

**RFF 2021-002**  
**Respondent Questions and Answers**  
**3/15/21**

**Question #1**

**“The RFF states that if you have a mobile integrated system you cannot apply. Does that mean that if you are already designated as having all elements of the program implemented you cannot apply? Or if you have any type of mobile crisis regardless of whether it meets specification in the RFF you cannot apply?”**

Only if you are receiving grant funding from DMHA for MIRS in your county or if a MIRS already exist in your county currently, you cannot apply. Having certain elements already in place can be considered optimal in your application.

**Question #2**

**“Do your three counties have to be contiguous? Example if you have three counties that share a hospital system that is willing to partner across the three counties for the ED component and can meet all other elements can we apply?”**

It is preferred that the counties be contiguous.

**Question #3**

**“The RFF states that you must be a part of the Recovery oriented system of care. Does this mean that you have to have been one of the previous grantees this past two years for the Cross Sector Collaboration grant for RO-SOC development to apply?”**

No, part of the development of the MIRS will include development of the TI-ROSC if one is not already in place.

**Question #4**

**“I am inquiring about the RFF 2021-002 Disbursement of State Opioid Response 2 Grant Funding. There is indication in the RFF that counties with existing MIRT teams are not eligible. Does this mean that organizations currently providing MIRT services are not eligible, that any organization within a county that already has a MIRT team offering services are ineligible, or both? Are there any exceptions to this eligibility rule, or is a hard fast rule that will not be bent for proposals?”**

Organizations currently providing MIRS services will be eligible to apply to provide services in counties they are not already servicing. If a MIRS team already exists in your county, that county is not eligible. One team per county is not negotiable currently.

**Question #5**

**“Our question is in response to - Cooperation of one Emergency Department (ED) prescriber who has a DATA 2000 Waiver to prescribe Buprenorphine and will induce in the ED. If we did this through a paramedicine model and had a provider willing to induce versus the ER would this meet the criteria for the RFF?”**

Inducement in the ED is preferable, but be sure to detail plan in your proposal.

**Question #6**

**“Do the ED doctors need to be waived at start of grant or could it be within 30 days of grant?”**

If the doctor is not waived at start of grant, please detail the timeline of doctor getting waived in your grant application.

**Question #7**

**“Do the ED need to have at least 1 waived physician on shift 24/7?”**

The lack of a waived physician on shift 24/7 does not automatically disqualify. Please detail plan to meet this need in your proposal.

**Question #8**

**“Does the additions credential require LCAC or are others acceptable? CADAC I-V? Can this be accomplished within 3 months of grant start?”**

We consider licensure through IPLA as meeting the requirement.

**Question #9**

**“Do we need waived physician at each hospital’s ED for the multi-county area or does one agreement at one of the counties meet the requirement with the goal to add more during the grant period?”**

It is understandable there are challenges to getting an ED doctor a waiver. We expect at least one hospital per county to have a waived physician in the ED. Please detail your timeline in proposal.

**Question #10**

**“Is induction required at the ED or can it be coordinated with the outpatient MAT provider?”**

It is understandable there are challenges in getting ED prescriber. Interim plans for outside prescribers can be considered, but will not be allowed as permanent solution for this funding. Funding is being made available based on all five criteria being met.