



Opioid Treatment Program Partnerships (OTPP-2)

Scope of Services

Applications due May 8, 2026

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About This Document

This document contains sections C.3. Funding Purpose and Scope of Services and C.4. Deliverables and Performance Measures of the second round of the Opioid Treatment Program Partnerships (OTPP–2) Notice of Funding Opportunity (NOFO). All application materials are available on the Illinois Regional Care Coordination Agency (RCCA) website via the [Funding Opportunities](#) page.

List of Acronyms

Acronym	Meaning
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AHP	Advocates for Human Potential, Inc.
ARO	Appeal Review Officer
CMS	Centers for Medicare and Medicaid Services
DBHR	Division of Behavioral Health and Recovery
DEA	Drug Enforcement Agency
EHR	Electronic Health Record
ERJ	Equity and Racial Justice
FDA	Food and Drug Administration
FEIN	Federal Employer Identification Number
FQHC	Federally Qualified Health Center
GATA	Grant Accountability and Transparency Act
HIV	Human Immunodeficiency Virus
ICQ	Internal Controls Questionnaire
IDHS	Illinois Department of Human Services
IDPH	Illinois Department of Public Health
IM	Intramuscular
ISP	Implementation and Sustainability Plan
MAR	Medication Assisted Recovery
MER	Monthly Evaluation Report
MOU	Memorandum of Understanding
MOUD	Medications for Opioid Use Disorder
MTDC	Modified Total Direct Costs
NICRA	Negotiated Indirect Cost Rate Agreement
NOFO	Notice of Funding Opportunity
NOIA	Notice of Intent to Award

OASEE	Opioid Abatement Strategies Effectiveness Evaluator
ONA	Organizational Needs Assessment
ONC	Office of the National Coordinator for Health Information Technology
OOSA	Office of Opioid Settlement Administration
OTP	Opioid Treatment Program
OTPP	Opioid Treatment Program Partnerships
OUD	Opioid Use Disorder
PFR	Periodic Financial Report
PPR	Periodic Performance Report
PSM	Program Project Status Meeting
QER	Quarterly Evaluation Report
RCCA	Regional Care Coordination Agency
SAMHSA	Substance Abuse and Mental Health Services Administration
SOW	Statement of Work
TTA	Training and Technical Assistance
UEI	Unique Entity Identifier

C.3. Funding Purpose and Scope of Services

AHP anticipates a minimum of four (4) organizations will be awarded funding for OTPP to increase access to all forms of MAR throughout Illinois for people with 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 FQHCs, hospitals, clinics, or public departments of health.
- Establish new OTPs, new medication units (satellites) of existing OTPs, or new partnerships allowing greater access to all three forms of FDA-approved medications to treat SUDs 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 SUD services, including physical (medical), behavioral health, and recovery support services ([42 CFR § 8.2](#)).

Of the three (3) years of potential funding, startup expenses will be allocated for the first year only. Additional startup expenses may be considered for health organizations that have not completed the regulations process within the first award year, but a failure to

meet deliverable timelines will be reviewed as part of a subrecipient's performance, and funding beyond the first year of the award is not guaranteed.

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

All subrecipients are required to obtain and/or maintain the following:

- 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 the Division of Behavioral Health and Recovery (DBHR).

This funding opportunity will prioritize services to be delivered to and within areas of the state not currently served by OTPP-awarded organizations. Services to other regions and communities will be considered.

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 the following:

- **Organizational Needs Assessment:** Complete an organizational needs assessment (ONA) survey.
- **Implementation and Sustainability Plan Development:** Develop and update an implementation and sustainability plan (ISP), which informs the performance metrics used for program activities.
- **Equity and Racial Justice Plan Development:** Develop and implement an equity and racial justice (ERJ) plan.
- **Performance Reporting:** Complete quarterly periodic performance reports (PPRs).
- **Fiscal Reporting:** Complete monthly periodic financial reports (PFRs).
- **Training and Technical Assistance Participation:** Participate in project status meetings (PSMs) and training and technical assistance (TTA) as prescribed.
- **Data Collection and Reporting with the RCCA Opioid Abatement Strategies Effectiveness Evaluator Subrecipient:** Identify performance metrics, collect relevant data to evaluate program effectiveness, and perform monthly evaluation reporting (MER).

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, and proportional to the needs of the program.

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. 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 and should designate key personnel

Task 2.b. Maintain staffing

Subrecipient shall maintain staffing throughout the period of performance in accordance with approved implementation plan and roles required. Changes in key personnel require prior approval if identified by name or position in the award or application ([2 CFR 200.308\(f\)\(2\)](#), [Ill. Admin Code 7000.370](#)).

Task 2.b. Performance Measures

- Staffing metrics maintained per ISP (reported on PPR).

- Obtain prior approval at least 15 days prior to making of changes in key personnel. Notify of staffing changes. Submit updated organizational chart and staff list within fifteen (15) days of a key personnel change.

Task 3. Provide Community Outreach and Education (If Applicable)

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 develop a plan to engage with the community and conduct listening sessions with community leaders and community members to and educate them on opioid reduce stigma, identify concerns, and gather information.:

Task 3.a. Develop a Community Relations Plan

The subrecipient must develop and follow a Community Relations Plan. The Community Relations Plan must include, at minimum, the following:

- 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 a **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 one 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 (If Applicable)

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

The subrecipient must secure and prepare an appropriate location for MAR services.

Activities include:

- Establish Site Control
- Comply with Local Zoning
- Build Out MAR Site
- Meet Technology Needs

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, when applicable and appropriate.

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 one (1) year 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 DBHR issuing a license to operate at the location.

Task 5. Meet OTP Qualifications

Subrecipient and its medical partner shall obtain and maintain all credentials required to serve as an OTP, including but not limited to those described in Tasks 5.a., 5.b., 5.c., 5.d., and 5.f.

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.

Per [42 CFR § 8.12\(b\)\(2\)](#), 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 OTP.

Task 5.a. Obtain and Maintain OTP Credentials and Requirements

Subrecipient and its medical partner shall collectively apply for, meet requirements for, submit, and maintain all credentials required to serve as an OTP, including but not limited to the following:

- DBHR licensing to provide American Society of Addiction Medicine Level 1 services (Task 5.b.)
- SAMHSA certification (Task 5.c.)
- Medicaid Certification (Task 5.d.)
- Accreditation by a SAMHSA-approved body (Task 5.e.)
- DEA registration (Task 5.f.)

Of the 3 years of funding, startup expenses will be allocated for the first year only for all tasks. Additional startup expenses may be considered for health organizations that have not completed the regulations process, but a failure to meet deliverable timelines will be reviewed as part of a subrecipient's performance, and funding beyond the first year of the award is not guaranteed.

Task 5.a. Performance Measures

- Obtain and submit documentation of all required credentials and requirements within one year and maintain credentials throughout period of performance.

Task 5.b. Obtain and Maintain DBHR Licensing

The subrecipient must be licensed by IDHS/DBHR to dispense methadone at the selected site.

Task 5.b. Performance Measures

- Obtain **IDHS/DBHR licensing** within one (1) year of the beginning of the period of performance and submit documentation verifying licensure issued by IDHS/DBHR.

Task 5.c. Secure Accreditation from SAMHSA-approved Body

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.c. Performance Measures

- Obtain **accreditation** within one (1) year of the beginning of the period of performance and submit documentation verifying accreditation issued by the accrediting body.

Task 5.d. 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 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.d. Performance Measures

- Submit a **Diversion Control Plan** within sixty (60) days of DBHR issuing a license to operate an OTP at the location.
- Submit **patient admission criteria** within sixty (60) days of DBHR issuing a license to operate an OTP at the location.
- Obtain **SAMHSA provisional certification** within sixty (60) days of DBHR issuing a license to operate an OTP at the location and submit documentation issued by SAMHSA.
- Obtain **SAMHSA certification** within one (1) year of the beginning of the period of performance and submit documentation issued by SAMHSA.

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

- Obtain **Medicaid certification** within one (1) year of the beginning of the period of performance and submit documentation issued by CMS.

Task 5.f. 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.f. Performance Measures

- Obtain **DEA registration** within one (1) year of the beginning of the period of performance and submit documentation.

Task 6. Forge Healthcare Partnerships and Deliver Services

The subrecipient must establish memorandum(a) of understanding with at least one healthcare partner and, in collaboration with that partner, provide collaborative care in the form of medical and behavioral health care and regularly conduct coordination of services activities.

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 shall describe how the OTP and its medical partner(s) meet the following requirements:

- The OTP and its medical partner(s) shall collectively meet the requirements established in Tasks 5.a., 5.b., 5.c., 5.d., 5.e., and 5.f. to provide all FDA-approved medications for OUD (methadone, buprenorphine, buprenorphine/naloxone, and intramuscular [IM] naltrexone).
- The OTP shall provide all medications unless the medical partner can provide buprenorphine, buprenorphine/naloxone, and IM naltrexone.
- All patients shall be counseled on all options.
- All parties shall counsel patients on harm reduction, including prescribing/dispensing naloxone to patients.
- Individuals who do not meet criteria for treatment shall be offered, preferably via warm handoff, connections to harm reduction and recovery support services.

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 of recurrence or overdose” ([42 CFR § 8.12\(e\)](#)).
- Documentation of admissions decisions in the patient's clinical record ([42 CFR § 8.12\(e\)](#)).

- 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 designated by the relevant state authority 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 when applicable “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” when appropriate ([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 [linking] to treatment 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\(i\)](#)).

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 Medical and Behavioral Health Care

Provide Collaborative Medical and Behavioral Health Care

The subrecipient and its medical partner(s), under the direction of the Project Director, shall provide collaborative care (CC) in the form of medical and behavioral health care services in accordance with the MOU (See Task 6.a.) and in accordance with all applicable state and federal regulations in the delivery of services, including but not limited to the following:

- Privacy and confidentiality shall be maintained ([42 CFR § 8.12\(g\)](#)).
- The subrecipient and its medical partner(s) shall dispense (for the treatment of OUD) only those medications currently approved by the FDA for that purpose ([42 CFR § 8.12\(h\)](#)).
- OTP programs shall 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) shall be expedited.
- The subrecipient or its partners shall offer counseling but shall not condition access to MOUD on participation in counseling ([42 CFR § 8.12\(f\)\(5\)](#)).

Subrecipients shall report the number of individuals receiving FDA-approved MOUD (by type) and the number of individuals receiving naloxone at the OTP, including (when available) the location of medical partner.

Subrecipient shall report 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 SUD.

This report shall 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.b. Performance Measures

- Subrecipient shall report collaborative care services delivered in any month in which the subrecipient or its medical partner(s) provides MOUD under an OTP certification on the MER.

Task 6.c. Conduct Coordination of Services Activities

Subrecipient and its medical partner(s) shall conduct coordination of services (CS) activities by conducting regular case conferences or other methods on a regular basis (in person or virtually).

Task 6.c. Performance Measures

Subrecipient shall submit frequency, number, and method of activities associated with coordination of services in any month in which the subrecipient or its medical partner(s) provides MOUD under an OTP certification through MER.

Task 6.d. Provide Limited/Ad Hoc Transportation Services (optional)

The subrecipient may optionally provide limited transportation services to ensure that OTP clients receive medical care from the subrecipient's medical partners. The OTP may achieve this through providing a shuttle service on designated days of the month for people otherwise unable to obtain medical services. Alternatively, 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

- Report transportation services delivered in any month in which the subrecipient or its medical partner(s) provides MOUD under an OTP certification on the MER.

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.

Task 1: Fulfill Award Administration Requirements

Performance Measures	Standards	Metrics
Complete ONA survey	100%	ONA survey completed (30 days after distribution)
Develop ISP	100%	ISP submitted (60 days)
Develop ERJ Plan	100%	ERJ organizational assessment completed (90 days) ERJ Plan drafted (180 days) ERJ Plan finalized (240 days)
Complete PPR	100%	Program implementation progress reported (15th day following each quarter end)
Complete PFR	100%	Financial performance reported (15th day following each quarter end)
Participate in TTA	75%	# Every-other-month cohort meetings (initiated within 60 days) # TTA sessions attended (quarterly or as prescribed)
Participate in PSM	75%	# Every-other-month PSM (initiated within 60 days)
Evaluation reporting	100%	MER submitted (15th of each month)

Task 2: Staff and Administer Program

Performance Measures	Standards	Metrics
Identify program staff	100%	Organizational chart and staff list submitted (15 days)
Maintain staffing throughout period of performance	80%	# Full-time equivalent dedicated monthly # Prior approvals and notifications submitted within 15 days before or after key personnel staffing changes

Task 3: Provide Community Outreach and Education

Performance Measures	Standards	Metrics
Develop a Community Relations Plan	100%	Community Relations Plan submitted (60 days)
Conduct listening sessions	100%	# of listening sessions (within 120 days) Listening sessions documentation submitted (150 days) Community relations policies and procedures submitted (150 days)

Task 4: Secure MAR Location

Performance Measures	Standards	Metrics
Establish site control	100%	Evidence of site control submitted (90 days)
Comply with local zoning	100%	Certificate of zoning (or signed statement if certificate is not applicable) submitted (180 days)
Build out MAR site	100%	Architect's Life Safety Inspection and Report submitted (365 days)
Meet technology needs	100%	Evidence of EHR interoperability submitted (within 30 days of DBHR issuance of license)

Task 5: Meet OTP Qualifications

Performance Measures	Standards	Metrics
Meet and maintain OTP Qualifications	100%	Credentials obtained and maintained
Obtain DBHR licensing	100%	DBHR licensing obtained and documentation submitted (365 days)
Secure accreditation from SAMHSA-approved body	100%	Accreditation of licensing obtained and documentation submitted (365 days)
Secure SAMHSA certification	100%	<ul style="list-style-type: none"> • Diversion Control Plan submitted (within 60 days of DBHR issuance of license) • Patient admission criteria submitted (within 60 days of DBHR issuance of license) • SAMHSA provisional certification obtained and documentation submitted (within 60 days of DBHR issuance of license) • SAMHSA certification obtained and documentation submitted (365 days)
Register with DEA	100%	DEA registration obtained and documentation submitted (365 days)
Secure Medicaid certification	100%	Medicaid certification obtained and documentation submitted (365 days)

Task 6: Forge Healthcare Partnerships and Deliver Services

Performance Measures	Standards	Metrics
Establish MOUs	100%	Signed MOUs submitted (120 days)
Provide collaborative medical and behavioral care	Provide 80% of service projections	Services reported, submitted through MER # individuals receiving FDA-approved MOUD (by type)

Performance Measures	Standards	Metrics
		<p># individuals receiving naloxone at the OTP, including (when available) location of medical partner</p> <p># individuals receiving both MOUD and either</p> <ul style="list-style-type: none"> (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 an SUD <p># individuals receiving MOUD, within each type, who</p> <ul style="list-style-type: none"> (a) Are pregnant or up to 12 months postpartum, (b) Have a positive HIV test, or (c) Have a positive viral hepatitis test <p># individuals who received medical services for condition(s) noted above from a medical partner</p>
<p>Conduct service coordination activities</p>	<p>Provide 80% of service projections</p>	<p>Activities reported, submitted through MER</p> <ul style="list-style-type: none"> • # case coordination meetings, conferences, or other modalities, by type, frequency, and method
<ul style="list-style-type: none"> • Provide limited/ad hoc transportation services 	<p>Provide 80% of service projections</p>	<p>Services reported, submitted through MER</p> <ul style="list-style-type: none"> • # trips provided • # individuals served