

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS  
REQUEST FOR APPLICATIONS  
(RFA) #SUPP1012 – MOBILE MEDICATION UNITS (MMU)**

**EXPECTED TIMETABLE FOR KEY EVENTS:**

	<b>DATE</b>	<b>TIME</b>
RFA Release Date	6/17/2022	
Deadline for Submission of Applicant’s Inquiries	6/27/2022	5:00 PM EST
Anticipated Release of Inquiries & Answers by OASAS	7/5/2022	
Application Submission Due Date and Time	7/19/2022	5:00 PM EST
Anticipated Notification of Award	8/2/2022	

**ALL INQUIRIES TO:**

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

Bureau of Contracts & Procurements  
NYS Office of Addiction Services and Supports  
Subject: **OASAS Project No. SUPP1012**

**EMAIL SUBMISSION OF APPLICATIONS TO:**

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

NYS Office of Addiction Services and Supports  
Subject Line: **OASAS Project No. SUPP1012, “Provider Name”**

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS  
REQUEST FOR APPLICATIONS  
(RFA) #SUPP1012 – MOBILE MEDICATION UNITS (MMU)  
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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 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 of \$3.3 million in Substance Abuse Prevention and Treatment (SAPT) Block Grant funds is available to assist OTPs in developing MMUs.
- One-time only awards of up to \$550,000 will be made to each awardee.
- Awards will be made to providers who will utilize the MMU to provide OTP services within counties in New York State, excluding New York City counties. 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 serving multiple locations; however, such Providers must submit separate applications for each proposed MMU. Note that MMUs may serve locations outside of the OTP's county but must remain within New York State borders.

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

- Awarded MMUs must provide continued services for a minimum of two 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 borders 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

- Voluntary agencies or other not-for-profit organizations that currently operate OASAS certified OTPs.
- Proprietary entities are not eligible.

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

- **OASAS Certified:** Applicants are advised that only those voluntary or other not-for-profit organizations with a valid OASAS-operating certificate at the time of award will be eligible for funding.
- **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.
- **Good Standing:** All of a provider's 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.

## II. INQUIRIES AND CLARIFICATIONS:

Any inquiries or requests for clarification about this RFA must be received in writing by 5:00PM EST on **June 27, 2022** and must be submitted by email to [COVIDFunds@oasas.ny.gov](mailto:COVIDFunds@oasas.ny.gov) with a subject line "**Requests for Applications - OASAS Project No. SUPP1012**". Answers will be posted to the OASAS Procurement web page on or around **July 5, 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:**

Applications should be emailed to [COVIDFundsApplications@oasas.ny.gov](mailto:COVIDFundsApplications@oasas.ny.gov) by 5:00 P.M. EST on July 19, 2022. The subject of the email should read: **SUPP1012, "Provider Name."**

**If applying for more than one MMU, separate applications must be submitted.**

#### **APPLICATION FORMAT AND CONTENT**

The submission should include the following:

1. Cover Letter – A Cover Letter will transmit the application to OASAS. It should be completed, signed, and dated by an authorized representative of the Applicant. The letter should include the Applicant's designated contact name, phone number and e-mail address.
2. A completed Attachment B - Contract Budget and Funding Summary
3. A completed Attachment C - Program Narrative
4. A completed Attachment D – Executive Order No. 16 Certification

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

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 C.

Scoring will be as follows:

- Needs Justification – 28 points
- Operation Location(s)/Dispensing Location(s) – 3 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 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.
- OASAS reserves the right to prioritize awarding to providers who will provide OTP services via the MMU at locations throughout New York State that currently do not have OTP services, have significant waiting lists, and/or serve Special Populations, as described in (I)(C).
- Withdraw the RFA at any time, at OASAS' 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' 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**

State agencies 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](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](mailto: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](http://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](mailto: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](mailto: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](mailto:COVIDFunds@oasas.ny.gov).

## **D. EXECUTIVE ORDER 16 REQUIREMENTS**

In accordance with Executive Order No. 16, State Entities are directed to refrain from entering into any new contract or renewing any existing contract with an entity conducting business operations in Russia. On March 24, 2022, the United States, in coordination with the European Union and the Group of Seven (G-7), imposed sanctions on an additional 400 Russian individuals and entities. The federal sanctions include efforts to block moves by Russian entities and individuals to evade the sanctions imposed or to use international reserves. While the federal sanctions seek to target specific entities and individuals within Russia, Executive Order No. 16 is intended to ensure that New York State is not entering into contracts with entities conducting business in Russia and thereby indirectly supporting Russia's unjustified war against the Ukrainian people.

In order to comply with Executive Order No. 16, State Entities must obtain a certification from applicants as part of a solicitation for a new contract or extension of an existing contract. Such Applicant certification shall be made utilizing **Attachment D**.

## **E. 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.

## **F. 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.

## **G. PAYMENT PROCESS**

- 1. Advance Payment and Recoupment Language:**
  - a. The State agency will make on advance payment to the Contractor, in the amount of twenty-five percent (25%), for each program of the budget as set forth in the most recently approved applicable Attachment B form (Budget) within thirty (30) days of State Agency approval of the initial contract or any amendment thereafter.
  - b. Recoupment of any advance payment shall be recovered by crediting subsequent reimbursement claims until the advance is fully recovered within the contract period.
  - c. If upon completion or termination of this Master Contract, all advance payments have not been fully liquidated, the balance of such payments shall be paid by the Contractor to the State upon demand.
- 2. Interim and/or Final Claims for Reimbursement:**

Claims for reimbursement may not be submitted more often than monthly for allowable costs. All invoices shall be submitted using the form identified by the State Agency and submitted to [COVIDFundsVOUCHERS@oasas.ny.gov](mailto:COVIDFundsVOUCHERS@oasas.ny.gov).

**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 – Mobile Medication Units SUPP1012**

1	<b>Initiative</b>	Enter the name of the initiative for this budget submission.  Enter the name of the Empire State Development Region for which the agency is applying ( <a href="https://esd.ny.gov/regions">https://esd.ny.gov/regions</a> ).
2	<b>Printed Legal Name of Entity</b>	Print the incorporated or legal name of the agency submitting the request. <b>Do not enter the common name or acronym.</b>
3	<b>SFS Supplier ID</b>	Enter the unique 10-digit number that identifies the agency/vendor in the Statewide Financial System (SFS).
4	<b>OASAS Provider Number</b>	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 <b>Agency Code</b> number used when submitting Consolidated Fiscal Report documents.
5-7	<b>Address</b>	Enter the mailing address, including zip code, where the administrative office of the bidder entity is located.
8-11	<b>Contact Person</b>	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	<b>Requested Budget</b>	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):  <div style="text-align: center;"> <ul style="list-style-type: none"> <li>12) Personal Services;</li> <li>13) Fringe Benefits;</li> <li>14) Other Than Person Services/Non-Personal Services;</li> <li>15) Equipment;</li> <li>16) Property/Space; and</li> <li>17) Agency Administration.</li> </ul> </div> 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.  Agency administration costs may not exceed 10% of the total Personal Services, Fringe Benefits, and Other Than Personal Services costs listed above.  All requested amounts should be rounded to the nearest dollar.
18-19	<b>Agency Official</b>	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	<b>Signature and Date</b>	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 SUMMARY**

1) **Initiative:** MOBILE MEDICATION UNITS (MMU) SUPP1012

**County:** \_\_\_\_\_

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)	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)	
<b>TOTAL GROSS EXPENSE BUDGET</b>	
<b>Total Funds Requested</b>	

18) Printed Name of Agency Official:	19) Printed Title:
20) Signature:	21) Date:

**NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS  
REQUEST FOR APPLICATIONS  
(RFA) #SUPP1012 – MOBILE MEDICATION UNITS (MMU)  
ATTACHMENT C – PROGRAM 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 5 pages excluding Protocols).

The following information should be provided:

- Need Justification – Provide the proposed counties where the MMU will operate and indicate if the counties currently have OTP services. Provide information and details on whether your OTP currently have a waiting list. Provide information and details on whether the proposed counties of MMU operation have a waiting list. Provide the average travel time/distance travelled by patients currently served by your OTP. Provide information on overdose rates at the MMU’s proposed location of operation. Provide details on whether the MMU will serve 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 provide 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 county 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. 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.
- 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.



## Certification Under Executive Order No. 16 Prohibiting State Agencies and Authorities from Contracting with Businesses Conducting Business in Russia

Executive Order No. 16 provides that “all Affected State Entities are directed to refrain from entering into any new contract or renewing any existing contract with an entity conducting business operations in Russia.” The complete text of Executive Order No. 16 can be found [here](#).

The Executive Order remains in effect while sanctions imposed by the federal government are in effect. Accordingly, vendors who may be excluded from award because of current business operations in Russia are nevertheless encouraged to respond to solicitations to preserve their contracting opportunities in case the sanctions are lifted during a solicitation or even after award in the case of some solicitations.

As defined in Executive Order No. 16, an “entity conducting business operations in Russia” means an institution or company, wherever located, conducting any commercial activity in Russia or transacting business with the Russian Government or with commercial entities headquartered in Russia or with their principal place of business in Russia in the form of contracting, sales, purchasing, investment, or any business partnership.

Is Vendor an entity conducting business operations in Russia, as defined above? Please answer by checking one of the following boxes:

1. No, Vendor does not conduct business operations in Russia within the meaning of Executive Order No. 16.
  
- 2.a. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but has taken steps to wind down business operations in Russia or is in the process of winding down business operations in Russia. (Please provide a detailed description of the wind down process and a schedule for completion.)
  
- 2.b. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16 but only to the extent necessary to provide vital health and safety services within Russia or to comply with federal law, regulations, executive orders, or directives. (Please provide a detailed description of the services being provided or the relevant laws, regulations, etc.)
  
3. Yes, Vendor conducts business operations in Russia within the meaning of Executive Order No. 16.

The undersigned certifies under penalties of perjury that they are knowledgeable about the Vendor’s business and operations and that the answer provided herein is true to the best of their knowledge and belief.

Vendor Name: \_\_\_\_\_  
(legal entity)

By: \_\_\_\_\_  
(signature)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Number: \_\_\_\_\_