Announcement of Funding Availability
State Opioid Response:
HOSPITAL EXPANSION FOR SUD RESPONSE

Proposal Guidance and Instructions

AFA Title: HOSPITAL EXPANSION FOR SUD RESPONSE
Targeting Region(s): Statewide
AFA Number: AFA 4-2021 SA

West Virginia Department of Health and Human Resources
Office of Drug Control Policy (ODCP), Bureau for Behavioral Health (BBH),
and Bureau for Children and Families (BCF)

For <u>Technical Assistance</u> please include the AFA number in the
subject line and forward all inquiries in writing to:
<u>DHHRBBHAnnouncements@wv.gov</u>

Key Dates:	
Date of Release:	**January 8, 2021**
Application Deadline:	**February 16, 2021 5:00 pm**
Funding Announcement(s) To Be Made:	**To be determined**
Funding Amount Available:	**$200,000**

The following are requirements for the submission of proposals to the BBH:

☛ Responses must be submitted using the required Proposal Template available at <u>http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx</u>

☛ Responses must be submitted electronically via email to <u>dhhrbbhannouncements@wv.gov</u> with the AFA Number and "Proposal for Funding" in the subject line. Paper copies of the proposal will not be accepted. Notification that the proposal was received will follow via email from the Announcements mailbox.

☛ A Statement of Assurance agreeing to these terms is required of all proposal submissions available at <u>dhhr.wv.gov/bhhf/afa</u>. This statement must be signed by the agency's CEO, CFO, and Project Officer and attached to the Proposal Template.

☛ To request <u>Technical Assistance</u>, forward all inquiries via email to <u>DHHRBBHAnnouncements@wv.gov</u> and include the AFA Number and "Proposal Technical Assistance" in the subject line.

FUNDING AVAILABILITY

The focus of the current Announcement of Funding Availability by West Virginia Department of Health and Human Resources' Office of Drug Control Policy (ODCP) and Bureau for Behavioral Health (BBH) is to disperse federal funding received by the State through the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (SOR) program. SOR aims to address the opioid crisis and prevent opioid use disorder (OUD) deaths by:

- Increasing access to medication for Opioid Use Disorder (MOUD) using the three FDA-approved medications
- Reducing unmet treatment need, and
- Reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).

The specific purpose of this AFA is to support three hospitals in addressing substance use disorder for all patients using the Project Engage Model, which includes facility-wide integration of universal screening, medication-assisted treatment initiation, prevention of opioid withdrawal, peer recovery support specialist (PRSS) support, and coordinated care transition. Priority consideration will be given to proposals that currently employ emergency department SUD response measures, including but not limited to the initiation of medication assisted treatment, stationing a peer recovery support specialist in the ED, SUD screening, naloxone distribution, and local licensed behavioral health and community partnerships. Project Engage originated at Christiana Healthcare[1] in Delaware with a focus on identifying patients who could benefit from SUD intervention in the inpatient hospital setting. Because hospitals are a gateway into the broader health care system, many individuals with a SUD or at risk for a SUD can be better identified during this first point of contact. Rather than sending these individuals back into the community without a linkage to comprehensive care, Project Engage allows for screening, rapid treatment of withdrawal, inpatient initiation of MOUD, addiction medicine consultation, and, as an alternative approach, referral to community-based care. Treating patients during an in-patient stay for their primary diagnosis (i.e., the reason for hospital admission) but also for any identified secondary conditions, including SUD, is a key component of the Project Engage Model.

Project Engage was implemented in Huntington, WV in 2017 as a joint effort between Cabell Huntington Hospital and St. Mary's Medical Center. For more information please see: https://www.marshallhealth.org/services/addiction-medicine/the-road-to-recovery/. The purpose was to unify policies and protocols to increase likelihood that patients with SUD will be prepared for and choose long-term treatment upon discharge, with implementation beginning in the

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[1] https://christianacare.org/services/behavioralhealth/project-engage/

inpatient setting, mother-baby unit, and/or emergency department. Following Huntington's expansion of Project Engage into the Emergency Department, Christina Care followed suit.

The purpose of this AFA is to provide start-up funding for strategic planning toward readiness for implementation of the Project Engage model in three hospitals to provide individuals with SUD access to the continuum of care upon contact with the hospital system at any point of entry.

Total Funding Available: The AFA will support **three** grant awards in the amount of **$66,000 each** by DHHR's ODCP and BBH to implement a sustainable Project Engage model in two hospitals. Funding is provided via this AFA for strategic planning, capacity-building and hiring of personnel to support the Project Engage model of SUD response expansion.

Applicants should submit proposals with specified timeframes for project development and implementation that meet the criteria contained in this AFA. If a project is selected for award, the proposed timeframes will serve as the basis for developing the period of performance for the grant agreement.

Section One: **INTRODUCTION**

The West Virginia Department of Health and Human Resources' Office of Drug Control Policy (ODCP) and Bureau for Behavioral Health (BBH) envision healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The mission of the BBH is to ensure that West Virginians with mental health and/or substance use disorders, and intellectual/developmental disabilities experience quality services that are comprehensive, readily accessible and tailored to meet individual, family and community needs.

The State is required by SAMHSA to use SOR funding focused on MOUD. Treatment is ultimately a decision between doctor and patient, and therefore individuals seeking recovery must not only have the ultimate decision, but also be able to make an informed decision. SAMHSA (as well as the U.S. Centers for Disease Control and Prevention, the World Health Organization, and other state, national, and international experts) rely on high quality research demonstrating evidence that the best results in the vast majority of OUD cases come from a combination of medication to treat the physiological symptoms and addiction psychosocial therapy and supports to treat the underlying causes. These underlying causes might include adverse childhood experiences (ACEs), social determinants of health, other underlying trauma, and/or emotional and psychological issues, such as co-occurring mental illness.

Because SOR funding is time limited, BBH is focused on further developing a service delivery infrastructure, funding mechanisms, and interorganizational relationships that will sustain the system once the grant period ends. BBH does not expect that the same services will be "available behind any door," in other words, that the full range of early intervention/treatment/recovery

services will be available in all communities. Instead, BBH is focused on the goal of assuring that individuals with OUD from any county in West Virginia are able to open any door in their county to provide, at a minimum, active referral to quality, evidence-based early intervention, treatment and recovery services and resources, and using SOR funding to make this happen through the development of innovative service delivery systems. In addition, BBH envisions active referrals and services staffed by individuals with effective engagement skills in a trauma-responsive, person-centered, culturally competent way. Finally, SOR is focused on providing services to all West Virginians in a timely, seamless manner, as close to walk-in, same-day services as possible.

The emphasis on this type of system change is based on not only SOR requirements, but on exhaustive study and analysis performed by DHHR's Bureau for Public Health examining 2016 overdose death data. Among the notable findings noted in the Opioid Response Plan for the State of West Virginia was that "the majority (81%) of overdose decedents interacted with at least one of the health systems in this report. However, not all decedents interacted more than once with these resources, so each entity must be prepared to offer treatment at the time of interaction or have an established system for follow-up." With this in mind, it is critical that providers address fragmentation in patient services and enable better coordinated and more continuous care, meet individual client needs, and maximize state and federal dollars to meet the demand for these specific services. Successful proposals will add to and connect pieces of the continuum of OUD care in WV to improve patient outcomes, as well as strengthen quality, evidence- based providers. Given the urgency and complexity of addressing the state's needs within the indicated timeframe, this AFA is designed to elicit proposals for hospital SUD expansion efforts.

The extensive data and reporting required by SAMHSA will be used to determine the impact of the program on opioid use, and opioid-related morbidity and mortality over time, and reinforces the need to measure each funded proposal's impact on establishing a seamless system in West Virginia.

The program envisions hospitals expanding their capacity to treat those with SUD and to better meet the needs of those patients. The Project Engage model focuses on expanding the capacity of hospitals to treat those with substance use disorder. Project Engage aims to improve coordination between multiple sectors at healthcare facilities, such as hospitals, in order to provide better treatment for those with substance use disorder. Project Engage has dramatically increased the number of SUD patients who seek treatment at many of the hospitals where it has been administered. One program evaluation of a Project Engage pilot program at Wilmington Hospital in Delaware found it led to a 30-45% increase in patients seeking treatment (Pecoraro et al.). Dr. Terry Horton, chief of the Addiction Medicine Division for Christiana Care System, also located in Delaware, noted that their hospitals saved about $6,000 per patient who had received intervention from engagement specialists. Furthermore, not only has Project Engage been implemented successfully at hospitals around the country, but has also been successfully adopted by several providers within the state of West Virginia, at Cabell Huntington Hospital and St. Mary's Medical Center.

The goal of this AFA is to provide funding to support a project coordinator and a PRSS to implement organizational strategic planning and build readiness for system-wide capacity for

implementation of the Project Engage model. This project coordinator will be responsible for employing the components needed for the infrastructure and required for successful implementation of the Project Engage model. As that process is taking place, successful applicants will also be able to hire a PRSS using these funds. Once trained to work in a hospital setting, these PRSSs will allow for a smooth transition to treatment for patients who have been screened as having SUD/OUD, by providing emotional support and sharing their own experiences with recovery.

Due to the time limitations of this funding, BBH and ODCP are focused on ensuring that the service delivery infrastructure initiated by Project Engage, such as universal screening and coordinated care transition are put in place in order to remain sustainable once this startup funding expires. In their, proposals, interested applicants must

describe how their work will actively:

- Comply with SAMHSA's prohibition on the use of SOR funding for opioid detoxification services, unless it is accompanied by extended release naltrexone;
- Promote client engagement to increase retention in treatment;
- Promote same day access to appropriate levels of care;
- Promote access for individuals living in un/underserved areas;
- Implement hospital-wide screening procedures to identify individuals with SUD in the hospital inpatient setting;
- Connect individuals with Opioid Treatment Providers (OTPs) whose assessment indicates the need for methadone treatment;
- Address the treatment needs of individuals who have co-occurring OUD and mental illness;
- Promote and foster strong relationships between PRSS and hospitalized SUD patients;
- Promote responsible prescribing procedures for opiates and pain management;
- Promote and ensure that all relevant medical personnel are trained in the Project Engage program;
- Promote and ensure there are available substance use disorder consultants to assist physicians and other prescribers not familiar with prescribing opiates or opiate withdrawal;
- Promote and plan the specific dates for when the applicant's hospital will begin the pilot and full implementation phase of the Project Engage Program;
- Promote honest appraisals of the program's success by establishing a core team of evaluators within the hospital to continually monitor the effectiveness of Project Engage.

Grantee Eligibility
Applicants may be public or private, not-for-profit or for-profit hospitals with demonstrated experience treating patients with mental health conditions such as SUD, and, more specifically, OUD; Delivering recovery support services; having established relationships with local and regional SUD treatment providers; and being able to meet the formidable data evaluation obligations of the Project Engage program. Geographic diversity is also a major goal of this grant. As a result, priority for funding will be given to hospitals with an existing SUD response in the emergency department, as well as hospitals in underserved areas.

Eligible applicants must possess a valid West Virginia Business License and must provide proof of 501(c)3 status, if applicable. The West Virginia business license must be included with application.

Target Population
Individuals who are hospital patients with a substance use disorder, which could include co-occurring mental illness and polysubstance use, and high-risk priority populations, including people who inject drugs (PWID); individuals re-entering the community from incarceration; pregnant, postpartum, and parenting women (PPW); lesbian, gay, bisexual, transgender and queer individuals (LGBTQ) individuals; military veterans. Applicants are strongly encouraged to carefully consider the design of the program and the complexities associated with serving the target populations when applying.

Service Overview
While the emergency department is the hub, one of the main goals of the Project Engage Model is to ensure that medical personnel working all throughout a hospital are adequately prepared to treat patients with substance use disorder. A hospital with an implemented Project Engage program would have the capacity to

- Universally screen patients and assure that the appropriate protocols, clinical pathways, and procedures are put in place for substance use disorder on all hospital inpatient care units.
- Assure that all nursing staff are trained on screening for withdrawal as part of the routine clinical intake and ongoing patient assessment.
- Assure that all hospitalists, internal medicine, and family practice physicians are trained on the administration of suboxone, treatment of pain, and the management of a patient in withdrawal in an acute care setting.
- Assure that all contracted peer recovery coaches are trained to work in hospital settings.
- Implement methods of data collection to support project evaluation and ensures the success of the Project Engage program.

Implementation Overview

Grantees will be required to attend facilitated strategic planning meetings with BBH and ODCP, as well as to conduct staff assessments. The Project Engage Model must be followed for the purpose of this AFA.

- **Capacity Building**
    - All nurses are trained to conduct screening, assess patients using COWS[2] (CLINICAL OPIATE WITHDRAWAL SCALE), notify physicians for patients starting withdrawal and make referral to peer mentors and social work for support regarding treatment using
    - established standing orders.
    - All hospitalists, internal medicine and family practice physicians are trained on administration of suboxone, concurrent treatment of pain, and management of the patient in withdrawal in the acute care setting.
    - Written training plan, schedule and materials are established and put in place for nurses, peer recovery coaches, clergy, case managers, and social workers currently employed, as well as new hires.
    - Medical personnel (physicians) are available at both hospitals to serve as substance use disorder consultants to hospitalists and primary care physicians who are new to or not comfortable with prescribing and treating patients for withdraw of opiates. An Addiction Medicine Consult Line has been established.
    - Peer recovery coaches are both contracted for and trained on standardized processes and are employed to work in hospital settings.
    - An Engagement Specialist Supervisor has been identified.
    - Case management staff, social workers, and pharmacists are trained on Project Engage and their applicable role in the program.
    - A Project Engage Coordinator has been identified at each hospital.
    - An individual responsible for evaluation has been identified, understands the indicators needed and has developed a timeline for reports.
- **Planning and Policies**
    - Dates have been established for the pilot phase and full implementation phase, with built in opportunity for evaluation and any changes needed.
    - Screening questions with a preamble and COWs are embedded into EHR for ED, inpatient, and mother baby programs.
    - Exclusion criteria to Project Engage participation have been established and built into the EHR.
    - All standing orders are developed, approved and built into EHR, including a secondary order set for pain management for Project Engage participants.
    - A separate Pathway for ICU has been established.
    - IT rules have been built into the EHR.
    - Nurse Attitudes Surveys for baseline data have been completed.
    - Any formulary changes that are needed have been made, with protocols for administration of buprenorphine, etc. complete.
    - The visitation/discharge policy (and other related policies) have been reviewed and updated as appropriate.
    - A standardized written process and procedure for peer recovery coaches working with patients w/identified SUDs has been developed.

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[2] Please see: https://www.asam.org/docs/default-source/education-docs/cows_induction_flow_sheet.pdf?sfvrsn=b577fc2_2

— The role of the Engagement Specialist in the ED has been determined.
— Discharge instructions for Project Engage participants are complete.
— A core internal team has been formed to meet and review readiness for effective implementation of Project Engage (e.g., ED, inpatient, mother-baby, physician, case management, pharmacy, and social worker representation).

- **Screening/Assessment/Implementation**

  — Patient screening for substance use disorders (SUD) for all ED, inpatient and mother-baby admissions is embedded in EHR and has been piloted.
  — Patients are screened for SUDs upon admission and their results recorded in EHR.
  — Patients are assessed using the COWS to identify withdrawal and their results are recorded in EHR.
  — Patients in withdrawal in the inpatient setting are treated according to hospital policies that have been developed.
  — PRSS provide support and assistance to identified patients and families through a standardized process.
  — PRSS /social workers/case management assists patients access timely outpatient treatment upon discharge.

Collaborations and Memoranda of Understanding
Applicants for this funding will work in collaboration with community partners and behavioral health providers to engage and implement strategies for individuals with SUD upon hospital discharge, with an emphasis on the above identified priority populations. Memoranda of Understanding (MOU) with these identified partners must be executed within 30 days of notice of award that outline the roles and responsibilities of each party.

Program Sustainability
Funding for this AFA is anticipated to be a one-time funding opportunity spanning a two-year grant period. The year two funding will provide funds for implementation of the strategic plan developed during year one and will require a separate grant agreement.

In addition to a developing a written strategic plan, a sustainability plan must be developed during the funding period, with the support of BBH, ODCP, and TA. For the purpose of this AFA, each application must confirm they acknowledge their responsibility to create and uphold the sustainability plan after these funds are expended and the Project Engage Model infrastructure is established. All proposals should acknowledge their agreement to sustain universal screening and the SUD treatment services that serve as the core of the Project Engage Model after this initial funding expires. More specifically, successful proposals will agree to their sustainment of its program coordinator, peer services supportive of its expanded capacity for MOUD , and ongoing program evaluation within the hospital facility. Proposals must include their current or intended licensed behavioral health and community partnerships for the target populations in the applicant's identified geographic area after this one-time funding expires**.**

Section Three: **PROPOSAL INSTRUCTIONS/REQUIREMENTS**

All proposals for funding will be reviewed by ODCP/BBH staff for minimum submission requirements and must comply with the requirements specified in this AFA to be eligible for evaluation: (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements may not be reviewed further.

A review team independent of ODCP/BBH will review the full proposals. Proposals must contain the following components:

✓ A completed Proposal for Funding Application, available at http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx.

✓ A Proposal Narrative consisting of the following sections: Statement of Need, Proposed Implementation Approach, Staff and Organization Experience, Data Collection and Performance Measurement.

✓ Together these sections may not exceed **20** total pages. Applicants must use 12-point Arial or Times New Roman font, single line spacing, and one-inch margins. Page numbers must also be included in the footer.

The following is an outline of the Proposal Narrative content:

1. <u>Statement of Need and Population of Focus</u>: Describes the need for the proposed initiative, to include:
   - A description of the target population and relevant data, including patient population information and service trends.
   - A documentation of the need for the proposed project, specifically in the identified catchment area and the hospital facility. Clearly identify the county(ies) that will be served by the project.
   - A description of the strengths and gaps in the SUD treatment system in both the facility applying and in the geographic area the applicant proposes to serve. Describe how the Project Engage Mode will address the gaps in the facility's SUD treatment system.

2. <u>Proposed Evidence-Based Service/Practice</u>: Delineates the initiative/services being proposed and sets forth the goals and objectives during Year One.
   - Describe the purpose of the proposed project.
   - Clearly state project goals, objectives, and strategies. These goals, objectives, and strategies must relate to the intent of the AFA.

- Describe the evidence-based practice(s) (EBP) that will be utilized and justify its use with the population of focus.
- Discuss how the COWS screening will be utilized and the basis for their selection of patients to be screened.

3. Proposed Implementation Approach: Describes the applicant's commitment to follow the implementation requirements for the Project Engage Model during Year One and must include:
   - A description of the applicant's ability to ensure rapid access to services for individuals with SUD within its facility and following discharge to the community.
   - A description of the applicant's existing relationships with CPS, community partners, and the applicant's plans for expanding partnerships across the SUD continuum of care to ensure rapid access to services for individuals with SUD.
   - Provide a chart or graph depicting a realistic timeline for the 6-month project period, delineating key activities, milestones, and designated staff responsible for actions. Be sure to demonstrate that the project can be implemented, and staff hired no later than 1-month post award. (Note: this chart or graph should be included in the narrative section and not as an attachment.) Timeframe should include all facets of program creation.
   - Describe how achievement of the goals of this project will produce meaningful and relevant results for the target population as well as the broader community.
   - Identify all other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project by providing letters of support. Please include these letters in **Attachment 3**.
   - Provide a description of all other state and federal resources that will be sought to address the goals and objectives of the proposed implementation approach and how these resources will enhance and not duplicate existing efforts.
   - Provide a description of how the applicant will ensure the ongoing input of the target population in planning, implementing, and assessing the proposed service.
   - Describe the applicant's plan to continue the project if and when there is a change in the operational environment (e.g., staff turnover or change in leadership) to ensure stability over time.
   - Describe the facility(ies) to be utilized. This description may be for an existing facility already owned and operated by the applicant agency, or a facility for which the applicant agency has a detailed business plan for acquisition, leasing, or other manner of habitation. BBH staff will be available to discuss what options may exist for securing a building or other location in the event that a location is not readily available. If the applicant agency chooses to reach out to BBH staff regarding what options may exist, these discussions must occur prior to submission of the applicant's proposal. Any diagrams that may exist should be included in **Attachment 4**.

4. Staff and Organization Experience: This section should describe the applicant's expertise with serving the population(s) of focus and with the delivery of ACE and OUD treatment services, to include:
   - A description of the applicant's and their partners' current involvement with the

population(s) of focus.
- Describe the applicant's existing qualifications to carry out the proposed initiative/service(s).
- Provide a complete list of staff positions for the project, including the Program Coordinator and Peer Recovery Support Specialist, as well as any other key personnel, demonstrating their applicable level of effort and qualifications.

5. Data Collection and Performance Measurement:
- Describe the applicant's plan for data collection, management, analysis, and reporting. Specify and provide a rationale for any additional measures or instruments the applicant plans to implement in this project.
- Describe the data driven quality improvement process by which population and sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced.
- Describe how data collected will be used to manage the project and assure that the proposed goals and objectives will be tracked and achieved.
- Describe how information related to progress and outcomes will be routinely communicated to ODCP, BBH, program staff, governing and advisory bodies, and stakeholders.

6. Sustainability Plan: Describe the commitment the applicant will make to maintain the proposed program/facility operations beyond the one-time funding provided through this AFA, including establishing or maintaining eligibility for reimbursement through third party payors. The applicant must address their commitment to work with BBH, ODCP, and TA to develop a sustainability plan during the initial 6-month funding period for year one implementation and agree to meet the expectations of that plan. Describe how the proposed program/facility meets the appropriate American Society of Addiction Medicine (ASAM®) Criteria Continuum of Care Level(s).

7. References/Works Cited: All sources referenced or used to develop this proposal must be included on this page. This list does **not** count towards the **20-page** limit.

The attachments **do not** count toward the **20-page** limit.

✓ **Attachment 1**: Targeted Funding Budget(s) and Budget Narrative(s).
- Targeted Funding Budget (TFB) form, includes sources of other funds where indicated on the TFB form. A separate TFB form is required for any capital or start-up expenses. This form and instructions are located at http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.aspx

- The budget must include the 6-month salary of the program coordinator and fringe benefits.

- Budget Narrative for each TFB form, with specific details on how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the TFB. The narrative should also describe any potential for other funds or in-kind support. The Budget Narrative is a document created by the applicant and

not a BBH Fiscal form.

✓ **Attachment 2**: Applicant Organization's Valid West Virginia Business License (if applicable).

✓ **Attachment 3**: **Letters of support** must be submitted with the application to demonstrate that a coordinated and integrated service system is in place to meet the complex needs of the target population. **Letters of commitment** by the applicant's leadership must be submitted with the application to ensure that the applicant and its administration understands this funding opportunity includes both capacity building and implementation phases spanning the course of two years. The letters of commitment from leadership must agree to both phases of this grant opportunity.

✓ **Attachment 4**: Facility diagrams/floorplans.

Section Four: EXPECTED OUTCOMES/PERFROMANCE MEASURES

EXPECTED OUTCOMES

The overall expected outcomes for the SOR grants are:

1. Increased access to MOUD using the three FDA-approved medications ,
2. Reducing unmet treatment need, and
3. Reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).

The specific purpose of this AFA is to increase access to and retention in evidence-based treatment for individuals with SUD within the state through the hospital system.

PERFORMANCE MEASURES

Year 1 Performance Measures may include, but are not limited to:

- A core team exists within each hospital to meet and review periodic reports to monitor effectiveness of Project Engage implementation which can leverage 'QI' processes to make necessary changes.
- There is a mechanism for collecting data from nurses, physicians, peer mentors, social workers at time of training and over time to provide feedback based on their experience and foster a CQI environment and

engagement in Project Engage.
- Indicators for evaluation have been identified and validated as available/ collectable.
- A standardized written report format and schedule of reports to be produced has been developed to monitor/evaluate implementation, including area specific indicators that are necessary for appropriate evaluation (e.g. questions specific to ED flow, etc.)

Year 2 Performance Measures may include, but are not limited to:

- Number of opioid related patient encounters (ED and admissions) based on coding (if properly coded)
- Total number screened/% of all admissions
- Number of opioid related patient encounters identified through screening questions (by ED and inpatient)
- Number of patients COWS completed on
- Number of patients referred to a PRSS
- Time from referral to PRSS to time patient seen by PRSS
- Time from COWS = 8 (identification of withdrawal) to dosing or referral and treatment:
- Number of patients linked to recovery services (note type and facility)
- Number of opioid related patients who leave the hospital AMA
- Number patients administratively discharged
- AMA rate for 7 and 30 day readmission rates, placement into drug treatment after 1 day and 1 month.
- Patient satisfaction maintained at higher than 80%.

Section Five: **CONSIDERATIONS**

LEGAL REQUIREMENTS

Eligible applicants are public organizations (e.g., units of local government) or private organizations with a valid West Virginia Business License. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed prior to award or the vendor must demonstrate proof of such application. Applicants must have or be eligible to obtain a behavioral health license and, if applicable, an office-based medication-assisted treatment registration in the State of West Virginia, and the applicant must be able to meet requirements for enrollment as a West Virginia Medicaid provider.

The Grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact about all contractual matters. The Grantee may, with the prior written consent of the State, enter written sub agreements for performance of work; however, the Grantee shall be responsible for

payment of all sub awards.

All capital expenditures for property and equipment shall be subject to written prior approval of DHHR and must be included as a separate budgetary line item in the proposal. Upon award, regulations regarding the acquisition, disposition and overall accounting for property and equipment will follow those delineated in federal administrative requirements and cost principles. Additionally, the Grantee may be bound by special terms, conditions or restrictions regarding capital expenditures for property and equipment determined by the Department as to best protect the State's investment.

FUNDING METHODOLOGY

After receipt of the fully executed Grant Agreement, the Grantee will submit invoices pursuant to the Schedule of Payments. Requests by the Grantee for payment shall be limited to the minimum amount needed and be timed to be in accordance with the actual, immediate cash requirements of the Grantee in carrying out the purpose of the approved program. The timing and amount of the cash payment shall be as close as is administratively feasible to the actual disbursements by the Grantee for direct program costs and the proportionate share of any allowable indirect costs. Reports reconciling payments received and actual expenditures incurred will be submitted in accordance with reporting requirements.

ALLOWABLE COSTS

Please note that Departmental Policies are predicated on requirements and authoritative guidance related to federal grants management and administrative rules and regulations. Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-federal funds (e.g., state-appropriated general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.

COST PRINCIPLES

Subpart E of 2 CFR 200 establishes principles for determining the allowable costs incurred by non-federal entities under federal awards. The Grantee agrees to comply with the cost principles set forth within 2 CFR 200 Subpart E, regardless of whether the Department is funding this grant award with federal pass-through dollars, state-appropriated dollars or a combination of both.

GRANTEE UNIFORM ADMINISTRATIVE REGULATIONS (COST PRINCIPLES AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS)

Title 2, Part 200 of the Code of Federal Regulations (2 CFR 200) establishes uniform administrative requirements, cost principles and audit requirements for federal awards to non-federal entities. Subparts B through D of 2 CFR 200 set forth the uniform administrative requirements for grant agreements and for managing federal grant programs. The Grantee agrees to comply with the uniform administrative requirements set forth within 2 CFR 200 Subparts B through D, regardless of whether the Department is funding this grant award with federal pass-through dollars, state-appropriated dollars or a combination of both.