

RFA SETT-23001 Comprehensive Low Threshold Buprenorphine Services

Questions submitted by Applicants that were due by 2/3/2023 5:00 PM
Answers to be posted to OASAS Procurement website by approximately 2/15/2023

- Q1 If a provider, operates 15 822 programs throughout the mid-Hudson region. All of these programs are in good standing except one program which just received a one-year Operating Certificate. Does this disqualify them from submitting an application for this RFA?
- A1** Nothing precludes a provider from submitting an application in response to a funding opportunity.
- Q2 Is a county-run community mental health center (LGU) eligible to apply for this grant opportunity?
- A2** Yes, see the Addendum 1 that added LGU's.
- Q3 MWBE forms are not included in the required attachments section, as noted on the face page of this section, missing attachments indicate that a particular attachment will not be required by this particular procurement. Please clarify if MWBE forms are required or not.
- A3** MWBE forms are not required in response to this opportunity. See Addendum 1 for updated information.
- Q4 Please confirm the expected timetable for key events. Currently response to applicant questions are expected to be released three business days after submission.
- A4** Answers to submitted question were anticipated to be released on 2/08/2023, but were released 2/14/2023
- Q5 As our organization is based in New York City (Manhattan), we will propose a program for that region. In the case we receive an award, would the expected service area for our program cover the entirety (all five boroughs) of the city?
- A5** No, but the provider may serve all boroughs.
- Q6 Would you have an estimate available for the start date of contracts for grantees following notification of awards?
- A6** OASAS anticipates the contracts starting approximately 90 to 120 days following notification of awards.
- Q7 I have not come across any specific information regarding hours of operation requirements. Is there a requirement or recommendation?
- A7** The hours need to meet the need of the community that the program is proposing to serve. There are no specific hours of operation required with this RFA.
- Q8 Are the prescribing clinicians required to be on-site or can they be available via telehealth?
- A8** Currently, under the federal PHE, all visits, including initial visits, for buprenorphine may be done via telehealth, either audio only (telephonic) or audio/video, with either or both the provider and patient not on-site. We anticipate that the federal government will do a carve-out to allow

RFA SETT-23001 Comprehensive Low Threshold Buprenorphine Services

permanent flexibility for the initiation (and continuation) of buprenorphine by both video/audio and audio only before the federal PHE ends. We don't anticipate that the carve-out will include other controlled medications.

Q9 We are interested in applying for this opportunity, however on page 5 of the application it states that qualifying providers must be "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. "In view of the fact that our 820 certificates were just issued, and require renewal in one (1) year, would that disqualify us?

A9 All applicants who meet the eligibility requirements will have their applications reviewed. No awardee will be disqualified unless the reason they are not in good standing directly affects their ability to perform the functions outlined in the scope of work.

No awardee will be disqualified if the only reason they are not in good standing is because they do not meet the minimum timeframes.

Q10 The RFA states that federal DEA registration is an eligibility requirement. Is that registration required for the applicant agency or for the specific provider that will be providing buprenorphine?

A10 See Addendum 1. The federal DEA registration is specific to prescribers. An applicant must have a prescriber with a current DEA registration that is active on the day of submittal.

Q11 Would we be able to include current employees FTE's that will be working on the services, or do they have to be new hires

A11 You cannot replace funds currently used to pay employees. However, these dollars can be used to pay current employees (FTEs) for additional work, additional hours, or new positions. This needs to be explained in the budget narrative.

Q12 Are programs that currently offer comprehensive low-threshold buprenorphine services eligible if they are interested in expanding, or is the funding limited to new startups?

A12 Yes, programs can expand services using these dollars.

Q13 Is there a volume requirement?

A13 There is no minimum number of patients served under this opportunity.

Q14 Are construction and renovation of clinic space eligible expenses under this grant?

A14 One-time capital expenses can be allowed, the budget, and budget narrative need to outline how those expenses help fulfill the overall goals of the RFA.

Q15 Is workforce expansion an eligible expense under this grant?

A15 Yes. Programs can bring on new staff members under this RFA, if the new staff members will be working on the project. Their percentage of time allocated to the contract should be documented in the budget narrative.

Q16 What documentation process is there expected to be for patients in the low-threshold program?

RFA SETT-23001 Comprehensive Low Threshold Buprenorphine Services

A16 Providers that are certified under part 822 can provide preadmission services as allowed by regulation. Providers should assess and admit to treatment for ongoing care. The current treatment planning requirements would allow for admission and treatment planning consistent with low threshold care.

Q17 Are we following 822s or something apart from current regulations?

A17 If the provider is an existing 822 program they will need to follow 822 regulations. If the program is not an existing 822 program, following 822 regulations is not required.

Q18 Would these patients be in preadmission status – according to OASAS – until/unless they're formally admitted/agree to participate in treatment vs. low threshold?

A18 ~~Yes~~ People can be admitted to OASAS outpatient services even if they are receiving low threshold buprenorphine only services. The treatment plan is incorporated in progress notes and can be written and the plan followed by the prescribing professional. Pre – admission services are allowable as well.

Q19 Clarify what is meant by “admission” – such as on page 10, #13 of RFP.

A19 Admission means an individual is receiving any services from the provider, including engagement services.

Q20 Are patients discharged from services or treatment?

A20 Individuals should only be discharged from services or treatment if they do so voluntarily (e.g., it's their choice to do so) or they are lost to follow-up at 60 days despite dedicated outreach efforts.

Q21 Will there be PAS reporting requirements if the patient does not admit?

A21 See answer to Q18 above.

Q22 Do we need to include a re-statement of the questions in our narrative, or just refer to them by number?

A22 Refer by number, re-statement of the questions is not required.

Q23 "Question #1 Page 5 of the RFA states:

""Applicants are advised that OASAS may not fund an application where the applicant is an OASAS-certified treatment provider that is not in good standing at the time an award is made.""

We are an 822 licensed OASAS treatment provider with multiple programs (15). One of our programs is not in good standing at this time with a one-year certification. This program would not be involved in the proposal we submit. Preparation for this proposal will involve extensive time and effort. If we could know before this preparation effort whether we would be ineligible, it would save a lot of wasted time."

A23 See answer to Q9.

Q24 "Question #2: Page 11 under Staffing

""Provide a list of the applicant's board member and current team, each member's professional licensure and organizational affiliation...""

Are you asking for the professional license for each Board Member? Not of our Board members have

RFA SETT-23001 Comprehensive Low Threshold Buprenorphine Services

professional licenses - is that a problem?"

A24 No, we are not asking for the professional license for each Board Member.

Q25 "Please clarify this statement made during the webinar: An integrated license is needed when you're also providing MH care, not the other way around.

Firstly, this statement is specific to integration, not dual licenses, correct? We do not have integrated licenses, however, we have OMH licenses at our OASAS facilities.

Secondly, does "not the other way around" mean MH facilities can provide SUD care (in addition to MH care) without dual/integrated licenses?"

A25 See section 2.1 Integration of Mental Health and Substance Use Disorder of the RFA.

Q26 Is there anything that would prevent the direct admission of patients seeking Low Threshold Buprenorphine services to Continuing Care (ie not active treatment patients) under which we typically provide medication management as well as access to a therapist who would provide the ongoing case management services?

A26 The provider could provide services under continuing care, however, the current Part 822 regulations support ongoing low threshold care.

Q27 Does a 7 day prescription with 1 refill meet the 14 day requirement?

A27 Yes.

Q28 Is a 14 day prescription required for inductions or is it okay to wait until the patient is stabilized?

A28 It is OK to wait until the patient is stabilized to write a 14-day prescription, but programs are encouraged to write a minimum of a 7-day prescription initially. Programs and providers should be person-centered, so meeting the needs of the individual. If the individual agrees to this plan, then it is acceptable.

Q29 What is the project period for this contract?

A29 OASAS anticipates a contract starting approximately 90 to 120 days post notice of award. The contract period will be a three-year multi-year contract with the second and third years subject to funding availability and other approvals.

Q30 Can grant funds be used to pay for buprenorphine in limited instances where the client/patient cannot afford or access the medication?

A30 Yes.

Q31 Will the grant pay for transportation expenses to increase access for those clients/patients to get treatment?

A31 This can be an allowable expense, it would need to be noted in your budget and budget narrative how this relates to fulfilling the goals of the project.

Q32 Under the list of Integrated Care activities, psychosocial evaluation, psychotherapy/counseling, and medication management are listed. Is the expectation that staff funded by the grant would provide these activities as part of funded services, or can the program provide these services to program

RFA SETT-23001 Comprehensive Low Threshold Buprenorphine Services

participants and bill for them separately from the grant? The same question applies to the medical evaluation and buprenorphine prescribing that's listed under deliverables, can these services be billed for or are they required to be provided as funded services by staff on the grant?

A32 If services are provided in a setting where reimbursement for these services are allowable, the provider should bill for services. The provider will need to track the revenue and must be able to separate expenses paid by grant.

Q33 Are urine samples to test for diversion required for program participants? Is any bloodwork or labs required?

A33 Use of urine toxicology testing is a clinical decision. It should be utilized only if it will inform clinical management. All individuals should be assessed and offer testing for HIV, hepatitis, tuberculosis, and sexually transmitted infections.

Q34 If we incorporate a mobile component to outreach and serve program participants, can a portion of vehicle expenses (maintenance, fuel, insurance, etc.) be charged to the budget?

A34 See the answer to Q 31 above.

Q35 Was the applicant conference from 2/1/2023 recorded, and if so can a link be provided?

A35 No, answers to all questions in the call are contained in this document.

Q36 1.1 Intro Refers to immediate enrollment in care management services. Is it possible to get a clear understanding of what care management means, i.e. care management OUD/bupe treatment and SUD services or overall care management with behavioral health also.

A36 Overall care management. Care Management focuses on the patient's actual care and helps them transition between treatments and stages of care effectively. Care management works closely with their patients to assess them and determine what type of care they want or need.

Q37 Is the organization that must have a DEA registration or the provider?

A37 See answer to Q10 and RFA Addendum 1.

Q38 What is the expectation of the level of mental health care to be provided? Does the organization have to provide the mental health care or is adequate to provide facilitated referral to outside behavioural health provider?

A38 See section 2.1 Integration of Mental Health and Substance Use Disorder of the RFA

Q39 Scope of work/deliverables – "B. and F. Provide buprenorphine (minimum 14-day prescriptions) Does it mean up to a 14 day prescription? Does it mean minimum of 14 days but can be in 2 separate 7 days prescription? "

A39 The intention is that the individual would receive a minimum of 14 days of buprenorphine before any intended transfer of care. It would be acceptable to provide in two 7-day prescriptions.

Q40 Scope of work/deliverables - "F. ... must be filled in a community pharmacy. Is it possible to clarify what ""community"" pharmacy means?"

RFA SETT-23001 Comprehensive Low Threshold Buprenorphine Services

- A40** The prescription can be filled by the client's preferred pharmacy, the closest pharmacy, or the program's pharmacy. The program must identify pharmacies that will carry the medication and remove barriers to the patient receiving the medication.
- Q41 Scope of work/deliverables - "H. ...ensuring that pregnant individuals receive priority treatment service. Is it possible to clarify what priority treatment services for pregnant women means?"
- A41** Please provide a plan/process for including pregnant persons to assure they are not excluded. If they cannot be accommodated on site on the same day, then they are linked to a low threshold setting elsewhere on the same day.
- Q42 Scope of work/deliverables - "I. ... include a warm handoff whenever possible. What does warm handoff mean in this context?"
- A42** A warm handoff is when the program is able to make an in-person introduction to the referral program.
- Q43 Scope of work/deliverables - "K. ...fidelity to the model based on the manuals fidelity tools. It is not clear to me what model, manual and fidelity tools are being referenced here."
- A43** The model referenced here is motivational interviewing.
- Q44 Can we apply under one region where our primary clinic is located but also include a satellite clinic (under same license) that is located outside of that region?
- A44** If all expenses can be covered under one application, it is acceptable to provide services in a satellite office outside of the region under one application. If an organization needs additional funds above what the RFA allows to cover both locations, then two applications must be submitted one for each region.
- Q45 If we provide immediate access to telehealth appointments, would that make those appointment pre-admission or evaluation appointments? (looking for more detailed response than what was provided during the webinar)
- A45** If the telehealth appointment results in the individual receiving a prescription for buprenorphine, then that would be considered an evaluation appointment.
- Q46 If those appointments in question 2 are in fact, evaluation appointments, how do you address on demand telehealth with the three appointment limit for evaluations.
- A46** The appointments can be assessment, medication management, peer services, or a counseling visit based on the procedure that best reflects the service.
- Q47 When will we have access to the data collection instrument that you referenced?
- A47** The data collection tool will be posted prior to the notices of award.
- Q48 Will telehealth be allowed for induction?
- A48** See above answer Q 8

RFA SETT-23001 Comprehensive Low Threshold Buprenorphine Services

Clarifications Relating to the Applicant Conference held on 2/1/2023

Notes for RFA updates

QUESTIONS FROM THE CONFERENCE CALL

- Q1. What documentation process is there expected to be for persons in low-threshold program? Following 822s or something apart from current regulations?
- A1.** See answer to Q16 in first set of questions.
- Q2. Would these patients be in preadmission status – according to OASAS – until they’re formally admitted? Clarify what is meant by “admission”.
- A2.** See above answer to Q18 in the first set of questions.
- Q3. Please clarify #10 under Staffing. Page 11 of RFP. What do you mean by “current team?” Are you referring to all employees of the applicant? Also, you need proof of professional licensure for all employees and board members?
- A3.** See above answer to Q24 in first set of questions.
- Q4. Why 14-day prescriptions for buprenorphine for individuals with OUD seeking low-threshold buprenorphine? What is significant about the 14 days?
- A4.** See answers Q 27 and 28 in the first set of questions. The 14-day prescription is meant to ensure that the individual can retain access to buprenorphine even if they miss a follow-up appointment or fail to transfer care successfully.
- Q5. Is there a requirement for how bup must be administered?
- A5.** No, there is no requirement. This should be dependent on the patient and their individual needs.
- Q6. Can one organization that spans two regions submit one app for the organization?
- A6.** One organization can submit 2 applications 1 per region, each is independent of the other. See answers to Q28 and Q 39 in the first set of questions for more information.
- Q7. Are we expected to write a 14 day prescription on the first visit (during induction)?
- A7.** Yes, see answers to Q28 and Q39 in the first set of questions.
- Q8. Please clarify, attachment 12, question 3 & 4 is duplicated
- A8.** This was an oversight; the question should only be answered once. Addendum 1 to the RFA corrects this mistake and provides a new fillable PDF without the duplicate question.
- Q9. Can you define community pharmacy? Would a pharmacy based in a hospital, that might dispense a 14 day prescription, be acceptable?
- A9.** See answer to Q40 in the first set of questions, and yes, this pharmacy is acceptable.

RFA SETT-23001 Comprehensive Low Threshold Buprenorphine Services

- Q10. In order for a licensed 822 program to provide mental health services at their 822 site, a dual license was required - licensed by both OMH and OASAS. With the proposed integration of Mental Health and Addiction Services proposed as a priority for this RFA, will this licensing requirement still be required?
- A10.** No – no change in current policy, OASAS providers can treat co-occurring disorders, the separate license is needed for those presenting with only mental health diagnosis.
- Q11. Is there a page limit per section or for the RFA response as a whole?
- A11.** There are no page limits.
- Q12. Do you have any expectations on how individuals who may be diverting prescriptions should be handled?
- A12.** Programs should make the decision through the harm reduction lens with equity and inclusion in mind. Think about how your current policies support this.
- Q13. What if clients refuse to participate in the data tool that is required?
- A13.** Name/DOB/etc you will have since you are prescribing. Patients have the right to privacy on other data collection questions – ask questions and document refusal to answer.
- Q14. Will potential applicants be able to view the OASAS data collection instrument/form that will be required for their RFA?
- A14.** The tool will be limited knowing this is a harm reduction approach. See answer to Q. 47 in the first set of questions.
- Q15. What is considered "assurance" that the applicant will complete the data collection tool?
- A15.** See the answer to question 13 above.
- Q16. Will this program be operational for one-year or several years, depending on the availability of funds?
- A16.** Contingent upon funding availability and approvals this project may be up to a three-year project. See answers to Q 29 in the first set of questions., and Q 25 below.
- Q17. Can you provide an example of potential conflicts of interest.
- A17.** Standard attachment – see the RFA. Family members who work at OASAS? 360 view to decide if there are real or perceived conflicts of interest.
- Q18. What is the definition of "low Dose"?
- A18.** Low dose is not referred to in the RFA, however, the dose of the medication should be determined by the medical provider and the client. Low threshold means low barrier care.
- Q19. Will the GPRA be required?
- A19.** No – these are Opioid settlement funds, this money is not federal.
- Q20. Since bup can be administered in several ways - injection, patch, oral... - is there a requirement for how it must be administered for this program? Some administration routes require in person.
- A20.** This decision should be patient driven. Buprenorphine patches are indicated for pain management only, not for the treatment of OUD. The acceptable formulations for buprenorphine

RFA SETT-23001 Comprehensive Low Threshold Buprenorphine Services

for the treatment of OUD include pill, film, or injection. Clearly, administration of the injection would necessitate an in person visit.

Q21. Anticipated notification of awards is listed as last year on cover page.

A21. March 13th, 2023.

Q22. Safe to assume that pages requiring signatures would be signed, then scanned and submitted with the email submission?

A22. Yes, this is acceptable.

Q23. Will the due dates change?

A23. Yes, the amended due date is now March 1st, with notice of award being March 20th, 2023. See Addendum 1.

Q24. Can an application be submitted if the applicant already has funding for harm reduction services

A24. Yes, you may apply– you are not precluded from this opportunity.

Q25. Page 28 indicates the first "year" will be prorated. So is there a guarantee of 12 months of funding flowing into a second fiscal year?

A25. Yes.

Q26. Is there a template for budget narrative:

A26. No just the same formatting as the rest of the document.

Q27. What is assurance that the applicant will complete the data collection.

A27. This is a process question regarding how the data collection is part of your standard procedures.

Q28. Low THRESHOLD definition vs low dose definition

A28. Low threshold is different than low dose. The dose is decided by the provider and the patient. Low dose initiation of buprenorphine is a strategy to initiate buprenorphine given the challenges due to the use of illicitly manufactured fentanyl and its analogues. Low threshold is about the patient's access to a prescription.

Q29. Can an organization's satellite clinic in an adjacent region be included in an application for the primary region?

A29. See answer to Question 44 in the first set of questions.

Q30. Are multiple emails allowed for submission if there are issues with file size when emailing. Part 1 and Part 2, or zip filing.

A30. Zip filing is acceptable. Try to avoid multiple emails since it introduces risk of incomplete submission.

Q31. If the agency has a MAT/BUP program separate from the OASAS program, can we still submit an application?

RFA SETT-23001 Comprehensive Low Threshold Buprenorphine Services

A31. Yes, still eligible based on the applicant.

Q32. Are construction and renovation considered allowable expenses for the program budget?

A32. See answer to Q14.

Q33. Will we receive a verification from OASAS after submitting a proposal that the proposal was received?

A33. Yes.

Q34. Is funding allowable for clinician training/building capacity, for example, to provide integrated mental health treatment?

A34. Yes.

Q35. Who will be reviewing/rating applications?

A35. OASAS staff and subject matter experts.

Q36. The RFA states that all programs for a provider must be in good standing to be eligible. If the provider has a program not in good standing, the RFA states the OASAS 'MAY' determine that this agency is not eligible. What does 'MAY' mean? Situational and specific – 3 years of good standing – if 2.5 years may be allowed.

A36. See answer to Q 9 in the first set of questions.

Q37. Are there funding limitations:

A37. Supplantation of current budgeted expenses is not allowable. All other expenses should be justified in the budget narrative.

Expenditures supported by these funds must be reasonable and/or necessary for providing the specified services in both nature and amount and have not previously and will not otherwise be reimbursed by other funding or programs.

Q38. Does immediate access to telehealth appointments make those appts preadmission or evaluation appts?

A38. There is no distinction, any service can be delivered by telehealth when appropriate.

Q39. Re: good standing = if one facility of many within an organization has a one-year conditional license, does it affect this program being implemented at a different facility (with a 3-year renewal)?

A39. See answers to Q 9 in the first set of questions.

Q40. Can a provider discover if they are eligible or not before preparing and submitting the proposal?

A40. Pre-requirements are listed in the RFA, the responsibility to know if they are met is on the applicant.

Q41. If telehealth appt is an evaluation, how do you square on demand telehealth with the three appt limit to evals?

A41. The provider bills the procedure code that best reflects the service provided which many include: assessment, medication management, peer service or counseling services.

RFA SETT-23001 Comprehensive Low Threshold Buprenorphine Services

Q42. Can we integrate services between our agency's MAT program and OASAS program?

A 42. Yes, if you are already an OASAS provider the expectation is that the program is integrated.

Q43. Could you please clarify what "priority" treatment services for pregnant women means?

A 43. See answers to Q 41 in the first set of questions.

Q44. Can we reference and attach/send policies and procedures vs. having to re-write all the content into project narrative.?

A 44. See Item 1 under Project Description section of the RFA.