Washington State Health Care Authority

HICBOT: High Intensity Community-based Opioid Use Disorder Treatment Teams

Disclaimer: For questions pertaining to HCA's Sublocade Access Program for LAI-bupe purchasing, please watch for upcoming GovDelivery announcement.

Providers: sign up to receive GovDelivery announcements

Questions and responses on the topics of Funding, Medicaid and Patient Billing, and Best Practices follow.

Funding

Question	Response
What is the average grant amount and how many teams are planned? What is the max or range of what we should propose as a budget?	As HCA has been directed to prioritize and augment existing field-based teams, the amount of funding needed can vary greatly. Create a budget that reflects the number of fiscal resources needed to provide the services. The final number of contracts awarded will depend on need. Final budget can be negotiated as well as part of the contracting process for direct services. Please consider what your program's specific needs are and develop a budget appropriately. Also, feel free to include a scaled approach within your proposal.
Will there be any flexibility with funding model reimbursement methods? Example: if we have up front staffing costs would it be possible to arrange for up-front payments?	Contract will be performance-based developed using periodic deliverables (e.g., reports, milestones). Advanced payments are not permissible.
Define related costs?	Funding is to be used towards expenses attributable to the goal of significantly increasing administration of care to people at risk of overdose and expenses attributable to training and technical assistance to enable staff to further this goal.
May vehicles be purchased with these funds?	Yes. One barrier that has been identified by the authority is physically handing off the care to the recipient, which requires physical transportation to the various remote locations mentioned in the budget. Purchasing a vehicle is reasonable to implement a street medicine team that can access various settings quickly.
Is this funding solely for staffing to implement the directed services? Does this include costs related to technology and training?	Funds attributable to "training and technical assistance" are permissible.

Do you anticipate future on-going funding through different funding sources after SY2026 to continue these resources?	Extension of funds through the Operating Budget is unknown. Ongoing funding may be requested through the Agency Budget Request process.
Can we add staff to an existing team, or do we need to create a new team with these funds?	Yes. The Budget directs HCA to "prioritize funding to augment existing field-based teams."
Can we use a federally negotiated indirect rate? Or is ten percent (10%) the max overhead?	Ten percent (10%) is the max indirect rate for DBHR contracts.
Is this funding part of the opioid settlement money?	This comes out of ESSB 5950 – Supplemental Operating Budget, which indicates the funding is from the Opioid Abatement Settlement Account.

Medicaid and patient billing

Question	Response
Does the recipient need to be billing Medicaid, or can they be providing no bill services? Are we billing Medicaid for eligible clients for anything? We are a Street Medicine Team who provide no-cost services to our patients. We work within a health department. Would we be eligible to apply even if we are not billing Medicaid?	Being able to bill Medicaid is not a prerequisite for this program; however, an interested organization may have a stronger response if able to leverage other funding sources like Medicaid. The resulting contracts will require that Medicaid be billed, if possible, for all applicable services.

Best practices for program model

Question	Response
Clarify suboxone five to seven (5 to 7) days prior to LAI-Bupe?	There are several long-acting injectable buprenorphine (LAI-Bupe) products and there are multiple strategies for administering the medication, which must take into consideration the individual needs of the patient, their quantity and frequency of use, what they tried in the past, etc. Please direct case examples and best practice questions to the University of Washington- Psychiatry Consultation Line. In addition, the ScalaNW website will also offer some resources around LAI Bup protocol for emergency departments in the future.
Do you have an idea of how many people and who you want on teams?	This is up to the responding organization and how you can meet the proviso. There is no set maximum or minimum staffing needed to create this model. However, if certain positions are necessary to ensure continuity of care and long-term access to LAI BUP, please include those positions in your proposal.

We are an FQHC with a pharmacy and provide MOUD services with street outreach teams. Are we eligible if we intend to become REMS certified?	Yes, and it sounds like you already have a model in place doing this work so may be a better fit to apply for just the LAI Buprenorphine through the SAP link.
Could you define "significantly increase" in terms of LAI prescribing?	Any increase in administration would be significant as long as the focus is on individuals at highest risk of overdose.
Our program administers Sublocade. Is that different from the buprenorphine?	Sublocade is long-acting injectable buprenorphine.
We have existing street OUD outreach and would like to expand, adding more outreach workers. Is this idea eligible for this funding?	Yes, this is an opportunity to enhance existing outreach teams that are working to increase access for SUD.
Does "staff" mean only the providers who are able to administer buprenorphine?	No, there can also be other staff roles that help support and engage individuals in the program, develop partnerships with supportive housing and shelters, or to help coordinate ongoing services.
Can licensed agencies subcontract for hiring teams/staff?	Yes, if there are any identified partners and they help meet the goals and expectations of the program add their information.
For those who are actively using, what are some of the expectations to manage withdraw symptoms prior to induction? Is micro dosing an option to prevent continued use/ lower overdose risk during the induction process?	Please direct case examples and best practice questions to the University of Washington- Psychiatry Consultation Line. In addition, the ScalaNW website will also offer some resources around LAI Bup protocol for emergency departments in the future.
Is this medical only or are we providing case management as well?	Case management would be allowable under the program model.
Do we submit a one year or two-year budget?	HCA intends to enter into 18-month contracts. Would recommend submitting a six month start up budget and then a 12-month budget which captures a fully staffed and operational program.
Do we need to provide services seven (7) days per week?	There are no minimum hours or days per week needed for this program. However, being able to provide services for longer periods of times and more days of the week would make for a stronger submission.
What are the requirements for the grant document wise? Will we have to do surveys or GPRAS?	This is state funded and does not require GPRA survey collection. Data Reporting will be required and included in the contract language.
Do you have to have prescribers on your team? we are funded through the BHASO as an Opioid outreach program. We provide all sorts of support to get folks to local clinics	Yes. The proviso indicates “Funding must be used to engage people with opioid use disorder in nontraditional settings such as supportive housing, shelters, and encampments to provide low-barrier, immediate, and continual care for people with opioid

	use disorders to initiate and maintain buprenorphine."
Do we need to be prescribing doctors, or could we partner with someone and do the mobile outreach in collaboration with them?	Partnerships are allowable.