Questions and Responses – Telemedicine Innovations in Medication Assisted Therapy (“TeleMAT”) Grant

1. If one of our partners is already seeing a maximum number of MAT patients in their own practice, but wants to see more patients, is that possible? Do the cut offs apply to the health care provider or the practice?

The DATA waiver limits are tied to the individual provider’s DEA license, so in this case the provider could not see more patients at a different practice if they are already at their max. Patients treated via telemedicine still count toward DATA waiver patient limits. If the provider hasn’t already done so, they can apply to treat up to 275 patients.

2. Are indirect costs included in the $250,000 grant amount or is that calculated in addition?

The indirect costs are included in the grant amount; the applicant will not be paid for indirect costs in excess of the award amount. The total budget of the proposed project, including indirect costs, should not exceed $250,000. This opportunity is a subaward of a federal grant and therefore applicants must use the Negotiated Indirect Cost Rate Agreement they have with the federal government, if applicable. If an applicant does not have a Negotiated Indirect Cost Rate Agreement, the default indirect cost rate is 10 percent.

3. Would it be acceptable to use our institutional budget template, and if not could you send us your preferred Excel budget template?

You may use your institution’s budget template. Please also include a budget narrative justification in your application as specified in the RFA. If you need a budget template, please email brion.elliott@dc.gov with your request.