Illinois Department of Human Services

Access to Medication Assisted Treatment Pilot Grant NOFO Bidder’s Conference Webinar, May 7, 2018

James T. Dimas, Secretary
I. Review presentation (30 minutes)

II. Questions will be taken at the end

- we request that you also submit your questions in writing so that we can accurately capture them for publishing on our website. Submit questions:

   Joseph.Tracy@illinois.gov with "Illinois STR – A-MAT Pilot - NOFO" in the subject line of the email.

http://www.dhs.state.il.us/page.aspx?item=105474

Answers will be posted to all questions here.
Source of Funds: SAMHSA State Targeted Response to the Opioid Crisis Grants (Opioid-STR)

Amount Available - $1,000,000 for two pilots
   - Limit of $500,000 for each award

Target areas: MAT “deserts”

Due Dates
- Application due date: June 29 by 12pm CDT
- LOI by June 15
- All questions submitted by June 15
- Start up by September 1, 2018
Need for Expanded MAT Services

- Medication-Assisted Treatment (MAT) is an effective treatment for Opioid Use Disorder and saves money in other health care/social costs

- Majority of waivered physicians across the country treat only 30 patients (72%, SAMHSA National Data)

- IDHS/SUPR licenses 79 OMT (methadone treatment) sites

- 19,289 (29.0%) of FY15 admissions to IL treatment identified opioids as their primary problem substance
  - Only 14% of these admissions were for OMT
Need for Expanded MAT Services

- 84 counties with no methadone providers
- 60 counties with no active buprenorphine providers
- 82 counties with no providers listed on the public Vivitrol directory

- 58 of the 102 Illinois counties do not have methadone or buprenorphine programs/providers
  - MAT “deserts”
County with at least one MAT resource

*Buprenorphine is only included in counties with active prescribers, defined as those who prescribed in the past year, according to the Illinois Prescription Drug Monitoring Program

**Vivitrol is only included in counties where prescribers are listed on the Alkermes website
Medication Assisted Treatment Providers (MAT) In Illinois

*Buprenorphine is only included in counties with active prescribers, defined as those who prescribed in the past year, according to the Illinois Prescription Drug Monitoring Program
STR Opioid Grant Goal

- **Illinois Opioid STR Project Goal 2.** *Increase the availability of evidence-based information, outreach, linkage/referral, medication-assisted treatment, and recovery support services that are available for Illinois residents with opioid use disorders (OUD).*
  - 1.3 million people in Illinois do not have access to MAT services (58 counties)
  - pilot opportunities in two areas to increase access to MAT services
  - to be sustainable following the initial grant funding period
A Hub is a regional opioid treatment center responsible for coordinating the care and support services for patients who have complex substance use disorders and/or co-occurring mental health conditions. Patients who need methadone must be treated here. Patients who need buprenorphine or naltrexone may be treated here.

A Spoke is a primary care practice, specialty practice or health center responsible for coordinating the care and support services for patients with opioid use disorders who have less complex medical needs. Only patients who are treated with buprenorphine or naltrexone receive treatment in the spokes.

Depending on the patient’s needs, Support Services may include mental health and/or substance use disorder treatment, pain management, family supports, life skills, job development, and recovery supports.
Pilot Performance Goal

- Successful applicants will be responsible for developing a comprehensive collaborative network approach to delivering MAT services to a defined geographic area.

- New approaches to partnerships with local pharmacists/pharmacies, use of telemedicine, or other concepts are encouraged.
Reporting Requirements

- Compliance with:
  - programmatic and reporting requirements specified in the current IDHS/DASA Contractual Policy Manual Service Protocols for Substance-Related Disorder Treatment/Ancillary Services for Opioid Maintenance Therapy
  - SAMHSA Opioid-STR grantee expectations
    - an interview tool to each patient who is admitted to MAT services; six-months follow up interview

- Cooperation with DASA process evaluation
Each applicant will serve its defined area and provide access to comprehensive opioid use disorder treatment services to patients meeting appropriate American Society of Addiction Medicine (ASAM) patient placement clinical criteria.

In addition, these pilot networks will assure the provision of recovery support services based upon client needs; services may include mental health and/or substance use disorder treatment, pain management, family supports, life skills, job development, and peer recovery supports.
Performance Elements for NOFO

- Identification of a lead agency to coordinate services
- Ability to expand and enhance methadone services (link with existing providers)
- Expansion of buprenorphine and naltrexone providers
- Linkage to hospital emergency departments to provide services following overdose
- Plan for creating a system of care for people with OUDs, including the provision of counseling and care management including recovery support
- Description of how you will develop the role of your medical champion; this is the person or team that will provide your expertise and leadership for MAT services, and will provide consultation to other physicians or partners who need clinical technical assistance
- Ability to require key team members to participate in a learning collaborative
- Provide access to buprenorphine providers within 60 minute travel time and to methadone services within 30 minute travel time for defined catchment area
- Creation of community-based advisory council

- Access to all three evidence-based MAT medications (methadone, buprenorphine, naltrexone)

- Methadone treatment provision consistent with all applicable federal and state regulations;

- Buprenorphine treatment delivered by qualified and SAMHSA-waivered physicians;

- Comprehensive and non-duplicative services in collaboration with area substance use disorder, mental health, and other behavioral health and human services providers;

- Coordinated and integrated health care services in collaboration with the area health services providers;

Successful applicants will be expected to begin operation of the project within 60 days of award. While there is not a specific client capacity required for this pilot, the successful applicant will describe the need, current capacity and plan/methods to increase access in the proposal. This must include ways to inform and include the local community and people in need of proposed services. The target number of unduplicated clients that will be admitted to MAT services through the HUB and Spoke network during the first 12 months of funding must be stated as part of the program narrative.
Deliverables

- Approved plan within 30 days of award
- Achieve target admission goal within 12 months
- Recipient Identification Number (RIN) for each participant
- Submit required monthly reports
- Administer required data collection tools
- Participate in required site visits
Funding Information

- 100% Federal funds; no match required
- Two awards; limit of $500,000 per award
- Grant period: September, 2018 – June, 2019
- Pre-award costs are not allowable
- One proposal per applicant
  - One lead, partners/collaboration encouraged
- One or more counties, must include MAT “desert” – fully describe your target area
- Sub-contractor budgets must also be approved by IDHS/SUPR
Eligibility Information

Applicant team:

– Must include an OTP site that is currently licensed to provider OMT services and will be able to perform the Hub services
– Must be in good standing with Secretary of State
– Must complete GATA pre-qualification process
Cost Information

- No cost sharing or match required

- If you receive direct federal funding and have a Federally Negotiated Indirect Cost Rate Agreement, must provide copy of letter confirming rate for SFY2019.

- If organization has no federal rate, must negotiate an indirect cost rate with State (or)
- elect a de minimis rate of 10% of modified total direct costs.
Other Eligibility Information

- Must agree to required training and technical assistance
- Must agree not to expend funds on sectarian purposes
- Background checks are required for all program staff and volunteers who have contact with children and youth and have this as a written protocol.
- Only one proposal for each geographic area will be funded
- Must provide and maintain required personnel and technical capacity
Application & Submission Information

- **Contact:**
  
  Joseph Tracy  
  Illinois Department of Human Services  
  Division of Alcoholism and Substance Abuse  
  401 South Clinton, 2nd Floor  
  Chicago, IL 60607  
  
  email: [Joseph.Tracy@illinois.gov](mailto:Joseph.Tracy@illinois.gov)  
  phone: 312.814.6359
Letter of Intent Requested

Due Date – JUNE 15, 2018

Include:
- Number & title of funding opportunity
- Brief description of proposed project
- Name, email and telephone number(s) of lead agency contact
- Description of the geographic area to be served
- List of participating partners

Send to: Joseph.Tracy@illinois.gov
Subject line: Your Organization Name, 19-444-26-1693-01, LOI
Content & Form of Application Submission

- Narrative with proper format (8 ½ x 11, single-spaced, Times New Roman 12 font, at least one inch margins all around, numbered pages – Limit of 10 pages for narrative

1. **Organization Qualifications** (20 Points)
   - Expertise and experience in MAT Treatment

2. **Population of Focus & Statement of Need** (20 Points)
   - Geographic area and sites; characteristics of population served; evidence of need
3. **Description of Program Services** (40 Points)

Address each point in the “Performance” components section and the lettered points listed in the NOFO in this section.

These include (but are not limited to):
- Plan to create Hub & Spoke Model network
- Staffing plan, including training
- Evidence-based clinical practices including ongoing monitoring of care and delivery of co-existing medical and recovery support services.
- Anticipated barriers and approach to addressing them
- Unduplicated number of patients you propose to admit to expanded MAT services; total funds requested and average cost per patient.
4. **Performance Data Collection and Reporting** (20 Points)

At a minimum applicants will be expected to collect and report data indicators and measures as described in the NOFO and as required for evaluation purposes.

We also ask you to describe your experience:

- collecting & reporting program service and performance data
- with procedures for collecting and reporting data
- using data to assess guidelines in practice settings
- developing and implementing quality improvement activities to improve your provision of care
- sharing information with community stakeholders
5. **Budget and Budget Narrative** (not scored)

Include expense-based budget as Attachment A

Monthly invoices will be required that summarize service delivered, goals and objectives accomplished, and other information required for project evaluation. Reports will need to demonstrate compliance with components of the contract.

- Must be registered in System for Award Management (SAM) and provide a valid DUNS number
Applications must be received no later than 12:00 p.m. on **June 29, 2018**.

Submit the completed grant proposal to [DHS.GrantApp@Illinois.gov](mailto:DHS.GrantApp@Illinois.gov) and submit the proposal electronically **on or before June 29, 2019 at 12:00 p.m.** Applications must be emailed.

Additional technical submission requirements are contained in the NOFO. PLEASE READ THOROUGHLY SO THAT NOTHING IS MISSED.

Submit questions by June 15, 2018.
SCORING:

- Organizational Qualifications – 20 points
- Population of Focus and Statement of Need – 20 points
- Description of Program Services – 40 points
- Performance Data Collection and Reporting – 20 points
- Budget and Budget Narrative – Not scored

TOTAL 100 points
Proposals will be reviewed by a team consisting of qualified individuals assigned by staff from IDHS.

- Scoring is not the sole award criteria
- Findings of the review panel are non-binding
- IDHS maintains final authority over funding decisions
  - Geographical distribution and population characteristics are additional considerations

Competitive grant appeals are limited to the evaluation/review process and scores may not be protested. Appeals shall be reviewed by the IDHS Appeal Review Officer. (see NOFO for additional details on the appeal process)
State Award Notices: Applicants recommended for funding will receive a “Notice of State Award Finalist”.
- Additional grant award requirements that must be met will be identified

Notice of State Award (NOSA): Finalists that have completed all requirements will receive a NOSA and will make a decision to accept the award.

A Notice of Non-Selection as a State Award Finalist shall be sent to applicants not receiving awards.

To review a sample of the FY2018 IDHS contract/grant agreement, please visit the IDHS website at [Sample FY18 Uniform Grant Agreement (UGA) (pdf)](http://www.idhs.gov/).
Reporting

- Providers will submit monthly expenditure documentation in format provided by IDHS

- Provider will be responsible for the deliverable and data collection/reporting expectations listed in Section A of NOFO

- Financial Reports and/or audits will be submitted in a format provided by IDHS by the established deadlines
Questions and Answers: If you have questions related to this NOFO, please send them via email to: Joseph.Tracy@illinois.gov with "Illinois STR – A-MAT Pilot - NOFO" in the subject line of the email.

NOTE: The final deadline to submit any written questions regarding the Illinois STR – A-MAT Pilot - NOFO is June 15, 2018.
Questions?