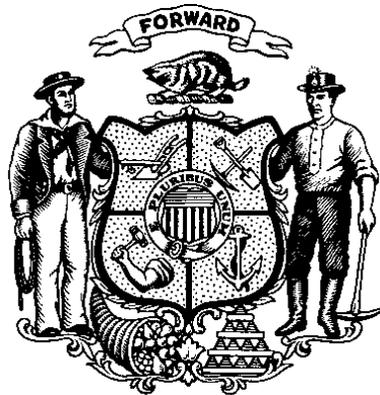


Development of Opioid Treatment Services in Underserved Areas

STATE OF WISCONSIN

DEPARTMENT OF HEALTH SERVICES

**GRANT FUNDING OPPORTUNITY
ANNOUNCEMENT**



Grant Funding Opportunity – GFO-SA2020DEVOTS

**Development of Opioid Treatment
Services in Underserved Areas**

PROPOSALS MUST BE RECEIVED BY 2:00 PM CT 3/30/2020

LATE PROPOSALS WILL BE REJECTED

FAXED OR EMAILED PROPOSALS WILL NOT BE ACCEPTED

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1 INTRODUCTION AND PURPOSE

1.1 Definitions

For the purposes of this Grant funding opportunity and resulting Grant agreement(s), the following definitions of terms shall apply, unless otherwise indicated.

Agency, Department, or DHS	The Wisconsin Department of Health Services
Contract Administrator	The DHS employee responsible for the implementation, administration, and completion of the Grant agreement
Contract Manager	The DHS employee responsible for oversight of the implementation, administration, and completion of the Grant agreement
Day	A calendar day, unless specifically identified as a business day
Grant Agreement	The written agreement between the successful Vendor and the State covering the goods and services to be performed pursuant to this Grant Public Notice Website
Grant Funding Opportunity (GFO)	Announcement of an opportunity to apply for grant funds.
Grantee	Person or entity that has been awarded the Grant agreement as a result of this Proposal, and who is required to provide the agreed upon good and/or services.
Medication-Assisted Treatment (MAT)	Medication-Assisted Treatment (MAT) is the use of Federal Drug Administration-approved medications including buprenorphine products, naltrexone, or methadone, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.
Nonprofit Organization	An organization described in section 501 (c) (3) of the internal revenue code
Opioid Treatment Program (OTP)	An organization that includes a physician who administers or dispenses an FDA-approved medication for the treatment of an Opioid Use Disorder (OUD) to a person with an OUD for treatment or detoxification treatment with a comprehensive range of medical and rehabilitation services and that is approved by the state opioid treatment authority as well as SAMHSA, and registered with the U.S. Drug Enforcement Administration to use a narcotic drug for treatment of narcotic addiction. In Wisconsin, OTPs are certified under Wis. Admin. Code §§ DHS 75.15 and DHS 75.13.
Procuring Agency	The Wisconsin Department of Health Services
State	The State of Wisconsin
Subcontractor	A third party contractually engaged by the awarded Grantee to assist in the provision of services enumerated in this GFO and for which awarded Grantee has a grant agreement with the Department to provide or perform
Vendor	Person or firm submitting a response to a GFO and a set of specifications. The term Vendor is used throughout this document in lieu of Grantee or Proposer

1.2 Purpose and Scope of Work

The Wisconsin Department of Health Services (DHS) is seeking proposals for the infrastructure planning and development of Opioid Treatment Programs (OTPs), telehealth, and mobile medication-assisted treatment (MAT) units, and emergency department or other hospital initiatives to develop buprenorphine induction for people with opioid use disorder prior to release, in high need and underserved areas of Wisconsin. DHS intends to use the results of this process to award Grant

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agreement(s) for this purpose in such a way to expand coverage of opioid treatment services in underserved geographic areas of the state and for underserved populations.

Opioid Treatment Program Development Projects

People with complex Opioid Use Disorders require intensive daily treatment for Medication-Assisted Treatment, addiction counseling and recovery supports. A need exists for more comprehensive Opioid Treatment Programs across the state of Wisconsin. Currently there are 21 OTPs offering MAT, including access to daily methadone treatment services. OTPs must be a certified treatment program under Wis. Admin. Code §§ DHS 75.15 and 75.13. They are regulated by state law (Wis. Stat. §§ 51.4223 and 51.4224) and by the Substance Abuse and Mental Health Services Administration (SAMHSA) certification and the Drug Enforcement Administration (DEA) registration to administer and dispense medications that are approved by the Food and Drug Administration (FDA) to treat opioid addictions. All programs are required to provide client registration data to a Central Database Registry maintained through the State Opioid Treatment Authority (SOTA) in the Division of Care and Treatment Services (DCTS). The SOTA has responsibility under state law (Wis. Stat. § 51.4224) “to exercise the responsibility and authority for governing the treatment of a narcotic addiction with a narcotic drug.”

All of the current 21 OTPs are located in the lower half of the state, leaving over half of the state without access to this evidence-based and cost effective treatment for people who have highly complex OUDs and are in need of daily treatment support from methadone and counseling resources. A directory of all OTPs in Wisconsin can be found at: <https://www.dhs.wisconsin.gov/opioids/find-treatment.htm>

The Department of Health Services, Division of Care and Treatment Services (DCTS) is seeking to expand access to OTPs in underserved areas of Wisconsin. These grant funds are meant to facilitate the infrastructure planning and development of these services in areas of the state without adequate access to OTP services. These grant funds are one-time and are not intended to provide on-going support. The funding for this initiative is made available by a one-time supplement to the Wisconsin State Opioid Response Grant (SOR). Priority will be given to proposals in underserved areas (see Section 2.6 for a description of these priority areas). The DCTS recognizes that organizations in these underserved areas may have to form partnerships with established programs to develop new OTP programs and welcomes such partnerships. However, because the funding for this Grant Funding Opportunity Announcement are federal SOR Grant funds, direct recipients of this funding must be a public or non-profit 501 (c) (3) organization, or qualify as a state, local or tribal government, or a state, local, or non-profit educational institution located in the state of Wisconsin and must assure adherence to state and federal law and SOR Grant requirements.

For more information on the requirements for developing OTPs:

https://www.forwardhealth.wi.gov/WIPortal/content/Provider/OTP_Provider/index.htm.spage

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Mobile and Telehealth Treatment Projects

In addition to the planning and development for the expansion of OTP services in non-covered areas of the state, the DCTS is seeking applications for the development of the capacity to expand Medication-Assisted Treatment (MAT) in those unserved areas of the state through the use of telehealth and mobile services. Specific certification requirements to provide telehealth services for behavioral health services have been recently removed by the legislature, in order to help expand access to care for citizens in the state. DCTS is looking for planning and development proposals that would result in expanded telehealth services that support the expansion of MAT services to high need and underserved areas of the state. In addition, mobile health units exist for a variety of health conditions and needs, ranging from blood donation to mammograms. Provision of MAT and substance use disorder (SUD) services via mobile health vehicles is an emerging and novel approach to reducing barriers to access for hard to reach populations, by widening the net of available services particularly for individuals unable to access traditional brick and mortar SUD treatment facilities. Mobile MAT programs have been implemented in New York, New Jersey, and Maryland. These grant funds can be used for planning purposes to expand telehealth capacity that supports Medication-Assisted Treatment, or that creates a mobile Medication Assisted Treatment unit with the capability to provide two forms of FDA approved medications for the treatment of opioid use disorder in conjunction with access to psychotherapy via telehealth as part of the unit.

Buprenorphine Induction in Hospital Emergency Departments Projects

DCTS is also seeking proposals for the development and planning for hospital emergency department buprenorphine induction projects. The National Institute on Drug Abuse (NIDA) has indicated that Emergency Department (ED) clinicians are in a unique position to interact with people struggling with opioid addiction. NIDA has funded the Yale School of Medicine to initiate buprenorphine treatment in emergency departments. Some ED clinicians will see the same patients in their emergency clinics multiple times, often after administering life-saving naloxone to reverse an overdose. People who present to the ED for other chronic diseases, like diabetes and asthma, are stabilized with medications and handed off for outpatient care. Individuals with opioid use disorder (OUD) do best with a similar treatment plan. The proposals in this project area will need to develop a plan to ensure that once the individual is inducted on buprenorphine in the emergency department, or other unit of the hospital, that they will ensure the individual has a solid plan for continued care either within the hospital's outpatient clinic, or through another arrangement so that there is continuity of care for MAT.

Under the [Narcotic Addiction Treatment Act – 1974 \(PDF | 437 KB\)](#), all practitioners who use narcotic drugs for treating opiate addiction must obtain a separate registration under 21 U.S.C. Section 823(g)(1) or a [DATA 2000 Waiver](#) under 21 U.S.C. Section 823(g)(2). However, according to DEA, an exception to the registration requirement, known as the [“three-day rule”](#) (Title 21, Code of Federal Regulations, Part 1306.07(b)), allows a practitioner who is not separately registered as a narcotic treatment program or certified as a waived DATA 2000 physician, to administer (but not prescribe) narcotic drugs to a

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patient for the purpose of relieving acute withdrawal symptoms while arranging for the patient's referral for treatment, under the following conditions:

- Not more than one day's medication may be administered or given to a patient at one time
- Treatment may not be carried out for more than 72 hours
- The 72-hour period cannot be renewed or extended

The intent of regulation [21 Code of Federal Regulations \(CFR\) 1306.07\(b\)](#) is to provide practitioners with flexibility in emergency situations where they may be confronted with a patient undergoing withdrawal. In such emergencies, it is impractical to require practitioners to obtain a separate registration. The 72-hour exception offers an opioid dependent individual relief from experiencing acute withdrawal symptoms, while the physician arranges placement in a maintenance or detoxification treatment program. **This provision was established to augment, not to circumvent, the separate registration requirement. The three-day (72-hour) emergency exception cannot be renewed or extended.**

For more information see the following resources:

<https://www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/initiating-buprenorphine-treatment-in-emergency-department>

<https://medicine.yale.edu/edbup/>

1.3 Grant Agreement Term

The grant agreement shall be effective on the date indicated in the grant agreement and shall run through 9/30/2020. Proposer should assume the funding is meant to be development funding and must establish a plan for a new program that demonstrates ongoing sustainability from private insurance, Medicaid, and other third party payers beyond the funding period. If additional funding is made available for the purposes outlined in this GFOA, the department may use this solicitation to fund additional funding periods for grantees from this GFOA through mutual agreement between the parties. The department expects to fund multiple grants with this announcement. Proposers are advised that should additional state or federal funds become available, the Division may also utilize the results of this grant funding opportunity for additional awards. Moreover, the Department reserves the right to negotiate with the successful bidder(s) separate cost reimbursement for additional work that is related to other state or federal initiatives.

The total amount of funds available through this GFO is \$3,000,000. The source of funding for this GFO is SAMHSA State Opioid Response (SOR) supplemental dollars. This supplemental funding has been described as a one-time allocation.

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1.4 Number of Grant Agreements

It is the intention of the Department to award multiple grant agreements for the services required in this GFO. However, the grantee(s) shall not have exclusive rights to provide all services covered under the Grant agreement during the term of the Grant agreement(s) or any extension thereof.

1.5 Use of Subcontractors

Vendors must identify any potential Subcontractors in their Proposal. The resulting Grant agreement will be between DHS and the awarded Vendor. The Grantee will be responsible for its Subcontractors' performance of the pertinent Grant agreement obligations and ensure Subcontractors abide by all terms and conditions of the GFO and resulting Grant agreement.

1.6 Communications

All communication and/or questions on all matters regarding this Proposal must be made in writing and refer to GFO number GFO-SA2020DEVOTS and be directed to the DCTS Contract Administrator: Elizabeth Collier at Elizabeth.Collier@dhs.wisconsin.gov.

Any contact or communication with any employee or officer of the State of Wisconsin concerning this GFO except the Contract Administrator is strictly prohibited from the date this GFO is released until the date the notice of intent to award is issued. Vendors who hold a current grant agreement with DHS may continue to communicate with the appropriate Contract Administrator regarding the performance of that current grant agreement.

1.7 Reasonable Accommodations

The Department will provide reasonable accommodations, including the provision of informational material in an alternative format for qualified individuals with disabilities upon request. If a Vendor needs accommodations at the outset of this GFO process, please contact the Contract Administrator.

2 VENDOR QUALIFICATIONS

All Vendor qualifications in this section are mandatory. Failure to meet a qualification will disqualify your Proposal. However, DHS reserves the right to waive any qualification if no Vendor is able to satisfy that qualification.

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Before the award of any grant agreement, the Department shall be satisfied that the Vendor has sufficient qualified resources available for performing the work described in this Proposal. This includes assigning work under this grant agreement to workers that are skilled in the tasks to which they are assigned. DHS retains the right to require the reassignment or replacement of grantee personnel, as the Department deems necessary. Reasons for this request may include, but are not limited to, incompetence, carelessness, disruptive, or otherwise objectionable behavior. The request for replacement is in no way a call for dismissal. It is just a request for the individual to be reassigned out of the DHS program or facility. It is the Vendor's responsibility to acquaint the Department with these qualifications by submitting appropriate or supporting documentation.

DHS reserves the right to conduct background checks on the organization, its officers and employees, and Subcontractors, if applicable, in order to determine whether any conviction exists that is substantially related to the service required, or if such conviction may otherwise adversely affect the Vendor's ability to perform under the resulting grant agreement. The State is the sole determinant of whether the results of a background check(s) will negatively impact the Grantee's ability to meet grant agreement obligations and requirements.

2.1 Eligible Applicants

Applicant must be a public or non-profit 501 (c) (3) organization, or qualify as a state, local or tribal government, or a state, local, or non-profit educational institution.

2.2 Certification

Applicant and/or their subcontractors must be currently certified by DHS as appropriate to the proposed project. That may include being certified as a Wis. Admin. Code §§ DHS 75.15 and 75.13 entity or be able to secure a legal partnership with a certified entity with appropriate certifications within 180 days of award within the proposed underserved service area. Wis. Admin. Code ch. DHS 75 Community Substance Abuse Standards is available via this website:

http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/75.pdf. For Buprenorphine Induction in Hospital Emergency Department projects they would be required to be certified under Wis. Admin. Code ch. DHS 124 available via this website:

https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/124.

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2.3 Capacity to provide Medication Assisted Treatment

Applicants proposing to request funds for planning to open an OTP must demonstrate that they will have a solid plan to create the capacity to dispense methadone and buprenorphine products for the treatment of Opioid Use Disorder. Applicant must demonstrate they plan to increase capacity to provide OTP services in a high need underserved area of the state. If the applicant is proposing to request funds for mobile MAT units, they must demonstrate that they will have a solid plan to provide two forms of FDA-approved medication for the treatment of Opioid Use Disorder in conjunction with psychotherapy in high need and underserved areas of the state. For Buprenorphine Induction in Hospital Emergency Department or other hospital settings, the project should include the capacity to provide MAT to persons who present to the ED on their own seeking help, as well as those transported through ambulance after an overdose. The hospital project proposals will also reflect their capacity to establish and provide MAT treatment and support after discharge, either through direct hand off through collaborations with community providers, or through their own outpatient clinics.

2.4 Previous Experience

Applicant must have a minimum of two years of previous experience providing or contracting for behavioral health services or hospital services in a state-certified setting.

2.5 Sustainability

Applicant must be enrolled as a provider in Medicaid or be enrolled as a Medicaid provider within 180 days of award or have contracts in place that are enrolled as providers in Medicaid. Applicant will be required to bill Medicaid and Medicaid HMO for all patients who are enrolled in services as appropriate to the project. Applicant must also be able to demonstrate knowledge of third party billing procedures and the ability to sustain the project at the end of the grant. This grant is meant as a development or planning grant to provide support to establish and expand opioid treatment programs, to create a new or expand telehealth and mobile MAT unit services, or to develop or expand buprenorphine induction services in a hospital emergency department or other hospital setting in a high need, low capacity areas of the state.

2.6 High Need, Underserved Priority Areas

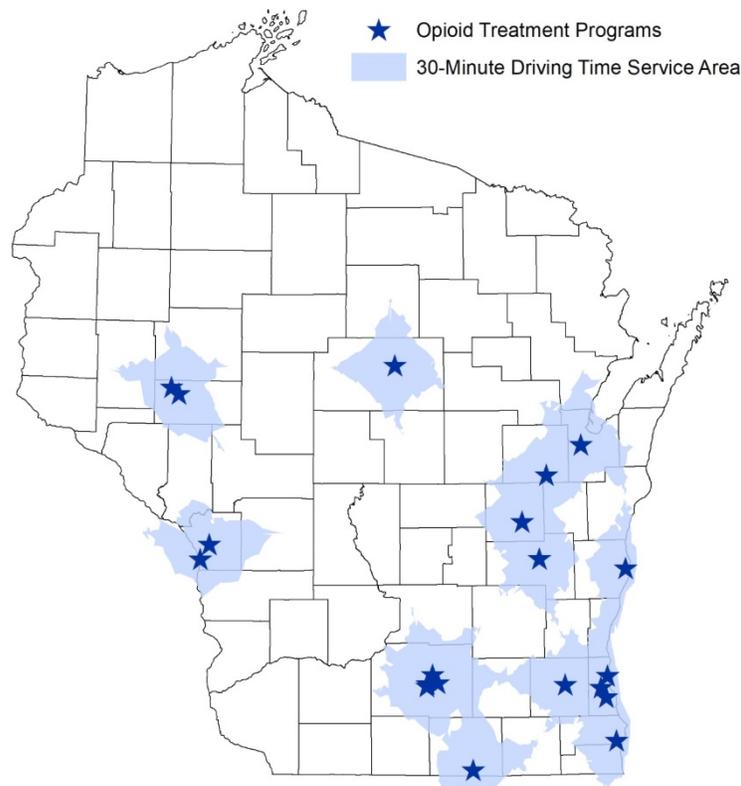
Although the department will be accepting Opioid Treatment Program development proposals from agencies proposing to serve any areas of the state of Wisconsin, the OTP development grant proposals

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that have priority will be those from underserved areas, which is defined as geographic areas 30 miles or more from an existing certified OTP program (see map on the following page and the directory of all OTPs in Wisconsin, which can be found at: <https://www.dhs.wisconsin.gov/opioids/find-treatment.htm>; or for a population without easy access to an OTP, such as incarcerated individuals.

Mobile and telehealth MAT development and expansion proposals and Buprenorphine Induction in a Hospital Emergency Department projects will also be accepted from across the state of Wisconsin. However, proposals that demonstrate they plan to address an underserved high need area or high need population group (such as incarcerated individuals) will be given priority. Based on available data, the following counties, and tribal governments located in these counties, are identified as high-need and underserved areas for these project areas: Adams, Columbia, Dane, Dodge, Fond du Lac, Jackson, Jefferson, Juneau, Kenosha, La Crosse, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Racine, Rock, Sauk, Sheboygan, Vilas, Walworth, Washington, Waukesha, Winnebago, and Wood counties.

The designation of geographic underserved, high-need areas was determined based on available county-level data in the following areas: county-authorized opioid treatment admissions, opioid-related hospitalizations, opioid-related deaths, ambulance runs, drive time to current OTPs, diagnosis of opioid use disorder among Medicaid members, and county population.



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3 REQUIREMENTS

This section of the GFO contains an overview and description of the DHS objectives and requirements. The Vendor is required to provide narrative responses in this section, outlining the specifics of how their proposed solution will meet the associated objectives and requirements.

Instructions: Use the below response sections to provide specific details of the proposed approach to meeting the objectives and functional requirements in each process area. Responses in this section must be highly focused on the DHS requirements and not generic or marketing descriptions of capabilities. Responses should be comprehensive and contain details of the full solution being proposed.

3.1 Program Design and Methodology (25)

3.1.1 Area and population to be served

Identify the proposed project type, as outlined in this GFOA: Opioid Treatment Program Development Project, Mobile and Telehealth Treatment Projects, or Buprenorphine Induction in Hospital Emergency Departments Project. Proposers may include more than one project in one application.

Identify the proposed service area(s) such as a region, county, tribe, or city area. Pursuant to Wis. Admin. Code § DHS 75.15(20)4, an applicant must show that there is a need for the service in the area where they are proposing to open an OTP facility. Describe why there is a need for this particular service(s) in this particular location(s) by providing information regarding overdose deaths, evidence of limited access to this modality of treatment, such as drive time access to services, waitlists for treatment, or limitations to MAT access for the proposed population group.

Identify the project's proposed target population. Is the project targeting a particular underserved population group or groups? What was the reason for choosing that particular group or groups?

3.1.2 Proposed services

Describe the approach to planning for the development of an Opioid Treatment Program (OTP) or describe the approach to planning for the development of a Mobile and Telehealth Treatment project, or Buprenorphine Induction in Hospital ED project.

Describe the proposed program that will be developed, including access to substance use disorder counseling and co-occurring mental health treatment.

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Describe how the proposed program or project is planning to address how people will gain access to the program, including the proposed hours of operation.

Describe how the program is planning for the medication assisted treatment services to be offered, including the proposed personnel, qualifications, and roles.

Describe how the program will plan for the distribution of naloxone to all of its patients, as appropriate to the proposed project.

Describe the program's planning process to address potential medication diversion or misuse.

Describe the program's approach to recovery supports. Will the project include certified peer specialists or recovery coaches?

3.1.3 Collaborative Partnerships, Sustainability, and Quality Oversight

Describe any partnerships that will be established to implement the new program. Provide copies of any Memoranda of Understanding or Letters of Support from providers for any necessary service components.

Describe how the program will engage with the surrounding community in the development and planning to increase support for the program and for the proposed patients.

Describe the program's plan for sustainability including funding opportunities for patients that have no insurance or who may be under-insured.

Describe how the program will plan for the incorporation of best practices and assure quality standards for treatment of opioid use disorder.

3.2 Goals, Objectives, and Performance Expectations (20)

Identify at least one goal with related objective(s), related activities, timelines, measures of performance, and person(s) responsible for each objective. Keep your project lean and focused. Refer to DCTS Performance Report (<https://www.dhs.wisconsin.gov/library/f-20389.htm>) for structure. Refer to Performance Measures/SMART Objectives guidance (<https://www.dhs.wisconsin.gov/publications/p0/p00620.pdf>) for more guidance.

Provide at least one measureable objective (deliverable) in each of the following performance target or measure categories:

- A. Service Access Impact - Refers to the target population of your service or activity and their ability to obtain the services offered. Identify how many people could potentially be served by your project on an annual basis.

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- B. Effectiveness - Refers to the specific outcome, impact, benefit, or results (the “what”) that you will achieve from your particular service or activity.
- C. Grant Efficiency Measure - Refers to the efficient use of grant funding. Provide a Grant Efficiency Measure that is calculated by dividing the total amount of the grant request by the annual number of people to be served as a result of your development or planning project identified in 3.2.A above.

3.3 Work Plan (15)

Provide a work plan for the project. A work plan is an organizational tool that identifies the key tasks, activities, measures, timelines, and responsible parties for achievement of your goals and objectives. Provide sufficient justification through your work plan for achieving the project objectives, and for assuring adequate staff and resources are in place in a timely and consistent way to complete the objectives. In this section detail “how” the program will be implemented. Refer to [DCTS Annual Application \(https://www.dhs.wisconsin.gov/forms1/f2/f21276.docx\)](https://www.dhs.wisconsin.gov/forms1/f2/f21276.docx) for the Work Plan Structure.

In order to evaluate your ability to fulfill the contract requirements, your work plan must relate directly to the goals, must be consistent with the objectives, facilitate program accomplishments, be sequentially reasonable, and can be accomplished in stated timeframes and proposed budget. Timeframes for tasks and activities in the work plan must be appropriate to ensure that sufficient effort is planned. Describe, in a logical progression, the activities for the various project phases (i.e., program development, implementation), timelines, and persons responsible for the project. Examples of the major project tasks, activities, and milestones may include project design and implementation, meetings with partner agencies, target population involvement, assigning staff, determining training needs, establishing monitoring protocols, establishing client payment and billing processes, reporting, evaluation, and quality improvement activities.

3.4 Organizational Experience and Capacity (15)

- 3.4.1 Describe the agency’s experience providing services to people with opioid use disorders, including addiction treatment, and recovery support services. Include the agency’s experience with state and/or federal grant funding.
- 3.4.2 Provide a list of current and proposed personnel and the percentage of time allocated to the program for each staff. Describe how the proposer will be able to accomplish the planning and development process within the short timeline of these one-time grant funds.
- 3.4.3 Describe the agency’s process for recruitment of vacant program positions, including plans for rapid recruitment and service continuation during staffing vacancies.

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- 3.4.4 Identify any staff training needs that are associated with the project. Outline your proposed process to develop a training plan to improve staff competence and effectiveness in strategies for addressing opioid use and improving treatment quality.
- 3.4.5 Identify any infrastructure, growth, physical plant renovations, or equipment needs associated with program development, operation, or expansion.

3.5 Reporting, Performance Measurement, and Quality Improvement (15)

Consistency of data tracking and reporting is a core component of the grant program. Contractors will be responsible to report the appropriate participant, service, and outcome data based on their proposed project to the department contract administrator and other stakeholders at regular intervals. The application should thoroughly describe the program's ability, resources, and procedure for tracking and reporting data related to grant-funded services. Required reports will include annual and mid-grant cycle performance reports on Form F-20389 (<https://www.dhs.wisconsin.gov/forms/index.htm>). Projects that are proposing to expand OTP services will be required to submit annual OTP reports as required by Wis. Stat. ch. 51.4223 after the OTP has become certified by the Division of Quality Assurance (DQA). All grantees that will provide any direct client services during the grant period will be required to collect and report data using the Government Performance and Results Modernization Act (GPRA) data collection tool. This data must be collected from any participants that may be served through the program during the grant period. The data collection points are as follows intake: six months, and discharge. All funded projects must be able to report their final expenses for the grant activities within 45 days after the close of the contract. Any expenditure reported after that date will be deemed unallowable expenses.

- 3.5.1 Describe data collection methods that will be employed to gather information required in Wis. Stat. ch. 51.4223 and for the SAMHSA GPRA reporting requirements, as appropriate.
- 3.5.2 Describe the program's process for providing performance reports to the Department of Health Services DCTS. Describe any additional collaborations or partnerships, contracted services, or participation in multi-disciplinary teams that contribute to data review for key performance indicators. Examples may include overdose fatality review teams, public health partnerships, and methods for tracking data related to contracted services.
- 3.5.3 Describe the program's ability to track and report expenditures in a timely, manner that will not exceed 45 days after the close of the contract year. Describe how the project will track and report program income that is obtained from private insurance, Medicaid and Medicare, as a result of services supported under this grant, on a regular basis.

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3.6 Budget (10)

3.6.1 Fiscal Capacity and Accountability

The proposal must include a description of the capacity of the agency to be responsible and accountable in the management of state and federal funding, including a detailed budget plan for the proposed program. Provide a narrative that demonstrates the capacity of the organization to maintain financial and other appropriate records, reports, and documents in accordance with generally accepted accounting procedures, applicable laws and best practices in order to demonstrate accountability to stakeholders, funders, and the general public. Describe the agency's financial and client record keeping systems and how they demonstrate accountability and integrity in fiscal and client data reports in order to appropriately track grant funding. The proposer must assure all subcontractors follow requirements of federal grants and state law.

3.6.2 Budget

Submit a detailed budget for the proposed project. DCTS has developed a budget template to be used for submitting the project budget, Form F01601, DCTS summary Line Item Budget (<https://www.dhs.wisconsin.gov/forms/index.htm>). Use of this budget template is required. All applicable tabs of the budget form must be completed.

Justify the items included in the proposed budget in the spaces provided, including any in-kind and other resources and funding support that will be used or received for the proposed project. Sufficient justification is required in the designated areas of the second tab to enable reviewers to understand both the level of planned expenditures and the need for funds as they related to the work plan.

All budget costs must comply with the DHS Allowable Cost Policy Manual. The Allowable Cost Policy Manual can be found on the DHS website at: <https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm>.

3.6.3 Acceptable Uses and Limitations of Grant Funds

State Opioid Response (SOR) grant funds are to be used for the purpose of planning, developing, and providing direct treatment and recovery services for individuals diagnosed with an OUD, which can include all three forms of FDA-approved MAT. Costs associated with an initial startup of an OTP such as supplies, equipment, initial hiring of staff and salary, consulting, remodeling of an office space, initial rent, and other associated cost are allowable under this grant award.

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Funds through this grant solicitation are for planning and developing services that expand opioid treatment. However they also may be used for direct treatment and recovery services, if the development proceeds at a rapid rate such that the project is ready to provide services within the grant period. Grant funds must not supplant current funding of existing activities and the activities must be designed to continue after the start-up federal funding ends.

Grant funds must be used as a payment of last resort, where grantee is responsible to assure that public and private insurance, and other payer options have been exhausted prior to utilization of grant funds. Grantees are expected to track and report program income. All program income must be used to plan for, expand, or enhance the grant-funded project services.

Costs that are not allowed under this grant award are new construction of buildings. Any purchasing of vehicles must have prior approval of the department and SAMHSA. Proposer should not assume the department would be able to obtain SAMHSA approval to purchase a vehicle within the short timeline for the grant. Other costs not allowed for use of SOR funds are to pay for any level of care of treatment or recovery that does not approve of or allow the use of MAT. Any use of SOR funds associated with sober living must first be approved by the State of Wisconsin contract administrator. Any use of SOR funds associated with residential levels of care must be done so in conjunction with access to MAT.

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

Note: Any equipment purchase of \$5,000 or more may be required to be sold and the funds returned to DHS or to SAMHSA in the event a program does not become sustainable after the initial startup grant award.

- 3.6.4 Applicants must submit a plan for increasing the financial sustainability of the program that includes the following elements:
- a. Expected revenue from reimbursable services, and the agency’s plan to maximize reimbursement over time.

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- b. A description of the agency’s fiscal infrastructure and procedures, including provider credentialing, claims management, denial processing, and revenue accounting.
- c. A description of the agency’s utilization review procedures.

4 GRANT AGREEMENT TERMS AND CONDITIONS

The Department reserves the right to negotiate these terms and conditions when it is in the best interest of the State to do so. Vendors may not submit their own Grant agreement document as a substitute for the State’s Terms and Conditions. See “Sample Grant Agreement” with this posting for grant agreement terms and conditions.

Vendors must accept all terms and conditions or submit point-by-point exceptions along with proposed alternative or additional language for each point. The State may or may not consider any of the Vendor’s suggested revisions. Any changes or amendments to any of the terms and conditions will occur only if the change is in the best interest of the State.

If a grant agreement document is executed as a result of this GFO, additional terms and conditions may be contained in that document and negotiated at that time.

4.1 Modifications of Grant agreement

In the event of Grant agreement award, the contents of this GFO (including all attachments), GFO addenda and revisions, the Proposal response from the successful Vendor as accepted by the Procuring Agency, and any additional terms agreed to in writing by the parties shall be incorporated into the Grant agreement. Failure of the successful Vendor to accept these elements into the Grant agreement will result in the cancellation of the Grant agreement award.

The resulting Grant agreement must only be used to purchase services within the scope and intent of the original Grant Funding Opportunity Announcement. Any modifications made to the resulting Grant agreement must fall within the scope of the Proposal. All modifications must be made in writing and signed by both parties.

4.2 Business Associate Agreement

In agreements for the provision of services, activities, or functions covered by the Health Insurance Portability and Accountability act of 1996 (HIPAA) the Grantee must complete a Business Associate Agreement (BAA) F-00759, (<https://www.dhs.wisconsin.gov/forms/index.htm?search=F->

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[01601&division=All](#)). This document must be fully executed before grant agreement performance begins.

5 PROPOSAL PROCEDURE AND INSTRUCTIONS

5.1 Calendar of Events

Listed below are dates and times of actions related to this GFO. The events with specific dates must be completed as indicated unless otherwise amended by the State. In the event that the State finds it necessary to change any of the specific dates and times in the calendar of events listed below, it will do so by issuing an amendment to this GFO. There may or may not be a formal notification issued for changes in the estimated dates and times.

Date	Event
2/14/2020	Date of issue of the GFO - Posted to Public Notice Website
2/28/2020	Intent to Respond
3/6/2020	Written Questions Due
3/10/2020 at 11:00 a.m.	Vendor Conference Call in number: 877-820-7831 Participant Passcode: 311891
3/20/2020 - <i>Estimated</i>	Responses to Questions Posted on Public Notice Website - <i>Estimated</i>
3/30/2020 by 2pm CST	Proposals Due - late submissions will not be accepted
4/20/2020- <i>Estimated</i>	Notification of Intent to Award - <i>Estimated</i>
5/1/2020 - <i>Estimated</i>	Grant agreement Start Date – <i>Estimated</i>

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5.2 Intent to Respond

The vendor should submit a letter via email to the Contract Administrator indicating their intent to submit a response to this GFO by 2/28/2020.

5.3 Vendor Questions and Clarifications

Vendors are expected to raise any questions, exceptions, or additions they have concerning the GFO document by the Question Due Date specified in section 5.1. Questions must be submitted to the Contract Administrator (Elizabeth Collier) via email (Elizabeth.Collier@dhs.wisconsin.gov) and must use the following format:

- 5.3.1 The subject line of the email must state “GFO-SA2020DEVOTS Question”
- 5.3.2 The question(s) must be in a PDF attachment. Questions in the body of the e-mail or in any format other than PDF will not be accepted or answered.
- 5.3.3 The specific section of the GFO the question is regarding must be referenced.

If at any time prior to the due date, a Vendor discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this GFO, the Vendor must immediately notify the **Contract Administrator** of the issue in writing and request modification or clarification of the GFO document.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this GFO, supplements or revisions will be posted to the Current Grant Funding Opportunities webpage located at <https://www.dhs.wisconsin.gov/business/solicitations-list.htm>.

5.4 Faxed or Emailed Proposals

Faxed or Emailed proposals will **NOT** be accepted.

5.5 Submitting a Proposal

Materials may be submitted via Common Carrier, US Postal Service, or hand delivered. Please use the appropriate address below depending on your chosen submission method.

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<u>COMMON CARRIER ADDRESS:</u>	<u>USPS ADDRESS:</u>	<u>HAND DELIVERED PROPOSALS</u>
Department of Health Services Attn: Elizabeth Collier 1 West Wilson Street Madison, WI 53703	Department of Health Services Attn: Elizabeth Collier 1 West Wilson Street PO Box 7850 Madison, WI 53707-7850	Department of Health Services Stop At Main Reception Desk, First Floor, then drop off Proposal in Room 850 marked as: Attn: Elizabeth Collier 1 West Wilson Street Madison, WI 53703 Directions to the 1 W. Wilson St. building

All proposals MUST be received and time-stamped no later than Submission Due Date and Time. **Proposals that are not time-stamped will be considered late and rejected.** Receipt of a Proposal by the State mail system does not constitute receipt of a Proposal by DHS.

All materials must be packaged, sealed, and clearly marked with the following information on the **outside** of the package. Failure to put this information on the outside of the package may delay routing to the correct room and Contract Administrator.

- Vendor's Name and Address
- GFO Title
- GFO Number
- Proposal due Date and Time
- Contract Administrator Name

For Hand-Delivered Proposals, please note that DHS has building security and access is restricted. Allow ample time for security clearance if using this submission method.

5.6 Format of Proposal Response

Vendors must submit their materials in **BOTH** hard copy (paper) and electronic format.

5.6.1 Hard Copies of Proposal

Vendors must submit **one original signed Technical Proposal and 3 copies. Only one original is required for the materials listed in Section 7.**

The Proposal should be well-organized and each page marked by a page number, the name of the responding Vendor, and the GFO number (GFO-SA2020DEVOTS). The response should be typed and submitted on 8.5 x 11 inch paper bound securely. Font size and style throughout the Proposal must be 12-point font or greater with the exception of any applicable diagrams and footnotes.

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The State reserves the right to disqualify any proposals that do not follow the required formatting.

5.6.2 Electronic Copies of Proposal

Vendors must submit **one flash drive that is virus free**, containing the entire proposal response and must be labeled as follows:

Vendor's Name and Address:

GFO Title: Development of Opioid Treatment Program in Underserved Areas

GFO Number: GFO-SA2020DEVOTS

Proposal due Date and Time: 3/30/2020 2:00 pm CST

Contract Administrator Name: Elizabeth Collier

5.6.3 Response Organization and Content

Vendor's response must contain all required documentation organized, labeled, and separated by tabs.

5.7 Multiple Proposals

Multiple Proposals from a single Vendor **will not** be permitted. However, a proposal from a single Vendor may include a request to develop one or more of the three projects accepted through this GFOA outlined in Section 1.2.

5.8 Incurring Costs

The State of Wisconsin is not liable for any cost incurred by Vendors in replying to this GFO.

5.9 Withdrawal of Proposals

Proposals shall be irrevocable until grant agreement award unless the Proposal is withdrawn. Vendors may withdraw a response at any time up to the Proposal closing date and time. To accomplish this, the written request must be signed by an authorized representative of the Vendor and submitted to the

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Contract Administrator. If a previously submitted response is withdrawn before the deadline for Proposal, the Vendor may submit another response at any time up to the Proposal closing date and time.

6 SELECTION AND AWARD PROCESS

6.1 Preliminary Review and Acceptance of Proposal

The purpose of the preliminary evaluation is to determine if each proposal is sufficiently responsive to the GFO Announcement to permit a complete evaluation. Proposals must comply with the instructions to vendors contained in this GFO Announcement. Failure to comply with the instructions may cause the proposal to be rejected without further consideration. The state reserves the right to waive any minor irregularities in the proposal.

6.2 Evaluation Criteria

Proposals will be scored using the following criteria:

GFO Section	Points
Program Design and Methodology	25
Goals, Objectives, and Performance Expectations	20
Work Plan	15
Organizational Experience and Capacity	15
Reporting, Performance Measurement, and Quality Improvement	15
Budget	10
Total	100

6.3 Method of Award

Proposals accepted through the preliminary review process will be evaluated by a committee and scored against established evaluation criteria. Scores will be given in accordance with the points referenced in section 6.2. Award(s) will also be based on the best interest of the residents of the state with OUD such

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that priority will be given to proposals that demonstrate they will serve underserved, high need areas of the state as defined in section 2.6 combined with the highest point score received by a responsive, responsible Vendor in a proposed service area. DHS reserves the right to assure the grant funds are awarded throughout the state to meet the goal of greater coverage of opioid treatment services in underserved areas.

This funding opportunity is through a grant award process and as such is not subject to Wis. Stat. ch.16, Subchapter IV. For this reason, the Wis. Stat. ch, 16, Subchapter IV appeals process is not included as part of this GFO process.

6.4 Right to Reject Proposals

DHS reserves the right to reject any and all proposals and may negotiate the terms of the Grant agreement, including the award amount, with the selected proposer prior to entering into a grant agreement.

6.5 Intent to Award Notification

All Vendors who respond to this GFO will be notified in writing of the Department's intent to award the Grant agreement as a result of this GFO.