

Medication Units: Implementation and Operation

REQUEST FOR PROPOSAL

SIGNAL BEHAVIORAL HEALTH NETWORK

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

Medication Units Implementation and Operation RFP (SOR-2324-MAT)

1 OVERVIEW AND TIMELINE

1.1 ABOUT SIGNAL

Since 1997, 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 conforms 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 four 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), Boulder County (SSPA 7), See Appendix A for the MSO regional maps.

The purpose of this Request for Proposal (RFP) is to select and contract with currently licensed opioid treatment providers (OTPs) or a partnership between an OTP and community agency(s). Offerors may bid to provide services in one, many, or all MSO areas (offerors must submit a separate proposal to each MSO). These units are intended to reduce barriers to methadone medication treatment access by expanding the reach of OTPs and contribute to the array of local services by integrating into the communities they serve. One unit is available in Signal regions.

1.2 BACKGROUND

In 2020, 1,477 Coloradans died of drug overdose, a 38% increase from 2019, and the most ever recorded in the state (Colorado Health Institute, 2022). Methadone is an effective treatment for opioid use disorder (OUD), but many barriers including treatment access can prevent people from accessing and maintaining treatment.

Signal seeks to contract with an established, licensed Colorado OTP in good standing that will implement and operate one medication unit/satellite clinic within any of Signal's SSPA regions with the aim of increasing opioid use treatment in a rural area. **Medical units that serve rural, frontier, and medically underserved communities will be prioritized.**

1.3 GOALS, OBJECTIVES AND TIMELINE

Signal's goal is to expand access to opioid treatment programs (OTP) and medication assisted treatment (MAT) to underserved communities and rural areas in partnership with the communities they serve. Signal will achieve this goal through the following objectives:

Objective 1: Subcontract with established, licensed OTPs to implement and operate a satellite medical unit to serve a reasonable and expected number of clients by operating at capacity. Capacity and utilization will be negotiated upon award.

Offerors should develop a proposal and implementation timeline based on a contract timeline of February 1, 2024 to June 30, 2024. The duration of the contract terms will be reviewed upon selection of a contractor.

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

Activity	Achieved by
RFP issued	November 15, 2023
All questions due	November 20, 2023
All questions answered via website	November 22, 2023
Proposals due	December 29, 2023
Projected notice of award	January 26, 2024
Projected date of contract	February 1, 2024

1.4 ELIGIBLE APPLICANTS AND LOCATION OF SERVICE PROVISION

Signal seeks bids from any certified OTP licensed in the state of Colorado in good standing irrespective of whether the provider agency is currently or not currently a Signal provider agency partner; however, all OTPs must be licensed in the State of Colorado and must operate the unit within Northeast Colorado (SSPA 1), Metro Denver (SSPA 2), and Southeastern Colorado including San Luis Valley (SSPA 4), and Boulder County (SSPA 7). Applications that show treatment linkage to community healthcare organizations. **Medical units that serve rural, frontier, and medically underserved communities will be prioritized.** See Appendix A for MSO regional maps.

Only certified, licensed Colorado OTPs in good standing are eligible to apply. If the Offeror is not currently a Signal provider partner, the Offeror must complete the Signal credentialing packet, included in Appendix C of this RFP. The agency must be licensed by the Colorado Behavioral Health Administration (BHA) 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. The OTP must also be licensed by the DEA in good standing.

1.5 SUBMISSION DEADLINE AND INSTRUCTIONS

The deadline for submission of proposals is **December 29, 2023, at 5 p.m. Mountain Standard Time.** Proposals should not exceed five pages in total. 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 5-page limit which does not include any attachments or information required in appendices of this RFP. The proposed budget should use the BHA (formerly Office of Behavioral Health, or OBH) 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 BHA 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 by November 20, 2023. Questions should have the RFP number (see the top of this document) in the subject of the email. Answers to all questions will be gathered in a document and shared on the MSO website. In the event this RFP is canceled, notice of cancellation will be posted on MSO website.

1.6 TERM OF AGREEMENT

This program is funded through a grant provided to BHA from the Substance Abuse and Mental Health Administration (SAMHSA) and is subject to annual review and approval by BHA and SAMHSA. The terms of the agreement will be reviewed upon selection of a contractor. Signal expects the project to begin after contracting on February 1, 2024. Subsequent years will be available based on annual review, available funding, and approval.

2 REQUIRED SERVICES

2.1 APPROACH

Signal expects medical units to offer OTP services and treatment linkage to additional medical and wrap-around services as needed. Offerors must demonstrate a connection to community healthcare services and provide a description of treatment linkage. Offerors must demonstrate they have the expertise and capacity to successfully offer OTP services within the proposed timeframe and in conformance with DEA rules and regulations. While med units may not be used to offer emergency medical services, satellite clinics may also provide additional ancillary services such as vaccinations and testing for infectious diseases.

Offerors must show they have existing working relationships or the capacity to build working relationships necessary to successfully operate within the Offeror's communities of focus. Letters of support or commitment are not required as part of this RFP; however, Offerors should include descriptions of local partnerships and collaborative projects that illustrate their capacity to successfully partner with the proposed service communities.

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. If ongoing State Opioid Grant (SOR) funding is awarded the Offerors must participate in all required SOR activities. This includes the CSAT GPRA Client Outcome Measures for Discretionary Programs (GPRA) structured interview tool. (More information about the GPRA is available at: <https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra>.)

Offerors are required to complete a monthly report per instructions by Signal documenting the number of unique patients served and other performance measures.

3 BUDGET

3.1 FORMAT

Offeror shall submit a budget in accordance with BHA'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 Financing and BHA. 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.

3.2 FUNDING ALLOCATION

Offeror should submit an annual budget which includes operations from February 1, 2024- June 30, 2024. This is one-time funding.

Maximum funding is approximately \$80,000 for the med unit/satellite clinic including start-up, staffing, operational, and administrative costs. It is expected that costs may be slightly higher at the initial implementation phase, and lower as the service moves into a longer period of operation, so it isn't necessary to limit budgets to an equal amount per month. Also, it is important that Offerors include revenue estimates from other sources, like Medicaid, as part of the total capacity budget.

Allowable costs include facility rent/lease, security doors, dosing window, dosing furniture (chairs, tables), observation door, security cameras, electronics installation, medication dispensing software, dosing machines including pumps and dispensing supplies, personal protective equipment, medication safe, medical refrigerator, sharps containers, and printers.

With explicit permission from Signal and relevant regulatory bodies, minor alterations and renovations, window installations, and medication may be allowable expenses.

Prohibited expenses include facility purchase, construction of a new or existing space, vehicle purchase, promotional items, medical marijuana, and the purchase of syringes.

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

- a. Provide the community or if known the specific location where the Med Unit will be located.
- b. Describe which communities will be served within the catchment area and why these areas were selected.
- c. Describe the population to be served, including your organization's experience engaging and working with historically marginalized or underserved populations including communities of color, the LGBTQIA+ community, people living with disabilities and other minoritized populations. Describe your organization's approach to diversity, equity, and inclusion practices.

4.2 APPROACH

- a. Describe the goals and measurable objectives for the implementation and operation of the med unit/satellite clinic.
- b. Provide a timeline for the implementation of all activities, indicate start and end dates, milestones and deliverables for one year of project implementation and operation.
- c. Describe your plan for connecting clients to additional treatment and support services.

4.3 ORGANIZATIONAL CAPACITY

- a. Describe your organization's experience providing OTP services.
- b. Identify any partnering agencies and their roles in the implementation of this project.
- c. Describe your organization's experience with developing and maintaining community partnerships.

4.4 QUALITY ASSURANCE AND SUSTAINABILITY

- a. Describe your organization's plan for sustaining the med unit/satellite clinic beyond the scope of the award
- b. 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 budget from February 1, 2024 to June 30, 2024, **per medical unit/satellite clinic**. The budget does not count against the 5-page limit of the proposal.

4.6 SUBMISSION CHECKLIST

- Business Proposal (5-page limit) in Microsoft Word

- Fully responds to the following sections
 - Service Area
 - Approach
 - Organizational capacity
 - Quality Assurance and Sustainability
- Budget in Excel (using the BHA capacity budget template that was provided)
- Full credentialing packet (if not already a Signal credentialed partner)
- Proof of insurance as outlined in Appendix C (new Signal providers only)

5 EVALUATION AND DECISION

Signal will conduct review 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. If the Offeror is not a credentialed Signal provider credentialing must be obtained prior to the granting of an award. 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), DACODS submission, and operational process support.

6 REFERENCES

Colorado Health Institute. (2022, January 12). *Opioid Overdose Deaths Up 54% in 2020, Fentanyl Fatalities Spike*. Retrieved from <https://www.coloradohealthinstitute.org/news/opioid-overdose-deaths-54-2020-fentanyl-fatalities-spike>

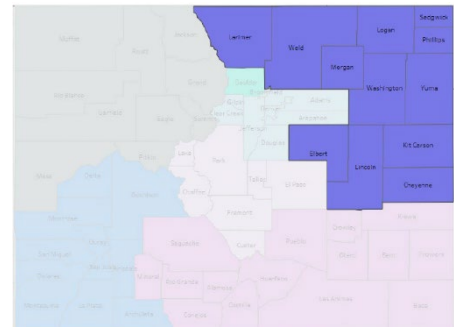
Pasman, E., Kollin, R., Broman, M., Lee, G., Agius, E., Lister, J. J., ... & Resko, S. M. (2022). Cumulative barriers to retention in methadone treatment among adults from rural and small urban communities. *Addiction Science & Clinical Practice*, 17(1), 1-10.

Appendix A

Sub-State Planning Area Maps

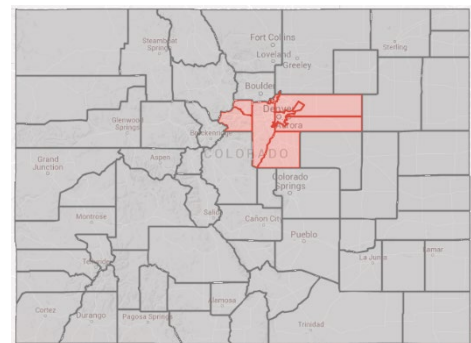
SSPA 1: NORTHEASTERN COLORADO

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



SSPA 2: DENVER METRO AND FOOTHILLS

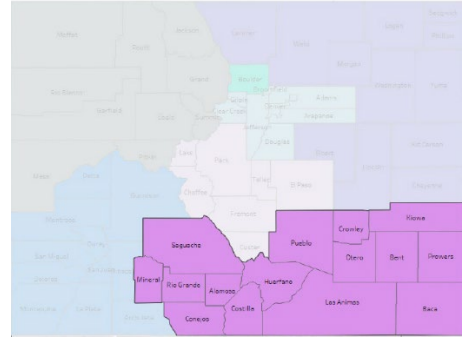
- Adams
- Arapahoe
- Broomfield
- Clear Creek
- Denver
- Douglas
- Gilpin
- Jefferson



SSPA 4: SOUTHEASTERN COLORADO & SAN LUIS VALLEY

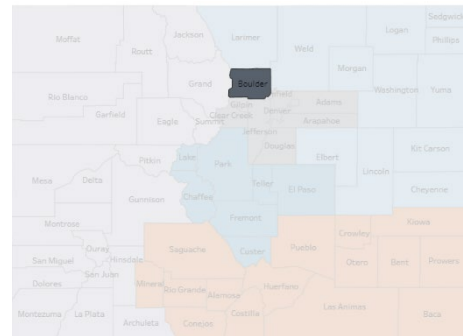
- Alamosa
- Baca
- Bent
- Conejos

- Costilla
- Crowley
- Huerfano
- Kiowa
- Las Animas
- Mineral
- Otero
- Prowers
- Pueblo
- Rio Grande
- Saguache



SSPA 7: Boulder County

- Boulder



Appendix B

7 FISCAL DOCUMENTATION

Offerors must use the Colorado Behavioral Health Administration capacity budget template. You can access it by following this link:

FY24 Capacity Budget Template

Offerors will find the Colorado Behavioral Health Administration capacity budget protocol document by following this link:

[Capacity Budget Protocol](#)

Offerors may find the HCPF and BHA Behavioral Health Accounting and Auditing Guidelines by following this link:

[Behavioral Health Accounting & Auditing Guidelines](#)

Appendix C

Signal

Credentialing as a Signal Provider

8 CREDENTIALING DOCUMENTATION

1. Below is a listing of the documentation required for application if you are not already a credentialed provider.
 - a. Copies of all current OBH licenses if applicable
 - b. Copies of any current licenses/certificates from any organization regulating any portion of the Provider's treatment services. These may include, but are not limited to:
 - c. Drug Enforcement Administration Provider certification, if applicable
 - d. Drug Enforcement Administration Physician license(s), if applicable
 - e. Federal Drug Administration and Pharmacy Board registration, if applicable
2. Certificate of general liability and professional liability insurance, professional automobile, and general office insurance. If awarded the State of Colorado must be named as an additionally insured entity*
3. Certification of malpractice insurance, worker's compensation insurance, Director's and Officer's Insurance if applicable*
4. Copy of most recent financial audit and management letter
5. Completed attestation form (attached)
6. Completed contact form (attached)

*Details on insurance requirements

1. Workers' Compensation: Workers' compensation insurance as required by state statute, and employers' liability insurance covering all Agency or Subcontractor employees acting within the course and scope of their employment.
2. General Liability: Commercial general liability insurance written on an Insurance Services Office occurrence form, covering premises operations, fire damage, independent contractors, products and completed operations, blanket contractual liability, personal injury, and advertising liability with minimum limits as follows:
 - a. \$1,000,000 each occurrence;
 - b. \$1,000,000 general aggregate;
 - c. \$1,000,000 products and completed operations aggregate; and
 - d. \$50,000 any 1 fire.
3. Automobile Liability: Automobile liability insurance covering any auto (including owned, hired and non-owned autos) with a minimum limit of \$1,000,000 for each accident combined single limit.
4. 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:
 - a. \$1,000,000 each occurrence; and
 - b. \$2,000,000 general aggregate.
 - c. Notwithstanding sections D(i) and (ii) above, if Agency has State Confidential Information for 10 or fewer individuals or revenues of \$250,000 or less, Agency shall maintain limits of not less than \$50,000.

- d. Notwithstanding sections D(i) and (ii) above, if Agency has State Confidential Information for 25 or fewer individuals or revenues of \$500,000 or less, Agency shall maintain limits of not less than \$100,000.
- 5. Professional Liability Insurance: Professional liability insurance covering any damages caused by an error, omission or any negligent act with minimum limits as follows:
 - a. \$1,000,000 each occurrence; and
 - b. \$1,000,000 general aggregate.

FY24 SIGNAL CREDENTIALING ATTESTATION

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 an 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: _____

9 PROVIDER CONTACT INFORMATION

9.1 FISCAL YEAR 2024

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: _____