

RFA SETT-24028 Comprehensive Outpatient Treatment Programs

Questions submitted by Applicants that were due by 2/20/2024 5:00 PM
Answers to be posted to OASAS Procurement website by approximately 2/26/2024

- Q1 Does the following sentence in the offering, “All services, except medication dispensing should be physically merged,” mean that the physical space, the treatment team of providers and counselors, and the psychosocial services such as prescribing and counseling, etc., can be merged in our already existing Part 822 program without having to add additional staff or space, if the existing staff and space are already sufficient for the new Comprehensive Outpatient Treatment Program?
- A1** Yes. However, note that all Comprehensive Outpatient Treatment Programs are also subject to Federal Opioid/Narcotic Treatment Program regulations in addition to State Part 822 regulations, which may include a reconfiguration of your space, reorganization of staffing, and/or restructuring programming. In addition, be aware that the dispensing area while separate from other services, must be in the same area and sufficient space must be available for dispensing and medical staff.
- Q2 Our agency, including our existing MAT program, only serves adults who have been justice-impacted. If we move to an OTP can this continue or do we have to expand eligibility?
- A2** All awarded Comprehensive Outpatient Treatment Programs are subject to the scope of work and deliverables of this RFA. This includes establishing a Comprehensive Outpatient Treatment Program that is available to all eligible persons. Applicants can specialize in specific populations but can't turn individuals aside for not being within the target population.
- Q3 What are the expectations for serving the uninsured?
- A3** Individuals are not to be turned away based solely on lack of insurance coverage or inability to pay. Providers should assist individuals with applying for coverage or work on a payment plan.
- Q4 Can funds be used to subcontract with a medical provider - the scenario would be that we would have PNPs and an RN on site, under the supervision of a medical director, but would subcontract with a primary care provider to provide services on-site at a .25 or.5 FTE?
- A4** This would have to be discussed more if awarded funding. However, it is probable that this would be allowable as long as one primary care provider is specifically subcontracted to the program.
- Q5 Can funds be used to subcontract with an FQHC or private practice off-site to do the comprehensive medical assessments required for those receiving methadone?
- A5** Each Comprehensive Outpatient Treatment Program must have a Medical Director that must be an employee of the provider. In addition, each awarded Comprehensive Outpatient Treatment Program is subject to the scope of work and deliverables of this RFA, which includes, but not limited to making medical assessments and medication induction and dispensing available on-site. These services predominantly must be done on-site and could not be contracted out.

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Q6 With regard to using this funding to open an OTP at a satellite location, the response was a bit vague. It sounded like additional guidance on this was forthcoming, but it was unclear if that meant that guidance would be part of this RFP or a future one.

A6 As noted in the request for applications (RFA), "integrating with Additional Locations, Medication Units, or Mobile Medication Units are not allowable under this RFA." This includes satellite licenses. Also see "Applicant Conference" Q4, Q10, and Q11 below.

Q7 If an organization is applying for an OASAS satellite license, can they apply at the same time for funding under option D to include an OTP at that satellite location?

A7 As noted in the request for applications (RFA), "integrating with Additional Locations, Medication Units, or Mobile Medication Units are not allowable under this RFA." This includes satellite licenses. Also see "Applicant Conference" Q4, Q10, and Q11 below.

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Clarifications Relating to the Applicant Conference held on 2/14/2024 Notes for RFA updates

QUESTIONS FROM THE CONFERENCE CALL

- Q1 For Groups B & C, do the two programs under consideration have to be located at the same site?
- A1** Yes, a comprehensive outpatient treatment program has both part 822 outpatient services and part 822 opioid treatment program services available to all enrolled patients (except medication dispensing) and is physically merged at the same location.
- Q2 Can we apply for both B & D as we're interested in adding an OTP at our HQ (Group B) but would also like to add OTP to the OASAS satellite we're applying for (Group D)?
- A2** Providers can submit multiple applications, under the same or different groups for each Program Reporting Unit (PRU). However, note that creating a comprehensive outpatient treatment program with satellite units, additional locations/medication units, or mobile medication units are not eligible for this request for applications.
- Q3 How much of each award is available for renovations/construction? Is the amount different for each group?
- A3** The amounts are different for each group.
- Group A: renovations not to exceed \$50,000.
- Group B: renovations not to exceed \$75,000.
- Group C: renovations not to exceed \$50,000.
- Group D: renovations not to exceed \$75,000.
- Q4 Do the programs proposing to integrate (OTP's & Clinics) have to be full programs or can one or both of the programs be additional locations (satellites, medication units, etc.)?
- A4** As noted in the request for applications (RFA), "integrating with Additional Locations, Medication Units, or Mobile Medication Units are not allowable under this RFA."
- Q5 Do all OTPs have to do inductions or would we be able to do only maintenance? If our 822 outpatient is open 5 days and we integrate an OTP which requires 6 days, does the 6th day need to have all services, or can there be a reduced capacity (i.e. only dosing, not groups)?
- A5** All comprehensive outpatient treatment programs must comply with all relevant State and Federal regulations and requirements, which includes providing medication inductions.
- According to the scope of work of this request for applications, all comprehensive outpatient treatment programs must operate for a minimum of six (6) days per week. Daily programming can be something to be discussed between the provider and OASAS during program implementation.

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- Q6 Do providers have to be enrolled in the SFS prior to this application?
- A6** Providers need not be enrolled in the NYS State Financial System (SFS) prior to this application but **MUST** register in the SFS and be pre-qualified prior to the application submission.
- Q7 Can funds be used for consultants or to subcontract with a medical provider for regular physical/medical assessments?
- A7** Funds can be used for consultants for the purpose of assisting providers in establishing and operating a comprehensive outpatient treatment program.
- Each comprehensive outpatient treatment program must have a Medical Director that must be an employee of the provider. Subcontracting for additional medical provider services will be reviewed and discussed on a case-by-case basis upon award.
- Q8 Group A: each PRU, the outpatient and the OTP must submit separate applications if they are co-located and were to apply for the Comprehensive Outpatient Treatment Program?
- A8** For Group A, co-located part 822 outpatient services and part 822 opioid treatment programs will submit one application to establish a comprehensive outpatient treatment program. Both PRUs must be stated within the cover page of the application.
- Q9 If we have an existing Integrated OTP, we can only be able to apply under Group D to develop a new integrated program at another PRU, correct?
- A9** Providers with an existing integrated opioid treatment program (OTP) that does not have any other part 822 outpatient services or part 822 OTP can apply under Group D to establish a new comprehensive outpatient treatment program (previously known as integrated program) at a separate, new location.
- Providers with an existing integrated OTP and currently has other part 822 outpatient services or part 822 OTP can consider Groups A, B, or C as well depending on suitability of each existing program.
- Q10 If both programs are satellites (Clinic and Med Unit) located at the same site, couldn't they apply to integrate?
- A10** Integration with additional locations, medication units, or mobile medication units are not allowable under this request for applications.
- Q11 Is it true that an 822 satellite location cannot have an OTP?
- A11** Under this request for applications, integrating with a satellite location is not allowable. Both part 822 outpatient services and part 822 opioid treatment programs must be full programs.