

Mobile Medication Assisted Treatment (MAT) Implementation and Operation

REQUEST FOR PROPOSAL



SIGNAL BEHAVIORAL HEALTH NETWORK
6130 GREENWOOD PLAZA BLVD, #150, GREENWOOD VILLAGE, CO 80111

Mobile Medication Assisted Treatment (MAT) Implementation RFP (SOR-1819-MAT)

1 OVERVIEW AND TIMELINE

1.1 ABOUT SIGNAL BEHAVIORAL HEALTH NETWORK

Since 1997, Signal Behavioral Health Network (Signal) has been dedicated to transforming lives and communities through the provision of effective, evidence-based behavioral health treatment services to Coloradans in need. Signal supports quality treatment, conformance with state and federal funding requirements, and fosters innovative approaches through collaborative enterprises with providers and community stakeholders. Signal is Colorado's largest substance use disorder Managed Service Organization (MSO), responsible for providing a continuum of behavioral health care in three of the state's seven Sub-State Planning Areas (SSPAs): Northeast Colorado (SSPA 1), Metro Denver (SSPA 2), Southeastern Colorado including San Luis Valley (SSPA 4). See Appendix A for the MSO regional maps.

The purpose of this Request for Proposal (RFP) is to select and contract with community health provider agencies or systems to operate mobile medication assisted treatment (MAT) units within targeted geographical areas. These mobile units are intended to reduce barriers to treatment access by expanding the reach of community health organizations and contribute to the array of local services by integrating into the communities they serve. The term "community health provider" is broadly defined as behavioral, medical, and integrated health care provider agencies. Offerors may bid to provide services in one, many, or all of Signal's SSPAs responsibility areas.

1.2 BACKGROUND

Overdose deaths in Colorado have nearly tripled since 1999, led by a fivefold increase in opioid related deaths, surpassing other causes such as traffic accidents and guns (Colorado Health Institute, Feb. 2018). Access to treatment, particularly medication assisted treatment (MAT), saves lives; yet barriers to access remain. According to the 2017 Colorado Health Access Survey, more than 67,000 Coloradans needed treatment for drug or alcohol use but did not receive it. Currently, there are 22 opioid treatment providers (OTPs) in Colorado that are positioned in only 12 of the 64 counties in Colorado, resulting in large access gaps for Coloradoans. Further, only 8 percent of providers who can prescribe buprenorphine are in rural counties (Colorado Health Institute, Oct. 2018).

In September 2018 the state of Colorado, Office of Behavioral Health (OBH) was awarded a multiyear \$30 million State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). OBH, in turn, contracted with the MSOs, including Signal, to provide services under the SOR grant. The SOR grant aims to address the opioid crisis by increasing access to FDA-approved opioid reversal medication (naloxone) and to the FDA-approved

medications of methadone, buprenorphine, and naltrexone for the treatment of opioid use disorder (OUD), thereby reducing unmet treatment need, and opioid overdose related deaths.

Mobile health units exist for a variety of health conditions and needs, ranging from blood donation to mammograms. Provision of MAT and substance use disorder (SUD) services via mobile health vehicles is an emerging and novel approach to reducing barriers to access, by widening the net of available services particularly to individuals unable to access traditional brick and mortar SUD treatment facilities. Mobile MAT programs have been implemented in New York, New Jersey and Maryland. Although there are not yet any studies on treatment outcomes from this treatment modality, a study conducted for the New Jersey program suggested that the program was able to engage individuals who otherwise encountered insurmountable barriers to treatment access (Hall et al., 2014).

Signal seeks to contract with community-based health providers across the health care spectrum including behavioral, medical, and integrated health care provider agencies to develop, implement, and support mobile health units to provide MAT and related services to individuals with OUD. Signal's goal is to reduce barriers to MAT in underserved communities. Offerors can provide services using onboard prescribers or telehealth services, depending on the resources of the community in which the mobile unit operates and those of the Offeror. The required onboard clinical staff, with appropriate remote clinical support, are expected to provide clinical evaluations necessary to determine clients' eligibility for MAT, medication monitoring, treatment of minor injuries and illnesses as clinically appropriate and referral to additional medical care if needed.

Signal also aims to have the units provide concurrent wrap-around services to support recovery with MAT including care management, brief intervention using evidenced-based practices such as motivational interviewing, peer recovery support services, and warm hand offs to treatment providers in the community. This program is intended to serve individuals with OUD; individuals with other forms of SUD may receive services including assessments, and referrals as clinically appropriate.

Because this is a novel approach to MAT and treatment services, Signal expects to work in close collaboration with selected Offerors. While the required services must be provided, Signal welcomes creative and innovative approaches to implementation. Successful offerors will be expected, in turn, to collaborate with and integrate their mobile services into existing community service networks including other community health providers, social service organizations, and peer supports. The mobile unit shall be an integral part of the existing service array in the communities served as opposed to a stand-alone service provider.

1.3 GOALS, OBJECTIVES AND TIMELINE

Signal's goal is to expand access to medication assisted treatment (MAT) via mobile health vehicles deployed to underserved communities in culturally responsive ways that preserves client confidentiality. Signal will achieve this goal through the following objectives:

Objective 1: Subcontract with qualified community health provider agencies to develop and implement mobile MAT units and related treatment services in targeted areas to a goal of 50 clients per week per mobile unit. The mobile units should begin serving as many patients as possible with the expectation that they will eventually serve at least 50 patients per week (new and maintenance) in each mobile unit. The mobile units are expected to be serving 50 patients weekly within six months of deploying the mobile units, and will need to sustain or grow that total during the duration of the grant period.

Objective 2: Foster positive working relationships between Signal, mobile unit staff, and local community partners to ensure community integration into the local service array and build seamless local referral processes.

Objective 3: Support Offerors’ implementation of required program evaluation data collection activities and quality assurance activities.

The grant year for year 1 is September 30, 2018 through September 29, 2019.

The grant year for year 2 is September 30, 2019 through September 29, 2020.

Offeror should develop a proposal and plan, based on work for only part of year 1 of the grant, estimated as May 1, 2019 through September 29, 2019. Work under the grant year 1 does not necessarily mean services will be provided (or be expected to be provided) on May 1, 2019. Consult the table below for more detail.

The following timeline will be implemented in support of these activities:

Activity	Achieved by
RFP issued	March 4, 2019
All questions due	March 25, 2019
All questions answered and posted on website	March 26, 2019
Proposals due	April 15, 2019
Review process	Review complete by May 6, 2019
Projected date of completion of mobile unit	August 30, 2019
Deploy peer recovery coaches, and other mobile unit staff where appropriate, to each targeted community to begin preparing the communities to receive the mobile MAT units.	July 1, 2019
Projected start date for services via the mobile MAT unit in the communities with Offeror	September 1, 2019

1.4 ELIGIBLE APPLICANTS AND LOCATION OF SERVICE PROVISION

Signal will be managing the contracts for their regions (Northeast Colorado (SSPA 1); Metro Denver (SSPA 2); Southeastern Colorado including San Luis Valley (SSPA 4)) and will also oversee the contract as related to AspenPointe’s region, Metro Colorado Springs (SSPA3). Signal seeks bids from any community health provider agency irrespective of whether the provider agency is currently or not currently a Signal provider agency partner. This includes, but is not limited to, community-based substance use disorder treatment agencies, community mental health centers, hospital systems, and Federally-Qualified Health Centers (FQHCs). If an applicant is not currently a Signal provider partner, the provider agency must complete the Signal credentialing packet, included in Appendix C of this RFP. The agency must be licensed by OBH unless exempted by federal regulation. The agency also must be enrolled with one or more Regional Accountable Entities (RAE) and able to successfully bill those RAEs for Medicaid covered individuals. The required information should be included as an attachment to the Offeror’s response.

Offeror’s must bid on the operation of one or more regions; however, Signal may contract with successful Offerors for more or fewer regions. Up to five regions (subsegments of SSPAs) are available for bid. Each region will be awarded one mobile unit. The Offeror must operate mobile units in these priority communities within each region for which the Offeror bids, on a weekly basis. Sites can be combined based on location into one day, for example one community in the morning

and another in the afternoon. (See table below) Offerors may also make recommendations on operations in other communities within the proposed region, for example, expanding the communities the mobile unit will visit.

Region 1 Northeastern Colorado	Sedgwick, Julesburg, Limon, Burlington, Holyoke, Sterling
Region 2 Denver Metro Area	Blackhawk/Central City, Idaho Springs, Golden, Morrison, Evergreen, Conifer, Nederland
Region 3 Colorado Springs Metro Area	Cannon City, Salida, Buena Vista, Leadville, Fairplay/Bailey, Woodland Park
Region 4A Arkansas Valley	Walsenburg, La Junta, Las Animas, Trinidad, Springfield
Region 4B San Luis Valley	Saguache, Center, South Fork, Del Norte, Antonito, La Jara, San Luis, Fort Garland, Monte Vista

Note: See Appendix A for the MSO Regional Maps

1.5 SUBMISSION DEADLINE AND INSTRUCTIONS

The deadline for submission of proposals is **April 15, 2019 at 5 p.m. Mountain Standard Time**. Late proposals will not be reviewed. Proposals must be submitted electronically to proposals@signalbhn.org. Hard copies of proposals will not be accepted; proposals should not be mailed or dropped off. Signal will acknowledge receipt of each proposal via email using the email address from which the proposal was submitted.

Proposals should be submitted using Microsoft Word Open XML Format Document, produced in Word 2007 or later version (files with a file extension of .docx). Proposals must use 12-point Times New Roman font, single spacing, and one-inch margins. There is a 20-page limit which does not include any attachments or information required in appendices of this RFP. The proposed budget should use OBH's capacity budget protocol in Excel Open XML Format, created in Excel 2007 or later versions (files with an extension of .xlsx). See Appendix B for the OBH capacity budget template. Proposals not meeting these requirements will be rejected. Do not submit proposals or budgets in PDF format (exceptions are documents as required for credentialing requirements).

Offerors are invited to submit questions to proposals@signalbhn.org. Please have all questions submitted within 3 weeks of the RFP release date. Questions should have the RFP number (see the top of this document) in the subject of the email.

Questions and answers to the RFP will be posted weekly at <http://signalbhn.org/proposals/>. Any modifications made to this RFP will be posted on Signal's website at <http://signalbhn.org/proposals/>. In the event this RFP is cancelled, notice of cancellation will also be posted at <http://signalbhn.org/proposals/>.

Any requested restrictions on the use or inspection of material contained within the proposal must be clearly stated in the proposal itself. Written requests for confidentiality must be submitted by the respondent with the proposal. The Offeror must state specifically what elements of the proposal are to be considered confidential/proprietary. Confidential/proprietary information must be readily identified, marked with the solicitation number, and separated from the rest of the proposal. Co-mingling of confidential/proprietary and other information is NOT acceptable. Under no circumstances can an entire proposal, or proposal price information be considered confidential and proprietary. Any information that will be included in any resulting contract cannot be considered confidential/proprietary.

1.6 TERM OF AGREEMENT

Signal expects the contracted term for year 1 to begin May 1, 2019 and conclude September 29, 2019. Signal expects the contracted term for year 2 to begin September 30, 2019 and conclude September 29, 2020. Current and subsequent years will be available based on annual review, available funding, and approval.

1.7 PROPOSAL VALIDITY AND DISPOSITION

Offeror's proposals will remain valid for ninety (90) calendar days from the final date proposals are due for submission. By submission of a proposal, Offeror's guarantee that their offer is firm for ninety (90) calendar days from the proposal due date. If an award is not made during that period, each Offeror will automatically extend its offer for an additional ninety (90) days, unless Offeror indicates otherwise in writing to Signal at least thirty (30) days prior to the last day of the original ninety (90) calendar day validity period.

2 REQUIRED SERVICES

2.1 APPROACH

Offerors must demonstrate they have existing working relationships or the capacity to build working relationships necessary to operate within communities' existing health and social services infrastructure to the extent that it exists to support the recovery of individuals with OUD. For example, an Offeror may have existing partnerships with a community peer support organization, supportive housing organization or local Federally Qualified Health Center to help ensure individuals can access needed services. Offerors may subcontract for specific services. Further, Offerors should demonstrate their integration or ability to integrate into the proposed service communities. Signal expects mobile units to be an extension of a provider's broader array of services and not a "stand alone" service. Letters of support or commitment are not required as part of this RFP; however, Offerors should include descriptions of local partnerships and collaborative projects which illustrate their capacity to embed within the proposed service communities.

Fifty clients must be served each week the mobile unit is in operation; however, it is expected this number will be achieved over time (within six months of operation) and will include new and existing clients. "Service" in this context is broadly defined to include specific MAT services, peer recovery support, care management, assessments/intakes, brief crisis intervention and clinical referrals. Given the large geographic distances within and between counties and SSPAs, telehealth services originating from the mobile unit may be provided. All units will be equipped with telehealth capability.

Offerors must develop a multi-faceted plan to contact no-show clients to ensure continued access to medication and services between missed appointment and the subsequent appointment. Offerors must also develop a referral plan for each community that includes methods of warm hand-offs from clients to other service providers. This referral plan must include contingency plans and providers who can provide interim services or manage the treatment of anyone unable to attend their appointment with the mobile units on the days designated for those communities. The referral plan must also include identification of local providers who can provide assistance in the event of an adverse reaction following an induction between the client's weekly visit on the mobile unit in their community. Contingency planning should also include a plan for how services will be covered in the event of an issue with the mobile unit itself.

Agency policies and procedures must be developed or updated to ensure mobile units are covered under agency licenses. While copies of these documents must be provided to Signal, Signal is available to assist and collaborate with Offerors in the development of policies and procedures or connect Offerors with appropriate resources to develop these documents.

All mobile units must be staffed with a minimum of 1 nurse (LPN or RN required); 1 counselor (CAC II, CAC III, LAC, LPC, MSW, or LCSW required); 1 peer (peer recovery coach certification or those willing to obtain required certification within 180 days of hire date) and access to a prescriber via technology or in person. Coverage for staff changes or absences should be included in the proposal submitted.

2.2 QUALITY ASSURANCE

In addition to DACODS data collection for all clients, Offerors must be willing to participate in SAMHSA required data collection and data entry activities. This includes the CSAT GPRA Client Outcome Measures for Discretionary Programs (GPRA) structured interview tool. (More information about the GPRA is available at <http://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra>.) Offerors are responsible for required GPRA data collection for eligible clients at program admission. All new clients who are inducted or seen for maintenance MAT will be eligible for GPRA data collection. Data entry of the GPRA into the SAMHSA SPARS system is the responsibility of the Offeror and must be completed within 7 days of collection.

Offerors are required to send a brief weekly report via email to Signal and OBH documenting the number of unique patients served with each unit. Client releases to allow for follow up GPRA are to be sent to OBH weekly via encrypted email. Narcan distribution counts are to be reported to Signal monthly.

In addition, Signal and the Offeror are expected to participate in monthly status report conference calls and/or meetings with the OBH grant coordinator to provide updates on data collection and the number of patients served.

An external evaluator has been contracted by OBH to conduct all follow up GPRA interviews with clients at 3- and 6-months post admission and discharge, in conformance with SAMHSA requirements. Offerors will be expected to work with OBH's external evaluators as needed to support their efforts to collect client follow up interviews.

2.3 MOBILE UNIT DETAIL

Signal will be responsible for configuring and ordering the mobile unit. The unit is projected to be available by August 30, 2019.

Signal will transfer the title of the vehicle to the Offeror upon delivery of the mobile units. Offerors will be expected to obtain and maintain appropriate levels of motor vehicle insurance as recommended by their insurance carrier in addition to the professional liability insurance as required of Signal's credentialing process (Appendix C) and OBH (Appendix D). Signal will assist Offerors upon request with negotiation and securing of mobile unit storage and maintenance agreements. The driver of the mobile unit shall maintain a Colorado state issued driver's license in good standing but shall not be required to obtain or maintain a commercial driver's license (CDL).

In order to maintain ownership of the mobile unit the Offeror must provide MAT services for the duration of the contract period and the useful life of the mobile unit (per IRS depreciation, a total use of 5 years). In the event that the mobile unit is no longer used to provide MAT services, ownership of the unit shall be transferred to the State of Colorado and the State shall take possession of the unit within 30 days.

Following the termination of the grant, the mobile unit(s) shall become the property of and maintained by the Offeror with the requirement that the units continue to be used at minimum for MAT services through the useful life of the unit. At the end of the useful life, the unit will be the property of the Offeror without contingencies.

3 BUDGET

3.1 FORMAT

The Mobile MAT Implementation program is funded through a grant provided to the State Office of Behavioral Health (OBH) from the Substance Abuse and Mental Health Administration (SAMHSA). Funding is expected to be available through September 29, 2020 and is subject to annual review and approval by OBH and SAMHSA.

Offeror shall submit a budget in accordance with the Office of Behavioral Health's Capacity Budget. The budget, along with the budget documentation and guidelines can be found in Appendix B. Offeror must follow the Behavioral Health Accounting and Auditing Guidelines published collectively by Colorado Healthcare Policy and Finance and the Office of Behavioral Health. A link to this document can be found in Appendix B.

An important requirement of the capacity budget format is that the Offeror should project and include other revenue sources (for example, Medicaid) that can be obtained to support the operation of the service.

Offerors must indicate insurance coverage in amounts equal to or exceeding those listed in Appendix D, as required by OBH.

3.2 FUNDING ALLOCATION

Offeror should submit a budget for year 1 of the grant (start-up and initial operation) and year 2 (full year of operation). Each year's budget should be in a separate Excel worksheet, using the OBH capacity budget template.

Maximum funding for year 1 of the grant, per mobile unit is: \$155,580 for staffing, operational and administrative costs.

Maximum funding for year 2 of the grant, per mobile unit is: \$301,106 for staffing, operational and administrative costs.

Offerors do not need to include the cost of the purchase of the mobile unit. The unit will be purchased by Signal, and the titled signed over to contracted Offerors for this service.

4 RESPONSE FORMAT AND EVALUATED CRITERIA

Offeror should use the following subject headers below to compose a response to this RFP.

4.1 SERVICE AREA

List the Region(s) (listed in section 1.4) and associated counties or municipalities where you will provide services and why you selected these areas. As a reminder, each region has a required number of cities that must receive services. Offeror should list these, as well as any additional targeted communities in the region. Describe the population to be served, including any subpopulations and your organization's experience working with them.

4.2 APPROACH

Describe how you will implement the required services stated in Section 2.1 Required Services, Approach. Describe the evidence-based practices you will implement. Provide a timeline for the implementation of all activities, indicate start and end dates, milestones and deliverables for each grant year. Please provide an anticipated weekly schedule of travel for the region(s).

4.3 ORGANIZATIONAL CAPACITY

- a. Describe your organizational structure and management.
- b. Describe your organization's experience with MAT and experience, if any, with implementation of novel treatment approaches, particularly mobile health services and telehealth.
- c. Identify any partnering agencies and their roles in the implementation of this project.
- d. Describe your organization's experience with developing and maintaining community partnerships.
- e. Provide a list of staff and a short (2 paragraph maximum) biography of required and other staff assigned to this project. If staff are to be hired, describe your organization's recruitment and hiring process, staff retention efforts and expected timeline for new hires.
- f. If you intend to subcontract any services offered on the unit, please describe the organization(s) and their services and how these subcontracts will be monitored.
- g. Describe your organization's experience in operating and maintaining fleet vehicles.

4.4 QUALITY ASSURANCE

- a. Describe your organization's plan for complying with GPRA and DACODs data collection as described in Section 2.1, Quality Assurance.
- b. Describe your organization's plan for complying with all other reporting requirements as described in Section 2.1, Quality Assurance.
- c. Describe what methods you will use to protect confidential information, including HIPAA and 42 CFR Part 2.
- d. Describe your organization's plan to monitor project performance, improvement and quality of services.

4.5 BUDGET

A budget should be submitted, following the requirements in Section 3. Offeror should provide a grant year 1 budget (start up and initial operation) and year 2 budget (full year of operation), **per mobile unit**. The budget does not count against the page limit of the proposal.

4.6 SUBMISSION CHECKLIST

- Business Proposal (20-page limit) in Microsoft Word
 - Fully responds to the following sections
 - Service Area
 - Approach
 - Organizational capacity
 - Quality Assurance
- Budget in excel (using the OBH capacity budget template that was provided)
- Full credentialing packet (if not already a Signal credentialed partner)
- Proof of insurance as outlined in Appendix D (current and new Signal providers)

5 EVALUATION AND DECISION

Signal will conduct a comprehensive, fair, and impartial evaluation of all proposals. The award decision is a business judgement based on the merits of all proposals and their alignment with the required activities. 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 Offeror or from other sources. Oral presentations will not be offered or required. After selection of a provider agency or provider agencies for these services, Signal will notify remaining Offerors of the decision.

At the time of contracting, Signal reserves the right to negotiate with the Offeror additional terms or reporting requirements. Technical support may be offered by Signal to all contracted parties. Technical support will be determined by the needs of the parties but may include community collaboration, meeting facilitation, training around financial management (invoicing and budgeting), GPRA and DACODS submission, and operational process support.

6 REFERENCES

Colorado Health Institute. (2018, February 2). *Colorado's substance use crisis*. Retrieved from <https://www.coloradohealthinstitute.org/research/opioids>

Colorado Health Institute. (2018, October 29). Providing medication-assisted treatment in Colorado. Retrieved from <https://www.coloradohealthinstitute.org/research/providing-medication-assisted-treatment-colorado>

Hall, Neighbors, Iheoma, Dauber, Adams, Culleton, Muench, Borys, McDonald, Morgenstern. (2014). Mobile opioid agonist treatment and public funding expands treatment for disenfranchised opioid-dependent individuals. *Journal of Substance Abuse Treatment*, 46(4), 511-515.

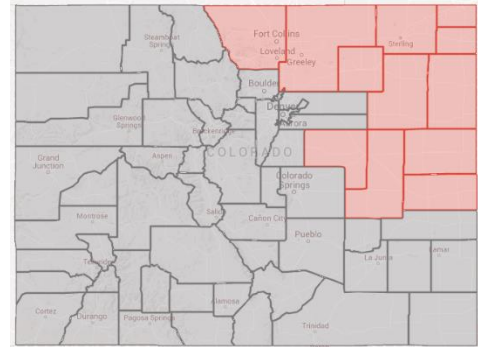
<https://doi.org/10.1016/j.jsat.2013.11.002>

Appendix A

Sub-State Planning Area Maps

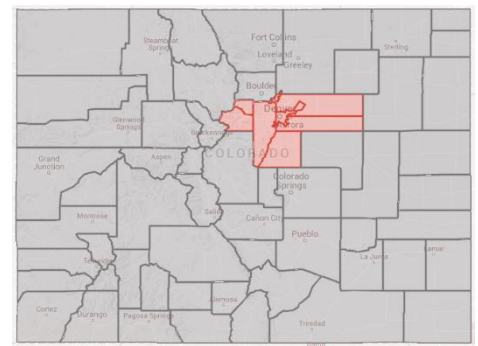
SSPA 1: NORTHEASTERN COLORADO

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



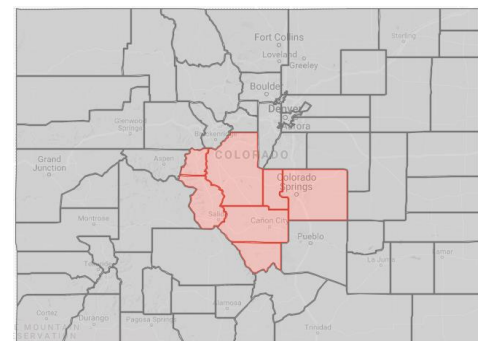
SSPA 2: DENVER METRO AND FOOTHILLS

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



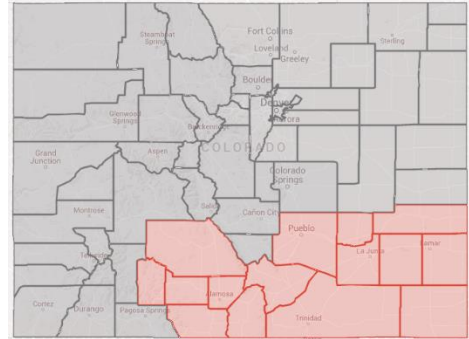
SSPA 3: COLORADO SPRINGS METRO AND SURROUNDING COUNTIES

- Chaffee
- Custer
- El Paso
- Fremont
- Lake
- Park
- Teller



SSPA 4: SOUTHEASTERN COLORADO & SAN LUIS VALLEY

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



Appendix B

7 FISCAL DOCUMENTATION

Offerors will find the Colorado Office of Behavioral health capacity budget protocol documentation on Signal's website as one of the resources listed with this RFP, or use the following link:

<http://signalbhn.org/wp-content/uploads/2019/02/FD-Protocol-5-Capacity-Based-Protocol-7-1-18.pdf>

Offerors will find the Colorado Office of Behavioral health capacity budget template on Signal's website as one of the resources listed with this RFP, or use the following link:

<http://signalbhn.org/wp-content/uploads/2017/11/OBH-Capacity-Invoice-Template.xlsx>

Offerors may find the HCPF and OBH Behavioral Health Accounting and Auditing Guidelines on Signal's website as one of the resources listed with this RFP, or use the following link:

<https://www.colorado.gov/pacific/sites/default/files/Accounting%20Auditing%20Guidelines%202018.pdf>

Appendix C

Signal Behavioral Health Network

Credentialing as a Signal Provider

8 CREDENTIALING 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) Notification of provider enrollment with Regional Accountable Entity including confirmation of provider's ability to bill the RAE for Medicaid covered individuals
- c) 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
- d) Federal tax ID number
- e) 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.
- f) Certificate of worker's compensation insurance, if applicable
- g) Certification of malpractice insurance for doctors/nurses, if applicable
- h) Certification of Director's and Officer's Insurance, if applicable
- i) Notification if insurance was ever denied or canceled and the reason(s) for any such denial or cancellation
- j) Most recent list of the members of the Provider's Board of Directors, if applicable
- k) 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.
- l) 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
- m) 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.
- n) Notification of compliance with all HIPAA regulations, if applicable
- o) Notification of any Federal debarment
- p) Copy of most recent financial audit and management letter
- q) Copy of most recent agency approved budget
- r) Number of pregnant women and injecting drug users served in the past 18-months

Appendix D

9 INSURANCE REQUIREMENTS

REQUIREMENTS AS PROVIDED IN OBH CONTRACT

The below insurance requirements are required by OBH for the MAT mobile providers:

1. INSURANCE

Contractor shall obtain and maintain, and ensure that any Subcontractor shall obtain and maintain, insurance as specified in this section at all times during the term of this Contract to the extent that such insurance policies are required as shown on the Signature and Cover Page for this Contract. All insurance policies required by this Contract shall be issued by insurance companies as approved by the State and Signal.

A. Workers' Compensation

Workers' compensation insurance as required by state statute, and employers' liability insurance covering all Contractor or Subcontractor employees acting within the course and scope of their employment.

B. General Liability

Commercial general liability insurance covering premises operations, fire damage, independent contractors, products and completed operations, blanket contractual liability, personal injury, and advertising liability with minimum limits as follows:

- i. \$1,000,000 each occurrence;
- ii. \$1,000,000 general aggregate;
- iii. \$1,000,000 products and completed operations aggregate; and
- iv. \$50,000 any 1 fire.

C. Automobile Liability

Automobile liability insurance covering any auto (including owned, hired and non-owned autos) with a minimum limit of \$1,000,000 each accident combined single limit.

D. Protected Information

Liability insurance covering all loss of State Confidential Information, such as PII, PHI, PCI, Tax Information, and CJI, and claims based on alleged violations of privacy rights through improper use or disclosure of protected information with minimum limits as follows:

- i. \$1,000,000 each occurrence; and

- ii. \$2,000,000 general aggregate.
- iii. Notwithstanding sections D(i) and (ii) above, if Contractor has State Confidential Information for 10 or fewer individuals or revenues of \$250,000 or less, Contractor shall maintain limits of not less than \$50,000.
- iv. Notwithstanding sections D(i) and (ii) above, if Contractor has State Confidential Information for 25 or fewer individuals or revenues of \$500,000 or less, Contractor shall maintain limits of not less than \$100,000.

E. Professional Liability Insurance

Professional liability insurance covering any damages caused by an error, omission or any negligent act with minimum limits as follows:

- i. \$1,000,000 each occurrence; and
- ii. \$1,000,000 general aggregate.

F. Crime Insurance

Crime insurance including employee dishonesty coverage with minimum limits as follows:

- i. \$1,000,000 each occurrence; and
- ii. \$1,000,000 general aggregate.

G. Additional Insured

The State and Signal shall be named as additional insured on all commercial general liability policies (leases and construction contracts require additional insured coverage for completed operations) required of Contractor and Subcontractors.

H. Primacy of Coverage

Coverage required of Contractor and each Subcontractor shall be primary over any insurance or self-insurance program carried by Contractor or the State.

I. Cancellation

The above insurance policies shall include provisions preventing cancellation or non-renewal, except for cancellation based on non-payment of premiums, without at least 30 days prior notice to Contractor and Contractor shall forward such notice to the State in accordance with §16 within 7 days of Contractor's receipt of such notice.

J. Subrogation Waiver

All insurance policies secured or maintained by Contractor or its

Subcontractors in relation to this Contract shall include clauses stating that each carrier shall waive all rights of recovery under subrogation or otherwise against Contractor or the State, its agencies, institutions, organizations, officers, agents, employees, and volunteers.

K. Public Entities

If Contractor is a "public entity" within the meaning of the Colorado Governmental Immunity Act, §24-10-101, *et seq.*, C.R.S. (the "GIA"), Contractor shall maintain, in lieu of the liability insurance requirements stated above, at all times during the term of this Contract such liability insurance, by commercial policy or self-insurance, as is necessary to meet its liabilities under the GIA. If a Subcontractor is a public entity within the meaning of the GIA, Contractor shall ensure that the Subcontractor maintain at all times during the terms of this Contract, in lieu of the liability insurance requirements stated above, such liability insurance, by commercial policy or self-insurance, as is necessary to meet the Subcontractor's obligations under the GIA.

L. Certificates

Contractor shall provide to the State certificates evidencing Contractor's insurance coverage required in this Contract within 7 Business Days following the Effective Date. Contractor shall provide to the State certificates evidencing Subcontractor insurance coverage required under this Contract within 7 Business Days following the Effective Date, except that, if Contractor's subcontract is not in effect as of the Effective Date, Contractor shall provide to the State certificates showing Subcontractor insurance coverage required under this Contract within 7 Business Days following Contractor's execution of the subcontract. No later than 15 days before the expiration date of Contractor's or any Subcontractor's coverage, Contractor shall deliver to the State certificates of insurance evidencing renewals of coverage. At any other time during the term of this Contract, upon request by the State, Contractor shall, within 7 Business Days following the request by the State, supply to the State evidence satisfactory to the State of compliance with the provisions of this §12.