

Addendum to RFA# 67-166

Pennsylvania Substance Use Navigation Program

Date: December 14, 2023

Addendum Number: 1

Addendum Changes:

- 1) This addendum is to provide answers to all questions per the RFA Potential Applicant letter.

Question 1: Under the Grant Deliverables, it says the applicants shall “hire or maintain” a navigator. Does the system have to hire additional personnel to implement activities for OUD, or can we maintain or reassign from other roles? Do they have to be a hospital employee, or can it be someone working in an independent contractor fashion?

Answer 1: Staffing at minimum one Emergency Department-based navigator is required. An applicant may consider multiple options to meet this requirement. An applicant may choose to hire new hospital personnel to fulfill this role. An applicant may already have a current navigator position filled and will meet the requirement by maintaining the existing position. Reassigning or updating an existing position to meet the navigator requirement is permissible so long as the position is based in the Emergency Department and their responsibilities meet the definition of a navigator provided in the “Program/Work Statement Definitions” section of the RFA. A contracted navigator is also permissible so long as the position is based in the Emergency Department and their responsibilities meet the definition of a navigator provided in the “Program/Work Statement Definitions” section of the RFA.

Potential applicants are encouraged to consider how to best use Grant funding to meet the required Emergency Department-based navigator deliverable and the hospital’s needs. Important considerations to keep in mind include whether an existing contract is in place at the start of the anticipated Grant Agreement for a contracted navigator and how that may or may not impact the project timeline.

Question 2: Are you anticipating that we (the SMEs) would/should be applying for this? I assume it is primarily aimed at hospitals that aren't really doing much at the moment, correct?

Answer 2: This funding opportunity is open to all hospitals and healthcare systems regardless of how advanced they may be with implementing the required deliverables, and if they currently have some of the proposed services already in place.

Question 3: Based on the phrasing on the RFA I would just like to clarify the budget information. Could you please confirm if the \$325,000 is Total Costs or only Direct Costs?

Answer 3: Yes, \$325,000.00 is the total amount that will be awarded for the duration of the Grant Agreement (May 1, 2024 through August 31, 2026; 28 months).

Question 4: On page 3, the first paragraph states, "...Hospitals and Health Systems that apply on behalf of multiple Emergency Departments, within one Health System, where activities will take place shall define their region by the location of the Emergency Department with the largest patient volume.

a. Is this the largest SUD volume or largest ED volume overall?

Answer 4: Hospitals and Health Systems are encouraged to reference SUD volume, if data is available. If SUD data is unavailable, the largest ED volume overall will be accepted. Overall, the Department requires potential applicants that are applying on behalf of multiple Emergency Departments, to utilize a patient volume metric to define their region. Potential applicants are encouraged to identify a patient volume metric that describes the location of the greatest need.

Question 5: On page 4, the last paragraph states, "...In order to do business with the Commonwealth of Pennsylvania providers are required to enroll in the SAP system".

b. Can you clarify what the SAP system is?

Answer 5: All entities must register with the PA Office of Budget's SAP system to do business with the Commonwealth. Please view the link for information on the SAP system: <https://pasupplierportal.state.pa.us/iri/portal/anonymous>. Attached is a PDF with further instructions of how to register. Additionally, all vendors who do business with the Commonwealth must have a vendor number. A vendor number is a unique six-digit number assigned to a registered Commonwealth vendor. This is sometimes referred to as a Supplier Number or SAP number, and is used for payments, invoicing, and maintaining informational accuracy across the Commonwealth. Please view the link for frequently asked question and answers related to the SAP system and SAP numbers:

<https://www.dgs.pa.gov/Small%20Diverse%20Business%20Program/Pages/FAQs.aspx#>.

Question 6: On page 6, number 4 – Deliverables section. Can you please clarify on the clinical scenario where an individual would present to an ER with co-occurring diagnosis with a history of SUD, but presentation entails a behavioral health indication, can the ED based navigator provide linkage to behavioral health resources as well or

is there strict boundaries where the ED based navigator can only assist with an individual presenting with active SUD and only provide SUD resources?

Answer 6: In an event that a scenario would occur as mentioned in the example above, the navigator may assist the patient and provide resources. The patient navigator shall be an Emergency Department-based support system to be utilized for linkage to care services for patients who are at risk for overdose or have substance use disorder, linkage to care is not limited to linkage to SUD resources. However, it is the navigator's primary role to assist with SUD and peer support services. It will be the responsibility of the awarded applicant to document and track the work of the navigator. The navigators work primarily serves individuals who are at risk for overdose or have substance use disorder

Question 7: In reference to section 4.a, ED Navigator: We want to leverage video and telephonic outreach to patients in our EDs – to load balance staff time allowing coverage of more of our EDs while at the same time interacting with the patient before they leave the ED. Are these virtual “real time” interactions by staff paid for by the grant allowable if the staff is not in the ED in which the patient is?

Answer 7: Yes, video and telephonic outreach is permissible and an allowable activity under this RFA but cannot be the sole or primary means of outreach. All applicable laws and regulations around video and telephonic outreach must be followed. Funding cannot be utilized for the provision of medical/clinical care.

*Except as clarified and amended by this Addendum, the terms, conditions, specifications, and instructions of the RFA and any previous addenda, remain as originally written.