

STR Hub and Spoke Project Frequently Asked Questions

Most recent questions are listed first:

1.) How many applications have you received for the STR Hub and Spoke Letter of interest?

Response: 14.

2.) My quick question is whether or not courts can serve as Spokes?

****Response****Yes, Drug courts can serve as a spoke, likely .5 FTE as they don't provide therapy in its traditional sense.

3.) If we can't utilize funds for anything but FTE, can we use the additional funds in the first year for startup? We need computers, information systems, cell phones and other equipment and supplies.

****Response**** This is already included in the Hub and Spoke budget.

4.) My understanding is that the state will provide the full amount to hub organizations for the remainder of the first year, one year of funding for 6.5 months, \$800,000 plus. My concern is that without the leeway to use excess year one funds for non-personnel costs (for example, startup costs or training, etc.) the state is going to end up with unspent funds.

How is the state expecting organizations to spend the excess funding in the first year? Are you thinking hubs/spokes should hire additional capacity that first year with even without the ability to sustain them the 2nd year?

Would it make more sense to allow a few additional startup costs to be paid for the first year, leaving that funding for additional staffing in the 2nd and subsequent years (should there be additional funding years.) This strategy would mean that you'll get another bump in services to people with OUD in the second year.

****Response**** We are involved in conversations with SAMHSA concerning the terms of the funding details, and timetables, (No-cost extensions, carryover etc.) related to the use of funding. We did not require a budget in the application as we need to get clearer sense, of the federal conditions related to funding timeframes. Once this is completed, we will post our findings.

5.) Can we, as a spoke, partner with multiple Hubs? Can agencies submit letters intent to serve as a spoke to more than one hub? Understanding that one, both, or none of the multiple hubs could be funded.

****Response****For the application process, you are allowed to be identified in multiple Hub and Spoke submissions. You will need to be part of a single identified Hub and Spoke site, in terms of the actual implementation of the project.

6.) We have a new Opiate Treatment Program opening up in our area in the fall of this year.

Tribally owned and operated. They would not be able to start seeing patients in August, but rather in Late November. We would like to work with them as a Spoke, when they open. They will be providing Methadone, Buprenorphine/Naloxone and Naltrexone. May we include them as a spoke, one of the five required, or add them as a possible 6th, or what would you suggest?

****Response**** Spokes should be ready to provide services as of August 31st 2017. Hubs will be provided an opportunity to submit changes to their plan each year of the project, in order to accommodate these type of changes. You may include information in your response as to future development of Spokes, and depending on the operational timeline, may be included in the plan.

- 7.) We wonder if we have some flexibility in the staffing. Must the Nurse Care Manager be a Nurse? May we hire someone who can perform all the duties of the NCM who might be otherwise fully qualified but not be a nurse?

****Response**** The duties that were identified of the "NCM will include, but not be limited to, patient screening, MAT education, assisting with MAT inductions, taking vital signs, drug testing, lab work, medical assessments, charting, care planning, stabilization, maintenance, ongoing coordination of follow-up care, relapse prevention, support for patient self-management, and observation of the patient." Your organization will need to determine the staffing that best fits your needs, and while the position identifies the position as a nurse care manager, the licensure level of staff needed to fulfill that role is for your organizations determination.

- 8.) May we allow our NCM (1 FTE) to be split as two different individuals each doing a 0.5 FTE? This might for example allow us to hire two ARNP/PAs who work half time as NCM paid for by the grant, and half time as medical prescribers/providers paid for by collections from Medicaid billing. Similarly, may we have the Hub Care Manager split into two individuals doing 0.5 FTE as HCM ? This would allow us to utilize them as half time FTE doing other functions, possibly including working half time as medical prescribers/providers paid for by collections from Medicaid billing.

****Response**** "Although it is preferable to have each staff member provide a single role, a staff person may fill dual roles. Individual providers and staff can serve multiple roles as long as they have achieved competency in each assigned function and there is not a conflict with the nature of their dual roles."

Posted Tuesday May 23rd

- 1.) Can Public Health Agency be a Hub and Spoke,

****Response**** Yes, a Public agency could be the Hub, as long as they have MAT prescribing capacity.

- 2.) Currently our agency had positions that are under capacity (and not working full time). Can funding be utilize to fully fund these FTE's?

****Response **** The grant does not allow you to supplant positions. The intent of the grant is to increase access to MAT services. If you can increase capacity, by adding additional FTE to existing employees, it's allowable.

- 3.) What are the reporting requirements for "Spoke"? Will the Spokes be reporting to the Hubs?

****Response **** All Spokes are required to provide monthly data components to the Hubs using Research Design & Analysis (RDA) provided excel spreadsheets. This will include standard demographic (names, date of birth, social security #'s etc.) and how many people are receiving MAT treatment and recovery support services. The Hub will compile the data and submit it to RDA. Data elements are still in development in collaboration with SAMHSA. There are no GPRA elements required for this grant. The Data Requirements will be posted on the Web page once it becomes available.

- 3.) Can the letters of commitment be included as attachments?

****Response**** Letters of Commitment including notification to BHO's are to be included as attachments and are not part of the 10 page limit.

- 5.) What is the Font size referencing electronic submission?

****Response **** The preference is 12pt. Font, Times New Roman, and one inch margins.

6.) Are Spoke Care Managers employees of the “Hub” or the Spoke agencies?

****Response**** The employment component of Spoke Care Managers will be determined the Hub applicant. Sub-contracts with Spokes (concerning willingness to participate, process and procedures etc.) are required, even if Spoke Care Managers remain employed by the Hub.

7.) Could a Treatment facility of the Hub be a “Spoke” even though they are part of the same agency?

****Response**** Yes, however applications will be reviewed based on their ability to develop the broadest integration of community providers as possible.

8.) Our federal indirect rate is higher than 10% indirect rate allowable by the Letter of Interest. Can the additional indirect rate allowed as match-funding?

****Response**** Yes.

9.) Would the “Spoke” SUD treatment facility be required to comply with the American Society of Addiction Medicine (ASAM)

****Response**** Yes.

10.) This is a question referencing case management? Are we following SERI?

****Response**** All reporting requirements will be captured by RDA excel spreadsheets, and there is no anticipated changes to SERI, concerning reporting case management services.

11.) Is there any information referencing “Hub” locations?

****Response**** It’s the intent of the STR grant and Hub & Spoke to increase access statewide. DBHR will make a concerted effort to have a wide geographical distribution of Hub and Spoke sites.

12.) Is any of the funding allocated for individuals that are in need of patient services, medication and other expenses?

****Response**** Payment for direct services are not identified in the Hub and Spoke project.

13.) Are you posting information on a Web page or an email site to respond to questions?

****Response**** Yes! <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/washington-state-targeted-response-hub-and-spoke-project>

14.) Can “Hub/Spoke” facilities be in locations that are not part of the same BHO, or crossing county boundaries?

****Response**** We want the locations to be convenient and easy accessible for the patients, payments for services should as seamless as possible. Crossing BHO boundaries will create additional barriers, but are allowed and should be addressed in the response to the Letter of Interest.

15.) “Funding question”, Is the \$831,000 dollars for 8 to 9 months?

****Response**** The grant is currently two years (May 2019), funded initially for the first year. The contract will be from July 1st until June 30th, 2018. The second year (dependent on funding) will also be same cycle, July 1st to June 30th, and will be a contract amendment.

16.) Is there no budget attachment required?

****Response**** Correct. Once project sites are selected they will work with DBHR to develop a specific budget, Statement of work (SOW) and contracting elements.

17.) Can “Spokes” have MAT prescribers and have treatment sites?

****Response**** Spokes can offer MAT services other than (SUD) services. At least one of the six spokes is required to be a MAT prescriber.

18.) I have a client in a research study, will that exclude them from participation in Hub and Spoke?

****Response**** No. This should be addressed by the research study, to determine the patient's ability to participate.

19.) If an agency is ready to go as a referral spoke by August, and at the same time is wanting to develop a pathway for expanded spoke services moving forward can any of the DBHR spoke funds be used for building a pathway to extending services that would start at a later date?

****Response**** see answer below.

20.) If an agency feels it is not ready to be a spoke now but may be ready at the end of the first year, will there be an option to become active in the DBHR project later?

****Response**** There will be changes in the operational structure of some Hub and Spokes. Every year the Hub will be asked to submit any changes to the plan for the next contract year. This can include changes to the makeup of Spokes, within funding limits.

22.) Will there be additional grant opportunities or this is just going to be a one-time event?

****Response**** The STR Opioid grant is a two year grant, that is currently funded for one year. In our conversations with SAMHSA, they are interested in making this a longer term grant (3-5 years). Future funding is dependent on federal priorities, still in development.

23.) At the bottom of page three of the guidelines, you say that Hubs "will be responsible for ensuring that at least two of the three FDA approved Medication Assisted Treatments for an opioid use disorder (naltrexone, buprenorphine, methadone) are available for administration to patients on-site." We currently prescribe Methadone on site, and plan to add Suboxone by August 31. Does this meet the criteria?

****Response**** No, the Hub MAT medications must include at least one agonist (Methadone, Suboxone) and one antagonist, Naltrexone (Vivitrol & Revia). You are required to provide Intermuscular (IM) Naltrexone injections.

24.) Can Pain Clinics or ER's be Spokes?

****Response**** Yes, they will likely be considered "Referral Only" and provided a .5 FTE.

25.) A primary care or pain management clinic with buprenorphine waived physicians, is willing to become a spoke; but 95% of their patient population has private insurance. Is it allowed with the grant, or the spokes must primarily provide services to Medicaid clients?

****Response**** Yes, as long as they also have the ability (and do) accept Medicaid.

25.) Do you have to be a DBHR site to apply?

****Response**** No

26.) How can we handle Medications on site?

****Response**** By policy and procedure, Ensuring chain of custody, Must have IM Naltrexone available, Suboxone ok from Pharmacy, but must have the processes and procedures to manage induction onto both MAT.

27.) Which locations across the state, should they choose?

****Response**** Up to organization, multiple apps accepted from same organization. (Changed 5/16/17)

28.) If multiple facility sites are identified, single application or multiple apps?

****Response**** All applications must be separate.

29.) How can the WA Recovery Helpline be part of the Hub and Spoke Model Implementation?

****Response**** Unknown at this time, Please attend the conference call to determine applicability

Are Hub and Spokes defined by BHO area, or county?

****Response**** No

Can Hub and Spoke model include multiple hubs (each providing MAT services)?

****Response**** Yes, Spokes can provide MAT services, but your application must define who would be identified as the Hub even though MAT services may be offered at multiple locations. This has to do with staffing allocations as Hub will receive two FTE and Spokes receive between .5 and 1 FTE.

Can funding be used for leasing space for services?

****Response**** Not sure, likely not but will confer with SAMHSA as site decisions are made and variations are encountered. There is currently no funding identified for leasing office space.

Does the entity that is applying need to have a current Medicaid contract with a BHO or enrolled with Medicaid?

****Response**** You will need to have the ability be to bill Medicaid by the start of services, August 30, 2017. Please include a plan and timetable to utilize Medicaid funding, if you plan on applying.