

**Research Foundation for Mental Hygiene, Inc. (RFMH)  
In Partnership with  
NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS (OASAS)  
REQUEST FOR APPLICATIONS  
(RFA) NYS OASAS SOR 2020 – MOBILE MEDICATION UNITS (MMU)**

**EXPECTED TIMETABLE FOR KEY EVENTS:**

	<b>DATE</b>	<b>TIME</b>
RFA Release Date	6/6/2022	
Deadline for Submission of Applicant’s Inquiries	6/15/2022	5:00 PM EST
Anticipated Release of Inquiries & Answers by OASAS	6/22/2022	
Application Submission Due Date and Time	7/6/2022	5:00 PM EST
Anticipated Notification of Award	7/20/2022	

**ALL INQUIRIES TO:**

[SOR@oasas.ny.gov](mailto:SOR@oasas.ny.gov)

Subject: **(RFA) NYS OASAS SOR 2020 – MOBILE MEDICATION UNITS (MMU)**

**SUBMISSION OF APPLICATIONS:**

Applications should be submitted electronically as a PDF file no later than 5:00 p.m. EST on 7/6/2022 by email to [SOR@oasas.ny.gov](mailto:SOR@oasas.ny.gov) with a subject line ‘**(RFA) NYS OASAS SOR 2020 – MOBILE MEDICATION UNITS (MMU)**’.

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**(RFA) NYS OASAS SOR 2020 – MOBILE MEDICATION UNITS (MMU)**  
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## **I. INTRODUCTION AND BACKGROUND:**

### **A. PURPOSE OF REQUEST FOR APPLICATIONS**

The New York State Office of Addiction Services and Supports (OASAS), in partnership with Research Foundation for Mental Hygiene, Inc. (RFMH), is seeking applications for the development of Mobile Medication Units (MMU). The development of MMUs is made possible as a result of the release of the Final Rule on MMUs by the Drug Enforcement Authority (DEA) and is in response to the state's need for increasing Opioid Treatment Program (OTP) services availability.

### **B. FUNDING AVAILABLE**

- Up to a total \$1.65 million in NYS OASAS SOR 2020 funds is available to assist OTPs in developing MMUs.
- One-time only awards of up to \$550,000 will be made to establish 3 MMUs providing services in New York City (NYC). Priority will be given to establishing MMUs in Queens, the Bronx, and Staten Island, and/or serving Special Populations as described in section (I)(C).
- The purpose of the award is to cover any or all of the following:
  - purchase and/or retrofit an MMU
  - purchase and/or upgrade equipment for the MMU. This could include dispensing equipment and cold storage, safety and security equipment, medical supplies, electronic health system, and office supplies.
  - Recruitment and hiring costs: personal services and fringe benefits for key staffing; including any or all of the following: nurses, peers, a clinician, a physician or mid-level practitioner, and driver/security.
- OTP Providers may apply for multiple awards to deliver services in multiple locations, however, such Providers must submit separate applications for each proposed MMU. Note that the MMU may serve locations outside of the borough in which the OTP is located.
- Funding is available through September 29, 2022 with a possibility of no cost extension which is dependent on SAMHSA approval.

### **C. SCOPE OF MMU SERVICES**

- Awarded MMUs must provide continued services for a minimum of 2 years from the first day of operation. Awarded MMUs who do not meet this requirement may have their MMU certification suspended or revoked and the MMU recovered by OASAS.
- OTP must obtain full approval from OASAS, the Drug Enforcement Authority (DEA), and Substance Abuse and Mental Health Services Administration (SAMHSA) to operate the MMU. Awarded MMUs who do not meet this requirement may have their MMU certification suspended or revoked and the MMU recovered by OASAS.
- The MMU that is established can only operate within New York State and must adhere to all OASAS, DEA and SAMHSA regulations and guidance at all times.

- MMUs are required to provide the following services 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. MMUs 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*.
  - 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 should include, but is not limited to the full physical examination completed as part of induction services, or the provision of periodic physical exams, as indicated.
  - 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.
- OTPs should also consider the following additional services to be available on the MMU while adhering to the appropriate COVID-19 or other public health-related guidance. Should the OTP decide not to provide the following additional services on the MMU, the OTP must include in the MMU's policies and procedures methods for which patients can obtain such services.
  - Counseling services to be provided in-person, via telehealth, or a hybrid which 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 support services to be provided in-person, via telehealth, or a hybrid: 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 MMUs providing person centered care.
- Special populations: All the aforementioned required and/or additional services provided to special populations, such as but not limited to incarcerated individuals, individuals in Long-Term Care Facilities, residential programs, Part 816/818 programs, other organization caring for patients requiring Medication for Opioid Use Disorder (MOUD).

#### **D. ELIGIBLE APPLICANTS**

- An agency or organizations that currently operates an OASAS certified OTP is eligible to apply.

**For purposes of this solicitation, the following definitions apply:**

- **OASAS Certified:** Applicants are advised that any organization with a valid OASAS-operating certificate at the time of award will be eligible for funding.

#### **II. INQUIRIES AND CLARIFICATIONS:**

Any inquiries or requests for clarification about this RFA must be received in writing by 5:00PM EST on **June 15, 2022** and must be submitted by email to [SOR@oasas.ny.gov](mailto:SOR@oasas.ny.gov) with a subject line '(RFA) NYS OASAS SOR 2020 – MOBILE MEDICATION UNITS (MMU)'. Answers will be posted to the OASAS Procurement web page on or around **June 22, 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 MMU, separate applications must be submitted.**

**Hardcopy and/or Facsimile Proposals Will Not Be Accepted.**

Applications should be submitted electronically as a PDF file no later than 5:00 p.m. EST on July 06, 2022 by email to [SOR@oasas.ny.gov](mailto:SOR@oasas.ny.gov) with a subject line '(RFA) NYS OASAS SOR 2020 – MOBILE MEDICATION UNITS (MMU)'.

## **APPLICATION FORMAT AND CONTENT**

The submission should include the following:

- A completed ATTACHMENT A – COVER SHEET
- A completed ATTACHMENT B – ANNUAL OPERATING BUDGET AND JUSTIFICATION
- A completed ATTACHMENT D – PROGRAM NARRATIVE

### **IV. REVIEW CRITERIA:**

Funding under this application will be distributed as follows:

OASAS will issue three awards in New York City. Funding will be awarded based on determination that an applicant is eligible for an award; and has the highest score among applicants according to the Program Narrative detailed in Attachment D.

Scoring will be as follows:

- Needs Justification – 24 points
- Operation Location(s)/Dispensing Location(s) – 7 points
- Staffing – 14 points
- Security – 4 points
- Hours of Operation/Dispensing Hours – 5 points
- MMU Overnight Parking Location – 4 points
- Projections – 4 points
- Protocols – 18 points
- Services – 20 points

### **V. ADMINISTRATIVE INFORMATION:**

#### **A. OASAS RESERVED RIGHTS**

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

- Reject any or all applications received in response to this Request for Applications.
- Not make an award to any applicant who is not in good standing. Good Standing is defined as all of a Providers operating certificates for its OTPs which are subject to a compliance rating have a current compliance rating of partial (two years) or substantial (three years) compliance
- 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. 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 to include GPRA data collection.

## **C. 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 needs for information.

*All service providers funded through this award must comply with the federal Government Performance Reporting Act (GPRA) and conduct data collection in keeping with SAMHSA protocols. This includes staff training in GPRA data collection and entry, conducting GPRA data collection activities, and tracking participant recruitment.*



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(RFA) NYS OASAS SOR 2020 – MOBILE MEDICATION UNITS (MMU)  
ATTACHMENT A – COVER SHEET**

1. Printed legal Name of Applicant Entity:
2. Applicant's MMIS#:
3. Applicant's OASAS Provider Number (if applicable)
4. Applicant's Street Address/P.O. Box:
5. Applicant's City/Town/Village:
6. Postal Zip Code:
7. PRU# (if applicable)
8. Name of Applicant's Outpatient Program (if different from Provider Name):
9. Applicant's Program Street Address/P.O. Box (if different from above):
10. Applicant's Program City/Town/Village:
11. Applicant's Program Postal Zip Code:
12. Printed Name of Applicant Contact Person:
13. Printed Title of Contact:
14. Contact Telephone #:
15. Contact Email:
16. Signature:
17. Date:

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(RFA) NYS OASAS SOR 2020 – MOBILE MEDICATION UNITS (MMU)  
ATTACHMENT B – ANNUAL OPERATING BUDGET AND JUSTIFICATION**

**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 Contract: <b>SOR 2 Year 1</b>	
10. Contact Telephone #:			

The budget justification is required for SOR (II) Year 1 funding which will begin on September 30, 2021 and end on September 29, 2022. The table at the bottom of this document will reflect the full requested budget. **Use only whole dollars.**

**Section II: Expenses:**

**Personnel:**

Position	Name	Pay Rate	Level of Effort	Cost
			<b>TOTAL</b>	

**JUSTIFICATION:** Describe the role and responsibilities of each position.

**Fringe Benefits:** List all components of fringe benefits rate

Component	Rate	Wage	Cost

		<b>Total</b>	
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**JUSTIFICATION:** Fringe reflects current rate for agency.

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

Item(s)	Rate	Cost
<b>TOTAL</b>		

**JUSTIFICATION:** Describe need and include explanation of how costs were estimated.

**Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail.

Purpose of Travel	Location	Item	Rate	Cost
<b>TOTAL</b>				

**JUSTIFICATION:** Describe the purpose of travel and how costs were determined.

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

Type	Purpose	Rate	Cost
<b>TOTAL</b>			

**JUSTIFICATION:**

**Contractual:** A contract can be with an individual retained to provide professional advice or services, or for a service such as a media air time for a PSA, billboards etc. The grantee must have policies and procedures governing their use of contracts that are consistently applied among all organization's agreements.

Name	Service	Rate	Time Frame	Cost
			<b>TOTAL</b>	

**JUSTIFICATION:** Explain the need for each agreement and how they relate to the overall project.

**Other:**

Name	Service	Rate	Time Frame	Cost

**JUSTIFICATION:**

**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.

(A) Total Direct Expenses	(B) Total of Excluded Items	(C) MTDC (A - B = C)	(D) Cost Rate	Total Indirect Cost (C x D)
			10%	

**JUSTIFICATION:**

**Total Direct Expense Budget:** \$ \_\_\_\_\_

**Total Indirect Cost:** \$ \_\_\_\_\_

**Total Projected Revenue (If Applicable):**            \$ \_\_\_\_\_

**Total Budget:**    \$ \_\_\_\_\_

Projected number of patients to be treated for opioid as a primary, secondary, or tertiary substance through this grant, if applicable. \_\_\_\_\_

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**ATTACHMENT C – SAMHSA BUDGET PARAMETERS**

- SAMHSA will monitor use of these funds to assure that they are being used to support evidence-based treatment and recovery supports and will not permit use of these funds for non-evidence-based approaches.
- Procurement of DATA waiver training is not an allowable use of these funds as this training is offered free of charge from SAMHSA at <https://pcssnow.org/>
- Recipients must utilize third party and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients.
- Assess the needs of tribes in the RPC region and include strategies to address these needs in the network approach. Recipients must ensure that the needs of tribes, tribal organizations, and urban Indian organizations are meaningfully included in the assessment and strategies are implemented to meet these needs.
- Contingency Management: Contingencies may be used to reward and incentivize treatment compliance with a maximum contingency value being \$15 per contingency. Each patient may not receive contingencies totaling more than \$75 per year of his/her treatment.
- SAMHSA grant funds may not be used to:
  - Directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- Pay for the purchase or construction/renovation of any building or structure to house any part of the program.
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- Note: A recipient or treatment or prevention provider may provide up to \$30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow-up interview.
- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed \$3.00 per person per day.
- Consolidated Appropriations Act, 2017 (Public Law 115-31) Division H, Section 520, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.

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**(RFA) #SUPP1002 – MOBILE MEDICATION UNITS (MMU)**  
**ATTACHMENT D – PROGRAM NARRATIVE**

The Program Narrative should be typed, double-spaced, on 8 ½ x 11 inch page size. Pages should be paginated, and font should be 12-point Times New Roman, and all margins should be one inch wide. The Program Narrative should be brief (no more than 5 pages excluding Protocols).

The following information should be provided:

- Need Justification – Provide a justification of need for an MMU at your location of service by listing the proposed boroughs where the MMU will operate, describing the presence of waiting list where the MMU intends on operating, average travel time/distance travelled by patients currently served by your OTP, overdose rates at the MMU’s proposed location of operation, serving any special populations, such as but not limiting to incarcerated individuals, individuals at long-term care facilities, residential programs, Part 816/818 programs, or other organizations caring for patients requiring MOUD, and any other justification points that are relevant.
- Operation Location(s)/Dispensing Location(s) - Provide the location(s) where the MMU will be in operation (if actual address is unknown at the time of application submission, provide the vicinity of the area) and include the neighborhood of proposed MMU operation. Provide any partnership details or contracts that the OTP currently has or will put in place to enable the MMU to be sited at the proposed location(s), e.g., existing relationship with correctional facilities, long-term care facilities, residential treatment program, or other organizations caring for patients requiring MOUD that allows for the MMU to be parked at their parking lot. MMUs must establish memorandums of understanding with residential treatment programs and Part 816/818 to provide services at these sites. If there are no plans for partnerships or contracts to be put in place, provide details describing the MMU’s plan for operating at the location(s) identified.
- Staffing – Provide details on staffing that will be on the MMU or dedicated staff accessible via telehealth that meets the services provided on the MMU, include employee type, number of employees, roles and responsibilities. Identify staff members who will be providing services in-person on the MMU, and staff members providing services remotely via telehealth.
- 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 MMU. Please consult with [DEA regulation](#) to ensure DEA regulatory compliance.



- Hours of Operation/Dispensing Hours – Provide the number of days of operation per week and the planned hours of operation and dispensing hours of the MMU, including expected travel time of the MMU on a typical day. The MMU must be in operation for a minimum of 6 days per week, and 3 hours per day.
- MMU Overnight Parking Location - Identify where the MMU will be parked overnight or when not in operation that meets the DEA regulations. Note that the MMU is expected to be parked at the registered OTP or another secure, fenced-in location. Please consult with [DEA regulation](#) to ensure DEA regulatory compliance.
- Projections – Provide the projected number of patients that the MMU will serve in total (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.
- Protocols – Provide detailed protocols on the following:
  - Daily Operations: provide details on operation hours, including expected preparation time, travel time, and dispensing time, and daily workflow.
  - Dispensing Process: provide the workflow of the MMU's dispensing operations including details regarding crowd management, observed consumption, patient monitoring times, and traffic flow outside of the MMU.
  - Diversion Control Plan (DCP): provide your DCP for the MMU.
  - Recordkeeping Protocols: provide details of recordkeeping that meets the DEA, SAMHSA, and NYS requirements.
  - Emergency Management Protocols: provide details on the MMU and staff procedures should the MMU become inoperable during a typical operating day, including details on the procedure to secure the medication, and ensuring patients are still medicated if the MMU becomes inoperable before arriving at the dispensing location(s).
- Services – Minimum required and optional additional services
  - Provide detailed information on service(s) to be delivered which should include at a 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 MMU.
    - Admission assessments and medication induction, including pre-admission services and screening
    - Other medical services
    - Toxicology tests
  - Provide detailed information on any additional services that may be provided such as: (Additional services are optional, but points will be given for applications that include these services.)

- Counseling services. Include a classification if counseling services will be provided in-person, via telehealth, or hybrid model.
- Peer support services. Include a classification if peer support services will be provided in-person, via telehealth, or hybrid model.
- Other services
- Special populations. Include a classification if the MMU will be utilized to serve any special populations, such as but not limited to incarcerated individuals, individuals in long-term care facilities, residential treatment programs, Part 816/818 programs, or any other organization caring for individuals requiring MOUD.