



Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
14 Harrington Road, Barry Hall, Building 52, Cranston, Rhode Island 02920

APPLICATION GUIDE FOR CERTIFICATION AS A CENTER OF EXCELLENCE FOR OPIOID USE DISORDERS

Instructions: All sections should be completed fully so as to sufficiently describe the applicant's approach to meeting the Certification Standards. Additional materials should be appended as requested or deemed appropriate by the Applicant.

TECHNICAL PROPOSAL

1. Letter of Transmittal. Applications must include a letter signed by an owner, officer, or authorized agent of the applicant. The letter shall acknowledge that by submitting the application, the applicant agrees to comply with the program requirements and Certification Standards as issued or amended. The applicant further understands that as a provider within the Medicaid program, it is obligated to comply with all State and Federal laws, rules and regulations that apply to Medicaid providers.

2. Cover Sheet

Name of Organization Submitting the Application for Center of Excellence Certification:

Date of Application Submission: _____

3. Identifying Information

Name and Title of Person Authorized to Conduct Business on Behalf of Organization:

Name and Title of the Contact Person Regarding Questions about the Application:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Applicant Federal ID Number: _____

Medicaid Provider Number (if applicable): _____

Date Medicaid Provider Application Submitted: _____

4. Executive Summary and Background: The Executive Summary is intended to highlight the contents of the application and provide the review team with a broad understanding of why the Applicant is uniquely qualified to assist the State in providing Center of Excellence services and how it fits with the Applicant's mission and program philosophy. This section also shall identify any sub-contractor agreements related to delivery of Center of Excellence services, as well as discuss any informal relationship with other organizations that will participate in this service. Joint ventures or co-signers are not permitted for this certification.

Attach the resumes of all proposed executive staff not performing direct services and indicate their roles and the amount of time they will devote to this project.

5. **Attestations**

Initial each of the following statements to attest that the Applicant complies:

_____ The Applicant is a corporation or other legal entity and is properly licensed to operate in the State of Rhode Island.

_____ The Applicant is approved as a Medicaid provider in good standing with the State.

_____ The Applicant is aware that they must be an approved Medicaid provider in good standing prior to receiving reimbursement for Center of Excellence services.

_____ The Applicant or any of the applicant's employees, agents, independent contractors or subcontractors have not been convicted of, pled guilty to or pled nolo contendere to any Medicaid or health care related offense or have been debarred or suspended by any Federal or governmental body.

_____ The Applicant has read, understands, and accepts the mandatory requirements, responsibilities, and terms and conditions associated with these Certification Standards.

_____ The Applicant accepts the State's Payment Rates that will be paid to the successful Applicants.

_____ The Applicant does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, sexual orientation, political affiliation, national origin, or handicap and complies with the Americans with Disabilities Act.

_____The Applicant meets Federal and State requirement that govern the Medicaid program

*Applicants shall attach an explanation to this application if they do not fully comply with the above assurances. It is the sole discretion of the State as to whether or not it accepts the Applicant's explanation regarding the above points.

6. Organization and Experience of Applicant

Type of Organization:

- _____ Non-for Profit
- _____ Corporation
- _____ Limited Liability Corporation
- _____ Sole Proprietor

Parent Company, (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

License to conduct business in Rhode Island/Incorporation: Yes _____ No _____

Ownership/ Board of Directors

Attach List of Current Board of Director's and Organizational Chart:

Size of Company:

- # of Employees: _____
- Annual Budget: _____

Special and State Designation (e.g. small business, minority/women owned) business:

Licenses & Accreditations (e.g. bodies & organizations as well as status of qualifications):

State & National Recognitions:

State and/or Federal Disciplinary Actions: If none initial here _____.

Attach Explanation of any current or prior actions.

Potential Conflict of Interest: If none initial here _____.

Attach Conflict of Interest Policy for Staff and Board of Directors

Attach a brief description of capability to conduct operational, administrative and financial functions. (2 page limit)

Attach the last independent financial audit. Audit may be no more than eighteen (18) months old.

Attach a brief description of the organization’s policy and practice of incorporating peers and consumers in the process of organizational policy development such as the inclusion of peers and/or consumers on the board of directors, advisory board, or provision of services. (1 page limit)

Attach a brief description of your experience providing Medication Assisted Treatment for Opioid Use Disorders. (1 page limit)

Attach a brief description of your knowledge of the opioid epidemic and gaps in the service delivery system. (1 page limit)

Provide the name, title, organization, telephone number, e-mail address of three (3) references from previous collaborations and indicate the nature and time period of the collaborations:

1. _____
2. _____
3. _____

Provide the name, title, organization, telephone number, e-mail address of two (2) community leaders who may serve as character references:

1. _____
2. _____

7. Program Approach/Service Delivery Model

Attach a brief description (4 page limit) of:

- How your proposed Center of Excellence delivery model satisfies the following principles:
(1) rapid access to treatment, (2) consumer driven, and (3) positive linkages and coordination with other community based buprenorphine providers.
- The key elements of your treatment system with regard to the population to be served, what specific activities will be performed, and by whom.
- Identify whether you are choosing to apply as a Level 1 or Level 2 provider and describe how you will meet timely admission criteria.
- Identify your anticipated patient capacity and geographic areas of service

Attach your organization's policies and procedures that address the following components of services delivery:

- Intake
- Assessment/Evaluation
- Treatment Planning
- Medication Induction
- Provision/Referral for Services
- Care Coordination and Integration of Service Delivery
- Evaluation of Service Outcomes
- Protocol and Standards for Supervision
- How Clients are Informed of treatment options
- Discharge Planning
- Grievances and Appeals
- Confidentiality

V. Services

Initial each of the required services you currently provide:

- Medication Assisted Treatment for Opioid Use Disorders using methadone _____
- Medication Assisted Treatment for Opioid Use Disorders using buprenorphine _____
- Medication Assisted Treatment for Opioid Use Disorders using depot naltrexone _____
- Comprehensive biopsychosocial assessments _____

- Person-centered Treatment Planning _____
- Individual and group counseling focused on substance use disorders incorporating evidence-based practice _____
- Care Coordination and Consultation with other healthcare providers _____
- Case management and referral _____

Attach written service/practice guidelines and protocols for the services (noted above) that you currently provide. The guidelines should indicate the approach to service provision with defined objectives, expected role of staff, participants involved in the process, time-lines for performance, and standard tools that will be used. Indicate the client/consumer to staff ratios.

Attach job descriptions of Center of Excellence staff that detail the reporting relationship, functional tasks, performance expectations, and required skills.

Attach the resumes of proposed Center of Excellence staff and indicate their job titles, roles/responsibilities, clinical expertise, education, years of experience, and on-going training.

Attach your policies and procedures that ensure the delivery of services adhere to linguistic and cultural competency requirements (e.g. how they will provide services to persons whose primary language is not English and honor the individuality of consumers regardless of race, religion, ethnicity, sexual orientation, or financial status).

8. Quality Assurance

Attach to this proposal a copy of your organization’s Quality Assurance Plan that describes the QA activities performed by the organization for the achievement of program objectives.

Indicate how often the QA Plan is updated:

- ____ Annually
- ____ Bi-Annually
- ____ Other:

Attach the written policies, procedures, protocols, and standards used for quality review to monitor utilization of services by clients and to assure the quality and accessibility of care being provided in by your providers in your network. The attachment shall indicate, at a minimum: (1) audit of client records for completeness and accuracy, (2) degree to which services in treatment plan are provided, and (3) degree of coordination with other systems, (4) Identification of internal processes related to timeliness of appointments and caseload standards for personnel, (5) methods for evaluation of staff performance, and (6) other vital measures used in monitoring and ensuring quality assurance.

Attach a brief description of evaluations that will be conducted to ensure quality assurance as well as an annual consumer satisfaction survey. (1 page limit)

Attach a brief description of how your organization ensures that services are provided in the amount, duration, and scope of service in a manner that is expected to achieve the purpose for which the services were provided and is approved by BHDDH. (1 page limit)

9. Organization Capability/Administrative Support Functions

Initial the statements provided below ensuring that the Applicant will comply with requirements related to Eligibility Determination:

- The State has the right to limit or restrict the availability of Center of Excellence Services due to funding constraints, service availability, etc. _____
- The Applicant has the responsibility of verifying client eligibility and on-going eligibility
- The Applicant has responsibility for being familiar with all BHDDH and EOHHS rules and regulations related to Appeals and Grievances _____

Initial the statements provided below ensuring that the Applicant will comply with requirements related to Enrollment:

- The Applicant will submit admission and discharge data on a daily basis. _____

Initial the statements provided below ensuring that the Applicant will comply with requirements related to Services:

- The Applicant shall ensure Center of Excellence staff is available to meet the needs of individuals served. _____

Initial the statements provided below ensuring that the Applicant will comply with requirements related to a viable and accurate financial system:

- The Applicant ensures the financial viability of the organization and complies with State requirements. _____
- The Applicant shall have an annual fiscal audit conducted by an independent organization. _____
- The Applicant will comply with the financial standards established by the State. _____

Initial the statements provided below ensuring that the Applicant will comply with requirements related to audits:

- BHDDH program staff will conduct site visits and request reporting on a periodic basis or as needed. _____
- The components of the site visit/reporting requests will include: (1) Review of Client Records, (2) Interview with Program and Agency Staff, (3) Facility Review, and (4) Interviews with Clients/Consumers _____

Initial that the Applicant will comply with all Center of Excellence Certification Standards _____

Initial the statements below ensuring the Applicant will comply with requirements related to Administrative Sanctions:

- If any provision of the rules, regulations and standards herein or the application thereof to any program, agency or circumstances shall be held invalid, such invalidity shall not affect the provision or application of the rules, regulations and standards which can be give effect, and to this end the provisions of the rules, regulations and standards are declared to be severable. _____
- The Department is authorized to deny, suspend or revoke the Center of Excellence Certified Provider Agency participation in the Centers of Excellence Program that has failed to comply with the BHDDH Certification Standards as established herein. _____

Initial that the Applicant will comply with the requirement related to any Reporting Requirements and that the Applicant will meet State approved data collection and reporting system, coordinated across multiple sites. _____

Authorized Signature of Applicant: _____

Date: _____

Appendix

- i. Letter of Transmittal
- ii. Resumes of Executive Staff Supporting Centers of Excellence services
- iii. Explanation, if applicable (Section 5)
- iv. Current List of Board of Directors
- v. Description of Organization Type/Structure, Size of Organization
- vi. Explanation of Disciplinary Actions, if applicable
- vii. Conflict of Interest Policy
- viii. Description of Organizational Capability
- ix. Prior 2 year of Independent Audits
- x. Program Approach Narrative (Section 7)
- xi. Service Delivery Guidelines/Protocols/Practice Guidelines
- xii. Job Descriptions of Centers of Excellence Staff
- xiii. Resumes of Centers of Excellence Staff
- xiv. Policies and Procedures: Cultural Competency
- xv. Policies and Procedures: Quality Assurance Plan
- xvi. Policies and Procedures: Quality Review
- xvii. Policies and Procedures: Confidentiality
- xviii. Policies and Procedures: Grievances and Appeals

Please email an electronic copy of the application
to Kevin.Savage@bhddh.ri.gov and mail 5 hard copies to:

Kevin Savage, Licensing Administrator
Barry Hall - 14 Harrington Rd
Cranston, RI 02920

Kevin can also be reached by phone at 462-0581



For State Staff Use Only:

Certified by the State as a Center of Excellence Provider: Yes _____ No _____

Level of Certification: Unconditional _____ Not Certified _____

Conditional _____ If Conditional, Date of Expiration: _____

Signature: _____

Printed Name and Title: _____

Date: _____