

# MEDICATION ASSISTED TREATMENT ACCESS POINTS PROJECT

REQUEST FOR APPLICATIONS  
FEBRUARY 2019



**THE CENTER**  
*at Sierra Health Foundation*

This opportunity is provided by The Center at Sierra Health Foundation with funding from the State of California Department of Health Care Services

The Center at Sierra Health Foundation is an independent 501(c)(3) nonprofit organization bringing people, ideas and infrastructure together to create a collective impact that reduces health disparities and improves community health for the underserved living in California. For information about The Center, visit [www.shfcenter.org](http://www.shfcenter.org).

## READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

### BACKGROUND

Sierra Health Foundation: Center for Health Program Management (The Center) was founded by Sierra Health Foundation in 2012 as an independent 501(c)(3) nonprofit organization. With offices in Sacramento and Fresno, The Center pursues the promise of health and racial equity in communities across California. Leveraging leadership, operational and funding support from Sierra Health Foundation and its partners, The Center establishes investment partnerships with public and private funders; community members; community organizations; national, state, and local government agencies; nonprofits; and businesses to advance health equity.

Through this Medication Assisted Treatment Access Points (MAT Access Points) funding opportunity, The Center will provide funding for implementing California's MAT Access Points project to appropriate organizations, such as primary care practices, hospitals, emergency departments, narcotic treatment programs/medication units, jails, residential centers, tribal health centers, DUI providers, community or county mental health centers, maternity care or other access points. The Center is looking to support MAT start-up activities and/or MAT enhancement efforts in at least 200 MAT Access Points throughout California. California Department of Health Care Services' MAT Access Points funding is federal pass-through money from the Substance Abuse and Mental Health Services Administration (SAMSHA), a branch of the U.S. Department of Health and Human Services (DHSS). Accordingly, contract agreements will include standard federal rules and regulations, notably 2 CFR 200, and applicable rules and regulations from the State of California. The Center will incorporate the applicable federal and state rules and regulations into the terms and conditions of the contract agreements.

### MAT ACCESS POINTS FUNDING OPPORTUNITY ELIGIBILITY CRITERIA

The Center will fund at least 200 MAT Access Point organizations that meet the following minimum requirements:

- Located in the state of California
- Provide health care services in the state of California
- Are primary care facilities, hospitals, emergency departments, narcotic treatment programs/medication units, jails, residential centers, tribal health centers, DUI providers, community or county mental health centers, social services providers, community-based organizations or other organizations either building new MAT access or expanding current MAT capacity. EMS organizations are eligible to apply, but this funding opportunity is not to fund federal agencies or supplant federal and/or state funds.

### SCOPE OF WORK FOR THE MAT ACCESS POINTS PROJECT

Access Points must use this funding to build new MAT services, or expand existing MAT services, with the goal of increasing the number of patients with substance-use disorders treated with medications, counseling and other recovery services. Start-up is defined as organizations having no MAT services in place and building MAT services and capacity, whereas enhancement is defined as an organization with MAT services present, but looking to expand those services. Contractors will need to demonstrate activities in quarterly project reports supporting new services or service expansion, such as training providers and staff, using technical assistance or other resources to build new capacity, adding new infrastructure to support treatment, purchasing supplies, etc. (see examples of funded activities on pages 3 and 4). A template will be provided for quarterly project reports. The contracts will be deliverable-based, meaning

contractors need to demonstrate progress on process measures (e.g., number of staff and providers trained) and service measures (number of patients receiving treatment services). The Center will provide reporting requirements for contractors.

**NOTE:** Awarded organizations using contract funds to cover individual direct patient services will be responsible for complying with SAMHSA GPRA reporting requirements. GPRA only applies to individually charged direct patient services, not to general expenditures for staff salaries and benefits. Individual direct patient services are defined as contract funds used to cover the specific fee-for-service charge tied to an individual uninsured or underinsured patient, such as the cost of an office visit or a medication. Individual direct patient services are only reimbursable for uninsured or underinsured patients. It is permissible to budget staff salary (for example case manager), but it cannot replace what Medi-Cal or other insurance might cover. Up to 5% of requested funds can be used to cover the staff costs associated with collecting GPRA data and up to \$30 non-cash incentives per patient completing the GPRA. More information will be provided to projects providing direct patient services to underinsured and uninsured patients.

## FUNDING INFORMATION

Awarded funds are to support MAT start-up activities and/or MAT enhancement efforts in at least 200 MAT Access Points across the state.

Funding can be used to purchase equipment, train staff, recruit staff, make capital improvements, and other start-up and enhancement costs. Funding can be used for staff salary support if there is a plan to support ongoing staff costs after the contract ends.

Applicants are required to adhere to the budget guidelines included in the MAT Access Points Budget Template.

Applicants must submit their proposed budgets in the template format. Applications that do not conform to this template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars. Applicants may request up to 15% of direct costs for indirect costs.

Applicants are required to submit a detailed cost budget to assist The Center in establishing cost reasonableness of the final fixed price amount awarded to the site and the appropriate amounts for each deliverable payment made to the site. Consistent with a fixed price, deliverable-based agreement, applicants will not receive payment for actual costs incurred during the agreement period, but rather the fixed price amounts established for the successful completion of each negotiated deliverable.

Payments will be issued based on the achievement of a set of agreed-upon deliverables as defined in the scope of work of the contract. Each contract will be divided into three payments: (1) 50% upon return of signed contract, (2) 40% beginning at six months, based on achievement and approval of initial deliverables, (3) 10% at 14 months, based on receipt and approval of final report.

Applicants must abide by standard funding restrictions as determined by SAMHSA and as described in Appendix A.

## EXAMPLES OF POTENTIAL FUNDED ACTIVITIES (ALL MUST BE RELATED TO OPIOID/MAT)

- Equipment (e.g., computers, laptops, tablets, printers, kiosks, telehealth equipment for patient care, furniture needed for new staff, TV monitors for educational videos, safes for storing buprenorphine for on-site administration).
- Medical equipment (e.g., drug testing strips for office use only as part of medication management, naloxone kits, scales, blood pressure cuffs). Purchasing fentanyl testing strips is excluded per federal rules.
- Harm reduction supplies (e.g., needles and syringes for syringe services programs). Only new syringe service organizations are eligible to use contract funding to purchase needles and syringes, as there are other sources for free supplies. No more than 10% of the contract budget may be used to purchase these supplies.
- Materials (e.g., printed educational materials).
- Training and technical assistance: online or in-person, including all costs of bringing trainers or consultants on site, covering Continuing Education Units (CEU) or Continuing Medical Education (CME) activities, such as the California Society of Addiction Medicine annual conference.
- Travel (for site visits, trainings, technical assistance, CEU or CME activities, or similar activities).
- Staffing, including salaries and benefits (if there is a plan for covering the staff salaries and benefits after contract ends), recruitment costs, signing bonuses for hard-to-recruit specialties, covering the costs of freeing up providers and staff for training; may include an FTE percentage for executives, clinicians or managers leading the project.
- Capital improvements up to \$75,000 (e.g., adding build-outs or remodels to allow group visits or additional patient care rooms, remodels required for new buprenorphine workflows in opioid treatment programs, building new medication units, or similar activities related to adding MAT services).
- Consultation (e.g., mentors or addiction specialists, IT specialists or electronic health record enhancements related to addiction treatment).
- Service fees related to patient care (e.g., direct-to-consumer apps that support adherence to treatment, as long as a plan is in place to continue these services after the contract ends).
- Incentives (e.g., patient incentives to reward compliance with treatment plans, e.g., travel vouchers, small-currency gift cards; staff incentives to reward reaching goals in patient engagement or retention). Incentives must be non-cash and the minimum amount necessary to meet the programmatic and performance assessment goals of the contract. In no case may the value of an incentive paid for with SAMHSA funds exceed \$30 per patient.
- New contracts that will be sustained over time (e.g., a jail establishing a contract with a narcotic treatment program to provide on-site methadone would be considered, as long as there is sustainable funding for methadone services after the contract ends).
- Medications, as long as there is no other funding source (e.g., buprenorphine, naltrexone to be given on site or dispensed, as long as all relevant federal laws are followed). Services can include low-threshold buprenorphine outreach activities, such as distribution of short-duration doses in homeless encampments).
- Costs of naloxone, and medications for uninsured or underinsured patients. Medi-Cal or insurance must be used where applicable. Funds may only be used to purchase naloxone if an organization is ineligible for free naloxone through the [Naloxone Distribution Project](#).

- Reasonable food expenditures are allowed only if essential to related work activities, such as working lunches during all-day staff trainings. Otherwise, food costs are limited to light snacks, not to exceed \$3.00 per person.
- Other start-up costs (must be included in budget and approved by funder).
- Other innovative efforts to expand access to MAT services.

## WHAT WE WILL NOT FUND UNDER THIS FUNDING OPPORTUNITY

In addition to the funding restrictions determined by SAMHSA, the following will not be funded:

- Debt retirement
- Operational deficits
- Partisan activities
- Religious organizations for explicit religious activities
- Activities that exclusively benefit the members of sectarian or religious organizations
- Patient services that can be billed to Medi-Cal
- Naloxone forms that cost more than \$125 per unit
- Fentanyl testing strips
- Purchase of properties or vehicles
- SAMHSA funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services. (Note: A treatment or prevention provider may provide up to \$30 non-cash incentive for each individual to participate in required data collection follow-up. This amount may be provided for participation in each required follow-up interview.)

## TOTAL AWARD AMOUNTS

**\$50,000 standard award per site. We encourage applications from any organization that provides services to people with opioid use disorders:** e.g., mental health, substance use disorder treatment, primary care practice, community or county health center, specialty care, private practice, medication unit, jail, drug court, clinical training program, homeless services organization, syringe exchange program, maternity care or other community organizations providing services to people with substance-use disorders, including opioid-use disorder. Telehealth organizations wishing to add MAT services are welcome to apply as long as they indicate a commitment to become a Medi-Cal provider (proof of application will be required in the first quarterly report).

- **Organizations representing multiple sites** (i.e., more than one physical location in the same organization) may submit one application for all sites, and the contract amount will be increased accordingly (e.g., three-site applications may apply for a \$150,000 contract). The application must include a letter of support from the executive or site manager of each location (e.g., executive director, chief administrative officer, chief executive officer, site manager) indicating administrative endorsement of the program.
- **Higher award requests.** Any organization committing to see more patients with a higher contract amount may submit a second budget, **in addition to the core budget for the \$50,000 standard award listed above.** This second proposed budget should include additional services and not duplicate services covered in the core \$50,000 budget. The supplemental budget justification should describe what would be achieved with this additional funding, including number of providers trained, number of patients served and number of new MAT access points developed. These budget requests will be considered, pending available funding. If additional funding is not available, the applicant will be evaluated based on their \$50,000 core budget.

## SELECTION AND EVALUATION CRITERIA

The Center will select applicants who present the most complete and responsive applications demonstrating the most favorable mix of credentials, capacity, potential and cost.

### The most competitive MAT Access Points applications will:

- Be committed to build and/or scale MAT services at the site.
- Have a clinician champion who is committed to advocating for and providing clinical support to the MAT Access Points project team (e.g., physician, nurse, nurse practitioner, physician assistant, social worker or psychologist willing to help implement new services).
- Have a strong leadership commitment to supporting team participation in program activities, as well as ensuring protected time for team members to design and implement MAT program changes, as evidenced by a signed letter of support from the senior administrator demonstrating willingness to commit staff time and resources to add new services.
- Propose a delivery model that enables positive treatment outcomes, safe management of care transitions and long-term recovery.
- Have a willingness to openly share approaches and lessons learned with other participating sites.
- Have the ability to submit quarterly data and financial reports on a specific set of measures.

### The following criteria will be used to evaluate the applications by the evaluation and review team:

1. Reasonable activities and outcomes showing that the contract will increase the number of patients receiving MAT services and that services will continue after the contract ends. Applications will be judged on overall impact, strength of implementation team and proposal, and sustainability plans.

2. Cost reasonableness, adhering to funding guidelines.
3. Executive support, as demonstrated by signed support letter.
4. If contract requests exceed available funding, the review committee will consider factors such as geographic diversity, underserved patient population or service area, volume of patients served, and prevalence of patients with opioid-use disorder in population served.

At The Center's discretion, the above evaluation criteria are subject to change to best meet programmatic needs and funder requirements.

## PROJECT TIMELINE

Contracts will cover activities for the following time period: June 1, 2019, thru August 31, 2020. Due to federal restrictions, there will be no carry-over funds; any funds not used by August 31, 2020, will be forfeited.

## CONTRACTOR REQUIRED REGISTRATIONS

An organization must be registered at the two following locations before it can accept any funds through this project:

1. Data Universal Numbering System: All contractors must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or on the Internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge.

2. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All funded organizations must register with SAM and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the

applicant has an active contract through the MAT Access Points project.

SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. **The SAM registration process can require 10 or more business days**, and registration must be renewed annually. Additional information about registration procedures may be found at <https://www.sam.gov/SAM/>.

If you need assistance registering your organization in either system, notify us at [mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org) and use the subject line: DUNS Help.

## DATA AND REPORTING REQUIREMENTS

In order to ensure that subcontractors are maintaining appropriate data protocols, the contractor shall comply with the regulations set forth in 42 CFR Part 2, including the responsibility for assuring the security and confidentiality of all electronically transmitted patient material. In the application, applicants will need to confirm that they have reviewed the [HIPAA privacy](#) and [SAMHSA confidentiality](#) rules and commit to operating in compliance with the regulations.

## QUARTERLY REPORTING

Subcontractors will be required to submit quarterly reports responding to the performance measures identified in their contracts, including financial reports describing actual expenditures of contract funding. Subcontractors using contract funds to reimburse individual patient services to uninsured or underinsured patients will be required to report on individual patient-level data, as required by SAMHSA.

*Performance measures may be revised as needed to address current situations and high-priority challenges.*

*Quarterly reports will begin during the second quarter after the MAT Access Points contracts are awarded.*

## APPLICATION TIMELINE

At The Center's discretion, the timeline below is subject to change to best meet programmatic needs and funder requirements.

### APPLICATION DEADLINE:

March 28, 2019, at 1:00 p.m. (Pacific Time)

### REVIEW OF APPLICATIONS:

April 2019 to early May 2019

### APPROXIMATE AWARD ANNOUNCEMENT:

Mid May 2019

### APPROXIMATE DATE CONTRACTS ISSUED:

Late May 2019

**NOTE: All funding will be back-dated to June 1, 2019, even if contracts are signed after June 1.**

**To be considered, proposals must be submitted by 1:00 p.m. (PT) on the deadline date. Proposals received after the due date/time will not be reviewed. Submission before the deadline date is advised in case you experience technical difficulties with submitting your application through the portal. We may not be able to respond to your requests for help on the deadline date.**

## PROPOSERS' WEBINAR

We have scheduled one proposers' webinar to review the current MAT Access Points funding opportunity, the application process, and to answer questions. The webinar will be held on Friday, March 8, from 10 a.m. to 12 p.m. PT. Participation in the webinar is strongly recommended, though not required. The webinar will be recorded and posted on The Center's MAT Access Points Project web site, <http://mataccesspoints.org>. Register for the proposers' webinar at [www.shfcenter.org/mat/webinar/march-8](http://www.shfcenter.org/mat/webinar/march-8). Review the application materials posted on The Center's MAT Access Points web site prior to the webinar.

## IMPORTANT APPLICATION GUIDELINES

To help us process your application, please follow these submission guidelines:

- We encourage you to submit your application before the deadline date in case you need help with any of the RFA components.
- Applications are due no later than 1:00 p.m. PT on March 28, 2019.
- Submit the application via our online portal at [https://www.grantrequest.com/sid\\_5509?sa=sna&fid=35084](https://www.grantrequest.com/sid_5509?sa=sna&fid=35084). New users of the portal will need to create an account as the first step in the application process.
- In the portal, for optimal functionality, use Internet Explorer as the browser when working on a PC and Safari as the browser when working on a Mac.
- Respond to all required fields (marked with an \*).
- Upload all attachments listed under “Application Checklist” at right.
- On the portal, you may click “Save & Finish Later.” You will receive an e-mail with a link to return to your in-progress application. Use [https://www.grantrequest.com/sid\\_5509?sa=am](https://www.grantrequest.com/sid_5509?sa=am) each time you return to your in-progress application.
- Click “Save & Finish Later” any time you will not be working in your application for a few minutes.
- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting it. Revised applications will not be accepted.
- If you are unable to submit your application online or need help, please contact us at [mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org) with the subject line: MAT Access Points Application Online Help.

Send questions and inquiries related to the MAT Access Points funding opportunity to [mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org) with the subject line: **MAT Access Points RFA Question**

## APPLICATION CHECKLIST

- Completed application form. Access the MAT Access Points contract application form at [https://www.grantrequest.com/sid\\_5509?sa=sna&fid=35084](https://www.grantrequest.com/sid_5509?sa=sna&fid=35084). The link is also posted on The Center’s MAT Access Points web site, <http://mataccesspoints.org>.

## APPLICATION ATTACHMENTS

- Proposed budget completed in The Center’s Proposed Budget Template (required)
- Proposed budget justification (required)
- Supplemental budget completed in The Center’s Proposed Budget Template (if applicable)
- Supplemental budget justification (if applicable)
- Applicant organization’s W-9
- Support letter signed by the applicant organization’s administrator/executive (required)
- Support letter from each site manager for organizations applying for multiple sites (if applicable)

Incomplete applications will not be reviewed. Applications received after the above deadline may not be considered.

If you are unable to submit your application online or need help, please contact us at [mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org) with the subject line: MAT Access Points Application Online Help.

## APPENDIX A – STANDARD FUNDING RESTRICTIONS

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. All components of 45 CFR Part 75 are applicable to all sub-recipients. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

### **SAMHSA funds must be used for purposes supported by the program and may not be used to:**

- Exceed Salary Limitation: The Consolidated Appropriations Act, 2016 (Pub. L.113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at <https://www.samhsa.gov/grants/grants-management/notice-awardnoa/standard-terms-conditions>. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/ subcontracts under a SAMHSA grant or cooperative agreement.
- Pay for any lease beyond the project period.
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Provide detoxification services unless it is part of the transition to MAT with extended release naltrexone.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- Note: A recipient or treatment or prevention provider may provide up to \$30 non-cash incentive for each individual to participate in required data collection follow-up. This amount may be paid for participation in each required follow-up interview.
- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Funds may be used for light snacks, not to exceed \$3.00 per person.
- Support non-evidence-based treatment approaches, such as short-term methadone or buprenorphine use ("detox" with initial treatment less than one year).

\*SAMHSA funds were granted to the State and all funding restrictions are applicable to this funding opportunity and all sub-contracts.