

# Substance Use Disorder Services Expansion

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REQUEST FOR APPLICATION



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

# Substance Use Disorder Services Expansion RFA (22-SB202)

## 1 OVERVIEW AND TIMELINE

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### 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 OBJECTIVE

Signal is seeking proposals for a wide range of activities and impact areas across the continuum of SUD services including investments in the professionals and the infrastructure that support the continuum.

### 1.3 LOCATION

The services outlined in this document should be located in (or offered to individuals within) any or all of the following Colorado Counties: Larimer, Weld, Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, Cheyenne, Adams, Arapahoe, Denver, Douglas, Jefferson, Broomfield, Gilpin, Clear Creek, Pueblo, Crowley, Kiowa, Huerfano, Las Animas, Otero, Bent, Prowers, Baca, Saguache, Mineral, Rio Grande, Alamosa, Conejos, or Costilla.

### 1.4 SUBMISSION DEADLINE AND INSTRUCTIONS

Providers interested in offering this service should submit their proposal in Word format. Please limit the project narrative to no more than 5 pages. The associated budget should use OBH's capacity

budget protocol in Excel format. 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](mailto:proposals@signalbhn.org)

The deadline for submission is no later than **10/12/2021**. Signal will begin considering requests for funding as soon as we have received those applications and will begin funding as soon as possible.

Questions on the RFA or budget can also be sent to: [proposals@signalbhn.org](mailto:proposals@signalbhn.org). Please indicate the RFA you are inquiring about. We will do our best to help with all questions, but please ask questions by **9/29/2021** to ensure a response.

## **1.5 BUDGET**

Providers must include a budget and budget narrative for the proposed project under this RFA using the State Office of Behavioral Health (OBH) capacity budget protocol worksheet. Signal recognizes that this funding is only a part of the support necessary to provide the service and requires that other sources of funding be leveraged, when available, to support the proposed services including 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. If no other revenue sources are available to support the proposed services, Signal's funds may be requested to fully cover the service and expansion. Details of the protocol are available upon request.

Services funded under this contract are for indigent clients, which the State defines as 300% of Federal Poverty Level (FPL) for a household.

It is important to note that there are three forms a service expansion that can take place. Please note under this RFA all projects **must** result in an expansion of services in the areas outlined in Section 2.

- 1) **Increase of clients served:** Funds may be requested to expand or improve an existing program so it can serve more clients.
- 2) **Expansion program or facility:** One-time funds may be requested for acquisition, reconfiguration or equipping an existing or new facility to serve more clients.
- 3) **Enhancement of Services:** Investing in workforce supports, compliance with new regulatory requirements, improving the quality of care for clients

## **1.6 TERM OF AGREEMENT**

Signal is requesting provider agencies who will expand the services outlined beginning as soon as possible, with potential renewals of the contract in subsequent years. This initial funding term will be through June 30, 2022, with potential renewals beyond based on available State and Federal funding availability and project performance.

## **2 REQUESTED SERVICES**

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The objective of this request for applications is to expand access to effective substance use disorder services in the regions identified in 1.3

## 2.1 CATEGORIES OF ACCEPTABLE PROJECTS/PROGRAMS

Signal seeks proposals for a wide range of activities and impact areas across the continuum of SUD services including investments in the professionals and the infrastructure that support the continuum. **Note that recovery support services and recovery living services will be requested in a separate RFA, also posted on Signal’s website.**

### 2.1.1 Residential and Withdrawal Management Services

- Expansion of beds at existing residential treatment programs (levels 3.1, 3.3, 3.5)
  - Residential programs, regardless of location, should accept clients from anywhere in the State. Residential are considered services which offer regional access.
- New or the expansion of existing withdrawal management programs (3.2WM and 3.7WM).
- Residential treatment or withdrawal management program modernization to meet current quality, licensing and approval requirements in Colorado. Some examples of this:
  - Modifying staffing, processes and policies to meet new licensing requirements related to ASAM level of care including promoting smooth transitions to lower levels of care when appropriate
  - Expansion of the population served
  - Enhancements of processes that facilitate quicker and more efficient access to care
  - Integration of Medication Assisted Treatment in residential and withdrawal management settings
  - Expansion of staffing, including nursing support
  - Expansion of culturally or linguistically specific services
- Development of new ASAM Level 3.2WM or 3.7WM Withdrawal Management programs, specifically in the following Counties: Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, Cheyenne, Kiowa, and Crowley
  - Such a WM expansion in these Counties should include letters of support from local Medicaid Regional Accountable Entities (Colorado Access for Elbert County, Health Colorado for Kiowa and Crowley Counties, and Northeast Health Partners for all other Counties)
- Development of Family Residential treatment programs including Special Connections program. Such programs would serve children and parents together in care.
- Development of Ambulatory Withdrawal Management services
- Residential and WM programs proposed within these counties will be preferred:

County	ASAM 3.1	ASAM 3.3	ASAM 3.5	WM
Larimer	●	●	●	
Weld	●	●	●	
Morgan	●	●	●	●
Logan	●	●	●	●
Sedgwick	●	●		
Phillips	●	●		
Washington	●	●		
Yuma	●	●		
Elbert	●	●	●	●
Lincoln	●	●	●	●
Kit Carson	●	●		

Cheyenne	●	●		
Adams	●	●		
Arapahoe	●	●		●
Denver	●	●		
Douglas	●	●	●	●
Jefferson	●	●	●	
Broomfield	●	●		
Gilpin	●	●		
Clear Creek	●	●		
Pueblo	●	●		
Crowley	●	●		
Kiowa	●	●		
Huerfano	●	●		
Las Animas	●	●		
Otero	●	●	●	●
Bent	●	●		
Prowers	●	●	●	●
Baca	●	●		
Saguache	●	●		
Mineral	●	●		
Rio Grande	●	●		
Alamosa	●	●	●	
Conejos	●	●		
Costilla	●	●		

### 2.1.2 Acudetox

Utilizing acupuncture in treatment settings has been demonstrated to offer positive outcomes in supporting recovery and effectiveness of treatment. Proposals may request funds for acudetox expansion, including training and service delivery funding.

### 2.1.3 Case Management and System Navigation

SAMHSA’s navigation approach has included Community Health Workers, Neighborhood Navigators, and Peer Support Specialists to provide health/patient navigation. The concept is to have Community-based organizations provide comprehensive recovery support services and transition assistance (substance misuse prevention, co-occurring medical care access, housing, employment, family, education, and community health services) that will reduce morbidity and mortality for high risk groups.

### 2.1.4 High-Intensity Community Services

Another area of focus, in alignment with State priorities, is to develop specialized programming for individuals with severe SUD. Proposals should follow either an ACT or IDDT model of care.

### 2.1.5 Specialized Services for Children and Youth

Signal is interested in proposals which develop SUD treatment services for children and youth, such as:

- Development of ASAM Level 3.5 residential treatment programs serving adolescents

- Adolescent Specific Outpatient Service development to include the use of Contingency Management Incentives
- Intensive Community Treatment for Adolescents

## **2.1.6 COVID Relief Funding**

### **2.1.6.1 Direct COVID-19 related expenses**

- Personal Protective Equipment (PPE) for staff of clients and training on use of PPE
- Cleaning supplies or services
- Telehealth equipment, services, training, and support
- Trainings on disease prevention
- Staff support (documentation of staff receiving funds will be required)
  - Critical care staff monthly stipends (up to \$500/mo. above base pay). Critical care staff is defined as those staff that are working in the following programs: withdrawal management programs, residential programs, opioid treatment programs, Medication Assisted Treatment, Recovery Community Organizations, and Recovery Housing Programs.
  - Paid sick leave, paid leave for mandatory quarantine, supplemental payroll for normal hours unable to work due to COVID-19 constraints, or funds for temporary staff to cover for those on quarantine
  - Overtime pay related to COVID-19 impact
- Transportation support
- Capacity to treat clients who are COVID-19 positive in SUD bed-based programs (residential and withdrawal management)
- Employment assistance for clients displaced from the workforce

### **2.1.6.2 Sustainability of Services, Due to COVID-19 Impacts**

Sustainability funding for critical services with impacts attributed to disruption from COVID-19 (for example, a reduction in program census, public health order changes, etc.). Budgeting will use the OBH capacity budget.

## **2.1.7 Contingency Management**

Contingency management (CM) programming, embedded in existing treatment services. CM shows strong evidence for positive outcomes in treatment. Signal seeks proposals seeking to implement contingency management (note: incentives are allowable as part of our funding).

## **2.1.8 Workforce Development**

Support of programs that are targeted to retain and attract staff to the SUD service continuum.

## **2.1.9 Local Government SUD Expansion Priorities**

Signal seeks proposal which would align with existing local government expansion priorities or support the start-up with expansions that may be on the horizon, such as investments from the Opioid Settlement Fund's areas of focus.

## **2.1.10 Veteran-Specific Services**

Respondents may offer proposals which develop services focusing on the veteran population. This could be included as an emphasis for other areas described above, such as residential treatment, case management, etc.

## 3 RESPONSE FORMAT

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### 3.1 OVERALL RESPONSE

Respondents to this proposal request should include the following elements- please limit your response to no more than 5 pages, single spaced, Times New Roman 12pt font. Proposal should be in Microsoft Word format (except for required attachments).

1. When referencing this RFA, use **RFA #22-SB202**
2. Provide a brief Executive Summary of your proposal including requested amount and goals.
3. In the Business Proposal, please include each of the following
  - a. Which category in Section 2 is this proposal intending to meet
  - b. Describe how you will provide this project/program and how it meets the needs in the community.
  - c. Describe the client population to be served, include county(ies) that will be served and the physical location of where the service will be provided.
  - d. Describe the quality standards that will be put into place to assure the highest level of standards.
  - e. Describe the community resources and partners that will support the success of the project.
  - f. Describe how success will be measured for this project/program. Please include not only the number of individuals that will be served but also a qualitative measure of success.
  - g. Describe the timeline of the project, include major milestones and start date.

### 3.2 ADDITIONAL DOCUMENTATION

#### 3.2.1 Budget

This RFA is supported using the OBH Capacity Budget. A completed budget should be included with the proposal as well as a budget narrative.

Respondent will find the Colorado Office of Behavioral health capacity budget protocol documentation and budget template on Signal's website as one of the resources listed with this RFA. Respondent will also find the HCPF and OBH Behavioral Health Accounting and Auditing Guidelines on Signal's website as one of the resources listed with this RFA.

#### 3.2.2 Credentialing

If you are not a current credentialed Signal provider you must also submit the Credentialing Documentation outlined in Appendix A.

## 4 EVALUATION AND DECISION

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Signal will review all proposals upon receipt and provide responses. 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

## Signal Credentialing

# Signal Behavioral Health Network

Credentialing for Membership as a Signal Provider

## **CREDENTIALING DOCUMENTATION**

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

1. Copies of all current OBH licenses if applicable
  - a. 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:
  - b. JCAHO/CARF/COA approvals, if applicable
  - c. Residential Child Care Facility license, if applicable
  - d. Residential Treatment Center license, if applicable
  - e. Drug Enforcement Administration Provider certification, if applicable
  - f. Drug Enforcement Administration Physician license(s), if applicable
  - g. Federal Drug Administration and Pharmacy Board registration, if applicable
  - h. CARR Certification for recovery living homes, if applicable
  - i. Peer certification, if applicable
2. 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.
3. Certification of malpractice insurance, worker's compensation insurance, Director's and Officer's Insurance if applicable
4. Documentation of Medicaid Billing Practices, if applicable
5. Copy of most recent financial audit and management letter
6. Copy of most recent agency approved budget
7. Completed attestation form
8. Completed contact form
9. Copy of most recent financial audit and management letter
10. Copy of most recent agency approved budget

## FY22 SIGNAL CREDENTIALING ATTESTATION

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**Directions:** Please use **bold** text or circle Yes or No to the following statements. If you answer Yes to any of the statements, please provide a detailed description of the event and agency's response in the box below the statement.

Yes    No    Has the agency's insurance ever been denied or canceled in the last 3 years? If such incident occurred, documentation must be provided stating the reason(s) for any such denial or cancellation and outcome.

Yes    No    All current clinical staff have been reviewed in the DORA database for any disciplinary actions and active licensure, where applicable? Provide a description of the agency's response to any disciplinary actions discovered.

Yes    No    Has there been any investigation by any regulatory agency that resulted in any type of corrective action or change in status during the 3 years prior to submission of the credentialing packet?

Yes    No    Has there been any Federal program debarment by agency or any employee within the last 3 years?

Yes    No    Does your facility offer Spanish speaking treatment services? If so, please indicate what services are provided and what method is being used to delivery these services, (i.e., Spanish speaking counselor, video remote interpreter, etc.)

For **bed based services only**, please document below, your program's maximum bed capacity.

By signing below, I certify that the responses above are true and correct to the best of my knowledge.

Agency:

Date:

Agency Representative (Printed Name):

Signature:

# PROVIDER CONTACT INFORMATION

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## FISCAL YEAR 2022

Organization: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Chief Executive Officer/Executive Director:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Signing Authority if different than Chief Executive Officer/Executive Director:

Name/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Grant/Contract Manager:

Name/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Financial Contact:

Name/Title: \_\_\_\_\_

Email: \_\_\_\_\_