



RFA # RM0 DCOR 080219

RFA Title: District of Columbia Opioid Response (DCOR) Grant Opportunities, Part 2

Pre-Application Conference Frequently Asked Questions (FAQ)

August 23, 2019

General Questions

Question	Can grantees receive advance payments? If so, how?
Response	Payments to the sub-grantee will be based on a risk assessment conducted by DBH. Payments may be made as an advance, a cost-reimbursement basis, or a combination of both. You can request advance payments by submitting the Advance Payment Request Form (https://dbh.dc.gov/node/1425826) along with Attachment H: Budget Justification and Narrative.

Questions for Competition #1: Hospital Crisis Stabilization for Individuals with OUD (Hospital OUD Crisis Beds)

Question	For Competition #1, what services can the \$160,000 award pay for?
Response	Funds cover start-up costs for establishing crisis beds. At least one (1) peer should be hired. The goal is to bill Medicaid for most of the services and have this be a sustainable program after 1 year of funding.
Question	Is there an expected minimum number of crisis beds that need to be made available?



Response	No, but it is recommended to have 2 (two) or more.
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Questions for Competition #2: Hospital Inpatient Peer Support

Question	Competitions #2 and #3 indicate support is required from seven acute hospitals. Could you please list the seven hospitals?
Response	<p>George Washington University Hospital Howard University Hospital MedStar Georgetown University Hospital MedStar Washington Hospital Center Psychiatric Institute of Washington Sibley Memorial Hospital United Medical Center</p>
Question	Competition #2 indicates SBIRT and medication-assisted treatment (MAT) induction in some sections, but only SBIRT in others. Can you please confirm that competition #2 does not require MAT induction in the inpatient settings?
Response	<p>Competition #2 states only that applicants should describe a program that provides referrals and linkages for treatment. The applicant should describe how the patient will be assessed and can get access to MAT. The recommendation is to implement SBIRT because this will already be happening in the ED in hospitals that have MAT induction and the hospital EHR has been modified to capture the information.</p> <p>As described in the RFA on page 35, applicants should describe a program that:</p> <ol style="list-style-type: none"> 1. <i>Delineates 7 days a week coverage with two full-time peers;</i> 2. <i>Systematically identifies patients in inpatient care who screen positive for OUD;</i> 3. <i>Enlists peers to conduct at least one in-person consultation with identified patients at the hospital if screened</i>



	<p><i>positive for OUD;</i></p> <ol style="list-style-type: none"> 4. <i>Provides referrals and linkages for treatment and recovery support services among identified patients who opt-in to receiving the services;</i> 5. <i>Documents additional follow-up telephone calls or hospital visits with identified patients who may have initially opted out of receiving treatment and recovery services; and</i> 6. <i>Provide linkages to treatment and recovery support services to individuals encountered during the additional follow-up telephone calls or hospital visits.</i>
Question	For Competitions #2 and #3, what would be the organization’s responsibility if sufficient numbers of qualified peer candidates are not available within the required 60-day implementation timeline?
Response	As stated on page 22 of the RFA: “All payments will be contingent upon compliance with program and financial reporting. DBH reserves the right to withhold any payment if the sub-grantee is found in non-compliance with DBH Notice of Grant Award, the request for applications and/or the grant agreement.”
Question	Competition 2 requires reporting on goal 5.5, which includes emphasis on physical health. However, this is not directly related to the scope of work. Was this an error?
Response	LIVE. LONG. DC. Goal 5, Strategy 5 says “Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in SUD treatment and programming to reduce opioid use, misuse and related deaths by expanding the capacity of the current DBH system of care.” This work will expand the current DBH system of care by increasing screening in hospitals and then linking individuals to MAT providers in the community. Therefore the intention is to link physical health care and OUD treatment in a more systematic way. Applicants would need to comply with the requirement to tie their work and reporting to this strategy.
Question	Can you put out a workflow for peer support workers (peers) in the hospital?
Response	Please see the “Hospital Peer Workflow” diagram below.

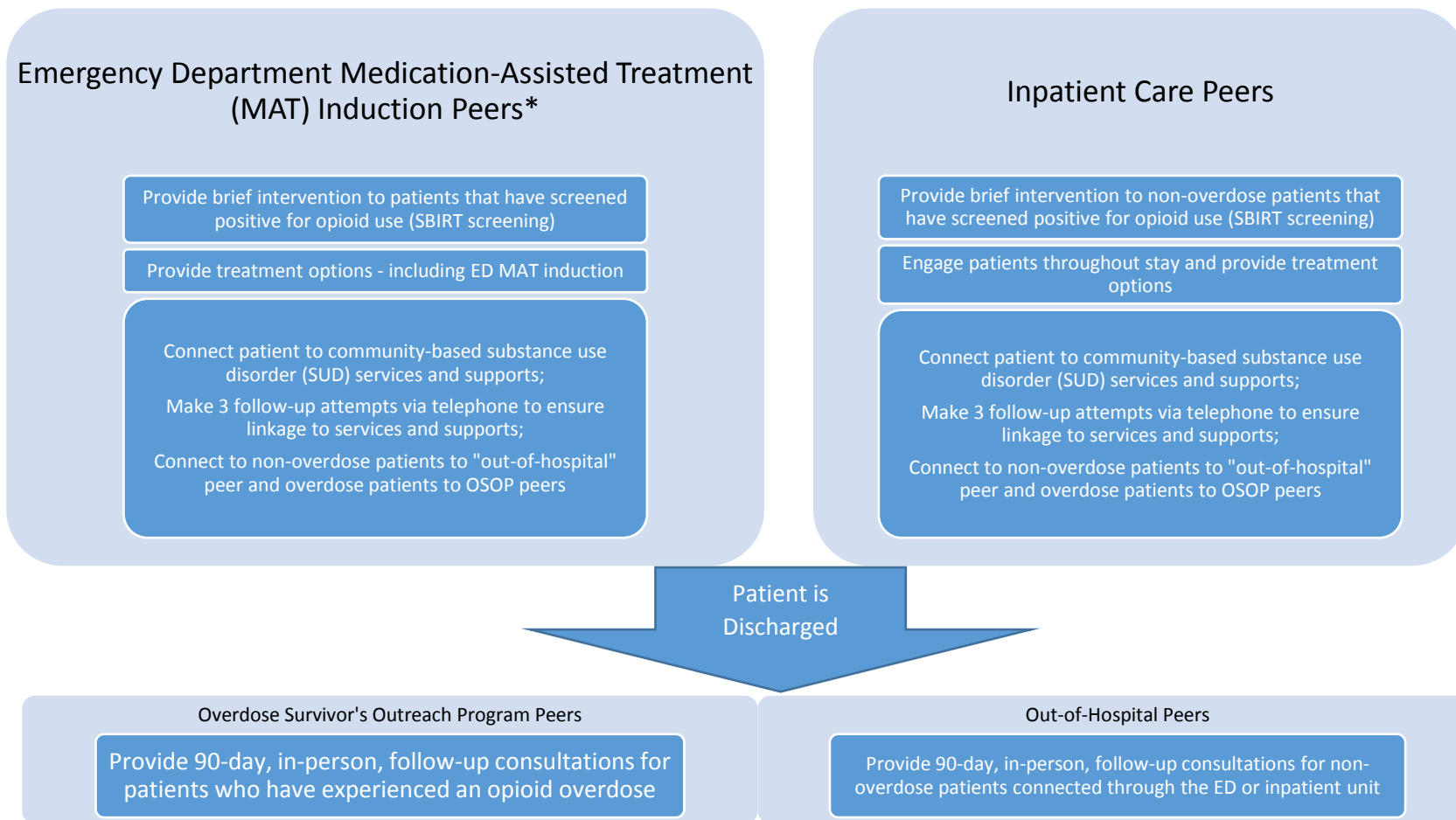


Competition #3: Peer Follow up for Non-Overdose OUD Patients Discharged from Emergency Departments or Hospital Inpatient Units (Peer Follow Up for OUD Discharges)

Question	Competitions #2 and #3 indicate support is required from seven acute hospitals. Could you please list the seven hospitals?
Response	George Washington University Hospital Howard University Hospital MedStar Georgetown University Hospital MedStar Washington Hospital Center Psychiatric Institute of Washington Sibley Memorial Hospital United Medical Center
Question	For Competitions #2 and #3, what would be the organization’s responsibility if sufficient numbers of qualified peer candidates are not available within the required 60-day implementation timeline?
Response	As stated on page 22 of the RFA: “All payments will be contingent upon compliance with program and financial reporting. DBH reserves the right to withhold any payment if the sub-grantee is found in non-compliance with DBH Notice of Grant Award, the request for applications and/or the grant agreement.”
Question	Can you put out a workflow for peer support workers (peers) in the hospital?
Response	Please see the “Hospital Peer Workflow” diagram below.



HOSPITAL PEER WORKFLOW



***ED MAT Induction program is currently being implemented at Howard University Hospital, MedStar Washington Hospital Center, and United Medical Center. The program is in the start-up phase at George Washington University Hospital.**