



SFY2022

Notice of Funding Availability (NOFA)

Point of Care Testing Initiative (POC)

Posting Date: **Wednesday, January 19, 2022**

SUBMISSION DEADLINE TO BHA: **Wednesday, February 23, 2022**

Funded by:

Substance Abuse and Mental Health Administration (SAMHSA)

Maryland Department of Health (MDH)

Behavioral Health Administration (BHA)

Spring Grove Hospital Complex

Vocational Rehabilitation Building

55 Wade Avenue

Catonsville, Maryland 21228

(410) 402-8300

<https://health.maryland.gov/bha/Pages/Index.aspx>

Larry Hogan, Governor

Boyd K. Rutherford, Lieutenant Governor

Dennis R. Schrader, Secretary of Health

THE MARYLAND DEPARTMENT OF HEALTH (MDH)
BEHAVIORAL HEALTH ADMINISTRATION (BHA)
NOTICE OF FUNDING AVAILABILITY (NOFA)
COVID-19 GRANT
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ELIGIBILITY

Electronic Submission is Required

NOFA Posting Date: Wednesday, January 19, 2022

Proposal and Budget Narratives from Providers to BHA: DUE Wednesday, February 23, 2022

Proposal and Budget Narratives from the Local Authority to BHA: Wednesday, March 9, 2022

BHA plans to provide grants to Maryland jurisdictions who have the highest prevalence rates for COVID-19 infection within their jurisdiction. All American Society of Addiction Medicine (ASAM) level Substance Use Disorder (SUD) residential treatment facilities (3.1, 3.3, 3.5, 3.7, 3.7WM) that are licensed through the Behavioral Health Administration (BHA), certified through an approved State of Maryland Behavioral Health accrediting body, and have reported multiple and consistent COVID-19 outbreaks within the past 12 calendar months are eligible to apply.

IMPORTANT LINKS

<https://health.maryland.gov/bha/Pages/Index.aspx>

PROGRAM OVERVIEW

The Maryland Department of Health (MDH), Behavioral Health Administration (BHA) was recently awarded COVID-19 Substance Abuse Block Grant (SABG) funding in the amount of **\$31,943,446**. With **\$4,317,696**, this funding will be utilized to implement a pilot program for a COVID-19 Point of Care Testing Initiative (COVID-19 POCI) to be implemented in American Society of Addiction Medicine (ASAM) substance use disorder (SUD) Residential Treatment facilities. Pursuant to Maryland Code Health-General Article, §10-902(a)(ix) and in accordance with the State budget and the rules and regulations that the Secretary of Health ("Secretary"), the Secretary has made this grant available for the use of Federal funds to help public agencies or nonprofit organizations establish and provide COVID-19 testing for those in residential treatment facilities.

PURPOSE

At the onset of the Novel Coronavirus pandemic, Maryland's behavioral health treatment community faced many new challenges in the provision of SUD and mental health (MH) treatment. Having additional tools to utilize during the treatment and recovery process will help with client engagement, retention, and in mitigating the spread of the virus. The POC Testing Initiative will allow for routine and initial entry testing for the COVID-19 disease using molecular or antigen tests. These testing efforts aim to support the diagnosis and monitoring of COVID-19 infection within American Society of Addiction Medicine (ASAM) residential SUD treatment facilities. Funding through this grant will support Severe

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Acute Respiratory Syndrome Coronavirus 2 (SARS COV-2) POC testing kits, testing devices, and the Clinical Laboratory Improvement Amendments (CLIA) Waiver for patients, and staff who provide care in congregate living facilities.

Proposal questions should be directed to:

Risa Davis and Kendralyn Dike
MDH/BHA
pocigrant.bha.maryland.gov

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Total Funding Availability: \$4,317,696

The Maryland Department of Health (MDH), Behavioral Health Administration (BHA) was recently awarded COVID-19 Substance Abuse Block Grant (SABG) Funding for State Fiscal Year (SFY) 2021 through SFY 2023, with a performance period of March 15, 2021 - March 14, 2023. BHA intends to provide funding awards for jurisdictions with the highest prevalence rates of the Novel Coronavirus (COVID-19) and/or jurisdictions with the lowest vaccination rates among participants of the Public Behavioral Health System (PBHS).

The Point of Care Testing Initiative is designed to provide small grants to ASAM Level (3.1, 3.3, 3.5, 3.7, 3.7WM-Withdrawal Management) SUD Residential Treatment Facilities to perform COVID-19 Point of Care Testing within residential SUD treatment facilities. This includes all ASAM level residential treatment facilities that are licensed through the BHA, certified through an approved State of Maryland Behavioral Health accrediting body, and has reported multiple and consistent COVID-19 outbreaks within the past 12 calendar months within their facility. The primary goals of this funding is to help in mitigating the spread of the Novel Coronavirus-19 in an effort to enhance patient engagement and retention in treatment, and to support the diagnosis and monitoring of COVID-19 infection among patients by providing onsite POC rapid and frequent testing kits using molecular or antigen tests. The POCI is designed to support, but is not limited to:

1. The acquisition of a Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver for providers who have approved medical personnel onsite to collect and process the sample, and the capacity/capability to provide all POC test results to Maryland's Chesapeake Regional Information System for Patients (CRISP) (either electronically or via fax);
2. Training for medical staff in the administering of POC tests and best practices for mitigating outbreaks of the COVID-19 disease and associated treatment;
3. Accessible and expedient COVID-19 testing and results to staff and patients;
4. Improved staff and patient morale and engagement during initial encounters for admission into the program, and while enrolled; *and*
5. Routine COVID-19 testing after admission for patients, and at minimum bi-weekly testing for staff.
- 6.

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I. PROGRAM OBJECTIVES

The primary objective of this funding opportunity is to support the diagnosis and monitoring of COVID-19 infection in congregate living settings that is aimed to mitigate the spread of the Novel Coronavirus-19 and maintain client engagement and retention in residential SUD treatment. COVID-19 has had programmatic, staff, and client level impact on residential substance use disorder (SUD) treatment. Program-level impacts have been seen as a result in decreased revenue and insufficient Personal Protective Equipment (PPE) resources to implement infection control measures; staff-level impacts have resulted in layoffs or downsizing and physical and emotional fatigue; and client-level impacts have delayed treatment initiation, lower retention and engagement, and economic and psychosocial barriers to community re-entry. POC testing will play an integral role in mitigating these factors and the spread of the disease.

As of November 2021, the MDH Metadata Dashboard reports approximately **861** COVID-19 related deaths; **4,154** confirmed COVID-19 cases year-to-date, **9** confirmed staff deaths; and **5,121** confirmed resident cases in Maryland's congregate living facilities. The MDH Metadata Dashboard can be found here: <https://www.arcgis.com/apps/dashboards/51ee0ee61abf4c12b5c58f18d0eca3e8>

II. ROLES AND RESPONSIBILITIES

The role of the **Local Authority** includes, but is not limited to:

1. Identifying ASAM level residential SUD treatment providers who may be challenged with barriers to maintaining program census due to COVID-19, may lack the necessary infrastructure to support a pandemic level emergency, and to assist in determining the best use of the funding to maximize the impact for Maryland's constituents who utilize the Public Behavioral Health System (PBHS).
2. Review and submission of proposals and budget narratives submitted for the POCI to Risa Davis and Kendralyn Dike at pocigrant.bha@maryland.gov **by the close of business (COB) on Wednesday, March 9, 2022.**
3. Providing technical assistance (TA) to the selected sub vendors (providers) in the development of an operational procedure for utilizing Point of Care Testing or other TA as requested.
4. Participating in scheduled meetings with BHA upon request.

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5. Collecting and reviewing monthly data reports to be submitted in Box.com from the sub vendor(s) and submitting them to BHA on the 30th of each month immediately following the reporting month.

The role of the **sub-vendor (provider)** includes, but is not limited to:

1. Documented and current status denoted as an ASAM level residential SUD treatment provider and facility that is licensed through the BHA and certified through an approved State of Maryland Behavioral Health accrediting body.
2. Documented multiple and consistent COVID-19 outbreaks within the past 12 months within their facilities that have been reported to the BHA utilizing the BHA COVID-19+ Reporting Form, Local Authority, and/or Local Health Department.
3. Active CLIA Waiver certification that allows a facility under the CLIA, 42 U.S.C. §263a that meets requirements to perform moderate, high, or waived complexity tests at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation. Funding may also support providers in acquiring the CLIA waiver. CLIA Regulations per the Center for Disease Control (CDC): <https://www.cdc.gov/clia/law-regulations.html>
4. Approved medical personnel onsite to collect and process the sample, and the capacity/capability to provide all POC test results to Maryland's Chesapeake Regional Information Systems for Patients or CRISP (either electronically or via fax).

III. ELIGIBLE USE OF FUNDS

Funding may be used to provide:

1. Obtaining Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver;
2. Cost of Testing Devices;
3. Cost of Testing Kits;
4. Personal Protective Equipment (PPE's) for staff who work in a SUD Residential Treatment Program setting and for patients who are participating in a SUD Residential Treatment Program;
and
5. Staff to support grant activities.

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IV. INELIGIBLE USE OF FUNDS

Funding through this grant may not be used:

1. In the provision of any jail-based services or activities;
2. To make cash payments to intended recipients of health services;
3. To purchase or improve land, construct, or permanently improve (other than minor remodeling) any building, facility, or purchase major medical equipment;
4. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
5. To provide financial assistance to any entity other than a public or non-profit private entity; or
6. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
7. Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided for any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.); 21 U.S.C. 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the Drug Enforcement Agency (DEA) and under a Food and Drug Administration (FDA) approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

V. ELIGIBLE APPLICANTS

Any of the 23 local jurisdictions and Baltimore City with ASAM level residential SUD treatment programs with approved medical personnel. The provider must be licensed through the BHA, certified through an approved State of Maryland Behavioral Health accrediting body, and has reported multiple and consistent COVID-19 outbreaks within the past 12 calendar months.

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VI. PROPOSAL CONTENT AND SUBMISSION

The proposal must include:

SECTION I: (20 Points)

Program/Service Description or Summary

- a. Applicant describes the current needs or service gaps within the jurisdiction that this project will address for jurisdictions with reported multiple COVID-19 outbreaks within a 12 month calendar year period. *This Includes a record of COVID-19 cases reported.*
- b. A detailed description of the jurisdiction's ability to initiate and implement the project in its entirety including the Local Authority (LBHA/LAA) within the provider's jurisdiction.
- c. A detailed timeline, including dates for program implementation and related activities.
- d. A brief plan for sustainability of the program if grant funding ends.

SECTION II: (10 Points)

A description of how the POCI will be utilized during the intake and enrollment process for new patients, routinely for patients and staff, and the protocol that will be established when a patient or staff member tests positive for COVID-19.

SECTION III: (5 Points)

Clearly defined project deliverables and the target number of individuals to be served over the total award year and by project fiscal year, e.g., year 1 = 20 individuals; year 2 = 30 individuals, etc.).

SECTION IV: (10 Points)

A line item budget for each SFY, which includes an overall "Not-to-Exceed" amount with a detailed line item description, and budget narrative justification. Budgets should reflect the following award periods:

1. SFY22 - January 1, 2022 - June 30, 2022

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2. SFY23 - July 1, 2022 - June 30, 2023
3. SFY24 - July 1, 2023 - June 30, 2024

SECTION V: (5 Points)

Documents submitted in PDF format not to exceed a total of 5 pages for the program proposal; not to exceed 5 pages (for a total of 10 pages or less) for the budget and budget narrative on program letterhead. All documents should include page numbers, program lead, and their contact information.

The deadline for submitting proposals to the BHA is 5:00 p.m. on Wednesday, February 23, 2022. Proposals should be submitted electronically via email to Risa Davis and Kendralyn Dike at pocigrant.bha@maryland.gov, and contain in the header: **COVID-19 SABG POCI Proposal**

Due to the limited timeframe for review and allocation of grant awards, we are not able to grant any requests for an extension of time beyond the stated deadline.

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Glossary of Terms

American Society of Addiction Medicine (ASAM) was founded in 1954, is a professional medical society representing over 6,500 physicians, clinicians, and associated professionals in the field of addiction medicine, and is the largest addiction medicine professional society. It is a criteria and set of guiding principles to assist practitioners and clinicians in moving towards individualized, clinically-driven, participant-directed, and outcome-informed treatment.

Antigen is a toxin or other foreign substance which induces an immune response in the body; especially in the production of antibodies.

Antigen Test for COVID-19 is a diagnostic test that detects proteins in the SARS-CoV-2 virus within a fluid sample obtained by a nasal swab.

Clinical Laboratory Improvement Amendment (CLIA) of 1988 regulates laboratory testing and requires clinical laboratories to be certified by the Center of Medicare and Medicaid Services (CMS). Laboratories cannot accept human samples for diagnostic testing without a CLIA certification.

Federal Fiscal Year (FFY) is a one-year period that governments use for financial reporting and budgeting, and is most commonly used for accounting purposes to prepare financial statements and related documents. Although a fiscal year can start on Jan. 1 and end on Dec. 31, the federal government's fiscal year begins on October 1 and ends on September 30.

High complexity tests include those that require clinical laboratory expertise beyond normal automation to perform. If the output of the data requires some expertise, these would also be highly complex. Examples include the majority of molecular diagnostic tests.

Moderate and high complexity testing are subject to regulations setting minimum qualifications for all persons performing or supervising these tests.

Moderately complex tests are usually those that are available on automated clinical laboratory equipment such as urinalysis.

Molecular Testing for COVID-19 is a diagnostic test that detects genetic information from the SARS-CoV-2 virus within a fluid sample obtained by a nasal and throat swab.

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Polymerase Chain Reaction (PCR) Test is a laboratory technique that uses selective primers to “copy” specific segments of the virus’s genetic material; this allows many copies of that material to be made, which can be used to detect whether or not the virus is present. This is an example of a molecular test.

Point of Care (POC) testing is an investigation taken at the time of consultation with instant availability of results used to make informed and immediate patient-centered decisions.

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS COV-2) is the virus that causes the COVID-19 disease.

State Fiscal Year (SFY) is a one-year period that governments use for financial reporting and budgeting, and is most commonly used for accounting purposes to prepare financial statements and related documents. Although a fiscal year can start on Jan. 1 and end on Dec. 31, the State of Maryland’s fiscal year begins on July 1 and ends on June 30.

Waived tests are tests with a small chance of error or risk and are exempt from virtually all CLIA rules, as long as testing is performed in strict compliance with the manufacturers’ instructions. Waived tests are generally sold over the counter such as blood glucose testing/glucometers.