Opioid Treatment Program Partnerships (OTPP)

Scope of Services (Section C.3. of the NOFO)

Applications due March 28, 2025

Contents

C.3. Funding Purpose and Scope of Services

A minimum of seven (7) organizations will be awarded OTPP funding to increase access to all forms of MAR throughout Illinois for people with opioid use disorder (OUD) or polysubstance use disorder (including opioids), focusing on disparately impacted populations. To achieve this goal, OTPP subrecipients shall accomplish the following objectives:

- Forge partnerships between OTPs and federally qualified health centers (FQHCs), hospitals, clinics, or public departments of health.
- Establish new OTPs or new medication units (satellites) of existing OTPs in regions of the state not currently served adequately by existing OTPs and medication units ("MAR deserts").
- Create collaborative care models supported by the above partnerships to ensure patients have access to comprehensive substance use disorder services, including physical (medical), behavioral health, and recovery support services (42 CFR § 8.2).

Of the 3 years of funding, startup expenses will be allocated for the first year only. Two (2) years will be considered for health organizations that have not completed the regulations process.

Funded partnerships must accept people who receive Medicaid/Medicare and/or are uninsured.

All subrecipients are required to obtain and/or maintain:

- Accreditation by an Accreditation Body,
- Certification by SAMHSA in accordance with 42 CFR Part 8 Subpart C,
- Registration with the Drug Enforcement Administration (DEA), and
- Licensing by SUPR.

The tasks required and associated performance measures, standards, and potential metrics to be collected are as follows:

Task 1. Fulfill Award Administration Requirements

OTPP subrecipients must fulfill obligations detailed in Section H.10. Reporting and Grants Administration Requirements, including:

- Complete an organizational needs assessment (ONA) survey
- Develop and update an implementation and sustainability plan (ISP), which informs the performance metric used for program activities
- Develop and implement an equity and racial justice (ERJ) plan
- Complete monthly periodic performance reporting (PPR)
- Complete monthly program fiscal reporting (PFR)
- Participate in program status meetings and training/technical assistance (TTA) as prescribed

- Conduct data collection and complete monthly evaluation reporting

Anticipated performance measures for these activities are detailed in Section C.4. Deliverables and Performance Measures.

Task 2. Staff and Administer Program

The subrecipient must establish and maintain program leadership and staffing, operations, information technology, and other administrative infrastructure required to support program activities pursuant to administrative and legislative requirements.

The following deliverables are required:

Task 2.a. Identify Program Staff

The subrecipient must allocate or hire sufficient staff to support the delivery of the tasks. The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends that OTP staffing patterns align with the size of the OTP, the scope of practice, the extent of services provided, and the number of patients served.

At a minimum, a medical director and a program sponsor must be designated and fulfill the responsibilities identified in Certification and Treatment Standards for Opioid Treatment Programs Federal Opioid Use Disorder treatment standards (42 CFR § 8.12). If new staff are to be hired, interim staff must be available at the beginning of the period of performance. Program leadership must be supported by administrative, finance, and legal staff to ensure program operations comply with legislative and administrative requirements pursuant to the subaward agreement.

Leadership and direct service staff should be reflective of the community/population being served. Preference is given to subrecipients that commit to having direct service staff who both live and work in their communities.

Task 2.a. Performance Measures

Submit a Program Organizational Chart detailing assigned staff (or designated to-be-hired), their roles, and matrixed supports within fifteen (15) days from the beginning of the period of performance. This organizational chart should include a list of names and emails of all individuals assigned to work on the program in any capacity.

Task 3. Provide Community Outreach and Education (Optional)

This task is applicable only to subrecipients seeking to offer MAR services at a location at which methadone is not currently dispensed.

Any subrecipient seeking to establish a new OTP or to extend OTP services to a new location using a medication unit must provide the following deliverables:

Task 3.a. Develop a Community Relations Plan

The subrecipient must develop and follow a Community Relations Plan. The Community Relations Plan must be based on the core principles described on p. 101 of Federal Guidelines for Opioid Treatment Programs (2024), and must include, at minimum:

- Identification of community leaders (e.g., elected officials, business owners, law enforcement, faith community, and grassroots organizations)
- Points of contact within the OTP and community
- Communications protocols
- Opportunities for paid work experiences to enhance and expand the workforce

Task 3.a. Performance Measures

Submit Community Relations Plan within sixty (60) days of the beginning of the period of performance.

Task 3.b. Conduct Listening Sessions

The subrecipient must hold community listening sessions in the neighborhood in which the OTP or medication unit will be located to build relationships among local interest-holders. These sessions should be used to reduce stigma among community groups, identify potential concerns, and gather information on local needs from the perspective of the community. Participants may include publicly elected representatives, local community, healthcare, and social service providers, substance use treatment programs, business organization leaders, community and health planning agency directors, leaders of neighborhood associations, schools, local law enforcement, and religious and spiritual organizations.

The subrecipient must then develop policies and procedures that are consistent with the best practices outlined in CARF International's Community Relations Tips for Opioid Treatment Programs to address the community's concerns, including but not limited to the following:

- Maintaining exterior/grounds
- Preventing loitering
- Preventing medication diversion
- Minimizing traffic disruptions

Task 3.b. Performance Measures

Conduct no fewer than three (3) Community Listening Sessions within on hundred twenty (120) days of the beginning of the period of performance. Document sessions by producing summary notes of meetings that include identified concerns, potential mitigation strategies discussed, and any specific information about population and/or geographic needs for such services in the community. Submit Community Listening Session Documentation within one hundred fifty (150) days of the beginning of the period of performance.

Submit Community Relations Policies and Procedures within one hundred fifty (150) days of the beginning of the period of performance.

Task 4. Secure MAR Location (Optional)

This task is applicable only to subrecipients seeking to offer MAR services at a location at which methadone is not currently dispensed.

Task 4.a. Establish Site Control

The subrecipient must establish control of the site for MAR services through one of the following:

- Contract of sale
- Lease agreement
- Binding option to lease or purchase
- Memorandum of understanding with an FQHC, hospital, clinic, or public department of health

Expenses associated with Task 4.a. include initial payments and legal costs.

Task 4.a. Performance Measures

Submit Evidence of Site Control within ninety (90) days of the beginning of the period of performance.

Task 4.b. Comply with Local Zoning

If applicable, the subrecipient must comply with all applicable local zoning regulations before establishing MAR services. Expenses associated with Task 4.b. include legal costs.

Task 4.b. Performance Measures

Submit a Local Certificate of Zoning (if applicable) within one hundred eighty (180) days of the beginning of the period of performance. (If not applicable because of local jurisdiction choice, provide a Signed Statement attesting so.)

Task 4.c. Build Out MAR Site

The site must meet all state and federal requirements, including client privacy and secure storage of medications. Expenses associated with Task 4.c. include, but are not limited to, those associated with the following:

- Architectural design
- Private areas for dispensing medications
- Private cashier areas for accepting payments
- Modifying restrooms for conducting urinalysis screens
- Modifying computer equipment (e.g., privacy filters)
- Compliance with Occupational Safety and Health Administration standards
- Medication storage and inventory management equipment

- Architect's Life Safety Inspection and Report

Task 4.c. Performance Measures

Submit an Architect's Life Safety Inspection and Report to IDHS within two (2) years (730 days) of the beginning of the period of performance.

Task 4.d. Meet Technology Needs

The OTP or medication unit must install an electronic health record (EHR) system meeting the following minimum requirements:

- Certified by the Office of the National Coordinator for Health Information Technology (ONC)
- Interoperable with EHR of any partner designated to provide health or dental services to OTP participants.

Task 4.d. Performance Measures

Submit Evidence of EHR Interoperability, which may be in the form of an attestation signed by all parties along with documentation of ONC certification, prior to administering MAR and within thirty (30) days of SUPR issuing a license to operate at the location.

Task 5. Meet OTP Qualifications

All subrecipients are required to obtain or maintain:

- *Accreditation by a SAMHSA-approved Accreditation Body,*
- *Certification by SAMHSA,*
- *Registration with the Drug Enforcement Administration (DEA), and*
- *Licensing by SUPR.*

Subrecipients seeking to offer MAR services at (a) a new location OR (b) at an existing treatment location not approved for dispensing methadone may include the cost of obtaining new accreditation, certification, registration, and licensing under this task in their proposed budget.

Task 5.a. Secure Accreditation

The subrecipient must be the subject of a current, valid accreditation by a SAMHSA-approved Accreditation Body (e.g., CARF or the Joint Commission), as required by federal regulations (42 CFR Part 8 Subpart C).

Task 5.a. Performance Measures

Submit Evidence of Accreditation issued by the Accreditation Body within two (2) years (730 days) of the beginning of the period of performance.

Task 5.b. Secure SAMHSA Certification

The subrecipient must be the subject of a provisional or final SAMHSA certification, as required by federal regulations (42 CFR § 8.11), meaning that the subrecipient's organizational structure and

facilities shall be adequate to ensure quality patient care and to meet the requirements of all pertinent federal, state, and local laws and regulations.

This task also requires the subrecipient and its medical partner(s) collectively to provide all FDA-approved medications for OUD (methadone, buprenorphine, buprenorphine / naloxone, and IM naltrexone). The OTP must provide all medications unless the medical partner can provide buprenorphine, buprenorphine/naloxone, and intramuscular [IM] naltrexone. All patients must be counseled on all options.

To obtain certification, the subrecipient must develop a Diversion Control Plan (42 CFR § 8.12(c)), as part of its quality assurance program, containing specific measures to reduce the possibility of diversion of dispensed medications for OUD (MOUD), and that assigns specific responsibility to the OTP providers and administrative staff for carrying out the diversion control measures and functions described in the Diversion Control Plan.

The subrecipient must also, as a requirement of certification, establish Patient Admission Criteria that establish relevant policies and procedures aligned with 42 CFR § 8.12(e), including but not limited to, identifying personnel qualified to make a clinical determination that the patient meets diagnostic criteria, and policies and procedures related to informed consent to treatment.

Task 5.b. Performance Measures

i. Submit Diversion Control Plan within sixty (60) days of SUPR issuing a license to operate an OTP at the location.
ii. Submit Patient Admission Criteria within sixty (60) days of SUPR issuing a license to operate an OTP at the location.
iii. Submit Evidence of SAMHSA Provisional Certification within sixty (60) days of SUPR issuing a license to operate an OTP at the location.
iv. Submit Evidence of SAMHSA Certification within two (2) years (730 days) of the beginning of the period of performance.

Task 5.c. Register with DEA

The subrecipient must submit to inspection of the facility by DEA, as required by federal regulation (42 CFR § 8.11(e)(6)) and must submit all paperwork needed for registration.

Task 5.c. Performance Measures

Submit Evidence of DEA Registration within two (2) years (730 days) of the beginning of the period of performance.

Task 5.d. Obtain SUPR Licensing

The subrecipient must be licensed to dispense methadone at the selected site.

Task 5.d. Performance Measures

Submit Evidence of SUPR Licensing within two (2) years (730 days) of the beginning of the period of performance.

Task 5.e. Secure Medicaid Certification

The subrecipient must be certified to bill Medicaid for all OTP services provided to Medicaid recipients.

Task 5.e. Performance Measures

Submit Evidence of Medicaid Certification within two (2) years (730 days) of the beginning of the period of performance.

Task 6. Forge Healthcare Partnerships and Deliver Services

Task 6.a. Establish Memorandum(a) of Understanding

The subrecipient must establish memoranda of understanding (MOUs) with at least one medical partner: either an FQHC, hospital, clinic, or public department of health.

The MOU(s) must address which party is responsible for meeting the requirements of 42 CFR Part 8, including but not limited to the following activities in a manner consistent with all state and federal regulations:

- Employing practitioners and other licensed/certified health care providers, including counselors, who comply with the credentialing and maintenance of licensure and/or certification requirements of their respective professions (42 CFR § 8.12(d)).
- Procedures designed to ensure that patients are admitted to treatment by qualified personnel who have determined, using accepted medical criteria, that: The person meets diagnostic criteria for a moderate to severe OUD; the individual has an active moderate to severe OUD, or OUD in remission, or is at high risk for recurrence or overdose (42 CFR § 8.12(e)).
- Documentation of admissions decisions in the patient's clinical record (42 CFR § 8.12(f)).
- Ensuring that each patient voluntarily provides informed consent to MAR, or for persons under 18 years of age, a parent, legal guardian, or responsible adult consents in writing (42 CFR § 8.12(e)).
- Maintaining withdrawal management procedures for patients who chose to taper from MAR (42 CFR § 8.12(e)).
- Providing medical, counseling, vocational, educational, and other screening, assessment, treatment, and recovery support services to meet patient needs (42 CFR § 8.12(f)).
- Conducting full, in-person physical examinations, including serology and other clinically appropriate tests, within 14 calendar days following a patient's admission to the OTP (42 CFR § 8.12(f)).
- Performing serology testing and other testing as deemed medically appropriate by the licensed OTP practitioner (42 CFR § 8.12(f)).
- Completing screening and full examination via telehealth if a practitioner or primary care provider, determines that an adequate evaluation of the patient can be accomplished via telehealth (42 CFR § 8.12(f)).

- Confirming pregnancy when appropriate and employing evidence-based treatment protocols for the pregnant patient (42 CFR § 8.12(f)).
- Providing prenatal care and other sex-specific services, including reproductive health services (42 CFR § 8.12(f)).
- Conducting physical examinations not less than one (1) time each year, including a review of MOUD dosing, treatment response, other substance use disorder treatment needs, responses and patient-identified goals, and other relevant physical and psychiatric treatment needs and goals (42 CFR § 8.12(f)).
- Providing adequate substance use disorder counseling and psychoeducation, including harm reduction education and recovery-oriented counseling. Refusal of counseling shall not preclude a person from receiving MOUD (42 CFR § 8.12(f)).
- Providing counseling on preventing exposure to, and the transmission of, human immunodeficiency virus (HIV), viral hepatitis, and sexually transmitted infections (STIs) and providing services and treatments or actively to each patient who has received positive test results (42 CFR § 8.12(f)).
- Conducting random drug testing using drug tests that have received the FDA's marketing authorization (42 CFR § 8.12(f)).
- Making clinical determinations on dispensing medication for unsupervised use (42 CFR § 8.12(i)).
- Ensuring that take-home medications are labeled and packaged correctly to deter diversion (42 CFR § 8.12(i)).

The MOU must make clear that the OTP and its medical partner(s) are collectively to provide all FDA-approved medications for OUD (methadone, buprenorphine, buprenorphine–naloxone, and IM naltrexone). The OTP must provide all medications unless the medical partner can provide buprenorphine, buprenorphine/naloxone, and IM naltrexone. All patients must be counseled on all options.

The MOU must require all parties to counsel patients on harm reduction, including prescribing/dispensing naloxone to patients.

Note: Individuals who do not meet criteria for treatment should be offered, preferably via warm handoff, connections to harm reduction and recovery support services.

Task 6.a. Performance Measures

Submit Signed MOUs within one hundred twenty (120) days after the beginning of the period of performance.

Task 6.b. Provide Collaborative Care

The subrecipient and its medical partner(s) must provide care according to the MOU. Although the OTP and its medical partner(s) are expected to bill Medicaid and/or private insurance whenever possible, the subrecipient may choose to include expected costs of providing uncompensated care in its proposed budget for this task. Per 42 CFR 8.12(b)(2), the medical director shall assume

responsibility for all medical and behavioral health services performed by the subrecipient. In addition, the medical director shall be responsible for ensuring that the subrecipient and its medical partner(s) collectively comply with all applicable federal, state, and local laws and regulations related to OTPs. The subrecipient shall notify the RCCA, state and federal government entities within three (3) weeks of any replacement or other change in the status of the program sponsor or medical director.

The subrecipient and its medical partner(s) must comply with all applicable state and federal regulations, including but not limited to the following:

- Privacy and confidentiality shall be maintained (42 CFR § 8.12(g)).
- The subrecipient must maintain current quality assurance and quality control plans that include, among other things, annual reviews of program policies and procedures and ongoing assessment of patient outcomes (42 CFR § 8.12(c)).
- The subrecipient must maintain a current Diversion Control Plan.
- The subrecipient and its medical partner(s) must dispense (for the treatment of OUD) only those medications currently approved by the FDA for that purpose (42 CFR § 8.12(h)).
- OTP programs must provide low-barrier services to medication:
    - Same-day admission and medication access is preferred.
    - Services to high-risk groups (e.g., individuals experiencing homelessness, those who are justice involved, and pregnant/postpartum persons) must be expedited.
- The subrecipient or its partners must offer counseling but must not condition access to MOUD on participation in counseling (42 CFR § 8.12(f)(5)).
- The subrecipient must maintain all credentials required to serve as an OTP, including but not limited to:
    - SUPR licensing to provide American Society of Addiction Medicine (ASAM) level 1 services
    - SAMHSA certification
    - Accreditation
    - DEA registration
- The subrecipient and its medical partner(s) shall allow inspections and surveys by duly authorized employees of the RCCA, the state, accreditation bodies, and/or federal governmental entity with legal authority to conduct inspections or surveys on an OTP's premises (42 CFR § 8.11(e)).
- The subrecipient and its medical partner(s) shall make available, to the extent permitted by privacy laws, records on the receipt, storage, and distribution of MOUD (42 CFR § 8.11(e)).
- Any medication units operated by the subrecipient (brick-and-mortar or mobile) shall comply with all pertinent state laws and regulations, including providing all required services, ensuring privacy, and having adequate space (42 CFR 8.11(h)).

The subrecipient must prepare a Monthly Report relating to any month in which the subrecipient or its medical partner(s) provides MOUD under an OTP certification. This report must include the number of individuals receiving each FDA-approved MOUD. It must also include the number of individuals receiving naloxone at the OTP, including any medication units, and if available, the locations of the subrecipient's medical partner(s).

Task 6.b. Performance Measures

Submit required information in a Monthly Report within forty-five (45) days of the completion of any month in which the subrecipient or its medical partner(s) provides MOUD under an OTP certification.

Task 6.c. Coordinate Care

The subrecipient and its medical partner(s) are expected to conduct regular case conferences or otherwise coordinate care on a regular basis (in person or virtually). The personnel costs associated with discussion of patient care among clinicians and other staff are allowable for this task.

The subrecipient must indicate in its Monthly Report relating to any month in which the subrecipient or its medical partner(s) provides MOUD under an OTP certification the number of individuals receiving both MOUD and either: (a) a physical examination conducted by a medical partner or (b) a diagnostic or treatment visit with a medical partner for a condition other than a substance use disorder. This report must also include the number of individuals receiving MOUD, within each category, who: (a) are pregnant or up to twelve (12) months postpartum; (b) have a positive HIV test; or (c) have a positive viral hepatitis test, along with the number of each who received medical services related to same from a medical partner.

Task 6.c. Performance Measures

Submit required information in a Monthly Report within forty-five (45) days of the completion of any month in which the subrecipient or its medical partner(s) provides MOUD under an OTP certification.

Task 6.d. Provide Limited/Ad Hoc Transportation Services

The subrecipient may provide limited transportation services to ensure that OTP clients receive medical care from the subrecipient's medical partners. The OTP may achieve this either through providing a shuttle service on designated days of the month for people otherwise unable to obtain medical services, or the OTP may choose to address transportation needs on an ad hoc basis, by providing occasional transit passes, taxi vouchers, etc., to enable people to obtain access to medical care either from the OTP site or the individual's home. The subrecipient is expected to counsel individuals about transportation options (e.g., paratransit) for which they might be eligible. This task includes reporting on the number of trips provided and individuals served.

Task 6.d. Performance Measures

Submit required information in a Monthly Report within forty-five (45) days of the completion of any month in which the subrecipient or its medical partner(s) provides MOUD under an OTP certification.

C.4. Deliverables and Performance Measures

The following table details (a) the deliverables required according to the scope of services and (b) associated performance measures, standards, and potential metrics (subject to change) to be collected by task. Time periods refer to the days from the beginning of the period of performance, unless otherwise specified. Standards for activities refer to percentages of those described in the ISP.

Deliverables		Performance Measures	Standards	Metrics
T1	**Fulfill Award Administration Requirements**	(a) Complete ONA survey	100%	ONA survey completed (30 days after distribution)
		(b) Develop ISP	100%	ISP submitted (45 days)
		(c) Develop ERJ Plan	100%	ERJ organizational assessment completed (90 days) ERJ Plan drafted (120 days) ERJ Plan finalized (180 days)
		(d) Complete PPR	100%	Activities and services metrics reported (15th of each month, 15th following each quarter unless otherwise prescribed)
		(e) Complete PFR	100%	Fiscal performance reported (15th of each month; monthly and quarterly reports)
		(f) Participate in TTA	75%	# Bimonthly cohort meetings (initiated within 30 days) # Bimonthly individual meetings (initiated within 30 days) # TTA sessions attended (quarterly or as prescribed)
		(g) Complete data collection and evaluation reporting	100%	Data collected as prescribed Data reported monthly (15th of each month) Data reported quarterly (30th of each quarter)

Deliverables		Performance Measures	Standards	Metrics
T2	**Staff and Administer Program**	(a) Identify program staff	100%	Organizational chart and staff list submitted (15 days)
T3	**Provide Community Outreach and Education**	(a) Develop a community relations plan	100%	Community Relations Plan submitted (60 days)
		(b) Conduct listening sessions	100%	# of Listening Sessions (within 120 days) Listening Sessions Documentation submitted (150 days) Community Relations Policies and Procedures submitted (150 days)
T4	**Secure MAR Location**	(a) Establish site control	100%	Evidence of Site Control submitted (90 days)
		(b) Comply with local zoning	100%	Certificate of zoning (or signed statement if certificate is not applicable) submitted (180 days)
		(c) Build out MAR site	100%	Architect's Life Safety Inspection and Report submitted (730 days)
		(d) Meet technology needs	100%	Evidence of EHR Interoperability submitted (within 30 days of SUPR issuance of license)
T5	**Meet OTP Qualifications**	(a) Secure accreditation	100%	Evidence of Accreditation submitted (730 days)
		(b) Secure SAMHSA certification	100%	Diversion Control Plan submitted (within 60 days of SUPR issuance of license) Patient Admission Criteria submitted (within 60 days of SUPR issuance of license) Evidence of SAMHSA Provisional Certification submitted (within 60 days of SUPR issuance of license) Evidence of SAMHSA Certification submitted (730

Deliverables		Performance Measures	Standards	Metrics
				days)
		(c) Register with DEA	100%	Evidence of DEA Registration submitted (730 days)
		(e) Obtain SUPR licensing	100%	Evidence of SUPR Licensing submitted (730 days)
		(f) Secure Medicaid certification	100%	Evidence of Medicaid Certification submitted (730 days)
T6	**Forge Healthcare Partnerships and Deliver Services**	(a) Establish MOUs	100%	Signed MOUs submitted (120 days)
		(b) Provide collaborative care	100%	Information submitted within monthly report (45 days after end of month) Services reported: • # individuals receiving FDA-approved MOUD (by type) • # individuals receiving naloxone at the OTP, including (when available) location of medical partner
		(c) Coordinate care	100%	Information submitted within monthly report (45 days after end of month) Services reported: • # individuals receiving both MOUD and either (a) a physical examination conducted by a medical partner or (b) a diagnostic or treatment visit with a medical partner for a condition other than a substance use disorder. • # individuals receiving MOUD, within each type, who: (a) are pregnant or up to 12 months postpartum; (b) have a positive HIV test;

Deliverables		Performance Measures	Standards	Metrics
				or (c) have a positive viral hepatitis test. ○ # individuals who received medical services for condition(s) noted above from a medical partner.
		(d) Provide limited/ad hoc transportation services		Information submitted within monthly report (45 days after end of month) Services reported: • # trips provided • # individuals served