONS AND CORE OBJECTIVES

- Funding may be used to equip the OTP additional location with a safe, dispensing machine, medical and general supplies, alarm system, and furniture.
- A portion of the award, not to exceed \$75,000, may be used for cosmetic renovations. Cosmetic renovations are any renovations that improve the appearance of a building without changing the existing structure or the electrical and plumbing systems. Examples of cosmetic renovations are painting, changing a light fixture, and replacing the flooring. SAPT funds may also be used for minor maintenance such as replacing the air filters in an HVAC system but cannot be used to replace the entire HVAC system.
- Funding may not be used to purchase, construct, permanently improve, or change the structure of the building. This includes removing or adding walls, creating offices or rooms, etc.
- Awarded OTP Additional Locations must be operational by the end of calendar year 2022 and provide continued services for a minimum of two years from the first day of operation. Awarded OTP Additional Locations who do not meet this requirement may have their OTP Additional Location certification suspended or revoked.

- OTPs must obtain full approval from OASAS, the United States Drug Enforcement Administration (DEA), and Federal Substance Abuse and Mental Health Services Administration (SAMHSA) to operate the OTP Additional Location. Awarded OTP Additional Locations who do not meet this requirement may have their OTP Additional Location certification suspended or revoked.
- The OTP Additional Location can only operate within New York State and must always adhere to all DEA, OASAS, and SAMHSA regulations and guidance.
- At the minimum, OTP Additional Locations are required to provide the following services in person while adhering to the appropriate COVID-19 or other public health-related guidance:
 - Medication administration and observation: the face-to-face administration or dispensing of a medication by medical staff, to be delivered in conjunction with observation of the patient prior to the administration and after, as appropriate to the medication and patient's condition. OTP Additional Locations are expected to dispense OASAS-approved medication only for the purpose of maintenance or detoxification treatment for substance use disorder (SUD) and must include methadone and buprenorphine. Medication dispensing also includes the dispensing of take-home medications and medications for guest dosing.
 - Toxicology tests: collection of urine or oral samples for drug testing or analysis provided per the OTP's policy on toxicology, whenever determined by the medical provider as clinically appropriate with at least eight random toxicology tests conducted per year for each patient.
 - Crisis/acute peer support or counseling services: peer support services are provided by a peer advocate as defined in NYS OASAS Part 800 regulations. Counseling services can be provided through a qualified health professional (QHP) or non-QHP.
 - Crisis / acute medical services: if the OTP Additional Location will not be providing counseling or medical services in person, a plan must be made for how the OTP Additional Location will respond to a patient in need of acute/emergency medical or counseling services.
- The following additional services must be available at the OTP Additional Location, or the OTP must include in the OTP Additional Location's policies and procedures methods for which patients can obtain such services from the Home OTP.
 - Admission assessments and medication induction: admission assessment is a service between prospective patient and clinical staff for the purpose of determining a preliminary diagnosis, appropriateness for service, person-centered initial plan of treatment, including type(s) of services and frequency of services; medication induction includes dispensing of a new medication and the period of observation required as part of medication management. This also includes any initial services or pre-admission services and screening, per the NYS OASAS Part 822 regulations.

- Other medical services: medical services performed by a qualified licensed medical professional, which may include but not limited to the full physical examination completed as part of induction services, or the provision of periodic physical exams, as indicated.
- Counseling services: includes group counseling and individual counseling: group counseling is a service between one or more clinical staff and multiple patients at the same time, to be delivered consistent with patient treatment/recovery plans, their development, or emergent issues. Group counseling sessions must be structured in size and duration to maximize therapeutic benefit for each participant. Program policies must include a process for determining group size, group purpose, monitoring patient experience, and assessing group efficacy; individual counseling is a service between a clinical staff member and a patient focused on the needs and goals of the patient to be delivered consistent with the treatment/recovery plan, its development or emergent issues.
- Peer supports: Peer support services are services for the purpose of outreach for engaging an individual to consider entering treatment, reinforcing current patients' engagement in treatment, and connecting patients to community-based recovery supports consistent with treatment/recovery and discharge plans.
- Other services: any other services that are deemed to be beneficial to support OTP Additional Locations providing person-centered care.

The above services can be provided via telehealth as clinically indicated and as allowable by OASAS and SAMHSA and must adhere to the appropriate COVID-19 or other public health-related guidance.

D. ELIGIBLE APPLICANTS

- Voluntary agencies or other not-for-profit organizations that currently operate OASAS-certified OTPs.
- LGU-Operated OTPs.
- Providers must be in good standing.
- **Proprietary entities are not eligible.**

For purposes of this solicitation, the following definition apply:

- **OASAS-Certified**: Pursuant to Article 32 of the New York State Mental Hygiene Law, possession of operating certificate(s) issued by the OASAS commissioner to engage in the provision of Opioid Treatment Services as defined in 14 NYCRR Part 822.
- **Local Governmental Unit**: As defined in New York State Mental Hygiene Law, section 41.03 paragraph 5, local governmental unit “means the unit of local government given authority in accordance with this chapter by local government to provide local services.

- **Voluntary Agencies:** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 11, a voluntary agency means a corporation organized or existing pursuant to the not-for-profit law for the purpose of providing local services.
- **In Good Standing:** All of a provider's operating certificates which are subject to a compliance rating must have a current compliance rating of partial (2 years) or substantial (3 years) compliance.

II. INQUIRIES AND CLARIFICATIONS:

Any inquiries or requests for clarification about this RFA must be received in writing by 5:00PM EST on **3/25/2022** and must be submitted by email to COVIDFunds@oasas.ny.gov with a subject line "**Requests for Applications - OASAS Project No. SUPP1009**" Answers will be posted to the OASAS Procurement web page on or around **3/30/2022**.

In the event it becomes necessary to clarify any portion of this RFA, an Addendum will be posted to the OASAS website.

III. SUBMISSION OF APPLICATIONS:

Each application must be separately packaged. If applying for more than one OTP Additional Location, separate applications must be submitted.

Electronic and/or Facsimile Applications Will Not Be Accepted.

The application must be sealed in envelope/box and delivered by U.S. mail, by courier/delivery service (e.g., FedEx, UPS, etc.) or by hand to NYS OASAS at the address listed below.

NYS Office of Addiction Services and Supports
Bureau of Contracts & Procurements
1450 Western Avenue, 5th Floor
Albany, NY 12203
Attn: Nicole Gennarelli, Contract Management Specialist 2
Labeled: OASAS Project No. SUPP1009

Complete applications must be received by NYS OASAS **by 5:00 P.M. EST on 4/14/2022.**

If using a commercial delivery company, which requires that you use their shipping package or envelope, your application should be placed within a sealed envelope, appropriately labeled, and put into the commercial delivery company's envelope or packaging. This will ensure that your application is not prematurely opened. NYS OASAS reserves the right not to open applications that are received later than **5:00 P.M. EST on 4/14/2022.**

APPLICATION FORMAT AND CONTENT

The submission should include the following:

- A completed Attachment B - Contract Budget and Funding Summary
- A completed Attachment C - Proposal Narrative

IV. REVIEW CRITERIA:

- Funding will be awarded based on determination that an applicant is eligible for an award; and that the applicant is one of the five highest scoring applicants according to the Proposal Narrative detailed in Attachment C.

Scoring will be as follows:

Attachment C:

- Needs Justification - 26 Points
- Operation Location/Dispensing Location - 3 points
- Staffing - 14 points
- Security - 4 points
- Hours of Operation/ Dispensing Hours - 5 points
- Projections - 4 points
- Protocols- 18 points
- Services - 22 points
- Coordination with Home OTP - 4 points

V. ADMINISTRATIVE INFORMATION:

A. OASAS RESERVED RIGHTS

OASAS reserves the right to:

- Reject any or all applications received in response to this Requests for Funding.
- Not make an award to any applicant who is not in good standing or who proposes to subcontract with an entity that is not in good standing at the time a contract is awarded.
- Not make an award to any applicant who proposes to subcontract with any entity that OASAS determines does not meet the criteria of a responsible vendor.
- Withdraw the RFA at any time, at OASAS's sole discretion.
- Make an award under this RFA in whole or in part.
- Make awards based on geographical or regional consideration to serve the best interests of the State.

- Make awards in a culturally humble and ethnically diverse manner as determined necessary and appropriate in the sole discretion of OASAS to serve best the interests of the State.
- Negotiate with the successful applicant within the scope of the RFA in the best interests of the State.
- Disqualify any applicant whose conduct and/or application 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 or its proposed subcontractor's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the OASAS's request for clarifying information in the course of evaluation and/or selection under the RFA.
- Amend the RFA to correct errors of oversight, or to supply additional information as it becomes available.
- Direct applicants to submit application modifications addressing subsequent RFA amendments.
- Change any of the scheduled dates.
- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants.
- Waive any requirement that is not material.
- Conduct contract negotiations with the next successful applicant, should the OASAS be unsuccessful in negotiating with the selected applicant.
- Utilize any and all ideas submitted in the applications received.
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's application and/or to determine an applicant's compliance with the requirements of the solicitation.
- Accept applications after the due date for submissions, if OASAS in its sole discretion, determines there is good cause shown for the delay in the submissions.

B. VENDOR RESPONSIBILITY

Pursuant to New York State Finance Law section 163(3) (a) (ii), State agencies are required to ensure that contracts are awarded to responsible vendors. A determination of responsibility includes, but is not limited to, an affirmative review of an applicant's qualifications, legal authority, financial stability, integrity and past contract performance. A vendor responsibility review, including completion of a vendor responsibility questionnaire, will be required of any successful applicant. OASAS requires a successful applicant to formally communicate any changes in its responsibility disclosure. Failure to disclose any changes provides OASAS with the right to terminate the contract for cause.

OASAS recommends that applicants file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://osc.state.ny.us/vendrep/documents/system/checklist.pdf> or go directly to the VendRep System online at http://www.osc.state.ny.us/vendrep/info_vrsystem.htm.

Applicants must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at (866) 370-4672 or (518) 408-4672 or email at ciohelpdesk@osc.state.ny.us.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at www.osc.state.ny.us/vendrep or via contacting OASAS or the Office of the State Comptroller's Help Desk for a copy of the paper form.

C. PREQUALIFICATION REQUIREMENTS FOR NOT-FOR-PROFIT BIDDERS

Pursuant to the NYS Division of the Budget Bulletin H-1032 Revised, dated July 16, 2014, NYS has instituted key reform initiatives to the grant contract process, which require that **not-for-profits must register in the NYS Grants Gateway and complete a Vendor Prequalification process.**

Applicants must be pre-qualified in the NYS Grants Gateway when submitting their application. In addition, any award is contingent on the Applicant(s) being pre-qualified at the time of contract execution. (See: <http://grantsgateway.ny.gov/>)

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Vendor User Manual in the Grants Reform Website details the requirements and can be found at <https://grantsmanagement.ny.gov/grantee-documents>.

1. Register for the Grants Gateway.

- On the Grants Reform Website, download a copy of the Registration Form for Administrator. A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email grantsreform@budget.ny.gov. If you do not know your Password please click the Forgot Password link from the main log in page and follow the prompts.

2. Complete your Prequalification Application.

- Log in to the Grants Gateway. **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.

- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsreform@budget.ny.gov.

3. Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes, you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Failure to prequalify and maintain your prequalification status will serve as a bar to grant eligibility. If you have any questions about prequalification, please go to the Grants Reform website or contact COVIDFunds@oasas.ny.gov.

D. COMPLIANCE REQUIREMENTS

All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and New York State laws and regulations.

E. REPORTING REQUIREMENTS

Applicants will be required to provide monthly implementation status reports and service delivery statistics once program is operational. OASAS may add additional reporting based on SAMHSA and OASAS need for information.

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
 Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding Request
 ATTACHMENT B – CONTRACT BUDGET AND FUNDING SUMMARY**

1) Initiative: OPIOID TREATMENT PROGRAM - ADDITIONAL LOCATIONS

2) Printed Legal Name of Entity:	
3) SFS Supplier ID:	4) OASAS Provider Number: PRU#:
5) Street Address/P.O. Box:	
6) City/Town/Village:	7) Postal Zip Code:
8) Printed Name of Contact Person:	9) Printed Title of Contact:
10) Contact Telephone #:	11) Contact E-Mail:

REQUESTED BUDGET (rounded to the nearest dollar)	All Other Services (B)
12) Personal Services	
13) Fringe Benefits	
14) Other Than Personal Services/Non-Personal Services	
15) Equipment	
16) Property/Space	
17) Agency Administration (if applicable)	
TOTAL GROSS EXPENSE BUDGET	
Total Funds Requested	
18) Printed Name of Agency Official:	
19) Printed Title:	
20) Signature:	21) Date:

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding
Request

ATTACHMENT B - CONTRACT BUDGET AND FUNDING DETAIL

1) **Initiative:** OPIOID TREATMENT PROGRAM - ADDITIONAL LOCATIONS

2) Printed Legal Name of Entity:

REQUESTED BUDGET (rounded to the nearest dollar)	Amount
12) Personal Services	
13) Fringe Benefits	
14) Other Than Personal Services/Non-Personal Services	
15) Equipment	
a) Identify:	
b) Identify:	
c) Identify:	
d) Identify:	
e) Identify:	
f) Identify:	
g) Identify:	
16) Property/Space	
Description of proposed cosmetic renovations:	
17) Agency Administration (if applicable)	
TOTAL GROSS EXPENSE BUDGET	

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding Request
Attachment B - Contract and Funding Summary

INSTRUCTIONS – OPIOID TREATMENT PROGRAM ADDITIONAL LOCATIONS

1	Initiative	Enter the name of the initiative for this budget submission.
2	Printed Legal Name of Entity	Print the incorporated or legal name of the agency submitting the request. Do not enter the common name or acronym.
3	SFS Supplier ID	Enter the unique 10-digit number that identifies the agency/vendor in the Statewide Financial System (SFS).
4	OASAS Provider Number	Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is the same as the Agency Code number used when submitting Consolidated Fiscal Report documents.
5-7	Address	Enter the mailing address, including zip code, where the administrative office of the bidder entity is located.
8-11	Contact Person	Enter the printed name and title, telephone number (including area code), and email of the person who can answer questions concerning the information provided on the Budget form.
12-17	Requested Budget	<p>Applicants should refer to the Consolidated Fiscal Reporting Manual for a more detailed general description of the following expense items which should be entered in Columns A-Primary Prevention and B-All Other Services (see table below):</p> <ul style="list-style-type: none"> 12) Personal Services; 13) Fringe Benefits; 14) Other Than Person Services/Non-Personal Services; 15) Equipment; 16) Property/Space; and 17) Agency Administration. <p>Enter a zero (0) in those categories for which no costs are anticipated. Agency Administration may not be an allowable expense for certain initiatives. In that case, the entry will be blacked out on the budget form.</p>

Column A	Primary Prevention - Include all anticipated allowable expenses as defined by the scope of work related to Primary Prevention services as defined by Federal 45 CFR § 96.125 - Primary prevention (e.g., activities reported under Consolidated Fiscal Reporting program code 5520), if applicable. See also the OASAS Prevention Guidelines for OASAS Funded and/or Certified Prevention Services.
Column B	All Other Services - Include all anticipated allowable expenses as defined by the scope of work that DO NOT meet the criteria defined above as Primary Prevention, including expenses related to certified treatment services, treatment support, program support, and recovery services.

18-19	Agency Official	Enter the printed name and title of the agency representative authorized to submit this application on the agency's behalf, signed and dated.
20-21	Signature and Date	The agency representative must sign and date the funding request.

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
Supplemental Substance Abuse Prevention & Treatment Block Grant Initiative Funding Request
Attachment B – Contract Budget and Funding Detail

INSTRUCTIONS – OTP ADDITIONAL LOCATIONS

1	Initiative	Enter the name of the initiative for this budget submission.
2	Printed Legal Name of Entity	Print the incorporated or legal name of the agency submitting the request. Do not enter the common name or acronym.

Please note that all included expenses must be as indicated allowable under the parameters listed in section I, part B of the RFA.

12	Personal Services	Enter the total amount of all proposed spending to support compensation expenses, i.e., wages and salaries, for program staff.
13	Fringe Benefits	Enter the total amount of fringe benefits spending (mandated and non-mandated) that pertain to the above personal services costs.
14	Other Than Personal Services/Non-Personal Services	Enter the total amount of anticipated costs for program supplies, contracted personal services, and any other expenses other than: salaries and fringe benefits; equipment with a cost in excess of \$1,000; and property costs, such as rent or renovations.
14 a	Supplies and Materials	Enter the total amount of anticipated costs for program supplies, including but not limited to cleaning and housekeeping supplies, computer software, printing, copying, and postage.
15	<i>Equipment</i>	<i>The total amount of expenses for leased or rented equipment and/or purchased equipment with a cost in excess of \$1,000. This line is calculated from entries in lines 15a-15g. No entry is needed.</i> Note: <i>Depreciation and interest expenses are non-allowable costs.</i>
15 a-d	Other (identify)	Enter any items to be purchased with these funds with a cost in excess of \$1,000 with identifying detail.
16	Property/Space	Enter total anticipated costs related to property and a concise description of any proposed cosmetic renovations to be completed. Total costs supported by this initiative cannot exceed \$75,000. See note below.
17	Agency Administration	Enter any additional agency administration costs your agency will incur to implement the agency's proposed use of funds. Agency administration costs may not exceed 10% of the total Personal Services, Fringe Benefits, and Other Than Personal Services costs listed above.

Please note:

Expenditures supported by these funds must be reasonable and/or necessary for providing SUD services in both nature and amount and have not previously and will not otherwise be reimbursed by other funding or programs. Unreasonable and/or unnecessary costs are not allowable. Appendix X of the Consolidated Fiscal and Reporting Manual lists items of expense that are considered non-allowable.

SAPT funds may not be used to purchase, construct, permanently improve, or change the structure of the building. This includes removing or adding walls, creating offices or rooms, etc. SAPT funds may be used for cosmetic renovations. Cosmetic renovations are any renovations that improve the appearance of a building without changing the existing structure or the electrical and plumbing systems. Examples of cosmetic renovations are painting, changing a light fixture, and replacing the flooring. SAPT funds may also be used for minor maintenance such as replacing the air filters in an HVAC system but cannot be used to replace the entire HVAC system.

These funds should not be used for on-going costs that cannot be supported beyond the grant period.

NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
REQUEST FOR APPLICATIONS (RFA) SUPP1009
OTP ADDITIONAL LOCATIONS
ATTACHMENT C – PROPOSAL NARRATIVE

The Proposal Narrative should be typed, double-spaced, single sided on 8 ½ x 11 inch paper. Pages should be paginated, and font should be 12-point Times New Roman, and all margins should be one inch wide. The Proposal Narrative should be brief (no more than 6 pages excluding Protocols).

The following outlines the requested information:

- **Need Justification** – Provide a justification of need for an OTP Additional Location at your proposed location of service provision with special emphasis on distance between OTPs in the region, presence of a waiting list for the region in which the OTP Additional Location will operate, presence (or absence) of OTPs at the OTP Additional Locations proposed operation location, average travel time/distance travelled by patients on the program census to the OTP, and overdose rate in the OTP Additional Locations proposed operation location. Include any other justification points that are relevant, such as expanding services to long-term care facilities, correctional facilities, congregate care settings, and responding to emergency or extreme weather events at the proposed OTP Additional Location site.
- **Operation Location/Dispensing Location-** Provide the location where the OTP Additional Location will be in operation (if actual address is unknown at the time of application submission, provide the vicinity of the area) and include the county of the proposed OTP Additional Location operation. Provide any partnership details or contracts that the OTP currently has or will put in place to enable the OTP Additional Locations to be sited at the proposed location. If there are no plans for partnerships or contracts to be put in place, provide details describing the OTP Additional Location’s plan for operating at the location identified. Explain how the dispensing area will be separate from other services provided by the OTP Additional Location and other services provided in the location (if shared space).
- **Staffing** – Provide details on staffing that will be at the OTP Additional Location or dedicated staff accessible via telehealth that meets the services provided at the OTP Additional Location include employee type, number of employees, roles and responsibilities. Identify staff members who will be providing services in-person at the OTP Additional Location, and staff members providing services remotely via telehealth at the Home OTP. At minimum, OTP Additional Location staffing should include a physician or mid-level practitioner for crisis/acute services, counselor and peer for crisis services and 2 nurses for dispensing.

- Security – Provide details on security plans including but not limited to security staff, alarm system, type of safe used, and location of safe in relation to layout of the OTP Additional Location. All security plans should meet the minimum requirements set by the DEA.
- Hours of Operation/Dispensing Hours – Provide the number of days of operation per week and the planned hours of operation and dispensing hours. The OTP Additional Location should be operational for a minimum of 6 days per week and 5 hours per operating day.
- Projections – Provide the projected number of patients that the OTP Additional Location will serve in total per month (patient census) and daily, including how this will be in alignment with the need justification. Provide a description of outreach plans in admitting new patients. This should include how many patients will be referred from the Home OTP if applicable.
- Protocols – Provide detailed protocols on the following:
 - Daily Operations: provide details on operation hours, including expected preparation time, dispensing time, and daily workflow.
 - Dispensing Process: provide the workflow of the OTP Additional Locations dispensing operations including details regarding crowd management within the OTP Additional Location, observed consumption, scheduled dosing, patient monitoring times, and traffic flow outside of the OTP Additional Location.
 - Diversion Control Plan (DCP): provide your DCP specifically for the OTP Additional Locations.
 - Recordkeeping Protocols: provide details of recordkeeping that meets the DEA, SAMHSA, and NYS requirements.
 - Emergency Management Protocols: Provide details on how patients will receive their medication in the event that the OTP Additional Location is closed.
- Services – Minimum required and optional additional services
 - Provide detailed information on services to be delivered which must include at the minimum, the following services:
 - Medication administration and observation: the face-to-face administration or dispensing of medication, including Schedule II-V controlled substances. Note that at a minimum, both methadone and buprenorphine should be available as part of the dispensing services on an OTP Additional Location.
 - Crisis/acute medical services
 - Crisis/acute counseling services
 - Crisis/acute peer services
 - Toxicology tests

- Additional Services (optional at the OTP Additional Location, but must include how the patients will receive these services from the Home OTP):
 - Counseling services. Include a classification if counseling services will be provided in-person, via telehealth, or hybrid model.
 - Admission assessments and medication induction
 - Peer Support Services
 - Other medical services
 - Other services
- Coordination with Home OTP: Explain how coordination of services will be provided to ensure that the patients receive all required/requested services at either the OTP or the OTP Additional Location.