



CALIFORNIA
Hub & Spoke
SYSTEM

Hub and Spoke System SOR III

Request for Applications

Announced

October 31, 2022

Application Due Date:

November 30, 2022

5:00 p.m. PT

*Advocates for Human Potential, Inc. (AHP),
funded by the California Department of Health Care Services (DHCS)
Community Services Division*

Contents

Introduction	3
Funding Opportunity at a Glance	4
Background	5
H&SS Grant Parameters	5
Purpose.....	5
Activities.....	5
Hub Activities.....	6
Spoke Activities	7
Contract Period.....	7
Eligibility Criteria	8
Funding Information and Requirements	8
Project Budget	8
Base Funding Structure	8
Payment Methodologies	9
Grantee Billing and Payment	9
Allowable Costs	9
Funding Restrictions	10
Grant Requirements and Mandatory Participation	11
CA H&SS Implementation Plan.....	11
TTA	11
Compliance with Confidentiality Regulations	12
Data and Reporting Requirements.....	12
Application Instructions	15
Preparing to Apply	15
Online Application	15
Application Components.....	16
Application Scoring.....	16
Application Priority	16
SCORING CRITERIA.....	17
Application Worksheet.....	19

Hub and Spoke System SOR III Request for Applications

Announced October 31, 2022

Application Due Date:

November 30, 2022

Introduction

This program will be supported by funding from California's State Opioid Response (SOR) III grant, provided by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The SOR III grant supports California's Medication Assisted Treatment (MAT) Expansion Project, which aims to address the opioid and stimulant use disorder crises by improving access to treatment, reducing unmet treatment needs, and reducing opioid and stimulant-related overdose deaths through the provision of prevention, treatment, harm reduction, and recovery service activities. This request for applications (RFA) contains information about the California Hub and Spoke System (CA H&SS) project, including background and legal, fiscal, and program requirements for applicants, as well as eligibility criteria and application instructions. Advocates for Human Potential, Inc. (AHP) has been contracted to serve as the Administrative Entity (AE) and will implement the CA H&SS efforts, including organization and distribution of funding in addition to training and technical assistance (TTA).

Funding Opportunity at a Glance

Who: For-profit and nonprofit (501(c)(3)) Medi-Cal providers licensed to provide medication for opioid use disorder (MOUD) services, also known as medication for addiction treatment (MAT) services, in California. This RFA will refer to eligible entities as “MAT providers.”

Note: All applicants must be able to process a subcontract with AHP for final approval within six (6) weeks of notification of grant award.

What: Funding to support the development and implementation of “Hubs”, which may be narcotic treatment programs (NTPs) or other MAT providers, such as an Office Based Narcotic Treatment Network (OBNTN) facility, and “Spokes” (federally approved DATA 2000 waived prescribers who prescribe or dispense buprenorphine in office-based settings) to support opioid use disorder (OUD) and substance use disorder (SUD) prevention, treatment, and recovery throughout the state.

Both Hubs and Spokes are expected to provide high quality onsite care, outreach to underserved and marginalized individuals with OUD, and referrals to integrated mental health care as part of the H&SS funded under SOR III.

Note: Grantees will receive TTA free of charge to help achieve program goals.

Where: Statewide in California. Providers in rural and underserved areas will be given priority.

When: Applications are due on November 30, 2022, by 5 p.m. PT. The period of performance will be from January 1, 2023, to June 30, 2024 (18 months).

How: Interested entities must submit their completed applications via SurveyMonkey Apply. Successful applicants will be MAT providers that are currently authorized to administer MAT by the State of California Medi-Cal. Equal opportunity exists for new applicants and existing CA H&SS grantees. Those who provide services to underserved geographic or demographic groups are encouraged to apply.

Important Dates

RFA Release Date

October 31, 2022

Informational Webinar

Please [register here](#)

November 3, 2022

Noon PT

Question Submittal Deadline

November 8, 2022

Application Deadline

November 30, 2022

5 p.m. PT

Projected Award Announcement

December 22, 2022

Welcome Webinar

January 10, 2023

Noon PT

*Dates and times are
subject to change.*

Background

The California Department of Health Care Services (DHCS) is committed to improving access to OUD treatment, reducing unmet treatment need, and reducing opioid- and stimulant-related overdose deaths. Using federal funding from SAMHSA awarded to California for the SOR III grant, DHCS will continue to invest in prevention, harm reduction, treatment, and recovery services through the California MAT Expansion Project.

The CA H&SS is a component of the MAT Expansion Project that consists of NTPs or other MAT providers (known as Hubs) and federally approved DATA 2000 waived prescribers (known as Spokes) that provide ongoing OUD/SUD care and treatment. This RFA will enhance and expand the current CA H&SS cohort and will be organized on a regional basis throughout California. While current CA H&SS grantees are eligible to apply, new applicants will have equal opportunity in being awarded grant funding.

H&SS Grant Parameters

The CA H&SS is being implemented throughout California to improve, expand, and increase access to MAT services across the state. The goal of this program is to support OUD prevention, treatment, and recovery across the state.

Purpose

The purpose of the CA H&SS is to

- Improve access to MAT for marginalized populations;
- Improve MAT provider infrastructure, including appropriate telehealth services and expanded service hours; and
- Broaden the concept of the patient population from the individual to include the family to maximize recovery capital, support family resilience, and destigmatize treatment.

In coordination with the California Youth Opioid Response (YOR California) and Behavioral Health Workforce Development (BHWD) programs, the CA H&SS will promote the full continuum of care for MAT and support adequate and diverse staffing, specifically including Peer Recovery Support Specialists for this expanded programming.

Activities

The CA H&SS funding will support the following activities:

1. Harm reduction programming in tandem with community education and outreach
2. Programming for family members and youth in coordination with family-focused services
3. Increased support for innovative models to serve individuals experiencing homelessness

4. Collaboration with county behavioral health care agencies and other OUD/SUD providers that are now required to offer MAT or immediate referrals to MAT to decrease MAT access barriers

To help grantees achieve the expanded CA H&SS goals, examples of TTA topics include the following:

- Harm reduction strategies
- Methadone and buprenorphine dosing best practices
- Government Performance and Results Act (GPRA) and reporting
- Training on MAT for pharmacists

Hub Activities

Hub—NTPs or other MAT providers—grant-funded activities will include

1. Assessment and diagnosis of an OUD or stimulant use disorder;
2. Counseling;
3. Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) testing and referral to appropriate services;
4. Case management, including coordination of referrals for housing, insurance, entitlements such as food or income assistance, and travel needs;
5. Professional medical, social work, and mental health services, offered to patients onsite as allowable with SOR III funding or by referral;
6. Recovery and/or peer support services;
7. Local access to maternal addiction treatment, either onsite or by referral, to include at a minimum universal prenatal screening for alcohol and drug use, counseling, case management, and MAT. Maternal addiction services may be provided in-person or by telehealth providers, and should include collaborative management with a delivery facility capable of treating infants with neonatal abstinence syndrome;
8. Prescribing and dispensing methadone;
9. Prescribing and dispensing buprenorphine for clinically complex patients;
10. Checking the prescription drug monitoring program database (the Controlled Substance Utilization Review and Evaluation System, or CURES) initially and every four months following that, and documenting these actions in the chart;
11. Ensuring patients and family members have a prescription and training for naloxone;
12. Providing support to the Spokes on buprenorphine inductions and clinical or programmatic advice;
13. Implementing or intending to implement telehealth treatment and recovery services;
14. Transferring to Spokes patients who require different types of services;

15. Assisting with health insurance applications and enrollment for eligible, uninsured patients (An eligible individual must obtain Medi-Cal to cover the cost of eligible services. Grant funds made available under this Agreement shall not be used to pay for services covered by Medi-Cal for individuals who qualify for Medi-Cal but do not apply.);
16. Determining whether an individual may be eligible for other benefits, including those available for veterans or seniors;
17. Complying with all grant funding limitations and restrictions; and
18. Ensuring that family members are included in recovery planning.

Spoke Activities

Spoke—federally approved DATA 2000 waived office-based prescribers—grant-funded activities will include

1. Providing ongoing care for patients with milder addiction as determined by the Treatment Needs Questionnaire;
2. Managing induction and maintenance;
3. Monitoring adherence to treatment, conducting drug screenings, and coordinating access to recovery supports;
4. Collecting minimal data elements, including numbers of patients in care and retention in treatment;
5. Adhering to standards of care for managing patients on buprenorphine;
6. Providing or referring patients to counseling services;
7. Checking the prescription drug monitoring program database (the Controlled Substance Utilization Review and Evaluation System, or CURES) initially and every four months following that, and documenting these actions in the chart;
8. Prescribing buprenorphine formulations;
9. Ensuring patients have a prescription for naloxone;
10. Complying with all grant funding limitations and restrictions;
11. Transferring patients to Hubs who require a different level and type of care;
12. Assisting with health insurance applications and enrollment for eligible, uninsured patients (An eligible individual must obtain Medi-Cal to cover the cost of eligible services. Grant funds made available under this Agreement shall not be used to pay for services covered by Medi-Cal for individuals who qualify for Medi-Cal but do not apply.);
13. Implementing telehealth treatment and recovery services; and
14. Ensuring that family members are included in recovery planning.

Contract Period

The contract period is January 1, 2023, to June 30, 2024.

Eligibility Criteria

Selected applicants are required to adhere to the legal, fiscal, reporting, and programmatic requirements as described in the “Funding Information and Requirements” section that follows. To be eligible for funding, an applicant must meet all of the criteria below:

- Applicant must be physically located in California and able to provide evidence of delivering services in the state.
- Applicant must be authorized to provide MAT in California.

Successful applicants will demonstrate the capacity to include the following programming:

1. Competent assessment, delivery, and monitoring of MAT to patients
2. Incorporation of state-certified peer recovery support specialists into MAT service delivery
3. Harm reduction strategies and outreach
4. Culturally appropriate and accessible services, including telehealth, to meet the needs of diverse and marginalized communities affected by the ongoing opioid and stimulant epidemics in California
5. Responsiveness to value-based payment programming
6. Incorporation of family members into case planning
7. Administration of GPRA surveys
8. Data collection and entry into an interactive CA H&SS database
9. Data collection for the UCLA Integrated Substance Abuse Programs (UCLA-ISAP) statewide evaluation
10. Engagement with substance use navigators to improve care referral practices
11. Capacity to interface with other Hubs and Spokes in the statewide CA H&SS.

Funding Information and Requirements

Project Budget

Grant awards will be dependent on projected patients served and type of MAT provided. The estimated maximum award is \$1 million annually for providers with high patient caseloads. Funding justification will be based on demonstrated history of patient caseloads and type of care provided.

Base Funding Structure

SOR III is funding of last resort. Patients in need of MAT services who are eligible for other funding sources, such as insurance or Medi-Cal, must be supported to access other funding streams. All eligible entities should identify their base funding costs for delivering MAT services to patients and reflect such costs in the budget worksheet as part of the application. The following costs must be identified as part of an organization’s base funding:

- Staffing to deliver MAT services, including counseling
- Medication costs
- Transportation to support patient access to MAT care
- Equipment, such as lockboxes, methadone pumps, etc.
- Outreach and education efforts to reduce MAT stigma and increase awareness of services
- Harm reduction strategies

Payment Methodologies

Payment methodologies for the grantees will include value-based metrics that will serve to incentivize providers to achieve performance on quality measures. These include

- Reduction in barriers to access,
- Program retention for enrollees,
- Increased patient–provider cultural and language concordance, and
- Extended outreach into diverse and underserved populations.

Grantee Billing and Payment

Selected grantees will be awarded a hybrid deliverable-based contract for CA H&SS base funding, plus a cost-reimbursement basis for equipment/durable goods purchases.

Grantee invoicing and payments will be based on (a) contract-specified deliverables (not itemized invoices) for the CA H&SS base funding upon demonstrating completion of grantee quarterly deliverable tasks at the end of each quarter and (b) reimbursement-based invoices with receipts for equipment purchases based on allowable expenses per SAMHSA guidelines. Allowable expenses guidance is available via the SurveyMonkey Apply platform.

Allowable Costs

The following are examples of allowable costs; however, this is not a complete list of possible funding uses:

- Costs for planning and implementing
- U.S. Food and Drug Administration (FDA)–approved medications or devices for OUD treatment and withdrawal management
- Establishment of equitable personnel management practices for successful operation of diversely staffed and sustainable organization providing behavioral health services
- IT and telehealth infrastructure and equipment, including cell phones, hotspots, and internet subscriptions (Client hardware may not be funded.)
- Urine drug screening/testing
- GPRA 6-month and discharge survey incentives
- HIV and Hepatitis C testing

- Hepatitis A & B testing and vaccination
- Time/expenses related to data collection activities (up to 2 percent of total grant award)
- Patient outreach/engagement activities and resources, including advertising costs directly related to contracted services
- Other costs allowable under SOR III funding

Funding Restrictions

SAMHSA funds were granted to DHCS to support this RFA, and all funding restrictions are applicable to this funding opportunity and all corresponding grant contracts. Questions about allowable costs should be addressed to AHP, and answers will be determined by DHCS. Funded programs must adhere to [42 USC CHAPTER 6A, SUBCHAPTER XVII, Part B: Block Grants Regarding Mental Health and Substance Abuse](#) and [45 CFR Part 96](#). The U.S. Department of Health and Human Services (HHS) codified the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR Part 75. All components of 45 CFR Part 75 are applicable to all subgrantees. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

CA H&SS funds must be used for purposes supported by the program and may not be used to exceed the salary limitation. The Consolidated Appropriations Act, 2021 (Public Law 116-260), Division H, Title II, Section 202, provides a salary rate limitation. The law limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II, which is \$203,700. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation also applies to subrecipients under a SAMHSA grant or cooperative agreement. Note that these or other salary limitations will apply in the following fiscal years, as required by law.

Funds shall not be used 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, SAMHSA), DOJ (OJP/BJA) and non-federal funds, third-party insurance, and sliding scale self-pay, among others.

DHCS will **not** fund the following:

- Debt retirement
- Operational deficits
- Partisan activities
- Religious organizations for explicit religious activities

- Activities that exclusively benefit the members of sectarian or religious organizations
- Purchase or lease of vehicles
- Purchase or improvement of land
- Purchase, construction, or permanent or minor remodeling of any building or other facility
- Purchase of major medical equipment
- Purchase of sterile needles or syringes for the hypodermic injection of any illegal drug

Only organizations using the de minimis rate of ten percent (10%) of modified total direct costs (MTDC), as defined in 45 CFR Part 75, will be selected for this funding opportunity. This means that indirect costs may not exceed 10% of direct costs. Travel costs must fall within the California travel guidelines.

Grant Requirements and Mandatory Participation

CA H&SS Implementation Plan

Upon grant award, selected grantees must develop their H&SS Implementation Plan to identify specific objectives, action steps, timelines, assigned personnel, planned outcomes, and internal performance measures. AHP will initiate TTA to grantees for the development of their Implementation Plan within six weeks of the Notice of Award (NOA).

TTA

In addition to funding, the CA H&SS grant provides TTA opportunities. Participants from both Hubs and Spokes will participate in coaching and training opportunities to help successfully implement their H&SS program, with a goal of promoting sustainability after the conclusion of the grant period.

Training will consist of meetings for H&SS grantees. The TTA opportunities will be specified by AHP throughout the grant period with DHCS authorization and at a minimum will include the following:

- Learning Collaborative (LC) Meetings: Grantees will participate in online regional and statewide LC sessions. LCs are expected to occur quarterly and will be specified after grantee awards are issued. Each organization must send at least two representatives to each LC.
- Webinars and Coaching Calls: In addition to the LC meetings, grantee organizations will participate in individual and/or regional coaching calls no less than once per quarter and attend a minimum of four (4) webinars annually. AHP may also schedule in-person site visits at grantee service locations.
- Affinity Groups: Grantees will be offered the opportunity to interact virtually in facilitated small groups with other grantees focusing on similar issues. These

groups will be venues for shared problem-solving, collaborative regional work, and innovation hubs to enhance grantees' exposure and engagement in building and growing California's H&SS.

TTA topics will include (at a minimum):

- Subcontracting;
- Invoicing;
- Reporting, data collection, and performance measures;
- Topical areas of relevance to CA H&SS grantees; and
- Special TA as requested by individual grantees and/or as assigned by DHCS.

Compliance with Confidentiality Regulations

Selected applicants shall comply with the regulations set forth in 42 CFR Part 2 to ensure maintenance of the appropriate data protocols as part of infrastructure development and staff training, including the responsibility for assuring the security and confidentiality of all electronically transmitted patient material. Applicants should review the [42 CFR Part 2 privacy rules and the SAMHSA confidentiality rules](#). Programs selected for funding must commit to operate in compliance with the regulations.

Data and Reporting Requirements

Grantees shall comply with any and all federal or state data reporting requirements. Grantees must submit quarterly progress reports documenting progress in completing the activities in their Scope of Work, including accomplishments, barriers encountered, and next steps to further achievement. Additionally, AHP/DHCS will request additional data reports to be submitted to UCLA-ISAP for statewide evaluation of MAT activities, as well as submission of GPRA intake, follow-up, and discharge surveys as required by SAMHSA. Potential performance measures of interest to UCLA-ISAP may include but are not limited to the following:

Client and provider information:

- Name and address of the Hub or Spoke
- Contact person for the Hub or Spoke service locations
- Communication details inclusive of telephone numbers, email, etc.
- Startup activities/details
- Total number of individuals served on a quarterly basis
- Demographics of individuals served
- Number of people who receive OUD treatment on a quarterly basis
- Percent of people who receive MAT that is paid for with SOR III funds on a quarterly basis
- Number of people who receive OUD recovery services, such as peer support, on a quarterly basis
- Number of providers implementing MAT

- Number of OUD and/or stimulant use disorder prevention and treatment providers trained, including nurse practitioners, physician assistants, physicians, nurses, counselors, social workers, and case managers

Client outcomes (including but not limited to):

- Intake to services
- Retention rates in treatment
- Outcomes at six months post-intake
- Outcomes at discharge

Opioid use and opioid-related morbidity and mortality (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
- Housing status

Methamphetamine use and methamphetamine-related morbidity and mortality (including but not limited to):

- Diagnosis
- Demographic characteristics
- Substance use
- Services received
- Types of other treatment services received
- Length of stay in treatment
- Employment status
- Criminal justice involvement
- Housing

Management and operations

- Sustainability plan created and implemented
- Percent of Implementation Plan completed

Performance measures may be revised to address current situations and high priority challenges as needed.

Progress reports will follow the timeline below:

Quarter	Period	Due Date
Quarter 1	01/01/2023 – 03/31/2023	04/15/2023
Quarter 2	04/01/2023 – 06/30/2023	07/15/2023
Quarter 3	07/01/2023 – 09/30/2023	10/15/2023
Quarter 4	10/01/2023 – 12/31/2023	01/15/2024
Quarter 5	01/01/2024 – 03/31/2024	04/15/2024
Quarter 6	04/01/2024 – 06/30/2024	06/30/2024

Application Instructions

Preparing to Apply

If your organization wants to be a H&SS grantee at multiple sites, **you MUST submit an individual application for each location** for which your organization is requesting funding.

Below are suggested steps to help you determine whether to apply and how to prepare your application.

1. Print the RFA and “Application Worksheet.”
2. Consider these questions:
 - a. Does our organization meet all the Eligibility Criteria?
 - b. Is our organization able to effectively use these funds and technical assistance opportunities?
3. If the answers are “yes,” identify who is going to work on the application and develop a timeline for how to respond to the RFA and submit on time. **DO NOT WAIT UNTIL THE LAST MINUTE!**
4. Attend the informational webinar. [Register here](#) or listen to the recording.
5. Identify any questions that you have and submit the questions no later than November 8, 2022.
6. Be sure your application and budget plans fit within the scope and funding restrictions described in this RFA.
7. Use the worksheet to prepare your answers. (Start early!)
8. Copy and paste your worksheet answers within the character limit into the online application. The application will autosave your work. Do NOT press “Submit” until your application is complete.
9. Submit the online application no later than 5:00 p.m. Pacific Time (PT) on November 30, 2022. Please allow time for unexpected technical difficulties. **Do not wait until the last minute. Late applications cannot be accepted.** If you have questions about your application, contact SOR3AE@ahpnet.com.
10. If you have technical difficulties, click “Help” in upper right corner of SurveyMonkey Apply online application or email SOR3AE@ahpnet.com.

Online Application

The entire CA H&SS application is contained in an online fillable form, hosted by SurveyMonkey Apply. Use our application link https://buildingcaldata.smapply.us/prog/hub_and_spoke_system_sor_iii to access the online application. Instructions to complete the fillable form are included in the online application. The online application must be completed in full and submitted by 5:00 p.m. PT on November 30, 2022.

It is the applicant’s sole responsibility to ensure that their application has been successfully submitted and received. You will be able to work on your online application,

save your work, and return to it at your convenience. However, once the application is submitted, no further changes can be made. Upon submission, you will receive an email confirming receipt of your application.

Application Components

The online application includes four (4) components, three (3) of which are scored (Sections II, III, and IV) for a total of 100 possible points. Section I is not scored but must be completed accurately and truthfully in order to submit your application. Your responses to these application components will be used in the application scoring and selection process. The scoring criteria is described further in this RFA.

Application Scoring

Following a technical review and scoring of each application, budgets will be reviewed to ensure costs are allowable, reasonable, and linked to the described objectives. Only applicants that meet these criteria will be considered for funding. Funding awards are merit based, with no guarantee that applicants will be awarded their full request amount. As described below, priority scoring considerations may factor into applicant awards to ensure an optimal distribution of grantees statewide.

Funding decisions are at the sole discretion of AHP and subject to DHCS approval. There is no appeal process. AHP staff are not available to discuss the merits of any proposal not recommended for funding.

Application Priority

Priority will be given to

- Organizations operating in regions with high rates of overdose, SUD, suicide, and attempted suicide, and/or underserved communities;
- Culturally specific and culturally responsive organizations that address the needs of underserved populations; and
- Applicant agencies with bilingual/multilingual service capacity in one or more of [California's threshold languages](#).

SCORING CRITERIA

Section I. Applicant Organization Form and Attestations (0 points)	
This section (described below) is required and must be complete for an application to be considered for grant funding.	
Section II. Applicant Organization Program Description (50 points)	
1. (10 points) The applicant describes its:	
a) Infrastructure,	
b) Mission,	
c) History, and	
d) How MAT fits into its organization.	
2. (10 points) The applicant describes the availability of MAT services in its catchment area.	
	<i>For example, the applicant provides evidence of need for MAT services in their community using data.</i>
3. (10 points) The applicant describes their target population and community and capacity to meet the needs of that target population and community.	
	<i>For example, the applicant provides examples of its service programs that are capable of providing inclusive care for their community's patients, such as LGBTQIA+ patients, individuals who use stimulants, people experiencing homelessness or who have dual diagnoses, etc.</i>
4. (10 points) The applicant provides operational and distinguishing information about their MAT services.	
	<i>For example, the applicant provides hours and days of operation, spoken languages, and information on peers and telehealth services.</i>
5. (10 points) The applicant describes their harm reduction and outreach strategies.	
	<i>For example, the applicant indicates that they regularly provide naloxone to patients and families, participates in a local opioid coalition, partners with safe syringe programs, or uses substance use navigators.</i>
Section III. H&SS SOR III Management and Staffing (28 points)	
6. (7 points) The applicant describes the type and qualifications of staff on the SOR III MAT services delivery team.	
7. (7 points) The applicant describes who will manage the SOR III project to ensure successful achievement of deliverables.	
8. (7 points) The applicant describes their ability to participate in SOR III project Learning Collaboratives, webinars, and coaching calls on a quarterly basis while maintaining adequate MAT care staffing.	

<p>9. (7 points) The applicant describes how they will establish a collaborative partnership with their local Hub and Spokes (respectively for sites that are Hubs and Spokes).</p>
<p>Section IV. Budget Planning and Caseload (22 points)</p>
<p>10. (8 points) The applicant provides a completed budget template.</p>
<p>11. (7 points) The applicant provides background on their MAT patient caseload for the previous two (2) years (FY 2020-21 and FY 2021-22) and prospective caseload for SOR III period of performance (January 1, 2023 - June 30, 2024).</p>
<p>12. (7 points) The applicant describes their patient population's payment mix and their organization's ability to support Medi-Cal-eligible patients to enroll in Medi-Cal.</p>

Application Worksheet

The online application includes the following pages for you to complete.

THIS IS A WORKSHEET, NOT THE REAL APPLICATION.

Please note: you must submit one complete application for *each* H&SS SOR III location for which your organization is requesting funding.

[SUBMIT APPLICATIONS ONLINE.](#)

Section I. Applicant Organization Form and Attestations	
Part A: Applicant Information	
Applicant Organization Name	
Street Address	
City, County, State, ZIP	
County/ies where services will be provided (catchment area)	
Representative Name	
Representative Title	
Email Address	
Telephone Number	
Alternative Contact Name	
Alternative Contact Email	
Alternative Contact Phone Number	
Website Address (If none, write N/A)	
Nonprofit Tax ID #	
Applicant's annual budget amount over past two years	2020: 2021:
Does applicant organization have an annual financial audit?	Yes or No
Is the applicant organization committed to processing a contract for execution within six (6) weeks from the Notice of Award?	Yes or No
Part B: Attestation	(up to 500 words)
Is the applicant organization authorized to do business in California?	Yes or No

<p>Is the location where your organization is requesting funds in a geographic area highly affected by SUD/overdose and/or a particularly underserved community?</p> <p>By checking this box, we attest that this statement is true. Please describe this location's unique community needs and situational context:</p>	<p>Yes or No</p>
<p>Section II. Applicant Organization Program Description (up to 500 words)</p>	
<p>Describe the applicant organization, including distinguishing programming, SUD and MAT services in your community, target population, and harm reduction/outreach.</p>	
<p>Days of Operation</p>	<p>Check all that apply: Mon Tue Wed Thu Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Hours of Operation Use 24-hr clock for daily hours</p>	<p>Mon Tue Wed Thu Fri Sat Sun <i>For example: Mon 0600 - 1800</i></p>
<p>MAT services are provided in all the languages listed: Languages of MAT care delivery</p>	<p>List all languages in which MAT services provided:</p>
<p>MAT Telehealth services are available at our organization</p>	<p>Yes or No</p>
<p>Peer specialists support MAT patients in their care</p>	<p>Yes or No</p>
<p>This organization participates in a local Opioid Coalition</p>	<p>Yes or No</p>
<p>MAT patients routinely receive a naloxone kit or prescription</p>	<p>Yes or No</p>
<p>Family members of MAT patients receive naloxone</p>	<p>Yes or No</p>
<p>This organization partners with and/or refers to safe syringe programs</p>	<p>Yes or No</p>

This organization routinely coordinates with Substance Use Navigators (SUNs)	Yes or No
Other, please specify:	

Section III. H&SS SOR III Management and Staffing (up to 500 words)	
Describe how you will staff H&SS SOR III programming, including ability to connect with other Hubs & Spokes.	
Section IV. Caseload and Budget Planning (up to 500 words)	
Describe your recent and prospective patient MAT caseloads and ability to support Medi-Cal eligible patients to enroll.	
MAT patient caseload FY 2020-21	Number or Percent
Average number of patients receiving methadone on a monthly basis	
Average percentage of patients receiving methadone who are retained in care for six (6) months post-intake	
Average number of patients receiving buprenorphine formulations on a monthly basis	
Average percentage of patients receiving buprenorphine formulations who are retained in care for six (6) months post-induction	
MAT patient caseload FY 2021-22	Number or Percent
Average number of patients receiving methadone on a monthly basis	
Average percentage of patients receiving methadone who are retained in care for six (6) months post-intake	
Average number of patients receiving buprenorphine formulations on a monthly basis	
Average percentage of patients receiving buprenorphine formulations who are retained in care for six (6) months post-induction	
Anticipated average quarterly MAT patient caseload from January 1, 2023-June 30, 2024	Number
Average number of patients expected to receive methadone per quarter	

Average number of patients expected to receive buprenorphine formulations per quarter	
Patient Population Payment	Percent
Patients receiving MAT using Medi-Cal coverage	
Patients receiving MAT using private insurance	
Patients receiving MAT using self-pay/out-of-pocket payment	
Patients receiving MAT using a sliding scale/ability to pay	
Patients receiving MAT using federal grant program coverage (e.g.: SOR II payment)	
Other, please specify:	

Applications are NOT required to request funds under *each* budget category, however all personnel, including subcontractors, consultants, etc., must be included.

Budget Description Summary	Total Budget
Personnel salaries	
Payroll and taxes, etc.	
Employee benefits	
Other (specify):	
Subcontractor and consultant costs <i>List each projected subcontractor/consultant separately by function (e.g., recruitment, marketing consultant, IT, etc.) in the lines below.</i>	
Direct Expenses <i>Please list each item below.</i>	
Outreach materials	
Program/office supplies	
Patient transportation	
Staff training	
Medical/patient care equipment	
Rent	
Staff travel (local travel and travel to allowable conferences, etc.)	
Other (specify):	
Other (specify):	
Total budget	

Thank you for your interest in the H&SS RFA.