

## RFA SETT-23004 Comprehensive Integrated Outpatient Treatment Programs

**Questions submitted by Applicants that were due by 2/22/2023 5:00 PM**  
**Answers to be posted to OASAS Procurement website by approximately 3/1/2023**

- Q1** Our organization has a great deal of experience with OASAS outpatient clinics and OTPS. We have identified a region that needs both an integrated outpatient treatment program with an OTP. If we have an application pending for an integrated Part 822 outpatient and OTP are we eligible to apply?
- A1** Organizations must have either an approved Part 822 outpatient or an approved Part 822 OTP to be eligible to apply. Either the OTP or Outpatient must be operational at the time of the application. For the purposes of this RFA, an organization is unable to apply for funding if both applications are pending.
- Q2** Given the following circumstances, I would like to know if we are eligible for funding under this RFA to co-locate our under-development 822 OTP at an existing certified Part 819 residential facility:
- We operate a certified 822 clinic in the Bronx, this program is not certified as an OTP.
  - We are developing an application for an 822 OTP that will be co-located in a residential facility (currently certified under Part 819) in an adjacent county.
- \*\*We are not seeking simply seeking a methadone license at the 819 location, we want to develop a proper 822 OTP there.
- A2** All services must be integrated within 822 OTP and 822 Outpatient. If you have space within the 819 Residential facilities to house these programs and allow access to outside clients, then this would be allowable. Either the Part 822 OTP or the 822 Outpatient must be operational at the time of the application. However, the 819 would not be able to integrate with the 822.
- Q3** is the Comprehensive Integrated Outpatient Treatment Programs awards are for not-for-profit facilities only? or can we apply as for profit?
- A3** Please see section 1.4 Eligible Applicants – For profit agencies are not eligible for this opportunity.
- Q4** Can an applicant for this program under Group B create a Part 822 OTP but limit the medications to buprenorphine and naltrexone, but not methadone? Or is using methadone a requirement?
- A4** No. As per the RFA, at 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.
- Q5** I am reaching out on behalf of U.I.A. a opioid substance abuse outpatient prevention and provider nonprofit. U.I.A. just submitted the Operation Certificate Application to OASAS and the application is currently processing. Can U.I.A nonprofit apply for the Comprehensive Integrated Outpatient Treatment Program?
- A5** At the time of the RFA, applicants must be an active OASAS provider and at minimum currently have an 822 OTP or 822 outpatient.
- Q6** Is this just for Not for profit organizations or are for profit agencies included ?

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**A6** See response to Q3.

**Q7** We are interested in applying for this grant. Do we need to be a licensed OASAS provider or is an Article-31 sufficient?

**A7** This RFA is specific to OASAS 822 Outpatient and OTP services.

**Q8** Can this grant be utilized for implementing integrated mental health services in addition to being a comprehensive integrated outpatient treatment program?

a. If the grant is able to be utilized to implement integrated mental health are we able to write into the grant that we will be actively applying for and OMH license as part of that process?

**A8** This grant would only be able to fund services listed within this RFA (Integration of OASAS 822 Outpatient and OTP). OASAS has no objection to any program applying for integrated OMH license if it is OASAS hosted and funding from this RFA is not used for OMH integration.

**Q9** For the Group B grant option can we do clinical services at one location and dosing for Methadone at another location and still be considered an integrated program due to all services being under the scope of one agency and one medical provider?

**A9** Both the 822 OTP and 822 Outpatient must be located at the same location.

**Q10** This is a question regarding eligibility for the NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS REQUEST FOR APPLICATIONS (RFA) SETT-23004 - Comprehensive Integrated Outpatient Treatment Programs

In the RFA, it states that:

The following are not eligible for all Groups:

1. Certified Community Behavioral Health Clinics (CCBHCs) that are NYS funded;
2. Outpatient rehabilitations;
3. Proprietary entities;
4. Applicants who have Part 822 Outpatient and/or Part 822 OTPs certificate/applications that are integrated/hosted by OMH or DOH but not OASAS.

A question to clarify –

Does this mean that if we have a dually licensed Part 822 program under OASAS and DOH, we would not be eligible for this opportunity?

**A10** Dually licensed organizations can apply.

**Q11** We are licensed under Part 822 but will need to apply for Part 822 OTP services. Could you please advise as to the required timeline to apply for OTP?

**A11** See Section 1.4 Additional notes: that states.

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*Additional notes: For Group B and C above, to meet the definition of “have applied or will apply” the provider must have applied or will apply within four (4) months of the award letter. Applicants that have not applied within four (4) months of the award letter may have the award letter rescinded*

**Q12** The RFA SETT 23004 Comprehensive Integrated Outpatient Treatment Programs provides the following list of projects to be funded:

- Group A - Six (6) One-time only awards of up to \$374,000 will be made available for existing co-located Part 822 Outpatient and Part 822 OTPs
- Group B - Six (6) One-time only awards of up to \$660,000 will be made available for existing Part 822 Outpatient programs who intend to apply for Part 822 OTP services
- Group C - Six (6) One-time only awards of up to \$402,000 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.

We are currently an integrated OP/OTP and pursuing an additional site. Will this funding apply to opening an additional location and if yes, what group of funding will that fall into for the above list?

**A12** All funding under this RFA is intended for the primary program or “home OTP”. Additional Locations are not funded under this RFA.

**Q13** The statements listed under both the Integration of Mental Health and Substance Abuse Disorder and Equity and Diversity sections suggest that providers already have many of these characteristics active in their agencies. For example, the 4 questions listed under the Mental Health and Substance Use Disorder form are phrased as follows: “Describe how your program incorporates”, or “ensures” or “provides” various services. Shouldn’t these statements include “will” before these verbs? Is it OASAS’s assumption that a provider already provides these characteristics as part of their agency? Or is it part of the grant to provide the opportunity to develop these characteristics? This is not clear.

**A13** Providers may respond with policies and practices that are currently in place or policies and practices that are under development along with a timeline for implementation.

**Q14** On Page 7 of the RFA, you list what is not eligible for inclusion in the RFA. We have a co-located OTP and an 822 Clinic. We also have an Outpatient Rehabilitation Program co-located with these programs. Does that mean that the Outpatient Rehabilitation Program must be excluded from the Integration of the other two programs – and will be a separate program at the same location?

**A14** Correct

**Q15** Page 6 “Integrating with Additional Locations, Medication Units, and Mobile Medication Units are not allowable under this RFA.” We have an OTP co-located with an 822 Clinic. The OTP has one additional location (Medication Unit) and soon will have two such Units. The 822 Clinic has an Additional Location Satellite Clinic. These Additional Locations are all attached to their main program PRU, respectively. I am assuming the above statement does not refer to this type of situation. Please clarify.

**A15** The above text is referencing whether a program is able to integrate a new service directly with an additional location, Medication Unit or Mobile Medication Unit. That is not an allowable use of funding.

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However, programs can integrate existing Outpatient and OTP services which have existing additional locations, Medication Units or Mobile Units.

- Q16** Page 13 Under Group A: the Integrated Program must be operating 6 days a week for 4 hours each day (not just the dispensing/dosing part of the program). Please clarify.
- A16** The 4 hours are the minimally allowable amount of dosing hours. This is only relevant for new programs. Existing OTP's should maintain current dispensing and programmatic hours ( unless an increase is needed).
- Q17** Please list all the attachments that must be included with the RFA proposal. Some of them are only required if the grant is awarded to the provider. Please distinguish which forms are specifically required only for the proposal.
- A17** Please refer to Section 4. Application Requirements and Submission, A of the RFA
- Q18** Page 8 of the RFA states: "In Good Standing: All of the 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." If all the applicants' programs have compliance rating of 2 years or more except one program (which is not part of this application) which has a compliance rating of 1 (1 year), will that automatically disqualify the agency from applying for this RFA?
- A18** The organization can apply.
- Q19** Are ALL the components under both of the OASAS Priorities listed on pages 10-11 (Sections 2.1 and 2.2) required to be in place before the RFA is awarded OR is it possible to include the development of some of these components with the RFA proposal as goals to achieve?
- A19** Providers may respond with policies and practices that are currently in place or policies and practices that are under development along with a timeline for implementation.
- Q20** Are the Job descriptions and the policies and procedures which are part of the Integrated Program design required to be completed and included in the proposal for the RFA?
- A20** Policies and procedures and job responsibilities should be included in the program narrative. A final and complete listing are to be submitted upon submission of OASAS and Integration applications
- Q21** Are all the clients in the Integrated Program now required to be registered with the Lighthouse Central Registry or only those clients receiving dosing (MAT) services?
- A21** No, only those clients enrolled in the OTP PRU and receiving MAT services.
- Q22** Page 23 under Group A – Staff Integration RFA states: "Provide specific details on current staffing in both the OTP and Outpatient Program (specify title/position and amount per)." What does "amount per" refer to? Amount?
- A22** Amount of FTE per position (how many Nurses, CASACS, M.D)
- Q23** Page 23 under Group A. How does the Timeline differ from the Implementation Plan?

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**A23** Timeline should consist of specific dates. Implementation plan should consist of specific actionable items and goals.

**Q24** On page 22, the RFA states: Awarded applications will need to submit a budget narrative.....”Does that mean that a Budget Narrative is not required for the proposal – only if the proposal is awarded a grant?

**A24** As part of the original submittal a budget narrative is not required, however awarded applicants will have to submit a budget narrative after they receive the award letter.

**Q25** On Page 6 1.3 Funding Restrictions and Core Objectives. The RFA states: ”Integrating with Additional Locations, Medication Units and Mobile Medication Units are not allowable under this RFA.” If the Integrated Program includes an OTP and an Outpatient Clinic which each have additional locations and/or medication units connected to their PRU’s, are you saying that those add-on programs do not have to be integrated with the main programs but will retain whatever structure they are currently operating under? It would be difficult to integrate a medication unit or an additional location with the main program because of geographical distance which cannot always be rectified by using only telehealth. The integration process would only involve the main programs. Is that the correct interpretation?

**A25** Correct.

**Q26** Will the Nursing staff in the two programs have to be integrated? Since dosing requires an extensive and separate skill set that is not part of the Job description for Nurses working only in a Clinic, the development of that skill set will require extensive training. Some Nurses working in a Clinic may not want to learn how to dose Methadone. Will Nursing be required to be an integrated staffing group?

**A26** The OTP Nursing staff should primarily be focused on OTP services. However, all nurses should be cross-trained in cases where services are needed in the other PRU.

**Q27** Are the MAT services now provided in the Outpatient Clinic (writing prescriptions for suboxone; receiving injections for Vivitrol) now expected to be delivered in the dosing section of the Program OR can they continue to be delivered to clients as a clinical service?

**A27** These services can continue to be provided in the Outpatient PRU. However, it is the expectation of OASAS that providers also utilize dispensing services for those who need a more supportive treatment environment.

**Q28** What is the expected time period between the notification of the award and the start date of the contracts?

**A28** Approximately 90 days post award letter.

**Q29** Would it be possible to provide the answers to these questions before 3/01/2023 – in particular, the question about additional locations and medications units, and the question about MAT delivery need to be answered before the entire structure for integration can be determined and therefore before the Program Narrative can be started?

**A29** All questions will be responded to at the same time.

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**Q30** [My organization] is a Part 822 Outpatient Treatment Program. Would having Part 822 OTP integrated with our Part 822 Outpatient Treatment Program preclude us from applying for an Integrated Outpatient Services (Part 825 OASAS) license? If not, are we required to use OASAS as the host agency?

**A30** As a reminder, this funding is only available for 822 Integration. Programs who are applying for other types of integrated services should apply using OASAS as host agency,

**Q31** We currently operate an 822 facility below and are inquiring about this funding to apply for an OTP “co-located” at our facility. Does this entail operating an OTP w/in my current office space or can we be located w/in another area?

**A31** The OTP and Outpatient should be integrated together (specifically groups and office space). Other office space areas can be separated within the same floor or building. However, integrated floor plans must be approved by OASAS to ensure that services are physically integrated.

**Q32** We currently operate an 822 facility below and are inquiring about this funding to apply for an OTP “co-located” at our facility. Would we need to have medications and DEA license added to our current clinic?

**A32** 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 and award suspended or revoked. These services would be added through a new PRU and then integrated in the 822 Outpatient.

**Q33** We currently operate an 822 facility below and are inquiring about this funding to apply for an OTP “co-located” at our facility. We do not keep medication on site at present. We currently provide MAT in the form of Suboxone Rx’s... I see that we do not require to dispense and be licensed for Methadone so what exactly is the goal of applying for this given our current set-up?

**A33** The Comprehensive Integrated Outpatient Treatment Program provides medication dispensing services. At a minimum, both methadone and buprenorphine are available. This also includes the provision and training of naloxone use for patients, wherever applicable. Therefore, medication must be stored on site and dispensed.

**Q34** Is there a page limit for the Program Narrative Application (described on Page 22 Section B of the RFA)?

**A34** There is no page limit on the Program Narrative Application according to the RFA.

**Q35** Is there a page limit for the Program Narrative Application (described on Page 22 Section B of the RFA)?

**A35** See answer to Q34.

**Q36** Please inform us if the NYS Central Registry and the Lighthouse Central Registry are the same?

**A36** Yes

**Q37** Where can we locate the Lift Capacity Registry?

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**A37** The Lift Capacity Application can be requested by emailing [Jason.rubinfeld@oasas.ny.gov](mailto:Jason.rubinfeld@oasas.ny.gov)

**Q38** Does dedicated staff equally full FTEs allocated solely to the award?

**A38** Some staff members like Medical Doctors and Nurses should be fully dedicated to the OTP PRU. Other staff like CASAC, Social Workers, Peers and supervisors should be integrated between both PRU's.

**Q39** Where might we find information on the certification fees referenced in the guidance?

**A39** Certification fees can be found on each certification agency website.

**Q40** Where might we find the Comprehensive Integration application?

**A40** The Integration Application can be requested by emailing [Jason.rubinfeld@oasas.ny.gov](mailto:Jason.rubinfeld@oasas.ny.gov)

**Q41** Might we receive some clarity on the number of PRUs. Would the two mentioned be for the current Outpatient and the integrated MOUD space?

**A41** One PRU for the Outpatient and one for the OTP. Both will be placed on one Operational Certificate.

**Q42** How can we ascertain the existence of waiting lists in existing and neighboring OTPs? Does OASAS maintain that data and, if so, how can we access it?

**A42** As this is an active RFA, OASAS is unable to share this specific information.

**Q43** The outpatient clinic program includes an Adolescent Program. Does that Unit have to be integrated with the OTP with the rest of the Clinic

**A43** The clinic would be integrated but the Adolescent Track would remain separate.

**Q44** Can you clarify the page limit for the Program Narrative.

**A44** See answer to Q34