

Funding Opportunity

DEPARTMENT OF HEALTH (DOH)
NOTICE OF FUNDING AVAILABILITY (NOFA)
**FY 2017 Opioid Treatment
Expansion Initiative**



RFA # HAHSTA OTSP02.10.17

Application Deadline: Friday, March 10, 2017 by 6:00 p.m.



The Department of Health (DOH) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DOH reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DOH, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the Department of Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DOH terms of agreement.

Table of Contents

RFA Terms and Conditions	i
FY 2017 Opioid Treatment Expansion Initiative	1
Overview	3
Available Funding	3
Description of Funded Areas	4
AREA 1: PRESCRIBERS AND CAPACITY BUILDING ASSISTANCE	4
AREA 2: FEDERALLY QUALIFIED HEALTH CENTERS	5
AREA 3: NON-FQHC PRIMARY CARE PROVIDERS	6
PROGRAM ACTIVITY DETAILS	7
AREA 1: PRESCRIBERS AND CAPACITY BUILDING ASSISTANCE	7
AREA 2: FEDERALLY QUALIFIED HEALTH CENTERS	9
AREA 3: NON-FQHC PRIMARY CARE PROVIDERS	11
Application Elements	15
Application Submission Procedures	16
Application Evaluation Criteria	17
HAHSTA Contacts	23

District of Columbia Department of Health RFA Terms and Conditions

v11.2016

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH) and to all awards, if funded under this RFA:

- Funding for a DOH subaward is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- DOH may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- The RFA does not commit DOH to make any award.
- Individual persons are not eligible to apply or receive funding under any DOH RFA.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DOH shall notify the applicant if it rejects that applicant's proposal for review.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.
- The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.
- DOH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DOH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
- DOH shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.
- Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.
- DOH shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DOH under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: [City-Wide Grants Manual](#).

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442-9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

FY 2017 Opioid Treatment Expansion Initiative

NOTICE OF FUNDING AVAILABILITY (NOFA)
FY 2017 Opioid Treatment Expansion Initiative

RFA# HAHSTA_OTSP02.10.17

The District of Columbia, Department of Health (DOH) is soliciting applications from qualified applicants to provide services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement provides public notice of the Department of Health's intent to make funds available for the purpose described below. The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DOH terms and conditions for applying for and receiving funding.

General Information:

Funding Opportunity Title:	FY2017 Opioid Treatment Support Program
Funding Opportunity Number:	FO-HAHSTA-PG-00080-002
RFA ID#:	RFA # HAHSTA OTSP02.10.17
Opportunity Category:	Competitive
DOH Administrative Unit:	HIV/AIDS, Hepatitis, STD, Tuberculosis Administration
DOH Program Bureau	Prevention and Intervention Services Division
Program Contact:	Stacey L. Cooper, Deputy Division Chief stacey.cooper@dc.gov 202/671-4900
Program Description:	The Government of the District of Columbia, Department of Health (DOH), HIV/AIDS, Hepatitis, STD and Tuberculosis Administration (HAHSTA) is soliciting applications from qualified applicants to build capacity among primary care providers and Federally Qualified Health Centers (FQHCs) to prescribe buprenorphine-based treatment to opioid users.
Eligible Applicants	Not-for-profit organizations, including healthcare entities and universities; government-operated health facilities; for-profit health and support service providers demonstrated to be the only entity able to provide the service. All applicants must be located within and provide services in the District of Columbia.

FY 2017 Opioid Treatment Expansion Initiative

Anticipated # of Awards:	Up to 5
Anticipated Amount Available:	\$1,000,000.00

Funding Authorization

Legislative Authorization	FY17 Budget Support Act of 2016
Associated CFDA#	Not Applicable
Associated Federal Award ID#	Not Applicable
Cost Sharing / Match Required	No
RFA Release Date:	Friday, February 10, 2017
Pre-Application Meeting (Date)	Friday, February 17, 2017
Pre-Application Meeting (Time)	10:30 a.m. – 12:00 p.m.
Pre-Application Meeting (Location/Conference Call Access)	899 North Capitol Street, NE – 4 th Floor
Letter of Intent Due date:	Friday, February 17, 2017
Application Deadline Date:	Friday, March 10, 2017
Application Deadline Time:	By 6:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://opgs.dc.gov/page/opgs-district-grants-clearinghouse DOH EGMS https://dcdoh.force.com/GO_ApplicantLogin2

Notes:

1. DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of this NOFA, or to rescind the NOFA.
2. Awards are contingent upon the availability of funds.
3. Individuals are not eligible for DOH grant funding.
4. Applicants must have a DUNS #, TaxID#, be registered in the federal Systems for Award Management (SAM).
5. Effective September 1, 2016, grant application submissions will be done via the DOH Enterprise Grants Management System (EGMS). Applicants must register to obtain an EGMS account at least two weeks prior to the submission deadline date.
6. DOH is located in a secured building. Government issued identification must be presented for entrance.



Overview

Purpose

The purpose of this Request for Applications (RFA) is designed to expand the availability of buprenorphine-based Medication-Assisted Treatment (MAT) to address opioid addiction. The District of Columbia Department of Health (DOH) intends to increase the pathways for opioid treatment integrated into a non-stigmatized primary care setting. While methadone treatment has been very successful for many District residents with opioid use disorder (OUD), there remain many individuals who could benefit from buprenorphine-based treatment options. The aim of this RFA is to increase the options for medication-assisted therapy for OUD in the District of Columbia by building capacity among primary care providers to prescribe buprenorphine-based treatment with the essential care coordination and wraparound services to ensure individuals achieve successful treatment outcomes.

The short-term goals of the RFA include:

- Secure a training and capacity building provider to support primary care providers to integrate buprenorphine-based treatment for opioid use disorders
- Support Federally Qualified Health Centers (FQHC) to provide or increase provision of buprenorphine-based treatment and care coordination
- Enable FQHC to obtain the Medicaid enhanced rate for behavioral health services
- Support a non-FQHC primary care provider to provide or increase provision of buprenorphine-based treatment and care coordination
- Increase the number of providers who are prescribing buprenorphine-based treatment (currently, there are 72 District physicians with waivers and 7 actively prescribing) by 300%

The long term goals of the RFA will include:

- Increase the number of persons receiving buprenorphine-based treatment
- Reduce the number of fatal and non-fatal opioid overdoses
- Increase the number of prescribers and providers of buprenorphine-based treatment and care coordination
- Establish a sustainable buprenorphine-based opioid treatment provider network

Available Funding: Approximately \$1.0 million

- Area 1: Prescriber capacity building and expansion (\$200,000)
- Area 2: Federally Qualified Health Center and look-alikes (\$500,000)
- Area 3: Non-FQHC primary care provider (\$300,000)

Eligible Applicants

The following are eligible organizations/entities who can apply for grant funds under this RFA:

- Academic institutions
- Private, non-profit and for-profit organizations
- Private entities include community development corporations, community action agencies, community-based and faith-based organizations

Description of Funded Area

Area 1: Prescribers Training and Capacity Building Assistance

Funding Period: 4/1/2017 -9/30/2017

Amount Available: \$200,000

Number of Awards: 1

Purpose of Area 1 Awards: This service area is intended to support a needs assessment and targeted delivery of training, capacity building activities and technical support to clinicians (physicians, NPs, PAs, clinical pharmacists) eligible to apply for or already waived to prescribe buprenorphine-based treatment. The aim is to increase and expand the availability of providers willing to treat opioid use disorder (OUD) in primary care settings through appropriate prescribing and linkage to opioid addiction recovery services. This will be accomplished through a careful assessment of the barriers to prescribing buprenorphine among primary care providers and their associated practice organizations, followed by the systematic delivery of educational material, presentations and encounters with clinicians willing to explore opioid treatment options. Additional follow up support is expected to be offered and provided to clinicians moving forward with the waiver application process as well as building a collaborative network of wraparound service providers ready to provide support and follow up to patients who are initiated in opioid addiction treatment. A successful applicant will submit a program description which will describe in detail their approach to enhance capacity and follow up with eligible clinicians of all levels. Applicants must describe in detail their ability, background and expertise

FY 2017 Opioid Treatment Expansion Initiative

in working medical personal of all levels as well a detailed evaluation component of their expected outcomes.

Area 1 Program Core Elements:

- Conduct a needs assessment of primary care providers and their associated practices to understand the barriers to prescribing buprenorphine in DC and assess training, technical assistance or capacity building needs of the provider community to increase the buprenorphine prescribing in DC.
- Assist prescribers (physicians, nurse practitioners, physician assistants), as well as non-prescribing health care personnel (such as clinical pharmacists, nurses, medical assistants, and other members of the primary care health care team), to acquire knowledge of clinical guidelines, protocols and recommendations for medication-assisted therapy for opioid use disorder. The primary focus of the initiative will be buprenorphine.
- Support medical providers' in their applications for the federal waiver to prescribe buprenorphine.
- Provide coaching and/or organizational capacity building for primary care practices who are interested in starting a buprenorphine program.
- Create materials and other educational tools to maintain prescribers informed of appropriate protocols and guidelines to prescribe buprenorphine.
- Establish metrics reflecting projected number of prescribers to be educated in opioid replacement therapy and number who will ultimately become active prescribers.
- Ensure that providers successfully obtain the buprenorphine waiver, begin prescribing buprenorphine, and follow nationally recognized guidelines for use of buprenorphine.

Area 2: Federally Qualified Health Centers

Funding Period: 4/1/2017 -9/30/2017

Amount Available: \$500,000

Number of Awards: Up to 2

Purpose of Area Awards: Federally qualified Health Centers are in a unique position to provide wraparound services to all communities in need. As part of their designation, FQHC's are reimbursed under a Medicaid enhanced rate. Recipients of these funds under this category will demonstrate to have access and expertise to the population of focus. Funds can be used to support the development of their capacity to provide opioid recovery support services inclusive of but not limited to; behavioral counseling, vocational rehabilitation, assessment of other socio-economic needs, housing, mental health, addressing general health issues with special emphasis on HIV, hepatitis C and sexually transmitted infections (STI's), case coordination and case

FY 2017 Opioid Treatment Expansion Initiative

management services. This support ought to be based on evidenced based interventions and proven behavioral models that are most effective with the population of focus.

Area 2: Program Core Elements:

- Development of a realistic and detailed plan to become an eligible provider for Addiction Prevention and Recovery Administration /Department of Behavioral Health (APRA/DBH) certification.
- Development of the staff model that is responsive to a requirements for substance abuse provider in accordance with the DBH standards.
- Capacity to bill Medicaid or other third party payers for the provision of substance use support service.
- Develop and establish a multidisciplinary network of providers that will engage and work with the funded provider to respond to the needs of the patient. This network must include but is not limited to clinicians willing to prescribe Suboxone or other opioid treatment medications alternatives, mental health providers, vocational/employment support professionals, housing and other related socio-economic recovery needs.

Area 3: Non-FQHC Primary Care Providers

Funding Period: 4/1/2017 -9/30/2017

Amount Available: \$300,000

Number of Awards: Up to 2

Purpose of Area Awards: Primary care providers can expand their capacity to offer care coordination and support to patients interested in recovering from opioid use under this funding category. Recipients of these funds will have demonstrated to already have the capacity to become certified by APRA/DBH as a substance use provider in addition to demonstrating expertise and access to the population of focus. Providers may also demonstrate to have the infrastructure and readiness to bill Medicaid for the provision of opioid recovery. Applicants under this category may develop either internal capacity and expertise or establish collaborative partnerships with other subject matter expert organizations willing to provide their patients' support services inclusive of but not limited to; behavioral counseling, vocational rehabilitation, assessment of other socio economic needs, housing, mental health, addressing general health issues with special emphasis on HIV, hepatitis C and sexually transmitted infections (STI's), case coordination and case management services. This support ought to be based on evidenced based interventions and proven behavioral model to be most effective with the population of focus.

Area 3: Program Core Elements

- Development of a realistic and detailed plan to become a certified APRA/DBH provider.
- If applicable, prescriber will develop and establish a multidisciplinary network of providers that will engage and work with the funded provider in order to respond to the needs of the patient. This network must include but is not limited to counseling/mental health support, vocational/employment support professionals, housing and other related socio-economic recovery needs.
- Ability to show proof of linkages to the multidisciplinary network of providers listed above
- If applicable, develop the internal system infrastructure to be able to bill Medicaid or other third party payers for the provision of substance abuse support service.
- Development and implementation of a work plan to begin providing opioid recovery support services.
- Establish targets of active opioid users to be served during the funding period and project how many will be served in subsequent years.
- Ability to assess patients for recovery readiness (i.e., willingness to abstain from substance of choice, willingness to comply with the goals of the treatment plan, etc.)
- Develop a detailed treatment plan format and protocol for patients that address of socio-economic-spiritual needs.

Program Activity Details

Program Activity Details: Area 1

Prescribers Training and Capacity Building Assistance

Description

This program area was designed to expand the number of prescribers obtain buprenorphine waivers and prescribe buprenorphine for eligible patients with opioid use disorder. This program area will also provide support to primary care practices who wish to start a buprenorphine program.

Required Activities and Specific Evaluation Criteria for Program Area

The applicant must describe how primary care providers and their associated practices will be identified for outreach during this project.

FY 2017 Opioid Treatment Expansion Initiative

Conduct a needs assessment of primary care providers and their associated practices to understand the barriers to prescribing buprenorphine in DC and assess training, technical assistance or capacity building needs of the provider community to increase the buprenorphine prescribing in DC.

Assist prescribers (physicians, nurse practitioners, physician assistants), as well as non-prescribing health care personnel (such as clinical pharmacists, nurses, medical assistants, and other members of the primary care health care team), to acquire knowledge of clinical guidelines, protocols and recommendations for medication-assisted therapy for opioid use disorder. The primary focus of the initiative will be buprenorphine.

Based on the training needs assessment conducted with primary care providers, provide tailored training and clinical decision tools for primary care providers, based on adult-learning principles and acceptable to learners with a variety of optimal learning styles (i.e. in-person, web-based didactics, self-directed online learning, community of practice, etc.). The topics should include, (but are not necessarily limited to):

- Current trends in DC on opioid use disorders, fatal opioid overdose, syringe exchange programs, local substance use disorder services; stigma and cultural competency related to treating people with opioid use disorder;
- Clinically appropriate prescribing of buprenorphine-based treatment to treat opioid use disorder;
- Use of local prescription drug monitoring programs (PDMPs) to help identify any patients who may require evaluation for opioid use disorder and/or referral for treatment;
- Use of screening tools in an office setting to help identify patients who may be at risk for developing substance abuse and allow for referral to treatment;
- Prescribing of various buprenorphine products in an outpatient setting; and
- Monitoring of patients once they have started replacement therapy, such as use of pain medication contracts, use of biological screening tests to identify drug use or monitor drug use in patients on treatment, etc.
- Collaboration with members of a multidisciplinary addiction services team, including medical and non-medical personnel.

Create formal linkages between prescribers, treatment facilities and follow up care.

In addition to training for providers, design outreach efforts to raise awareness on eligibility standards for prescribing buprenorphine. This can include providing incentives (such as continuing medical education- CMEs) to participate in becoming waiver eligible. Support medical providers' in their applications for the federal waiver to prescribe buprenorphine.

Provide coaching and/or organizational capacity building for primary care practices who are interested in starting a buprenorphine program. This should include assistance navigating the DC regulations, licenses and certificates for primary care practices to obtain reimbursement for substance use disorder services.

FY 2017 Opioid Treatment Expansion Initiative

Establish metrics reflecting projected number of prescribers to be educated in opioid replacement therapy and number who will ultimately become active prescribers.

Ensure that providers successfully obtain the buprenorphine waiver, begin prescribing buprenorphine, and follow nationally recognized guidelines for use of buprenorphine.

Evaluation: The applicant must describe how the effectiveness of the proposed training and capacity building assistance plan will be evaluated.

Program Activity Details: Area 2

Federally Qualified Health Centers

Description

In June 2016, the Department of Health Care Finance (DHCF) released a policy statement to address barriers to access to buprenorphine and a lack of consistency in prior authorizations and dosage requirements. This statement addressed those issues and should make it easier for providers to write prescriptions for the medication. Federally qualified health centers (FQHC) have the capacity to prescribe buprenorphine, but they may face barriers to prescribing it. FQHC's have the capacity to provide additional medical and support services to opioid users, but they may need limited support to developing the infrastructure to fully integrate opioid treatment alternatives to methadone. Opioid recovery is a multi-phased process that may include socio-economic assessment and support to patients engaged in recovery. Buprenorphine is one such alternative that may be offered to people in recovery from opioids, but FQHC's need to be aware of the policies developed to address challenges.

This program area was designed to support FQHC's in the development and implementation of a plan to implement changes in infrastructure. Additionally, HAHSTA will link the FQHC's to needed capacity building to assist them with becoming certified opioid treatment providers. Ultimately, FQHC's should demonstrate a readiness to become certified by the Department of Behavioral Health (DBH) and Department of Health Care Finance (DHCF) after receiving capacity building and support through receipt of these funds.

Required Activities and Specific Evaluation Criteria

Program Implementation: The applicants must describe their capacity to prescribe buprenorphine to opioid users in recovery. The applicant must also demonstrate their capacity to deliver substance use treatment activities, counseling, socio-economic assessment, support services and medical care. The applicant must include a plan to identify target populations for the intervention, outreach and educational activities for potential participants and providers, and a comprehensive package of support services. The applicants must describe the evidence-based interventions and proven behavioral models that will be used to address members of the target population. A successful applicant will be able to describe their ability to assess patients for recovery readiness.

FY 2017 Opioid Treatment Expansion Initiative

Target Populations: The applicant must describe their ability to access current and former opioid users who may be candidates for buprenorphine. The applicant must provide a detailed narrative of the work they have done with members of the target population and any successes they have had prescribing buprenorphine as an alternative to methadone use. Describe the number of opioid users served throughout the years and the number of patients to be served.

Implementation approaches: Applicants must provide a timeline that describes how they will engage opioid users in substance use treatment, their capacity to either provide on-site or linkages to additional support services (i.e., socio-economic assessment, medical care, counseling, medical care), capacity to prescribe buprenorphine and a willingness to become certified as a substance use treatment facility.

Fee-for-Service Requirements: As an FQHC, the applicant should already have the capacity to bill for services. As such, the applicant must provide proof of their ability to meet fee-for service (FFS) requirements as outlined by Medicaid and other managed care organizations (MCO). Proof must be provided with **(is there something they can submit as proof?)**

Certification readiness: If the applicant is already prescribing buprenorphine, they must provide proof of their capacity to meet federal, state, and/or local qualifications specific to buprenorphine. The provider must also demonstrate evidence of monthly or bi-monthly urine screens, not as a prerequisite for treatment, but for the duration of therapy as a quality measure to assess on-going opioid use in patients on buprenorphine.

Staff and infrastructure: The applicants must describe current infrastructure (i.e., are they currently serving substance users, do they prescribe buprenorphine, do they offer have the capacity and ability to provide service as a substance use treatment provider. The successful applicants will demonstrate their experience in working with opioid users, comfort and sensitivity in harm reduction counseling, and helping program participants navigate health systems.

Cultural competence: The applicants must describe their ability to deliver the program intervention to opioid users in a culturally appropriate and sensitive manner that does not alienate or stigmatize the target populations. The applicant must demonstrate their ability to deliver culturally appropriate messages to a diverse range of participants including gay and non-gay identified men, heterosexual men and women, transgender persons, persons with a history of injection drug use, among other populations. The applicant must also describe how they will address stigma associated with accessing the intervention and HIV prevention in general. Patients that do not present as ready for recovery should be treated with dignity and respect and linked to the services they are ready to access.

Linkages: Applicants must demonstrate their capacity to develop a multi-disciplinary network, not limited to clinicians, willing to prescribe buprenorphine or other opioid treatment medications alternatives, mental health providers, vocational/employment support professionals, housing and other related socio-economic recovery needs. A successful applicant will have long-standing relationships with community partners that have the capacity to offer wrap-around services to substance users.

Monitoring and Evaluation: The applicant must demonstrate capacity to track participant data (counseling activity, medical visits, screenings and other indicators), and numbers of persons informed and educated.

Program Activity Details: Area 3:

Non-FQHC Primary Care Providers

Description

Primary care providers interested in providing opioid treatment can develop their capacity to offer care coordination and support services for patients seeking treatment for opioid addiction, in the context of a harm reduction approach.

This program area has been designed to support primary care providers interested in developing their capacity to offer buprenorphine treatment for opioid use disorder, care coordination and support services to patient's interest in starting recovery from opioid addiction. Care coordination and support can either be achieved through expansion of their current infrastructure or through the establishment of collaborative partnerships with community based organizations with expertise in serving opioid users or otherwise expertise in providing addiction recovery services. These programs will develop and implement a plan to become ready to apply for DBH certification to provide outpatient opioid addiction treatment, to promote sustainability.

Required Activities and Specific Evaluation Criteria

Program Implementation: The applicants must describe their capacity to prescribe buprenorphine to individuals with opioid use disorder. The applicant must also demonstrate their capacity to assess patients for recovery readiness, deliver substance use treatment activities, and primary medical care. In addition, the applicant must describe how individuals will receive substance use disorder counseling, socio-economic assessment, and support services. The applicant must include a plan to identify target populations for the intervention, outreach and educational activities for potential participants and providers. The applicants must describe how the counseling and other behavioral interventions are based on the evidence-based interventions and best practices in the field that will improve care outcomes of the individuals who are treated. The applicant should demonstrate commitment from the leadership of the organization that will support this intervention.

Target Populations: The applicant must describe their ability to identify and work with individuals with opioid use disorder who may be candidates for buprenorphine. The applicant must provide a detailed narrative of the work they have done with members of the target population and any successes they have had prescribing buprenorphine as an alternative to methadone use. Describe the number of opioid users served throughout the past 10 years and the number of patients to be served in the proposed project.

Implementation approaches: Applicants must provide a timeline that describes how they will engage persons with opioid user disorder in medication-assisted therapy for their substance use

FY 2017 Opioid Treatment Expansion Initiative

disorders, substance use treatment, their capacity to either provide on-site or linkages to additional support services (i.e., socio-economic assessment, medical care, counseling, medical care), capacity to prescribe buprenorphine and a willingness to become certified as a substance use treatment facility.

Fee-for-Service Requirements: The applicant should already have the capacity to bill for services. As such, the applicant must provide proof of their ability to meet fee-for service (FFS) requirements as outlined by Medicaid and other managed care organizations (MCO). Proof must be provided with **(is there something they can submit as proof?)**

Certification readiness: If the applicant is already prescribing buprenorphine, they must provide proof of their capacity to meet federal, state, and/or local qualifications specific to buprenorphine. The provider must also demonstrate evidence of monthly or bi-monthly urine screens, not as a prerequisite for treatment, but for the duration of therapy as a quality measure to assess on-going opioid use in patients on buprenorphine.

Staff and infrastructure: The applicants must describe the current infrastructure to serve substance users, prescribe buprenorphine, and provide comprehensive services for people with opioid use disorder. The successful applicants will demonstrate their experience in working with people with opioid use disorder, comfort and sensitivity in harm reduction counseling, and helping program participants navigate health systems. Applicants are expected to provide an organizational chart for the structure of the buprenorphine program and job descriptions for each member of the multidisciplinary team that is working on the buprenorphine program.

Cultural competence: The applicants must describe their ability to deliver the program intervention to people with opioid use disorder in a culturally appropriate and sensitive manner that does not alienate or stigmatize the target populations. The applicant must demonstrate their ability to deliver culturally appropriate messages to a diverse range of participants including gay and non-gay identified men, heterosexual men and women, transgender persons, persons with a history of injection drug use, among other populations. The applicant must also describe how they will address stigma associated with accessing the intervention and HIV prevention in general. Patients that do not present as ready for recovery should be treated with dignity and respect and linked to the services they are ready to access.

Linkages: Applicants must demonstrate their capacity to develop a multi-disciplinary network, not limited to clinicians, willing to prescribe buprenorphine or other opioid treatment medications alternatives, mental health providers, vocational/employment support professionals, housing and other related socio-economic recovery needs. A successful applicant will have long-standing relationships with community partners that have the capacity to offer wrap-around services to substance users.

Monitoring and Evaluation: The applicant must demonstrate capacity to track participant data (counseling activity, medical visits, screenings and other indicators), and numbers of persons informed and educated. The applicant must describe the capacity to report data to the DC DOH.

FY 2017 Opioid Treatment Expansion Initiative

Definitions:

Federally Qualified Health Center (FQHC): All organizations receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits.

FQHC Look-Alike: Organization that received enhanced reimbursement from Medicaid but do not have full FQHC status therefore do not received annual discretionary funds.

Managed Care Organizations: An organization that combines the functions of health insurance, delivery of care, and administration. Examples include the independent practice association, third-party administrator, management service organization, and physician-hospital organization.

Methadone: Methadone is an opioid medication. An opioid is sometimes called a narcotic. Methadone reduces withdrawal symptoms in people addicted to heroin or other narcotic drugs without causing the "high" associated with the drug addiction.

Methadone is used as a pain reliever and as part of drug addiction detoxification and maintenance programs and is only available from certified pharmacies.

<https://www.drugs.com/methadone.html>

Opioid: Opioids are a class of drugs chemically similar to alkaloids found in opium poppies. Historically they have been used as painkillers, but they also have great potential for misuse. Repeated use of opioids greatly increases the risk of developing an opioid use disorder.

<https://www.samhsa.gov/atod/opioids>

Opioid Use Disorder (OUD): Opioid use disorder is defined as a subset of substance use disorder in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. A minimum of 2-3 criteria is required for a mild substance use disorder, 4-5 criteria is moderate, and 6-7 is severe.

1. Taking the opioid in larger amounts and for longer than intended
2. Wanting to cut down or quit but not being able to do it
3. Spending a lot of time obtaining the opioid
4. Craving or a strong desire to use opioids
5. Repeatedly unable to carry out major obligations at work, school, or home due to opioid use
6. Continued use despite persistent or recurring social or interpersonal problems caused or made worse by opioid use
7. Stopping or reducing important social, occupational, or recreational activities due to opioid use
8. Recurrent use of opioids in physically hazardous situations
9. Consistent use of opioids despite acknowledgment of persistent or recurrent physical or psychological difficulties from using opioids

FY 2017 Opioid Treatment Expansion Initiative

10. *Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision)
11. *Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (Does not apply when used appropriately under medical supervision)

Department of Behavioral Health (DBH): The Department of Behavioral Health provides prevention, intervention and treatment services and supports for children, youth and adults with mental and/or substance use disorders including emergency psychiatric care and community-based outpatient and residential services. (<http://dbh.dc.gov/page/about-dbh>)

Prescription Drug Monitoring Program: The Prescription Drug Monitoring Program (PDMP) aims to improve the District's ability to identify and reduce diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of controlled substances; and to enhance patient care by providing prescription monitoring information that will assure legitimate use of controlled substances in health care, including palliative care, research and other medical and pharmacological uses. (<http://doh.dc.gov/service/prescription-drug-monitoring-program>)

Medication-Assisted Therapy (MAT): Medication-assisted treatment (MAT), including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders. (Substance Abuse and Mental Health Services Administration, <https://www.samhsa.gov/medication-assisted-treatment>).

Naloxone: Naloxone blocks or reverses the effects of opioids, including extreme drowsiness, slowed breathing, or loss of consciousness.

Naloxone is used to treat an opioid overdose in an emergency situation. This medicine should not be used in place of emergency medical care for an overdose.

(<https://www.drugs.com/naloxone.html>)

Naltrexone: Naltrexone blocks the effects of opioid medication, including pain relief or feelings of well-being that can lead to opioid abuse. Naltrexone is used as part of a treatment program for opioid or alcohol dependence.

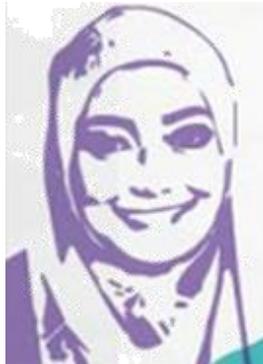
Naltrexone is used to prevent relapse in people who became dependent on opioids and then stopped using it. Naltrexone can help keep you from feeling a "need" to use the opioid.

(<https://www.drugs.com/mtm/naltrexone.html>)

Suboxone: A prescription medication that combines buprenorphine and naloxone. It is used to treat opioid addiction and alcohol dependence. (<http://www.suboxone.com/treatment/suboxone-film>).

Application Elements

- I. **Program Activity Plan (up to 5 pages)**
 - a. Program Activity Narrative
 - i. Describe in detail your proposed project and any collaborating partners to successfully implement the selected category (is) and activities.
 - ii. Describe the benefits of the project to the community.
 - b. Work Plan (Required Template)
 - c. Budget (Required Template)



Application Submission Procedures

1. Pre-application Conference

A Pre-application Conference will be held Tuesday, February 17, 2017 from 10:30 a.m.– 12:30 p.m., at 899 North Capitol Street, NE – 4th Floor, Washington, DC 20002 (Metro Red Line – Union Station). The meeting will give applicants more information about the training, program components, and requirements. It will also be an opportunity to ask questions about the application.

2. Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health with the information listed below, by contacting Nestor.Rocha@dc.gov. Please be sure to put “**RFA Contact Information**” in the subject box.

Name of Organization
Key Contact
Mailing Address
Telephone and Fax Number
E-mail Address

This information shall be used to provide updates and/or addenda to the **RFA #HAHSTA_Opioid21017** Opioid Treatment Support Project.

3. Prepare the application according to the following format:

- a) Page length: Program activity plan no more than five (5) pages. The Program Activity Plan file should be labeled “Program Activity Plan” and uploaded into EGMS
- b) Font size: 12-point unrounded
- c) Spacing: Double-spaced
- d) Paper size: 8.5 by 11 inches
- e) Page margin size: 1 inch
- f) Numbering: Sequentially from page 1 to the end of the application, including all charts, figures, tables, and appendices.
- g) Complete the Work Plan and Budget templates that can be found on EGMS. Scan and upload both documents into one file and label them “Work Plan and Budget” for submission in EGMS

Effective September 1, 2016, grant application submissions will be done via the DOH Enterprise Grants Management System (EGMS). Applicants must register to obtain an EGMS account at least two weeks prior to the submission deadline date.

Application Evaluation Criteria

Applications will be reviewed by HAHSTA staff for completeness and appropriateness. The overall evaluation will consist of an application and site visit scored assessment based on the criteria listed below. Please review the criteria carefully. The site visit will serve as the primary score of the application. The evaluation assessment will be conducted by staff members from the Virginia, Maryland, and District of Columbia Departments of Health. All eligible organizations that clear the HAHSTA Technical Review will receive an assessment.

20% of Total Score

Program Activity Plan (Written proposal) – 100 points

Overall, the program activity plan will be scored on the feasibility of being fully and successfully implemented and having an impact on the focus population(s). Focus population(s) must be clearly identified for each activity. The approach includes overcoming barriers to reaching participants effectively over time, and a reasonable plan to assess performance and effect. Proven capacity to deliver same or related services strengthens the feasibility of successful performance. **Plan should explicitly include organizational and/or client level targets.**

- a. Program Activity Narrative – 40 points
- b. Work Plan (Required Template Attachment C) – 50 points
- c. Budget (Required Template Attachment E) – 10 points

Proposed Program

- *The proposed program design includes all of the elements which ensure that programs services will be implemented and delivered without interruption or gaps in services. In addition, program design ensures proper monitoring and evaluation of program quality and performance. Evidence of a sound program design may include:*
 - Proposed program structure
 - Implementation plan
 - Proposed targets
 - Proposed program oversight
 - Policies and procedures
 - Written protocols
 - Staffing plan/staff background and expertise
 - Evidence of collaborations

Supplemental Description of Evaluation Criteria:

The following questions translate some of the key program elements and approaches to how they may be evaluated in your application and should be used to assist your preparation of the program plan.

Opioid Expansion Initiative Program

- How will you ensure services are culturally sensitive and relevant?
- How will your agency expand the availability of buprenorphine-based Medication-Assisted Treatment (MAT) to address opioid addiction?
- What will your agency do to reduce the number of fatal and non-fatal opioid overdoses?
- What work will your agency do to increase the number of prescribers and providers of buprenorphine-based treatment and care coordination?
- How will your agency establish a sustainable buprenorphine-based opioid treatment provider network?
- What qualifications does your staff have to provide buprenorphine-based opioid treatment services? What training will your staff need?
- How will you ensure that clients interested in alternatives to methadone treatment receive the medication?
- How will you ensure that clients receive additional health screenings as needed?

80% of Total Score

Pre-Decisional Site Visit

The next step of the review process is conducted during a pre-decisional site visit (PDSV). Applicants can receive a maximum PDSV score of 50 points. During PDSVs, reviewers will meet with appropriate project management and staff, which may include representatives of governing bodies, executive director, program manager, etc. The PDSV (1) facilitates a technical review of the application and discussion of the proposed program; (2) further assesses an applicant's capacity to implement the proposed program; and (3) identifies unique programmatic conditions that may require further training, technical assistance, or other resources. Final funding determinations will be based on application scores from the Program Activity Plan and scores from the PDSV.

The site visit will be an agency assessment and scoring in the follow areas:

- a. Organization Infrastructure – 5 points
- b. Organizational History of Service Provision – 5 points
- c. Program Management – 5 points
- d. Fiscal Systems – 5 points
- e. Billing Systems – 5 points
- f. Organizational Sustainability – 5 points
- g. Data Collection and Reporting – 5 points
- h. Quality Management – 5 points
- i. Organizational Access to Population of Focus – 5 points

j. Cultural Competence – 5 points

The site visit shall include a tour of the organization, to include the facility where proposed services will be offered. HAHSTA anticipates that site visits will occur between December 19, 2016 and January 11, 2017 and will last approximately four hours. Site visits will be scheduled prior to December 1, 2016. At that time, HAHSTA will share site visit preparation guidelines.

Based on the total scores from the site visit and written proposal, HAHSTA will make the final funding determinations. Preference for funding will be given to ensure that the overall portfolio of funded activity best meets the overall programming needs of the Demonstration Project. Funded applicants will be balanced in terms of geographic distribution.

Grants will be awarded through the use of DC Appropriated Funds.

Please note: A letter of intent to apply for funding is requested for this RFA. This information will be used to schedule site visits. It is not mandatory, but requested to support planning for the review.

Reviewing and Scoring of Application

Pre-Screening

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH personnel prior to being forwarded to the external review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

External Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health nutrition, health program planning and evaluation, and social services planning and implementation.

The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

Internal Review

DOH program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DOH will also conduct an

FY 2017 Opioid Treatment Expansion Initiative

excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct an DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DOH reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DOH to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DOH Director for signature. The DOH Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

Grants will be awarded through the use of Department of Health Functions Clarification Emergency Amendment Act of 2015 (D.C. Act 19-391).

Post-Award Activities

Successful applicants will receive a letter confirming their award. It will also outline the next steps as a sub grantee with the Department of Health.

Grantees must submit monthly data reports and quarterly progress and outcome reports using the tools provided by DOH/HAHSTA and following the procedures determined by DOH/HAHSTA. If you are funded, reporting forms will be provided during your grant-signing meeting with HAHSTA.

Continuation of funding for Year 2 is dependent upon the availability of funds for the stated purposes, fiscal and program performance, and willingness to incorporate new District-level directives, policies, or technical advancements that arise from the community planning process, evolution of best practices, or other locally relevant evidence.

BUDGET DEVELOPMENT AND DESCRIPTION

You will need to provide a detailed line-item budget and budget justification that includes the type and number of staff you will need to successfully put into place your proposed activities. You must follow the model of the sample budget included Attachment E.

HAHSTA may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

Provide a description for each job, including job title, function, general duties, and activities related to this grant: the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities (give this in a percentage, e.g., 50% of time spent on evaluation).

FY 2017 Opioid Treatment Expansion Initiative

The applicant should list each cost separately when possible, give as much detail as possible to support each budget item, and demonstrate how the operating costs will support the activities and objectives it proposes.

The applicant shall use a portion of their proposed budget for evaluation activities.

Indirect Costs

If your organization has a Federally Negotiated Indirect Cost Agreement, you will be required to submit a copy of that agreement in lieu of providing detail of costs associated with this line. You may charge indirect at a rate not to exceed 10% of the total projected direct costs of your program.

If your organization does not have a Federally Negotiated Indirect Cost Agreement, you will be required to provide detail of what costs are captured in your indirect cost line not to exceed 10% of the total projected direct cost of your program.

ASSURANCES

HAHSTA requires all applicants to submit various Certifications, Licenses, and Assurances. The Assurances can be found in EGMS. This is to ensure all potential sub-grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package.

HAHSTA classifies assurances packages as two types: those “required to submit applications” and those “required to sign grant agreements.” Failure to submit the required assurance package will likely make the application ineligible for funding consideration [required to submit assurances] or ineligible to sign/execute grant agreements [required to sign grant agreements assurances].

A. Assurances Required to Submit Applications (Pre-Application Assurances)

- Current Certification of Clean Hands from Office of Tax & Revenue (OTR)
- 501 (c) 3 certification
- List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

B. Assurances required for signing grant agreements for funds awarded through this RFA (Post-Award)

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment O)
- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
- Certification of current/active Articles of Incorporation from DCRA.

FY 2017 Opioid Treatment Expansion Initiative

- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

Application Submission (Enterprise Grants Management System)

Effective October 2016, all application submissions must be done electronically via Department of Health's Enterprise Grants Management System (EGMS), DOH's web-based system for grant-making and grants management. In order to submit an application under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized representative. If the applicant organization has an account already, please ensure that the Primary Account User is authorized to submit an application on behalf of the organization and his/her account is active. Currently, Secondary Account Users do not have submission privileges but can work in EGMS to prepare (e.g. upload documents, complete forms) the application.

Register in EGMS

DOH recommends that applicants create an EGMS account, establishing a Primary Account User as the authorized representative **at least two weeks** prior to the application submission deadline. There is no guarantee that the authorized representative would have an approved account if the registration process does not begin at least **two weeks** prior to the deadline. Deadline-day registrations may not be approved by the DOH Office of Grants Management in time for submission. To register, complete the following:

IMPORTANT: WEB BROWSER REQUIREMENTS

1. **Check web browser requirements for EGMS** - The DC DOH EGMS Portal is supported by the following browser versions:

- Microsoft ® Internet Explorer ® Version 11
- Apple ® Safari ® version 8.x on Mac OS X
- Mozilla ® Firefox ® version 35 & above (Most recent and stable version recommended)
- Google Chrome ™ version 30 & above (Most recent and stable version recommended)

2. **Access EGMS:** The user must access the login page by entering the following URL in to a web browser: https://dcdoh.force.com/GO__ApplicantLogin2. Click the button REGISTER and following the instructions. You can also refer to the EGMS External User Guide.

3. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.

4. Your EGMS registration will require your legal organization name, your **DUNS # and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).

5. When your Primary Account User request is submitted in EGMS, the DOH Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DOH

FY 2017 Opioid Treatment Expansion Initiative

Office of Grants Management will make an additional request for the Executive Director to send an email to DOH to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. **SUBJECT LINE: EGMS PRIMARY USER ___AGENCYNAME.** Note: The email will help to support the validation of authorized users for EGMS. DOH official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

6. Once you register, your Primary Account User will get an auto-notice to upload a “DUNS Certification” – this will provide documentation of your organization’s DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

EGMS User Registration Assistance:

Office of Grants Management at doh.grants@dc.gov assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: LaWanda Pelzer (202) 442-8983 and Clara McLaughlin (202) 442-9237. Here are the most common registration issues:

- Validation of the authorized primary account user
- Wrong DUNS, Tax ID or expired SAM registration
- Web browser

Review the EGMS External User Recorded Webinar for information on the submission process and navigation of EGMS.

<https://dcnet.webex.com/dcnet/ldr.php?RCID=957d2b20dd173112ea7c2bb1025fcb33>

(If you have trouble linking, try Google Chrome and not Internet Explorer)

HAHSTA CONTACTS

Applicants are encouraged to e-mail or fax their questions to the contact person(s) listed below on or before February 21, 2017. Questions submitted after the deadline date will not receive responses. Please allow ample time for questions to be received prior to the deadline date.

Contact Person: *Stacey L. Cooper*
Deputy Bureau Chief, Prevention
Government of the District of Columbia, Department of Health
HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)
899 North Capitol Street, NE 4th Floor
Washington DC 20002
E-Mail: Stacey.Cooper@dc.gov
Phone: 202.671.4900
Fax: 202.671.4860
Direct Budget Questions to *Anthony Young*:
Anthony.Young@dc.gov

