

# State Opioid Response (SOR) IV Funding Round Request for Applications

Announced

October 23, 2024

Application Due Date

November 22, 2024

5 p.m. PT

*Funded by the California Department of Health Care Services (DHCS). As part of H&SS SOR IV, DHCS contracted with Advocates for Human Potential, Inc. (AHP), to serve as Administrative Entity for the program.*

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# Hub and Spoke System (H&SS) SOR IV Request for Applications (RFA)

**Announced:** October 23, 2024

**Application Due Date:** November 22, 2024

## Introduction

This program will be supported by the California’s State Opioid Response (SOR) IV grant program funded by the California Department of Health Care Services (DHCS). This grant was provided to DHCS by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The SOR IV grant supports the DHCS Opioid Response Project, which aims to address the opioid and stimulant use disorder (StUD) crises by improving access to treatment, reducing unmet treatment needs, and reducing opioid and stimulant-related overdose deaths through the provision of prevention, treatment, harm reduction, and recovery service activities.

This request for applications (RFA) contains information about the California Hub and Spoke System (CA H&SS) program, including background and legal, fiscal, and program requirements for applicants, as well as eligibility criteria and application instructions. Advocates for Human Potential, Inc. (AHP) has been contracted by DHCS to serve as the Administrative Entity (AE) and will implement the CA H&SS program, including organization and distribution of funding; compliance and monitoring, including that related to data collection and submission to UCLA Integrated Substance Abuse Program (UCLA-ISAP) on a quarterly basis for H&SS SOR IV evaluation; Government Performance and Results Act (GPRA) data collection and submission to the Aurrera Health Group; and some performance metrics collected by AHP. Training and technical assistance (TTA) will be provided by UCLA-ISAP and GPRA-related TTA will be provided by the Aurrera Health Group.

# Funding Opportunity Overview

**Important Dates**

**RFA Release Date**

October 23, 2024

**Informational Webinar**

October 24, 2024

Noon PT

Please [register here](https://us06web.zoom.us/webinar/register/WN_GbGwDubsQPKBvJsJOz-bww#/registration)

**Question Submittal Deadline**

October 28, 2024

**Application Deadline**

November 22, 2024

5 p.m. PT

**Expected Award Announcement** January 9, 2025

**Welcome Webinar**

January 16, 2025

Noon PT

*(anticipated)*

*Dates and times are subject to change.*

**Who:** For-profit, nonprofit (501(c)(3)), tribes and tribal organization Medi-Cal providers licensed to provide mental health/substance use disorder prevention, treatment and recovery supportin California. Official documents must establish that the organization has provided relevant services for the last two (2) years at the time of this RFA release.

*Note: All applicants must be able to process a subcontract with AHP for final approval within six (6) weeks of notification of grant award.*

**What:** Funding to support the increase in access and uptake of medication for opioid use disorder (MOUD) services (also known as medication for addiction treatment [MAT]) MAT services and evidence-based substance use disorder (SUD) treatment services in marginalized populations through multiple “Spokes”\* being supported by one (1) designated “Hub”\* selected regionally based on identified need, capacity, and criteria to be an effective “Hub.”

***\*“Hubs,”*** which may be narcotic treatment programs (NTPs) or other MAT providers, such as an Office Based Narcotic Treatment Network (OBNTN) facilities, that are licensed to dispense methadone, as well as all other FDA-approved MOUD. Hubs funded within SOR IV will provide organizational and clinical leadership with respective associated “Spokes” to support linkages and promote a strong regional system of MAT providers.

Applicants that are eligible to serve as Hubs may also apply to offer extended services up to eighteen (18) hours per day on a pilot basis with supporting data and process outcomes indicating potential benefits within the first six (6) quarters of SOR IV using a cost-benefit model. Hubs may also propose new weekend service hours as a pilot demonstration of extended hours for the equivalent of eighteen (18) hours per day on the same basis.

***\*“Spokes,”*** which may be health care facilities that have or will have within the first three (3) quarters of SOR IV funding a minimum of one (1) dedicated prescriber of MOUD other than methadone, primarily buprenorphine formulations, including long-acting, extended-release formulations. These facilities may be located in a variety of settings, including but not limited to Federally Qualified Health Centers (FQHCs), SUD treatment programs, community health centers (CHCs), hospitals, Medi-Cal enrolled Indian Health Care Program providers, and office-based settings that address treatment of opioid use disorder (OUD) and SUD prevention, treatment, and recovery throughout the state. An organization funded as a Spoke by SOR IV will have an assigned association with a regional Hub and corresponding Spokes to promote a strong regional system of MAT providers.

Applicants that are eligible to serve as Spokes may also apply to offer extended services up to fourteen (14) hours per day on a pilot basis with supporting data and process outcomes indicating potential benefits within the first six (6) quarters of SOR IV using a cost-benefit framework. Spokes may also propose new weekend service hours as a pilot demonstration of extended hours for the equivalent of fourteen (14) hours per day on the same basis. Both Hubs and Spokes must be able to provide:

* High quality on-site clinical care
* Medication for addiction treatment
* MAT telehealth services
* Outreach to underserved and marginalized individuals with OUD
* Case management
* Direct provision or referrals to mental health care as part of the H&SS programming funded by SOR IV

*Note: All SOR IV H&SS grantees will receive free general and tailored technical assistance, training, and targeted funding to help achieve these and other program goals and requirements.*

**Where:** Statewide in California. Eligible providers delivering MOUD in rural areas, especially in Northern California and in other underserved areas and to persons at particularly high risk of overdose and death (e.g., persons re-entering the community from carceral settings, unhoused persons, persons in tribal communities, and persons of color) across the state will be given priority points in the application scoring rubric.

**When:** Applications are due on November 22, 2024, by 5 p.m. PT. The AHP subcontract period of performance will be from January 1, 2025, to September 29, 2027 (thirty-three [33] months).

**How:** Interested entities must submit their completed applications via SurveyMonkey Apply. Successful applicants must be currently authorized to administer MAT by the State of California Medi-Cal Program. Equal opportunity exists for new applicants and former CA H&SS grantees. Applicants that provide services to underserved geographic and diverse demographic groups at high-risk of overdose fatalities, specifically those serving Black, Indigenous, and People of Color (BIPOC) individuals are encouraged to apply.

**Why:** Opioid-related deaths continue to grow in California, with 7,560 in 2023, an increase of 5 percent from 2022. While there was an 8 percent increase in buprenorphine prescribing in 2023 from 2022, more MOUD in every form is needed to save lives. Please visit the [CA Overdose Dashboard](https://skylab.cdph.ca.gov/ODdash/?tab=Home) for more information.

# Background

DHCS is committed to improving access to OUD treatment, reducing unmet treatment need, especially for those who continue to have limited access to life-saving MAT, and reducing opioid and stimulant-related overdose deaths. Using federal funding from SAMHSA awarded to California for the SOR IV grant, DHCS will continue to invest in prevention, expand harm reduction efforts, and build quality treatment and recovery services through the California DHCS Opioid Response Project.

The CA H&SS is a component of the DHCS Opioid Response Project that consists of NTPs (known as Hubs) that are licensed to dispense methadone and other MOUD, and other MAT prescribers (known as Spokes) that primarily provide various buprenorphine formulations and ongoing OUD/SUD care and treatment.

The H&SS SOR IV program will be organized on a regional basis throughout California with a focus on strengthening the relationships between Hubs and their associated Spokes on a local basis, and among H&SS networks regionally. Additionally, the H&SS program will encourage and support sharing of evidence-based and emerging best practices among Hubs and among Spokes respectively on both a regional and statewide basis. Organizations that were grant recipients of previous SOR funding are eligible to apply. All SOR IV funding will be awarded on a competitive basis; new applicants have an equal opportunity for SOR IV grant funding as previously funded organizations.

# H&SS Grant Parameters

The CA H&SS is being implemented throughout California to improve, expand, and increase access to MAT services across the state. The goal of this program is to increase access to OUD prevention, treatment, and recovery to all persons throughout the state. Organizations that actively provide culturally competent and non-stigmatized care to individuals and communities at highest risk of overdose are encouraged to apply.

## Overarching Purpose

The purpose of the CA H&SS SOR IV program is to:

1. **Measurably increase access and uptake of MAT services and evidence-based SUD treatment services in marginalized populations** and communities with disproportionately high overdose death rates, especially BIPOC, as well as citizens re-entering the community from carceral settings.
2. Measurably improve **MAT provider infrastructure,** including appropriate telehealth services, community educational outreach, peer recovery support specialists (PRSS), harm reduction programming, and expanded service hours up to 18 hours for NTP (Hubs) and up to 14 hours for non-NTPs (Spokes). *Note:* Existing research does not support a 24-hour, seven (7)-day per week MAT care expansion in California due to limited positive patient outcomes and an unsustainable cost-benefit framework under SOR funds. DHCS is prioritizing an evidence-based expansion of service hours, coupled with site-specific data to identify days and times most likely to generate high patient volume and to meet high intensity need when possible. Data from local emergency departments, crisis mobile units, law enforcement, outreach teams, etc., may be used to justify requests for specific expanded hours. Following initial implementation, ongoing data collection will either validate expanded hours or demonstrate the need for expanded hour adjustments.
3. Measurably **improve patient-centered care** and broaden the concept of the patient population from the individual to include family and friends to maximize recovery capital, support family resilience, and destigmatize treatment.
4. Measurably **increase referrals and communication between Hubs and Spokes** and strengthen regional H&SS relationships among H&SS networks through effective case management to minimize patient care fragmentation and improve patient retention and long-term recovery.
5. Measurably **increase the number of buprenorphine prescribers, prescriptions, and successful prescription fulfillment** throughout the H&SS program.
6. Measurably **maximize H&SS patient Medi-Cal timely enrollment, billing,** and other program sustainability practices, including collaborative partnerships with local service providers for essential auxiliary care (e.g., permanent supportive housing, employment programming, etc.) and the use of state-certified Medi-Cal reimbursable peer recovery support specialists throughout the H&SS program. All Hubs and Spokes must have policies and procedures in place that ensure that eligible patients are enrolled in Medi-Cal or other available insurance coverage and that effective billing practices are used.

## Activities

In addition to the primary activities of delivering MAT to patients, the CA H&SS SOR IV funding will support the following activities:

1. Harm reduction programming in tandem with community education and outreach.
2. Programming for family members and youth in coordination with family-focused services.
3. Implementation of innovative models to serve unhoused individuals and those re-entering the community following incarceration.
4. Collaboration with county behavioral health care agencies, State Opioid Treatment Authorities (SOTAs) and other OUD/SUD providers that are required to offer MAT or immediate referrals to MAT to decrease MAT access barriers.

### Hub Activities

Hub grant-funded activities will include:

1. Participation in receiving and sending appropriate referrals to respective Spokes within the H&SS SOR IV network and availability as a clinical and programmatic resource to Spokes, providing guidance as needed regarding MAT evidence-based and best practices.
2. Assessment and diagnosis of OUD or StUD.
3. Provision of or referrals to SUD counseling and provision of MAT medication counseling support.
4. Human immunodeficiency virus (HIV) and Hepatitis C virus (HCV) testing and referral to appropriate services.
5. A MAT Navigation Team member serving as a case manager to actively engage patients with documented referrals and referral results, warm hand-offs, and connection to services necessary to their successful retention in treatment and improved well-being, including but not limited to, coordination of referrals for housing, Medi-Cal, other insurance sources, employment, education, transportation, and entitlements, such as food or income assistance.
6. Professional medical, social work, and mental health services, offered to patients on-site or by referral with chart documentation and referral follow-up.
7. Recovery and/or peer support services, including referrals to support groups for patient and extended support system to build recovery capital.
8. A state-certified peer recovery support specialist at a minimum 0.5 FTE on the H&SS MAT Navigation Team within the first two (2) quarters of contract execution.
9. Serving as a SUD treatment provider for a minimum of two (2) years prior to the date of this RFA\providing methadone treatment services, per SAMHSA’s SOR IV requirements.
10. Local access to maternal addiction treatment, either on-site or by referral, to include, at a minimum, universal prenatal screening for alcohol and drug use, counseling, case management, MAT, and contingency management (CM). Maternal addiction services may be provided in-person or by telehealth providers and should include collaborative management with a delivery facility capable of treating infants with neonatal abstinence syndrome.
11. The capacity to complete patient GPRA interviews and meet required percentages of completion of seventy-five percent (75%) for all SOR-eligible intake patients, and sixty percent (60%) for other relevant GPRA interviews (six [6]-month follow-up and discharge) - whose MAT care includes MOUD and/or direct patient care by a staff member receiving some wages from SOR IV and/or specified State GPRA requirements as determined by Aurrera Health Group.
12. Prescription and dispensing of methadone in adherence to standards of care for managing patients on methadone, including drug screening and prescription of buprenorphine or other MAT medications per patient-centered practice, and as clinically indicated.
13. Access to naloxone for patients, friends, and family members and training on naloxone administration, to include family members and friends in recovery planning at patient’s direction.
14. Provision of telehealth treatment and recovery services as appropriate to meet patient care needs.
15. Provide active assistance to individuals with completion of health insurance applications and enrollment for eligible uninsured patients. Eligible individuals must be supported to obtain Medi-Cal to cover the cost of eligible services. Grant funds made available under this Agreement shall not be utilized to pay for services covered by Medi-Cal for individuals who qualify for Medi-Cal but do not apply. Similarly, patients who are eligible for private insurance must attain that coverage, with co-pay support by SOR IV funds allowed as needed and co-pay coverage tracked within data collection requirements.
16. Determination of patients’ eligibility for other benefits including those available for veterans or seniors and provision of assistance in accessing these benefits via active case management.
17. Provision of harm reduction (HR) services, including distribution of xylazine and fentanyl test strips, and support for the establishment of harm reduction services, including such innovations as HR vending machines within the Hub’s H&SS network.
18. Checking the prescription drug monitoring program database (CURES) initially and every four (4) months and documenting these actions in patients’ charts.
19. Being a Medi-Cal eligible service provider.
20. Compliance with all grant funding limitations and restrictions.
21. Optional permission to extend service hours up to eighteen (18) hours as warranted by site-specific metrics to be determined with data on a per-site basis within the six (6) quarters of SOR IV funding.
22. Collection of required data elements, including but not limited to numbers of patients in H&SS SOR IV-funded care.
23. Attendance and participation in all required trainings (e.g., quarterly Learning Collaboratives delivered by UCLA-ISAP, site visits by AHP, and regional in-person mini-Learning Collaboratives, etc.).

### Spoke Activities

Spoke grant-funded activities will include:

1. Participation in receiving and sending appropriate referrals to their respective Hub and/or other Spokes to meet patient needs within the H&SS SOR IV network.
2. Assessment and diagnosis of OUD or StUD.
3. Optional permission to extend service hours up to fourteen (14) hours as warranted by site-specific metrics to be determined with data on a per-site basis within the first six (6) quarters of SOR IV funding.
4. Provision of or referrals to SUD counseling and provision of MAT medication counseling support.
5. HIV and HCV testing and referral to appropriate services.
6. A MAT Navigation Team member serving as a case manager to actively engage patients with documented referrals and referral results, warm hand-offs, and connection to services necessary to their successful retention in treatment and improved well-being, including but not limited to coordination of referrals for housing, Medi-Cal, other insurance sources, employment, education, transportation, and entitlements such as food or income assistance.
7. Professional medical, social work, and mental health services, offered to patients on-site or by referral.
8. Recovery and/or peer support services, including referrals to support groups for patient and extended support system to build recovery capital.
9. A state-certified peer recovery support specialist at a minimum 0.5 FTE on the H&SS MAT Navigation Team within the first two (2) quarters of SOR IV grant funding.
10. Serving as a SUD treatment provider organization for MAT with a minimum of two (2) years prior to the date of this RFA experience in prescribing MAT per SAMHSA’s SOR IV requirements.
11. Limited additional funding for Spoke applicant organizations to recruit and train a MAT prescriber to serve as that organization’s prescriber of record within the first three (3) quarters of SOR IV grant funding.
12. Local access to maternal addiction treatment, either on-site or by referral, to include, at a minimum, universal prenatal screening for alcohol and drug use, counseling, case management, MAT, and CM. Maternal addiction services may be provided in-person or by telehealth providers and should include collaborative management with a delivery facility capable of treating infants with neonatal abstinence syndrome.
13. The capacity to complete patient GPRA interviews and meet required percentages of completion of no less than seventy-five percent (75%) of all SOR-eligible intake patients and sixty percent (60%) for other relevant GPRA interviews (six [6]-month follow-up and discharge) whose MAT care includes MOUD, and/or direct patient care by a staff member receiving some wages from SOR IV, and/or specified State GPRA requirements as determined by Aurrera Health Group.
14. Adherence to standards of care for managing patients on buprenorphine, including drug screening, as well as facilitation of prescription fulfillment with identified pharmacy via pharmacist relationship establishment and education.
15. Providing access to naloxone for patients, friends, and family members and training on naloxone administration to include family members and friends in recovery planning at patient’s direction.
16. Provision of telehealth treatment and recovery services required to support patient care needs.
17. Provide active assistance to individuals with completion of health insurance applications and enrollment for eligible uninsured patients. Eligible individuals must be supported to obtain Medi-Cal to cover the cost of eligible services. Grant funds made available under this Agreement shall not be utilized to pay for services covered by Medi-Cal for individuals who qualify for Medi-Cal but do not apply. Similarly, patients who are eligible for private insurance must attain that coverage, with co-pay support by SOR IV funds allowed as needed and co-pay coverage tracked within data collection requirements.
18. Determination of patients’ eligibility for other benefits including those available for veterans or seniors and assist them in accessing these benefits via active case management.
19. Provision of harm reduction (HR) services, including distribution of xylazine and fentanyl test strips and support for the establishment of innovative HR services, such as HR vending machines within their H&SS network.
20. Checking the prescription drug monitoring program database (CURES) initially and every four (4) months and documenting these actions in patients’ charts.
21. Being a Medi-Cal eligible service provider.
22. Compliance with all grant funding limitations and restrictions.
23. Collection of required data elements, including numbers of patients in H&SS SOR IV funded care.
24. Attendance and participation in all required trainings (e.g., quarterly Learning Collaboratives delivered by UCLA-ISAP, site visits by AHP, and regional in-person mini-Learning Collaboratives, etc.).

## Contract Period

The contract period is January 1, 2025, to September 29, 2027.

## Eligibility Criteria

Selected applicants are required to adhere to the legal, fiscal, reporting, and programmatic requirements as described in the “[Funding Information and Requirements](#Funding_Information_and_Requirements)” section that follows. To be eligible for funding, an applicant must meet all the criteria below:

1. Applicant must be physically located in California and able to provide evidence of delivering services in the state.
2. Applicant must be authorized to provide MAT in California.
3. Applicant must be able to bill Medi-Cal for MAT treatment and related services.

### Rubric for Successful Applications

Successful applicants will declare and demonstrate the capacity for the following:

1. Competent assessment, delivery, and monitoring of MAT to H&SS SOR IV patients.
2. Capacity and willingness to actively engage, make referrals, and interface with other Hubs and Spokes both regionally and in the statewide CA H&SS network.
3. Capacity to serve underserved geographic and diverse demographic groups at high-risk of overdose fatalities, specifically BIPOC individuals.
4. Incorporation of state-certified peer recovery support specialists into MAT service delivery.
5. A MAT prescriber of record as part of the MAT Navigation Team at the respective Hub or Spoke organization at the time of application at a Hub applicant and within the first three (3) quarters of SOR IV funding at a Spoke applicant.
6. Implementation of evidence-based and emerging best practices in low-barrier harm reduction strategies and community education outreach.
7. Culturally appropriate and accessible services, including telehealth, to meet the needs of diverse and marginalized communities affected by the ongoing opioid and stimulant epidemics in California.
8. Incorporation of family members into recovery support services at patient direction.
9. Timely and effective administration and submission of GPRA surveys.
10. Timely data collection and entry into an AHP H&SS database via the AHP invoice and data portal with data elements, including but not limited to update on progress, challenges/barriers, and achievement/successes toward project goals.
11. Timely data collection for the UCLA-ISAP statewide evaluation.
12. Engagement with substance use navigators to improve care referral practices.
13. Ability to participate in timely submission of monthly cost-reimbursement invoicing.

# Funding Information and Requirements

## Project Budget

Grant awards will be dependent on projected patients served and type of MAT provided. The maximum award is estimated at approximately $750,000 for the thirty-three (33) month (or 2.75 year) period of performance for providers with high patient caseloads. Among the variables used to determine funding will be demonstrated history of MAT patient caseloads and whether the applicant is an NTP (proposed Hub) or non-NTP (proposed Spoke).

## Base Funding Structure

SOR IV awards for the H&SS program are only to be used as funding of last resort, meaning that *it is permissible to use SOR IV funds for services only when no other source of funding is available to deliver patient care*. Patients in need of MAT services who are eligible for other funding sources, such as insurance or Medi-Cal, must be given case management services and other services to actively support their access to other funding streams. All eligible entities should identify their base funding costs for delivering MAT services to patients and reflect such costs in the budget worksheet as part of the application.

The following costs must be identified as part of an organization’s base funding:

1. **Staff and subcontractor costs** to deliver MAT services, which must include a MAT prescriber of record, a minimum 0.5 FTE state-certified peer recovery support specialist, staff that provides case management for H&SS patients, and counseling staff.
2. **Treatment and harm reduction and treatment supplies**, including medication costs, specified per type of medication, patient care equipment, such as lockboxes, methadone pumps, fentanyl and xylazine test strips, naloxone kits, drug disposal pouches, harm reduction vending machines or boxes, etc.
3. **Transportation** to support patient access to MAT care.
4. **Outreach and education** to organization’s catchment area, especially to persons at particularly high risk of overdose, efforts to reduce MAT stigma, and marketing to increase awareness of organization’s MAT and related services. This may include staff or consulting costs, as well as marketing materials or contracts (e.g., for bus bench ads, etc.).
5. **Program equipment and supplies**, including durable goods, electronic health record (EHR) platforms and online subscriptions, etc.
6. **Patient GPRA incentives and other direct patient support,** including allowable costs, up to $10/day for patient food and beverage, etc.
7. **Staff training and education,** including registration fees, certification costs, etc.
8. **Staff travel** (necessary local travel and approved travel to allowable in-state conferences, etc.).

## Grantee Billing and Payment

Organizations selected to be H&SS grantees with SOR IV funds will be awarded a cost-reimbursement subcontract, also known as a “time and materials” basis for contracting with AHP. All invoices will be required to substantiate personnel costs with acceptable payroll or subcontractor payment evidence and receipts for purchased items, including but not limited to durable goods, liability insurance, licensing fees, equipment, or contracted services, GPRA incentives, laboratory tests, clinic supplies, patient co-pays, software subscriptions, allowable staff travel, plus agreed-upon indirect costs as permitted within SOR IV funding guidelines. By applying for this funding, the applicant organization acknowledges and agrees that the maximum allowable indirect cost rate shall be fifteen percent (15%) of an organization’s modified total direct costs (MTDC), as defined in 45 CFR Part 75 regardless of an organization’s federally negotiated rate. Administration fees of a maximum five percent (5%) are also allowable.

Grantee invoicing and payments will occur monthly based on allowable expenses per SAMHSA SOR IV and DHCS guidelines. Allowable expenses guidance is available via the SurveyMonkey Apply platform in the budget section and [here](https://cahubandspoke.com/wp-content/uploads/2024/10/Allowable-Costs-Fact-Sheet-SOR-IV_508.pdf) on the CA H&SS website.

## Allowable Costs

The following are examples of allowable costs. However, this is not a complete list of possible funding uses:

1. Costs for planning and implementing.
2. U.S. Food and Drug Administration (FDA)–approved medications or devices for OUD treatment and withdrawal management.
3. Establishment of equitable personnel management practices for successful operation of diversely staffed and sustainable programming.
4. IT and telehealth infrastructure and equipment, including cell phones, hotspots, and internet subscriptions. (Client hardware may not be funded.)
5. Urine drug screening/testing.
6. GPRA six (6)-month and discharge survey incentives.
7. HIV and HCV testing and other indicated laboratory tests.
8. Hepatitis A & B testing and vaccination.
9. Patient outreach/engagement activities and resources, including advertising costs directly related to outreach to individuals at high risk of overdose deaths.

## Funding Restrictions

SAMHSA funds were awarded to DHCS to support this RFA with all SAMHSA-related funding restrictions applicable to this funding opportunity and all subsequent grant contracts.

Questions about allowable costs should be addressed to AHP and answers will be determined by DHCS. Funded programs must adhere to [42 USC CHAPTER 6A,](https://uscode.house.gov/view.xhtml%3Bjsessionid%3DAFA501E2425BFE1F1DC0D67C707D4568?req=granuleid%3AUSC-prelim-title42-chapter6A-subchapter17-partB&amp;saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGU0Mi1zZWN0aW9uMzAweC0y%7C%7C%7C0%7Cfalse%7Cprelim&amp;edition=prelim)  [SUBCHAPTER XVII, Part B: Block Grants Regarding Mental Health and Substance](https://uscode.house.gov/view.xhtml%3Bjsessionid%3DAFA501E2425BFE1F1DC0D67C707D4568?req=granuleid%3AUSC-prelim-title42-chapter6A-subchapter17-partB&amp;saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGU0Mi1zZWN0aW9uMzAweC0y%7C%7C%7C0%7Cfalse%7Cprelim&amp;edition=prelim)  [Abuse](https://uscode.house.gov/view.xhtml%3Bjsessionid%3DAFA501E2425BFE1F1DC0D67C707D4568?req=granuleid%3AUSC-prelim-title42-chapter6A-subchapter17-partB&amp;saved=%7CZ3JhbnVsZWlkOlVTQy1wcmVsaW0tdGl0bGU0Mi1zZWN0aW9uMzAweC0y%7C%7C%7C0%7Cfalse%7Cprelim&amp;edition=prelim) and [45 CFR Part 96](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-96). The U.S. Department of Health and Human Services (HHS) codified the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR Part 75. All components of 45 CFR Part 75 are applicable to all subgrantees. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

CA H&SS funds must be used for purposes supported by the program and may not be used to exceed the salary limitation. The Consolidated Appropriations Act, 2021 (Public Law 116-260), Division H, Title II, Section 202, provides a salary rate limitation. The law limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II, which is $221,900. This amount reflects an individual’s base salary exclusive of fringe benefits and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation also applies to subrecipients under a SAMHSA grant or cooperative agreement. Note that these or other salary limitations will apply in the following fiscal years, as required by law.

Funds shall not be used for services that can be supported through other accessible sources of funding, such as other federal discretionary and formula grant funds, (e.g., HHS, CDC, CMS, HRSA, SAMHSA), DOJ (OJP/BJA) and non-federal funds, third-party insurance, and sliding scale self-pay, among others).

DHCS will not fund the following:

1. Debt retirement
2. Operational deficits
3. Partisan activities
4. Religious organizations for explicit religious activities
5. Activities that exclusively benefit the members of sectarian or religious organizations
6. Purchase or lease of vehicles
7. Purchase or improvement of land
8. Purchase, construction, or permanent or minor remodeling of any building or other facility
9. Purchase of major medical equipment
10. Purchase of sterile needles or syringes for the hypodermic injection of any illegal drug

Only organizations using the de minimis rate of fifteen percent (15%) of modified total direct costs (MTDC), as defined in 45 CFR Part 75, will be selected for this funding opportunity. This means that indirect costs may not exceed 15 percent (15%) of direct costs. Travel costs must fall within the California travel guidelines.

# Grant Requirements and Mandatory Participation

## CA H&SS Implementation Plan

Upon grant award and subcontract development with AHP, grantee organizations must develop their H&SS Implementation Plan to identify specific objectives, action steps, timelines, assigned personnel, planned outcomes, and internal performance measures. AHP will initiate administrative technical assistance (TA) to support grantees in the development of their Scope of Work (SOW) to be incorporated into the organization’s subcontract and Implementation Plan within six (6) weeks of the Notice of Award (NOA).

## Training and Technical Assistance (TTA)

The CA H&SS SOR IV grant provides both mandatory TTA and additional voluntary TTA opportunities for grantees in addition to funding. Participants from both Hubs and Spokes must participate in coaching and training opportunities to help successfully implement the H&SS program with the overarching goal of promoting sustainability of the program’s purpose after the conclusion of the grant period.

Technical assistance will be delivered both online via Zoom and Microsoft Teams platform meetings as well as on-site visits and regional in-person mini learning collaboratives. These will be convened by the AHP H&SS AE team on a regional basis throughout California with H&SS SOR IV grantees.

The TTA will be specified by AHP throughout the grant period with DHCS authorization and at a minimum will include the following:

1. **Mandatory Learning Collaborative (LC) Meetings:** Grantees must participate in online regional and statewide LC sessions organized and led by UCLA-ISAP. LCs will occur quarterly (four [4] sessions per year) with dates specified for the full period of performance after grantee awards are issued. Each organization is required to send at least two (2) representatives to each LC, including one (1) clinical member of the MAT Navigation team.
2. **Mandatory Webinars:** Grantees are required to participate in webinars delivered by UCLA-ISAP on a minimum quarterly basis (four [4] per year), including mandatory diversity, equity, and inclusion (DEI) educational programming, plus attendance at an additional minimum of two (2) administrative webinars delivered by AHP annually at dates to be specified.
3. **Mandatory Coaching Calls:** Grantees are required to participate in individual and/or regional coaching calls no less than twice per quarter (eight [8] per year).
4. **Mandatory Extended Hours TTA:** All organizations (both Hubs and Spokes) awarded to offer extended hours will receive additional TTA on best practices.
5. **On-site Visits and Mini-LCs:** AHP will schedule in-person-site visits and hold mini-LCs regionally, which selected grantees will be required to attend and additional grantees will be invited to voluntarily attend.
6. **Optional TTA:** Grantees will be offered the opportunity to participate in additional learning opportunities, including Open Office Hours hosted by AHP and voluntary educational webinars hosted by UCLA-ISAP and Aurrera Health Group throughout the period of performance with times and topics to be determined.

Topics included in TTA will at a minimum include:

1. Contracting
2. Invoicing
3. Reporting, data collection, and performance measures
4. GPRA administration and data submission
5. Topical areas of relevance to CA H&SS grantees
6. Special TA as requested by individual grantees and/or as assigned by DHCS

## Compliance with Confidentiality Regulations

Selected applicants shall comply with the regulations set forth in 42 CFR Part 2 to ensure maintenance of the appropriate data protocols as part of infrastructure development and staff training, including the responsibility for assuring the security and confidentiality of all electronically transmitted patient material. Applicants should review the [42 CFR Part 2 privacy rules and the SAMHSA confidentiality rules](https://www.samhsa.gov/sites/default/files/how-do-i-exchange-part2.pdf). Programs selected for funding must commit to operate in compliance with the regulations.

## Data and Reporting Requirements

Grantees shall comply with any and all federal or state data reporting requirements. Grantees must submit monthly data and progress reports to AHP accompanying their monthly invoices via a portal on the H&SS website “Grantee Hub.” A data reporting and progress template will be provided to each grantee to document progress in completing activities in their SOW and next steps to further achievement. Organizations choosing to offer extended hours will have additional data collection related to this new feature to help validate future decision-making about SOR-funded extended care.

GPRA intake, follow-up, and discharge surveys as required by SAMHSA must be submitted on at least a monthly basis via the REDCap portal.

Additional quarterly data reports must be submitted to UCLA-ISAP using their data portal for statewide evaluation of MAT activities. Performance measures of interest to UCLA-ISAP may include but are not limited to the following:

**Client and provider information and client outcomes:**

1. Name, unique H&SS ID and address of the Hub or Spoke
2. Contact person for the Hub or Spoke service locations
3. Communication details inclusive of telephone numbers, email, etc.
4. Startup activities/details
5. Total number of individuals served on a quarterly basis
6. Demographics of individuals served
7. Number of people who receive OUD treatment on a quarterly basis
8. Percent of people who receive MAT that is paid for with SOR IV funds on a quarterly basis
9. Number of people who receive OUD recovery services, such as peer support, on a quarterly basis
10. Number of providers implementing MAT
11. Number of OUD and/or StUD prevention and treatment providers trained, including nurse practitioners, physician assistants, physicians, nurses, counselors, social workers, and case managers

**Client outcomes (including but not limited to):**

1. Intake to services
2. Retention rates in treatment
3. Outcomes at six (6) months post-intake
4. Outcomes at discharge

**Opioid use and opioid-related morbidity and mortality (including but not limited to):**

1. Diagnosis
2. Demographic characteristics
3. Substance use
4. Services received
5. Types of MAT received
6. Length of stay in treatment
7. Employment status
8. Criminal justice involvement
9. Housing status

**Stimulant use and stimulant-related morbidity and mortality (including but not limited to):**

1. Diagnosis
2. Demographic characteristics
3. Substance use
4. Services received
5. Types of other treatment services received
6. Length of stay in treatment
7. Employment status
8. Criminal justice involvement
9. Housing

**Management:**

1. Sustainability plan created and implemented
2. Percent of Implementation Plan completed

Performance measures may be revised to address current situations and high priority challenges as needed.

Quarterly data reports to UCLA will follow the timeline below:

|  |  |  |
| --- | --- | --- |
| **Quarter** | **Period** | **Due Date to UCLA** |
| Quarter 1 | 1/1/2025 – 3/31/2025 | 4/15/2025 |
| Quarter 2 | 4/1/2025 – 6/30/2025 | 7/15/2025 |
| Quarter 3 | 7/1/2025 – 9/30/2025 | 10/15/2025 |
| Quarter 4 | 10/01/2025 – 12/31/2025 | 1/15/2026 |
| Quarter 5 | 1/1/2026 – 3/31/2026 | 4/15/2026 |
| Quarter 6 | 4/1/2026 – 6/30/2026 | 7/15/2026 |
| Quarter 7 | 7/1/2026 – 9/30/2026 | 10/15/2026 |
| Quarter 8 | 10/1/2026 – 12/31/2026 | 1/15/2027 |
| Quarter 9 | 1/1/2027 – 3/31/2027 | 4/15/2027 |
| Quarter 10 | 4/1/2027 – 6/30/2027 | 7/15/2027 |
| Quarter 11 | 7/01/2027 – 9/29/2027 | 9/29/2027 |

# Application Instructions

## Preparing to Apply

If an organization wants to be a H&SS grantee at multiple sites, **the organization MUST submit an individual application for *each* location** for which it is requesting funding.

Below are suggested steps to help determine whether to apply and how to prepare the application.

1. Print the RFA and [Application Worksheet.](#Application_Worksheet)
2. Consider these questions:
   1. Does the organization meet all the eligibility criteria?
   2. Is the organization able to effectively use these funds and technical assistance opportunities?
3. If the answers are “yes,” the organization should identify who is going to work on the application and develop a timeline for how to respond to the RFA and submit on time. **DO NOT WAIT UNTIL THE LAST MINUTE!**
4. Attend the informational webinar on October 24, 2024. [Register here](https://us06web.zoom.us/webinar/register/WN_GbGwDubsQPKBvJsJOz-bww#/registration) or listen to the recording.
5. Identify any questions and submit the questions no later than October 28, 2024.
6. Be sure the application and budget plans fit within the scope and funding restrictions described in this RFA.
7. Use the [Application Worksheet](#Application_Worksheet) to prepare. (Start early!)
8. Copy and paste worksheet answers within the character limit into the online application. The application will autosave work. Do NOT press “Submit” until the application is complete.
9. Submit the online application no later than 5 p.m. Pacific Time (PT) on November 22, 2024. Please allow time for unexpected technical difficulties. **Do NOT wait until the last minute. Late applications cannot be accepted.**
10. In the case of technical difficulties, click “Help” in upper right corner of SurveyMonkey Apply online application.

## Online Application

The entire CA H&SS application is contained in an online fillable form, hosted by SurveyMonkey Apply. Use the [application link](https://applications.ahpnet.technology/prog/hub_and_spoke_system_sor_iv/) to access the online application.

Instructions to complete the fillable form are included in the online application. The online application must be completed in full and submitted by **5 p.m. PT on November 22, 2024.**

It is the applicant’s sole responsibility to ensure that their application has been successfully submitted and received. Applicants can work on the online application, save the work, and return to it at their convenience. However, once the application is submitted, no further changes can be made. Upon submission, applicants will receive an email confirming receipt of your application.

### Application Components

The online application includes four (4) components, three (3) of which are scored (Sections II, III, and IV) for a total of 100 possible points. Section I is not scored but is very important and must be completed accurately and truthfully in order to submit an application. Responses to these application components will be used in the application scoring and selection process. The scoring criteria is described further in this RFA.

### Application Scoring

Following a technical review and scoring of each application, budgets will be reviewed to ensure costs are allowable, reasonable, and linked to the described objectives. Only applicants that meet these criteria will be considered for funding. Funding awards are merit based, with no guarantee that applicants will be awarded their full request amount. As described below, priority scoring considerations may factor into applicant awards to ensure an optimal distribution of grantees statewide.

Funding decisions are at the sole discretion of AHP with DHCS review and subject to DHCS approval. There is no appeal process. AHP and DHCS staff are not available to discuss the merits of any proposal not recommended for funding.

### Funding Availability

DHCS intends to obligate funds for the SOR IV grant, however all funding is contingent on DHCS funding availability and approval to AHP for the distribution of funding. In the event that DHCS does not obligate funds or the expected amount of SOR IV funds to AHP for distribution during the period of performance described above, AHP will accordingly be unable to issue subcontracts to H&SS SOR IV grantees as indicated in this RFA.

## Application Priority

Priority will be given to:

1. Organizations that are not NTPs and are seeking to initiate the delivery of MAT and related treatment services for OUD for the first time. These new “Spokes” should specify this status and are eligible for tailored TTA to support this effort and may be considered for start-up funding if necessary.
2. Organizations operating in regions with high rates of overdoses, SUD, suicide, and attempted suicide, and/or actively serving individuals in underserved communities, and groups, including persons reentering the community from carceral settings.
3. Organizations that are interested in extending their hours of operation for up to eighteen (18) hours per day for NTPs (Hubs) and up to fourteen (14) hours per day for Spokes and/or the equivalent total additional hours on weekends. This includes SUD treatment providers that are interested in providing MAT services for the first time.
4. Culturally specific and culturally responsive organizations, including tribes and tribal entities, that especially address the needs of underserved individuals and communities.
5. Applicant agencies with bilingual/multilingual service capacity in one (1) or more of [California's threshold languages](https://www.dhcs.ca.gov/Documents/BHIN-20-070-Threshold-Languages-Data.pdf).

## Scoring Criteria

|  |
| --- |
| **Section I. Applicant Organization Form and Attestations (0 points)** |
| This section (described below) is required and must be complete for an application to be considered for grant funding. |
| **Section II. Applicant Organization Program Description (up to 50 points)** |
| 1. (*5 points*) The applicant describes its: 2. Infrastructure 3. Mission 4. History 5. How MAT fits into its organization |
| 1. *(10 points)* The applicant describes the availability of MAT services in its catchment area.   *For example, the applicant provides evidence of need for MAT services in their community using data.* |
| 1. *(10 points)* The applicant describes their target population and community and capacity to meet the needs of that target population and community.   *For example, the applicant provides examples of its service programs that are capable of providing inclusive care for especially high-risk individuals, including BIPOC, persons reentering the community from carceral settings, LGBTQIA+ patients, individuals who use stimulants, people experiencing homelessness, persons with co-occurring disorders, etc.* |
| 1. *(15 points)* The applicant provides operational and distinguishing information about their MAT services.   *For example, the applicant seeks to extend hours and/or days of operation, spoken languages, and information on the employment of state-certified peer recovery support specialist, the percentage time and qualifications of the MAT prescriber of record, telehealth services, etc. Maximum points possible for applicants initiating or increasing buprenorphine prescriptions and extending hours by some percentage.* |
| 1. (*10 points*) The applicant describes their harm reduction and outreach strategies.   *For example, the applicant reports routine distribution of naloxone to patients and families, distribution of fentanyl and xylazine test strips to patients, participation in a local opioid coalition, partnership with safe syringe programs, community outreach, engagement with hospitals and other referral sites, partnership with or use of substance use navigators.* |
| **Section III. H&SS SOR IV Management and Staffing (up to 28 points)** |
| 1. *(7 points)* The applicant describes the type and qualifications of staff on the SOR IV MAT Navigation Team (coordinating and delivering MAT services). |
| 1. *(7 points)* The applicant describes who will manage the SOR IV project to ensure successful achievement of deliverables, including data collection and reporting requirements on a monthly basis for AHP data elements and GPRA data, and on a quarterly basis for UCLA-ISAP. |
| 1. *(7 points)* The applicant describes their ability to participate in SOR IV program LCs, webinars, possible on-site visits, regional in-person mini-LCs, and coaching calls as described above while maintaining adequate MAT care staffing. |
| 1. *(7 points)* The applicant describes how they will establish their partnership with their local Hub and Spokes (respectively for sites that are Hubs and Spokes) and increase referrals and communications within the H&SS network. |
| **Section IV. Budget Planning and Caseload (up to 22 points)** |
| 1. *(8 points)* The applicant provides a completed budget template. |
| 1. *(7 points)* The applicant provides background on their MAT patient caseload for the previous two (2) years (FY 2022-23 and FY 2023-24 to date) and prospective caseload for SOR IV period of performance (January 1, 2025 – September 29, 2027).   *NOTE: If the applicant has not previously delivered MAT and is seeking to initiate delivery of MAT services with SOR IV funding, please describe the SUD patient caseload volume, primary SUD diagnoses, and treatment modalities provided by the applicant. Please also describe why the applicant organization seeks to provide MAT and plans for patient care.* |
| 1. *(7 points)* The applicant describes their patient population’s payment mix and their organization’s practices to support Medi-Cal-eligible patients to enroll in Medi-Cal in a timely manner, other insurance options when eligible, and additional benefits, such as Veterans Administration and/or senior benefits. |

## Application Worksheet

The online application includes the following information for applicants to complete. Applicants can complete this worksheet and transfer the information onto the online application, which has the same fields.

**THIS IS A WORKSHEET, NOT THE REAL APPLICATION.**

**Please note that applicants must submit one complete application for *each* H&SS SOR IV location for which the organization is requesting funding.**

[SUBMIT APPLICATIONS ONLINE](https://applications.ahpnet.technology/prog/hub_and_spoke_system_sor_iv/).

|  |  |  |
| --- | --- | --- |
| **Section I. Applicant Organization Form and Attestations** | |  |
| ***Part A: Applicant Information*** |  | |
| Applicant Organization Name |  | |
| Street Address |  | |
| City, County, State, ZIP |  | |
| County/ies where services will be provided (catchment area) |  | |
| Representative Name |  | |
| Representative Title |  | |
| Email Address |  | |
| Telephone Number |  | |
| Alternative Contact Name |  | |
| Alternative Contact Email |  | |
| Alternative Contact Phone Number |  | |
| Website Address (If none, write N/A) |  | |
| Nonprofit Tax ID # |  | |
| Applicant’s annual budget amount over past two years | 2023:  2024: | |
| Does applicant organization have an annual financial audit? | Yes or No | |
| Is the applicant organization committed to processing a contract for execution within six (6) weeks from the Notice of Award? | Yes or No  If no, please explain: | |
| Is the applicant organization authorized to do business in California? | Yes or No  If no, your organization is ineligible to apply for these funds. | |
| ***Part B: Attestation about area served*** | (up to 500 words) | |
| The applicant organization attests that the geographic area for which funds are requested is in highly affected by SUD/overdose and/or reaching a particularly underserved community.  By checking this box, we attest that this statement is true.  Yes ☐  No ☐  Please describe this location’s unique community needs and situational context. |  | |

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| --- | --- | --- |
| **Section II. Applicant Organization Program Description** (up to 500 words) | | |
| Describe the applicant organization, including distinguishing programming, SUD and MAT services in the community, target population, and harm reduction/outreach. Please include information on infrastructure, mission, history, and how MAT fits into the organization. | | |
| The applicant organization has policies and procedures in place regarding timely patient enrollment in Medi-Cal or other insurance programming.  If yes, the organization will be required to produce these documents upon grant award | Yes ☐  No ☐ | |
| Current Days of Operation  Check all that apply:   * Monday * Tuesday * Wednesday * Thursday * Friday * Saturday * Sunday | | |
| Current Hours of Operation  Use 24-hr clock for daily hours (*For example: Mon 0900 – 1700)*  Monday:  Tuesday:  Wednesday:  Thursday:  Friday:  Saturday:  Sunday: | | |
| Is your organization proposing to operate additional days or extend hours of operation?  Yes ☐ No ☐  If yes, Please complete the additional information below. | | |
| Additional Days of Operation  Check all that apply:   * Monday * Tuesday * Wednesday * Thursday * Friday * Saturday * Sunday | | |
| Additional Hours of Operation  Use 24-hr clock for daily hours (*For example: Mon 0900 – 1700)*  Monday:  Tuesday:  Wednesday:  Thursday:  Friday:  Saturday:  Sunday: | | |
| If additional explanation is required, please enter narrative here: (up to 200 words) | | |
| MAT services are provided in all the languages listed in right column. | | List languages |
| MAT Telehealth services available at  organization | | Yes ☐  No ☐ |
| Peer specialists support MAT patients in their care | | Yes ☐  No ☐ |
| This organization participates in a local Opioid Coalition | | Yes ☐  No ☐ |
| MAT patients routinely receive a naloxone kit or prescription | | Yes ☐  No ☐ |
| Family members of MAT patients receive naloxone | | Yes ☐  No ☐ |
| This organization partners with and/or refers to safe syringe programs | | Yes ☐  No ☐ |
| Other, please specify: | | |

|  |
| --- |
| **Section III. H&SS SOR IV Management and Staffing** (up to 500 words) |
| Describe the following core elements of the organization’s H&SS team:   * What types of staff with what qualifications will be part of the MAT Navigation team? Who will manage and implement the MAT services? * How will direct MAT patient care be maintained while TTA and site visits occur? * Who will be responsible for the GPRA, AHP and UCLA data collection? What quality assurance checks will you deploy? * What strategies will you implement to increase the Hubs and Spokes capacity to refer to and interact routinely with other Hubs & Spokes? |
|  |

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| --- | --- |
| **Section IV. Budget Planning and Caseload** (up to 500 words)  Describe your recent and prospective patient MAT caseloads and ability to support Medi-Cal-eligible patients to enroll in a timely manner (e.g., how quickly are Medi-Cal eligible patents currently enrolled, what percentage of patients require co-pay assistance for existing insurance coverage, etc.?). | |
| **MAT patient caseload FY 2023-2024 (to date)**  *If organization has not previously provided MAT, please enter Zero and complete bottom row only.* | **Number or Percent** |
| Average number of patients receiving methadone monthly |  |
| Average percentage of patients receiving methadone who are retained in care for six (6) months post-intake |  |
| Average number of patients receiving buprenorphine formulations monthly |  |
| Average percentage of patients receiving buprenorphine formulations who are retained in care for six (6) months post- induction |  |
| Average number of patients receiving SUD treatment monthly |  |
| **Anticipated average quarterly MAT patient caseload from January 1, 2025–September 29, 2027** | **Number** |
| Average number of patients expected to receive methadone per quarter |  |

|  |  |
| --- | --- |
| Average number of patients expected to receive buprenorphine formulations per quarter |  |
| **Patient Population Payment** | **Percent** |
| Patients receiving MAT using Medi-Cal coverage |  |
| Patients receiving MAT using private insurance |  |
| Patients receiving MAT using self-pay/out-of-pocket payment |  |
| Patients receiving MAT using a sliding scale/ability to pay |  |
| Patients receiving MAT using federal grant program coverage (e.g., SOR III payment) |  |
| Other, please specify: |  |

Applications are NOT required to request funds under eachbudget category. However all personnel who receive any portion of their wages from SOR IV funds, including subcontractors and consultants, must be included.

Please see the **California State Opioid Response IV Allowable Expenditures** document updated July 2, 2024, for the development of your budget.

|  |  |
| --- | --- |
| **Direct Expenses**  *Please describe and complete the cost of each item below.* | **Cost** |
| 1. **Payroll** (salaries)   *List individual employee names & FTE on H&SS in rows below:* |  |
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| 1. **Fringe** (taxes + employee benefits) |  |
| 1. **Subcontractor and consultant costs**   *List each projected subcontractor/consultant separately by function (e.g., recruitment, marketing consultant, IT, etc.) in rows below.* |  |
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| 1. **Treatment and treatment supplies** (e.g., FDA-approved medication and devices for OUD and withdrawal management, methadone pump, patient care equipment, such as naloxone, fentanyl test strips, lockboxes, drug disposal [Deterra] pouches, etc., drug testing and other laboratory tests).   **NOTE:** Applicants providing MAT (buprenorphine) for the first time may include additional start-up costs here. |  |
| 1. **Outreach materials** (e.g., online advertising, fliers, bus and bus bench etc.) |  |
| 1. **Program equipment and supplies** (e.g., durable goods, printer, cell phone, EHR and other platform and app subscriptions, etc. ) |  |
| 1. **Patient GPRA incentives and other direct patient support** (e.g., allowable food and beverage, etc.) |  |
| 1. **Patient transportation** |  |
| 1. **Staff training and education** (e.g., registration fees, tuition, certification, and licensure fees, etc.)   **NOTE:** Applicants providing MAT (buprenorphine) for the first time may include staff recruitment cost, hiring bonus, etc. |  |
| 1. **Staff travel (local travel and approved travel to allowable conferences, etc.)** |  |
| 1. **Administration Fees**   *This cost is determined by multiplying your organization’s Admin Fee rate percentage by the A-J Total Expenses above. Admin fees may not exceed 5% (e.g.: multiply A-J Total by .05 if using the maximum allowed Admin Fee).* |  |
| 1. **Administration Fee Rate %:** |  |
| 1. **Administration Fee Rate Cost:** |  |
| **Total Direct Expenses:** |  |
| **Indirect**  (15% de minimus; includes utilities, accounting, HR, rent, etc.)  *This cost is determined by multiplying your organization’s Indirect rate percentage of the Total Direct Expenses above. The indirect rate may not exceed 15% (e.g.: multiply Total Direct Expenses by .15.*  ***NOTE****: Use of Federally Negotiated Rate to calculate Indirect Cost is not permitted.* |  |
| * 1. **Indirect Rate %:** |  |
| * 1. **Indirect Rate Cost:** |  |
| **Total Budget (with Indirect Costs):** |  |

Thank you for your interest in the H&SS RFA.