Advocates for Human Potential, Inc.

Scope of Services and Deliverables

Opioid Treatment Program Partnerships (OTPP-3)

Applications due January 15, 2027

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About This Document

This document contains sections A.1. Executive Summary, C.2. Need, C.3. Funding Purpose and Scope of Services, and C.4. Deliverables and Performance Measures of the Opioid Treatment Program Partnerships (OTPP-3) Notice of Funding Opportunity (NOFO). All application materials are available on the Illinois Regional Care Coordination Agency website via the Funding Opportunities page.

List of Acronyms

The following acronyms are used in this document.

Acronyms and definitions

Acronym	Definition
AHP	Advocates for Human Potential, Inc.
ASAM	American Society of Addiction Medicine
DBHR	Division of Behavioral Health and Recovery
DEA	Drug Enforcement Administration
DPR	Delivery and Performance Report
EHR	Electronic health record
ERJ	Equity and Racial Justice
FDA	Food and Drug Administration
FQHC	Federally qualified health center
IDHS	Illinois Department of Human Services
IDPH	Illinois Department of Public Health
IM	Intramuscular
ISP	Implementation and Sustainability Plan
MAR	Medication-assisted recovery
MOU	Memorandum of understanding
MOUD	Medications for opioid use disorder
NOFO	Notice of Funding Opportunity

Acronym	Definition
ONC	Office of the National Coordinator for Health Information Technology
OTP	Opioid treatment program
OTPP	Opioid Treatment Program Partnerships
OUD	Opioid use disorder
PPR	Periodic Performance Report
RCCA	Regional Care Coordination Agency
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	Substance Use Disorder

A.1. Executive Summary

This new Notice of Funding Opportunity (NOFO) sets forth the requirements for applications to establish Opioid Treatment Program Partnerships (OTPP-3) programs in Illinois. This funding opportunity is limited to services delivered to and within the following Illinois Department of Public Health (IDPH) regions: West Chicago, Peoria, Champaign, and Metro East. The goal of OTPP-3 is to increase access to all forms of medication-assisted recovery (MAR) throughout Illinois for people with opioid use disorder (OUD) or polysubstance use disorder (including opioids), focusing on disparately impacted populations. MAR is the use of Food and Drug Administration (FDA)-approved medications to treat substance use disorder. Currently, medications approved to treat OUD include methadone, buprenorphine, and naltrexone.

OTPP-3 will reach this goal through the following objectives:

- Forge partnerships between opioid treatment programs (OTPs) and federally qualified health centers (FQHCs), hospitals, clinics, or public departments of health.
- Establish new OTPs, or new satellite OTP locations of existing OTPs within the sites of their medical partners, in regions of the state not currently served adequately by existing OTPs and medication units (“MAR deserts”).
- Create collaborative care models supported by these partnerships to ensure patients have access to comprehensive substance use disorder (SUD) services, including physical (medical), behavioral health, and recovery support services (42 CFR § 8.2).

To accomplish these objectives, subrecipients of OTPP-3 funding will:

- Establish and maintain a partnership with at least one medical partner: an FQHC, hospital, clinic, or public department of health.
- Obtain and maintain the credentials required to dispense methadone at the approved location, and to provide the other FDA-approved medications for OUD, within one (1) year of the start of the period of performance; obtain accreditation and standard SAMHSA

certification within one (1) year after SAMHSA provisional certification (see Task 2.3 in Section C.3).
- For a new OTP or a new satellite location, secure and build out the site and conduct community relations activities.
- Provide collaborative medical and behavioral health care and coordinate services with the medical partner.
- Accept people who receive Medicaid or Medicare and people who are uninsured.

Up to four (4) organizations will be awarded funds to fulfill the requirements of the subaward.

Services provided under this NOFO shall reflect the Illinois Department of Human Services' (IDHS) commitment to advancing equity and racial and social justice by enabling all to thrive, regardless of race, ZIP Code, or disability.

C.2. Need

The funds from the settlements will support prevention efforts in communities hit hardest by the opioid crisis and throughout the state. Under the Illinois Opioid Allocation Agreement, funds disbursed from the Illinois Remediation Fund must support the approved abatement uses listed in the Agreement and must provide services in each of the state's seven regions. Resources must be allocated equitably across those regions, taking into consideration population and other factors relevant to opioid abatement, including rates of opioid use disorder, overdose deaths, and the amount of opioids shipped into each region as measured in morphine milligram equivalents.

Generally, opioid settlement funding must be used in service areas disproportionately affected by the opioid crisis, such as areas with the following characteristics:

- High opioid fatality rates, including: counties other than Cook County with a crude rate of one and eight tenths (1.8) or greater per one hundred thousand (100,000) people; and community areas within Cook County with more than one hundred (100) overdoses (fatal and nonfatal) within the most recent year included in the Chicago Health Atlas' drug overdose mortality rate dashboard.
- Concentrated poverty, including: counties other than Cook County with a poverty rate greater than twelve percent (12%); and community areas within Cook County with a poverty rate greater than twelve percent (12%), per the Chicago Health Atlas' poverty rate dashboard.
- Concentrated firearm violence, including communities eligible for Reimagine Public Safety Act funding.
- Other conditions that hinder the communities from reaching their full potential for health and well-being, including counties other than Cook with a crude nonfatal overdose rate of four (4.0) or greater per one hundred thousand (100,000) people, as listed in the Illinois Overdose Data Dashboard.

Specifically, for OTPP-3, services must be delivered in the West Chicago, Peoria, Champaign, or

Metro East IDPH region.

MAR is the use of medications in conjunction with behavioral therapies to treat substance use disorders. FDA-approved medications for OUD include buprenorphine, methadone, and naltrexone (CDC, n.d.). These medications have been shown to reduce the risk of overdose, use of emergency medical services, and mortality (Wakeman et al., 2020) and to improve outcomes such as retention in treatment (Timko et al., 2016) and maternal and fetal outcomes for pregnant and parenting people (American College of Obstetricians and Gynecologists, 2017).

However, even though they are recommended as the standard of care, these medications remain underutilized due to stigma and lack of access (D'Arrigo, 2019). Methadone for OUD can be dispensed only by federally certified OTPs. As of the release of the March 2022 Overdose Response Funding report, IDHS identified 39 counties with no MAR providers located within the counties' geographic boundaries. SAMHSA maintains an up-to-date Opioid Treatment Program Directory, which can be filtered by state.

Partnerships between OTPs and healthcare facilities that provide physical (medical), behavioral health, and recovery support services to people with OUD can facilitate more equitable access to life-saving methadone and other OUD medications, while simultaneously connecting them to services that address social determinants of health.

OTPP-3 services must be delivered in the West Chicago, Peoria, Champaign, or Metro East IDPH region. Within these regions, OTPP-3 prioritizes MAR deserts and people who receive Medicaid or Medicare or are uninsured. Proposals are also considered in light of overdose data in the proposed area, the current unavailability of OTP services, the availability of other MAR and SUD services, and outreach to disparately impacted populations.

C.3. Funding Purpose and Scope of Services

Advocates for Human Potential, Inc. (AHP) anticipates that up to four (4) organizations will be awarded funding 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. This goal shall be accomplished through the following objectives:

- Forge partnerships between opioid treatment programs (OTPs) and federally qualified health centers (FQHCs), hospitals, clinics, or public departments of health.
- Establish new OTPs, or new satellite OTP locations of existing OTPs within the sites of their medical partners, in MAR deserts within the West Chicago, Peoria, Champaign, or Metro East IDPH region.
- Create collaborative care models supported by these partnerships to ensure patients have access to comprehensive substance use disorder (SUD) services, including physical (medical), behavioral health, and recovery support services (42 CFR § 8.2).

To carry out these objectives, OTPP-3 subrecipients shall:

- Establish and maintain a partnership with at least one medical partner: an FQHC, hospital, clinic, or public department of health.
- Obtain and maintain the credentials required to dispense methadone at the approved location, and to provide the other FDA-approved medications for OUD, within one (1) year of the start of the period of performance; obtain accreditation and standard SAMHSA certification within one (1) year after SAMHSA provisional certification (see Task 2.3 in Section C.3).
- For a new OTP or a new satellite location, secure and build out the site and conduct community relations activities.
- Provide collaborative medical and behavioral health care and coordinate services with the medical partner.
- Accept people who receive Medicaid or Medicare and people who are uninsured.

Approach

The Subrecipient shall increase access to all forms of MAR for people with OUD or polysubstance use disorder by forging a partnership between an OTP and a medical partner (an FQHC, hospital, clinic, or public department of health) and by establishing new OTP capacity in MAR deserts within the West Chicago, Peoria, Champaign, or Metro East IDPH region. Services shall be delivered through a collaborative medical and behavioral health care model that provides all FDA-approved medications for OUD, delivered by appropriately licensed, certified, and credentialed staff, and shall accept people who receive Medicaid or Medicare and people who are uninsured.

Proposals can be for (1) a new OTP with a developed or developing partnership with a medical partner, including an existing treatment location that does not dispense methadone today, such as one that prescribes buprenorphine; (2) an existing OTP that starts a new satellite OTP location within its medical partner's site; or (3) an existing OTP that establishes a new partnership with a medical partner to provide collaborative care. A partnership is new if the OTP had no memorandum of understanding or partnership agreement with that medical partner on November 18, 2026. An existing OTP expanding services at its current location without a new medical partnership is not eligible. Mobile units are funded through the MMHU program. Every Subrecipient opening a new OTP or a new satellite location (models 1 and 2) must complete Tasks 2.4 and 2.5 (site development and community relations) and obtain all credentials for that location within one (1) year of the start of the period of performance (see Task 2.3); zoning documentation is required where applicable.

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 organizations that have not completed the regulatory 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.

All Subrecipients are required to obtain and maintain the following:

- Accreditation by a SAMHSA-approved accreditation body

- Certification by SAMHSA in accordance with 42 CFR Part 8, Subpart C
- Registration with the Drug Enforcement Administration (DEA)
- Licensing by IDHS/DBHR

Geographic Service Area

Services must be delivered to and within the West Chicago, Peoria, Champaign, and Metro East IDPH regions.

Standards and Evidence-Based Practices

The Subrecipient shall deliver services in accordance with the following standards of practice:

- **Federal opioid treatment standards:** Operate as a certified OTP meeting the federal opioid treatment standards at 42 CFR Part 8, including program sponsor and medical director, patient admission, medication dosing and unsupervised-use determinations, physical examinations, drug testing, and diversion control.
- **SAMHSA certification and accreditation:** Hold or obtain SAMHSA OTP certification and accreditation by a SAMHSA-approved accrediting body.
- **DEA registration:** Register the program and each location with the DEA and submit to inspection.
- **State SUD licensure:** Hold IDHS/DBHR licensure for the applicable American Society of Addiction Medicine (ASAM) level of care and deliver treatment in accordance with the Substance Use Disorder Act (20 ILCS 301) and 77 Ill. Admin. Code Part 2060.
- **Interoperable electronic health record:** Use an electronic health record (EHR) certified by the Office of the National Coordinator for Health Information Technology (ONC) that is interoperable with the medical partner's system.
- **FDA-approved medication for OUD:** Provide all FDA-approved medications for opioid use disorder (MOUD), methadone, buprenorphine, and naltrexone, collectively across the partnership.
- **Low-barrier access:** Prefer same-day admission and medication access and expedite services for high-risk groups.
- **Coverage acceptance:** Accept participants who receive Medicaid or Medicare and participants who are uninsured.

The required tasks, organized by phase as in the RCCA Statement of Work, are as follows. Associated performance measures, standards, and potential metrics to be collected are detailed in Section C.4.

Phase 1: Initiation

Task 1.1 Award Activation and Onboarding

The Subrecipient shall complete all steps required to formally activate the award and complete RCCA onboarding.

Task 1.2 Implementation and Sustainability Plan (ISP) Submission

The Subrecipient shall submit an ISP using the current RCCA-provided template. The ISP is the program plan describing how the Subrecipient will deliver the program. It is supported by an ISP Data Workbook that establishes the approved delivery and performance baseline, including what will be delivered, in what volume, and how performance will be measured.

The ISP also includes the Subrecipient's Equity and Racial Justice (ERJ) self-assessment and preliminary equity and racial justice approach. These are components of the ISP and are not separately submitted; they inform the complete ERJ Plan required in Phase 2.

Phase 2: Development

Task 2.1 Program-Specific Readiness Requirements

The Subrecipient shall establish the following program-specific readiness requirements needed to begin program delivery. Each requirement is established prior to the start of program delivery and maintained throughout the Period of Performance, except where a requirement states otherwise. Readiness status is described in the ISP under Task 1.2; the deliverables below are satisfied by the underlying documentation, not by the ISP submission itself.

For OTPP-3, the program-specific readiness requirements are the following:

- Licenses, registrations, certifications, and credentials required for the approved service model, other than the OTP credentials addressed in Task 2.3
- Program staffing in accordance with the approved staffing plan and Budget, including designated program leadership, a medical director, and a program sponsor who fulfill the responsibilities in 42 CFR § 8.12
- The data systems, records, and collection processes required to produce the DPR and other RCCA-prescribed reporting

Task 2.2 (Medical Partnership) and Task 2.3 (OTP Credentialing) apply to every Subrecipient. Task 2.4 (Site Development: New Location) and Task 2.5 (Community Relations and Engagement: New Location) apply to a Subrecipient opening a new OTP or a new satellite location (models 1 and 2). Task 2.6 (Equity and Racial Justice Plan) applies to every Subrecipient.

Task 2.2 Medical Partnership

The Subrecipient shall establish and maintain a memorandum of understanding (MOU) or partnership agreement with at least one medical partner, through which participants receive physical health services alongside MOUD. The MOU shall describe how the OTP and its medical partner(s) meet the following requirements:

- The OTP and its medical partner(s) collectively provide all FDA-approved medications for OUD (methadone, buprenorphine, buprenorphine/naloxone, and intramuscular [IM] naltrexone). Providing a medication includes dispensing it; under 42 CFR § 8.2, dispensing includes prescribing and administering (see Section I.2).
- The OTP provides all medications unless the medical partner can provide buprenorphine, buprenorphine/naloxone, and IM naltrexone.
- All patients are counseled on all medication options.
- All parties counsel patients on harm reduction, including prescribing or dispensing naloxone.
- Individuals who do not meet criteria for treatment are offered, preferably via warm handoff, connections to harm reduction and recovery support services.

The MOU shall specify which party is responsible for meeting the requirements of 42 CFR Part 8, and in particular 42 CFR § 8.12, in a manner consistent with all applicable state and federal regulations.

Task 2.3 OTP Credentialing

The Subrecipient and its medical partner shall obtain and maintain the licenses, certifications, accreditations, and registrations required to operate an OTP and dispense MOUD at the approved location, including IDHS/DBHR licensing to provide ASAM Level 1 services, SAMHSA certification, accreditation by a SAMHSA-approved body, Medicaid certification, and DEA registration. These requirements arise under federal and state law independently of this award. As applicable to the approved model, the Subrecipient shall submit its IDHS/DBHR license, DEA registration, SAMHSA certification, and accreditation applications together once the site is secured and the medical director is named, and no later than Day 180. Within one (1) year of the start of the period of performance, the Subrecipient shall hold the credentials needed to dispense methadone at the approved location (IDHS/DBHR licensure and methadone authorization, DEA registration, and SAMHSA provisional certification, with accreditation applied for) and the credentials needed to provide buprenorphine, buprenorphine/naloxone, and IM naltrexone. The Subrecipient shall obtain accreditation and standard SAMHSA certification within one (1) year after SAMHSA provisional certification (see 42 CFR § 8.11(d) and 77 Ill. Adm. Code 2060.420(g)(1)). The Subrecipient shall report its progress in each DPR until all credentials are held. If delays outside the Subrecipient's control prevent it from meeting these deadlines, the RCCA may consider extending them into a second year. Subrecipients seeking to offer MAR services at a new location, or at an existing treatment location not approved for dispensing methadone, may include the cost of obtaining new credentials in their proposed budget.

As a requirement of certification, the Subrecipient shall develop a Diversion Control Plan as part of

its quality assurance program (42 CFR § 8.12(c)) and patient admission criteria aligned with 42 CFR § 8.12(e). Per 42 CFR § 8.12(b)(2), the medical director is 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.

Task 2.4 Site Development: New Location

This task applies to a Subrecipient opening a new OTP or a new satellite location (models 1 and 2). The Subrecipient shall secure and prepare an appropriate location for MAR services, including the following:

- Site control: Establish control of the site through a contract of sale, lease agreement, binding option to lease or purchase, or MOU with the medical partner.
- Local zoning: Comply with all applicable local zoning regulations before establishing MAR services, where applicable.
- Site build-out: Meet all state and federal requirements, including client privacy and secure storage of medications, and obtain an architect's Life Safety Inspection and Report.
- Technology: Install an ONC-certified EHR that is interoperable with the EHR of any partner designated to provide health or dental services to OTP participants.

Task 2.5 Community Relations and Engagement: New Location

This task applies to a Subrecipient opening a new OTP or a new satellite location (models 1 and 2). The Subrecipient shall develop and follow a Community Relations Plan that identifies community leaders (for example, elected officials, business owners, law enforcement, the faith community, and grassroots organizations), points of contact within the OTP and the community, communications protocols, and opportunities for paid work experiences that expand the local workforce.

The Subrecipient shall hold community listening sessions in the neighborhood where the OTP or satellite location will be located, to build relationships among local interest-holders, reduce stigma, identify potential concerns, and gather information on local needs. The Subrecipient shall then develop community relations policies and procedures consistent with CARF International's Community Relations Tips for Opioid Treatment Programs, addressing at minimum maintaining the exterior and grounds, preventing loitering, preventing medication diversion, minimizing traffic disruptions, and complaint intake and response.

Task 2.6 Equity and Racial Justice Plan

The Subrecipient shall develop and implement an Equity and Racial Justice (ERJ) approach that reflects IDHS's commitment to advancing equity and racial and social justice. The ERJ self-assessment and preliminary equity approach are developed through the ISP under Task 1.2 and are not separately submitted. Building on them, the Subrecipient shall submit a complete ERJ Plan that identifies and addresses implicit organizational bias, ensures equitable access to and outcomes from OTP services and the collaborative model of care, engages priority populations and the communities served, and includes an equity and racial justice training plan for program staff. Implementation

progress, barriers, and disaggregated results are reported through each PPR.

Phase 3: Implementation

The service categories below constitute the required program scope. The Subrecipient shall deliver each service category throughout the period of performance in accordance with the scope of services, the approved ISP, and the approved ISP Data Workbook.

Task 3.1 Collaborative Medical and Behavioral Health Care

The Subrecipient and its medical partner(s), under the direction of the Program Director, shall provide collaborative medical and behavioral health care in accordance with the partnership MOU and all applicable state and federal regulations. The Subrecipient shall maintain privacy and confidentiality (42 CFR § 8.12(g)); dispense only FDA-approved medications for the treatment of OUD (42 CFR § 8.12(h)); and provide low-barrier access to medication, with same-day admission and medication access preferred and expedited services for high-risk groups (individuals experiencing homelessness, justice-involved individuals, and pregnant or postpartum persons). The Subrecipient shall offer counseling but shall not condition access to MOUD on participation in counseling (42 CFR § 8.12(f)(5)).

Task 3.2 Coordination of Services

The Subrecipient and its medical partner(s) shall conduct coordination of services activities, holding regular case conferences or using other methods, in person or virtually, to coordinate care for OTP clients.

Task 3.3 Transportation Services (Optional)

Where elected and approved in the ISP, the Subrecipient may provide limited transportation services to ensure OTP clients receive medical care from the Subrecipient's medical partners, either through a shuttle service on designated days or through ad hoc support such as transit passes or taxi vouchers, and shall counsel individuals about transportation options (such as paratransit) for which they may be eligible.

Phase 4: Monitoring

Task 4.1 Performance and Fiscal Reporting

The Subrecipient shall complete all recurring performance, delivery, and fiscal reporting on the State Fiscal Year (FY) calendar through the RCCA-prescribed system. Invoices are due monthly, by the 15th of the following month; DPRs are due monthly, by the 15th following the close of the reporting period; PPRs and PFRs are due quarterly, by the 20th after each State Fiscal Year quarter ends. The monthly Invoice is RCCA's monthly financial report under the prime award and also serves as the payment request.

Each PPR addresses, as applicable, staffing, service-model implementation, policies and

procedures, Equity and Racial Justice (ERJ) and sustainability activities, material changes, implementation barriers, and corrective or continuous-improvement actions.

For OTPP-3, because OTP credentialing and site build-out may extend into the period of performance, DPR service-delivery reporting for a new location begins with the first full reporting month after services are initiated at that location. Invoices are due monthly beginning at award.

Task 4.2 Staffing Maintenance

The Subrecipient shall ensure that required personnel and staffing remain in place throughout the Period of Performance, including designated program leadership. Staffing shall remain consistent with the approved staffing plan, the approved Budget, and the program model. Staffing status shall be reported through the PPR.

C.4. Deliverables and Performance Measures

The tables below list, by task, (a) the deliverables required under the scope of services and (b) the associated performance measures, standards, and potential metrics to be collected.

NOTE: *Unless otherwise specified, time periods count days from the start of the Period of Performance. Standards for activities refer to percentages of those established in the approved ISP Data Workbook.*

Phase 1: Initiation

Task 1.1 Award Activation and Onboarding

Task 1.1 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Attend the RCCA kickoff meeting (Program Director plus at least one program staff).	100%	Day 30
(b) Submit organizational chart with all budgeted positions, names or TBH designations, FTE allocations, and reporting lines.	100%	Day 60
(c) Complete RCCA onboarding TTA (Program Director or designee).	100%	Day 75

Task 1.2 Implementation and Sustainability Plan (ISP) Submission

Task 1.2 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Submit ISP and ISP Data Workbook using the current RCCA template.	100%	Day 90
(b) Incorporate any RCCA-required revisions.	100%	Within 15 days of RCCA feedback
(c) Submit an ISP amendment for a material change.	100%	Within 30 days of identifying the need for the change; the change may not take effect until RCCA approves the amendment

Note: If RCCA delays issuance of the applicable template or adjusts an administrative due date, RCCA may revise the submission deadline so the Subrecipient retains the intended preparation period.

Phase 2: Development

Task 2.1 Program-Specific Readiness Requirements

Task 2.1 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Obtain all licenses, registrations, certifications, and credentials required for the approved service model (other than the OTP credentials addressed in Task 2.3), and submit evidence of each, or document through the ISP that none are required.	100%	At least 30 days before service delivery begins
(b) Establish program staffing in accordance with the approved staffing plan and Budget, including designated program leadership, a medical director, and a program sponsor.	≥80% of the approved staffing plan	At least 30 days before service delivery begins
(c) Establish the data systems, records, and collection processes required to produce the DPR and other RCCA-prescribed reporting.	100%	At least 30 days before service delivery begins

Task 2.2 Medical Partnership

Task 2.2 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Submit an executed MOU or partnership agreement with a medical partner, and submit new or materially updated agreements.	100%	Day 120; updates within 30 calendar days of execution
(b) Where a partnership is still developing, submit a partnership development plan identifying the prospective partner or partners, the actions and dates required to reach an executed agreement, and the responsible staff.	100%	Day 90
(c) Accept participants who have Medicaid or Medicare or who are uninsured.	100%	Before service delivery begins; maintained ongoing
(d) Counsel all patients on all medication options, and counsel patients on harm reduction, including prescribing or dispensing naloxone.	100%	Ongoing
(e) Report progress on the medical partnership and the delivery of physical health services to participants.	100%	Through each PPR

Task 2.3 OTP Credentialing

Task 2.3 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Identify each license, certification, accreditation, and registration required for the approved service model, the entity holding each, its current status, and the expected date for any not yet obtained.	100%	Day 90, through the ISP
(b) Submit evidence of each credential obtained.	100%	Within 30 calendar days of issuance
(c) Submit a Diversion Control Plan and patient admission criteria.	100%	Within 60 days of IDHS/DBHR issuing a license to operate at the location

Performance Measures	Standards	Metrics
(d) Hold the credentials required to dispense MOUD at the approved location, including SAMHSA provisional certification with accreditation applied for.	100%	Within one (1) year of the start of the Period of Performance (a second year may be considered for delays outside the Subrecipient's control)
(e) Notify RCCA of any replacement of, or change in the status of, the program sponsor or medical director.	100%	Within three (3) weeks of the change
(f) Submit the IDHS/DBHR license, DEA registration, SAMHSA certification, and accreditation applications, as applicable, and report progress in each DPR until all credentials are held.	100%	Once the site is secured and the medical director is named, and no later than Day 180
(g) Obtain accreditation and standard SAMHSA certification.	100%	Within one (1) year after SAMHSA provisional certification

Task 2.4 Site Development: New Location (models 1 and 2)

Task 2.4 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Submit evidence of site control for the new location.	100%	Day 90
(b) Submit a local certificate of zoning, or a signed statement that zoning approval is not applicable.	100%	Day 90
(c) Complete site build-out and submit the architect's Life Safety Inspection and Report.	100%	Within one (1) year of the start of the Period of Performance
(d) Submit evidence of an ONC-certified EHR interoperable with the medical partner's EHR.	100%	Before administering MAR and within 30 days of IDHS/DBHR issuing a license to operate at the location

Task 2.5 Community Relations and Engagement: New Location (models 1 and

2)

Task 2.5 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Submit the Community Relations Plan.	100%	Day 60
(b) Conduct no fewer than three (3) community listening sessions.	100%	Day 120
(c) Submit listening session documentation (date, location, attendance, concerns raised, and mitigation strategies discussed).	100%	Day 150
(d) Submit community relations policies and procedures, including complaint intake and response.	100%	Day 150

Task 2.6 Equity and Racial Justice Plan

Task 2.6 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Submit the complete ERJ Plan.	100%	Day 180
(b) Incorporate any RCCA-required revisions.	100%	Within 15 days of RCCA feedback

Phase 3: Implementation

Task 3.1 Collaborative Medical and Behavioral Health Care

Task 3.1 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Provide collaborative medical and behavioral health care.	≥80% of the approved objective to date	Ongoing following service initiation; reported through each DPR

Task 3.2 Coordination of Services

Task 3.2 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Coordinate OTP client services with the medical partner(s).	≥80% of the approved objective to date	Ongoing following service initiation; reported through each DPR

Task 3.3 Transportation Services (Optional)

Task 3.3 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Provide limited or ad hoc transportation to medical care, as elected in the ISP.	≥80% of the approved objective to date	Ongoing; reported through each DPR

Phase 4: Monitoring

Task 4.1 Performance and Fiscal Reporting

Task 4.1 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Submit Financial Reports (Invoices) in RCCA-prescribed format.	100%	15th day of the month following each reporting month *
(b) Submit Delivery and Performance Reports (DPRs) in RCCA-prescribed format.	100%	Submitted monthly, by the 15th following the close of the reporting period *
(c) Submit Periodic Performance Reports (PPRs) in RCCA-prescribed format.	100%	20th day after each FY quarter end *
(d) Submit Periodic Financial Reports (PFRs) in RCCA-prescribed format.	100%	20th day after each FY quarter end *
(e) Cooperate with RCCA-designated program evaluation activities.	100%	Throughout the Period of Performance, as prescribed
(f) Participate in RCCA-scheduled Project Status Meetings (PSMs).	≥75%	Quarterly
(g) Participate in RCCA TTA Activities.	≥75%	Onboarding TTA sessions (up to three (3)); cohort-focused TTA (as scheduled, up to quarterly); and TTA based upon performance needs or request (ad hoc).
(h) Submit the Performance Close-out Report.	100%	Within 30 calendar days after the Period of Performance ends

Performance Measures	Standards	Metrics
(i) Submit the Financial Close-out Report and Final Invoice, and liquidate all obligations.	100%	Within 45 calendar days after the Period of Performance ends

Note: If a due date falls on a weekend or holiday, the report is due the following business day.

Task 4.2 Staffing Maintenance

Task 4.2 performance measures, standards, and metrics

Performance Measures	Standards	Metrics
(a) Ensure required personnel and staffing remain in place, including designated program leadership.	≥80% of the approved staffing plan	Ongoing; reported through each PPR

Program Performance Measures

Activity and output measures show what the program does and how many people it reaches. The Subrecipient reports them monthly through the DPR.

Program activity and output measures

Measure	Type	Reporting frequency
Individuals served through OTPP-3, total and new	Output	Monthly through the DPR
Individuals initiated onto MOUD	Output	Monthly through the DPR
Individuals initiated onto MOUD, by medication	Output	Monthly through the DPR
Individuals receiving naloxone for overdose reversal at the OTP	Output	Monthly through the DPR
Individuals receiving harm reduction education or counseling	Output	Monthly through the DPR
Individuals receiving both MOUD and a physical examination or medical partner visit	Output	Monthly through the DPR

Outcome and utilization measures show the results of that work. RCCA calculates them from the activity and output measures and the objectives in the approved ISP Data Workbook and reviews them quarterly.

Program outcome and utilization measures

Measure	Type	Calculation
Medical integration rate	Outcome	Individuals receiving both MOUD and a physical examination or medical partner visit ÷ individuals initiated onto MOUD
Naloxone co-provision rate	Outcome	Individuals receiving naloxone for overdose reversal at the OTP ÷ individuals initiated onto MOUD
Treatment initiation rate	Outcome	Individuals initiated onto MOUD ÷ total individuals served through OTPP-3
New-participant share	Outcome	New individuals served ÷ total individuals served through OTPP-3
Harm reduction education reach	Outcome	Individuals receiving harm reduction education or counseling ÷ total individuals served through OTPP-3

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