

Frequently Asked Questions: High Intensity Community-based Opioid Use Disorder Treatment Teams

Background

History and purpose

In 2024, the Washington State Legislature, as noted in Sec. 215 (136) of Engrossed Substitute Senate Bill 5950, approved \$1,500,000 of one-time funding for state fiscal year (SFY) 2025 and SFY2026. The funding will establish high-intensity community-based teams serving people with opioid use disorder.

Funding must be used to significantly increase administration of long-acting injectable buprenorphine to people at highest risk for overdose. This funding opportunity is open to:

- Existing field-based programs funded with federal state opioid response grants and their subcontractors
- Low-barrier buprenorphine programs
- Street medicine teams

Respondents must be able to enhance low-barrier services to engage individuals with opioid use disorder, those most at risk of opioid overdose. Low barrier access must be available in areas with high rates of overdose in nontraditional settings such as supportive housing, shelters, and encampments where access to traditional care is difficult to access. This funding must engage people with opioid use disorder to provide lowbarrier, immediate, and continual care to initiate Medication for Opioid Use Disorder (MOUD) with preferential focus on long-acting injectable buprenorphine.

[Learn more by reading Proviso 136](#)

Eligibility requirements

Be part of:

- An existing-field based teams with federal state opioid response grants (e.g., SOR Hub Sites and subcontracted Spoke sites, Opioid Treatment Networks, SOR Recovery Support Services- Peer Pathfinder)

Or

- Low-barrier Buprenorphine Program (e.g., Nurse Care Manager (NCM), NCM Plus, State Hub and Spoke Networks, Peer Support programs)

Or

- Street medicine teams or community outreach teams

And

- Be REMS-certified or have access to specialty pharmacy or ability to become REMS-certified

And

- Be able to ensure immediate induction on MOUD, including initial use of Long-Acting-Injectable Buprenorphine (LAI-Bup), or initial use of sublingual or tablet form of buprenorphine with a plan to transition into LAI buprenorphine

And

- Have existing relationships with supportive housing, shelters, and to individuals living in encampments and demonstrate competency or a plan to serve individuals within those environments
- Prioritize individuals living in non-traditional settings or are not able to access more traditional care such as supportive housing, shelters, and encampments
- Be appropriately licensed and certified through Washington State Department of Health and have a demonstrated capacity and capability to provide the identified array of services identified

Funding

HCA has budgeted one time funding not to exceed \$3,000,000. \$1,500,000 for state fiscal year 2025 (SY2025) and \$1,500,000 for SY2026. HCA will enter a contract with the awarded providers no later than the beginning of 2025.

Funding may only be used for staffing positions to fulfill program requirements. Funding and contract timelines will be determined based on requested and approved funding amounts.

Data collection and legislative reporting

HCA must submit a report to the Office of Financial Management (OFM) and the appropriate committees of the legislature summarizing the implementation of this funding and identifying barriers which impact treatment access for people at high risk for overdose. Throughout participation you may be asked to provide responses related, and not limited to the following:

- State and federal regulations which are barriers to implementing a program in alignment with the requirements identified in the Background and Purpose section
- Managed care provider network adequacy related to ancillary services provided to individuals enrolled in this program
- Contracting practices between Managed Care Organizations (MCOs) and behavioral health providers, including delegation arrangements with provider networks
- Reimbursement models and rate adequacy
- Training and technical assistance needs
- Recommendations for reducing barriers to medication for opioid use disorder, including long-acting injectable buprenorphine

To evaluate program implementation and ongoing outcomes, resulting contractors will be required to collect and report on program participants, which includes collecting identifiable information and personal health information.

Key dates

Date	Event
Monday, September 16	Open to apply
Wednesday, October 2, noon to 1 p.m.	Informational webinar
Thursday, October 17	Look for another GovDelivery with updated FAQ
Friday, November 1	Survey of questions due to HCA by end of workday
Monday, November 4	Closed for applications

Survey of interest

To be considered for contract awards, please email your responses and any attachments to Cayla Rauh, medical programs specialist, at Cayla.rauh@hca.wa.gov no later than **Friday, November 1, 2024**.

Attachments may be in PDF, Word, or Excel formats. Please include in the subject line “High Intensity Community-based Teams” followed by your organization’s name.

Please include in your message/attachments the following:

1. Legal business name or organization that would be fiscally responsible for this project.
2. Full name of contact person and title
3. Full postal address of organization (not a PO Box)
4. Telephone number
5. Email address
6. Website link (if applicable)
7. Type of entity
8. UBI number
9. SWV number
10. Has your organization had a contract terminated for default in the last five years? If yes, please describe the incident and full details of the terms for default, including the other party’s name, address, and phone number.
11. Tell us about your organization/program. When was your organization/program established (month and year), mission and vision statement, type of services provided, and organizational goals?
12. If you plan to subcontract with another/other organization(s) for the required service elements listed above, please provide the name(s) and description(s) of the organization(s), including entity type(s), when was the organization established, type of services provided and summary of the historical partnership. Also, attach a letter of support from each organization with which you plan to subcontract.
13. Does your agency, or a partnering agency, bill Medicaid and health insurance providers (either through fee for service or via MCOs)? Please provide the NPI for the agency that will be responsible for billing.
14. Region to be served: Are you an urban or rural site? Please provide justification for either classification, including the city/cities, county, Tribal reservation, or other designation that will help us understand where you will provide services.
15. Briefly describe your program model for providing low barrier access to Medications for Opioid Use Disorder including assessment for SUD, buprenorphine inductions, and retention and engagement of individuals on MOUD.
16. Briefly describe your agency’s history of providing street or community outreach services to individuals who use drugs, experiencing homelessness, and at high risk of opioid overdose.
17. Please describe how your organization demonstrates the following requirements:
 - a. Appropriately licensed and certified through Washington State Department of Health with demonstrated capacity and capability to provide the identified array of services
 - b. REMS certification or access to specialty pharmacy
 - c. Ability to provide LAI-Bupe within 24 hours from prescription
 - d. Appropriate DEA license and storage of scheduled medication
 - e. Trained clinical staff on administration and pre-injection considerations for LAI-Bupe
18. Briefly describe a staffing model proposal with The High Intensity Community Based Team. Include roles and responsibilities to support individuals onto MOUD with the preferential focus on initiating long-acting injectable buprenorphine for individuals experiencing homelessness or living in support housing.
19. Please provide a budget summary of staff including salary, fringe, and indirect costs.
20. Please provide agency demographic data that illustrates the diversity of whom your program(s) currently serve (e.g., race, ethnicity, gender, age, income, gender identity, language spoken, etc.)
21. What days and times do you propose to conduct services under the High Intensity Community Based team?
22. Where will the services be provided?

23. Address how you will deliver long-acting injectable buprenorphine. Include cost, prescribing, dispensing and storage, and specialty pharmacy used (if applicable).
24. How will you provide culturally and linguistically appropriate services?
25. How will your organization/program collect data around services provided? Include implementation and staffing successes and barriers, number of individuals served, and barriers impacting access to service.