

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
REQUEST FOR APPLICATIONS (RFA) SUPP1008
Comprehensive Integrated Outpatient Treatment Programs**

EXPECTED TIMETABLE FOR KEY EVENTS:

| | DATE | TIME |
|---|-------------|-------------|
| RFA Release Date | 3/25/2022 | 5:00 PM EST |
| Deadline for Submission of Applicant's Inquiries | 4/1/2022 | 5:00 PM EST |
| Anticipated Release of Inquiries & Answers by OASAS | 4/6/2022 | |
| Application Submission Due Date and Time | 4/21/2022 | 5:00 PM EST |
| Anticipated Notification of Award | 5/20/2022 | |

ALL INQUIRIES TO:

COVIDFunds@oasas.ny.gov

Bureau of Contracts & Procurements
NYS Office of Addiction Services and Supports
Subject: **OASAS Project No. SUPP1008**

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. SUPP1008

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
REQUEST FOR APPLICATIONS (RFA) SUPP1008
Comprehensive Integrated Outpatient Treatment Programs
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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 Comprehensive Integrated Outpatient Treatment Programs. A Comprehensive Integrated Outpatient Treatment Program has co-located OASAS Part 822 Outpatient Services and OASAS Part 822 Opioid Treatment Programs (OTP) services that are merged under one operating certificate and makes all services available to all enrolled patients (other than methadone). Both OTP and Outpatient services should be physically merged. However, billing and reporting will continue to be submitted through separate PRU's.

The development of Comprehensive Integrated Outpatient Treatment Programs is made possible in response to the state's opioid crisis during COVID-19 and need for increasing access to person-centered comprehensive treatment and Medication for Opioid Use Disorder (MOUD) services throughout New York State.

B. FUNDING AVAILABLE

- Up to \$3.5 Million in Substance Abuse Prevention and Treatment (SAPT) Block Grant funds is available to assist providers in integrating Part 822 Outpatient and Part 822 OTP programs, developing new OTPs in order to integrate with Part 822 Outpatient services, and to expand access in Part 822 OTPs in order to provide services to non-medication-assisted treatment (MAT) populations by adding Part 822 Outpatient Services.

- Funding will be made as follows:
 1. Five (5) One-time only awards of up to \$250,000 will be made available for existing co-located Part 822 Outpatient and Part 822 OTPs programs to cover:
 - one calendar quarter payroll and fringe benefits for either an additional nurse practitioner or physician's assistant; and any or all of the following: nurse, clinician, and peers;
 - cosmetic renovations not to exceed \$75,000. See Section I.C. for allowable cosmetic renovations;
 - staff training to support integrated services;
 - electronic health record (EHR) updates; equipment; furniture; telehealth equipment;
 - agency Admin; and
 - patient educational materials.

2. Five (5) One-time only awards of up to \$250,000 will be made available for existing Part 822 Outpatient programs who intend to apply for Part 822 OTP services to cover:
 - one calendar quarter payroll and fringe benefits for either an additional nurse practitioner or physician's assistant; and any or all of the following: a nurse, clinician, and peers;
 - cosmetic renovations not to exceed \$75,000. See Section I.C. for allowable cosmetic renovations. Other allowable use of funds includes buying security and/or alarm systems, purchasing equipment for the dispensing area (e.g., safe);
 - medical equipment; furniture; electronics and supplies; EHR updates;
 - initial stock of MOUD;
 - certification fees;
 - staff training to support integrated services;
 - Agency Admin; and
 - patient educational materials.

Preference will be given to the following regions/counties, as these have been identified by OASAS as having limited OTP availability and gaps in services. (* See Attachment A for definition of regions):

- Long Island Region *
 - Southern Tier Region *
 - North Country Region *
 - Western New York Region *
 - Capital Region *
 - Mohawk Valley Region *
 - Mid-Hudson Region *
 - Queens County
 - Richmond County
 - Kings County
3. Five (5) One-time only awards of up to \$200,000 will be made available for existing Part 822 OTPs who intend to apply for Part 822 Outpatient program services to integrate with OTP services to enhance access to treatment and ensure the ongoing resilience and stability of the OTP. These funds can be used pay for:
 - Technical assistance, consultation, and training by an existing Part 822 Outpatient program;
 - One calendar quarter payroll and fringe benefits for either an additional nurse practitioner or physician's assistant; and any of the following a nurse, clinician, and peers;
 - Staff training;
 - EHR updates;

- Cosmetic renovations not to exceed \$75,000. See Section I.C. for allowable cosmetic renovations;
 - Agency Admin;
 - furniture; equipment; supplies; electronics; dispensing equipment/medical supplies if increasing OTP capacity; and tele-health equipment.
- Providers that operate multiple PRU's may apply for multiple awards; however, such providers must submit separate applications for each location.

C. FUNDING RESTRICTIONS AND CORE OBJECTIVES

- Awarded providers must have already existing co-located Part 822 OTP and Outpatient services, state an intent to site an OTP in an already existing Part 822 Outpatient location, or state an intent to site an 822 Outpatient program in an already existing Part 822 OTP location.
- 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.
- Integrating with Additional Locations, Medication Units, and Mobile Medication Units are not allowable under this RFA.
- Providers must obtain full approval from OASAS, the United States Drug Enforcement Administration (DEA), and the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) to apply for and operate an OTP. Awarded providers who do not meet this requirement may have their certification suspended or revoked.
- **Awarded providers must complete the Comprehensive Integration application and receive State Opioid Treatment Authority (SOTA) office approval for integrated services.**
- The Comprehensive Integrated Outpatient Treatment Service that is established can only operate within New York State and must always adhere to all DEA and SAMHSA regulations and guidance.
- All services within the Part 822 Outpatient and Part 822 OTP must be fully integrated and available to all eligible individuals except for OTP dispensing, which would only be available to individuals enrolled in OTP services.
- Providers will continue to carry two (2) PRU's. However, they will both be placed under the same operating certificate. Billing and reporting will remain separate. Only services, service delivery, programmatic space and staffing will be integrated.

- OTPs that intend to add and integrate 822 Outpatient services **must provide treatment services to non-MAT patients in addition to existing MOUD/OTP patients.**
- At the minimum, programs adding OTP services are required to provide the following services, **in addition to any services already being offered in the Part 822 Outpatient** 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. OTPs are expected to dispense OASAS-approved medication only for the purpose of maintenance or detoxification treatment for substance use disorder (SUD) and must include all MAT options with methadone and buprenorphine dispensing. 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.
 - 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.
 - Peer support services: peer support service is provided by a peer advocate as defined in NYS OASAS Part 800 regulations. 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 providing person centered care.

D. ELIGIBLE APPLICANTS

- Voluntary agencies, local governmental units (LGUs), or other not-for-profit organizations that currently operate co-located OASAS-certified OTPs and Outpatient Services.
- Voluntary agencies, LGUs, or other not-for-profit organizations that currently operate OASAS-certified Part 822 Outpatient services.
- Voluntary agencies, LGUs, or other not-for-profit organizations that currently operate OASAS-certified Part 822 OTP services.
- Providers must be in Good Standing
- **Proprietary entities are not eligible.**
- **Outpatient Rehabilitation programs are not eligible.**
- **Part 822 programs who have integrated licenses overseen by OMH or DOH are not eligible.**
- **Certified Community Behavioral Health Clinics (CCBHCs) are not eligible.**

For purposes of this solicitation, the following definitions 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 Outpatient and 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 **4/1/2022** and must be submitted by email to COVIDFunds@oasas.ny.gov with a subject line “**Requests for Applications - OASAS Project No. SUPP1008**” Answers will be posted to the OASAS Procurement web page on or around **4/6/2022**.

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

III. SUBMISSION OF APPLICATIONS:

Each application must be separately packaged. If applying for more than one Comprehensive Integrated Outpatient Treatment Program, separate applications must be submitted.

Electronic and/or Facsimile Proposals 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. SUPP1008

Complete applications must be received by NYS OASAS **by 5:00 P.M. EST on 4/21/2022.**

If using a commercial delivery company, which requires that you use their shipping package or envelope, your proposal 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 proposal is not prematurely opened. NYS OASAS reserves the right not to open proposals that are received later than **5:00 P.M. EST on 4/21/2022.**

APPLICATION FORMAT AND CONTENT

The submission should include the following:

- A completed Attachment B - Contract Budget and Funding Summary
- A completed applicable Attachment C - Proposal Narrative (only one version of the Attachment C should be completed per application based on program category and should be labeled as C-1, C-2 or C-3)

IV. REVIEW CRITERIA:

Applications will be divided into three (3) categories:

1. Co-located Part 822 Outpatient and Part 822 OTP programs,

2. Existing Part 822 Outpatient programs applying for new Part 822 OTP services
3. Existing Part 822 OTP applying for new Part 822 Outpatient services

Funding will be awarded based on the determination that an applicant is eligible for an award; and has the highest score among applicants within the category according to the Program Narrative detailed in Attachment C.

OASAS reserves the right to award additional applications within each category and/or between categories if sufficient funding remains to do so.

Scoring will be as follows:

For Integrating existing co-located Part 822 OTP and Part 822 Outpatient services:

- Integrated program location - 5 points
- Needs Justification - 18 Points
- Timeline - 10 Points
- Location of dispensing area - 5 Points
- Staff Integration - 12 points
- Hours of Operation/ Dispensing Hours - 6 points
- Projections - 4 points
- Integration of services - 25 Points
- Integration implementation - 10 Points
- MAT/ Evidenced Based Trainings - 5 Points

For integrating a new Part 822 OTP with an existing Part 822 Outpatient services:

- Integrated program location - 2 points
- Siting an OTP in one of the 9 locations listed as priorities in this RFA- 5 Points
- Needs Justification - 20 Points
- Placement of OTP services – 5 points
- Timeline – 5 points
- OTP staffing and integration - 10 points
- Security - 3 points
- Hours of Operation/ Dispensing Hours - 5 points
- Projections - 5 points
- OTP Protocols - 10 points
- OTP specific services – 10 points
- Integration of services - 10 points
- Integration implementation – 5 points
- MAT/ Evidenced Based Trainings – 5 points

For integrating a new Part 822 Outpatient service with an existing Part 822 OTP:

- Integrated program location - 5 points
- Needs Justification - 20 Points
- Timeline – 5 Points
- Location of dispensing area - 5 Points
- Hours of Operation/ Dispensing Hours - 6 points
- Projections - 4 points
- Integration of services – 20 Points
- Integration implementation - 5 Points
- MAT/ Evidenced Based Trainings - 5 Points
- Outpatient staffing- 10 points
- Staff Integration - 10 points
- Partnership with Part 822 Outpatient- 5 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 Proposal.

- 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 prior to initiating integrated services. This is in addition to all OASAS 822 reporting requirements. OASAS may add additional reporting based on SAMHSA and OASAS' need for information.

Attachment A

Preferred Regions/Counties for Existing Part 822 Outpatient Programs Who Intend to Apply for Part 822 OTP Services

| | |
|-----------------------------|--------------------------------|
| <u>Capital</u> | <u>Southern Tier</u> |
| Albany | Chemung |
| Columbia | Schuyler |
| Greene | Steuben |
| Rensselaer | Broome |
| Saratoga | Chenango |
| Schenectady | Delaware |
| Warren | Tioga |
| Washington | Tompkins |
| | |
| <u>Long Island</u> | <u>Western New York</u> |
| Suffolk | Allegany |
| Nassau | Cattaraugus |
| | Chautauqua |
| <u>Mohawk Valley</u> | Erie |
| Oneida | Niagara |
| Fulton | |
| Herkimer | <u>North Country</u> |
| Montgomery | Clinton |
| Otsego | Essex |
| Schoharie | Franklin |
| | Hamilton |
| <u>Mid-Hudson</u> | Jefferson |
| Putnam | Lewis |
| Sullivan | St. Lawrence |
| Ulster | |
| | |

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: **COMPREHENSIVE INTEGRATED OUTPATIENT TREATMENT PROGRAM**

Category: _____

County: _____ Existing PRU: _____

| | |
|---|------------------------------|
| 2) Printed Legal Name of Entity: | |
| 3) SFS Supplier ID: | 4) OASAS Provider Number: |
| 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) | Amount |
| 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: **COMPREHENSIVE INTEGRATED OUTPATIENT TREATMENT PROGRAM**

| |
|----------------------------------|
| 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 Budget and Funding Summary

INSTRUCTIONS - COMPREHENSIVE INTEGRATED OUTPATIENT TREATMENT PROGRAM

| | | |
|-------|-------------------------------------|---|
| 1 | Initiative | <p>Enter the name of the initiative for this budget submission.</p> <p>Select the category of award the application covers:</p> <ul style="list-style-type: none"> • Co-located Part 822 Outpatient and OTP programs • Part 822 Outpatient programs who intend to apply for OTP services • Part 822 OTP who intend to apply for Outpatient program services <p>Enter the program reporting unit (PRU) of the currently certified Part 822 Outpatient or OTP program the application covers.</p> |
| 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). Further detail regarding these categories can also be found in the Detail instructions on page 2.</p> <p style="padding-left: 40px;">12) Personal Services; 13) Fringe Benefits; 14) Other Than Person Services/Non-Personal Services; 15) Equipment; 16) Property/Space; and 17) Agency Administration.</p> <p>Enter a zero (0) in those categories for which no costs are anticipated. Some categories may not be an allowable expense for certain initiatives. In that case, the entry will be blacked out on the budget form. All requested amounts should be rounded to the nearest dollar.</p> |
| 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 - COMPREHENSIVE INTEGRATED OUTPATIENT TREATMENT PROGRAM

| | | |
|---|-------------------------------------|--|
| 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: Depreciation and interest expenses are non-allowable costs. |
| 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) #SUPP1008
Comprehensive Integrated Outpatient Treatment Programs
ATTACHMENT C-1– PROPOSAL NARRATIVE**

An Existing Co-Located Part 822 OTP and Part 822 Outpatient Program

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 information should be provided:

- Integrated program location: Provide the location where the integrated program will be in operation and include the county of proposed operation.
- Need Justification: Provide a justification of need for integrating services at your location of service. Provide information on how integrating services will improve service delivery for currently enrolled individuals and treatment services overall.
- Timeline: Provide a timeline on integration of OTP and Outpatient treatment with an emphasis on construction, application submission and equipment acquisition as applicable.
- Location of dispensing area: Explain how the dispensing area will be separate from other services provided by the integrated program and how access would be limited to only patients who are being dispensed medication/ MAT services.
- Staff integration: Provide details on current staffing in both the OTP and Outpatient program. Describe how staffing would be integrated to ensure services are streamlined and not duplicated.
- Integration of Services: Provide a summary of current outpatient and OTP services being provided and how these services will be integrated, with an emphasis on the following:
 - Single point of access intake
 - Assessments
 - Counseling
 - Groups
 - Peer Supports
 - Telehealth
 - Mental health services as applicable
 - Medical services
 - Orientation to Integrated services for patients

- Other Services

- Hours of Operation/Dispensing Hours – Provide the number of days of operation per week and the planned hours of operation and dispensing hours. Provide how scheduled dosing will be implemented. Scheduled dosing is a specific time or short block of time provided to a patient in order to receive dispensed medication.
- Projections –Provide the projected number of patients that the integrated program and the separate OTP PRU would serve in total and daily.
- Integration implementation – Provide an implementation plan on how OTP and Outpatient services will be established and integrated.
- MAT/ Evidenced Based Trainings: Provide a summary of evidence-based trainings that will be made available to staff in order to provide effective services to all populations served.

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
REQUEST FOR APPLICATIONS (RFA) #SUPP1008
Comprehensive Integrated Outpatient Treatment Programs
ATTACHMENT C-2 PROPOSAL NARRATIVE**

Integration of new Part 822 OTP with an existing Part 822 Outpatient services

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 information should be provided:

- Integrated program location- Provide the location where the integrated program will be in operation and include the county/town of proposed operation.
- Need Justification – Provide a justification of need for siting a new OTP and integrating services at program location with special emphasis on distance between OTPs in the region, average travel distance by patients to OTPs, OTP/MAT availability or lack thereof in proposed region, with specific focus on methadone, presence of an OTP waiting list for the region in which the integrated program will operate, and overdose rate in the proposed operation location. Include any other justification points that are relevant, such as partnering or developing MOUs with long-term care facilities, correctional facilities and congregate care settings in order to provide MAT services. Provide information on how integrating services will improve service delivery for currently enrolled individuals and service delivery overall.
- Placement of OTP services- Provide a summary of the proposed OTP services that will be sited within the integrated program with an emphasis on new services being provided. Explain how the dispensing area will be separate from other services provided by the integrated program and how access would be limited to only patients who are prescribed MAT services.
- Timeline- Provide a timeline on the onboarding of OTP services and integration of OTP and Outpatient treatment with an emphasis on construction, application submission and equipment acquisition.
- OTP Staffing and Staff Integration – Provide details on staffing that will be needed for onboarding OTP services; include employee type, number of employees, roles and responsibilities (Medical Doctor, Mid-Level Practitioner, Nurse for dispensing, counselors,

peers). Provide details on current Outpatient staffing and how staffing would be integrated with OTP staff to ensure services are streamlined and not duplicated.

- Security – Provide details on security plans including but not limited to security staff, alarm system, type of safe used, and location of safe as per 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. Provide how scheduled dosing will be implemented. Scheduled dosing is a specific time or range of time provided to a patient in order to receive dispensed medication.
- Projections – Provide the projected number of patients that the OTP PRU will serve in total (monthly patient census) and daily service utilization, including how this will be in alignment with the need justification. Provide a description of outreach plans in admitting new patients to OTP/MAT/MOUD services. Provide the projected number of patients that the integrated program would serve in total and daily (OTP and Outpatient).
- OTP Protocols– Provide detailed protocols on the following:
 - Operation days and hours
 - Dispensing Process
 - Crowd management
 - Scheduled services
 - Diversion control plan
 - Recordkeeping
 - Emergency Management Protocols: Provide details on how patients will be provided medication during an emergency event such as a snowstorm, as OTPs are unable to close during this time.
 - Medication for opioid use disorder (MOUD) philosophy and strategies: Provide details on how the program will combat stigma related to OTP services and MOUD within the community and the integrated program.
- OTP specific services – List and detail the minimum required and optional additional services:

Provide detailed information on services to be delivered within the OTP/dispensing area 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 and all MATs must be made available through prescription or dispensing.

- Admission assessments and medication induction
 - Toxicology tests
 - Additional Services (optional)
-
- Integration of Services: Provide a summary of current outpatient services being provided and how services will be integrated with OTP services with an emphasis on the following:
 - Single point of access intake
 - Assessments
 - Counseling
 - Groups
 - Peer Supports
 - Telehealth
 - Mental health services as applicable
 - Medical services
 - Orientation to Integrated services for patients
 - Other services

 - Integration implementation – provide an implementation plan on how OTP and Outpatient services will be established and integrated.

 - MAT/ Evidenced Based Staff Trainings: Provide a summary of evidence-based trainings and training on Medication for Opioid Use Disorder (MOUD) training/s that will be made available to staff in order to provide effective services to all populations served.

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS
REQUEST FOR APPLICATIONS (RFA) #SUPP1008
Comprehensive Integrated Outpatient Treatment Programs
ATTACHMENT C-3 PROPOSAL NARRATIVE**

Integration of new Part 822 Outpatient service with an existing Part 822 OTP

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 information should be provided:

- Need Justification: Provide a justification for adding Outpatient services and for integrating services at the program location. Provide information on how integrating services will improve service delivery for currently enrolled individuals and services overall. The justification should include information related to service needs and gaps in the community that you serve.
- Integrated program location: Provide the location where the integrated program will be in operation and include the county of proposed operation.
- Timeline: Provide a timeline on the siting of the Part 822 Outpatient program and integration of OTP and Outpatient treatment with an emphasis on construction, application submission and equipment acquisition as applicable.
- Location of dispensing area: Explain how the dispensing area will be separate from other services provided by the integrated program and how access would be limited to only patients who are being dispensed medication/ MAT services.
- Outpatient Staffing: Provide details on new staff that will need to be onboarded as part of siting the Part 822 Outpatient program with the 822 OTP. **This must be consistent with OASAS Part 822 Regulations.**
- Staff integration: Provide details on current staffing and how staffing would be integrated to ensure services are streamlined and not duplicated.
- Integration of Services: Provide a summary of new outpatient and OTP services being provided and how these services will be integrated, with an emphasis on the following:
 - Single point of access intake

- Assessments
 - Counseling
 - Groups
 - Peer Supports
 - Telehealth
 - Mental health services as applicable
 - Medical services as applicable
 - Orientation to Integrated services for patients
 - Other Services
- Hours of Operation/Dispensing Hours – Provide the number of days of operation per week and the planned hours of operation and dispensing hours. Provide how scheduled dosing will be implemented. Scheduled dosing is a specific time or short block of time provided to a patient in order to receive dispensed medication.
 - Projections –Provide the projected number of patients that the integrated program and the separate OTP PRU would serve (proposed census) and daily, including how this will be in alignment with the needs justification.
 - Integration implementation – Provide an implementation plan on how OTP and Outpatient services will be established and integrated.
 - MAT/ Evidenced Based Trainings: Provide a summary of evidence-based trainings that will be made available to staff in order to provide effective services to all populations served.
 - Partnership with Part 822 Outpatient: Describe details on how you will partner with an existing Part 822 Outpatient provider for technical assistance, consultation, and training. This question is not applicable if you choose to not partner with an existing Part 822 Outpatient provider.