DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

CALIFORNIA Hub & Spoke SYSTEM

QUESTIONS AND ANSWERS
Hub & Spoke System (H&SS)
State Opioid Response (SOR) IV H&SS Request for Applications (RFA)
Informational Webinar on October 24, 2024

NOTE:
UPDATED as of November 5, 2024: An exception to the 15 percent cap for indirect costs is allowed for Tribes and Tribal entities only and only for the H&SS SOR IV grant program. Tribes and Tribal entities may use their federal Negotiated Indirect Cost Rate (NICR) for their budget calculation.

RFA ERROR with correction as of November 5, 2024: Section IV. #11 on p. 25 notes that two years of medication-assisted treatment (MAT) patient caseload information must be provided; however, the Section IV worksheet (p. 31) and online application referenced only one year. That has been changed to allow two years of information for each relevant item.

Application

1. **What qualifies as "official documents" to establish that the applicant organization has provided relevant services for two years?**

This requirement is Substance Abuse and Mental Health Services Administration (SAMHSA) language. Examples of documents that the applicant organization has provided substance use disorder (SUD) services to clients for at least two years include applicant organization's operating license, Medi-Cal and insurance billing records, and audit records. If an applicant is selected to receive funding, the organization must submit substantiating documents to Advocates for Human Potential, Inc. (AHP) at that time.

2. **How many locations can we apply for?**

A parent organization can submit applications for up to ten sites.

3. **Is there a character limit or a word limit?**

Yes. This is specified in each section in the worksheet. It is recommended that text be prepared in the worksheet before it is entered into the online application.

4. **If Northern California and rural areas are prioritized, is a certain award amount set aside specifically for them?**

No, however, applicants from this region and communities are strongly encouraged to apply.

5. **Do previous Spokes have an opportunity to apply for this year of funding if they have not been engaged in the past 1-2 years?**

Yes. The RFA is open to all eligible service providers.

6. **We will soon have new "Medication Units," which are distinct locations but fall under the umbrella of our main Narcotic Treatment Program license. Would we submit separate applications to support each Medication Unit?**

Yes. Each location/site would be a separate application.

7. **Under Priority Scoring number 2, do you have any suggestions about data sources for the rates of overdoses, SUD, suicide, etc.?**

Most counties have data on these topics on their websites listed under either behavioral health, substance use disorder, and/or mental health services. Other sites that provide data on these topics include:

- CDPH—Data on Suicide and Self Harm
- Mental Health Services Oversight & Accountability Commission (MHSOAC)—Suicide Incidence and Rate Dashboard
- U.S. Centers for Disease Control and Prevention (CDC)—Suicide Data and Statistics
- California Health Care Foundation—2022 Edition: Substance Use in California
- SAMHSA—State Data Tables and Reports from the 2021-2022 National Surveys on Drug Use and Health (NSDUH)

8. **If we are planning to open an Opioid Treatment Program (OTP) in a County we are not currently in, can we apply for SOR 4 funding if we know we will open during the SOR 4 time period?**

Approval to apply depends on (a) whether your organization has the required two years of experience delivering services elsewhere in California and this is an expansion of care delivery and (b) how soon your organization will open for services in the new county. If your organization will open this new site early in 2025 and also meets the two-year criteria with this site being an expansion of care, then yes, your organization may apply. If not, then no.

9. **Is there an abbreviated RFA process for current SOR3 grantees, or does everyone submit the same RFA?**

All applicants must complete the same RFA regardless of past experiences with SOR.

10. **What is the reasoning for prioritizing non-NTPs?**

The Hub and Spoke System model features one Hub (narcotic treatment program [NTP]) with multiple Spokes (non-NTPs), which requires more non-NTPs than NTPs to be funded per region. Additionally, buprenorphine is still less available than warranted, especially to marginalized and underserved populations.

11. **How many hubs and spoke awardees do you anticipate?**

An estimated 70 to 90 awardees are anticipated.

12. **Can past recipients of SOR funding use their login when completing the application via the portal?**

No. Each applicant must create a new account to submit the application via the portal.

13. Will Survey Monkey allow for multiple application submissions?
Yes.

14. What is the best way to distinguish separate application submissions?
Please differentiate between each site by location, directly following the organization's name.

15. Will a recording of the Informational Webinar be made available?
Yes. The slides and recording were sent out on October 28, 2024. If you have not received them, please email hss_sor4@ahpnet.com , the H&SS Administrative Entity email address.

16. What constitutes a "high caseload" of patients?
SOR IV awards must be used as “funding of last resort,” so “high patient caseload” is not only a numeric calculation, rather depends primarily on the SOR IV eligibility of patients served and services provided. Patient volume and other patient characteristics will be taken into account.

17. One of our programs is scheduled to move to a different site during the grant's performance period. Is this acceptable?
Yes. If the applicant already knows the address, demographic profile, risk status, etc. of the new address and the expected date of the move, please describe both the current site and the new site, as well as the reason for the change of service location, the timing of the change, and its implications for the goals of the H&SS project.

18. Our MAT/SUD Counseling Services have two separate addresses across the parking lot from each other. Do we need to apply twice?
No. The applicant does not need separate applications if the same organization provides the MAT/SUD counseling services**.** Please note this situation in the application.

19. We have been providing MAT/SUD counseling since 2019 but will be new to Hub and Spoke. Will we have first-time priority scoring?
No. The Application Priority is only for those initiating the delivery of MAT for opioid use disorder (OUD) for the first time.

20. We are a culturally responsive tribal health clinic; will we get priority scoring?
Yes. Culturally specific and culturally responsive organizations, including Tribes and Tribal entities, will receive priority scoring.

21. In the RFA on page 29, in the box for additional explanation, is that specifically related to extended hours or open for anything else?

It is intended to explain extended hours.

22. **When checking yes/no for peer specialists and various other services, is that regarding existing services or services planned for SOR IV?**

The Yes/No options refer to current services provided. Any future planned services can be included in the following sections: III and IV.

23. **Can you clarify the "Average percentage of patients receiving methadone who are retained in care for six (6) months post-intake" and "Average percentage of patients receiving buprenorphine formulations who are retained in care for six (6) months post-induction"? What time frame are you referring to?**

The time frame referenced is a data point for the applicant's patient caseload, e.g., on average, do 25 percent of the applicant's patients drop out before six months? If so, the answer is that on average, 75 percent of the applicant's patients are retained in care for six months. The same question is asked for both methadone and buprenorphine patients at the applicant's site.

24. **Regarding the question on "Anticipated average quarterly MAT patient caseload from January 1, 2025-September 29, 2027," are you asking for the average # of distinct patients we project we will be treating with methadone/buprenorphine each quarter? Are you looking for the total # of patients served each quarter, or the total number of distinct pts served in the 2.7 year time frame?**

Please provide the anticipated average quarterly caseload of distinct patients served each quarter. This is requested to help account for the typical variability in patient caseload across the months and projecting ahead to anticipated caseloads in two years. (When multiplied by the 11 quarters in the period of performance, this should be roughly the same as the total number of patients served in the 2.75-year time frame.)

25. **When I looked at the slides from past SOR phases, I noticed that the map for SOR III has many less spoke sites than in previous phases. Maybe the slides only represent the new additions for that round. What percentage of the newly emerged spokes can sustain services after the grant period?**

SOR III H&SS funded more Hubs and fewer Spokes than previous iterations of SOR funding. SOR grant funding is not intended to be the primary source of funding for a MAT service provider or to provide sustainability; rather, it is funding of last resort to cover patients that are without other funding sources until those patients can be enrolled in Medi-Cal or other coverage.

Personnel

26. **What licenses would be considered a clinical member part of the team?**

Any licensed health care provider that is authorized by the State of California to provide health care services. MAT clinical teams may include a physician, nurse practitioner, physician assistant, licensed and/or certified SUD counselor, nurse, and licensed clinical social worker (LCSW), among others.

27. Will state treatment-certified counselors with lived experience count as peer support?

No. Peer Support Specialists (PSSs) can be state-certified through the California Mental Health Services Authority (CalMHSA); only those who are state-certified are Medi-Cal billable. SUD counselors are also Medi-Cal eligible for billing, but these are distinct roles. While many counselors have lived experience, the SUD counselor does not "wear the hat" of a PSS, which plays a different role and has a unique and distinct function from that of an SUD counselor.

28. Is .5 FTE state-certified Peer Support Specialist only for organizations under drug Medi-Cal? What if we hire people in through other positions?

No. The requirement for PSSs applies to all applicants in recognition of best practices for PSS to play a role in providing direct service. Regarding "hiring people in through other positions": peers may be hired to fill various job titles that are not identified as "PSS," but the RFA requires that when permissible within your organization's structure (i.e., Federally Qualified Health Center [FQHC]), a state-certified PSS must be part of the MAT Navigation team at a minimum .5 full-time equivalent (FTE) within the first two quarters of contract execution. If this is a concern for your organization, please describe the constraints in your application.

29. What specifically do you mean by "counseling staff?" Is this a master-level provider or a SUD Counselor?

This position does not require a master's-level provider; licensed or certified counselors are acceptable.

30. The goal is to sustain services and reduce the number of uninsured patients. Funds support non-billable positions, including SUD Counselors, Case Managers, and Peer Support. Are these non-billable positions supported with SOR4 funding?

Yes. SOR IV funding can be used to support MAT staff. It is important to note state-certified PSSs (certified by CalMHSA) and SUD counselors are also Medi-Cal billing eligible. To help ensure that programs funded by SOR IV are as sustainable as possible, all non-SOR IV funds are expected to be tapped whenever possible.

31. Can the funding be used to pay for existing MAT staff?

Yes. SOR IV funding can be used to pay for a portion of all existing MAT staff.

32. Can we subcontract to an outside healthcare facility so that they can provide our medications for opioid use disorder (MOUD) patients with telehealth SUD counseling?

Yes. Please note that all subcontractors and consultants must be included in the budget submitted.

33. Is there a limit on the grant's specific roles under line-item personnel?
No. They should however be relevant to the purpose of the H&SS project as described in the RFA.

34. A "dedicated MAT prescriber," aka "MAT prescriber of record," is required. Does that MAT prescriber need to see and treat only SUDs?
No. This requirement's intention is to ensure that each applicant organization has at least *one* identified physician or other licensed practitioner who is a MAT prescriber to whom other staff, patients, etc. can turn for questions about MAT. This individual would be identified as primarily responsible for the MAT services delivered in a utilization review situation.

35. I need clarification on the benefit eligibility role. Is that usually the same person as the Medi-Cal/insurance enrollment specialist?
A benefit eligibility role focuses on determining whether patients qualify for Medi-Cal. Depending on the organization's structure, the person serving as the Medi-Cal insurance/enrollment specialist may be the same person.

Budget

36. Is the limit $750,000 per site or organization?
The "$750,000" is an estimate of how much the likely maximum amount of funding may be per site. This estimate is per site, not an organization.

37. Did I understand that if we have a federally negotiated indirect cost rate (NICR) of 40% of all direct expenses, SOR4 only allows a maximum of 15%?
Yes, there is a 15 percent cap on indirect expenses. Only Tribes and Tribal entities may exceed the 15 percent cap to better support their unique needs, promote equitable access, and encourage participation.

38. What is the distinction between indirect costs and admin costs?
Indirect costs typically include expenses necessary for an organization's general operation, such as utilities, rent, Human Resources (HR), and office supplies. Administrative costs relate to an organization's management, such as accountants' salaries, legal services, and executive administration.

39. Is the 5% administrative rate the same or different from the fringe benefits?
The administrative fee rate is different from fringe benefits, which includes taxes and employee benefits and is variable among organizations.

40. Can we include the use of Probuphine Implants, which was taken off the market but is expected to be once again available? In addition, can we budget to train staff on Probuphine?

The training and use of buprenorphine implants and long-acting injectables (LAIs) may be included in an applicant's budget both for medication purchases and for staff training. In the case of implants (Probuphine, brand name), this must not be initiated until or if the medication is U.S. Food and Drug Administration (FDA) approved, becomes available on the market, and is included on the Medi-Cal formulary.

41. Should applicants who submit more than one application spread their individual location budgets across the estimated maximum award of approximately $750,000? OR Can a budget for each location be submitted not to exceed 750,000?

Each individual location where services are provided may be eligible for the estimated maximum award of $750,000. Each organization is required to submit individual applications for each location. Grant award amounts depend on projected patients served and the type of MAT provided, among other variables noted in the RFA.

42. Can we spend the SOR IV funds in an accelerated timeframe or must we provide services for all 33 months of the contract?

No. The funding must cover the entire period of performance. Please describe the budget needed to provide specified services as described in the RFA purpose and goals.

43. For budgeting, we have heard different things regarding admin and indirect. Which are we to go by?

Indirect costs typically include costs that apply to more than one business activity. They can include rent, utilities, building maintenance, bank fees, insurance, regulatory fees, etc., that are difficult to parse out for an individual project like H&SS. Sometimes, they include accounting, HR, and information technology (IT) licenses.

Admin costs are similar but are usually more narrowly defined to include general management and accounting. These expense allocations (to indirect or to admin costs) often vary based on the size and nature of the organization and its levels of infrastructure and programming.

Applicants may use up to 5 percent of direct expenses (A-J) in your budget template for Administrative Fees, which yields Total Direct Expenses. Applicants may then add up to an additional 15 percent for your organization's Indirect Costs.

44. For budgeting, should we build a separate budget for each year of the grant or one budget for the entire grant period?

Please build the budget for the full (33 months) period of performance; if there is significant year-to-year variance (e.g., start-up costs, planned outreach push), please

describe relevant dates and budget allocations in Section IV items 10-12.

45. **We are a Tribal FQHC and not a drug Medi-Cal facility. Thus, we are not able to receive FQHC Medi-Cal reimbursement for our SUD Counselors and for the newly hired peer specialist. Can we include the entire salaries for these two positions?**

Yes. If the applicant is cannot bill Medi-Cal, the salaries of required personnel may be attributed to this grant.

46. **Is it required to pay MAT prescribers with SOR funding? Our prescribers are currently paid outside of SOR funding, and it would require in-depth time-consuming record keeping to differentiate between SUD visits and regular visits.**

No, it is not required.

47. **Would travel for a remote out-of-state employee to attend an in-state allowable conference be covered directly?**

These requests will be reviewed on a case-by-case basis and will require approval. In addition, all travel for grantees must comply with the State of California travel guidelines.

48. **Is there any direction on what percentage to use for admin fees?**

Yes. Guidance regarding administrative fees is provided in Item K at the bottom of p. 34. Administrative fees may not exceed 5 percent of the total award amount.

49. **If $750,000 for 2.75 years is not enough to cover expected expenses to meet current needs and additional requirements of SOR4, may we request more than $750,000?**

Yes. Organizations may request more; however, funding amounts are not guaranteed and will be based on the number of applications received and accepted, among other factors.

50. **Is there a cap on how much of our budget can be spent on purchasing software, such as an Electronic Health Record (EHR) system, to support MAT services**?

No. There is no cap is mentioned in the California Department of Health Care Services (DHCS) Allowable Cost Sheet on how much of the budget can be spent on purchasing software, such as an EHR system to support MAT services.

51. **Can funding be used to add a dispensing window to increase service access?**

No. According to the DHCS Allowable Cost Sheet July 2024 document, alterations and renovations (A&R) of any kind are unallowable. This includes work that changes an

existing facility's interior/exterior arrangement or other physical characteristics.

52. Could the agency purchase a mobile clinic for more MAT services in the community?

No. It is unallowable to purchase a mobile clinic for MAT services. See DHCS Allowable Cost Sheet July 2024.

53. What can be included under advertising costs related to contracted services?

Advertising costs related to SOR IV contracted services may include (1) patient outreach/engagement activities and resources; (2) outreach/presentations to community agencies, local organizations, law enforcement, etc.; (3) costs related to the operation of local opioid coalitions; and (4) advertising costs directly related to contracted services.

54. Can we purchase food for groups based on $10 per person per day? Are there any other requirements, if so?

Yes. Applicants may include food for groups based on $10 per person per day. The food can be included as a necessary expense for individuals receiving SAMHSA-funded mental and SUD prevention, harm reduction, treatment, and recovery support services.

Program and Services

55. Can you please help contextualize the "Expanded Service Hours" option?

Spoke applicants may propose extending MAT services up to 14 hours and Hub applicants may propose up to 18 hours during the applicant's regular work week (usually Monday-Friday) and/or offer up to 14 hours per day on weekend days (Saturday-Sunday). If the applicant were to offer up to 14 hours on a Saturday and Sunday, that would mean a Spoke's extension of a total 28 hours of service provision and a Hub's extension of a total 36 hours of service provision, assuming that the applicants are not currently offering any services on the weekend.

An example of an extended hours request would be an organization that chose to offer an extra 1-2 hours Monday-Thursday, plus an extra 6 hours on Friday and/or offer several hours on a Saturday and/or Sunday. The organization can extend hours to reach the 14 operating hour maximum for Spokes and the 18 operating hour maximum for Hubs.

In each instance, the applicant should be able to provide reasoning regarding why the applicant believes those hours will be beneficial to patients and also ultimately yield a high enough patient volume as to be cost-effective and sustainable in the long run. Organizations proposing to offer extended hours will be required to collect data on their patient volume during these hours, provide plans for outreach to bring in patients, and demonstrate partnerships with other relevant services during these hours (law enforcement, emergency departments (EDs), crisis units, outreach workers, etc.) that will assist in maximizing the value of these extra hours. It will also be important to

demonstrate that the applicant organization has the workforce and HR capacity to either offer overtime or flex work schedules to staff the expanded hours.

56. Is the extended hours 14 hours per day?
Yes, this is the maximum for Spokes. Fourteen hours daily, Sunday-Saturday are the allowable extended hours for non-NTP service providers. For example, if the applicant organization currently offers MAT services Monday-Friday, 9 a.m.-5 p.m., extending hours on Friday until 8 p.m. would constitute offering 3 hours of extended service/week. If the applicant non-NTP organization does not offer any weekend hours, opening every Saturday from noon to 3 p.m. would also constitute extending your MAT services by 3 hours/week. The extended maximum is 18 hours per day for Hubs.

57. One priority is to expand dosing hours for NTPs to 18 hours a day. Can you provide examples of how programs could use SOR 4 funding to expand operation hours (e.g., nurse salaries, etc.)?
NTPs may use SOR IV funds to expand hours to the degree needed *up to* 18 hours/day based on local data that suggests that patient need and volume would warrant an extension of hours. SOR IV funds may be used to support staffing and medications for patients without access to other funding (funding of last resort) during expanded hours that are shown to be necessary (e.g., an additional 6 hours of NTP care on Friday nights and weekends require nurse, admin support, etc. will provide warranted care for patients in need).

Government Performance and Results Act (GPRA)

58. Since the GPRA includes a history of alcohol use, and many of our patients have a history of alcohol use and are looking to get MAT treatment, are we able to include those patients in our numbers?
No. SOR IV funding only allows tracking of patients with opioid and stimulant use disorders.

59. Can sites obtain their GPRA summaries or raw data from SOR III?
Yes. Aurrera is able to provide sites with GPRA data from SOR III. Data summaries can be provided upon request. However, more information may be needed from the site to compile the necessary data. Please reach out to the DHCS Reporting email inbox at DHCSreporting@aurrerahealth.com for GPRA data requests.

60. Is a "declined" GPRA survey counted as completed? Also, is an "admin" GPRA survey counted as a completed survey? This is regarding the 60% and 75%.
No. DHCS is currently developing guidance to more clearly define which patients will be included toward the count of completed GPRAs for SOR IV. Patients declining the GPRA survey and patients that require an administrative discharge or follow-up are still to be determined. The Aurrera GPRA Team will be sure to notify all H&SS grantees as soon as more information on this topic is available.

Pay Structure

61. If the program requires cost reimbursement, are alternative payment structures available, such as monthly advances based on projected expenses?

No. No monthly advance payments may be made. The contract will be a Time and Materials (also known as cost reimbursement) contract based on actual spending with monthly invoicing.

62. Would it be possible to establish a hybrid structure that combines partial upfront funding with a cost-reimbursement approach for the remaining expenses?

No. The H&SS SOR IV contract will be a Time and Materials (cost reimbursement) contract that requires monthly invoicing on actual spending.

63. Referring to the informational webinar slides: "H&SS SOR IV will use a cost-reimbursement (time and materials) basis for grantee invoicing/payment submitted monthly via the H&SS data hub portal." We have historically billed patient services (for uninsured or underinsured patients) at the Drug Medi-Cal reimbursement rate, which includes a bundled rate of required services. Does the above bullet point change how we would bill for patient services?

No. The applicant organizations' billing will be considered as the Scope of Work and SOR IV invoicing arrangements are developed.