

# INCREASING MAT SERVICES WITHIN DHCS-LICENSED SUD FACILITIES ROUND THREE

REQUEST FOR APPLICATIONS  
MARCH 2025



**T H E C E N T E R**  
*at Sierra Health Foundation*



This funding opportunity is provided by the State of California's Department of Health Care Services and administered by The Center at Sierra Health Foundation.

The Center at Sierra Health Foundation is an independent 501(c)(3) nonprofit organization bringing people, ideas and infrastructure together to create a collective impact that reduces health disparities and improves community health for the underserved living in California.

For information about The Center, visit [www.shfcenter.org](http://www.shfcenter.org).

# READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

## Organization and Grant Background

The **Increasing Medication-Assisted Treatment (MAT) Services within Department of Health Care Services (DHCS) Licensed Substance Use Disorder (SUD) Facilities** project is funded by The California Department of Health Care Services' Opioid Response Project. The Opioid Response Project utilizes various funding sources, including state and federal resources, to support organizations throughout California in addressing the opioid crisis by supporting and expanding prevention, education, stigma reduction, harm reduction, treatment and recovery services for people with opioid use disorder (OUD), stimulant use disorder, and other SUDs.

The Center at Sierra Health Foundation (The Center) is DHCS' administrative entity for this project and will incorporate the applicable state rules and regulations into the terms and conditions of the contract agreements. Please see additional compliance components listed later in this RFA.

## Glossary and Resources

**Addiction:** A treatable chronic medical disease involving the complex overlapping of the neurobiological dysregulation of the natural reward system, genetics, as well as an individual's environment and life experience. [Watch this YouTube video for more information.](#)

**Bridge Funding:** Short-term, temporary financing to cover costs associated with MAT implementation before ongoing and/or permanent income or financing is expected.

**Drug Enforcement Agency (DEA) Schedule III Prescriber:** Practitioners who have a current DEA registration that includes Schedule III authority to prescribe and dispense controlled substances – including buprenorphine – for OUD.

**DHCS-Licensed Residential SUD Facility:** Residential SUD facility licensed by DHCS to provide SUD treatment services.

**Direct Service Staff:** Staff that provide direct support to the prescribers' MAT activities specific to this project, including Dispensing Nurse, Administrative Staff, Physician/Physician Extender such as Nurse Practitioner or Physician Assistant, Licensed or Certified Counselors, and other staff based on services proposed

**Incidental Medical Services (IMS):** Services provided at a facility by a health care practitioner, or staff under the supervision of a health care practitioner, to address medical issues associated with detoxification, treatment or recovery services. Facilities licensed by DHCS and funded under this opportunity must apply for approval to provide IMS in their facilities.

**Low-Barrier Opioid Treatment:** Addresses barriers to care, seeks to engage out-of-treatment people living with opioid use disorder and prioritizes reductions in morbidity and mortality over abstinence from illicit drug use or consistent engagement in treatment. Barriers to treatment include location, cost, stigma, homelessness, rigid attendance requirements, discharging patients for ongoing illicit drug use, and other factors not listed here.

**Medications for Addiction Treatment (MAT) or Medications for Opioid Use Disorder (MOUD):** MAT/MOUD uses Food and Drug Administration-approved medications for the treatment of opioid use disorder (OUD). These medications can be used as a standalone treatment or in combination with behavioral therapy. MAT and MOUD are often used interchangeably.

**Naloxone Distribution Project:** Eligible entities may receive free naloxone through the [Naloxone Distribution Project](#). This DHCS project aims to address the opioid crisis by reducing overdose deaths through the provision of free naloxone in both nasal spray and injectable formulations.

**Opioid Use Disorder (OUD):** A pattern of behavior characterized by craving, increased tolerance and withdrawal when opioid use stops, as well as persistent use of opioids despite adverse consequences.

**Stimulants:** Stimulant drugs encompass amphetamine-type stimulants as well as the various forms of cocaine-derived products (e.g., powder cocaine, crack). Amphetamine-type stimulants include methamphetamine (also known as crystal, crank, speed or ice) as well as prescription medications primarily used for the treatment of attention-deficit/hyperactivity disorder (ADD/ADHD), such as amphetamine, methylphenidate and dextroamphetamine. [Visit this website for information on the treatment of stimulant use disorder.](#)

**Substance Use Disorder (SUD):** Problematic use of alcohol and/or substances causing significant problems, including health problems, disability and failure to meet major responsibilities at work, school or home.

## Funding Opportunity and Background

Since the passage of Senate Bill (SB) 992 in 2019 and SB 184 in 2022<sup>1</sup>, residential SUD facilities licensed by DHCS are required to either offer MAT onsite or have a referral process in place for patients in need of MAT. DHCS-licensed residential SUD facilities intending to provide MAT services onsite must receive approval to provide incidental medical services (IMS). Despite having IMS approval, many licensed residential SUD facilities do not offer MAT within the facility.

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<sup>1</sup> [Bill Text - SB-184 Health. \(ca.gov\)](#)

In February 2023, DHCS and The Center released the first round of this RFA for increasing MAT within DHCS-licensed SUD facilities. Through this opportunity, The Center and DHCS awarded 19 grantees and one Center of Excellence. The Center of Excellence is tasked with offering technical assistance and mentorship to DHCS-licensed residential SUD facilities funded through this opportunity. Janus of Santa Cruz was selected as the Center of Excellence, which will provide assistance to facilities related to MAT services, IMS implementation, and other aspects of expanding OUD service provision. In October of 2023, DHCS and The Center released the second round of funding. Through this opportunity, The Center and DHCS awarded 30 grantees.

DHCS and The Center are re-releasing this opportunity for a third time to expand the pool of residential facilities receiving funding to increase access to MAT services. The objective of this project is to improve access to MAT in DHCS-licensed residential SUD facilities. This will be done by supporting costs associated with recruitment, mentorship, training, and other associated costs to increase provider knowledge and comfort with providing MAT through a collaborative learning opportunity for facilities to implement best practices.

### **Eligibility Criteria**

Eligible organizations must meet all the following minimum requirements:

- Be a residential SUD facility licensed by DHCS and be located in the state of California.
- Be a non-profit, DHCS-licensed, adult or youth residential SUD facility.
- Have received IMS approval or commitment to receive the IMS approval within six months of award.

Entities with multiple locations must apply for each eligible DHCS-licensed residential SUD facility separately.

**Note: Awards are subject to funding availability.**

## **Scope of Work**

Eligible applicants may choose between one of two tracks. This funding opportunity will provide support for recruitment, mentorship, training and learning collaboration regardless of which track is selected.

### **Track One: Initiating MAT Services**

This track is for DHCS-licensed residential SUD facilities that have IMS certification or will receive IMS certification within six months of the project start date, but do not currently have a MAT prescriber onsite or do not offer MAT services onsite. This funding is intended to be used for bridge and startup costs to allow for growth, scalability and sustainability of MAT services provided within the facilities.

Funding may be utilized to:

1. Recruit qualified practitioner(s) to offer MAT and cover initial bridge funding costs of the MAT prescriber salary specific to the funded project.
2. Remove any barriers to prescribing MAT onsite. This could include minimal renovations for prescribing space, MAT equipment or other MAT prescribing needs.
3. Bridge funding for MAT medications and funding for uninsured or under-insured MAT patients.
4. Provide trainings critical to increasing provider knowledge and comfort with MAT. Funds can be used to pay the cost of a provider's engagement in training and collaborative learning activities. Such activities can include:
  - a. Being connected to an addiction specialist mentor to oversee and provide technical assistance in MAT inductions.
  - b. Connecting with the Center of Excellence to receive technical assistance and support in establishing a MAT program.
  - c. Attending California Society of Addiction Medicine-sponsored trainings.
5. Promote staff-wide knowledge related to treating and addressing substance use with MAT, including knowledge around the effectiveness of MAT, non-stigmatizing language and other key aspects important to the patient maintaining adequate access to MAT. Funds may support staff trainings to improve the knowledge and skills of other staff involved in patient MAT care. Funds may only be used for staff-wide training if a provider onsite participates in education or mentorship activities related to actively prescribing MAT.
6. Train staff and patients on utilizing naloxone and for the distribution of naloxone to staff and patients.

Please note that facilities that do not currently have IMS certification will be required to work with the Center of Excellence on developing an application to DHCS for IMS certification. This is to ensure that applicants receive technical assistance and support from the Center of Excellence on developing and submitting high-quality applications that can be approved within the timeframe of the project. Facilities with IMS certification are not required but are highly encouraged to seek technical assistance and guidance from the Center of Excellence in expanding access to MAT within their facilities.

### **Track Two: Expanding Existing MAT Services**

This track is for DHCS-licensed residential SUD facilities with IMS certification that already have DEA Schedule III Prescriber(s) onsite and want to increase the expertise of the current MAT prescribers and expand services. Funding may be utilized to:

1. Cover all allowable expenses and activities in Track One.
2. Stay up to date on recent trends in prescribing and understanding complex cases, including training and funding to cover prescriber time to attend trainings.

3. Undertake activities that will increase the facilities' number of board-certified addiction medicine specialists, including any training and funding for the prescribers' time to attend the training, along with other related costs.

Grantees funded under Track Two are not required but are highly encouraged to seek technical assistance and guidance from the Center of Excellence in expanding access to MAT within their facilities.

## Funding Information

Applicants are required to adhere to the budget guidelines included in the Budget Templates. Applicants must submit their proposed budgets in the template format. Applications that do not conform to the templates will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars. Applicants are required to submit a detailed cost budget to assist The Center in establishing cost reasonableness of the final amount awarded to the site.

The payments will be deliverable based, meaning contractors need to demonstrate progress on startup measures (for example number of outreach activities, number of referrals) and fulfill set deliverables. Deliverables will be documented through narrative progress and data reports. Consistent with a deliverable-based agreement, awarded applicants will receive an amount established for the successful completion of each negotiated deliverable, rather than payment for actual costs incurred during the agreement period. Funded organizations will be required to submit an invoice upon deliverable completion to initiate the payment process. The Center will provide an invoice template.

### **Funding Amounts and Contract Period**

Contracts will cover activities for the period July 1, 2025 through June 30, 2027. Individual contract awards will be made dependent upon facility size for the 24-month contract period.

### **Funding Amounts:**

#### **Track One:**

Facilities with 16 beds and under may apply for up to \$250,000

Facilities with 50 beds and under may apply for up to \$350,000

Facilities with 51 beds and over may apply for up to \$550,000

A majority of project funding should be dedicated to increasing the infrastructure and staffing capacity of facilities to provide opioid treatment services. This funding may be allocated, for example, to the one-time purchase of applicable equipment and material supports, as well as training and expanded capacity for direct treatment providers.

## **Track Two:**

Facilities with 16 beds and under may apply for up to \$250,000

Facilities with 50 beds and under may apply for up to \$350,000

Facilities with 51 beds and over may apply for up to \$550,000

## **Funding Restrictions**

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 sub-recipients. 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. Additionally, please reference the latest SOR IV Allowable Cost Fact Sheet linked [here](#).

**SAMHSA funds were granted to the State, and all funding restrictions are applicable to this funding opportunity and all sub-contracts.**

Funds must be used for purposes supported by the program and may not be used to:

- Pay for any contingency management treatment activities.
- Pay for any lease beyond the State Opioid Response Project period or prepay any other expense beyond the project period.
- Pay for patient housing.
- Pay for telehealth equipment for use by clients or patients.
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision (Expansion or enhancement of existing residential services is permissible).
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA grant funds may be used for non-clinical support services (e.g., bus tokens, childcare) designed to improve access and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. Meals are generally unallowable unless specifically stated as an allowable expense in the Notice of Funding Opportunity. Grant funds may be used for light snacks, not to exceed \$10.00 per person per day and only for direct program participants.
- The cost of food or meals is unallowable, even if they are considered an integral part of a conference or gathering.
- Fees associated with DHCS licensing.
- Debt retirement.
- Operational deficits.
- Partisan activities.

- Religious organizations conducting explicit religious activities.
- Activities that exclusively benefit the members of sectarian or religious organizations.
- Naloxone. Please refer to DHCS' [Naloxone Distribution Project](#) where eligible organizations may receive free nasal spray and injectable formulations of naloxone.
- The purchase of Fentanyl or fentanyl analogs.
- The purchase of properties or vehicles.
- Media and advertisement costs not directly related to contracted services. Any large costs pertaining to media would need prior approval from DHCS.
- Allocations to purchase telehealth equipment for patients or loaning equipment to patients off site for the purpose of providing telehealth services.
- Personal protective equipment (PPE) for use by clients, including paying for cleaning supplies and hand sanitizers as personal protective equipment.
- Costs related to medical procedures such as suturing or removal of sutures, abscess management etc. However, non-procedural medical items such as bandages, ice packs and non-procedural first aid supplies that can be administered by participants are allowable.
- Clothing for participants, orthopedic and mobility devices and document fees. However, patient supplies and materials that directly support access to programming and build trust, such as cold weather gear (e.g. gloves/hand warmers) or critical hygiene supplies are allowable. Staff time and costs related to case management, referrals to services, and support around accessing resources and completing applications as part of wrap-around care are allowable (just not the fees and direct items themselves).
- Supplies not critical to daily program operations such as plates and utensils. Supplies critical to the daily function of the program such as paper towels and toilet paper are allowed.
- Non-cash incentives for program participants completing GPRA surveys greater than \$30 (incentives should be the minimum amount necessary to meet the program and evaluation goals and only used for 6-month follow-up surveys).
- Stipends to grantees.
- Promotional items including, but not limited to, any clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- Out-of-state travel (organizations requesting funds for travel must abide by DHCS travel guidance [linked here](#) and partners will be subject to the same travel guidelines as employees).
- Purchase, prescribe or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual or organization



that provides or permits marijuana use for the purposes of treating substance use or mental disorders.

- Indirect costs over 10% of modified total direct costs (MTDC). Indirect costs under this opportunity are limited to a de minimis rate of 10% of modified total direct costs (MTDC), as defined in 45 CFR Part 75. Modified Total Direct Costs (MTDC) is the base to which indirect costs rates are applied. MTDC includes direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward. MTDC excludes equipment, capital expenditures, charges for rent, tuition remission, participants support costs and the portion of each subaward in excess of \$25,000.

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.

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 individuals' health insurance plan. Providers must help facilitate the health insurance application and enrollment process for eligible uninsured clients.

## Selection and Evaluation Criteria

The Center will select applicants who present the most complete and responsive applications demonstrating a mix of experience, capacity and potential. Applications will be reviewed on how well proposed activities match the intent of the funding opportunity, anticipated overall impact, strength of project team and strength of proposal.

### **The most competitive applications will:**

- Provide a detailed description of exactly what will be done and how it will be implemented – who will be involved and what they will do, a clear and realistic timeline of activities and concrete, measurable objectives.
- Include sufficiently detailed budgets that closely align with proposed activities.
- Propose projects that have organizational buy-in and are ready for immediate implementation.
- Have a concrete plan for incorporating proposed activities into the organizations' current workflow.

- Propose a treatment services model that promotes the meaningful involvement of participants, works in alliance with MAT patients, and reduces stigma as well as racial, gender and other institutionalized discrimination in order to improve care outcomes.
- Affirm the applicant’s ability to submit regular data and financial progress reports.

Applications must adhere to the funding guidelines and present a budget clearly linked to the proposed activities. If application requests exceed available funding, the review committee will consider factors such as geographic diversity, as well as jurisdiction rates of opioid overdose mortality, rates of buprenorphine prescribing, etc.

At DHCS and The Center’s discretion, the above evaluation criteria are subject to change to best meet programmatic needs and funding requirements.

## Application Denial Appeal Process

Per DHCS, California law does not provide a protest or appeal process against award decisions made through this funding opportunity. Applicants submitting responses to these types of RFAs are not able to protest or appeal the award. All decisions are reviewed and approved by DHCS and will be final.

## Compliance

### Federal Compliance

The Increasing MAT in State Licensed Facilities Round Three funding opportunity is a component of the California DHCS Opioid Response program, which is funded by the State Opioid Response IV grant from SAMHSA. If awarded, contractors will need to complete pre-award requirements before funding is disbursed. This includes the following:

**Pre-award Risk Assessment:** In compliance with federal regulations ([2 CFR 200.331\(b\)](#)), The Center is required to assess subrecipients prior to the execution of contracts to identify potential risks. While this pre-award risk assessment is a required component of the contracting process and ensures organizations have the financial capacity to complete the work, responses to the assessment will not affect eligibility or funding recommendations. The decision to accept the receipt of federal funds requires attention to submit detailed documentation and to meet compliance considerations when receiving this type of funding. Please use this [link](#) to complete the Pre-award Risk Assessment.

**Unique Entity ID (SAM):** An organization must register for a Unique Entity ID before it can accept any funds through this project. Organizations are required to register for a Unique Entity ID (SAM) on [SAM.gov](#). Please see this [Quick Start Guide for Getting a Unique Entity ID \(SHFCenter.org\)](#). Organizations must maintain an active SAM registration throughout the contract period.

**Insurance Requirements:** There will be insurance requirements under these contracts. Once funds have been awarded, communication will be sent to awarded organizations to upload the insurance documents and demonstrate compliance with all insurance requirements. Payment will not be released until insurance requirements are met. The Center recognizes that the terms and coverage conditions for insurance requirements are technical in nature. If you need additional support to answer insurance questions or if you do not feel that you will be able to meet the insurance requirements, please reach out to [stateopioidfunding@shfcenter.org](mailto:stateopioidfunding@shfcenter.org), subject “Increasing MAT in State Licensed Facilities Round Three Application Help.”

Refer to **Appendix A** for more information on insurance requirements.

**Good Standing:** Funded organizations will be required to remain in good standing with the DHCS Licensing and Certification Division throughout the duration of the contract period. If at any time the DHCS licenses are suspended, revoked etc. the contract will be terminated and funding will not be issued. Funding is only available for organizations who remain in good standing.

**HIPPA Privacy and SAMHSA Confidentiality Rules:** If the funded partner is using this funding for individual direct patient treatment services, the funded partner shall comply with the regulations set forth in [42 CFR Part 2](#) to ensure they maintain appropriate data protocols. This includes ensuring the security and confidentiality of all electronically transmitted patient material, including the [HIPAA privacy](#) and [SAMHSA confidentiality](#) rules, and a commitment to operating in compliance with the regulations.

## Project Timeline

Contracts will cover activities for the following time period: July 1, 2025 – June 30, 2027.

## Data and Reporting Requirements

Funded partners are required to complete several data and reporting requirements including:

- Submitting bi-annual narrative progress reports to The Center (e.g. narrative on progress, challenges, etc.).
- Collecting and reporting performance data using the approved GPRA measurement tool.

## Reporting Requirements

**Reports will follow the timeline below.**

Awardees will be required to submit quarterly quantitative reports responding to performance measures. Awardees will be required to complete and submit direct services data to a data collection portal managed by UCLA, in collaboration with The Center.

**Reports will follow the timeline below:**

<b>Report</b>	<b>Report Period</b>	<b>Due Date</b>
Quarter 1 Data Report	7/1/25 – 9/30/25	10/31/25
Quarter 2 Data Report	10/1/25 – 12/31/25	1/31/26
Quarter 3 Data Report	1/1/26 – 3/31/26	4/30/26
Quarter 4 Data Report and Narrative Report	4/1/26 – 6/30/26	7/31/26
Quarter 5 Data Report	7/1/26 – 9/30/26	10/31/26
Quarter 6 Data Report and Narrative Report	10/1/26-12/31/26	1/31/27
Quarter 7 Data Report	1/1/27 -3/31/27	4/30/27
Quarter 8 Data Report	4/1/27 – 6/30/27	7/31/27
Final Narrative Report	7/1/25 – 6/30/27	7/31/27

## GPRAs Requirements

The Government Performance and Results Act (GPRAs) is a public law that was passed by Congress in 1993. GPRAs was enacted to improve stewardship in the federal government and to link resources and management decisions with program performance. If the funded partner is using contract funds to cover individual direct patient treatment services, they will comply with any SAMHSA GPRAs reporting requirements. Organizations using funds from this contract for direct treatment and recovery services shall be required to complete and submit GPRAs data. Organizations will work in partnership with DHCS’s consultant, Aurrera Health Group, to ensure GPRAs compliance.

- Clients who receive medication, counseling, or recovery services with SOR IV funding, or medical, counseling, peer support, or case management services from a provider whose salary is funded by the grant, must participate in the GPRAs survey. GPRAs surveys are conducted at intake, six months after the intake, and upon client discharge.

Organizations with GPRAs requirements must have the capacity to meet required percentages of completion for all GPRAs data collections:

- For intakes: No less than 75 percent of eligible patients must be offered a GPRAs baseline interview.
- For six-month follow ups: No less than 80 percent of patients who received a baseline interview must complete a six-month follow-up interview.

Organizations required to submit GPRAs data must attend trainings offered by Aurrera Health Group:

- All staff members tasked with completing GPRAs with clients will be required to attend or view the initial GPRAs training (GPRAs 101) presentation from Aurrera Health Group.

- All staff members tasked with completing GPRA with clients will additionally be required to attend one training and technical assistance (TTA) webinar related to GPRA annually, as provided by Aurrera Health Group. Additional training may be required.

## Additional Requirements

Awardees will be required to adhere to the following protocols and standards:

- Prescription and dispensing of methadone (if applicable) in adherence to standards of care for managing patients on methadone, including drug screening and prescription of buprenorphine or other MAT medications per patient-centered practice, and as clinically indicated.
- Compliance with all grant funding limitations and restrictions.
- Collection of required data elements, including but not limited to numbers of patients in SOR IV-funded care.
- Attendance and participation in all required trainings (e.g., quarterly Learning Collaboratives) delivered by UCLA-ISAP is mandatory. Attendance at Regional in-person trainings are at the discretion of the provider.

## Application Timeline

At DHCS and The Center's discretion, the timeline below is subject to change to best meet programmatic needs and funding requirements.

### **Application deadline:**

April 30, 2025, at 1 p.m. (Pacific Time)

### **Review of applications:**

May 2025

### **Approximate award announcement:**

Mid-June 2025

**NOTE: All funding will be backdated to July 1, 2025, even if contracts are signed after that date.**

To be considered, your proposal must be submitted by 1 p.m. (Pacific Time) on the deadline date. Proposals received after the due date/time will not be reviewed. Submission before the deadline date is advised in case you experience technical difficulties with submitting your application through the portal. We may not be able to respond to your requests for help on the deadline date.

## Proposers Webinar

We have scheduled a proposer’s webinar to review the funding opportunity, the application process and to answer questions on **April 2 at 11 a.m.** (Pacific Time). [You can register to attend the live RFA webinar here.](#)

This webinar will also be recorded and posted on [the MAT Access Points website](#). Application materials are posted on the website for review prior to the live webinar. Webinar attendance, or a review of the recording, is strongly recommended.

## Important Application Guidelines

**To help us process your application, please follow these submission guidelines:**

- We encourage you to submit your application before the deadline date in case you need help with any of the RFA components.
- Applications are due no later than 1 p.m. (Pacific Time) on April 30, 2025.
- Submit the application via our [online portal](#).
- Respond to all required fields which are marked with an asterisk (\*).
- Upload all attachments listed under “Application Checklist” below.
- On the portal, you may click “Save my progress and resume later.” Enter your email and determine a password to return to the saved application through the same link at a later date. To return, use the same link and click on “Resume a previously saved form.”
- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting it. Revised applications will not be accepted.

**NOTE: If you are unable to submit your application online or need help, please contact us at [stateopioidfunding@shfcenter.org](mailto:stateopioidfunding@shfcenter.org) with the subject line: “MAT at DHCS-Licensed Facilities Round Three Application Online Help.”**

## Application Checklist

- Initiate the funding application [online](#). The link is also posted on [the MAT Access Points Project website](#).
- Required Application Attachments**
  - Proposed project budget completed in The Center’s Proposed Budget Templates
  - Proposed work plan completed in The Center’s Proposed Work Plan Template
  - Applicant organization’s W-9
  - DHCS-issued facility license
  - Proof of IMS certification (or confirmation of intent to receive IMS certification within six months)

- 501(c)(3) letter or proof of nonprofit status

Incomplete applications will not be reviewed. Applications received after the above-mentioned deadline will not be considered. If you are unable to submit your application online, or need technical assistance, please contact us at [stateopioidfunding@shfcenter.org](mailto:stateopioidfunding@shfcenter.org) with the subject line: "MAT at DHCS-Licensed Facilities Round Three Application Online Help."

## Appendix A – Insurance Requirements

Awarded organizations must submit all evidence of required insurance coverage to The Center prior to the release of payment. Awarded organizations will receive an e-mail from “The Center@Sierra Health Foundation” via TrustLayer requesting the insurance documents indicated below. A link will be provided for organizations to review and upload the required insurance documents. Please pay special attention to the “Additional Requirements” section for exact instructions and specific language that must be included.

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### **Commercial General Liability**

- Each Occurrence must be greater or equal to \$1,000,000.
- Coverage Trigger: Occurrence must be present.
- Insurance is written on an occurrence basis using ISO form CG 0001 or equivalent.
- General Aggregate must be greater or equal to \$2,000,000.
- Products/Completed Operations Aggregate must be greater or equal to \$2,000,000.
- Personal and Advertising Injury must be present.
- Primary and Non-Contributory Endorsement must be present.
- Additional Insured Endorsement must be present:
  - With Completed Operations language.
  - Using a combination of ISO forms CG2010 10/04 and CG 2037 10/04 or equivalent.

### **Automobile Liability**

- Combined Single Limit (each accident) must be greater or equal to \$1,000,000.
- Coverage Applies to: Owned Autos Only must be present.
- Coverage Applies to: Hired Autos Only must be present.
- Coverage Applies to: Non-Owned Autos Only must be present.
- Additional Insured Endorsement must be present:
  - Using ISO form CA 2048 or equivalent.

### **Worker’s Compensation for Employer’s Liability**

- Statutory Limits must be present.
- Employer’s Liability Each Accident must be greater or equal to \$1,000,000.
- Employer’s Liability Disease – each employee must be greater or equal to \$1,000,000.
- Employer’s Liability Disease – policy limit must be greater or equal to \$1,000,000.
- Waiver of Subrogation Endorsement must be present.

### **Professional Liability**



- Each Claim must be greater or equal to \$1,000,000.
- Aggregate must be greater or equal to \$2,000,000.

### **Additional Requirements**

- Certificate holder must read: Sierra Health Foundation 1321 Garden Highway Sacramento, CA 95833.
- A.M. Best rating of at least A-:VI
- 10 or more passengers being transported in any one vehicle will require
  - State of California Class B driver's license
  - Auto liability in the amount of \$5,000,000 per occurrence for bodily injury and property damage combined.

Description of Operations must read: The Center, Sierra Health Foundation, The State of California, their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees shall be added as Insureds (“additional Insureds”) under each commercial general liability and automobile insurance policy. **Agreement #22-20443** must be present.

## Appendix B – Scope of Services

Each contract agreement will include the scope of services as outlined below.

MAT at DHCS-Licensed Facilities Project Purpose: To provide resources for nonprofit, DHCS-licensed residential SUD facilities to incorporate MAT into their treatment services.

Required	Task	Deliverable	Timeframe
Yes	Complete grant program onboarding (contract execution and compliance)	<ul style="list-style-type: none"> <li>Pre-award Risk Assessment</li> <li>Certificate of Insurance</li> <li>Sam.gov Active Registration</li> <li>Executed Contract</li> <li>Participation in The Center’s onboarding webinar</li> </ul>	First quarter of the contract
Yes	Administrative Requirements including submission of narrative reports that address progress toward meeting desired outcomes indicated in the grant application.	<ul style="list-style-type: none"> <li>Quarterly UCLA data reports</li> <li>Bi-annual Narrative Reports and Final Narrative Report</li> <li>GPRAs requirements</li> </ul>	See schedule below
Yes	Achieve the RFA goal to increase MAT services and partnerships for opioid use disorder as indicated in the application and budget.	<p>Quantitative data on number of individuals served (shared through quarterly and final reports)</p> <p>GPRAs requirement completed</p>	July 1, 2025 – June 30, 2027

Report	Report Period	Due Date
Quarter 1 Data Report	7/1/25 – 9/30/25	10/31/25
Quarter 2 Data Report	10/1/25 – 12/31/25	1/31/26
Quarter 3 Data Report	1/1/26 – 3/31/26	4/30/26
Quarter 4 Data and Narrative Reports	4/1/26 – 6/30/26	7/31/26
Quarter 5 Data Report	7/1/26 – 9/30/26	10/31/26
Quarter 6 Data and Narrative Reports	10/1/26-12/31/26	1/31/27
Quarter 7 Data Report	1/1/27 -3/31/27	4/30/27
Quarter 8 Data Report	4/1/27 – 6/30/27	7/31/27
Final Narrative Report	7/1/25 – 6/30/27	7/31/27

**\*\*FOR REFERENCE ONLY\*\***  
**SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL**

**INSTRUCTIONS**

Be sure to read the request for applications carefully before beginning your application. Required fields and attachment uploads are marked with an asterisk (\*).

You may save your in-progress application at any time and return to it later using the link you will receive in an automated email.

Should you have questions, send an email to [stateopioidfunding@shfcenter.org](mailto:stateopioidfunding@shfcenter.org) with the subject line: "MAT at DHCS-Licensed Facilities Round Three Application Online Help."

**APPLICANT INFORMATION**

**Applicant Organization Information**

**Organization Name:\***

*Enter the organization's legal name.*

**Is the applicant organization a fiscal sponsor for this proposal?\***

*A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS. Select Yes or No.*

**Name of fiscally sponsored organization, if applicable:**

*Enter the name of the organization who will be implementing the project, otherwise known as the fiscally sponsored organization.*

Applicant Organization Address\*

City:\*

State:\*

Zip code:\*

County:\*

Phone:\*

**Website URL (optional):**

**Tax Exempt ID # or Employer ID #:\***

*Enter the applicant organization's Tax-ID or the Employer ID if the organization is an individual.*

**Congressional District of applicant organization's primary location:\***

*What is the applicant entity's congressional district?*

**Congressional District(s) where organization’s beneficiaries live:\***

*What is the congressional district of the organization’s beneficiaries?*

**Organizational status:\***

*Organization has 501(c)(3) nonprofit status with the IRS. Select Yes, No, or Unsure.*

**Financial Audit\***

*Does the applicant organization have an annual financial audit? Unique Entity Identifier\**

**Does your organization have a Unique Entity ID?.**

- Yes
- No

*If the organization does not have Unique Entity ID, we highly recommend that the organization completes registration as soon as possible as it is a requirement before funds can be disbursed.*

**Pre-award Risk Assessment (PARA)\***

*Did you complete a PARA on behalf of your organization? You may complete this after you submit the application. However, as part of our due diligence process, The Center will follow up with you during the application review period if PARA is not yet complete. The results of the assessment will not affect eligibility or funding recommendations. You may complete the PARA using this [link](#).*

- Yes
- Not yet

**Annual budget:\***

*What is the applicant organization's annual budget amount?*

**Proposal contact information (for questions related only to this proposal)**

First name:\*                      Last Name:\*

Title:\*

Email address:\*

Office phone:\*                      Extension:

**Applicant Organization CEO/Director Information**

First name:\*                      Last name:\*

Title:\*

Email address:\*

Office phone:\*                      Extension:

**Program Contact Information**

First name:\*                      Last name:\*

Title:\*

Email address:\*

Office phone:\*                      Extension:

**Additional Program Contact Information (optional)**

First name:                      Last name:

Title:

Email address:

Office phone:                      Extension:

**Data Contact Information (optional)**

First name:                      Last name:

Title:

Email address:

Office phone:                      Extension:

**Financial Contact Information (optional)**

First name:                      Last name:

Title:

Email address:

Office phone:                      Extension:

**PROJECT INFORMATION**

**Project name** (10 words maximum):\*

**Brief summary and purpose of project** (100 words maximum):\*

Project Start Date: July 1, 2025

Project End Date: June 30, 2027

**Total amount requested:**\* \$ \_\_\_\_\_

*Tracks 1 and 2: Up to \$550,000 for each application, dependent on facility size*

**What track are you applying for?\***

- Track One
- Track Two

**Project geography**

**Geography (county-level):\***

*Please indicate what percentage of activity will be spent in which California counties. Total must add up to 100. (NOTE: A list of all 58 California counties is in the online application)*

**Population to be served**

**Focus populations (race/ethnicity)\***

For the racial and ethnic populations that will be affected, provide your best estimate of the percentage of the total people of each population. (Total must add up to 100)

- African American/Black: \_\_\_%
- American Indian/Alaska Native: \_\_\_%
- Asian-American: \_\_\_%
- Indigenous (e.g., Mixteco, Purepecha, etc.)
- Latino/Hispanic: \_\_\_%
- Middle Eastern or North African: \_\_\_%
- Mixed race: \_\_\_%
- Pacific Islander: \_\_\_%
- White: \_\_\_%
- Other: \_\_\_% (please specify)

**Focus populations (age groups)\***

For the age groups that will be impacted, provide your best estimate of the percentage in each age group. NOTE: There are no age restrictions/limits for individuals served with these funds. (Total must add up to 100.)

- Under 5: \_\_\_%
- 5 - 9: \_\_\_%
- 10 - 14: \_\_\_%
- 15 - 19: \_\_\_%
- 20 - 24: \_\_\_%
- 25 - 54: \_\_\_%

□ 55+: \_\_\_%

## **NARRATIVE QUESTIONS**

### **Need\***

Please briefly describe the need to implement and integrate MAT within your DHCS-licensed facility. (200 word maximum)

### **Current capacity\***

Please describe your organization's current capacity, including treatment capacity, the composition of paid part-time or full-time staff and volunteers, finance and administrative roles/support, and any existing structures you have in place to manage grants and activities. (200 words maximum)

### **Proposed activities\***

Please describe the specific activities needed to carry out your proposed work, and the associated timing for each activity. Please describe the roles of any new staff to be hired to carry out the work, and the new capacity or scope of services that this funding would create. (600 word maximum)

### **Project goal\***

Please describe your project's overall goal of implementing and integrating MAT treatment. (200 word maximum)

### **Sustainability plan\***

Please describe what steps you will take to ensure the sustainability of the proposed activities after funding ends (200 word maximum)

### **Technical assistance**

To help us plan a technical assistance strategy, please tell us what technical assistance your organization would benefit from in implementing this project? NOTE: Your response to this question is not considered in decisions about funding. (150 words maximum)

## **WORK PLAN**

The work plan has five parts:

- **Goal and objectives:** The goal and objectives are statements of what major accomplishments you expect to achieve. Objectives should be "SMART":
  - Specific: Identify the specific change you want to see, including the individuals or groups that you want to see the change in.
  - Measurable: Identify how much change you expect to see.
  - Achievable: Be ambitious but also realistic in what can be achieved in the funding period.

- **Relevant:** Identify changes that are likely to affect the contributing factors in ways that will help you achieve the overall project goal.
- **Time-bound:** All objectives should be achievable by the end of the grant period. Annual objectives should identify what can be achieved in each year.
- **Project activities that support the identified goal and objectives:** Identify the specific project activities needed to reach the identified goals and objectives.
- **Responsible staff and partners:** Identify the responsible partner/organization who will be implementing the specific activity.
- **Timeline:** Provide the start date and end date for each specific activity.

<b>Goal:</b> <i>(example)</i>	<i>To provide access to all three FDA-approved forms of MAT for OUD within our residential facility.</i>		
Objectives <i>(A., B., etc.)</i>	<i>A. Offer MAT options to all interested patients entering treatment. B. Increase staff capacity and knowledge.</i>		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
1. Recruit, interview and contract with a prescribing provider to provide onsite services 3 days/week. 2. Provide professional development training to staff on the following topics: MAT for OUD, harm reduction and reducing stigma.	1. Project Lead 2. Project Lead will develop materials and Partner Organization will provide recruitment 3. Training developed by (organization name) and delivered by Lead Staff (Name)	7/1/2025 8/1/2025 12/1/2025	9/30/2026 12/1/2025 (Ongoing)
<b>(1) Goal:</b>			
Objectives <i>(A., B., etc.)</i>	A.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
1.			
<b>(2) Goal:</b>			
Objectives <i>(A., B., etc.)</i>	A.		
	Responsible staff/ partners	Timeline	



Project activities that support the identified goal and objectives		Start Date	End Date
1.			

**ATTACHMENTS**

- Proposed project budget\*
  - a. Download The Center’s line-item budget form from the application. Fill it in and upload it in Excel format.
  - b. Download The Center’s deliverable-based budget form from the application. Fill it in and upload it in Word format.
- Proposed work plan
  - a. Download The Center’s work plan from the application. Fill it in and upload it in a PDF or Word format.
- Applicant organization’s W-9\*
- DHCS-issued facility license\*
- Proof of IMS certification (or confirmation of intent to receive IMS certification within six months)\*
- 501(c)(3) letter or proof of nonprofit status