Maryland Opioid Rapid Response (MORR) Frequently Asked Questions (FAQs) Interest Meetings and Request for Expression of Interest (REOI)

August 4, 2017

(modified August 8th, 2017)

Responses to Regional Interest Meetings	
Questions: Information Session: June 5, 2017 (Southern Region)	**BHA Response**
At what level does the assessment occur (ER, level 3 program, crisis unit?) This could have an impact on how the assessment is billed.	At the initial contact with the individual a screening should be conducted. The screening can occur at the ER, LHD, at another location, or by phone. After the individual enters the crisis bed and stabilizes, an in-depth assessment should be conducted to determine appropriate ASAM placement level of care.
How is “crisis” identified?	Crisis is defined as any life event that suddenly leads to or is expected to lead to an unstable or dangerous situation to an individual and requires action to stabilize, such as opioid misuse or overdose.
How will the prevention activities for health departments be communicated?	The prevention activities will be discussed in the Request for Expression of Interest when released and more information will be sent to the Local Health Departments.
If there are no level 3 programs in the county, where will the crisis beds be?	BHA will consider an existing crisis response program that provides crisis residential services for individuals experiencing behavioral health crisis. However, all the components described in the Request for Expression of Interest must be met.
Is there a maximum per patient on the number of admissions to the crisis bed?	The number of patients depends on the number of crisis beds and the length of stay.
Will Health Departments be able to apply and for what services?	Yes, the Health Department will be able to apply if they have the required components identified in the REOI to implement crisis services or have a reasonable plan to fulfill the requirements of the REOI.
It could take up to 14 days for a Beacon authorization; this could be problematic.	Access to the crisis beds will not be authorized be through Beacon Health Options; however level 3.7 and level 3.7WM will require authorization by Beacon Health Options. This authorization can be obtained immediately by phone or within a short time period.
Questions: Information Session: June 7, 2017 (Central Region)	
Attachment C is not an accurate reflection of current providers in Howard County	Attachment C has been removed until accuracy can be verified.
Does crisis center need to be attached to a level 3.7 provider?	The crisis beds should be attached to a level 3.7 treatment program. However, an existing crisis response program that is able to meet the requirement outlined in the REOI will be considered.

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If no level 3.7 provider exists in county, why would they be precluded from creating a crisis center to meet the county needs?	A jurisdiction will not be precluded from creating a crisis center if no level 3.7 provider exists. However, the jurisdiction will need to have the components in place within a short period of time. SAMHSA requires services to be implemented within 4 months of grant award and all funds are to be expended by April 30, 2018.
Would a regional approach be acceptable?	Yes a regional approach is acceptable.
Who is eligible to apply?	Eligibility is outlined in the REOI.
The LBHA needs specific direction for LAA's to give providers about application criteria.	All local behavioral health authorities should share the REOI with appropriate providers. Particular attention should be given to Section IV: Information Request.
A suggestion was made to have the REOI come to the LAAs and the LAAs send to providers.	The REOI was sent to CSAs, LAAs, and LBHAs. Only the LAAs, LBHAs and CSAs are eligible to apply for funding. LAAs, LBHAs, and/or CSAs will subcontract with providers.
What is the client eligibility for crisis beds?	Crisis is defined as any life event that suddenly leads to or is expected to lead to an unstable or dangerous situation to an individual and requires action to stabilize, such as opioid misuse or overdose. Individuals who are experiencing a crisis related to opioid use or misuse are the target population for this grant.
What are the minimum staffing requirements for the crisis beds?	Staffing levels should match a 3.7 level of care.
Will the crisis service need to be accredited?	No, this is considered a pilot and will not be subject to the accreditation requirement.
How will reimbursement be handled?	Grant funds will be awarded to the Local Health Departments or Local Behavioral Health Authority. Reimbursement to providers will come from the the Local Health Department or Local Behavioral Health Authority.
Is a non level 3.7 provider required to provide staff coverage similar to that of a traditional level 3.7 provider?	Yes
Is the LAA allowed to collect any administrative fees associated with the grant?	Grant funds are targeted to prevention and treatment services. Allowance of administrative fees, has not been determined at this time.
When are proposals due?	Proposals are due by 4:00 PM on August 10th, 2017. Proposals are to be emailed to morr.info@maryland.gov with PROPOSAL-MORR Crisis Response in the subject line.
Questions: Information Session June 12, 2017 (Eastern Region)	
Will this grant cover recovery houses other than level 3.1?	No, this REOI is seeking providers to expand level 3.1 residential treatment. Some funding under the MORR grant is being retained by BHA to provide training to Recovery Housing Providers. The training will assist Recovery

	Housing providers with understanding the National Alliance of Recovery Residences standards and with becoming certified.
Most level 3.1 and Recovery Houses do not accept MAT patients.	Recipients of state and federal funds must have an antidiscrimination policy and be willing to accept individuals who are participating in MAT.
What about methadone patients? How will they benefit?	Methadone patients will have access to the same level of services as patients not taking methadone.
Will this grant pay for an assessment in the community if an individual is rescued with Narcan and refuses to go to the ED, but agrees to go to residential treatment?	An assessment in the community may be reimbursable through Medicaid if the individual has Medicaid. The goal of this grant is to divert from the ED admissions.
What are the 3 outreach teams and how does that affect rural areas on the Eastern Shore?	As part of the overall grant activities, outreach teams in proximity to behavioral health crisis centers will be established. The location of the outreach teams are Anne Arundel County, Baltimore City and Baltimore County.
Can Mobile treatment crisis assess and refer? Currently this is not a billable service.	Mobile Treatment services are covered under a separate grant.
What are the itemized services inclusive to MAT in the MORR rate? What provider type will the grant be used for? Can a MD bill for ECM code initial and ongoing?	This grant is not through fee for service.
Will this grant pay for peers in a treatment setting?	Grant money is allocated to pay for peer recovery specialists.
What is the Crisis Hotline? Eastern Shore uses Affiliated Sante Group for Mobile crisis.	Maryland Crisis Hotline: 1-800-422-0009 Website: http://beforeitstoolate.maryland.gov/maryland-crisis-hotline/
Can these crisis beds be within a hospital?	The Certificate of Need process is needed for hospital based programs. Services will need to be implemented immediately after funds are awarded.
Do peers have to be certified? Not certified? Or working on certification?	The preference is for peers to be certified or working on obtaining certification.
Can these grant dollars be used to hire peers for the health department and remain employed for augmenting services?	Peer services shall be implemented according to the guidelines in the REOI. Funding cannot be used to augment or supplant services.
Questions: **Information Session:**	

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June 23, 2017 (Western Region)	
Start-up monies are available, but what about on-going operational funds...are they available? How can a program start up something that they then cannot sustain?	$60.00 per day is the rate for operating costs; the daily rate is built into the grant.
How will proposals and the process be handled?	The plans/applications should be based on the needs of the jurisdiction, so LAA/LBHA/CSA's should work with interested providers. BHA will review the providers' proposals and the funds will be allocated to the LAA/LBHA/CSA.
Would a current program wanting "seed money" to expand be eligible?	Yes, a program wanting to expand is eligible.
A suggestion was made to *include hospitals/E.R.'s in the continuum of care*, as they are subjected to frequent Patient Satisfaction Surveys.	BHA agreed that hospitals and ERs should be included partners.
Would jurisdictions with a "dual role," as LAA and service provider, need to demonstrate in the proposal how they will resolve the conflict of interest?	Yes
	REOI Responses to Questions - July 21 - 28, 2017
What are the eligible expenses for the crisis stabilization REOI?	A daily bed rate of $293 for medication, assessment, crisis stabilization, brief clinical interventions, and room and board. Additional funding is available for up to 2 peer support staff and $5,000 for transportation assistance under the grant.
Are there ineligible expenses for the REOI?	Supplies, equipment, other operating cost, not specified in the REOI.
What are the minimum and maximum funding guidelines for this REOI?	$2 million in funding is available for expansion of crisis beds within a level 3.7 facility under this grant. $1 million in funding is available for expansion of level 3.1 residential treatment. A maximum of $50,000 per peer specialist position is available. A maximum of $5,000 per facility is available for transportation. Only 2 - 3 sites will be selected for the expansion of crisis beds.
What evidence based or promising practice(s) for SUD crisis stabilization services is MDH BHA proposing to be implemented?	Medication Assisted Treatment, Trauma Informed Care, Person-Centered Care Planning, Motivational Interviewing, SBIRT are some of the required or recommended EBPs.

Once operational, will the Crisis Stabilization services be billed to Beacon/BHA or to the local jurisdiction?	BHA will award funding to the local jurisdictions selected. This will not be billed through Beacon Health Options during the first operating year. This may be considered for services in the future.
What are the medically necessary criteria for admission to SUD crisis (as compared to level 3.7 or level 3.7WM)?	A medical evaluation needs to be conducted to determine appropriateness for placement in a crisis bed and the nature and extent of withdrawal complications.
What is the relationship between SUD crisis stabilization and level 3.7 WM & level 3.7?	The purpose of the crisis stabilization beds is to provide immediate access to treatment. Individuals can be screened, stabilized, assessed and then triaged to level 3.7 WM or 3.7 within the same facility.
What are the crisis services that are to be provided for the daily rate?	Stabilization, assessment, medication assisted treatment, and referral to the next level of care.
Can level 3.7 and/or level 3.7WM be billed simultaneously with crisis services?	No, the crisis service is grant funded. Level 3.7 or level 3.7WM are to be billed separately if the assessment warrants that level of care.
Can other ASAM levels of care be billed concurrently with crisis stabilization per Diem?	While an individual is in a crisis bed, reimbursement can only be billed to the grant. When an individual transitions to level 3.7WM, level 3.7, or another residential level of care, they bill through Beacon through the fee for service system.
Can other Mental Health services be billed concurrently with the crisis stabilization per Diem?	The daily rate is to cover all clinical services.
What are the criteria that will be used to evaluate proposals?	Proposals will be evaluated based on the criteria outlined in the REOI and the findings from the MORR needs assessment sent to MABHA and LHD on 8/3/17.
Will crisis services be reimbursable through the PBHS following the end of the grant (related to developing a sustainability plan)?	This is undetermined at this time.
Should funding for Peer Support, transportation, care coordination and/or transportation be included in the initial proposal or will those be considered after award?	Yes, funding for peer support/care coordination and transportation should be included in the proposals.
When will the CRISP bed tracking be operational?	BHA is exploring options for the development of the bed tracking system. This is undetermined at this time.

Will the bed tracking system be expanded to include other ASAM levels of care?	The purpose of the tracking systems is to track real-time bed capacity.
What are the crisis services that are to be provided for the $263/daily rate?	The daily rate is $293. This includes assessment, Medication Assisted Treatment (Buprenorphine induction), Withdrawal Management, Clinical Observation, trauma-informed treatment, and referral to the next level of care.
Can level 3.7 and/or level 3.7WM be billed simultaneously with crisis services?	No
If SAMHSA awarded these grants to states and territories via a formula based on unmet need for opioid use disorder treatment and drug poisoning deaths (non-competitive), why is MDH-BHA not distributing funds to the local jurisdictions using the same methodology?	Funding for the some of the prevention activities, i.e. Naloxone distribution, will be awarded by a formula to jurisdictions. Since there is limited funding for treatment services, a formula award to all jurisdictions would not be sufficient to implement a crisis bed model.
Given that we are in a region where there could be multiple providers interested and capable of serving, collaborating, or partnering to meet the need of the proposed services, in order to comply with local procurement policy, we would propose a competitive bid process which would include a clearly outlined timeline that would respect and include the September 1st date for startup of the local procurement process. Would this be an acceptable method of response?	Yes this is acceptable. Local jurisdictions may decide what's the most feasible method to procure services.
Is the LAA/LBHA to submit a one 10 page proposal that is separate from a proposal that they may forward (with a letter of endorsement) from a level 3.1 provider?	The proposal should be submitted together. However, a jurisdiction may propose to provide crisis beds within a level 3.7 and not apply for expansion of level 3.1 services. Alternatively, a jurisdiction may apply for level 3.1 and not apply for crisis bed funding.

Can a level 3.1 provider ask for bed-night funding as part of their proposal?	Yes, a provider may request seed money as well as funding to cover the bed-night services.
If Medicaid reimbursement of level 3.1 clinical services doesn't become effective until January 2019, how are providers going to financially maintain programs from the end of the 3 months of seed money until January 2019 when the clinical rates start?	Funding will be provided through grant funds. If SAMHSA approves BHA for year 2 funding, federal funds will cover level 3.1 through the period of the transition to fee for services in January 2019.
Are there COMAR regulations which govern the delivery of Residential Crisis Services for Substance Use Disorders?	This is considered a pilot program and, as such, will be exempt from the behavioral health accreditation regulations.
The REOI expresses a desire to "co-locate crisis services within ASAM level 3.7 residential treatment facilities." For programs operating at facility capacity, this would require a reduction in existing ASAM level 3.7 beds to accommodate the residential crisis beds. Given the higher turnover rate (maximum 4 day stay) and the lower reimbursement rate ($263-$293 for residential crisis services compared to rates for ASAM level 3.7 ($337-$400)), how do we convince providers to implement these services and will there be fallout from the loss of existing level 3.7 beds to accommodate the residential crisis beds?	The intent of this REOI is not to reduce level 3.7 residential capacity. The goal is for level 3.7 to expand capacity to provide immediate access to services for individuals who are in crisis.
We have received the REOI but were wondering if there was already award amounts assigned to the jurisdictions, similar to the OOCC funding. If this is not the case, is	For prevention efforts, such as Naloxone distribution, BHA will be issuing jurisdictional awards. For the activities covered under the REOI, such as, implementation of crisis beds within a level 3.7 and expansion of level 3.1 residential treatment, awards will be issued based on a competitive process.

there an estimated amount that would be awarded?	
We are an existing level 3.1 program for men and women in recovery from substance use disorders, including opioids. On any given day, our waiting list for admission to the woman's house has 15 to 20 names. We plan to add 20 more beds for women, by acquiring an additional residence. We are hesitant to do the seed money request, as this facility would be located in Frederick County which is not among the jurisdictions listed in your Attachment D. So should we just stick with the original REOI, consisting of narrative and proposed budget, and not go through the seed money route?	For those sites selected for funding through the seed money, we will also provide the funding to cover the daily rate.
Will funding requests be considered that partner with an existing Level 3.1 Residential Program to address recovery housing; discharge planning; peer support; etc…?	The funding is not for the expansion of Recovery Housing but for the expansion of level 3.1 residential treatment. The peer support staff are to be embedded within the crisis bed program.
Will funding requests be considered that addresses non-residential treatment, with an emphasis on community prevention and overdose response initiatives?	No, this REOI is focused on crisis bed expansion and the expansion of level 3.1 as approved by SAMHSA. Prevention funding will be awarded for the sites selected for the crisis bed expansion.
What period should the budget cover? A 12 month or 8 month period.	The first year of the grant ends 4/30/18. Jurisdictions should provide a budget for eight months only (9/1/17 - 4/30/18).
Can start-up be used for supplies and equipment?	In the REOI responses posted last Friday, these were listed as ineligible expenses. I wanted to take this opportunity to clarify this response. For expansion of level 3.1, supplies and equipment are eligible, however for expansion of crisis services, these expenses are not eligible.

How should I submit a proposal for crisis services and/or level 3.1 or both?	If the jurisdiction is requesting funding for level 3.1, they should follow instructions on page 2 of the Attachment D. If the jurisdiction is submitting a proposal for both crisis services and level 3.1, they should submit proposals based on instructions on page 5 of the REOI and page 2 of Attachment D.
If the decision is that LBHAs/LAAs are to submit a combined application, does that increase the the total page limit to 20 pages, 10 for each service?	For the purpose of requesting funds for both crisis services and level 3.1, each provider should to limit their proposal(s) to 10 pages <u>each.</u>
Can we apply for start-up funds for an initial 8 beds for 3.7WM AND 3.1 or are these funds only inclusive for 3.1 services?	Start-up is only available for level 3.1 and must meet the guidelines outlined in the REOI.