



Request for Proposal (RFP) Expansion and Enhancement of Medication-Assisted (MAT) Treatment for Opioid Use Disorder (OUD) in Chicago

Frequently Asked Questions (FAQs)
Tuesday, February 25th, 2017

GRANT AND FUNDING STRUCTURE

What does it mean that PHIMC is the “lead organization”? What is the relationship with the Chicago Department of Public Health (CDPH) for this funding opportunity?

This RFP is a partnership between CDPH and PHIMC that is funded through City of Chicago corporate dollars. CDPH has contracted with PHIMC to operate as the lead organization to:

- Manage a competitive RFP process
- Ensure implementation of funded interventions
- Assess and support intervention quality and effectiveness
- Collect provider and network data in an accurate and timely manner
- Provide efficient billing and reimbursement
- Convene providers for quarterly meetings
- Manage regular administrative, program, and financial reporting
- Provide training to sub-delegates

The RFP aligns with CDPH Healthy Chicago 2.0 priorities for substance use disorder services. PHIMC will directly manage the RFP process and grant administration.

The RFP states that the intention of this funding is to increase the number of patients being served while also expanding and enhancing the quality of services. Since these goals can take many different forms, please clarify what this means and how “unduplicated clients” are defined under this grant.

The purpose of this grant is to provide funding for the expansion and enhancement of existing medication-assisted treatment (MAT) programs and services for opioid use disorders, as well as to connect brand new clients to MAT services for the first time. Both proposed program models will allow agencies to report unduplicated client counts to PHIMC as follows:

1) Agencies that are proposing new wrap-around services to expand or enhance existing MAT programming that is not covered by Medicaid or private insurance (e.g., meeting with a recovery coach in addition to receiving medication) can report each client that receives this new component of the MAT service as a new unduplicated client, even if this client has received other MAT services from the agency in the past. As long as the additional MAT service made available through this grant is not double-billed or double-reported to an alternative source, the agency may report them as an unduplicated client.

2) Agencies proposing to utilize dollars to launch a new MAT program or increase the number of available “slots” may report clients as unduplicated that are newly enrolled in programming to receive services. Examples of services might include paying for medication or staff time for uninsured patients, training of staff, hiring of staff to develop and implement the program.

Can these funds be used to expand a pilot MAT program?

Yes, agencies may apply for funding to expand an existing pilot MAT program under this grant. Agencies proposing to expand a pilot program should highlight how funding from this grant would enhance services or reach a greater number of clients, as well as how the program will be sustained.

How should agencies funded under this grant report clients who come in for services but may already be receiving MAT services at a different agency? Is it there a process for determining and verifying if the client is already accessing MAT and getting reported at a different agency? If so, will this be required to ensure the client is in fact an unduplicated client?

Agencies are required to do their due diligence to ensure that patients are not receiving MAT at more than one location, as this would be a major safety and diversion concern. This should include checking the prescription monitoring program, checking urine drug screens, or reporting through the DASA methadone log. All agencies should take the necessary medical precautions to ensure each client is not receiving MAT at multiple sites. There will be no additional reporting requirement for agencies to take in order to report unduplicated services in monthly data submissions to PHIMC.

Coordination and Collaboration

There’s an emphasis placed on collaboration in the RFP. Is collaboration required in order to receive funding?

Applicants are not required to establish new collaborations in order to receive funding under this grant. The goal is that all clients receiving MAT are receiving both the medication and behavioral services that meet the individual’s level of need. Effective coordination and collaboration with other MAT providers, substance use disorder treatment agencies, or even other services providers such as housing support, job training, etc., demonstrates to reviewers that an agency is providing comprehensive, wrap-around services to their clients.

In addressing the collaboration portion of the RFP, agencies should:

- Identify the organizations and programs you currently work with or plan to work with for the proposed program.
- Describe in what capacity they will be collaborating. Be sure to include any agreements that are/will be in place as a supporting documentation.

Do linkages, referrals, and other “soft” collaborations meet the requirement of the RFP, or is PHIMC looking for formal partnerships?

Applicants are not required to establish new collaborations in order to receive funding under this grant. If coordination and collaboration is a central component of a proposal, however, formal partnerships are encouraged. Active partnerships might include providing signed memoranda of understanding (MOU) between agencies or outlining concise steps in the work plan that demonstrate how a collaboration will be created and sustained.

If a proposal includes multiple providers, is it necessary to identify a lead organization in the application? If so, would the Lead Organization subcontract additional providers? If there are multiple providers included in a proposal, which agency(s) will be held responsible for the grant requirements (e.g. coordination of monthly data, budget/voucher submission, attending quarterly provider meetings)?

If multiple providers are included within the same proposal, one agency must be selected as the Lead Organization. The Lead Organization will subcontract directly with the other agencies included in the proposal. PHIMC will hold the Lead Organization accountable for complying with all grant requirements outlined in section IV, page 6 of the RFP, “Available Funding and Contract Terms.”

ELIGIBILITY, ALLOWABLE SERVICES, and UNALLOWED SERVICES SELECTION CRITERIA

In the RFP, one of the eligibility criteria says that applicants must “Demonstrate that they are in compliance with federal and state licensure regulations for staff and clinics for the MAT project they are seeking funding.” How can applicants demonstrate this?

MAT for OUD can be delivered in a variety of service settings with the proper integration of specific components; however, regulations are different across medications and service delivery sites¹. For example, methadone must be administered at an opioid treatment program (OTP) accredited by a SAMHSA-approved accrediting body and certified by SAMHSA, among other regulations. This is the reason the RFP states that proposals that include outpatient methadone treatment services must maintain an Illinois Department of Human Services, Division of Alcohol and Substance Abuse (DASA) or Illinois Department of Public Health (IDPH) license. Buprenorphine can be prescribed from an OTP or in office-based setting, as long as the prescriber has a signed waiver and substance use counseling is provided on-site or there is linkage to another provider off-site. These agencies are not required to have a DASA license. Finally, organizations that are planning to prescribe and administer extended release injectable naltrexone do not have any specific legal requirements, other than ensuring that substance use counseling is available either on-site or off-site through linkage agreement.

Since there is no universal set of regulations, it is up to applicants to articulate in their proposal how the proposed project is in compliance with applicable regulations and all other relevant professional standards and requirements for their particular context. Applicants may submit copies of relevant certifications, licenses, waivers along with their proposal.

Can the funds be used to provide services that are reimbursable by Medicaid or private insurance to uninsured and underinsured clients?

Yes. Funds can be used to cover services that are reimbursable by Medicaid or private insurance for the uninsured or the underinsured clients. Examples may include high deductible plans where deductible has not yet been met or gaps in coverage where an insurer does not cover opioid use disorder treatment. Applicants proposing to provide MAT services to uninsured or underinsured clients should keep in mind that in their narrative, they must demonstrate their efforts to ensure that eligible clients are enrolled in all possible public and private insurance or benefit programs. Dollars can also be used to cover the cost of services that are provided during periods of being uninsured, for example for Medicaid recipients who lose coverage during their redetermination period. The

expectation is that the organizations would work with the client to help in reapplying for Medicaid as soon as possible.

Can this funding be used to fill gaps where the Medicaid or private insurance reimbursement rate does not cover the total cost of services?

No, these dollars cannot be used to supplement funds where reimbursement rates do not cover the total cost of the services; this includes Medicaid, private insurance or DASA reimbursements. These funds may be used to cover uninsured individuals or underinsured individuals. Examples of reimbursable services for underinsured clients include, but are not limited to: a client not being able to pay for high deductibles; extended delays and approval which could result in interruption in treatment continuity. Applicants proposing to provide services to underinsured clients must clearly articulate how they plan to use funds for underinsured clients.

How should applicants use the selection criteria listed in the RFP in their proposals?

The purpose of this funding is to increase capacity to provide MAT services for OUD in Chicago communities with demonstrated need. The RFP lists several broad criteria and characteristics that strong applications will demonstrate in their proposal. Applicants should refer to these selection criteria for guidance when developing their proposal and crafting application responses.

Geographic distribution, number of individuals served, and the diversity of service settings are listed as additional criteria that will be considered during the application review process. Populations at highest risk and with highest demonstrated need will receive higher priority.

If an agency provides services to Cook County at large and has clients from the City of Chicago, yet its physical building is located outside of Chicago, is the agency still eligible for this grant? Can eligibility be affected by any collaborations with other Chicago-based organizations?

Only agencies with physical service locations in the city of Chicago are eligible to apply for this RFP. For example, an Evanston-based agency could only apply if they had an additional service location in Chicago where the funds would be used. In addition, proposals submitted must demonstrate that the clients being served by the agency reside in the City of Chicago. If an application is proposing collaboration between non-Chicago and Chicago-based organizations, the proposal must clearly outline how the services proposed will be implemented at service locations within the City of Chicago.

BUDGET, REIMBURSEMENT AND REPORTING

Is there a fee for service budget component of this grant?

Yes, if agency proposes to use the funds to cover interventions for uninsured or underinsured clients. Please refer to page 6 of the DASA Contractual Policy Manual. To view these rates, click [here](#). Fee-for-service and cost budget allocations are left to each applicant's discretion.

The RFP states, "All contracts will be paid on a reimbursement basis. Describe your agency's demonstrated capacity to operate on a reimbursement basis." What information is needed to demonstrate capacity?

Agencies must describe their ability to provide services on a reimbursement basis, which means they have enough cash on hand to pay for daily operations while waiting thirty days for payment from PHIMC. PHIMC will pay vouchers within 30 days of a voucher being fully approved. If voucher approval

requires edits to the voucher or revisions to the budget, PHIMC's finance staff will work with each agency to ensure that this process moves as quickly as possible.

Should the budget and work plan be based on six months or 12-months? Can start-up time be included in the Work Plan (Appendix C)?

The \$700,000 of available funds through this RFP are for a six-month contract period of July 1, 2017 through December 31, 2017. The budget and work plan should cover only this six-month period and reflect the true needs of the program, including start-up activities.

What are the steps of reimbursement process?

PHIMC provides each agency a specific budget voucher template at the start of the grant period. Agencies will submit monthly vouchers to PHIMC by the 9th of each month. Vouchers are processed within a week. If there are any errors, vouchers are returned to the agency for revisions and once again processed within a week of the resubmitted date. PHIMC will typically reimburse agencies within thirty days of the final voucher approval. If agencies have any specific questions regarding the reimbursement and voucher submission process, they are encouraged to follow up with the grant coordinator at the time.

Are any types of billing reports required for funded agencies?

Agencies are required to submit monthly billing vouchers including back-up documentation for program costs. PHIMC provides funded agencies with budget and voucher templates. A separate data reporting process accompanies the voucher submission process.

For monthly data report, are the specific metrics driven by the funded agency or by PHIMC?

Funded agencies will receive a standardized data reporting tool that is submitted each month. CDPH and PHIMC are currently developing the specific metrics. Agencies must have Excel to access the data reporting tool.

What would monthly billing look like for services that are not directly provided to patients, (e.g., billing for outreach coordinators)?

If the agency is proposing to use funds to expand or enhance a service, the monthly billing would reflect the costs of the additional services proposed and would be in a cost budget format. Please refer to page 10 of the RFP for cost budget categories and to Appendix E of the RFP for a copy of the PHIMC cost budget template.

What is inclusive under "indirect costs"? Are trainings for providers considered indirect costs? Indirect costs represent expenses of doing business that are not assigned to a particular grant, contract, project activity, but are necessary for the general operation of the organization. If the provider trainings directly correspond to the project, then no, these cannot be considered indirect costs.

For clients who are already engaged in agency programs and are in need of supportive services, can case management be an allowable service?

Yes, case management is an allowable service as long as the applicant demonstrates that there are no existing funds that cover this service and that it is not reimbursable.

APPLICATION, APPENDICES, and REQUIRED SUPPORTING DOCUMENTATION

What types of partners should provide Letters of Support (LOS) and what level of information is needed?

An LOS should be from partners who can speak to an applicant's quality of work and demonstrate support for their work. These should be substantive letters that speak specifically to strength of the applicant as an agency and in providing the services proposed under this RFP. The CDPH will not provide an LOS for this RFP.

REVIEW AND AWARD PROCESS

Can agencies who are applying for funding through this RFP have representatives also serve as reviewers?

No. Representatives from currently funded and/or applicant organizations are prohibited from serving as reviewers to avoid any real or perceived conflict of interest. All reviewers will be required to sign a Conflict of Interest and Confidentiality of Information Statement. For more information on the PHIMC reviewer recruitment, click [here](#).

Which application materials will reviewers see?

Once applications have passed a technical review, the volunteer reviewers will receive the full application, Work Plan (Appendix C), Staffing Plan (Appendix D), Budget (appendix E), and all other attachments. Supporting documentation will be reviewed but not scored.

How many reviewers will read and score each application?

PHIMC intends to have each application scored by a minimum of three reviewers, including at least one with MAT and/or opioid use disorder services or treatment expertise.

What is the expected award amount for these grants?

While PHIMC anticipates that it will award 5-7 grants, it is not possible to confirm exactly how many grants will be made or the award amounts until all of the applications are reviewed. Applicants should apply for the true amount needed to support their proposed project.

TRAININGS AND EDUCATION SESSIONS

For trainings associated with this grant funding, which and how many staff are required to attend each funding session?

PHIMC requires that at least one representative from each organization attend the trainings. There is no requirement for the specific type of staff person (e.g., physician, nurse, or administrator), however, PHIMC encourages staff members to attend trainings that are most relevant to their work at the agency.

How should training and education be provided to clients and/or staff?

While the primary goal of this funding is to expand and enhance MAT services in Chicago, awareness and education among both healthcare staff and the community at large are essential. Therefore, all grantees will be required to participate in a series of trainings provided by CDPH and other external subject matter experts as requested by PHIMC. PHIMC and CDPH will work directly with grantees to finalize the training calendar.

Training and education components of this grant are still in development by CDPH and PHIMC.

OTHER REQUIREMENTS

Are more details available for the Chicago Department of Public Health’s Annual Recovery Walk event that agencies will be required to participate in?

All funded agencies are required to participate in the 14th Annual CDPH Recovery Walk in Garfield Park on September 16, 2017. This year’s theme is “Strengthen Families and Communities.” Substance Use Disorder Services agencies, clients, and community members are invited to participate. In addition, the Illinois Association of Extended Care’s Recovery Olympics will take place after the Recovery Walk.

ⁱ A 2016 technical report from the Agency for Healthcare Research and Policy titled “[Medication-Assisted Treatment Models of Care for Opioid Use Disorder in Primary Care Settings](#)” provides a comprehensive overview of office-based treatment models.