

RFF #2020-02 Questions

- 1. Is the telehealth service between the addiction treatment providers expected to be available 24 hours per day?**

Answer: We do not expect that initially providers would be able to have a prescriber on call 24/7. We do expect the services delivered through this grant to be designed to benefit the most ED patients as possible. If the prescriber is not readily available, an appointment must be made for the next day.

- 2. Is a Peer Recovery Coach expected to be in the emergency department 24 hours per day?**

Answer: DMHA would see it as optimal that a peer recovery coach be made available in some form at all times. However, we do expect services delivered through this grant to be designed to benefit the most ED patients possible. If the Peer Recovery Coach is not readily available, an appointment must be made for the next day.

- 3. Can current staff be utilized to provide this service or must new staff be hired?**

Answer: Yes, current staff can be used to provide this service.

- 4. Are staff salaries and benefits of the addiction provider and the recovery coach allowable costs?**

Answer: DMHA expects Medicaid and any 3rd party payer to be billed for services. If the patient does not have access to a 3rd party payer or Medicaid, then the grant can be used to pay for MAT and recovery coach services at no more than the Medicaid rate.

- 5. (We are) interested in applying for this grant funding. Our Peer Recovery Coach is also a Licensed Addiction Counselor. Currently he is solely working as a PRC. We are exploring the opportunity to use his LAC credential. Would this arrangement meet the eligible respondent requirement below?**

Answer: Only the Peer Recovery Coach service can be reimbursed by the grant at the Medicaid rate, but only if the person does NOT have Medicaid and has no access to a 3rd party payer. DMHA expects Medicaid or a 3rd party to be billed if the person is eligible or has access.

- 6. Can an organization qualify for funds if we use a local hospital ED physician who can prescribe in person rather than via a telehealth connection?**

Answer: This arrangement is sufficient, but a connection/referral to an addiction provider is still necessary.

7. Is the expectation that the peer recovery coach and provider services be available 24/7?

Answer: We do not expect that initially providers would be able to have a peer recovery coach and prescriber on call 24/7. We do expect the services delivered through this grant to be designed to benefit the most ED patients as possible. If the Peer Recovery Coach is not readily available, an appointment must be made for the next day.

8. By what date must the services be available?

Answer: DMHA expects MOUs and arrangements to be negotiated before the grant period starts on April 1 2020, with services beginning no later than May 1, 2020.

9. Can you clarify application due date? There are 2 different ones in the text.

Answer: There is a typo on the RFF. DMHA will accept proposals until COB March 2, 2020

10. Is 24/7 coverage required

Answer: We do not expect that initially providers would be able to have a peer recovery coach and prescriber on call 24/7. We do expect the services delivered through this grant to be designed to benefit the most ED patients as possible. If the Peer Recovery Coach or prescriber is not readily available, an appointment must be made for the next day.

11. Is a hybrid model allowable with some ER doctors writing the bridge prescription?

Answer: This arrangement is sufficient, but a connection/referral to an addiction provider is still necessary, as well as peer recovery coach services.