



## **Application for Maternal Opiate Medical Supports**

Funding period SFY 2019: September 29, 2018 – September 28, 2019 (MHA-19-MEDDIR-SOR-47)

**John R. Kasich, Governor**  
**Dr. Mark Hurst, Director**

## **RFA PURPOSE**

The Ohio State Opioid Response (SOR) Project will focus on building a community system of care (prevention, early intervention, treatment and recovery support) that emphasizes service integration between physical health, emergency health care, behavioral health care, criminal justice, and child welfare. The geographic area for this project is the State of Ohio. The population of focus is adolescents and adults with a diagnosis of opioid use disorder and those at risk for misuse of opioids.

The Ohio SOR Project is intended to 1) expand prevention efforts related to naloxone distribution, provide training across systems for professionals to improve system responses to the opioid epidemic, and deploy targeted awareness messaging for communities; 2) expand access to medication-assisted treatment and a clinical workforce with the expertise to provide MAT and psychosocial treatment to individuals with an opioid use disorder, and 3) expand the use of certified peer supporters and access to recovery housing, in particular recovery housing for families; and development of employment opportunities for persons in recovery from opioid addiction. In achieving these aims, programs and services will build upon the work already established by Ohio's 21<sup>st</sup> Century CURES State Targeted Response initiative.

OhioMHAS seeks to award funding to support eleven federally licensed opioid treatment program (OTP) providers and/or OhioMHAS licensed behavioral health providers with co-located MAT to implement and provide Maternal Opiate Medial Supports services (MOMS; <http://momsohio.org/moms/>) to pregnant women with opioid use disorder. Awardees will develop an integrated maternal care home model of care utilizing the MOMS toolkit to support clinical practices for this population. Awardees will be responsible for participating in training and technical assistance events, learning communities, co-locating OB/GYN services, and coordinating with managed care plans and other entities (e.g., accountable care organizations (ACOs), comprehensive primary care centers (CPCs), and federally qualified health centers (FQHCs)) to encourage program sustainability. Additionally, awardees will participate in an evaluation of MOMS services.

## **OHIO MOMS Goals**

### MOMS Implementation

Awardees will utilize the MOMS toolkit to develop a maternal care home that provides timely access to appropriate addiction and mental health services during pregnancy that extends postpartum, including intensive home-based or residential treatment. Awardees are expected to develop an administrative oversight team in the pre-planning period. This team is expected to follow the site readiness process that recommends the best administrative and clinical pathways to deliver care ([http://momsohio.org/healthcare-providers/decision-trees/decisiontree-attributes/MOMS%20Decision%20Tree\\_F4\\_6-27-16.pdf](http://momsohio.org/healthcare-providers/decision-trees/decisiontree-attributes/MOMS%20Decision%20Tree_F4_6-27-16.pdf)). Awardees and any sub-contractors should adopt the treatment recommendations and clinical pathways from the decision tree during the implementation period. Any deviations from the clinical recommendations outlined in the decision tree should be reported to the MOMS trainer and OhioMHAS.

Awardees are expected to recruit pregnant women with opioid use disorder to be part of the MOMS maternal care home. While there are no exclusion criteria for these women to be part of the MOMS program (e.g., trimester), pregnant women are required to adhere to awardee policies and procedures to maintain membership in the program. Awardees are expected to expand their census of pregnant women served at their agency by at least 55 women during the grant.

Care coordination should involve establishing relationships between the awardee and women's healthcare and social service providers including primary care physicians, child welfare caseworkers, pediatric healthcare professionals, and legal caseworkers. If women do not have a primary care provider, they will be referred to one that can easily bill for care coordination (e.g., one who is associated with an ACO, CPC, or FQHC). Awardees are also expected to co-locate OB/GYN services within their facilities through formal or informal contracts. Women participating in MOMS shall not be mandated to use these OB/GYN services; however, they may want to use these services even if they have an existing OB/GYN for increased pregnancy monitoring. Finally, all awardees will be expected to work closely with Medicaid managed care programs and other insurance providers to place participating women in high-risk case management caseloads.

#### MOMS Learning Community Participation

Awardees are required to participate in a MOMS learning community that will be developed and facilitated by earlier OTP adopters of the MOMS program (MOMS trainers). The purpose of the MOMS learning community will be to disseminate best practices for treating opioid dependent pregnant women and their children. Trainings will involve group skill building trainings (with all participating awardee sites in attendance) as well as individual trainings tailored to the individual awardees. Group trainings will be held monthly throughout the project through face-to-face meetings, calls/webinars, and on-site consultation. Individual site-trainings will be held at least three times a month for the first six months, and at least once a month thereafter. Awardees will be asked to coordinate with trainers and present on at least one topic during technical assistance calls over the course of one year. Awardees will have access to the MOMS trainers for technical assistance through phone calls and email.

#### MOMS Evaluation

Awardees are required to provide data needed for evaluation of the project by OhioMHAS. Department staff will submit an Internal Review Board (IRB) application to the Ohio Department of Health, so that patient and infant outcomes can be monitored throughout the project. Upon IRB approval, all women who want to join the program will be offered forms that allow participating organizations to release the woman's information. Women that refuse to sign the release of information form may still participate in the MOMS program. Site data collection generally will include program metrics (e.g., housing status and retention), information on the participants (e.g., patient demographics and medication routine), and information on the infants and their health outcomes (e.g., infant demographics, including Medicaid ID).

#### Other General Expectations of MOMS Services

##### *Service Provision – Program will provide or utilize:*

- Services in the woman's preferred language and cultural context that is most appropriate, and a service location that is readily accessible to the population served;
- Gender specific substance abuse treatment and other therapeutic series, including trauma-informed care when appropriate;
- Therapeutic interventions for children in custody of women in treatment which may address, among other things, their developmental needs and trauma;
- Sufficient treatment support and care coordination (case management), to include all necessary support activities to ensure that women and their children have access to the services listed above;
- Clinical approaches that support managed care (improved utilization management systems, such as, enhanced engagement, step down provisions for consumers in residential settings, aftercare and/or linkage to other services);

- Enhanced collaboration with children's services, the criminal justice system, vocational rehabilitation and employment services and other entities serving Medicaid eligible consumers;
- Identification and tracking methods of service utilization for all participants; and
- Tobacco cessation programs, or referrals to tobacco cessation programs for women who use tobacco products (e.g., cigarettes and e-cigarettes).

*Case Management /Maternal Opiate Support – Program will provide:*

- Coordination and integration of services, and support with navigating systems of care to implement the individualized and family service plans;
- Assessment and monitoring of the extent to which required services are appropriate for women, children, and the family members of the women and children;
- Assistance with community reintegration, before and after discharge, including referrals to appropriate services and resources;
- Assistance in accessing resources from Federal, State, and local programs that provide a range of treatment and support services, including substance abuse, health, mental health, housing, employment, education and training; and
- Connection to safe, stable, and affordable housing that can be sustained over time.

## **DATA COLLECTION AND REPORTING**

As authorized in Ohio Revised Code Section 5119.61, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) will collect information and data from awardees. This information and data are outlined in the Reporting Requirements, which will be distributed with all the Notices of Award. These Reporting Requirements will be available on the OhioMHAS website. Reporting requirements, such as expenditure reports and quarterly program summary reports, will be reviewed by OhioMHAS staff. Failure to comply with reporting requirements may be considered a breach of the funding award and shall result in action by OhioMHAS.

SAMHSA requires the collection of GPRA data through face to face interviews at 4 time points during services including at the initiation of services, 3 months after initiation, 6 months after initiation and at time of discharge from services. Further information about the GPRA interview can be found at <https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services>.

### **Additional Data Collection**

Data collected and reported by awardees will include, but may not be limited to:

*Program metrics*

- Housing status (assessment at every visit)
- Whether your agency offered or referred to stable housing
- Employment status
- Whether your agency offered or referred to educational or vocational services
- Patient retention (e.g., admission dates, discharge dates, number of no shows)
- Criminal justice involvement
- Tobacco Use
- Whether your agency offered or referred to tobacco cessation classes

#### *Other Information on the participants*

- Patient demographics (e.g., age, race, ethnicity, Medicaid ID, AOD diagnoses, tobacco use and frequency of use)
- Medication information (e.g., MAT type and dosage)
- Expected date of delivery
- Number of negative and positive toxicology screens
- Number of positive toxicology screens with an unexpected outcome (i.e., outcome not due to a prescribed drug)
- Drug(s) found in each positive toxicology screen
- Number of and type of behavioral health services received
- Service satisfaction scores on a questionnaire to be developed by the Department
- Participation in a Child Protective Services-approved safety plan
- Participation in early-intervention services

#### *Information on the infants*

- Infant demographics (e.g., sex, race, ethnicity, Medicaid ID, social security number)
- Birth outcomes (i.e., live birth, miscarriage, stillbirth, termination)
- Breast feeding participation

Other information will be collected by the Department through Medicaid databases, including variables such as infant diagnosis of NAS, infant NICU length of stay, infant date of delivery, infant pediatric visits, infant health outcomes (e.g., gestational age, birth weight, feeding difficulties, respiratory conditions, and other complications) mother's prenatal care attendance, mother's behavioral healthcare attendance during prenatal and postnatal periods.

#### **Performance Assessment**

Awardees must participate in a performance assessment, including monthly reviews with OhioMHAS staff.

### **PROGRAM OPERATIONS AND MANAGEMENT**

#### **Eligible Applicants**

Applications will be accepted only from non-profit organizations that meet several criteria. All applicants must:

- Offer on-site outpatient and intensive outpatient behavioral health services
- Offer on-site buprenorphine and/or methadone
- Offer peer support services for women in treatment
- Offer or contract with an OB/GYN provider to provide onsite OB services for eight (8) hours per week. These hours can be divided across the week days or one day may be set aside for provision of OB/GYN care. The medical provider that delivers the OB/GYN care must be an Ohio licensed OB/GYN physician, a nurse midwife, nurse practitioner, or physician assistant who is certified in OB/GYN care and has an association to an OB/GYN physician. Women participating in MOMS shall not be mandated to use this OB/GYN service as their primary OB/GYN service but should be offered additional monitoring in between normal visits to monitor health of mother and fetus.
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- Offer or refer to a pediatric physician who can treat the infant after delivery
- Offer or refer to inpatient services when appropriate
- Offer or refer to recovery housing when appropriate

- Offer or refer to vocational services when appropriate
- Accept Medicaid
- Have served a minimum of 15 pregnant women with opioid use disorder during 2017 or an average of 15 pregnant women with opioid use disorder between 2017 and 2018.

### **Special Requirements**

Applicants must be able to demonstrate a minimum of two years of experience in treating opioid dependent pregnant women, including the use of FDA-approved medications for pregnant opioid dependent women, as well as other addiction services. Applicants must provide effective controls and procedures to guard against tampering and diversion of controlled substances. Applicants must adhere to all federal and state guidelines for opioid treatment programs or office-based opioid treatment programs and must be in good standing with state and federal entities. Applicants must commit to ongoing communication and collaboration with the local Alcohol, Drug Addiction and Mental Health Services Board, law enforcement, the local public children services agency and the justice systems.

**Permissible Use of Funds:** Costs may be related to the organization and management of the MOMS project; salary for one clinical care coordinator; contracting with one or more credentialed obstetric physicians, obstetric physician assistants, or obstetric nurses; contracting with credentialed pediatric physicians, pediatric physician assistants, or pediatric nurses; purchasing new obstetric equipment (e.g., examination table and/or ultrasound); purchasing new pediatric equipment; participation of staff in MOMS technical assistance calls/webinars/in-person events; provision of child care during behavioral and physical health appointments; and programs for women to participate in prenatal care, behavioral healthcare, physical healthcare, and pediatric care. Peer recovery supporters are an allowable expense insofar as there is not already funding available for these positions.

Any use of funds for equipment other than the obstetric equipment noted above (including electronic devices such as computers, tablets and cell phones), furniture or computer software (including licenses) must be justified in terms of the relationship of the equipment, furniture or computer software to the program or activity. Justification to purchase equipment, furniture, computer software must be submitted to OhioMHAS for prior approval and include an explanation of how the equipment, furniture or computer software will be used, why the purchase is necessary, what alternatives were considered, how the cost was determined and why the program considers the cost reasonable. Funds cannot be expended for equipment, furniture or computer software until approved by the Department.

Equipment, furniture or computer software purchased under a grant is the property of OhioMHAS, except for equipment related to the obstetric care of women. A list of equipment, furniture and computer software, including serial numbers must be submitted to the Community Funding unit through an equipment itemization form obtained from the State Opiate Response project director post-award. See Item #10 in the general Agreement and Assurances in the event of termination or non-renewal.

### **APPLICATION GUIDELINES**

Application page limit is eight, single-spaced pages in 12-point Times New Roman font. This page limit

does NOT include the face sheet (Attachment 2), the budget narrative, or budget expenditure form (Appendices 1 and 2). Applications must include the following:

#### A. Scope of Work

1. Face sheet (Attachment 2)
2. Abstract - Summary of how all MOMS services will be implemented and total amount of funding requested. (300 words or less)
3. Project Description- Provide a description of the proposed project that includes the following:
  - a. Demonstration that applicant meets the minimum requirements to apply for the grant
  - b. Reasonable strategies for MOMS project planning using the site readiness process tool
  - c. Reasonable plans for participating in MOMS learning community
  - d. Reasonable strategies to recruit participants as early as possible. Includes plans for establishing and maintaining relationships with partner organizations or providers, including but not limited boards of alcohol, drug, mental health services, child welfare providers and any other providers necessary for successful treatment.
  - e. Reasonable plans for implementing the maternal care home model, including plans to coordinate relationships between the awardee and women's healthcare providers. Reasonable plans to meet all of the service provision and case management expectations
  - f. Reasonable plan for coordination of collection and reporting of data, including submitting monthly reports to OhioMHAS
  - g. Reasonable business plans to sustain the MOMS project after the discontinuation of funding
  - h. Letters of support from community stakeholders who will be involved in the coordinated care of women and children
  - i. Budget Expenditure Form (Appendix 1) and Budget Narrative (Appendix 2) documenting implementation period funds. Proposals must include a budget and budget narrative that identifies all costs to complete the project as described in the proposal, as well as how OhioMHAS funds, and other resources will be used.

#### B. RFA Questions and Updates

1. The Request for Application, accompanying documents and all questions and answers will be posted on the OhioMHAS website at: <http://mha.ohio.gov/http://mha.ohio.gov/Default.aspx?tabid=725>
2. All questions must be submitted electronically no later than **Friday October 26, 2018** to OhioMHAS at: [SORTreatment@mha.ohio.gov](mailto:SORTreatment@mha.ohio.gov)
3. No questions will be answered after the deadline. You may **NOT** contact any OhioMHAS staff member directly with questions regarding this RFA. Contacting staff directly with questions could result in disqualification of an application.
4. Responses to all questions (FAQ) will be posted to the OhioMHAS website at <http://mha.ohio.gov/http://mha.ohio.gov/Default.aspx?tabid=725> and will be updated frequently.

#### C. Application Submission

1. All applications must be submitted electronically to: [SORTreatment@mha.ohio.gov](mailto:SORTreatment@mha.ohio.gov) by **Friday November 23, 2018**.

2. No faxed, mailed or hand carried applications will be accepted.

D. Award

1. Awards are expected to be announced in November for project implementation to begin no later than December 1, 2018.

2. All state fiscal year 2019 funds should be obligated by April 30, 2019. No cost extensions are permissible with prior approval from the Department.

3. Grant awards will not exceed \$175,000.

Review Criterion	Points Possible
<b>Scope of Work</b>	
Abstract: Overall plan for implementation of MOMS services and funding requested reflect a clear understanding of the State Opiate Response MOMS project	5
Project description components:	
a. Demonstration that applicant meets the minimum requirements to apply for the grant	5
b. Reasonable strategies for MOMS project planning using the site readiness process tool	5
c. Reasonable plans for participating in MOMS learning community	5
d. Reasonable strategies to recruit participants as early as possible. Includes plans for establishing and maintaining relationships with partner organizations or providers, including but not limited boards of alcohol, drug, mental health services, child welfare providers and any other providers necessary for successful treatment.	10
e. Reasonable plans for implementing the maternal care home model, including plans to coordinate relationships between the awardee and women's healthcare providers and meet all of the service provision and case management expectations	15
f. Reasonable plan for coordination of collection and reporting of data, including submitting monthly reports to OhioMHAS	10
g. Reasonable business plans to sustain the MOMS project after the discontinuation of funding	10
h. Letters of support from community stakeholders who will be involved in the coordinated care of women and children	5
<b>Technical Score</b>	<b>70</b>
Budget: Program cost is reasonable and realistic	30
<b>Total Score</b>	<b>100</b>
Rating	Explanation
0	Is Not Addressed. Application does not comply with the requirement and/or does not address expectations.
1-2	Weak. Application does not substantially meet the requirement and/or does not substantially meet expectations.
3-4	Meets. Application meets the requirement and meets expectations.

5	Exceeds. Application exceeds the requirement and exceeds expectations.
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**Conditions of Award**

- Awardee will work with OhioMHAS and MOMS trainers on all aspects of the State opiate response MOMS project throughout the duration of this grant period.
- Awardee will attend required training, technical assistance and/or meetings as per SAMHSA and/or OhioMHAS request including monthly status meetings with the OhioMHAS project director.
- As authorized in Ohio Revised Code Section 5119.61, OhioMHAS will collect information and data from awardee. Awardee will provide required information and data electronically, through online reporting systems. All information and data will be reviewed by project staff. Failure to comply with reporting requirements shall result in action by OhioMHAS, which may include withholding of funds.
- The Department reserves the right to make no award, make an award for a lesser amount, make an alternative award for the specified project or make an award for a shorter duration. The Department reserves the right to ask clarifying questions, issue conditional awards, and negotiate a best and final application with one or more applicants(s). The Department reserves the right to waive errors and omissions that do not materially affect the application. Errors and omissions may result in lower evaluation scores or rejection of the application.
- Awardee will be solely responsible for reporting, withholding, and paying all employment related taxes, payments, and withholdings for his/her self and any personnel, including but not limited to: Federal, State, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.
- Awardee must execute OhioMHAS Agreement and Assurances upon notice of award. (For reference, a copy of the Agreement and Assurances can be found in Attachment 1).
- The Department reserves the right to change the conditions of the grant or discontinue the grant if money is not allocated to the states as expected or if the federal government changes the conditions of the federal grant, or if the awardees performance is not adequate.

**Deadline for submission of all applications is Friday, November 23, 2018 by  
5:30PM Eastern Daylight Savings Time to:  
[SORTreatment@mha.ohio.gov](mailto:SORTreatment@mha.ohio.gov)**