Request for Applications

Establish Medication Assisted Treatment Services in Federally Qualified Health Centers in Partnership with OASAS Certified Treatment Programs

Research Foundation for Mental Hygiene, Inc.
150 Broadway
Menands, New York 12204

In Partnership with:
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York 12203

Please be aware that any expenses your agency incurs in the preparation and submission of the application(s) will not be reimbursed by NYS OASAS or RFMH

http://www.oasas.ny.gov
http://www.rfmh.org
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Introduction:

The New York State Office of Alcoholism and Substance Abuse Services (OASAS), through its fiscal agent, the Research Foundation for Mental Hygiene, Inc. (RFMH), is a recipient of a State Opioid Response Grant (SOR) from the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD). Specifically, this funding opportunity is directed towards expanding access to medication assisted treatment to individuals receiving primary care and physical health services at Federally Qualified Health Centers.

Funding Available:
NYS OASAS through its fiscal agent, RFMH, will issue up to ten awards for a maximum of $350,000 each. The goal is to issue one award in each of the Empire State Development Regions. The maximum amount of funds to be awarded for the first year is $3,500,000. Funding for this project is provided by the SOR grant through SAMHSA and is subject to a second year of funding based on federal appropriations. The grant year ends September 29, 2019. For a listing of Empire State Development Regions see Attachment A.

Eligible Applicants:
Existing Federally Qualified Health Centers (FQHC) that are interested in providing opioid use disorder treatment services, including medication assisted treatment utilizing all forms of addiction medications, within their facility; or those FQHCs that are interested in expanding services currently offered to include all federally approved addiction medications. FQHCs must partner with at least one outpatient program certified pursuant to 14 NYCRR 822 to provide addiction treatment services. An FQHC that has an OASAS certification to provide outpatient SUD services may satisfy this requirement. The OASAS certified treatment clinic should be in Good Standing. Good Standing is defined as having a program’s operating certificate with a current compliance rating of partial (two years) or substantial (three year) compliance. Applications that include an OASAS certified program, that does not meet the Good Standing threshold will be reviewed and scored accordingly.

Overview and Goal:
The primary aim of this initiative is to increase the number of FQHCs offering addiction treatment services and access to addiction medications. Applicants will be prioritized based on their ability to offer services in regions where there is limited access to medication assisted treatment for the purpose of treating opioid use disorder.
SAMHSA describes medication assisted treatment as follows: *Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.* [https://www.samhsa.gov/medication-assisted-treatment](https://www.samhsa.gov/medication-assisted-treatment). FQHCs and OASAS certified outpatient programs can provide this type of “whole-patient” approach to care. On an individual level, that care may be provided by one or both of the partners depending on the clinical presentation and unique needs and goals of the individual patient. The partnership supports the development of an integrated team approach which is a primary goal of this initiative.

**REPORTING REQUIREMENTS:**
Successful applicants will be required to submit regular reports and data to be identified by OASAS.

**APPLICATION REQUIREMENTS:**
Narrative: Application narrative should be no more than fifteen (15) pages (not including any letters of agreement or support) and address all of the components listed below:

A. Application Narrative (70 points):
The application must include the following:

1. The FQHC must include a description of experience delivering primary care to a population with unidentified or untreated opioid use disorder. The FQHC should describe the patient population, community served, prevalence of OUD and anticipated number of patients who may be served by the primary care site for medication management over a 12-month period.

2. Plan for recruiting a waivered prescriber and plan for integrating this prescriber within the primary care setting.

3. Protocol for identifying and treating patients within the FQHC and plan for providing counseling, behavioral therapies and recovery support, where clinically indicated. This should include a protocol for providing education to patients and family members on treatment options and for working with patient to inform about all U.S. Food & Drug Administration (FDA) approved medications available. The program should describe how they will directly provide medication management and include a plan for linking the patient to methadone when that is the appropriate medication selected by the patient.

4. The application should describe the partnership between the FQHC and the substance use disorder (SUD) treatment program and commit to signing an MOU within 30 days of the award. The MOU should identify the role of each program and include the following commitments:
   a. The FQHC will screen patients for SUD utilizing validated screening instruments including a screening for use of opioids.
b. The FQHC will develop a process for warm handoff or direct linkage to the SUD treatment program for treatment when the need is identified.

c. The FQHC will develop a protocol for providing buprenorphine induction, injectable naltrexone and direct linkage to methadone when clinically indicated.

d. The FQHC will develop a time line for implementation and must commit to be fully operational within 90 days of the award.

e. The OASAS certified addiction treatment program will purchase telehealth equipment and train medical and clinical staff in technical and clinical use of the equipment within 90 days of the award. As the site offering addiction specialty services, consultation and mentoring, the OASAS program must be designated in accordance with 14 New York Codes, Rules and Regulations (NYCRR) Part 830 which can be found at https://oasas.ny.gov/regs/index.cfm and adhere to the Telepractice standards. https://www.oasas.ny.gov/legal/documents/Telepractice.Standards.FINAL_Aug2018-ilp.pdf

f. The FQHC will purchase telehealth equipment to enable them to interact with the OASAS program. Furthermore, the FQHC will train staff in technical and clinical use of telehealth.

g. The SUD treatment program will commit medical staff, who are experts in addiction treatment, to be available each week to provide mentorship, consultation, and direct services through telehealth when clinically indicated and at the request of the FQHC.

h. The treatment program will prioritize admissions for patients referred by the FQHC.

i. The treatment program will commit to providing counseling and peer services to patients referred by the FQHC.

j. The FQHC and the SUD treatment program agree to monitor patient identification (percent of patients who are identified as having an OUD); initiation in treatment (the percent of those identified who have at least one SUD visit); engagement (the percent of those who are initiated into treatment who have at least 2 visits for counseling or clinic services within 30 days of the initiation); MAT adherence (continued medication for 6 months) and Continuing engagement in treatment (the number of people who were engaged who continue to be seen in treatment at least one time per month for 6 months) and report on these measures as requested by OASAS.

As part of the application, the FQHC and SUD treatment program are to submit a Letter of Commitment which states the two organizations agree to develop a formal MOU within 30 days of the award.

5. The SUD treatment program will develop a protocol for outreach and re-engagement for people who are disconnected from care that includes in community attempts by either a peer or a clinical staff person.
B. Letters of Commitment (10 points):
1. The FQHC, as the lead applicant, must include a Letter of Commitment from at least one OASAS certified SUD treatment program. Note: If awarded, a formal MOU will be required within 30 days of notice of award.
2. Letters of support from the community are encouraged but are not required, but could include community-based providers, local government representatives and any other supporters/collaborators on the project.

C. Budget Narrative (20 points):
1. Complete and include Initiative Funding Request (IFR) Form, which can be found in Attachment B, in your submission. Both providers (FQHC and the OASAS certified substance abuse treatment program) are to complete this form.
2. Provide a budget narrative to justify how you propose to use the funding. Both providers (FQHC and the OASAS certified substance abuse treatment program) are to complete a budget narrative.

Note: 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 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.

COMPLIANCE REQUIREMENTS:
All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and state laws and regulations.

TIMETABLE AND SUBMISSION INSTRUCTIONS:
Expected Timetable for Key Events:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release Date</td>
<td>February 6, 2019</td>
</tr>
<tr>
<td>Bidders’ Questions Due</td>
<td>February 14, 2019</td>
</tr>
<tr>
<td>Responses to Bidders’ Questions</td>
<td>February 21, 2019</td>
</tr>
<tr>
<td>Applications Due</td>
<td>March 7, 2019</td>
</tr>
<tr>
<td>Anticipated Award</td>
<td>March 22, 2019</td>
</tr>
</tbody>
</table>

Bidders’ questions are to be sent via email to: SOR@oasas.ny.gov
ONE ORIGINAL AND FOUR COPIES of complete application in a sealed envelope(s) must be mailed, sent via delivery service or hand delivered by the organization or the organization’s representative to the address below:

Rachel Fitzpatrick  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue, 4th Floor  
Albany, New York 12203-3526

The cover of the sealed envelope should be labeled “Request for Applications – OASAS FQHC MAT Expansion”

Applications will not be accepted by electronic mail or facsimile. All applications must be received by 5:00 PM on March 7, 2019.

Cancellation of Awards
The Research Foundation for Mental Hygiene and The New York State Office of Alcoholism and Substance Abuse Services reserve the right to cancel any tentative award where the applicant fails to meet contracting time frames, experiences significant contract execution issues related to vendor responsibility, or if any other issue impedes the timely implementation of services.

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

- Reject any or all proposals received in response to this RFA;
- Not make an award to any applicant who is not in good standing at the time of award;
- Withdraw the RFA at any time, at the agency’s sole discretion;
- Make an award under the RFA in whole or in part;
- Make awards based on geographical or regional consideration in a culturally competent and ethnically diverse manner to best serve the interest of the State;
- Make multiple awards within a geographical area;
- Negotiate with the successful bidders within the scope of the RFA in the best interest of NYS;
- Disqualify any bidder whose conduct and/or proposal 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 qualifications, experiences, ability or financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information as it becomes available;
- Prior to bid opening, amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
• Prior to bid opening, direct bidders to submit modifications addressing subsequent RFA amendments;
• Change any of the scheduled dates;
• Eliminate any mandatory, non-material specification that cannot be met by all the prospective bidders;
• Waive any requirement that is not material;
• Negotiate with the successful bidder the scope of the RFA in the best interests of the State;
• Conduct contract negotiations with the next responsible applicant, should the agency be unsuccessful in negotiating with any selected applicant;
• Accept submissions after the due date, if OASAS through RFMH in its sole discretion, determines there is good cause shown for the delay in submission(s)/letter(s);
• Utilize any and all ideas submitted in the applications received; and
• Require correction of simple arithmetic or other apparent errors for purposes of assuring a full and complete understanding of a bidder’s application and/or to determine a bidder’s compliance with the requirements of the solicitation.
Attachment A Empire State Development Regions


Central NY: Cayuga, Cortland, Madison, Onondaga, Oswego

Finger Lakes: Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates

Long Island: Nassau, Suffolk

Mid-Hudson: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester

Mohawk Valley: Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie

New York City: Bronx, Kings, New York, Queens, Richmond

North Country: Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, Saint Lawrence

Southern Tier: Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Tomkins

Western: Allegany, Cattaraugus, Chautauqua, Erie, Niagara
Attachment B Instructions for Completing the Initiative Funding Request Form (IFR) (Annual Operating Budgets)

PROVIDER INFORMATION

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. **Do not enter the common name or acronym.**

2. **Printed Name of Local Governmental Unit, if Applicable** – Print the complete name of the County or City of New York Local Governmental Unit (LGU) that administers the Applicant Entity’s local State Aid contract agreement. **Applicants that have a direct contract with OASAS for State Aid funding should leave this blank.**

3. **Applicant’s OASAS Provider Number, if Applicable** – 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 **Agency Code** number used when submitting Consolidated Fiscal Report (CFR) documents.

4-6. **Applicant Address** – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.

7. **Date Prepared** – Enter the date the Initiative Funding Request Form (IFR) was prepared.

8-10. **Applicant Contact Person** – Enter the printed name and title, and the telephone number (including area code) of the person who can answer questions concerning the information provided on the IFR.

PART II – OPERATIONAL FUNDING REQUEST

1. **Date Initiative Expected to be Operational** – Enter the date, in the xx/xx/xxxx format, that the proposed initiative is expected to be operational and will require Aid to Localities funding from OASAS. During the implementation of the initiative, OASAS reserves the right to establish and approve an operational start date later than proposed by the successful applicant to accommodate available funding and capacity needs.

**Requested Operating Budget for Proposal**

Requested operating budget amounts must represent:

**Column A – Not Applicable**

**Column B – ANNUAL OPERATING BUDGET:** The 12-month, full annual costs, revenues, net deficit and OASAS State aid funding requested. Awards to the selected applicants will be prorated for the first fiscal period based on the initiative start date
identified above. The full annual budget may be pro-rated based on the approved start date of the initiative.

ALL AMOUNTS REQUESTED FOR THE ADDITIONAL INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS.

2. **Gross Expense Budget** – Applicants should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed general description of the following expense items which should be entered in Columns A and B:

- Personal Services
- Fringe Benefits
- Non-Personal Services (i.e. Other than Personal Services (OTPS))
- Equipment
- Property/Space
- Agency Administration

3. **Revenue Budget** – Applicants should refer to the CFR Manual for an explanation of each revenue category, and enter applicable start-up and annual projected amounts that they anticipate receiving to offset costs attributable to the initiative in Columns A and B.

If the applicant does not anticipate receiving any additional revenue to offset costs of its proposal it should so indicate by entering $0 for each category in Columns A and B.

4. **Net Operating Cost** - Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget in Column A and B**.

5. **Grant Funding Requested** – Enter the amount of Grant funding being requested for the initiative in Columns A and B. This amount **should equal** the **Operating Budget Net Deficit** amount.

6. **Full-Time Equivalent (FTE) Staff Requested** – Enter the number of FTE’s requested as part of this initiative in Columns A and B.

** Applicant Official** – Enter the printed name and title of the applicant agency representative submitting the IFR proposal.

**Signature and Date** – The IFR must be signed and dated by the applicant agency representative.
OASAS/RFMH 2018 REQUEST FOR PROPOSALS – (FQHC RFA)
INITIATIVE FUNDING REQUEST (IFR) FORM

1. Printed Legal Name of Applicant Entity:

2. Printed Name of Local Governmental Unit, if Applicable:

3. Applicant’s OASAS Provider Number:

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 Contact:

10. Contact Telephone #:

PART II – OPERATIONAL FUNDING REQUEST

1. Date Initiative expected to be operational:

<table>
<thead>
<tr>
<th>REQUESTED OPERATING BUDGET FOR PROPOSAL</th>
<th>PROPOSED START-UP OPERATING BUDGET</th>
<th>ANNUAL OPERATING BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Gross Expense Budget (see instructions for details):</td>
<td>Round Amounts to the nearest $100.</td>
<td></td>
</tr>
<tr>
<td>Personal Services</td>
<td></td>
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<tr>
<td>Fringe Benefits</td>
<td></td>
<td></td>
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<tr>
<td>Non-Personal Services</td>
<td></td>
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<tr>
<td>Equipment</td>
<td></td>
<td></td>
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<tr>
<td>Property/Space</td>
<td></td>
<td></td>
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<tr>
<td>Agency Administration</td>
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</tbody>
</table>

TOTAL GROSS EXPENSE BUDGET

3. Revenue Budget (see instructions for details): Round Amounts to the nearest $100.

<table>
<thead>
<tr>
<th></th>
<th>PROPOSED START-UP OPERATING BUDGET</th>
<th>ANNUAL OPERATING BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Fees</td>
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<tr>
<td>SSI and SSA</td>
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<tr>
<td>Public Assistance (Safety Net &amp; TANF)</td>
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<tr>
<td>Medicaid</td>
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<td>Medicare</td>
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<tr>
<td>Third Party Insurance/Private Pay</td>
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<tr>
<td>Food Stamps</td>
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<tr>
<td>Closely Allied Entity Contributions</td>
<td></td>
<td></td>
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<tr>
<td>Donations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: Specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL REVENUE BUDGET

4. NET OPERATING COST

5. OASAS State Aid Funding Requested

6. Full-Time Equivalent (FTE) Staff Requested:

Applicant Official:

Printed Name: Printed Title:
**Attachment C: Cover Page**

Please fill out the form below by typing in the information requested. The form should be used as the cover page to your response to the Request for Applications (RFA).

<table>
<thead>
<tr>
<th><strong>RFA Response:</strong> FQHC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Name:</strong></td>
</tr>
<tr>
<td><strong>Executive Director:</strong></td>
</tr>
<tr>
<td><strong>Executive Director Email:</strong></td>
</tr>
<tr>
<td><strong>Administrative Address for Provider:</strong></td>
</tr>
<tr>
<td><strong>Program Name:</strong></td>
</tr>
<tr>
<td><strong>Program Contact:</strong></td>
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<tr>
<td><strong>Program Contact Email:</strong></td>
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<tr>
<td><strong>County:</strong></td>
</tr>
<tr>
<td><strong>Fiscal Contact:</strong></td>
</tr>
<tr>
<td><strong>Fiscal Contact Email:</strong></td>
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<tr>
<td><strong>Mailing Address for Fiscal Contact:</strong></td>
</tr>
<tr>
<td><strong>Print the name of the authorizing agent:</strong></td>
</tr>
<tr>
<td><strong>Signature of the authorizing agent:</strong></td>
</tr>
<tr>
<td><strong>Date of Signature:</strong></td>
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</tbody>
</table>