

**REQUEST FOR APPLICATIONS**  
**Bundled Rate Payment Model Pilot for Medication Assisted Recovery**

RFA Posted	01.06.20		
Questions Due	01.27.20		
Applications Due	5:00 pm 02.17.20		
Anticipated Notice of Award	02.24.20		
Anticipated Performance Period	03.01.20 - 09.30.20		
Service	Medication Assisted Recovery		
Issuing Agency	Division of Mental Health, Developmental Disabilities and Substance Abuse Services		
E-mail Applications and Questions to	Eamonn McAteer	Email	Eamonn.mcateer@dhhs.nc.gov

**THIS REQUEST FOR APPLICATIONS (RFA)** advertises the Division’s need for the services described herein and solicits applications offering to provide those services pursuant to the specifications, terms and conditions specified herein. All applications received shall be treated as offers to contract. If the Division decides to accept an application, an authorized representative of the Department will sign in the space provided below. Acceptance shall create a contract that is effective as specified below.

**THE UNDERSIGNED HEREBY SUBMITS THE FOLLOWING APPLICATION AND CERTIFIES THAT:** (1) he or she is authorized to bind the named Contractor to the terms of this RFA and Application; (2) the Contractor hereby offers and agrees to provide services in the manner and at the costs described in this RFA and Application; (3) this Application shall be valid for 60 days after the end of the application period in which it is submitted.

**To Be Completed by Applicant(s):**

Applicant Agency Name:	Area(s) to be Served:
Applicant’s Street Address:	Email Address:
City, State & Zip:	Telephone Number:
Name & Title of Authorized Representative:	DUNS Number:
Signature of Authorized Representative:	Date:
LME-MCO Name	Telephone Number:
Name & Title of Authorized LME-MCO Representative:	Email Address:
	Date:

**Unsigned or Incomplete Applications Shall Be Returned Without Being Reviewed**

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## **1.0 INTRODUCTION**

The Bundled Rate Payment Pilot for Medication Assisted Recovery will be funded through the Substance Abuse and Mental Health Services Administration (SAMSHA) State Opioid Response (SOR) grant awarded to the North Carolina Department of Health and Human Services (DHHS), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) in September 2018. The SOR grant is a two-year federal discretionary grant with the primary purpose of expanding access to evidence-based services for individuals with an opioid use disorder, primarily medication assisted treatment. Medication assisted treatment (MAT) combines the use of behavioral therapy with FDA-approved medications, such as methadone and buprenorphine, to treat opioid use disorders.

Drug overdose is currently the leading cause of accidental death in the United States, driven in large part by the opioid epidemic.<sup>1</sup> In addition, tobacco use and excessive alcohol use rank first and third as preventable causes of death.<sup>2</sup> Despite this, a clear gap in treatment remains for individuals with substance use disorders (SUDs), with only one in ten people with SUDs receiving specialty treatment.<sup>3</sup> This gap in care illustrates the need for expanded access to treatment, as well as the need for implementation of mechanisms to support providers in the delivery of quality care.

The goal of these pilots is to address the practical needs of providers and participants and create flexibility and efficiencies in the delivery of medication assisted treatment (MAT) in order to better integrate the provision of clinical, medical and other associated services. DMHDDSAS is interested in piloting a bundled rate payment model, combined with a performance-based payment in opioid treatment program (OTP) settings. Through this initiative, the division seeks to collaborate with selected Local Management Entity-Managed Care Organizations (LME-MCOs) to better address the needs of uninsured patients with opioid use disorder, and to support MAT providers in delivering high-quality treatment and recovery supports and services.

Managed by the DMHDDSAS and the selected LME-MCOs, the pilot will provide a bundled rate payment model combined with a performance-based payment for a limited number of uninsured individuals who have been diagnosed with an opioid use disorder and are seeking medication assisted recovery. Services and quality measures included in this bundled rate are outlined in the Scope of Services section. All other services not included in the bundle will continue to be reimbursed through the current mechanisms, if applicable. It should be noted that funding is limited and will likely require OTPs to continue billing some portions of those programs as are currently conducted; i.e., these funds will apply to a certain portion of participants, not the entire practice.

### **1.1 PURPOSE**

The primary purpose of this bundled rate payment model is to promote high-quality, medication assisted treatment for uninsured individuals with an opioid use disorder that results in positive clinical outcomes and reduced administrative burden for participating providers.

## **1.2 BACKGROUND**

In collaboration with our partners, DHHS provides essential services to improve the health, safety and well-being of all North Carolinians by advancing innovative solutions that foster independence, improve health and promote well-being for all North Carolinians. The department works to advance the health, safety, and well-being of all North Carolinians in collaboration with a wide array of partners and stakeholders. Much of this work involves managing the delivery of services to North Carolina's most vulnerable populations, including children, seniors, people with disabilities, and low-income individuals and families. Three of its five goals for 2019 through 2021 are particularly relevant to this pilot: (1) Advance the health and well-being of North Carolinians utilizing the programmatic tools of our Department; (2) Build an [innovative, coordinated, and whole-person centered system](#) that addresses both medical and non-medical drivers of health, and (3) Turn the tide on North Carolina's [opioid crisis](#).

In 2014, House Bill 97 was introduced with several sections directly addressing prescription drug abuse. While it did not pass, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, in collaboration with stakeholders from across the state, began the work of developing the North Carolina Strategic Plan to Reduce Prescription Drug Abuse, which was supported by the National Governor's Association and Substance Abuse and Mental Health Services Administration (SAMHSA) policy academies. The following year, Session Law 2015-241, mandated not only the development of the strategic plan, but also the creation of the Prescription Drug Abuse Advisory Committee (PDAAC), which is tasked with implementing activities guided by strategies within the plan.

In June 2019, the Opioid Action Plan 2.0 was presented at the state's Opioid Misuse and Overdose Prevention Summit. This action plan serves as the state's strategic plan and a guide or blueprint for addressing the many complexities of the opioid epidemic in North Carolina. One of the key strategies outlined in the Opioid Action Plan is to expand treatment and recovery-oriented systems of care. Medication assisted treatment is an evidence-based treatment for opioid use disorder, with substantial literature documenting its clinical effectiveness, including increasing treatment retention, reducing opioid and illicit drug use, decreasing utilization of higher levels of care, such as emergency department, inpatient and detox), decreasing criminal justice involvement and limiting risk behaviors linked to the spread of related infectious diseases. The full Opioid Action Plan can be found at: <https://www.ncdhhs.gov/about/departments/initiatives/opioid-epidemic/north-carolinas-opioid-action-plan>.

To advance the Opioid Action Plan's goals of expanding access to medication assisted treatment, supporting care coordination for patients, and increasing access to recovery supports, this RFA will pilot a bundled payment model, combined with a performance-based payment in OTP settings.

The bundled rate payment model for OTPs is based on intensive reviews of literature, consultation with the NC Association for the Treatment of Opioid Disorders (NC ATOD) and data from other states that have implemented a bundled rate for MAT. It will include a weekly rate for methadone and a weekly rate for buprenorphine products. In-depth analysis of rate models and setting led to the determination of rates for this pilot that will provide sufficient support for providers regardless of the participant's phase of treatment (induction or maintenance) and will also encourage the use of take homes when clinically appropriate.

Participants are expected to receive MAT, clinical services such as individual and/or group counseling and case management as indicated throughout treatment. It is expected that the aforementioned services will be provided in the OTP setting.

The quality measures adopted in this pilot seek to positively impact the value of care received by improving patient outcomes and treatment efficiency. **10%** of the overall funds awarded to the provider will be

withheld initially and released to the provider as outlined in the ‘scope of work’ section of this RFA, once the quality measures have been reviewed and met.

## **2.0 ELIGIBILITY**

Applicants must be an OTP offering medication assisted treatment in good standing with DMHDDSAS. Eligibility is open to private, for-profit providers, as well as non-profits. Applicants must have a current state-funded contract with one or more LME-MCOs.

**All applications must show evidence of collaboration, partnership and joint participation by the LME-MCO in which the OTP is located.** The LME-MCO must agree to establishing additional or alternative billing processes to accommodate this bundled payment initiative.

Applicants must demonstrate that they are able to provide the service specifications and standards set forth in this RFA. Award recipients must meet all applicable DMHDDSAS regulations and policies, and conditions and requirements for the SOR grant. As per the SOR grant, this includes administration of the Government Performance and Results Act (GPRA) interview tool at intake/baseline, at the six months post intake and at discharge. Training on GPRA administration will be provided, as well as separate reimbursement to offset administrative burden. More information about the GPRA can be found at: <https://spars.samhsa.gov/>.

Applicants may currently be providing services funded with SOR grant funds. However, it is expected that providers will expand capacity to accept additional patients with these funds. Potential new patients must be uninsured, have an opioid use disorder and meet medical necessity for MAT.

## **3.0 AWARD INFORMATION**

The maximum award for this RFA is \$375,000 per site for up to two (2) OTPs for the period of February 1st, 2020 through September 30, 2020. Funds are contingent upon availability and are expected to be available in the second year of the SOR grant. Additional SOR funds may be possible if funding is not fully utilized over the course of the grant period, thereby potentially allowing an extension of services. Extensions will be contingent upon successful implementation of strategies and deliverables as defined by the OTPs and LME-MCOs and agreed upon by the division, as evidenced by the selection of awardees, and contingent upon award of such funds by the federal grantor.

As stated above, it is anticipated that two awards will be made through this RFA. It is further anticipated that one awardee will be located in an urban area and one will be located in a rural area. However, the number and distribution of awards will be based on the applications received, the projected grant cycle budget of applicants and funding availability. Awards will be made based on a thorough review of all submitted complete applications and will be allocated and monitored through DMHDDSAS. It is the intent of the division that a successfully implemented project can be customized and replicated by other LME-MCOs.

Administrative and indirect costs are not allowable through this RFA. Cost sharing or matching is not required.

### **3.1 SOURCE OF FUNDS AND PASS THROUGH REQUIREMENTS**

Federal Award Identification Number: H79Tl081710

Federal Award Date: September 29, 2018

Subaward Period of Performance: February 1<sup>st</sup>, 2020 – September 30, 2020

Amount of Federal Funds Obligated by this Action: \$750,000

Total Amount of Federal Funds Obligated to the Subrecipient: \$375,000 per OTP (10% will be withheld and used for performance-based payments if quality measures are met).

Total Amount of the Federal Award: \$58,090,023

Federal Award Project Description: SOR funds shall be used to fund services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus. SOR funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds; e.g. HHS (CDC, CMS, HRSA, and SAMHSA), DOJ (OJP/BJA) and non-federal funds, third party insurance and sliding scale self-pay among others. SOR funds for treatment and recovery support services shall only be utilized to provide services to individuals with a diagnosis of an opioid use disorder or to individuals with a demonstrated history of opioid overdose problems. Medication Assisted Treatment (MAT) using one of the FDA-approved medications for the maintenance treatment of opioid use disorder (methadone, buprenorphine/naloxone products/buprenorphine products including sublingual tablets/film, buccal film, and extended release, long-acting injectable buprenorphine formulations and injectable naltrexone) is a required activity of the grant per the terms of the grant award. Recipients are expected to report data as required in the Funding Opportunity Announcement (FOA) and to fully participate in the cross-site evaluation of the program. Grantees are required to track funding of activities by providers and be prepared to submit these data to SAMHSA upon request.

Federal Awarding Agency: SAMHSA

Pass-through Entity: LME-MCOs

DUNS # 8097853630000

CFDA Number: 93.788

CFDA Name: State Opioid Response Grants

### **3.2 FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA)**

As a subrecipient of federal funds, each selected grant recipient will be required to provide certain information required by the Federal Funding Accountability and Transparency Act (FFATA), including the organization’s DUNS number. Please see <https://fedgov.dnb.com/webform> for free registration. Additional information about FFATA is available at <https://www.fsrs.gov/>.

### **5.0 SCOPE OF WORK**

#### **Populations Served**

Services must be available to any eligible individual residing within the LME-MCOs’ service areas. Eligible individuals are adults aged 18 or older who are:

- uninsured,
- meet diagnostic criteria for an opioid use disorder,
- meet ASAM level of care criteria for outpatient opioid treatment,
- desire and agree to participate in medication assisted treatment, including compliance with prescribed methadone or buprenorphine formulations (FDA-approved medications for the treatment of opioid use disorder),
- agree to provide information requested in the GPRA and NCTOPPS,
- not currently receiving MAT services

#### **Performance-based) payment quality measures**

The withheld funds (10%) are being used to incentivize the use of tools associated with positive treatment outcomes and for greater patient engagement.

The quality measures have been divided into two categories; Engagement & Retention. The withheld funds will be distrusted equally between the two categories. Funds will be released when quality measures are met in either category.

<b>Engagement</b>	<b>Retention</b>
Family education session: MAT expectations.	An individual receiving MAT remains in continued services for a minimum of 25 weeks (6 months).
Family education session: Administration of Naloxone.	
Referral to other required services (medical/non-medical) as needed.	

A provider will receive a performance-based payment of \$600 per individual if both sets of quality measures are met: \$300 for meeting engagement measures and \$300 for meeting the retention measure. To receive payment for the engagement measures, services must be provided within the first 90 days of the individual beginning MAT services.

Outcome measures will be reported using a separate reporting form that requires the provider to confirm measures have been met and have been documented clearly in the medical record. This confirmation and documentation may be reviewed during regular auditing for accuracy.

### Description of Payment Model – Opioid Treatment Programs (OTPs)

The proposed bundled rate payment model for OTPs includes a weekly rate for methadone and a weekly rate for buprenorphine formulations. There is no distinction in the rates for phase of treatment; i.e., the reimbursement rate is the same during the induction phase as during maintenance. It is expected that a standard rate across all phases of care will support the patient when needs are intensive, as well as when progress has been achieved and daily appointments are not necessary.

Services to be included in the bundle are:

- medication (methadone or buprenorphine formulations)
- medication administration
- preparation of take-home medication
- urine drug screens/toxicology
- other needed labs (liver panel, pregnancy, EKG, RPR, Hep B and C, TB, other infectious diseases, etc.)
- nursing evaluations/documentation
- case management
- two (2) required counseling sessions (individual or group therapies)

Weekly bundled rates for OTPs are as follows:

<b>Medication</b>	<b>Weekly Rate Induction Phase</b>	<b>Weekly Rate Maintenance Phase</b>
Methadone	\$128.94	\$128.94
Buprenorphine Products	\$181.26	\$181.26

Other services, such as those provided by the physician, PA or NP, including approved Evaluation and Management (E&M) codes, as well as the comprehensive clinical assessment performed by a licensed clinician, may be billed separately and outside of the bundled rate. Additionally, individual, group and family therapy beyond the two required sessions may be billed separately. Enhanced services such as SAIOP, SACOT, CST, etc., provided the patient meets medical necessity criteria for these services/levels of care, may also be billed separately.

OTP total award per site = \$375,000 (10% will be withheld for performance-based payments).

$\$181.26 \times 35 \text{ weeks} = \$6344.10$

$\$128.94 \times 35 \text{ weeks} = \$4512.90$

Number served all bup = 53

Number served all meth = 75

### **5.3 PERFORMANCE STANDARDS AND EXPECTATIONS**

Applicants shall comply with all federal and state requirements for subawards. The [North Carolina State Budget Manual](#) outlines parameters for allowable and unallowable costs at the state level, and the code of federal regulations, title 2, part 200 outlines requirements and restrictions for sub awardees receiving federal awards. Sub awardees must comply with all uniform guidance related to the State Opioid Response Grant, CFDA: 93.788.

### **5.4 REPORTING REQUIREMENTS**

#### **Government Performance and Results Act (GPRA)**

The federal grantor, the Substance Abuse and Mental Health Services Administration (SAMHSA), is requiring administration of the GPRA for all individuals who receive services funded through the State Opioid Response (SOR) and SOR Supplemental grants. This includes individuals who participate in treatment and/or recovery services, through both UCR and non-UCR funding mechanisms. As of 06.24.19, administration of the GPRA was required and was applicable to individuals entering treatment or recovery services or re-entering services after discharge as of that date.

The GPRA is to be administered at three (3) specific intervals: (1) intake/baseline, (2) at six (6) months, and (3) at discharge. Providers may be reimbursed a total of \$50.00 for each completed GPRA. **This funding is separate and does not need to be included in budgets proposals submitted under this RFA.** LME-MCOs will determine how they want their contracted providers to submit verification and tracking of the GPRA in order to provide reimbursement.

Providers are currently submitting GPRA's to the DMHDDSAS Addictions and Management Operations section, as per instructions. Per SAMHSA, only state agencies can enter GPRA data into SPARS, the federal repository for these data. DMHDDSAS is currently pursuing an agreement with an outside vendor which will allow for electronic completion of the GPRA, as well as batch uploads into SPARS.

As stated above, grantees began reporting client-level data on elements including but not limited to: diagnosis, demographic characteristics, substance use, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing. The GPRA tool can be found here: <https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services>.

#### **North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS)**

NC-TOPPS is a web-based system for gathering outcome and performance data on behalf of consumers with mental health and substance use disorders in North Carolina's public system of treatment services. NC-TOPPS provides reliable information that is used to measure the impact of treatment and to improve service and management quality throughout the service system.

NC-TOPPS was launched in 1997 as a partnership between the federal government and the state to implement a system for monitoring and evaluating substance use disorder treatment services. In 2005, mental health services were added, and the system was moved to a web-based format.

NC-TOPPS is based on face-to-face interaction between a consumer and a qualified professional (QP) with the objective of augmenting the clinical assessment process and providing information for the consumer's treatment plan. NC-TOPPS information is gathered through a series of interviews over the course of an

episode of care: the period that begins with the initiation of services and ends with the termination of services, as defined in the consumer's treatment plan, or by a lapse in services of more than sixty days.

Initial, Update and Episode Completion Interviews are designed to assist in assessing the effectiveness of treatment. QPs conducting interviews use the NC-TOPPS web-based system to compile data on consumer outcomes such as symptom reduction, employment, education, retention, housing, family support and criminal justice. Recovery Follow-Up Interviews are optional, but available to conduct an interview with a consumer at any time after an episode of care.

More information can be found at <https://nctopps.ncdmh.net/dev/GettingStartedWithNCTOPPS.asp>.

## **5.5 QUALIFICATIONS AND CAPACITY**

Sub awardees must have internal controls in place and use generally accepted accounting principles (GAAP). Successful applicants will show no more than two audit findings in their most recent audit. Successful applicants will have a proven track record of collaboration with community partners to better assure sufficient resources are available to individuals to meet treatment and recovery needs.

## **6.1 PERFORMANCE OVERSIGHT**

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services assumes responsibility for monitoring the performance of the selected applicants and the outcomes of these projects.

## **7.0 TERM OF AWARD, OPTIONS TO EXTEND**

The performance period for this project begins February 1, 2020 and ends September 30, 2020. These applications will be supported with funds from the second year of the State Opioid Response grant, which is scheduled to end September 30, 2020. An extension of an additional 12 months or less is possible depending upon the availability of funds and status of goals and outcomes.

## **8.0 BUDGET**

Funds for these projects will be awarded to the LME-MCO that has responsibility for services in the county in which the applicant is located.

The line item budget shall constitute the total cost to the Division for complete performance in accordance with the requirements and specifications herein, including all applicable expenses such as administrative cost. Contractor shall not invoice for any amounts not specifically allowed for in the line item budget of this RFA.

The bundled rate payment for OTPs has been set and is inclusive of the following services:

- medication (methadone or buprenorphine formulations)
- medication administration
- preparation of take-home medication
- urine drug screens/toxicology

- other needed labs (liver panel, pregnancy, EKG, RPR, Hep B and C, TB, other infectious diseases, etc.)
- nursing evaluations/documentation
- case management
- two (2) required counseling sessions (individual or group therapies)

OTP applicants must include in their budget the number of individuals to be served under the bundled rate, with the total amount not to exceed \$337,500 (10% of 375,000 is being withheld for performance-based payments).

Other services, such as those provided by the physician, PA or NP, including approved Evaluation and Management (E&M) codes, as well as the comprehensive clinical assessment performed by a licensed clinician, may be billed separately and outside of the bundled rate. Additionally, individual, group and family therapy beyond the two required sessions may be billed separately. Enhanced services such as SAIOP, SACOT, CST, etc., provided the patient meets medical necessity criteria for these services/levels of care, may also be billed separately. A proposed detailed budget must also be submitted for any of these services that the OTP anticipates billing outside the bundled rate.

## **9.0 REIMBURSEMENT**

Upon award, funds will be allocated to the LME-MCO that has responsibility for the population of the county in which the OTP providers are located. As stated earlier, applicants must have a current contract with the applicable LME-MCO and provide a letter of commitment from the LME-MCO stating they will partner with the selected OTP on this pilot.

LME-MCOs will determine the specific billing mechanisms to be utilized for this project and may include both fee-for-service billing of the bundled rate and/or other services billed separately, as well as non-UCR funds for performance-based payments.

## **10.0 THE SOLICITATION PROCESS**

The following is a general description of the process by which agencies or organizations will be selected to complete the goal or objective.

- 1) RFAs are being sent to prospective agencies and organizations.
- 2) Written questions concerning the RFA specifications will be received until the date specified on the cover sheet of this RFA. A summary of all questions and answers will be posted on the RFA website.
- 3) Applications will be received from each agency or organization. The original must be signed and dated by an official authorized to bind the agency or organization.
- 4) All applications must be received by the funding agency not later than the date and time specified on the cover sheet of the RFA. Faxed applications will not be accepted.
- 5) Applications from each responding agency and organization will be logged in at the date and time received.
- 6) At their option, the evaluators may request additional information from any or all Applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the evaluators are not required to

request clarification: therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

- 7) Applications will be evaluated according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State.
- 8) Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

## **11.0 GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

### 1) Award or Rejection

All qualified applications will be evaluated and awarded to those agencies or organizations whose capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful Contractors will be notified no later than 01.24.20.

### 2) Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organizations sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

### 3) Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

### 4) Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

### 5) Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

### 6) Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

### 7) Form of Application

Each application must be submitted on the form provided by the funding agency.

### 8) Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and condition by any agency and organization may be grounds for rejection of that agency or organization's application.

### 9) Advertising

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

### 10) Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency

or organization will become the property of the funding agency when received.

11) Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

12) Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

13) Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

14) Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

15) Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled including utilization as subcontractor(s) to perform functions under this Request for Applications.

16) Federal Certifications

- i) Agencies or organizations receiving Federal funds will be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix B). Federal Certifications should NOT be signed or returned with the application.

## **12.0 APPLICATION CONTENT AND INSTRUCTIONS**

This section includes what the Applicant is required to provide the Division with its application response. *The Applicant must clearly demonstrate (describe) in its proposal response how the Applicant's organization will meet or address the programmatic requirements described in the scope of work section of the RFA.* The Applicant proposal shall include the following items in this specific order and clearly marked as such. Applications must be 20 pages or less, not including any attachments or appendices. See each section below for detailed information.

Whenever possible, use appendices to provide details, supplementary data, references, and information requiring in-depth analysis. These types of data, although supportive of the proposal, if included in the body of the design, could detract from its readability. Appendices provide the proposal reader with immediate access to details if and when clarification of an idea, sequence or conclusion is required. Time tables, work plans, schedules, activities, and methodologies, legal papers, personal vitae, letters of support, and endorsements are examples of appendices.

Applicants shall populate all attachments of this RFA that require the Applicant to provide information and include an authorized signature where requested. Applicant RFA responses shall include the following items and those attachments should be arranged in the following order: Number each page consecutively. (Please provide the order of arrangement and content and page count if applicable).

**A. Cover Page with all fields completed, signed by an authorized official of the Applicant organization (not inclusive in the 20-page limit)**

**B. Face Page**

- 1) The Applicant's name and principal place of business.
- 2) The Applicant's legal status; i.e. whether the Applicant is an individual, a corporation, a general partnership, a limited partnership, a joint venture or some other legal entity. The state in which the Applicant is incorporated or organized.

**C. Proposal Summary (5 points)**

The summary should be prepared after the application has been developed in order to encompass all the key points necessary to communicate the objectives of the project. It is the document that becomes the cornerstone of the proposal, and the initial impression it gives will be critical to success of the venture. In many cases, the summary will be the first part of the proposal package seen by agency and very possible could be the only part of the package that is carefully reviewed before the decision is made to consider the project any further.

**D. Organization Background and Qualifications (5 points)**

Describe the organization and its qualifications for funding including:

- 1) Mission and goal of the Organization
- 2) A brief overview of the applicant's history
- 3) Brief overview of the applicant's experience with providing the service (organizations past achievements and accomplishments and evidence of its impact)
- 4) Brief overview of all services provided by the Applicant within the last five years, including:
  - i) The beginning and ending dates of the contracts;
  - ii) The services provided under those contracts;
  - iii) The total number of Applicant employees assigned to service each contract;
  - iv) Whether any of those contracts were extended or renewed at the end of their initial terms;
  - v) Whether any of those contracts were terminated early for cause by either party to the contract;
  - vi) The "lessons learned" from each of those contracts; and
  - vii) The name, address, and telephone number of at least one manager in each client organization who is personally familiar with the Vendor's performance under the contract
- 5) Qualifications/background on organization's Board of Directors and Key Staff
- 6) The details of:
  - i) Any criminal investigations pending against the Applicant or any of their officers, directors, employees, agents or subcontractors of which the Applicants have knowledge or a statement that there are none;
  - ii) Any regulatory sanctions levied against any of the Applicants or any of their officers,

directors, employees, agents or subcontractors by any state or federal regulatory agencies within the past three years of which the Applicant s have knowledge or a statement that there are none. As used herein, the term “regulatory sanctions” includes the revocation or suspension of any license or certification, the levying of any monetary penalties or fines, and the issuance of any written warnings;

- iii) Any regulatory investigations pending against of any of the Applicants or any of their officers, directors, employees, agents or subcontractors by any state or federal regulatory agencies of which the Applicants have knowledge or a statement that there are none.

Note: The Department may reject a proposal solely on the basis of this information.

- iv) Any of the Applicant’s directors, partners, proprietors, officers or employees or any of the proposed project staff are related to any DHHS employees. If such relationships exist, identify the related individuals, describe their relationships, and identify their respective employers and positions.
  - v) Assurance that the Applicant and the proposed Applicant staff are not excluded from participation by Medicaid or the Office of the Inspector General of the United States Department of Health and Human Services.
- 7) Other major donors and summary of dollar amounts of contribution(s)

**E. Assessment of Need/s (Problem Statement) (10 points)**

- 1) Problem (explain why the service is necessary)
- 2) Describe what your organization is doing to address this problem
- 3) Primary State/Counties Served
- 4) Ethnicity, age, and gender of population served
- 5) Target population or who are you plan on serving
- 6) Number of beneficiaries
- 7) Eligibility requirements to receive service
- 8) Statistical facts and figures (national, state, local)
- 9) Program Website

**F. Project Description and Narrative (20 points)**

Describe your proposed project. Explain how you engaged the priority population in developing this proposed project. Detail how this project will address the organization’s needs. Identify which activities from the list of activities are included in the project. Include timelines for project implementation with specific program objectives as they relate to performance measures and budget (e.g. hiring staff or contractors, determining services to be provided, engaging participants, etc.). Provide a comprehensive framework understanding and description of the RFA.

**G. Collaboration and Community Support (10 points)**

Describe how you will collaborate on this project or initiative with other relevant organizations in your community, and/or how this project will improve the collaboration between local stakeholders. Describe how you will verify that projects or services are not being duplicated in the community and with the population served. If the project involves direct collaboration or joint collaboration with other partners, these partners should submit letters of support clearly describing their organization’s roles and responsibilities.

Letters of support that involve collaboration should be included with your grant application as an appendix and will not count toward the narrative page limit of this RFA. Please do not have letters sent separately to the Division. They will not be included in your application and will not be read by reviewers.

**H. Potential Impact (20 points)**

Explain why the proposed project is a good use of federal dollars. Describe the potential health impact and other effects on your community and its residents. Use research on program outcomes to identify what works. Whenever possible, quantify the possible economic savings and/or gains brought about by the project through program specific data.

**I. Organizational Sustainability (15 points)**

Describe how the project will contribute to or promote the capacity of your organization or your community over time to prevent opioid use disorders and overdose deaths. Applications must describe how the enhancements, improvements, or increases achieved during the grant year may be sustained past the funding secured during the grant term. Describe obstacles that may affect your organization's ability to sustain this program after the grant cycle and potential solutions to these identified challenges.

**J. Line Item Budget and Budget Narrative (10 points)**

Every item that appears in the budget should be explained clearly, so the evaluator/ reviewer will understand it. The budget narrative should explain how the numbers in the budget were calculated and how each expense is related to the proposed project. The Budget Narrative is the justification of 'how' and/or 'why' a line item helps to meet the program deliverables. It is also used to determine if the cost in the contract are reasonable and permissible.

The budget should be for the 8-month period February 1, 2020 through September 30, 2020.

- Salary Detail – Staff salaries and expenses for temporary/contract staff should be entered by position type in the appropriate section. For employed staff and temporary/contract staff, enter the average number of hours to be worked per week for each position type on the project.
- Summary – Detailed cost breakdown for the project and all sources of funding identified for the project.
- Narrative – Expanded details on line items in the budget.

Funds may not be used for purchase of land or buildings, nor may extensive renovations be completed with these funds. Equipment, such as computers, may be purchased with these funds as long as the cost is less than \$5000.00.

**K. Supporting Documents (not inclusive of the 20-page limit) (5 points)**

- A. An organizational chart identifying the personnel who will be assigned to work on this project.
- B. Letters of support from key partners, including LME-MCOs and proposed sub awardees.
- C. Applicable Terms and Conditions (select and attach the appropriate Terms and Conditions for your organization type from Appendix A).
- D. Applicable Certifications from Appendix B.

Submit complete Application, including signature of authorized representative, to [eamonn.mcateer@dhhs.nc.gov](mailto:eamonn.mcateer@dhhs.nc.gov) no later than 5:00 pm EST on Monday, February 17, 2020.

### 13.0 EVALUATION CRITERIA AND SCORING

#### PHASE I: INITIAL QUALIFYING CRITERIA

The applicant’s proposal must meet all of the following Phase I application acceptance criteria in order to be considered for further evaluation. Any proposal receiving a “no” response to any of the following qualifying criteria shall be disqualified from consideration.

ITEM	APPLICATION ACCEPTANCE CRITERIA	RFA Section	YES	NO
1	Was the contractor’s application received by the deadline specified in the RFA?			
2	Vendor proposal includes all required affirmative statements, assurances and certifications signed by the vendor’s responsible representative, as described in Appendix B of the RFA			
3	Included in those certifications, the contractor states that it is not excluded from entering into a contract with DHHS/State due to restrictions related to the federal debarment list, etc.			
4	Vendor meets eligibility requirements as stated in Section 2.0			
5	Vendor meets the minimum Qualification Requirements as described in Section 5.5			
6	Program’s review of the Contractor verifies that the vendor is not excluded from contracting with DHHS/State for any unresolved finding for recovery			
7	Vendor is not on the IRAN Divestment List			

## PHASE II: CRITERIA FOR SCORING PROPOSAL/APPLICATIONS

Qualifying application proposals will be collectively scored by the proposal review team. All qualified applications will be evaluated, and awards made based on the following criteria considered, to result in awards most advantageous to the State. Applications will be scored on the content, quality, and completeness of the responses to the items in the scope of work and to how well each response addresses the following core factors. DHHS will consider scores, organizational capacity, and distribution among catchment areas, and variety of quality improvement plans in determining awards. Please note that Contractors not meeting the eligibility requirements or any of the minimum or mandatory requirements as stated in Phase I will not be scored.

<b>Evaluation Criteria</b>	<b>Score</b>
Proposal Summary	5 points
Organizational Background and Qualifications	5 points
Assessment of Need / Approach to the Project	10 points
Project Description and Narrative	20 points
Collaboration and Community Support	10 points
Potential Impact	20 points
Organizational Stability	15 points
Line Item Budget/Budget Narrative	10 points
Supporting Documentation	5 points
<b>Total Score</b>	<b>100 points maximum</b>