

SB202 MSO Community Action Plan

REQUEST FOR APPLICATION



SIGNAL BEHAVIORAL HEALTH NETWORK

6130 GREENWOOD PLAZA BLVD, #150, GREENWOOD VILLAGE, CO 80111

MAT Expansion and Education RFA (S1-1617-MAT)

1 OVERVIEW AND TIMELINE

1.1 ABOUT SIGNAL BEHAVIORAL HEALTH NETWORK

Signal Behavioral Health Network (Signal), is one of Colorado's Managed Service Organizations. Signal is responsible for providing a continuum of substance use disorder (SUD) services in three regions on behalf of the State of Colorado. Additionally, Signal seeks to ensure a consistent level of quality and compliance with State and Federal requirements relating to services offered. Signal may choose to deliver these services by subcontracting with local providers who demonstrate competency, compliance with quality standards, and positive outcomes.

The regional map for Managed Service Organizations is known as Sub-State Planning Areas (SSPAs). There are seven SSPAs in Colorado:

- SSPA 1: Northeast Colorado (Signal)
- SSPA 2: Metro Denver (Signal)
- SSPA 3: Colorado Springs Area
- SSPA 4: Southeastern Colorado including San Luis Valley (Signal)
- SSPA 5: Northern Western Slope
- SSPA 6: Southern Western Slope
- SSPA 7: Boulder

Signal is responsible for providing services in three of these seven regions (Northeast Colorado, Metro Denver, and Southeastern Colorado including San Luis Valley).

1.2 ABOUT THE INCREASING ACCESS TO EFFECTIVE SUBSTANCE USE DISORDER SERVICES ACT (SB16-202)

During the 2016 Colorado Legislative Session, the Increasing Access to Effective Substance Use Disorder Services Act was passed, directing and empowering Colorado's Substance Use Disorder Managed Service Organizations to perform several tasks:

- 1) Conduct a statewide needs assessment reviewing and identifying gaps in SUD services, including issues with capacity, access, and sustainability
- 2) Develop and refine community action plans, with intentions around addressing as many areas of priority as possible
- 3) Direct coordination, strategy, and funding towards as many of these areas as possible

The needs assessment is a previously completed report, outlining community feedback, gleaned from interviews, stakeholder meetings, surveys, and previous research and needs assessments. Much of this report is based on that needs assessment. It can be found by visiting:

<http://www.cbhc.org/wp-content/uploads/2017/02/SB202-SUD-final-1.pdf>

Readers of this request for application are encouraged to review that report in its entirety to allow for context and support for the initiatives targeted.

1.3 RFA COMMUNITY ACTION PLAN PRIORITY AREA

Medication-Assisted Treatment (MAT) Expansion and Education

1.4 OBJECTIVE

Signal's objective is to expand medication assisted treatment, particularly with opioid replacement drugs such as buprenorphine, and relapse prevention drugs such as extended-release naltrexone. Additionally, expansion of the use in primary care clinics of oral and injectable extended-release naltrexone for persons in treatment for opioid and alcohol disorders is desirable.

1.5 LOCATION

The services outlined in this document should be located in any or all of the following Colorado counties: Weld, Larimer, Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, or Cheyenne.

1.6 SUBMISSION DEADLINE AND INSTRUCTIONS

Providers interested in offering this service should submit their proposal in Word format. The associated budget should use OBH's capacity budget protocol in Excel format (base template can be provided upon request). Proposals should be submitted via email to the below email address. Signal will acknowledge receipt of each proposal. If no acknowledgement occurs, respondents to this request for proposal should resubmit.

proposals@signalbhn.org

The deadline for submission is no later than **5/30/2017**. Signal will begin considering requests for funding as soon as we have received those applications and will begin funding as soon as possible.

1.7 BUDGET

Providers should include a budget for offering this service in one or more of the locations, using the State Office of Behavioral Health (OBH) capacity budget protocol worksheet (Appendix A). Signal recognizes that this funding is only a part of the support necessary to provide the service. Additional funds are required via Medicaid, other governmental sources, client fees, grants, local hospital support, and other sources. The OBH capacity protocol provides a mechanism to capture all funding sources relative to total expenses. Signal's funding can be used to cover any shortfall that may exist. Details of the protocol are available upon request.

It is important to note that there are two forms a service expansion may take:

- 1) **Increase of clients serviced:** In other words, an existing program could be expanded to serve more clients.
- 2) **Expansion of facility:** A new or expanded facility may be required to serve more clients. Effectively, these are one-time costs associated with the expansion.

1.8 TERM OF AGREEMENT

Signal seeks provider agencies who will offer or deploy the services outlined beginning as soon as possible, with optional renewals of the contract in subsequent years. Signal will be interested in a provider who could begin offering or expanding this service at a facility prior to July 1, 2017, and may issue a partial term agreement prior to July 1, 2017. Interested providers should indicate the date they are able to first begin services, indicating a date no later than July 1, 2017.

2 REQUESTED SERVICES

The objective of the utilization of these funds is to provide access to effective substance use disorder services across the state of Colorado, in the regions identified.

2.1 OVERVIEW OF SERVICES

Medication Assisted Therapy includes methadone, buprenorphine, naltrexone, extended-release naltrexone, medications for reduction of alcohol and drug relapse, and appropriate psychiatric drugs for those with mental illness. Clients will not be referred to providers who are “philosophically opposed” to medication assisted treatment. Outpatient treatment providers who are “philosophically opposed” to medication assisted treatment will not be funded. Signal regards denial of access to FDA approved medication assisted treatment as malpractice.

Delivery of medication assisted therapy must be accompanied with treatment services such as those delivered in an outpatient setting. This refers to the delivery of services in a methadone clinic or as a part of outpatient treatment. This may also include wraparound services, case management, and care coordination with clients or referring entities. Additionally, supportive MAT services may be provided in a withdrawal management (detox) admission or residential stay.

2.2 KEY ELEMENTS

2.2.1 Use of Evidence-based Practices

The delivery of medication assisted treatment (MAT) should employ known evidenced-based practices; in particular, those published by National Quality Forum (NQF), ¹Substance Abuse and Mental Health Services Administration (SAMHSA)², National Institute on Alcohol Abuse and

¹ NQF (National Quality Forum) *National voluntary consensus standards for the treatment of substance use conditions: Evidence-based treatment practices*. Washington, DC: NQF; 2007

NQF (National Quality Forum) Power EJ, Nishimi RY, Kizer KW, Eds. *Evidenced-Based Treatment Practices for Substance Use Disorders*. Washington, DC: NQF; 2005.

National Quality Forum. *A Path Forward to Measuring Continuing Care Management for Substance Use Illness: Patient-Focused Episodes of Care*, Washington DC 2009

² Center for Substance Abuse Treatment. (2015). *Detoxification and Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 45*. HHS Publication No. (SMA) 15-4131. Rockville, MD: Center for Substance Abuse Treatment.

Center for Substance Abuse Treatment. (2015) *Comprehensive Case Management for Substance Abuse Treatment, Treatment Improvement Protocol (TIP) Series, No. 27, (revised 2015)*, Rockville, MD: Center for Substance Abuse Treatment.

Alcoholism (NIAAA)³, and National Institute on Drug Abuse (NIDA)⁴. Use of evidence-based and best practices is required. The provider should demonstrate a mechanism for ensuring fidelity to the specific evidence-based practice models employed.

2.2.2 Signal Credentialing

If not currently a Signal provider, then the provider must complete the Signal credentialing packet, included in Appendix B (with exception of the OBH licensing process which may begin concurrently following selection as a provider offering these services). The required information should be included in the submission.

3 RESPONSE FORMAT

Respondents to this proposal request should include the following elements:

1. When referencing this RFA, use RFA #S1-1617-MAT
2. Business Proposal, indicating compliance, understanding, and restatement of all provisions and requirements listed in section 2.
3. Signal Credentialing: except for the OBH license, all documents and items required in the Signal Credentialing list in Appendix B
4. This RFA is supported using Capacity as the reimbursement. Respondent should include a budget narrative, as well as:
 - a. If this RFA indicates fee-for-service reimbursement, then the provider should submit requested rates.
 - b. If capacity funded, then provider should submit an OBH capacity (see Exhibit A) budget for the remaining term of SFY1617 and SFY1718 (optional, but preferred)
5. The goal for increased number of indigent clients served. This funding is intended to serve indigent clients. Indigent clients are defined as individuals whose household income is at or below 300% Federal Poverty Level (FPL).
6. The following representatives should be identified. Include name, title, email address, and phone number for each.
 - a. Proposal lead
 - b. Chief Executive Officer, Executive Director, or equivalent.
 - c. Chief Financial Officer, or equivalent
 - d. Clinical Director
7. A timeline, including
 - a. Project start
 - b. Intermediate milestones
 - c. Service delivery start (if applicable)

Substance Abuse and Mental Health Services Administration. (2013). Substance Abuse Treatment for Persons with Co-occurring Disorders. Treatment Improvement Protocol (TIP) Series, No. 42. HHS Publication No. (SMA) 13-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration.

³ National Institute on Alcohol Abuse and Alcoholism. (2016) professional Education Materials: Resources for clinicians, physicians, social workers, and other health professionals. Retrieved from <https://www.niaaa.nih.gov/publications/clinical-guides-and-manuals>

⁴ National Institute on Drug Abuse. (2012). Principles of Effective Treatment. In Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>.

8. Location (or multiple locations) that this proposal covers.

4 EVALUATION AND DECISION

Signal will review all proposals upon receipt (no later than **5/30/2017**). Failure to provide a complete set of information requested in this document may result in exclusion from consideration.

Signal may seek clarifying information as necessary to make an informed decision either from the respondent provider or from other sources.

After selection of a provider or providers for these services, Signal will notify remaining respondents of the decision.

Appendix A

OBH Capacity Budget Template

Provider Name:				
Program Name:				
Contract Period:				
		Budget	YTD Actual	Variance
EXPENSES				
Personnel:				
	Clinical	-		
	Support	-		
	Kitchen	-		
	Operations	-		
	Other	-		
	Total Personnel	-		
Client Expenses:				
	Kitchen Supplies			
	Client Food			
	Client Transportation			
	Medications			
	Medical Supplies			
	Personal Hygiene Items			
	Laundry/Linens			
	Client Recreation			
	Purchased Services			
	Contractors			
	Other			
	Total Client Expenses	-		
Occupancy:				
	Janitor			
	Supplies			
	Utilities			
	Phone			
	Rent			
	Equipment Lease			
	Building Maintenance			
	Grounds Maintenance			
	Other			
	Total Occupancy	-		
Operating:				
	Insurance			
	Auto Expense			
	Staff Development			
	Employee Training			
	Travel & Lodging			
	Business Meals			
	Mileage			
	Computer Supplies/Equipment			
	Office Supplies			
	Postage			
	Printing			
	Dues, Fees & Licenses			
	Equipment & Furnishings			
	Renovation & Construction			
	Depreciation			
	Advertising			
	Public Relations			
	Legal			
	Audit			
	Consultants			
	Other			
	Total Operating	-		
Indirect:				
	Finance & Accounting			
	Contracting & Purchasing			
	IT System & Services			
	Legal			
	Human Resources			
	Total Indirect	-		
	Grand Total Expenses	-		
Revenue Offsets				
Client Services:				
	Medicaid Fee for Service Cash			
	Medicaid Capitation Encounters *			
	OBH Indigent Encounters *			
	3rd Party Insurance Cash Receipts			
	Medicare Cash			
	Self-Pay			
	Cash from Other Sources			
	Total Client Service Cash	-		
* Encounters valued using the current year's fee for service schedule issued by OBH and not to exceed contract amount				
Contracts and Grants:				
	MSO Revenue (from other OBH contract budget lines)			
	Non-Governmental Contracts			
	Other State Revenue/Accrual			
	Local Funds/Accrual			
	Federal Grant Funds/Accrual			
	Public Support			
	Other Funds (Specify below)			
	Description			
	Description			
	Total Contracts and Grants	-		
	Grand Total Revenue Offsets	-		
Net Cost Invoiced**		-		
**Net Cost Invoice may not exceed the OBH Contract to exceed price for this capacity based contract exhibit or contract.				
Exempt Revenue Offsets				
	Private Grant Funds			
	Private support or donations			
	In-kind donations			
	Local Hospital funds			

Appendix B

Signal Credentialing

Signal Behavioral Health Network

Credentialing for Membership as a Signal Provider

CREREDENTIALING DOCUMENTATION

Below is a listing of the documentation required for application as a credentialed provider with Signal Behavioral Health Network.

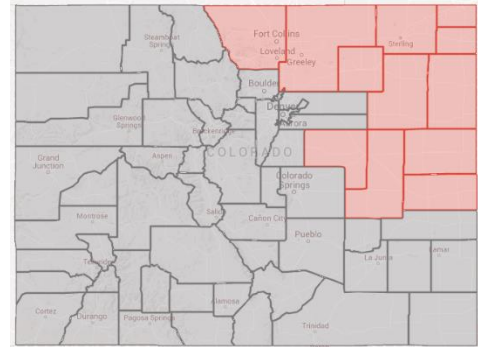
- a) Copies of all current OBH licenses
- b) Copies of any current licenses/certificates from any organization regulating any portion of the Provider's treatment services. These may include, but not limited to:
 - JCAHO/CARF/COA approvals, if applicable
 - Residential Child Care Facility license, if applicable
 - Residential Treatment Center license, if applicable
 - Drug Enforcement Administration Provider certification, if applicable
 - Drug Enforcement Administration Physician license(s), if applicable
 - Federal Drug Administration and Pharmacy Board registration, if applicable
- c) Federal tax ID number
- d) Certificate of general liability and professional liability insurance, professional automobile, and general office insurance. The professional liability policies shall have a minimum coverage limit of \$1,000,000 per individual occurrence and \$1,000,000 aggregate. Exceptions to these minimum coverage requirements will be considered on a case-by-case basis.
- e) Certificate of worker's compensation insurance, if applicable
- f) Certification of malpractice insurance for doctors/nurses, if applicable
- g) Certification of Director's and Officer's Insurance, if applicable
- h) Notification if insurance was ever denied or canceled and the reason(s) for any such denial or cancellation
- i) Most recent list of the members of the Provider's Board of Directors, if applicable
- j) List of current Provider clinical staff including credentials, CAC level, and date of hire. Credentials refer to any educational degrees, any professional licenses, and any type of teaching certificates.
- k) Notification that all current clinical staff have been reviewed in the DORA database for any disciplinary actions and a description of the Provider's response to any disciplinary actions discovered
- l) Notification of any investigation of the agency by any regulatory agency that resulted in any type of corrective action or change in status during the two years prior to submission of the credentialing packet. Regulatory agencies include, but are not limited to, OBH, DMH, JCAHO, and CARF.
- m) Notification of compliance with all HIPAA regulations, if applicable
- n) Notification of any Federal debarment
- o) Copy of most recent financial audit and management letter
- p) Copy of most recent agency approved budget
- q) Number of pregnant women and injecting drug users served in the past 18-months

Appendix C

Signal Sub-State Planning Areas

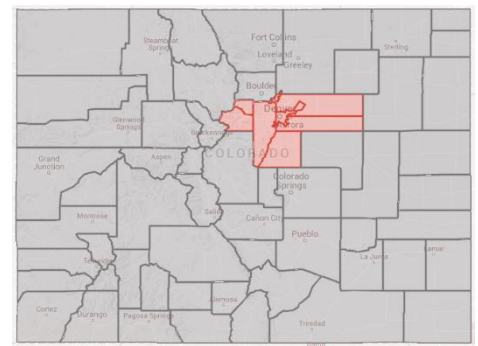
SSPA 1: NORTHEASTERN COLORADO

- Cheyenne
- Kit Carson
- Larimer
- Lincoln
- Logan
- Morgan
- Phillips
- Sedgwick
- Washington
- Weld
- Yuma



5 SSPA 2: DENVER METRO AND FOOTHILLS

- Adams
- Arapahoe
- Broomfield
- Clear Creek
- Denver
- Douglas
- Gilpin
- Jefferson



6 SSPA 4: SOUTHEASTERN COLORADO & SLV

- Alamosa
- Baca
- Bent
- Conejos
- Costilla
- Crowley
- Huerfano
- Kiowa
- Las Animas
- Mineral
- Otero
- Prowers
- Pueblo
- Rio Grande
- Saguache
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