

## Written Responses to Questions

### Application for Medication-Assisted Treatment (MAT) Services

1. Will the award be made in a lump sum amount or will the payment be fee-for-service reimbursement?

**This award is based on a fee-for-service (the rates are listed in the application). You will be paid monthly based on the units of service that are provided (up to the maximum amount of your award).**

2. Is there a mechanism for billing for in house individual therapy, group therapy and care coordination?

**No. This application does not include clinical treatment services but TDMHSAS funds agencies statewide to provide clinical treatment to indigent individuals. These programs can be found at the following location:**

**<https://www.tn.gov/content/dam/tn/mentalhealth/documents/SAPT%20-Treatment%20Agency%20Listing%20for%20directory%202019.doc>**

3. We don't see in the application where we put a dollar amount requested or budget and budget narrative?

**You will include the requested amount in your proposal narrative supported by the number of units and estimated persons served. There is not a budget required since this is a unit rate contract and you will be reimbursed based on the units of service you report (up to the maximum amount of your contract).**

4. Would an agency be able to provide the MAT that they are currently providing to service recipients being admitted on one of the following: Block/SPOT/CTC/STR/ADAT grants?

**Only Block and STR are providing MAT funding at this time. The individuals have to meet the criteria of the funding source.**

5. Are the agencies required to give the MAT at the facility? For instance, we utilize VIVITROL, but the service recipient is referred to the local mental health center for the initial appointment and first injection. Must the agency be listed as the MAT provider on the website of the chosen medication used?

**The applicant would need to be someone who is planning to provide the MAT services. If you plan to sub-contract you are required to ensure that all conditions under this application are met. Please specify in the narrative if you will be sub-contracting for these services. TDMHSAS will need to approve the sub-contract if you are awarded.**

6. Would the agency basically be required to be a walk-in clinic or is it just for service recipients that are being admitted to that facility for treatment, whether it is residential or IOP?

**The applicant for MAT services will need to state in their proposal the linkage for clinical services and their plan for providing MAT services as well as the number of individuals they plan to serve.**

7. If service recipients receive the MAT of choice through a mental health center that the agency links with, will the service recipient require long-term clinical treatment services post discharge

by the agency, or can they receive follow-up counseling services with the mental health agency they are referred to?

**The MAT application is only for MAT services. Clinical treatment is always based on ASAM criteria so a client should only be receiving services at the appropriate level for the assessed amount of time necessary.**

8. Would recipients be required to report back to the facility that made the referral or just the facility that provides the injection?

**The applicant would be the entity that is planning to provide the MAT services. If the entity is not providing clinical treatment they would need to explain in the narrative the plan for linkages to clinical treatment services.**

9. What should be included on the cover sheet?

**The cover sheet would include your organization name and contact person including e-mail address.**

10. On Page 2 of the RFA it says up to \$200,000 is available. Is that per successful candidate or total of all awards?

**It is per award.**

11. How many awards is the state planning to make?

**The number of awards will depend on the number of applicants selected and the amount approved.**

12. What is the total amount available for this grant program for the grant period (the total pool of dollars)?

**Up to \$1,000,000.00, amount subject to change.**

13. Will there be funding for a second year and/or subsequent years?

**Funding for subsequent years will be based on funds available.**

14. What is meant by “unique number of individuals” in Proposal Narrative section (page 9)? (e.g. unduplicated individuals with the funding period of the proposal? Unduplicated by other funding streams – not served through other state grants, new patients, etc.

**A unique number of individuals to be served through each MAT offered with this funding.**

15. Could organizations that span a larger geographical footprint (across Regions submit two separate proposals (one per region)?

**Allocations will be based on areas in the state with the greatest need.**

16. Is this funding stream limited to providing MAT to patients in co-occurring or similar programs that rely on ASAM assessments?

**The MAT agency does not have to provide clinical treatment but must provide linkage to clinical treatment services. You will need to explain in the narrative the plan for linkages.**

17. Do we need to perform recurring ASAM assessments for MAT patients whose care is funded by this funding stream?

**The ASAM reviews are only required for those agencies providing clinical treatment services.**

18. Does this solicitation require the patient to have a primary diagnosis of opioid use disorder?

**The individual would not have to have a primary opioid diagnosis but the primary would need to be a substance use diagnosis. The opioid use disorder could be secondary or tertiary.**

19. If an agency has not been providing MAT services but the medical director has been providing these services for more than a year would we be eligible?  
**The agency could apply and include in the proposal the medical director's experience in providing MAT services.**
20. Is the amount of assistance up to \$200,000 per medication or is that the total?  
**An agency can apply for up to \$200,000 which would include the medication.**
21. Is this application open to just non-profits?  
**The application is open to both private and non-profits who have been providing MAT services for at least a year. Please reference 1.3.2. of the application.**
22. Are hospitals with chemical dependency units considered "MAT providers with an appropriate facility license issued by the state"?  
**Hospitals would qualify if they have a license through the Department of Mental Health and Substance Abuse Services or the Department of Health. Also, if they are going to provide Buprenorphine as a maintenance treatment, a DATA waiver or if the hospital has a DEA issued NTP registration they would be qualified. If the programs are inpatient they will not need a TDMHSAS nonresidential OBOT facility license.**
23. On page 6, 1.7.2.8. it states that all pages must be numbered beginning with the Cover Sheet. However 1.7.2.11 states beginning with the Table of Contents a header with proposer name and page number. Please clarify where page numbers should begin.  
**The numbering will begin with the cover sheet. The reference in 1.7.2.11. of the application is in regards to the header.**
24. For Medical Director experience do you want a Biographical sketch or CV? Do you want us to include Psych/Medical Nurse practitioner experience information as well?  
**You can include in the Attachment whichever document (i.e. Bio, CV) that will give reviewers the most accurate picture of the Medical Director's or MAT provider's experience. You can also include the Psych/Medical Nurse Practitioner information in the narrative of the proposal.**
25. On page 9, #2 Proposal Narrative, it states that proposals must include completed worksheets of this application. What is this and where do I find it?  
**This was an error and has been taken out of the updated MAT application.**
26. Where on the website will the answers to these questions be posted?  
**These questions will be posted on September 5<sup>th</sup> on the link with the grant application under department funding opportunities.**
27. On page 10, 3.1 Technical requirements, 8<sup>th</sup> requirement down it states to have an authorized representative to sign proposal. Where does the Executive Director/CEO sign? Do we make a space for a signature in the application? If so, where is this signature supposed to be placed within the application?  
**You can make a space in the proposal for the signature.**
28. Do you have a scoring matrix that a reviewer will be using? If so, please share with the applicants.  
**The updated application has the scoring information that reviewers will use.**

29. On page 4, 1.3.4.3 Does the third party health benefits payor source include State contract funds such as Block and ARP?  
**No, SAPT Block Grant and state funds are not 3<sup>rd</sup> party benefits.**
30. The rate for Initial Evaluation by prescriber is listed as \$120. Is the rate the same for buprenorphine, naltrexone, and methadone?  
**Yes, this is the same rate for any of the medications.**
31. Are any of the three medications given priority over the others as it relates to scoring of this application?  
**There is not a priority for one medication over another.**
32. The narrative (1.3.4.1) states that we must provide at least one form of FDA approved MAT medication. To clarify, do we also have to provide methadone to be eligible if we are currently only providing buprenorphine and naltrexone? Does also providing methadone increase an applicant's score on the application?  
**You do not have to provide methadone to be eligible. You have to provide at least one form of medication-assisted treatment. Providing medication over another does not increase the score of the application.**
33. Are we permitted to determine the percentages/numbers of clients that receive each of the three different MAT medications mentioned in the application?  
**You would determine the numbers to be served for each form of MAT you plan to offer.**
34. Do you accept attachments, for example, an attachment that would answer an item in 1.3.4.2? If attachments are acceptable, is there a limit to the number of attachments you will receive? Is there a limit to the total number of pages/attachments you will accept?  
**The only allowable attachment is the Medical Director or MAT provider experience.**
35. Would it be helpful to see the forms currently used in our MAT program? Is it acceptable to attach these forms?  
**You should not attach these forms.**
36. If awarded, would we as the provider be allowed to bill for clinical services such as IOP under ADAT, SPOT, Block and Block STR?  
**Yes, the expectation is that clients enrolled in MAT would receive clinical/recovery services through another funding source.**
37. On page 8, 1.8.3.3 would you clarify "linkage" to additional services? We provide clinical services in the form of IOP, case management and Outpatient individual sessions. Does this satisfy "linkage to additional services"?  
**Yes, but if your agency does not provide all levels of care or if you are at capacity in the recommended level of care, you need to include the partners you would refer the individual to for the appropriate level of ASAM care.**
38. Is this application in addition to the STR COC and STR MAT?  
**Yes, this is a separate application.**
39. Would the applicant need to have a prescriber to apply for this funding?  
**The applicant would have to have a prescriber to provide the MAT services.**

40. Would it be possible for a Medication-Assisted Treatment program to apply and have a clinical treatment program to provide treatment services?

**This funding is for MAT services only but it is the expectation that the MAT applicant would provide linkages for referral for clinical treatment services.**

41. Can an applicant sub-contract the Medical portion of the services?

**Since the MAT services under this application are medical this means that you would be a fiscal agent for the entity providing the services. As the fiscal agent you are required to ensure that all conditions under this application are met. Please specify in the narrative if you will be sub-contracting for these services. TDMHSAS will need to approve the sub-contract if you are awarded.**

42. As far as lab services, what level of testing does this include?

**We do not dictate what kind of lab testing a provider is ordering for individuals. We will review monthly billing and may ask for documentation supporting the need for services.**