

RFF 2023-002 Questions and Answers

- 1) I wanted to inquire as to whether or not this grant opportunity is exclusive to 501C3 organizations. Could you please advise?

This funding opportunity is NOT exclusive to 501 c (3) organizations.

- 2) As the applying hospital, are MOUs for service provision acceptable and sufficient to meet the needs of various elements of low-threshold medication? (e.g.: can an MOU outlining referral procedures to a separate agency providing methadone suffice for provision of that medication? Can an MOU or contract for third-party counseling or PRC services suffice?) Or must all services be rendered by a single entity?
 - a. As an addendum, can *an agency* apply as a coalition 'entity', with a singular fiscal agent for the application?

The proposed arrangement is acceptable. Please be sure to fully layout the business relationships and plans for Memorandum of Understanding (MOU)s in your proposals, including processes for referrals. Please include letters of support for partner agencies. Buprenorphine and Naltrexone should be prescribed and/or administered on site. A coalition entity may apply, but please designate in the application who the fiscal agency will be.

- 3) *SMC* offers MOUD to patients in outpatient primary care settings to increase access and decrease barriers to care in a rural community. Those services are offered less than one mile away from the ED, in a full relationship with *SMMC*. We seek to improve protocols, induction and robust referral processes from the ED, with PRC/Healthcare navigator support, to successful MOUD treatment through primary care. At least one primary care provider will be onsite in a building attached to the main hospital (ED) building; others will be acting out through *partner's* additional primary care settings or a third-party provider for methadone through formal MOU.
 - a. Does this fulfill the 'on-site clinic' requirement, or must all services be operating out of the main hospital setting?

This arrangement is acceptable, as long as intakes and inductions can be done on the hospital campus. Please be sure to fully layout the processes for eliminating barriers in getting patients to their follow up sites/providers.

- 4) Are Naltrexone services, or medication for underinsured/uninsured patients an allowable cost? We have several patients for whom Naltrexone is the preferred medication treatment, but it is not allowable under their insurance offerings. Induction and ongoing treatment pending Medicaid/insurance approval are also barriers.

There is currently a separate funding stream for patients in need of treatment, including medication, without a viable 3rd party payer. Those patients with who are under insured will be considered on a case by base basis. We will enroll providers in this additional fund stream when the providers begin providing services. Anybody receiving services through this additional funding stream will be required to be assessed using the Government Performance and Results

Act Assessment (GPRA). Applicants are encouraged to find other sources of payment for patient services as well.

- 5) Are training or hiring financial incentives an allowable cost? To increase the number of primary care physicians offering services, we would like to offer one-time competency completion bonuses to incentivize primary care providers, CMAs/MA/NP to get x-waivers or training in protocols, as appropriate. These financial incentives may be payable upon completion of training, or completion of first successful patient visit, as appropriate.

While training and hiring expenses are allowable grant activities, SOR grant funds may NOT be used to incentivize providers to take the DATA waiver trainings or receive the waiver.

- 6) Are indirect costs (office space, admin, grant compliance, data collection, outreach to targeted population) allowable expenses?

These costs should be included in your budget and will be evaluated by the scoring committee. Funds may not be used to purchase building space or lease physical space beyond the grant timeline.

- 7) Are patient support expenses (transportation, translation, for example) to support patient treatment compliance an allowable expense?

These costs should be included in your budget and will be evaluated by the scoring committee. Sustainability beyond the grant period for these services should be taken into account.

- 8) Should a budget be developed for March 1, 2023, through September 29, 2023, or for March 1, 2023, through September 29, 2024?

The budget should be developed from March 1, 2023 through September 29, 2023. The potential extension is not guaranteed and may NOT result in additional funding. The current timeline is meant to allow applicants to build their service and sustainability models. Access to the additional funding stream mentioned above in question 4 will not affect an applicant's budget submission.

- 9) Is the maximum award of \$500,000 for the initial project term of March 1, 2023, through September 29, 2023, or for the term of March 1, 2023, through September 29, 2024?

The budget should be developed from March 1, 2023 through September 29, 2023. The potential extension is not guaranteed and may NOT result in additional funding. The current timeline is meant to allow applicants to build their service and sustainability models. Access to the additional funding stream mentioned above in question 4 will not affect an applicant's budget submission.

10) If the \$500,000 is for the initial project term of March 1, 2023, through September 29, 2023, how much funding will be available per grantee for a possible one year extension?

The budget should be developed from March 1, 2023 through September 29, 2023. The potential extension is not guaranteed and may NOT result in additional funding. The current timeline is meant to allow applicants to build their service and sustainability models. Access to the additional funding stream mentioned above in question 4 will not affect an applicant's budget submission.