

## The California Hub and Spoke System (CA H&SS) FAQs

1. Where can I submit our California Hub and Spokes System Services Application and what are the submission requirements?

**Applications can be submitted via email or hard copy. Electronic submissions should be in pdf format and can be in one file or multiple files. The application cover page should include a contact person and the name of the entity applying.**

**Please submit applications to:**

**Department of Health Care Services  
Substance Use Disorder Compliance Division  
MS 2600  
PO Box 997413  
1501 Capitol Ave, Sacramento, CA 95899-7414  
Attn: Kevin Masuda**

Or: [DHCSMATExpansion@dhcs.ca.gov](mailto:DHCSMATExpansion@dhcs.ca.gov)

**Applications must be submitted or post marked no later than June 26, 2017. Late submissions will not be considered.**

2. What is a NTP? **NTP stands for Narcotic Treatment Program. More information can be found about NTPs here:**

<http://www.dhcs.ca.gov/individuals/Pages/NTP.aspx>

3. Where can I find a list of NTPs? **A list of NTPs can be found here:**

<http://www.dhcs.ca.gov/individuals/Documents/CLINICDR%204-10-17.pdf>

4. Can a NTP be a Spoke? **No, a NTP cannot be a Spoke.**

5. Can a For-Profit Organization be a Hub? **Yes.**

6. Do all Hub and Spoke services have to be performed in the same county (i.e. can a Hub be in one county and Spoke in another county). **The Hub and subcontracting Spoke do not have to be in the same county; however, they**

**need to be in relative close proximity to one another in case patients need to be transferred back and forth.**

7. Is it a requirement for a Hub and Spoke to have Medi-Cal? If so, does that mean DMC or Fee-For-Service? **Yes. Hubs and Spokes must have at least one form of Medi-Cal. Facilities can have either DMC or Fee-For-Service. They do not need both.**

8. If a county is not opting into the Waiver, could funds be used to pay for Medi-Cal patients in that county for Buprenorphine? **Yes.**

9. It looks like the NTPs in our affected counties are non-government or commercial entities, how would we proceed if we are Spokes in need of a Hub? **If a Spoke is looking for a potential Hub, 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)

**Conversely, if a Hub is looking for Spokes, please contact:**

**Allie Budenz**  
**California Primary Care Association**  
**1231 I Street, Suite 400**  
**Sacramento, CA 95814**  
**Phone: (916) 440-8170**  
[abudenz@cpc.org](mailto:abudenz@cpc.org)

10. How are the grant funds disbursed? Will funds be disbursed for startup of a new facility? **Grant funds are disbursed through an invoicing process with the entities that are awarded contracts for a CA H&SS. Funds will not be disbursed for startup of a new facility.**

11. Does the grant cover development or leasehold improvements of a facility? **No, CA H&SS may utilize up to five percent for infrastructure costs to improve services or implement the new system. Costs may include, but not be limited to, purchasing safes to store buprenorphine and methadone, minor facility**

**improvements necessary for expansion, telemedicine equipment, data infrastructure, or other similar infrastructure costs. Funding cannot be used to purchase, lease or build a new facility structure.**

12. Can an NTP or MU participate as more than one Hub i.e. be the recipient of more than one grant? **No, only one grant will be awarded to each NTP or MU if applicable.**

13. Will there only be one grant per county if there are multiple NTPs? **No, multiple grants may be awarded in one county.**

14. Does the Hub have to prescribe both methadone and buprenorphine or can they just prescribe buprenorphine. **Hubs must prescribe both methadone and Buprenorphine.**

15. Is there a requirement on the Hub to ensure a minimum amount of funding is provided to the Spoke (sub-contractor) to support non-Medi-Cal reimbursable services? **All projected funding provided to the Spokes must be contained in the Hub's Proposed Budget.**

16. There is great interest in this grant and the biggest “concern” is that the only entities who will be eligible hubs (and primary contractors) are methadone programs. However, there is interest from several FQHCs and several counties in the North who would like to be applicants and feel they could contract with a methadone provider to set up a medication unit as their methadone program. Is this possible? **In counties without Narcotic Treatment Programs (NTPs) or Medication Units, other entities can apply. In fact, these proposals will get incentive points as well as the top 10 overdose counties (as of 2015). Since 28 counties have no NTPs, this opens a lot of possibilities for other entities to apply. For these proposals, they need to have NTP or Medication Unit services available in year two.**

17. There seems to be an expectation that each Hub will be able to start 400 new patients on buprenorphine by the end of the grant period, is that correct? **No. These were estimates based on Vermont's system. In the RFA, proposers will be required to project the number of patients served in year one and year two. DHCS will be choosing models of all size across the state.**

18. Is there an assessment tool that will be required for determining levels of care? **The Treatment Needs Questionnaire (TNQ) and the OBOT Stability Index are required. These are attachments with the Scope of Work and can be found here:**

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

19. Acknowledging that "clinical complexity" often involves management of co-occurring pain and/or psychiatric illness, can funding be used to build Hub-based (non-substance) mental illness and/or pain management services? **No.**

In ODS waived counties, only that county's residents are eligible for these kinds of services, would this grant allow for serving out of county residents at an NTP? **Patients in a CA H&SS are eligible for all grant services regardless of residence. CA H&SS must use Medi-Cal funding prior to utilizing grant funding; therefore, if an NTP provides services to a DMC eligible out of county beneficiary, they will need to contract with the county of residence.**

20. If the FQHC is applying as the Contractor, can the FQHC be the Hub? Or will the Contracted FQHC still only be a Spoke? **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.**

21. The budget appeared that it wasn't structured to provide funding to sub-contractors. Should Spokes expect to receive some portion of this funding if in the project? **The Hub will reimburse the Spokes for authorized expenditures and provide the expenditure information on the invoice that will be submitted to DHCS for grant funding reimbursement.**

22. Are the Spoke services limited to prescription management or are other forms of services allowed? If yes, are the Spoke services required to be Medicaid approved services. **Spokes need to adhere to standards of care for managing patients on buprenorphine, including random drug screens and checking the prescription drug monitoring program data base (CURES) initially and every four months and documenting these actions in patient charts. Spokes need to collect minimal data elements such as numbers of patients in care and retention in treatment. These data elements will need to be reported to the Hub.**

**The CA H&SS will require counseling services to be provided to all Hubs and Spoke patients. The applicants will be required to identify where counseling services will occur for services. Options can include on-site or remote (video or phone conferencing). Funding may be utilized to cover initial counseling costs not covered by Medi-Cal or other funding sources.**

23. In regards to re-entry services for special populations, would juveniles being released from juvenile detention centers qualify?

**Agonist medications are indicated for the treatment of patients who are ages 18 years and older. The federal code on opioid treatment, 42 CFR § 8.12, offers an exception for patients aged 16 and 17 who have a documented history of at least two prior unsuccessful withdrawal management attempts, and have parental consent. See 42 CFR § 8.12 for additional information.**

24. Do the MAT Expansion Project funds divert or pull funds from existing allocations to Counties?

**No, the grant funding is separate from all other County allocations, and does not have any effect on existing County allocations.**

25. Can I utilize any grant funds for indirect costs?

**Yes. Up to 5% of grant funds may be utilized for indirect costs. Examples of indirect costs include staff training, a percentage of salaries for administration of the grant, travel to DHCS Steering Committee meetings, travel to Learning Collaboratives, and general office expenses. Documentation of indirect costs must be made available to DHCS when site visits occur. Indirect costs must be directly related to grant activities.**

26. If a county has an NTP but the NTP has no interest in applying for the grant is that county bypassed or can a spoke apply as the lead entity?

**If a county has an NTP, then the NTP must be the lead entity for the application. This requirement cannot be circumvented and it is possible that a County would be bypassed in this scenario.**