



# CA MAT Expansion Project CA H&SS

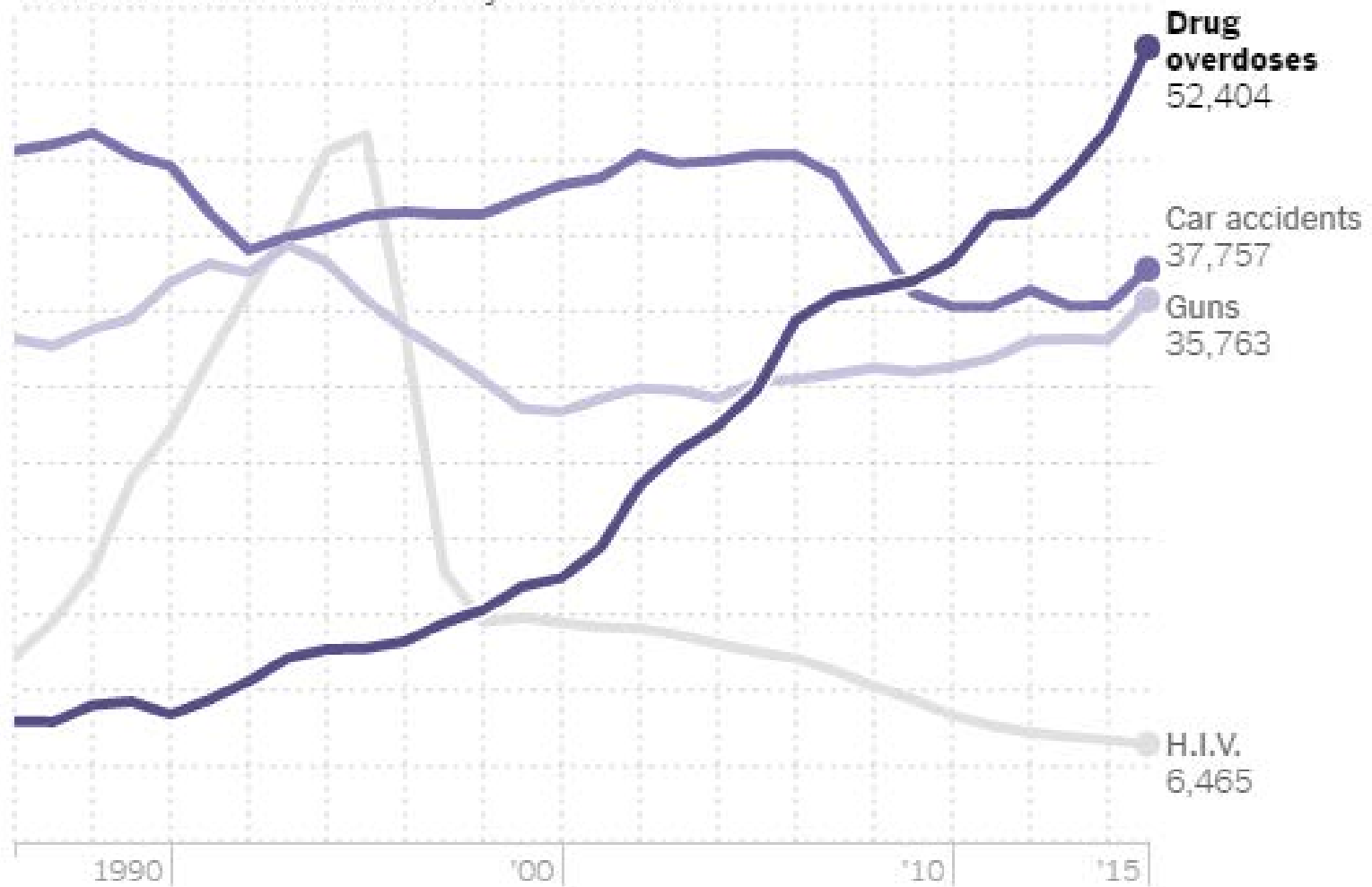
May 15, 2017



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# Causes of Death

The number who die each year from...





# Webinar Agenda

- SAMHSA Opioid STR Grant Update
- Overview of Scope of Work
- Contractor Requirements
- Subcontractor Requirements
- Request for Application
- Resources
- Questions



# CA MAT Expansion Project

- **SAMHSA Approval.** DHCS received approval on April 21, 2017.
- **Grant Period.** The grant began May 1, 2017. The grant period is for two years. SAMHSA extensions may be possible.
- **Services Rendered.** Grant services must begin no later than September 1, 2017.
- **Governor's May Revise Budget.** Contains contract exemption language to implement the grant.



# CA Hub and Spoke System

- Fund **at least** 15 CA H&SS statewide
- Selection of the CA H&SS will be determined through a competitive RFA process
- Each CA H&SS can apply for **up to** \$2.6M for each year of the grant period
- Federal Year One funds have been awarded
- The RFA was released **May 15, 2017** and due back to DHCS by **June 26, 2017**.



# Scope of Work (SOW)

## Contractor responsibilities:

1. Outreach
2. Treatment Services
3. Data Collection and Performance Measures
4. Reports
5. Evaluation
6. Training
7. Invoices
8. Subcontracting



# SOW Definitions

1. CA H&SS: CA H&SS means a model comprised of NTPs or Medication Units that serve as the Hubs and Data 2000 waived prescribers who prescribe buprenorphine in office-based settings who serve as the Spokes.
2. Contractor: Contractor means the lead entity over the CA H&SS. The Contractor may be a NTP, Medication Unit, Federally Qualified Health Center (FQHC), or county depending on the location of the CA H&SS.
3. Hub: Hub means a Department licensed NTP or Medication Unit.





# SOW Definitions

4. Spoke: Spoke means either (1) a federally waived prescriber who prescribes and/or administers buprenorphine, or (2) one or more federally waived prescribers and a MAT team consisting of a licensed health practitioner and/or licensed behavioral health professional to perform duties that do not require a prescribing license. A Spoke may consist of individually waived professionals, FQHCs, or SUD treatment providers. NTPs and MUs cannot be Spokes.
5. Subcontractor: Subcontractor means the individual or entity that contracts with the Contractor to perform services for the H&SS.
6. Waivered Prescriber: Waivered Prescriber means a physician, nurse practitioner, or physician assistant who obtains a federal Data 2000 waiver from SAMHSA to prescribe buprenorphine. Waivered prescribers who provide services outside of a NTP or Medication Unit must have this federal waiver since buprenorphine is a scheduled narcotic.



# SOW

# Contractor Requirements



# Outreach

- Outreach Plan:
  - Communication Plan
  - Engagement
  - Timeline
  - Due to DHCS 30 days after executed contract
- Required to participate in local opioid coalition
- Required to attend DHCS CA H&SS Steering Committee



# Treatment Services

- Assessment and diagnosis of an OUD;
- Counseling;
- HIV and HCV testing and referral to services;
- Case management;
- Professional medical, social work, and mental health services, offered to patients onsite or by referral;
- Recovery and/or peer support services; and,
- Local access to maternal addiction treatment.



# Treatment Services

- Serve as the subject matter expert on opioid dependence and treatment to the Spokes;
- Utilize the OBOT Stability Index;
- Utilize the Treatment Need Questionnaire tool;
- Prescribe and dispense methadone. If the Contractor is not a NTP or MU, this requirements does not apply until a NTP or MU is established;
- Prescribe and dispense buprenorphine for the clinically complex patients;
- Ensure patients and family members, if requested, have a prescription and training for naloxone;



# Treatment Services

- Provide support to the Spokes on buprenorphine inductions, and clinical, or programmatic advice; and,
- Transfer patients to subcontracted Spokes for MAT Expansion Project services.
- Contractor may also:
  - Transfer patients out of CA H&SS if a higher level of care is necessary; and/or,
  - Prescribe and dispense all other FDA approved medications for MAT.



# Data Collection

- Collect all required data elements
  - Number of people who receive OUD treatment;
  - Number of people who receive OUD recovery services;
  - Number of providers implementing MAT;
  - Number of OUD prevention and treatment providers trained, including nurse practitioners, physician assistants, physicians, nurses, counselors, social workers, and case managers; and,
  - Naloxone data including the number of prescriptions provided to patients, utilized by patients, and overdose reversals.



# Reporting & Evaluation

- Identify and track additional metrics aimed at quality improvements of patient care
- Submit performance measures to DHCS
- Submit quarterly reports to DHCS
- Participate in the UCLA Evaluation
  - Patient surveys and interviews
  - Staff surveys and interviews
  - Patient release information





# Training

- **Initial Orientation & Learning Collaborative.**
  - An initial one-day statewide orientation to occur July 26, 2017
  - Four Learning Collaborative meetings
- **Statewide MAT Training.** UCLA will organize and facilitate two statewide daylong trainings for the staff of Hubs and Spokes
- **UCLA Clinical Trainings.** A minimum of 20% of the Contractor's clinical staff shall attend
- **Motivational Interviewing.** All Hub staff must be trained by the 4<sup>th</sup> month.



# Invoicing

- Each invoice shall contain actual expenditures from the previous quarter.
- The Contractor will render payment to the subcontractor.
- The CA H&SS projected budget will be approved by DHCS during the RFA selection process.
- Any shifts greater than 5% of the total projected expenditures identified on the CA H&SS Proposed Budget, the Contractor must receive DHCS approval.



# Monitoring and Audits

- The Contractor will be monitored by DHCS;
- Site visits will occur at the CA H&SS;
- The Contractor must retain all records that substantiate invoiced expenditures; and
- Any inappropriate expenditures must be returned to DHCS.



# Subcontracting with Spokes



# Subcontracting Spokes

- The Contractor shall enter into subcontracts with Spokes that meet the following minimum qualifications:
  - One waived prescriber with a federal Data 2000 waiver; and,
  - Any form of Medi-Cal certification including, Fee-for-Service and/or Drug Medi-Cal certification obtained prior to entering a subcontract. Independent waived physicians must have Medi-Cal certification within one year of entering a subcontract.



# Subcontracting Spokes

- The Contractor's subcontract shall require the Spokes:
  - Provide ongoing care for patients with milder addiction as determined by the Treatment Needs Questionnaire;
  - Manage induction and maintenance, unless otherwise agreed in the subcontract;
  - Monitor adherence to treatment, conduct drug screenings, and coordinate access to recovery supports;
  - Collect minimal data elements, including numbers of patients in care and retention in treatment;



# Subcontracting Spokes

- Adhere to standards of care for managing patients on buprenorphine, including utilization of the OBOT Stability Model;
- Provide, or refer, patients to counseling services;
- Check the prescription drug monitoring program database (CURES) initially and every four months, documenting these actions in the chart;
- Prescribe buprenorphine;
- Ensure patients have a prescription for naloxone; and,
- Comply with all grant funding limitations and restrictions.



# Subcontracting Spokes

- Staffing models for Spoke MAT Team:
  - The Vermont staffing model is one educator/panel manager (typically a nurse) and one case manager (typically a licensed clinical social worker) for every 100 patients.
  - Spokes may, however, propose alternate staffing models to cover its duties with roles filled by advance practice clinicians, pharmacists, licensed vocational nurses, medical assistants, marriage and family therapists, social workers, addiction counselors, and peer providers, so long as each individual only practices within the scope of his or her respective license or certification.
- Prescribing and dispensing FDA approved medications, in addition to buprenorphine, for MAT.





# Funding Limitations/Restrictions

- Grant funds used as a last resort;
- Eligible individuals must secure and use Medi-Cal;
- Grant funds may pay for medication costs, including all FDA-approved medications for MAT, when no other funding source exists;
- Hubs in non-participating Drug Medi-Cal Organized Delivery System Waiver counties may use grant funds for costs associated with buprenorphine prescriptions (professional services and on-site buprenorphine dispensing);
- Grant funds may be used to hire a consultant to conduct academic detailing;



# Funding Limitations/Restrictions

- Grant funds may be used toward:
  - opioid coalition efforts;
  - infrastructure costs to expand services or implement the new model
  - improve the data infrastructure
  - cover telehealth infrastructure and mobile technology
  - purchase tokens or transportation vouchers for patients
  - hire a staff member to coordinate all CA H&SS activities



# Request for Application (RFA)



# Timeline

| Event                | Date     |
|----------------------|----------|
| RFA Released         | 05/15/17 |
| Application Due Date | 06/26/17 |
| Projects Selected    | 07/07/17 |
| Proposed Start Date  | TBD      |



# Qualification Requirements

- In counties that have a DHCS licensed NTP or Medication Unit (MU), **only** the NTP or MU can submit an application.
- In counties **without a NTP** located geographically in the county, the Applicant may be an out-of-county NTP, Substance Use Disorder (SUD) provider, Federally Qualified Health Center (FQHC), or county.
- All Hub and Spokes **must** obtain or currently be enrolled in Drug Medi-Cal or Fee-for-Service Medi-Cal. The Medi-Cal certification must be current and remain in good standing throughout the contract period.



# Format

- Each entity may submit more than one application consistent with the qualification requirements;
- Applications must adhere to the page limits;
- Font must not be less than size 11 point;
- Questions can be submitted to the mailbox listed on the MAT Expansion DHCS web page;
- Late submissions will not be accepted.



# Executive Summary

- This section must not exceed **two pages** in length
- A brief overview of the project that demonstrates an understanding of California's needs and the importance of this project
- The patient and project outcomes that are expected and how they will be achieved
- Why the proposing entity should be chosen to undertake this work at this time



# Applicant's Capability

- This section must not exceed **five pages** in length.
- Provide an overview of the CA H&SS. Include the name and location of the Hub or the plan to establish the Hub. Include the names and locations of the Spokes and the plan, if any, to expand Spokes. Also include a description of how the Applicant will recruit and oversee the Spokes. Describe overall how the system will work.
- Describe experience that qualifies the proposing entity to undertake this project. The Applicant must demonstrate an ability to perform the requirements to implement a CA H&SS.





# Applicant's Capability

- Describe how the Applicant will enact the following five phases of implementation:
  - Service Preparation
  - Initial Deployment of Hub Services
  - Initial Deployment of Spoke Services
  - Full Implementation of all Hub and Spoke Services
  - Sustainability



# Treatment Services

- This section must not exceed **twenty pages** in length.
- Describe the overall approach and/or methods that will be used to accomplish the SOW. Include a description for accomplishing the requirements in each of the six categories outlined in the SOW:
- Outreach (SOW 7A)
- Treatment Services (SOW 7B)
  - Assessment and Diagnosis of an Opioid Use Disorder (OUD)
  - Counseling
  - HIV and HCV testing



# Treatment Services

- Case Management Services
- Professional Medical, Social Work and Mental Health Services
- Recovery and/or Peer Support Services
- Local Access to Maternal Addiction Treatment
- Data Collection and Performance Measures (SOW 7C)
- Reports and Policies (SOW 7D)
- Evaluation (SOW 7E)
- Training (SOW 7F)



# Treatment Services

- If applicable, explain any special population CA H&SS additional services including, re-entry services for clients leaving correctional facilities and/or neonatal abstinence syndrome treatment programs which will be provided as outlined in the SOW. Also include if the Applicant will utilize funds for infrastructure, patient transportation and/or telehealth services.



# Management Plan

- This section must not exceed **three pages**.
- Describe how the Applicant will effectively coordinate, manage, and monitor the efforts of the assigned staff, including Subcontractors and/or Consultants, to ensure that all tasks, activities, and functions are completed effectively and in a timely manner.
- Describe how the Applicant will ensure that grant funds do not supplant other funding.



# Management Plan

- Describe the fiscal accounting processes and budgetary controls that will be employed to ensure the responsible use and management of contract funds and accurate invoicing. Include at a minimum, a brief description of the proposing entity's fiscal reporting and monitoring capabilities to ensure contract funds are managed responsibly.



# Attachments

- CA H&SS Proposed Budget
- Implementation Timeline
- Projected Patients Served
- An organization chart
- Subcontractor/Consultant letters of agreement



# Proposed Budget

- The Budget Narrative is limited to **four pages**.
- All applications must submit a proposed budget for Year One and Year Two activities. Applications must use Attachment A titled “CA H&SS Proposed Budget”. Applications can add categories to the budget form.
- Applications can only spend up the \$2.6M annual limit.
- Applications may project expenditures under the limitation; however, all applications will be capped at the limit projected in the proposed budget. Allowable funding categories are listed in the CA H&SS Proposed Budget.
- Applications do not need to expend funds under each category.





# Proposed Budget

## California Hub and Spoke System Proposed Budget

Name of Entity Applicant:

| Expenditure Categories   | Grant Projected Expenditures         |                                      |                                  |
|--|--------------------------------------|--------------------------------------|----------------------------------|
|  | Year One<br>(July 2017-June<br>2018) | Year Two<br>(July 2018-June<br>2019) | Total Projected<br>Expenditures* |
| <b>Personnel (including any benefits)</b>  |                                      |                                      |                                  |
| MAT Spoke Team Staff (designate the number of staff, classification of staff, costs covered for each staff by grant, and spoke locations served by each MAT team member) |                                      |                                      |                                  |
| CA H&SS Coordinator (one per CA H&SS funded by grant)  |                                      |                                      |                                  |
| Staff Member for Academic Detailing  |                                      |                                      |                                  |
| Prevention Specialists   |                                      |                                      |                                  |
| <b>Total Personnel Costs</b>   |                                      |                                      |                                  |
| <b>Outreach</b>  |                                      |                                      |                                  |
| Local Opioid Coalitions (up to 5% of total projected budget)   |                                      |                                      |                                  |
| <b>Total Outreach Costs</b>  |                                      |                                      |                                  |
| <b>Treatment Services</b>  |                                      |                                      |                                  |
| Counseling Services  |                                      |                                      |                                  |
| HIV and Hep C Testing  |                                      |                                      |                                  |
| Case Management Services   |                                      |                                      |                                  |
| Recovery and Peer Support Services   |                                      |                                      |                                  |
| Co-Pays/Under/Uninsured Costs (physician services/drug testing)  |                                      |                                      |                                  |
| Required Medication Costs (methadone and buprenorphine)  |                                      |                                      |                                  |
| Additional Medication Costs (Naltrexone, Disulfiram, Acamprostate)   |                                      |                                      |                                  |
| Naloxone (drug costs and training)   |                                      |                                      |                                  |
| <b>Total Treatment Costs</b>   |                                      |                                      |                                  |
| <b>Miscellaneous</b>   |                                      |                                      |                                  |
| Neonatal Abstinence Syndrome Treatment Program   |                                      |                                      |                                  |
| Re-Entry CA H&SS Services for Patients Leaving Correctional Facilities   |                                      |                                      |                                  |
| Patient Transportation Tokens/Passes (up to 5% of total)   |                                      |                                      |                                  |
| Telehealth Infrastructure Costs and Service Provision (up to 5% of total projected budget)   |                                      |                                      |                                  |
| Implementation Infrastructure (up to 5% of total projected budget)   |                                      |                                      |                                  |
| <b>Total Miscellaneous Expenses</b>  |                                      |                                      |                                  |
| <b>Total Projected Budget Expenditures</b>   |                                      |                                      |                                  |



# Evaluation and Selection

| <b>Narrative Rating Category</b> | <b>Total Points</b> |
|----------------------------------|---------------------|
| Executive Summary                | 12                  |
| Applicant's Capability           | 20                  |
| Planning and Implementation      | 64                  |
| Management Plan                  | 12                  |
| Total Points Possible            | 108                 |

- Total points for proposed budget is 20.



# Evaluation and Selection

- The CA H&SS overdose incentive adjustment will be a total of 10 additional points. To qualify for the incentive, applicants must establish a CA H&SS within one of the counties with the top ten overdose rates as of 2015:

Plumas  
Lake  
Tuolumne  
Humboldt  
Siskiyou  
Imperial  
Calaveras  
Mendocino  
Santa Cruz  
Del Norte



# Resources

- The RFA contains a Narrative Application Rating listing;
- Applicants are encouraged to utilize this list along with the SOW when preparing the application;
- Questions can be submitted to DHCS;
- The MAT Expansion Project has a page on the DHCS website with the SOW, RFA, FAQs and other necessary information:

<http://www.dhcs.ca.gov/individuals/Pages/State-Targeted-Response-to-Opioid-Crisis-Grant.aspx>



# Resources

- California Primary Care Association (CPCA) and California Opioid Maintenance Providers (COMP) will be partnering to build the network of providers;
- If a Hub (NTP) is looking for potential Spokes, please contact:

Allie Budenz

California Primary Care Association

1231 I Street, Suite 400

Sacramento, CA 95814

Phone: (916) 440-8170

[abudenz@cpcac.org](mailto:abudenz@cpcac.org)



# Resources

- If a Spoke is looking for potential Hubs, please contact:

Jason Kletter

California Opioid Maintenance Providers

1215 K Street, Suite 2030

Sacramento, CA 95814

415-552-7914

[jkletter@baymark.com](mailto:jkletter@baymark.com)



# More Information

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**Kevin Masuda**, Project Analyst, SUDCD

CA MAT Expansion Project Website:

<http://www.dhcs.ca.gov/individuals/Pages/State-Targeted-Response-to-Opioid-Crisis-Grant.aspx>