

Increasing MAT Services within DHCS-licensed SUD Facilities

FAQ

Q: Can you give more examples of agencies that fit Track Two and Track Three if they already have IMS? What are eligible activities?

A: Track Two is applicable if agencies that already have IMS certification want to increase the expertise of the current MAT prescribers and expand services.

Track Three is applicable if agencies that already have IMS certification want to provide technical assistance and mentorship to other DHCS-licensed residential SUD facilities participating in Track One or Track Two . Please review pages 4 of 5 of the [RFA](#) for eligible activities.

Q: It takes a month before we even know an application is received. Can you provide a time frame for processing application submissions for facility licensing?

A: Only licensed facilities should apply for funding. If you are waiting on IMS certification, you need to provide proof of IMS certification within six months of your contract execution. You will not receive payment until your IMS certification is received.

Q: Are there different caps of money amount per track? Or number of awards to be made per track?

A: Applicants can apply for different funding amounts based on which track they apply for. Please refer the RFA to see the breakdown of funding. A number of awards per track will be determined by number of applications received.

Q: Is most of the project funding expected to be dedicated to increasing the infrastructure and staffing capacity of facilities to provide opioid treatment services regardless of the track we choose?

A: Tracks One and Two focus on this, yes, but Track Three (Centers of Excellence) is mainly focused on providing mentorship to those in Tracks One and Two.

Q: If we have multiple eligible locations, can we submit separate applications for different tracks?

A: Yes.

Q: Can we use the funding to send our MD to additional ASAM trainings to improve knowledge?

A: We expect Centers of Excellence to provide most technical assistance under this funding opportunity and additional trainings will need to be explored individually.

Q: If we have multiple locations and apply separately, will we receive funding for each application if awarded?

A: Yes.

Q: Is funding through this program available to DMC-ODS providers?

A: Yes, if DMC-ODS providers are DHCS-licensed residential facilities with IMS certification.

Q: Is this per year funding? For example, \$250,000 per year?

A: The awarded funding amount is for the total period of funding.

Q: Expanding to multiple locations and the time it takes time for licensing to be obtained, approximately 3 months, and the home has to be empty, can the first 50% be used to hire, train and maintain the location while awaiting the licensing to be approved?

A: This opportunity is open to DHCS-licensed facilities and a copy of your license is required in the application.

Q: Can you please expand on how certain dates within the budget template do not align with most organizations' fiscal years?

A: May 1, 2023, through April 30, 2025, is likely going to start and end in the middle of your organization's fiscal quarter or year. Please reach out via email to centergrants@shfcenter.org if you would like to ask a question about allocating quarterly or yearly charges to this budget.

Q: Are there any degree or FTE requirements for the MAT Prescriber that will be hired with grant funds? For example, could we use the funding to recruit a part-time Nurse Practitioner to prescribe MAT?

A: We do not have FTE requirements for the MAT Prescriber, however your budget and activities should align with the funding opportunity.

Q: Are the insurance requirements specific to the location that we are applying for or can it be for the organizational overall?

A: Insurance requirements can be for the organization overall.

Q: The grant allows funded partners to recruit qualified practitioner(s) to offer MAT and cover initial bridge funding costs of the MAT prescriber salary specific to the funded project. Can you tell me how long we can use initial bridge funding costs for recruitment?

A: The length of the project is May 1, 2023 – April 30, 2025. Funds can be used for recruitment and salary costs (at a percentage of FTE) during that timeframe and based on the proposed project.

Q: Can you describe, or give an example of, MAT equipment or other MAT prescribing needs that might be eligible for the grant, such as an AED device, technology for documentation, or other equipment?

A: Funds can be used to remove any barriers to prescribing MAT onsite. This could include minimal renovations for prescribing space, MAT equipment or other MAT prescribing needs. It would not include the purchase of an AED device as this is not specific to MAT provision.

Q: This paragraph on P8 says: "Providers must use third-party reimbursements and other revenue realized from the provision of services to the extent possible, and use these grant funds only to pay for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Providers must help facilitate the health insurance application and enrollment process for eligible uninsured clients."

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This implies that it may be possible to use grant funds to pay for services to individuals who are not covered by public or commercial health insurance. Does this mean if we have an under-insured or uninsured person seeking residential care with MAT services we can cover the cost of treatment with the grant?

A: The grant can cover the cost of MAT services for this individual. This is listed as an eligible expense on page 4 of the RFA: "Bridge funding for MAT medications and funding for uninsured or under-insured MAT medications." However, funds may only be used to cover the cost of MAT medications and services, not the cost of the individual's full stay at the residential facility.

Q: My organization is submitting the applications for DHCS but do not know how long it will take to add to our current certification. If the application is submitted and in progress, are we still able to apply for the grants? Are we able to implement IMS into our outpatient program? Most of the Clients in our outpatient and T-Houses are from the residential facilities, and I imagine will need continuing care.

A: IMS certification is for DHCS Licensed residential SUD facilities. This link: <https://www.dhcs.ca.gov/provgovpart/Pages/California-Opioid-Settlements.aspx> has more information.

IMS Certification is not for outpatient treatment, nor is this funding. If your facility has questions related to service provision outside of this funding opportunity, please call the DHCS Licensing and Certification Division at (916) 322-9211.

Also, we cannot address the length of time it takes to get IMC Certified, but we did take that into consideration in the development of the RFA, which is why we said "must be IMS Certified within 6 months".