

# Value in Opioid Use Disorder Treatment Demonstration Program Request for Applications (RFA) Submission Guidance

**Individuals and entities interested in participating in Value in Treatment must submit to CMS all application materials via email no later than January 3rd, 2021, at 11:59pm ET [ValueinTreatment@cms.hhs.gov](mailto:ValueinTreatment@cms.hhs.gov).**

## **What should I submit as part of the application?**

- Appendix A and B (combined in a single document)- the completed request for application (RFA) and signed RFA checklist
- Attachment 1- the completed OUD Care Team Roster

## **Where can I find the application package?**

- Application materials will be available at <https://innovation.cms.gov/innovation-models/value-intreatment-demonstration>. These materials will be posted along with the RFA.

## **When should I submit the application package?**

- Value in Treatment applications will be accepted from November 18th, 2020 to January 3rd, 2021.  
\*\*\* All applications must be submitted no later than 11:59pm ET on January 3rd, 2021.

## **How and where should I submit the application package?**

- To submit an application, applicants must submit via encrypted email all application materials to [ValueinTreatment@cms.hhs.gov](mailto:ValueinTreatment@cms.hhs.gov) using the following format and naming conventions.
- Appendix A and B (in combined document)
  - Format
    - Same font format as Appendix A and B (Calibri Light, 11)
    - Same page size as Appendix A and B (8.5" x 11" letter-size, with 1" margins)
    - Where narrative is requested, it must be single-spaced and no longer than the noted word count (figures are not counted towards word count)
    - A PDF or word document
  - Naming Convention
    - <'DemoID'>\_ViTRFA)\_AppendixA-B\_<'MMDDYYYY'>
      - 'DemoID'> = ShortName-ID (Example: CMMI-1234), where ShortName is a 7 character name with no space (abbreviation, initials, acronyms, other

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short name identified by applicant), and ID is the last four digits of the 9-digit Tax ID Number (TIN).

- 'MMDDYYYY' is the date of application submission
- Attachment 1 (OUD Care Team Roster)
  - Format
    - Same font format as the “2. OUD Care Team” tab (Calibri, 11)
    - Refer to “1. Data Dictionary” tab for data element definitions and requirements
  - Naming Convention
  - <'DemoID'>\_ViTOUDCareTeam\_Attachment1.xlsx
    - 'DemoID'> = ShortName-ID (Example: CMMI-1234), where ShortName is a 7 character name with no space (abbreviation, initials, acronyms, other short name identified by applicant), and ID is the last four digits of the 9-digit Tax ID Number (TIN).

- **What if I don't meet the eligibility criteria at the time of application?**

CMS will promptly reject applications submitted by individuals or entities that do not meet eligibility criteria at the time of application, unless the applicant submits an exception request and anticipates satisfying all eligibility requirements by the later of April 1, 2021 or the Effective Date of the Participation Agreement (e.g., an OTP that has applied to participate in Medicare but not yet completed the enrollment process).

Exception requests may be submitted within Appendix A (RFA question 9). The exception request must describe the specific eligibility criteria for which an exception is sought, why the exception is needed under the applicant's specific circumstances, and indicate whether the eligibility criteria is expected to be satisfied by the beginning of the first performance year.

If an applicant with an approved exception request is selected to participate in the demonstration but does not qualify by the beginning of the first performance year, the applicant will be deemed ineligible for the demonstration program.