



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH
AND
SUBSTANCE ABUSE SERVICES

APPLICATION
FOR
MEDICATION-ASSISTED TREATMENT (MAT) SERVICES

December 1, 2018 - JUNE 30, 2019

Released by the
Tennessee Department of Mental Health and Substance Abuse Services
Division of Substance Abuse Services

Term of Services: December 1, 2018 to June 30, 2019

Key Due Dates and Times: Applications due by September 28, 2018
4:00 PM Central Time (CT)
(See Section 1.2. for other due dates and times)

Submit To: Tennessee Department of Mental Health and Substance
Abuse Services, Division of Substance Abuse Services
ATTN: Medication-Assisted Treatment (MAT)
Linda McCorkle, Director of Treatment
Andrew Jackson Building, 5th Floor
500 Deaderick Street
Nashville, TN 37243

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TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES
Division of Substance Abuse Services
Medication-Assisted Treatment (MAT) Application
August 2018

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Division of Substance Abuse Services (DSAS) (the “State”) is requesting applications from public and private entities that provide medication-assisted treatment (MAT) using the three FDA-approved medications -- methadone, buprenorphine, or naltrexone-- to expand access to MAT. The population of focus is individuals who are indigent and have an opioid use disorder.

1. GENERAL CONDITIONS

1.1. Funding Information

1.1.1. **Funding Mechanism:** State of Tennessee Fee for Good or Services Contract (hereinafter Grant Contract).

1.1.2. **Estimated Funding Amount:** Up to \$200,000. Awards will be based on the type and number of FDA-approved medications offered, proposed number served, and availability of State funds.

1.1.3. **Length of Project Period:** December 1, 2018 through June 30, 2019.

1.1.4. **Allocations:** Funding allocations will be based on the quality of your responses to the requirements. The numbers of awards will depend on the number of applications, areas in the state with the greatest need, and medication-assisted treatment (MAT) proposed.

1.2. Timelines and Definition of "Due By"

August 17, 2018	Release of Application
August 28, 2018	Proposers’ Written Questions Regarding the Application is due by 4:00 PM CT
September 5, 2018	State issues written responses to questions
September 28, 2018	Applications are due by 4:00 PM CT
October 12, 2018	Announcement of Accepted Applications
December 1, 2018	Anticipated Start Date of the Grant Contract

"Due by" mean that the item requested must be "received by" and "be in the hands of the State" by the stated date and time. "Due by" does not mean "postmarked by". For submission of applications, see Section 1.7. for additional information.

1.3. Proposer and Application Eligibility

1.3.1. If you are uncertain about eligibility, contact Linda McCorkle at linda.mccorkle@tn.gov. **Questions specific to eligibility for this Application may be asked in writing at any time.** Electronic mail (e-mail) **is** permitted for the submission of eligibility-related questions. All other questions and requests for clarification shall be addressed per Section 1.6. Written responses to eligibility questions will be sent within three (3) business days of receipt of the written question.

1.3.2. Proposer Eligibility. The following types of entities are eligible to submit a application, unless prohibited under Section 1.3.3.:

1.3.2.1. A provider that is a 501(c)(3) entity as defined and described in the Internal Revenue Code, 26 United States Code (USC) § 501, has an appropriate facility license issued by the State, and has been currently treating individuals with opioid use disorder using one of the aforementioned MAT options for a **minimum of one year.**

1.3.2.2. A for-profit Medication-Assisted Treatment provider that has an appropriate facility license issued by the State, and has been currently treating individuals with opioid use disorder using one of the aforementioned MAT options for a **minimum of one year.**

1.3.3. A Proposer, for purposes of this Application, must **not** be (and the State will **not** enter into a Grant Contract with):

1.3.3.1. An entity which employs an individual who is, or within the past six (6) months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purpose of furthering the private interest or personal profit of any person; or,

1.3.3.2. For the purposes of applying the requirements of this Section, the State will deem an individual to be an employee or official of the State of Tennessee until such time as all compensation for salary, termination pay, and annual leave has been paid.

1.3.4. Proposer Responsibilities. Successful proposers **must:**

- 1.3.4.1. Must provide at least one form of FDA-approved MAT medication -- methadone, buprenorphine, or naltrexone.
- 1.3.4.2. All applicable practitioners (physicians, nurse practitioners, physician assistants) using buprenorphine or methadone must be in compliance with the respective DEA waiver and/or registration requirements.
- 1.3.4.3. Provide MAT services to individuals that are not enrolled in Tennessee's Medicaid program, TennCare; or do not have any other third party health benefits payor source; or have depleted their TennCare or other third party alcohol and drug abuse treatment benefits limit; and meet the one hundred thirty-three percent (133%) federal poverty guidelines as set by the United States Department of Health and Human Services.
- 1.3.4.4. Clients receiving MAT, through this funding source, must also receive clinical treatment services based on ASAM criteria for as long as clinically necessary or as recommended by state or nationally recognized best practice guidelines.
- 1.3.4.5. Participate in mandatory meetings scheduled by the State.
- 1.3.4.6. Provide services at the rates set by the State for MAT (see Appendix A).
- 1.3.4.7. Submit the following information in the State's data system at the required time frames set by the State:
 - i. Program enrollment;
 - ii. Service recipient admission;
 - iii. Encounters;
 - iv. Other documentation as determined by the State.

1.4. State Amendments to this Application

The State reserves the right to amend this Application at any time. In the event the State decides to amend, add to, or delete any part of this Application, a written amendment will be posted on the State's website. The State assumes no responsibility for a proposer's failure to view a posted amendment to this application on the State's website. The proposer is responsible for checking the State's website as related to all updates to this Application.

1.5. State Cancellation of this Application

The State reserves the right to cancel, or to cancel and re-issue, this Application. See also Section 1.7.7. In the event such action is taken, notice of such action will be posted on the State's website.

1.6. Communications

1.6.1. Communications – Method of Dispatch. Senders must assume the risk of the method of dispatching any communication (application questions, requests for clarification, application, and so on). **The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.** Selection of the method of dispatch is the sole responsibility of the Proposer. Use of regular United States Postal Service (USPS) mail is **strongly discouraged** but if used, the sender should allow extra time for processing to ensure delivery by the stated date and time. As an alternative, the sender should consider using a delivery system that ensures delivery directly to the intended recipient (express mail, overnight delivery, UPS, FedEx, hand delivery). **Electronic methods of dispatch are prohibited unless otherwise noted.**

1.6.2. Questions and Requests for Clarification. To ensure impartial treatment, questions and requests for clarification regarding this Application must be submitted in writing on or before **4:00 PM CT on September 28, 2018 to linda.mccorkle@tn.gov**. See Section 1.6.1. regarding method of dispatch. Electronic mail (e-mail) **is** permitted for the submission of written questions and requests for clarification regarding this Application. Written responses to any questions and requests for clarification regarding this Application will be posted to the State's website.

1.6.3. State's Written Responses and Communications. Only the State's official, written responses and communications will be binding with regard to this Application. The State will consider oral communications of any type to be **unofficial and non-binding**.

1.7. Application Preparation, Application Formatting Requirements, Application Submission, and Application Withdrawal

1.7.1. Proposer's Preparation of Application. The Proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the application.

1.7.2. Application Formatting Requirements. The State’s goal to review all applications submitted must be balanced against the obligation to ensure equitable treatment of all applications. For this reason, formatting requirements have been established for applications. **Failure to adhere to these requirements shall result in the application not being reviewed.**

1.7.2.1. Information provided must be sufficient for review.

1.7.2.2. Text must be legible.

1.7.2.3. Applications must be written in English.

1.7.2.4. Application pages must be typed in black ink, single-spaced in Times New Roman font size twelve (12) with all margins (left, right, top, bottom) one inch (1”) each.

1.7.2.5. Pages should not have printing on both sides.

1.7.2.6. Application paper must be white and eight and one-half inches by eleven inches (8.5” x 11”) in size.

1.7.2.7. Applications must adhere to page and line limits where noted.

1.7.2.8. To facilitate review and processing of the application, all pages must be numbered, beginning with the Cover Sheet. Assemble the application in the following order:

- Cover Sheet**
- Table of Contents**
- Application Narrative**
- Provider Experience**

1.7.2.9. All application pages beginning with the Table of Contents must include a header with Proposer Name and Page Number.

1.7.2.10. Send the original application and four (4) copies to the mailing address listed in Section 1.7.4. Do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. However, you may use colored paper, rubber bands, or folders to separate the copies. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, compact disks (CDs), digital video disks (DVDs), flash drives, or other similar media formats.

1.7.2.11 Applications must be complete and comply with all requirements of this Application. **Incomplete applications or applications that do not adhere to the requirements will not be reviewed.**

1.7.3. Application Submission – Method of Dispatch. Senders must assume the risk for the method of dispatching any communication (questions, requests for clarification, application, and so on). **The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.** Selection of the method of dispatch is the sole responsibility of the Proposer. Use of regular United States Postal Service (USPS) mail is **strongly discouraged** but if used, the sender should allow extra time for processing to ensure delivery by the stated time and date. As an alternative, the sender should consider using a delivery system that ensures delivery directly to the intended recipient (express mail, overnight delivery, UPS, FedEx, hand delivery). **Electronic methods of dispatch are prohibited unless otherwise noted.**

1.7.4. The application must be dispatched (see Section 1.7.3.) to:

Tennessee Department of Mental Health and Substance Abuse Services
Division of Substance Abuse Services
ATTN: Medication-Assisted Treatment (MAT)
Linda McCorkle, Director of Treatment
Andrew Jackson Building, 5th Floor
500 Deaderick Street
Nashville, TN 37243

1.7.5. Application – Due Date. Applications must be **received by** the State **no later than 4:00 PM CT on September 28, 2018** and meet the submission criteria detailed in this Application in order to be eligible for review. **See Section 1.6.1. for method of dispatch.** Applications will be considered “on time” only if they are received on or before the established due date and time. This does **not** mean “postmarked by” the due date and time; rather, it means “received by” and, “in the hands of the State by the due date and time. If the application is hand delivered, a signed receipt from the State will be given to the delivery person as verification of receipt. Receipt of applications submitted using a mail delivery service will be provided via e-mail, linda.mccorkle@tn.gov.

1.7.6. Late applications will **not** be reviewed.

1.7.7. State’s Right to Reject Applications. The State reserves the right to reject, in whole or in part, any or all applications; to advertise for new applications; to arrange to perform the services herein; to abandon the need for such services; and to cancel this Application if it is in the best interests of the State. See also Section 1.5. In the event such action is taken, notice of such action will be posted on the State’s website.

- 1.7.8. Application Withdrawal. Applications submitted prior to the due date may be withdrawn, modified, and resubmitted by the Proposer so long as any resubmission is within the parameters of this Application.

1.8. Application Review, Selection, Components, and Scoring

- 1.8.1. No Obligation of State. This Application and the Grantee selection process do not obligate the State and do not create rights, interests, or grounds for claims of entitlement by either the Proposer with the apparent best-evaluated application or any other Proposer. Selection of Grantees is at the sole discretion of the State.

- 1.8.2. Application Review. Eligible applications received by the deadline will be screened to determine technical compliance and completeness. **Incomplete and noncompliant applications will not be reviewed.** Proposers submitting incomplete or noncompliant applications will be notified. Applications found to be in compliance with all requirements, complete, and in the approved format will be submitted for review.

- 1.8.3. Application Selection. The State recognizes the need to ensure that funding for MAT services provide maximum benefit to the citizens of Tennessee. Therefore, preference will be given to MAT applications that:

1.8.3.1. Meet the Application Eligibility criteria outlined in Section 1.3.2;

1.8.3.2. Provide detailed information about the Medication-Assisted Treatment Program;

1.8.3.3. Identify partnerships to provide linkage to additional services such as clinical treatment, medical services, and employment.

- 1.8.4. Application Components. There are four (4) Application Components to be submitted in the following order:

1.8.4.1. Cover Sheet

Include name of organization and contact person

1.8.4.2. Table of Contents

Include page numbers for each of the major sections, beginning with the Application Narrative, and for each attachment of the application.

1.8.4.3. Application Narrative

1.8.4.4. Medical Director Experience

Medical Director(s) or MAT provider experience in delivering MAT services; i.e., number of years, capacity of program, etc.

1.8.5. Application Scoring. Application scoring will be based on the **quality** and **completeness** of responses to the Application components (see Section 1.8.4.). Each component will be allocated a maximum point value that determines a range within which reviewers will assign specific points (see Section 3.2.). Applications may receive a maximum score of two hundred (200). A minimum average score of one hundred twenty-five (125) or greater is required for the application to be considered for funding. Applications scoring less than the minimum average score will **not** be funded.

1.9. State of Tennessee Grant Contract Provisions

1.9.1. Scope of Services and Rights of State. See Attachment J for a draft Scope of Services, which is Section A. of a State of Tennessee Grant Contract. Before issuing the final Grant Contract the State of Tennessee reserves the right to make any changes deemed necessary to the Scope of Services. The State of Tennessee also reserves the right not to issue any Grant Contracts in response to this Application.

1.9.2. Commencement of State Obligations. State obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the State and the Grantee and after the Grant Contract is approved by all other Tennessee officials in accordance with applicable laws and regulations.

1.9.3. Consideration of Past Performance. Prior to the execution of any Grant Contract, the State reserves the right to consider past performance under other Tennessee contracts.

2. **APPLICATION NARRATIVE**

Applications must include completed responses to every question or statement in each category of this Application Narrative (Section 2.). **Failure to complete and submit each application component shall result in the application not being reviewed.**

1. Describe how you will implement the proposer's responsibilities as stated in 1.3.4.
2. State the unique number of individuals you propose to serve with the funds.

3. State which medications your entity will utilize for individuals with opioid use disorder.
4. Describe how you will provide linkages for clinical treatment services.

3. APPLICATION CHECKLIST

3.1. Technical Requirements

- Written in English
- Typed in black ink, single-spaced on standard eight and one-half inch by eleven inch (8.5" x 11") paper Typed in Times New Roman font size twelve (12)
- All margins (left, right, top, bottom) are one inch (1") each. The margin requirement is **not** applicable to the Attachments.
- Adhered to page and line limits
- Pages are sequentially numbered, including all attachments
- Page header includes the Proposer Name and Page Number
- Responded to each criterion listed in this Application in the order requested
- Signed in ink by an authorized representative of the Proposer submitting the application
- Assembled the application in the order described in Section 1.7.2.10.
- No binder clips or paperclips have been used; no stapling or binding has been used
- Submitted one (1) original print copy and four (4) print copies of the original

3.2. Application Order

Use the table below to ensure all requested information is included in the Application. In addition, application materials should follow the order denoted below. **Incomplete applications will not be reviewed.**

Application Component	Score	Maximum Page Limit (where applicable)	Checklist
Cover Sheet	NA	Not Applicable	
Table of Contents	NA	As needed to fulfill the requirement	
Application Narrative		Up to 5 pages	
1. Proposer's Responsibilities	100		
2. Unique Individuals Serve	20		
3. Medications	20		
4. Linkages for Clinical Treatment	40		
Attachment			
A. Medical Director(s) or MAT provider experience in delivering MAT services; i.e., number of years, capacity of program, etc.	20	As needed to fulfill the requirement	

Appendix A

**Medication-Assisted Treatment
DMHSAS Rate Sheet
State Fiscal Year 2019
Effective December 1, 2018 – June 30, 2019**

GRANTEE:

	Service	Rate
	Initial Evaluation by prescriber	\$120.00
	Follow up visits by prescriber as needed	\$60.00
	Nursing assessment and education as needed	\$30.00
	Drug Testing (Maximum of 8/person/year)	\$15.00 per screen
	Laboratory Services	\$75.00

Specific Assistance to Individuals Rate Sheet

	Service	Rate
	Medication/Buprenorphine	\$25.00 per day
	Medication/Naltrexone (VIVITROL)*	\$1007.93 per dose*
	Medication/Methadone	\$237 per month (75% of \$316/ month) with client paying 25% of the cost

* cost subject to change based on manufacturer's indigent rate