Nevada Department of Health and Human Services
Division of Public and Behavioral Health

Bureau of Behavioral Health Wellness and Prevention
Substance Abuse Prevention and Treatment Agency

Announcement Type: Funding Announcement

State Fiscal Year 2018-2019

Adolescent and Transitional Age Youth Funding Opportunity Announcement
January 1, 2018 – June 30, 2019

Release Date: October 26, 2017
Application Due Date: November 7, 2017 at 5:00 p.m. (PST)

Kendra Furlong
Health Program Specialist II

Nevada Department of Health and Human Services
Division of Public and Behavioral Health | SAPTA
4126 Technology Way, Suite 200, Carson City, NV 89706
Email: kendrafurlong@health.nv.gov
Telephone: (775) 684-3208
Fax: (775) 684-4185

To our Current and Potential Subrecipients:

The Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention, announces the availability of an estimated $1,000,000.00 for the combined 2018 and 2019 State Fiscal Years (SFY) funding cycles for Adolescent (under 18) and Transitional Age Youth (ages 18-26) Substance Abuse Program Development. The 18-month project period will begin on January 1, 2018 and end on June 30, 2019. A separate Scope of Work, budget, and spending plan for each year (SFY18 and SFY19) must be submitted. Unspent funding from SFY18 (ending June 30, 2018) will revert to the State and cannot be carried over into SFY19 (July 1, 2018 – June 30, 2019). All funding is subject to change based on the availability of funding.

The Bureau of Behavioral Health Wellness and Prevention has identified adolescents and transitional age youth as a targeted population in Nevada. The following services are not covered by Nevada Medicaid and are considered gaps in Nevada’s current service delivery system: transitional housing and residential treatment services. The purpose of this Request for Proposal (RFP) is to assist Division certified treatment facilities to build the infrastructure necessary to expand capacity in Nevada for residential and transitional living programs for adolescents and transitional age youth.

The budgets period for this proposal are: FY18 January 1, 2017 through June 30, 2018

 FY19 July 1, 2018 through June 30, 2019

Completed applications must be received no later than Tuesday, November 7, 2017 at 5:00 p.m. (PST).

Thank you,

Marco Erickson

Health Program Manager II

Nevada Department of Health and Human Services
Division of Public and Behavioral Health | SAPTA
4126 Technology Way, Suite 200 Carson City NV 89706
Email: maerickson@health.nv.gov
Telephone: (775) 684-4069
Fax: (775) 684-4227

**Executive Summary**

The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention, Substance Abuse Prevention and Treatment Agency is accepting applications for State Fiscal Years (SFY) 2018 and 2019 ([2] Years; January 1, 2018 through June 30, 2018 and July 1, 2018 through June 30, 2019) for the building of infrastructure and service expansion of residential and transitional living services in Nevada for adolescents (under 18) and transitional age youth (ages 18-26). The purpose for this plan is to promote healthy behaviors and reduce the impact of substance use and co-occurring disorders for Nevada’s adolescent and transitional youth populations. Nevada’s Substance Abuse Prevention and Treatment Agency (SAPTA) plans, funds, and coordinates statewide substance use disorder service delivery. While SAPTA is not responsible for direct service delivery, it distributes federal grant funding, creates and implements statewide plans for substance abuse services, and develops standards for certification of programs and services.

|  |  |
| --- | --- |
| Funding Opportunity Title:  | SAPTA - Adolescent and Transitional Age Youth Funding Opportunity Announcement |
| Funding Opportunity Number:  | SAPTA-SGF 18-19 |
| Due Date for Applications:  | November 7, 2017 |
| Anticipated Total Funding Available:  | $1,000,000.00 (FY18: $400,000.00, FY19 $600,000) |
| Estimated Number of Award(s):  | 1 – 3 depending on Scope of Work and budget submissions  |
| Estimated Award Amount:  | Dependent upon final applicant scoring and project  |
| Cost Sharing/Match Required:  | None |
| Project Period:  | FY18: January 1, 2018 – June 30, 2018 (Year 1) FY19: July 1, 2018 – June 30, 2019 (Year 2) |
| Eligible Applicants:  | This opportunity is limited to Division certified substance use disorder treatment facilities in the current qualified vendor pool.  |

**Table of Contents**

[Technical Requirements 5](#_Toc496275944)

[Grant Objectives/Achievable 6](#_Toc496275945)

[Subcontracting Services to Another Agency 7](#_Toc496275946)

[Request for Proposal (RFP) Timeline 8](#_Toc496275947)

[Submittal Instructions 9](#_Toc496275948)

[Application Evaluation Criteria 10](#_Toc496275949)

[Subgrant Award Process 12](#_Toc496275950)

[Terms, Conditions, and Exceptions 13](#_Toc496275951)

[ATTACHMENT A: APPLICIATION SUBMITTAL PACKAGE 15](#_Toc496275952)

[Instructions for Agency Profile 16](#_Toc496275953)

[Instructions for Agency Summary and Experience 17](#_Toc496275954)

[Instructions for Project Narrative 17](#_Toc496275955)

[Scope of Work Instructions 18](#_Toc496275956)

[Scope Of Work Example: 21](#_Toc496275957)

[Proposed Budget Instructions 23](#_Toc496275958)

[Spending Plan Instructions & Form Link 30](#_Toc496275959)

[Sustainability and Data Collection Management Plan Instructions 31](#_Toc496275960)

[ATTACHMENT B: FORMS 32](#_Toc496275961)

[COVER PAGE 33](#_Toc496275962)

[Agency Profile 34](#_Toc496275963)

[Scope of Work Template 36](#_Toc496275964)

[SPENDING PLAN 44](#_Toc496275965)

[OUTCOME OBJECTIVES WORKSHEET 45](#_Toc496275966)

[Proposed Budget Plan 47](#_Toc496275967)

[APPLICATION CHECKLIST 49](#_Toc496275968)

[ATTACHMENT C: PROGRAM REQUIREMENTS 50](#_Toc496275969)

[ATTACHMENT D: CONFLICT OF INTEREST POLICY ACKNOWLEDGMENT 61](#_Toc496275970)

[ATTACHMENT E: DEFINITIONS & ACRONYMS 62](#_Toc496275971)

[ATTACHMENT F: Quarterly Progress Report 63](#_Toc496275972)

# Technical Requirements

1. *Who may apply?*
	1. To apply for an award, an organization must be certified by the Division for services and be qualified as part of the 2016 Request for Qualifications eligible vendor pool. The vendor pool is a list of all vendors deemed qualified and eligible to perform services for the Division. The vendor pool is effective through May 2020.
2. *How does an agency submit an application?*
	1. Applications must be completed on the forms included in the attached application provided by the Bureau of Behavioral Health Wellness and Prevention. The application packet must be **emailed or delivered in hard copy to Kendra Furlong in original files (Word, Excel) on or before** the deadline November 7, 2017 at 5:00 p.m. (PST). See *Submittal Instructions* for more information.
3. *What is the required format?*
	1. Each proposal submitted **must** contain the following sections:
		1. **Cover Page**
		2. **Agency Profile**
		3. **Contact Information**
		4. **Agency Summary and Experience**
		5. **Project Narrative**
		6. **Scope of Work**
		7. **Budget Plan**
		8. **Required Supplements** – Staff(s) updated resumes, 501(c) 3 tax exemption designation, latest audit letter, and signed Conflict of Interest Policy Acknowledgement.
		9. **Optional Supplements**
			1. Proposals may include relevant support materials, including samples of newspaper articles, letters of support, etc. In addition, any charts, graphs, statistical information or substantiating documentation of statements listed in the text of the proposal should be included in the list of attachments.
		10. **Application Checklist**

#

# Grant Objectives/Achievable

The primary grant objectives are to fund Division Certified Substance Use Treatment Facilities who intend to increase capacity for transitional living services and residential treatment services for adolescents and/or transitional age youth with substance use disorder in Nevada. The applicant agency must be able to meet the following objectives listed below. In the Scope of Work section of the application packet, the applicant shall list activities to describe how the applicant plans to meet each objective and how the activities will be measured and evaluated.

**Licensure and Certification Requirements**

* Division certification for American Society of Addiction Medicine (ASAM) level of care 3.1 (Clinically Managed Low Intensity Residential), 3.5 (Clinically Managed High Intensity Residential) for Adolescents
* Licensure from the Bureau of Health Care Quality and Compliance (when applicable)
* State Fire Marshal certification (when applicable)

**Quality Management / Reporting**

* The applicant will submit to the Division a quarterly report of all activities, including any successes, challenges, and/or struggles, using the approved quarterly reporting form (Attachment F).

**Fiscal Management**

* The applicant must submit a “Request for Reimbursement” monthly, not later than the 15th of the following month via email or secure file transfer site. Requests for Reimbursement must be on the approved form and include all required back-up documentation. Failure to do so may result in the withholding of grant payments.
* All awarded dollars must be spent in the fiscal year for which they are allocated. Surplus funds cannot be rolled from one fiscal year into the next. The subgrantee is required to submit an estimated spending plan and a sustainability plan to the Division as a part of the application.

## **Subcontracting Services to Another Agency**

If the applicant does not have the means and/or is unable to provide all the services outlined in Grant Objectives or Scope of Work sections, the applicant is encouraged to select a subcontractor. The applicant must list the name of the potential subcontracting agency in the Project Narrative, Scope of Work, and Proposed Budget Plan.

The applicant must include the subcontractor’s name(s) on the Contractual/Consultant line in the Proposed Budget Plan and address the services and/or number of clients expected to be served during SFY 2018 and 2019 ([18] Months; December 1, 2017 through June 30, 2018 and July 1, 2018 through June 30, 2019).

**If the applicant intends to subcontract, the applicant assumes a number of responsibilities, including:**

* The applicant will manage and provide oversight of the subcontracted agency or person.
* The subcontractor must possess the appropriate certifications and licenses to perform the agreed upon work.
* The applicant will ensure all counseling forms are filled out by the subcontractor are complete and accurate as applicable.
* The applicant will submit a monthly report to Division of all activities, using the approved reporting template.
* The applicant will ensure the subcontractor adheres to the applicant’s Scope of Work, as outlined in this Funding Anouncement and final award agreement and specified terms.
* The applicant and the Bureau of Behavioral Health Wellness and Prevention will monitor program funds in accordance with program requirements.

# Request for Proposal (RFP) Timeline

|  |  |
| --- | --- |
| **Task** | **Due Date & Time** |
| SAPTA distributes the Request for Proposals Guide with all submission forms | 10/26/2017 |
| **Deadline for submission of applications** | 11/7/2017  |
| Evaluation period: review of applications | 11/8-10/2017  |
| Selection notice to applicants | 11/13-14/2017 |
| Completion of subgrant awards and contracts | 12/29/2017 |
| Grant Contract Commencement of Project  | 1/1/2018 |

*NOTE: These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time, with appropriate notice to prospective applicants.*

## **Submittal Instructions**

The proposal shall be prepared and submitted in original Word and Excel format on the forms provided in this guide and should be presented in the same order as the checklist.

Applicants shall submit their entire application package electronically to Kendra Furlong at kendrafurlong@health.nv.gov on November 7, 2017. An emailed reply will verify your submission has been received. Applicants may submit their proposal any time prior to the stated deadline.

**PROPOSAL DEADLINE DATE: November 7, 2017 at 5:00 PM (PST)**

Please be advised: Proposals that do not arrive as instructed by the deadline will not be reviewed.

1. The proposal shall be submitted on the forms provided in this guide and should be submitted using the same order as in the check list. Responses to each section and subsection must be complete Failure to complete all sections will impact your evaluation score.
2. If complete responses cannot be provided without referencing supporting documentation, such documentation must be provided with the proposal and specific references made to the tab, page, section, and/or paragraph where the supplemental information can be found.
3. Proposals are to be prepared in such a way as to provide a straightforward, concise delineation of capabilities to satisfy the requirements of this funding opportunity. Expensive bindings, colored displays, promotional materials, etc., are not necessary or desired. Emphasis should be concentrated on conformance to the funding announcement instructions, responsiveness to the requirements, and completeness and clarity of content.
4. The application must be signed by the agencies legally authorized individual.

## **Application Evaluation Criteria**

|  |
| --- |
| **Nevada Division of Public and Behavioral Health****Bureau of Behavioral Health Prevention and Wellness****Substance Abuse Prevention and Treatment Agency** **Request for Proposal** **FY 18-19****Adolescent and Transitional Age Youth Program Expansion Grant**  |
| **SUBMISSION DATE** |  |
| **ORGANIZATION** |  |

Items provided as part of the 2016 Behavioral Health and Treatment Request for Qualifications (RFQ) process do not have to be resubmitted. Qualified providers will receive full credit for information already on file. All information must be updated annually. Submissions received with this funding opportunity will satisfy the annual update requirement. Items which should already be included in the original request for application submission are indicated with a red ‘\*’.

|  |
| --- |
| **AGENCY SUMMARY AND EXPERIENCE (10 Points)** |
| \*Does the agency history and experience show evidence that the project has the potential for success?  | 2 |  |
| \* Does the agency’s mission and purpose support the project?  | 2 |  |
| \*Has the agency outlined its structure, board of directors, staff, staff experience, location(s), and hours of operations?  - *This information should be updated with BHWP on an annual basis.*  | 3 |  |
| Does the application demonstrate the agency’s knowledge and familiarity with local community needs and goals? | 3 |  |
| **NOTES:** |
| **PROJECT NARRATIVE AND SCOPE OF WORK (55 points)**  |
| The project narrative clearly describes the project, intended activities, and expected outcomes. | 15 |  |
| Are project goals clearly stated? | 5 |  |
| Do the activities support the project goals?  | 10 |  |
| Are evaluation methods clear and present? | 10 |  |
| Are the outcomes SMART (specific, measurable, achievable, realistic and time limited)?  | 15 |  |
| **NOTES:** |
| **BUDGET PLAN (20 points)** |
| Did the applicant submit using the template provided and follow the directions listed in the budget plan Instructions? | 3 |  |
| Is the budget free of mathematical error(s)?  | 7 |  |
| Does the budget tie back to the Scope of Work?  | 3 |  |
| Is the agency spending plan attached and free of mathematical errors?  | 7 |  |
| **NOTES:** |
| **SUSTAINABILITY PLAN (10 points)** |
| Does the applicant describe the plan for working towards sustainability beyond the funding period? (i.e. the plan details regarding how and when the work will become sustainable by billing Medicaid, other third-party payers, and other funding sources.  | 10 |  |
| **NOTES:** |
| **SUPPLEMENTS & MISCELLANEOUS (5 points)** |
| \*Most Updated Staff Resumes: Applicant provided the most updated resumes that included current position(s), qualifications credentials, educational background, and experience of persons that are included in the budget. \*If the agency is part of the pool of qualified vendors, this information must be updated annually.  | 1 |  |
| \*Fiscal / Administrative Declarations: Applicant provided an Internal Revenue Service 501(c) 3 tax-exempt determination letter and copy of latest audit letter, if applicable. | 1 |  |
| Disclosure of Ownership / Conflict of Interest: Applicant provided a list of the Board of Directors, Programmatic, Fiscal, and Administrative Officers, and signed the Conflict of Interest Form | 1 |  |
| Memorandum of Understanding or Agreement (MOU): Applicants listed all agencies that it has developed an MOU with and a list of agencies it is currently working with to develop an MOU. A full MOU should be made available upon request.  | 1 |  |
| The submission is accurate and fully completed with a cover page, agency profile, technical proposal, and spending plan. The application packet is not to exceed 25 pages, including attachments; with exceptions for resumes. | 1 |  |
| **NOTES:** |

## **Subgrant Award Process**

1. The Bureau of Behavioral Health Wellness and Prevention staff may contact any applicant to clarify any response; solicit information from any available source concerning any aspect of a proposal; and seek and review any other information deemed pertinent to the evaluation process. The evaluation committee shall not be obligated to accept the lowest priced proposal, but shall make an award in the best interests of the State of Nevada, Nevada Revised Statutes (NRS) 333.335(5)
2. Discussions may, at the Bureau’s discretion, be conducted with applicants who submit proposals determined to be acceptable and competitive, Nevada Administrative Code (NAC) 333.165. Applicants shall be afforded fair and equal treatment with respect to any opportunity for discussion and/or written revisions of proposals. Such revisions may be permitted after submissions and prior to award for obtaining best and final offers. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing applicants.
3. Any award is contingent upon the successful negotiation of final award terms. Negotiations shall be confidential until an agreement is reached.
4. Any subgrant resulting from this funding opportunity shall not be effective unless and until approved by the Nevada Division of Public and Behavioral Health; any subgrant resulting from this funding announcement shall not be effective unless and until approved by all parties.

## **Terms, Conditions, and Exceptions**

1. The Division reserves the right to alter, amend, or modify any provisions of this funding opportunity, or to withdraw this funding opportunity, at any time prior to the award of a contract pursuant hereto, if it is in the best interest of the State to do so.
2. The State reserves the right to waive informalities and minor irregularities in applications received.
3. The State reserves the right to reject any or all applications received prior to contract award (NRS 333.350).
4. The State shall not be obligated to accept the lowest priced application, but will make an award in the best interests of the State of Nevada after all factors have been evaluated (NRS 333.335).
5. Any irregularities or lack of clarity in the funding opportunity should be brought to the Division designee’s attention as soon as possible so that corrective addenda may be furnished to prospective applicants.
6. Alterations, modifications, or variations to an application may not be considered unless authorized by the funding opportunity or by addendum or amendment.
7. Applications which appear unrealistic in the terms of technical commitments, lack of technical competence, or are indicative of failure to comprehend the complexity and risk of this funding opportunity may be rejected.
8. Applications from employees of the State of Nevada will be considered in as much as they do not conflict with the State Administrative Manual, NRS Chapter 281, or NRS Chapter 284.
9. Applications may be withdrawn by written or email notice received prior to the submission time.
10. Prices offered by applicants in their applications are an irrevocable offer for the term of the contract and any contract extensions. The awarded applicant agrees to provide the project at the costs, rates, and fees set forth in their application in response to this funding opportunity. No other costs, rates, or fees shall be payable to the awarded applicant for implementation of their application.
11. The State is not liable for any costs incurred by applicants prior to entering into a formal contract. Costs of developing the applications or any other such expenses incurred by the applicant in responding to the RFP are entirely the responsibility of the applicant and shall not be reimbursed in any manner by the State.
12. The awarded applicant will be the sole point of contract responsibility. The State will look solely to the awarded applicant for the performance of all subgrant obligations that may result from an award based on this funding opportunity, and the awarded applicant shall not be relieved for the non-performance of any or all subgrantees.
13. Each applicant must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this funding opportunity. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting an application in response to this funding opportunity, applicants affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of it in connection with this grant award. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in disqualification of the application. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists, and whether it may reflect negatively on the Division’s selection of an applicant. The State reserves the right to disqualify any applicant on the grounds of actual or apparent conflict of interest.
14. The Division reserves the right to negotiate final subgrant terms with any applicant selected. The subgrant between the parties will consist of the funding opportunity together with any modifications thereto, and the awarded application, together with any modifications and clarifications thereto that are submitted at the request of the State during the evaluation and negotiation process. In the event of any conflict or contradiction between or among these documents, the documents shall control in the following order of precedence: the final executed contract, the RFP, any modifications and clarifications to the awarded application. Specific exceptions to this general rule may be noted in the final, executed subgrant.
15. Applicant understands and acknowledges that the representations above are material and important and will be relied on by the Division in evaluation of the application. Any applicant misrepresentation shall be treated as fraudulent concealment from the State of the true facts relating to the application.
16. Pursuant to NRS Chapter 613 in connection with the performance of work under this contract, the applicant agrees not to unlawfully discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, sexual orientation or age, including, without limitation, with regard to employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including, without limitation apprenticeship. The applicant further agrees to insert this provision in all subcontracts, hereunder, except subcontracts for standard commercial supplies or raw materials.
17. It is expressly understood and agreed that all work done by the contractor shall be subject to inspection and acceptance by the Division.
18. If travel is required, the following processes must be followed:
	1. Requests for Reimbursement of travel expenses must be submitted on the State Claim for Travel Expense Form with original receipts for all expenses.
	2. Providers will be reimbursed travel expenses and per diem at the rates allowed for State employees at the time travel occurs.
19. No announcement concerning the award of a contract as a result of this funding opportunity can be made without the prior written approval of the Bureau of Behavioral Health Wellness and Prevention Health Program Manager.
20. The awarded applicant must agree, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose including the following:
	1. Any federal, state, county or local agency, legislature, commission, council, or board;
	2. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
	3. Any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board

# ATTACHMENT A: APPLICIATION SUBMITTAL PACKAGE

**INSTRUCTIONS FOR AGENCY PROFILE**

**INSTRUCTIONS FOR AGENCY SUMMARY AND EXPEREINCE**

**INSTRUCTIONS FOR PROJECT NARRATIVE**

**SCOPE OF WORK INSTRUCTIONS**

**SCOPE OF WORK EXAMPLE**

**PROPOSED BUDGET INSTRUCTIONS**

**BUDGET EXAMPLE**

**SPENDING PLAN INSTRUCTIONS & FORM LINK**

**SUSTAINABILITY AND DATA COLLECTION MANAGEMENT PLAN INSTRUCTIONS**

|  |
| --- |
| **Instructions for Agency Profile** |

Project Number – Leave blank (Assigned by BHWP staff)

Application Number – Leave blank (Assigned by BHWP staff)

Project Name – Provide a short descriptive name for the proposed project

Agency Name – Applicant’s legal agency name

Agency Website – If applicable, provide the applicant’s website address

Agency Address – Street and floor or suite number

Agency City/State – City and State

Agency Zip Code – Five or nine-digit zip code

Employer ID Number – Provide employer identification number (EIN)

DUNS Number – Provide Data Universal Numbering System (DUNS) number

Locations – Service location (i.e. Fallon, Clark, Elko, or Carson City, etc.), provide full address, phone number, fax, site contact person and their email (if applicable)

Project Director – This will be the main programmatic contact person for this project

Financial Officer – This will be the main fiscal contact person for this project

Agency Director – This will be the main administrative contact person for this project

|  |
| --- |
| **Instructions for Agency Summary and Experience** |

In no more than 500 words, please describe the agency’s history and experience in the community and how it applies to the proposed project(s). Describe the mission and purpose of the agency including staff members, their expertise, and the structure of the agency (i.e. Board of Directors, hours of operation, and number of locations).

Provide a statement as to the agency’s knowledge and familiarity with the local community's needs and goals. Describe the client population the agency currently serves and the level of service provided. If the project is to be accomplished through a subcontractor, please list the names and address of the subcontractor. A signed memorandum of understanding or agreement shall be furnished for each as an addendum.

Items provided as part of the 2016 Behavioral Health and Treatment Request for Qualifications (RFQ) process do not have to be resubmitted. Qualified providers will receive full credit for information already on file. All information must be updated annually. Submissions received with this funding opportunity will satisfy the annual update requirement. Please state that information, when not provided, is part of the original RFQ submission

|  |
| --- |
| **Instructions for Project Narrative** |

In no more than 650 words, please describe the target population of the applicant’s facility and how the applicant will provide adolescent and/or transitional youth services with the funds requested. The Project Narrative should provide a detailed narrative of intended activities to meet the objectives listed in the scope of work.

**Subcontracting Project Narrative**

If the applicant does not have the means and/or is unable to provide services outlined in the Grant Objectives or Scope of Work sections, the applicant is encouraged to select a subcontractor. The applicant should clearly describe their plan for subcontracting in the Project Narrative and how the subcontractor will perform the intended activities to meet the objectives listed in the Scope of Work. The applicant must mention how they intend to monitor the subcontractor to ensure adherence to the provisions of the final subgrant award agreements and terms.

|  |
| --- |
| **Scope of Work Instructions** |

*Please provide the following information for the Scope of Work using the template below.*

1. **Provider Name:** Please fill in the name of your organization.

Example: Second Chances, Inc.

1. **HD #:** The 5-digit HD (Health Division number). Please leave this space blank. The number will be filled in by BHWP staff.
2. **Purpose/Title -** Please fill in the purpose or title (project name).

Example: Purpose**:** Increasing Adolescent Service Capacity in Nevada

1. **Brief Description of Program** - Please provide a short description of the program/ project.

Example: The Division’s certified and licensed treatment program offering residential services to adolescents, which supports abstinence from alcohol and other drugs, will expand its capacity to treat female adolescents.

1. **Problem Statement:** Briefly describe the problem or the gap that is being addressed through this Scope of Work.

Example: Second Chances continually carries an average waitlist of 10 female clients.

1. **Goal:** Description of a broad goal. The Goal does not need to be measurable (e.g. improve the health of women, reduce IVDU, etc.). The goal is the broadly stated purpose of the program. A goal may be stated as reducing a specific behavioral health problem or as improving health and thriving in some particular way. Goals can be one or many. However, each goal must have its own outcome, objectives, and activities, and must include the target population to be served.

Example:  Second Chances will improve access to residential treatment for adolescent women.

1. **Outcome Objective 1: (S.M.A.R.T.)** Please enter a description of measurable outcome objectives which are Specific, Measurable, Achievable, Realistic, Time limited (S.M.A.R.T.). Outcome objectives are specific statements describing the strategies you will employ, the subrecipients you will fund, the measurable **evidence-based programs** you hope to implement, and should include the following:
* Who: Target population
* What: Strategies and Evidence based programs utilized to effect change
* Where: Area
* When: By when will the change occur
* How much: Measurable quantity of change

Example:

**Outcome objectives can be qualitative or quantitative:**

Qualitative Example: By improving the timeliness of admitting adolescent women into a residential program, adolescent women receiving services will be more compliant, enhancing their successful completion of treatment plans. The participants will provide an exit interview which will be used to improve the quality of services.

Quantitative Example: By September 30, 2019, Second Chances will reduce the number of adolescent female clients on the waitlist for residential services by 50% from a baseline established on September 30, 2017.

**Refer to outcome objectives worksheet for further guidance (Attachment B).**

**There may be several objectives under one goal.**

1. **Percent Funding:** Please enter the estimatedpercent of the budget allocated to this objective. The total sum of the percentages allocated to the following budget categories - Personnel, Travel, Equipment, Operating, Consultant/Contracts, Training and Other - should equal 100%.

Example: 100% (For this outcome objective)

1. **Activities:** List the steps planned to achieve the stated outcome objective.

 Example:

|  |
| --- |
| 1. Secure residential location, licensing, inspections, and certifications.
 |
| 1. Hire support staff for the program; therapy, maintenance.
 |
| 1. Work with law enforcement, prosecutors and the judiciary to identify potential clients.
 |
| 1. Purchase operating supplies, equipment, furniture.
 |
| 1. Identify and implement advertising, outreach, fundraising, and other financial support mechanisms to support future sustainability.
 |

1. **Due Date:** Please indicate the expected date by which the activity will be accomplished. The end of the grant period may suffice in some cases, but using the end of the grant to complete all activities should be avoided as activities should show progression towards achieving the objective.  Please make these realistic dates that show a progression towards achieving the outcome objective.

 Example: September 30, 2019.

1. **Documentation:** Please list any documentation or process evaluation documents that will be produced to track the completion of the activities.

 Example:

|  |
| --- |
| 1. Informational brochures, copies of flyers, ads, newspaper articles, social media, and TV ads used in this effort.
 |
| 1. Contracts related to leasing, employment, supplies, maintenance agreements, and operations
 |
| 1. Meeting minutes, memoranda of understanding, and records of efforts to influence public opinion.
 |
| 1. Records of interviews, surveys, reports, focus groups, and local law enforcement data
 |

1. **Evaluation:** Please explain how you will evaluate whether or not your objectives have been met.  The evaluation plan should clearly explain what data will be used, where and how you will collect the data, and any analysis (e.g. simple rate comparison, statistical tests of significance, etc.). If you are using an evidence based program, many times the evaluation criteria is provided, and should be used to preserve fidelity to the evidence based methods.

**Example:**

|  |
| --- |
| **Evaluation:** Evaluation of this program is based on successful implementation of the 5 new beds and a quarterly analysis of the waitlist to determine if there is a 50% decrease in the number of adolescent females waiting for residential services at Second Chances, from the baseline established September 30, 2017. The data will be compared and an evaluation report will be completed at the end of the project period that will detail the rate of decrease, the processes used, and any adjustments that need to be made.  |

## **Scope of Work Example:**

Coalition/Provider Name: Second Chances, Inc.

**Grant Name: State Substance Abuse Treatment (SSAT)**

**HD #: To be assigned – please leave blank.**

 **Purpose/ Title:** Increasing Adolescent Service Capacity in Nevada

**Brief Description of program:** Behavioral Health Wellness and Prevention certified and licensed treatment program offering residential services to adolescents which supports abstinence from alcohol and other drugs.

**Problem Statement:** Second Chances continually carries an average waitlist of 10 female clients.

**Goal 1:** Second Chances will improve access to residential treatment services for adolescent women.

|  |  |  |  |
| --- | --- | --- | --- |
|  **Outcome Objective 1a:** reduce the number of adolescent female clients on the waitlist from by 50% for residential beds in Washoe County by September 30, 2019.  | **Percent Funding:**  | **100** | **%** |
| **Activities** | **Due Date**  | **Documentation** |
| 1. Secure residential location, licensing, inspections, and certifications.
 | 2/28/2018 | Contracts, licenses, certification certificates. |
| 1. Hire support staff for the program; therapy, maintenance, etc.

  | 2/19/2018 | Job Announcements, work performance standards, interviewing and hiring packets, personnel records. |
| 1. Work with law enforcement, prosecutors, the judiciary, and other agencies to identify, enroll and place clients.
 | 3/5/2018 | Meeting minutes, opinion surveys, newspaper articles to influence public opinion, local law enforcement records, any memoranda of understanding. |
| 1. Purchase operating supplies, equipment, furniture, etc.
 | 2/28/2018 | Purchase orders, invoices, AP receipts.  |
| 1. Identify and implement advertising, outreach, fundraising, and other financial support mechanisms to support future sustainability.
 | 3/31/2018 | Meeting minutes, public opinion surveys, copies of flyers, public service announcements, and advertisements on radio, tv, and social media |
| **Evaluation:** Evaluation of this program is based on successful implementation of the 5 new beds and a quarterly analysis of the waitlist to determine if there is a 50% decrease in the number of adolescent females waiting for residential services at Second Chances from the baseline established on September 30, 2017. The data will be compared and an evaluation report will be completed at the end of the project period that will detail the rate of decrease, the processes used, and any adjustments that need to be made.  |

|  |
| --- |
| **Proposed Budget Instructions** |

The following budget development instructions and budget example have been prepared to help you develop a complete and clear budget to ensure delays in processing awards are minimized.

**Funding Details and Requirements:**

This funding announcement is for the SFY18 and SFY19 Adolescent and Transitional Age Youth Funding Opportunity. The subgrant period for this application will be for **eighteen-months** and will start **January 1, 2017** and continue through **June 30, 2019**.

1. **SFY18** will be from **January 1, 2017 through June, 30, 2018**
2. **SFY19** will be from **July 1, 2018 through June, 30, 2019**
3. Unspent funding from year 1 revert back to the State and cannot be carried over into year 2, no exceptions.
4. Separate budgets for each year are required.

Submit an application for the full fifteen-month project period. You will complete an individual Scope of Work, budget, and budget narrative for each budget cycle of the fifteen-month project period.

1. SFY18 will need to have a line item budget and a budget narrative specific to goals and objectives of Year 1.
2. SFY19 will need to have a line item budget and a budget narrative specific to goals and objectives of Year 2.
3. Unspent funding from year 1 revert back to the state and cannot be carried over into year 2, no exceptions.
4. All funding is subject to the availability of funds.

**Detailed Budget Building Instructions by Line Item:**

Budget building is a critical component of the application process. The budget in the application is going to be the budget used for the subgrant. The budget must be error free, developed, and documented as described in the instructions.

1. **Under the “Category” section of the line item,** there is nothing to be filled out or completed by the applicant. **Please see the Example Budget for reference**
2. **Under the “Total Cost” section of the line item,** the total cost identified should represent the sum of all costs represented in the “Detailed Cost” section associated to the line item. **Please see the Example Budget for reference**
3. **Under the “Detailed Cost” section of the line item,** the detailed costs identified should represent the sum of all costs represented in the “Details of Expected Expenses” section associated to the line item. **Please see the Example Budget for reference**
4. **Under the “Details of Expected Expenses”** **section of the line item,** the details of expected expenses identified here should represent the fiscal/mathematical representation of all costs that are outlined in the budget narrative. The expenses should represent a projection of the expenses that will be charged to the subgrant. These expenses must directly support the work necessary to complete the tasks that are required to meet the goals and objectives as outlined in the Scope of Work for this subgrant. **Please see the Example Budget for reference.**

|  |
| --- |
| **Example Budget for reference with instructions below.** |
| **Category** |  | **Total Cost** | **Detailed Cost** | **Details of Expected Expenses** |
| 1. Personnel | **$** |  **77,280** | **Personnel: The costs that are allowed to be included in this budget line item are personnel costs only. This does not include any form of temporary staff, contract employees and/or volunteers.**The following details must be included in the details of expected expenses sections of the line item.1. The positions title must be included.

**NOTE:** Do not put an individual name.1. The number of staff that will be charged to the grant under a specific position title.

**NOTE:** If your organization charges multiple staff that share the same projected allocation of time, then group them together. See Project Coordinators. However, if your organization charges multiple staff that do not share the same projected allocation of time, then separate them. See Administrative Assistant.1. The total annual salary of the position per year.
2. The percentage of time they will be contributing to the project.
3. The sum total of 1 through 4.
4. The fringe benefits line must be represented as an average percent of the total salaries being charged to the grant.

**Example:** $7,000 + $22,500 + $35,000 + $3,000 + $1,500 = $69,000. The average cost of fringe benefits for all staff being charged to the grant is 12%. Fringe benefits are calculated as $69,000 X 12% (0.12) = $8,280. **Salaries:** (FTE X Annual Salary X % of Effort = Salary Charged)**Fringe:** (Total Salary Charged X Average Fringe Benefit Rate = Fringe Benefit Cost)**NOTE:** Please see the example below. |
|  |  |  | $ |  7,000 22,500 35,000 3,000 1,500 8,280 | Executive Director, 1 X $70,000 per year X 10% = $7,000Project Manager, 1 X $45,000 per year X 50% = $22,500Project Coordinators, 2 X 35,000 per year X 50% = $35,000Administrative Assist, 1 X $15,000 per year X 20% = $3,000Administrative Assist, 1 X $15,000 per year X 10% = $1,500Fringe Benefits equals 12% of total salaries charged - $69,000 X 12% = $8,280 |
| 2. Travel | **$** |  **8,160** |  | **Travel: The costs that are allowed to be included in this budget line item are all travel costs.**The following details must be included in the details of expected expenses sections of the line item. All rates must be reflective of actual GSA approved rates at the time of budget development.1. Mileage should reflect GSA approved rates and total projected miles to be driven.
2. A brief description of the trip.
3. The destination of the trip.
4. The number of staff that will be traveling.
5. An estimated trip cost per staff traveling.
6. The projected trip totals.

**Mileage:** (GSA Rate X Number of Miles = Cost)**Trips**: (Number of staff X estimated cost per staff X number of trips = Cost)**NOTE:** Please see the example below |
|  |  |  | $ |  1,070 3,000 4,000 90 | Mileage for local meeting and events - $.535 X 2000 miles =$1,0701 SAMHSA Conference, Washington DC, April 2017, 2 Staff, $1,500 each = $3,0004 Quarterly Meetings, Statewide, 2 Staff, $500 each = $4,0001 “Prevention Training” travel only, Reno, 6 staff, $15 each = $90 |
| 3. Operating | **$** |  **7,075** |  | **Operating: The costs that are allowed to be included in this budget line item are all operating costs. Operating costs may include but are not limited to; building space, utilities, telephone, postage, printing and copying, publication, desktop/consumable office supplies, drugs, biologicals, certification fees, and insurance costs. If applicable, indirect costs are not included in this section. Organizational costs that do not reasonably contribute the accomplishments of project tasks, goals and objectives of the Scope of Work cannot not be charged to the grant.**The following details must be included in the details of expected expenses sections of the line item. 1. A brief description of the item being charged.
2. The monthly average cost of the item.
3. The number of months that the budget encompasses.
4. If the item’s cost is split between funding sources, then include the percentage of the split being charged to this grant.

**NOTE:** if one item’s cost is split at 25% then all other items of cost should share the same percent of the split.**Supplies:** (Per Month Cost X number of months charged X Rate of Allocation = Cost)**NOTE:** Please see the example below |
|  |  |  | $ |  900  4,500 300 375 1,000 | Office Supplies (paper, pencils, pens, etc.) - $75 per month X 12 months = $900Rent - $1,500 per month X 12 Months = $18,000 X 25% allocation.Phone - $100 per month X 12 months = $1,200 X 25% allocation.E-mail - $125 per month X 12 months = $1,500 X 25% allocation.1 Computer for the project manager X $1000 per computer |
| 4. Equipment | **$** |  **16,500** |  | **Equipment: The costs that are allowed to be included in this budget line item are equipment costs, per federal regulation, §200.33 Equipment. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000 per unit.**The following details must be included in the details of expected expenses sections of the line item. 1. Include a brief description of the item being charged.
2. Include the cost of the item, per unit.
3. Include the number of units that are being purchased.
4. If the item’s cost is split between funding sources, then include the percentage of split being charged to this grant.

**NOTE:** if one item’s cost is split at 25% then all other costs of items should share the same percent of the split.**Equipment:** (Per Unit Cost X Number of Units = Cost)**NOTE:** Please see the example below |
|  |  |  | $ |  16,500 | Examination Table, $5,500 per unit X 3 units – 16,500 (*this is almost never used; most expenditures will fall under Operating costs*) |
| 5. Contractual Consultant | **$** |  **99,575** |  | **Contractual: The costs that are allowed to be included in this budget line item are contract costs. List all sub-grants, consultants, contract, personnel/temporary employees and/or vendors that will be procured through a competitive process. (Travel and expenses of consultants and contractor should be incorporated into the contracts, and included in this section as a part of the estimate contract cost.)** The following details must be included in the details of expected expenses sections of the line item. 1. Include a brief description of the intended future contract that is being considered.
2. Include the estimated cost of the contract.
3. If applicable, include the cost of and number of deliverables that will be the result of the completed contract.
4. If applicable, include the per hour rate of the contract and the number of hours the project is going to take.
5. For subgrant funding; provide a brief description of the sub-grant project(s) and the total estimated pass-through amount.

**NOTE:** Do not list the actual names of contractors, consultants, vendors, or subgrantees in the budget. **NOTE:** Please see the example below |
|  |  |  | $ |  20,000 4,375 15,200 60,000 | Contract to provide 4 regional prevention training courses; $5,000 X 4 Courses = $20,000Media consultant - $35 per hour X 125 hours = $4,375Contract for the development of a community needs assessment = $95.00 per hour X 160 hours - $15,200Sub-grants for community primary prevention programs = $60,000 |
| 6. Training | **$** |  **1,650** |  | **Training: The costs that are allowed to be included in this budget line item are training costs. This line item may include registration/conference fees and training costs. This line item can be used to budget for training that will be attended by staff and for the costs of training and educational materials being provided to targeted populations as identified in accordance to the proposed Scope of Work.**The following details must be included in the details of expected expenses sections of the line item.1. Include a brief description of the intended training cost being considered.
2. Include the estimated cost of the training.
3. If developing educational materials for hosting a training.
4. Include the “per unit” cost and number of units being developed for the training.

**NOTE:** Please see the example below |
|  |  |  | $ |  500 150 1,000 | SAMSHA Conference registration fees, 2 staff X $250 each = $500Prevention Training registration fees, 6 staff X $25 each = $150Printing cost for education books for addiction prevention seminar = $20 per book X 50 books = $1000 |
| 7. Other/Indirect | $ |  27,469 |  | **Other/Indirect: The costs that are allowed to be included in this budget line item are indirect costs and, if applicable, audit costs.** The following details must be included in the details of expected expenses sections of the line item. 1. Include a brief description of the intended cost being considered.
2. For audit costs, include the total annual of the audit and the rate of allocation.

**NOTE:** the rate of allocation should be the same as the rates of allocation in the operating section. If not, provide a justification as to why the rate of allocation is different.1. If applicable, include the total direct costs being charged for indirect.
2. If applicable, include the federally approved indirect rate and total direct costs being charged for indirect.

**Audit Cost:** (Annual audit cost X Rate of Allocation = Cost)**Indirect Cost:** (Total Direct Costs being charged X Federally Approved Indirect Rate = Indirect Cost)**NOTE:** Please see the example below |
|  |  |  | $ |  2,000 25,469 | Annual audit cost: $8,000 X 25% = $2,000Indirect Costs: $210,228 X 12% = 25,468.80 |
| Total Cost | $ |  237,709 |  |
| Note #1: Totals listed must match totals on Cover Page.  |

|  |
| --- |
| **Spending Plan Instructions & Form Link** |

Please fill out the spending plan using the budgeted amounts from your subgrant budget. All amounts must match the budget categories in your budget justification. All fields in the template are locked except those requiring your input as follows:

* In cell C3, please enter the name of your organization.
* In cell C4, select the start month and year of your subgrant by using the drop-down box. After you make your month and year selection, the rest of the dates will be filled in automatically for a 12-month time period.
* In cell C5, enter the total amount of your sub-grant award.
* In cells B7 to B13, put the total amount of the categorical costs in the appropriate section. These amounts must match the amounts in the same categories in your budget justification.
* In cells C7 to N7, enter your expected travel costs for each month as appropriate.
* In cells C8 to N8, please enter your expected travel costs for each month as appropriate.
* In cells C9 to N9, please enter operating costs you expect to spend for each month.
* In cells C10 to N10, please enter any planned equipment purchases, and place those costs in the month(s) you expect to incur the costs.
* In cells C11 to N11, place the total expected costs for contracts/consultants in the month(s) you plan on using such services.
* In cells C12 to N12, please not any expected costs in the months you expect the training activities to occur.
* In cells C13 to N13, please specify any other costs that are planned in the month(s) they will occur.

While you are entering this information, you will observe that cells for the “Total” and “Total Percentage” will be auto calculated and will reflect one of three colors. If the cell is yellow, it indicated that the amount is below the total award amount; if the color is green, it indicated the amount is the same as the total awarded amount; and if the cell turns red, it indicates that the amount is above the total award amount. All applicable cells must reflect green once you are finished filling in your spending plan for each month.

In the same way, you will notice the end column (O7 to O15) will also change colors. Once again, yellow indicates that the total amount for the total of all months for the category is under the total budgeted amount (reflected in the “B” column), the green indicates that the monthly total for the category matches the total categorical budget, and red indicates that the monthly total exceeds the categorical budget. All cells must be green before submitting the spending plan. At the bottom of each column, a monthly percentage of the total budget is also calculated. The sum of the monthly percentages must equal 100% of the total award.

|  |
| --- |
| **Sustainability and Data Collection Management Plan Instructions** |

In no more than 900 words, please describe:

The organization’s sustainability plan should include, a timeline, how the funding for the program will be maintained through mechanisms such as identified 3rd party payers, existing contracts with Managed Care Organizations, and other funding sources. The applicant must describe how they will maintain any applicable certification, licensing, or accreditation requirements. Applicants must demonstrate that they have a clear plan depicting how they will ensure the continuation of the developed services once the period of this award is completed.

# ATTACHMENT B: FORMS

**COVER PAGE**

**AGENCY PROFILE**

**SCOPE OF WORK TEMPLATE**

**SPENDING PLAN**

**OUTCOME OBJECTIVES WORKSHEET**

**PROPOSED BUDGET PLAN**

**APPLICATION CHECKLIST**

|  |
| --- |
| **COVER PAGE** |

**Nevada Division of Public and Behavioral Health**

**Bureau of Behavioral Health Prevention and Wellness**

**Substance Abuse Prevention and Treatment Agency**

**Request for Proposal**

**FY 18-19**

**Adolescent and Transitional Age Youth Program Expansion Grant**

**Release Date: October 26, 2017**

**Deadline for Submission and Time: November 7, 2017 @ 5:00 PM (PST)**

For additional information, please contact:

**Kendra Furlong | Health Program Specialist II**

4126 Technology Way Carson City NV 89706

Telephone: (775) 684-3208 | Fax: (775) 684-4185

Email: kendrafurlong@health.nv.gov

Website for Additional References: http://dpbh.nv.gov/Programs/ClinicalSAPTA/Home\_-\_SAPTA/

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Address:** |  |
| **City:** |  | **State:**  |  | **Zip:** |  |
| **Tel:** |  | **Fax:** |  |

|  |  |
| --- | --- |
| **Executive Director/CEO:** |  |
| **Executive Director Email:** |  |
| **Grant Writer:** |  |
| **Grant Writer Email:** |  |

I have read, understand, and agree to all terms and conditions herein.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |
| **Print Name:** |  | **Print Title:** |  |

|  |
| --- |
| **Agency Profile** |
| Project HD Number: *(Assigned by DPBH)* |  |
| Application Number: *(Assigned by DPBH)* |  |
| Agency Name: |  |
| Agency Website: |  |
| Agency Telephone Number: |  |
| Agency Fax Number: |  |
| Agency Address: |  |
| Agency City, State: |  |
| Agency Zip Code: |  |
| Employer ID Number (EIN): |  |
| DUNS Number: |  |
| SAPTA Certified Residential and/or Transitional Treatment Facility: | 🞎 Yes 🞎 No | Date certified? |
| Project Period: *(Month/Day/Year)* | Start Date10/01/17 | End Date09/30/18 |
| Amount Requested: |  |

|  |
| --- |
| **Additional Facility Locations** |
|  | Service Location:Address:Phone Number:Site Contact Person/Email: |
|  | Service Location:Address:Phone Number:Site Contact Person/Email: |
|  | Service Location:Address:Phone Number:Site Contact Person/Email: |
|  | Service Location:Address:Phone Number:Site Contact Person/Email: |

1. **Contact Information**

|  |  |
| --- | --- |
| Name of **Project Director**: |  |
| Title: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

□ Check, If same as Project Director

|  |  |
| --- | --- |
| Name of **Financial Officer**: |  |
| Title: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

1. **Signature Authority**
□ Check, If same as Project Director

|  |  |
| --- | --- |
| Name of **Agency Director**: |  |
| Title: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

1. **Additional Points Of Contact**

|  |  |
| --- | --- |
| Name // Title:  |  |
| Title: |  |
| Telephone: |  |
| Email: |  |

|  |  |
| --- | --- |
| Name // Title:  |  |
| Title: |  |
| Telephone: |  |
| Email: |  |

|  |  |
| --- | --- |
| Name // Title:  |  |
| Title: |  |
| Telephone: |  |
| Email: |  |

|  |
| --- |
| **Scope of Work Template** |

**Goal –** List the achievement desired.

**Objectives –** Describe the program objectives used to obtain the goal.

**Activities –** Describe the steps or activities that the program will use to accomplish the objective.

**Due Dates:** The date by which activities can be completed.

**Documentation:**

* **Performance Measures –** What are the measures by which you will evaluate the progress of achieving your goals and objectives through the activities? These are the items that will be evaluated as a successful realization of the project.
* **Evaluation and Outcome for this Objective –** This is how your agency will qualify and quantify the selected performance measures. The measuring or evaluating of the work being done to ensure that the agency is on track to achieve the goals and objectives. What tools will the agency use to evaluate performance?

**Scope of Work**

State of Nevada

Division of Public & Behavioral Health

**Coalition / Provider**: Click here to name.

**State Substance Abuse Prevention and Treatment**

**HD #**: To be entered by state

**Purpose**: Click here to enter text.

**Brief Description of program:** Click here to enter a brief description

**Problem Statement:** Click here to enter the problem being addressed

**State Priority:** Click here to enter a state priority number.

**Goal 1:** Click here to enter a goal.

Please add or delete table rows as necessary.

|  |  |
| --- | --- |
| **Outcome Objective 1a:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Due Date** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
|  | **Evaluation:** Click here to enter evaluation. |

|  |  |
| --- | --- |
| **Outcome Objective 1b:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Due Date** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
| **Evaluation:** Click here to enter evaluation. |

|  |  |  |
| --- | --- | --- |
|  | **Outcome Objective 1c:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs**  | **Due Date** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
| **Evaluation:** Click here to enter evaluation. |

**Problem Statement:** Click here to enter the problem being addressed

**State Priority:** Click here to enter a priority.

**Goal 2:** Click here to enter a goal.

|  |  |
| --- | --- |
| **Outcome Objective 2a:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Due Date** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
| **Evaluation:** Click here to enter evaluation. |

|  |  |
| --- | --- |
| **Outcome Objective 2b:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Due Date** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
| **Evaluation:** Click here to enter evaluation. |

|  |  |
| --- | --- |
| **Outcome Objective 2c:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Due Date** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
| **Evaluation:** Click here to enter evaluation. |

**Problem Statement:** Click here to enter the problem being addressed

**Priority:** Click here to enter a priority.

**Goal 3:** Click here to enter a goal.

|  |  |
| --- | --- |
| **Outcome Objective 3a:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Due Date** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
| **Evaluation:** Click here to enter evaluation. |

|  |  |
| --- | --- |
| **Outcome Objective 3b:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Due Date** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
| **Evaluation:** Click here to enter evaluation. |

|  |  |
| --- | --- |
| **Outcome Objective 3c:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Due Date** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
| **Evaluation:** Click here to enter evaluation. |

## **SPENDING PLAN**

Please fill out the spending plan using the budgeted amounts from your subgrant budget.



## **OUTCOME OBJECTIVES WORKSHEET**

This worksheet can assist you in writing outcome objectives for your project. You do not need to include this with your application. It is only a tool for you to use in developing your Scope of Work.

For your review, we have provided a sample outcome, broken down into simple components. You can use this template by filling in outcome information in the spaces provided for your program. Then, below each table, write your outcome objective using the components identified. Please keep all objectives Simple, Measurable, Achievable, Realistic, and Time limited (SMART). This worksheet is presented for your planning use. Do not include it with your proposal.

**Sample outcome objective components.**

**Sample outcome objective**: By September 30, 2018, the number of pregnant women receiving substance abuse treatment will increase by 10% from the previous year - October 1, 2016 to September 30, 2017.

|  |  |  |  |
| --- | --- | --- | --- |
| **Who (or what)** | **What****(desired effect)** | **How****(expected results)** | **When****(by when)** |
| The person, place, or thing in which the objective will cause some change.**Example:**The number of pregnant women receiving substance abuse treatment. | This should illustrate some change in either a positive or negative direction, i.e. increase or decrease.**Example:**Will increase | This should depict the magnitude of the desired change, i.e. a change in percentage, a change in raw numbers, or a statistical measure. Be as specific as possible and make sure it is realistic.**Example:**By 10% from the previous year October 1, 2015 to September 30, 2016 | This depicts the target date for the objective to be achieved. Don’t confuse this with deadlines for activities. This should be your final deadline for the objective.**Example:**by September 30, 2017 |

**Outcome #1**

**Objective components**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who**  | **What** | **How** | **When** |
|  |  |  |  |
| **Final outcome objective**: |

**Outcome #2**

**Objective components**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who**  | **What** | **How** | **When** |
|  |  |  |  |
| **Final outcome objective**: |

|  |
| --- |
| **Proposed Budget Plan** |

*Please use the Excel template provided with the announcement package to complete and submit.*

Review and complete the attached Excel budget form (may be provided separately from this FOA document). Please refer to the Instructions for Proposed Budget Plan(s) and/or Subcontracting Budget Plan provided in [Attachment B](#SecBdetailedInstruction).

Develop a line item budget for the project. For each itemized category, specify the total project costs (including subcontracting cost), description of expense, and the amount requested from Nevada Division of Public and Behavioral Health (DPBH) funding. \*\*A line item expense under a category **must** include a description of the line item expense in the detail description.\*\*



Click to insert the Organizations Name

BUDGET NARRATIVE

Budget State Fiscal Year 18

July 1, 2017 through June 30, 2018

|  |
| --- |
| **Detailed Budget Year 1 – July 1, 2018 through June 30, 2019** |
| **Category** |  | **Total cost** | **Detailed cost** | **Details of expected expenses** |
| 1. Personnel | $ |  |  |
|  |  |  | $ |  | # and type (position type; FTE type) of staff to be hired |
| 2. Travel | $ |  |  |  |
|  |  |  | $ |  | # traveling, positions traveling, location, dates of travel, purpose, reimbursement made in accordance with SAM |
| 3. Operating | $ |  |  |  |
|  |  |  | $ |  | To include: xxxx |
| 4. Equipment | $ |  |  |  |
|  |  |  | $ |  | Itemize expenses allowed within this category |
| 5. Contractual Consultant | $ |  |  |  |
|  |  |  | $ |  | Itemize expenses allowed within this category |
| 6. Training | $ |  |  |  |
|  |  |  | $ |  | Type of training, location, # attending, benefit to Subgrantee and implementation of subgrant |
| 7. Other | $ |  |  |  |
|  |  |  | $ |  | Itemize expenses allowed within this category |
| Total Cost | $ |  |  |
|  |  |  |  |

|  |
| --- |
| **APPLICATION CHECKLIST** |

SAPTA Adolescent and Transitional Age Youth Program Expansion, 2018 - 2019

|  |  |
| --- | --- |
| 1. Cover Page Completed and Signed
 | \_\_\_\_\_\_\_\_ |
| 1. Agency Profile Completed
 | \_\_\_\_\_\_\_\_ |
| 1. Contact Information Completed
 | \_\_\_\_\_\_\_\_ |
| 1. Agency Summary & Experiences Completed
 | \_\_\_\_\_\_\_\_ |
| 1. Project Narrative Completed
 | \_\_\_\_\_\_\_\_ |
| 1. Budget Completed
 | \_\_\_\_\_\_\_\_ |
| 1. Spending Plan Completed
 | \_\_\_\_\_\_\_\_ |
| 1. Sustainability Plan Completed
 | \_\_\_\_\_\_\_\_ |
| 1. Required Supplements – Staff‘s updated resumes, 501(c) 3 tax exempt, latest audit letter, and signed Conflict of Interest Policy Acknowledgement.
 | \_\_\_\_\_\_\_\_ |
| 1. Application package submitted via email to Kendra Furlong – kendrafurlong@health.nv.gov

*(Microsoft Word or Excel only for items 2-7; PDFs Allowable for items 1 and 8)* | \_\_\_\_\_\_\_\_ |
| 1. Original plus one (1) copy of RFQ mailed via US Postal Service*Two Hard Cover Copies Total*
 | \_\_\_\_\_\_\_\_ |

**All applications must use the following format:**

* Not to exceed 25 pages, including attachments.
	+ With exceptions for resumes.
* All pages must be numbered.
* Resumes must be up-to-date, not counted in the page limit.

# ATTACHMENT C: PROGRAM REQUIREMENTS

In addition to the Division of Public and Behavioral Health Sub-grant Grant Assurances, the sub-grantee and all organizations or individuals to whom the sub-grantee passes through funding (subrecipients) must be in compliance with all applicable rules, federal and state laws, regulations, requirements, guidelines, and policies and procedures. The terms and conditions of this State award flow down to the sub-grantee and to [subrecipients](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=f150cda4bc250c29121d1c3911b179c8&term_occur=1&term_src=Title:2:Subtitle:A:Chapter:II:Part:200:Subpart:B:200.101) unless a particular section specifically indicate otherwise.

**GENERAL REQUIREMENTS**

Applicability: This section is applicable to all sub-grantees who receive funding from the Division of Public and Behavioral Health through the Bureau of Behavioral Health Wellness and Prevention. The sub-grantee agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
2. 45 CFR 96 - Block Grants as it applies to the subrecipient and per Division policy.
3. 42 CFR 54 and 42 CFR 54A Charitable Choice Regulations Applicable to States Receiving Substance Abuse Prevention & Treatment Block Grants & / or Projects for Assistance in Transition from Homelessness

1. NRS 218G - Legislative Audits

1. NRS 458 - Abuse of Alcohol & Drugs
2. NRS 616 A through D Industrial Insurance
3. GAAP - Generally Accepted Accounting Principles and/or GAGAS Generally Accepted Government Auditing Standards

1. GSA - General Services Administration for guidelines for travel

1. The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention Policies and guidelines.
2. State Licensure and certification
	1. The Sub-grantee is required to be in compliance with all State licensure and/or certification requirements.
	2. The Sub-grantee’s certification must be current and fees paid prior to release of certificate in order to receive funding from the Division. Sub-grants cannot be issued unless certifications are current.
3. The Sub-grantee’s commercial, general, or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent sub- grantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).

1. To the fullest extent permitted by law, sub-grantee shall indemnify, hold harmless, and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of sub-grantee, its officers, employees, and agents.
2. The sub-grantee shall provide proof of workers’ compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
3. The sub-grantee agrees to be a “tobacco, alcohol, and other drug free” environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;

1. The sub-grantee will report within 24 hours the occurrence of an incident, following Division policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
2. The sub-grantee is required maintain a Central Repository for Nevada Records of Criminal History and FBI background checks every 3 to 5 years were conducted on all staff, volunteers, and consultants occupying clinical and supportive roles, if the sub-grantee serves minors with funds awarded through this sub-grant.
3. Application to 211
	* As of October 1, 2017, the sub-grantee will be required to submit an application to register with the Nevada 211 system.
4. The sub-grantee agrees to fully cooperate with all Bureau of Behavioral Health Wellness and Prevention sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
5. The sub-grantee must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
6. The sub-grantee acknowledges that to better address the needs of Nevada, funds identified in this sub-grant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the Scope of Work. The Division may reallocate funds to other programs to ensure that gaps in service are addressed.
7. The sub-grantee acknowledges that if the Scope of Work is NOT being met, the Sub-grantee will be provided a chance to develop an action plan on how the Scope of Work will be met and technical assistance will be provided by Division staff or specified sub-contractor. The sub-grantee will have 60 days to improve the Scope of Work and carry out the approved action plan. If performance has not improved, the Division will provide a written notice identifying the reduction of funds and the necessary steps.

1. "The sub-grantees will NOT expend Division funds, including Federal Substance Abuse Prevention and Treatment and Community Mental Health services Block Grant Funds for any of the following purposes:
	1. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
	2. To purchase equipment over $1,000 without approval from the Division.
	3. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
	4. To provide in-patient hospital services.
	5. To make payments to intended recipients of health services.
	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 demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDS.
	7. To provide treatment services in penal or correctional institutions of the State.
2. Failure to meet any condition listed within the sub-grant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

**Audit Requirements**

The following program Audit Requirements are for non-federal entities who do not meet the single audit requirement of 2 CFR Part 200, Subpart F-Audit requirements:

1. For sub-grantees of the program who expend less than $750,000 during the non-federal entity's fiscal year in federal and state awards are required to report all organizational fiscal activities annually in the form of a Year-End Financial Report.
2. For sub-grantees of the program who expend $750,000 or more during the fiscal year in federal and state awards are required to have a Limited Scope Audit conducted for that year. The Limited Scope Audit must be for the same organizational unit and fiscal year that meets the requirements of the Division Audit policy.

**Year-End Financial Report**

1. The non-federal entity must prepare financial statements that reflect its financial position, results of operations or changes in net assets, and, where appropriate, cash flows for the fiscal year.
2. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
3. The Year-End Financial Report must be signed by the CEO or Chairman of the Board.
4. The Year-End Financial Report must identify all organizational revenues and expenditures by funding source and show any balance forward onto the new fiscal year as applicable.
5. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must:
	1. List individual federal and State programs by agency, and provide the applicable federal agency name.
	2. Include the name of the pass-through entity (State Program).
	3. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available.
	4. Include the total amount provided to the non-federal entity from each federal and State program.
6. The Year-End Financial Report must be submitted to the Division 90 days after fiscal year end at the following address.

Behavioral Health, Prevention and Treatment

Attn: Management Oversight Team

4126 Technology Way, Second Floor

Carson City, NV 89706

**Limited Scope Audits**

1. The auditor must:
	1. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS;
	2. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program;
	3. Perform procedures to determine whether the auditee has complied with federal and State statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on the federal program consistent with the requirements of the federal program;
	4. Follow up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with the requirements of 2 CFR Part 200, §200.511 Audit findings follow-up, and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding;
	5. And, report any audit findings consistent with the requirements of 2 CFR Part 200, §200.516 Audit findings.
2. The auditor's report(s) may be in the form of either combined or separate reports and may be organized differently from the manner presented in this section.
3. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following:
	1. An opinion as to whether the financial statement(s) of the federal program is presented fairly in all material respects in accordance with the stated accounting policies;
	2. A report on internal control related to the federal program, which must describe the scope of testing of internal control and the results of the tests;
	3. A report on compliance which includes an opinion as to whether the auditee complied with laws, regulations, and the terms and conditions of the awards which could have a direct and material effect on the program; and
	4. A schedule of findings and questioned costs for the federal program that includes a summary of the auditor's results relative to the federal program in a format consistent with 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(1), and findings and questioned costs consistent with the requirements of 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(3).

1. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day. The Audit Report must be sent to:

Behavioral Health, Prevention and Treatment

Attn: Management Oversight Team

4126 Technology Way, Second Floor

Carson City, NV 89706

**Amendments**

1. The Division of Public and Behavioral Health policy is to allow no more than 10% flexibility within the approved Scope of Work budget line items. Notification of such modifications must be communicated in writing to the Bureau of Behavioral Health Wellness and Prevention prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via e-mail.
2. For any budgetary changes that are in excess of 10% of the total award, an official amendment is required. Requests for such amendments must be made to the Bureau of Behavioral Health Wellness and Prevention in writing.
3. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
4. Any significant changes to the Scope of Work over the course of the budget period will require an amendment. The assigned program analyst can provide guidance and approve all Scope of Work amendments.
5. The sub-grantee acknowledges that requests to revise the approved sub-grant must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
6. Final changes to the approved sub-grant that will result in an amendment must be received 60 days prior to the end of the sub-grant period (no later than April 30 for State funded grants and July 31 for federal funded grants). Amendment requests received after the 60-day deadline will be denied.

**Remedies for Noncompliance**

1. The Division reserves the right to hold reimbursement under this sub-grant until any delinquent requests, forms, reports, and expenditure documentation are submitted to and approved by the Division.

**SUBSTANCE USE TREATMENT SERVICES**

Applicability

This section applies to all sub-grants that support direct services to persons being treated for substance use.

1. The sub-grantee, as applicable, if identifying as Faith-Based Organizations must comply with 42 USC § 300x-65 and 42 CFR part 54 (42 CFR §§ 54.8(c) (4) and 54.8(b)), Charitable Choice provisions and regulations.
	1. The sub-grantee must post a notice to advise all clients and potential clients that if the client objects to the religious character of the sub-grantee’s organization as applicable.
	2. The client has the right to be referred to another Division funded provider that is not faith-based or that has a different religious orientation.
2. Priority Groups – The sub-grantee agrees to prioritize admission to treatment, except for Civil Protective Custody Services, for priority populations in the following order:
	1. Pregnant injecting drug users;
	2. Pregnant substance abusers;
	3. Injection drug users;
	4. Substance using females with dependent children and their families, including females who are attempting to regain custody of their children; and
	5. All others.
3. The sub-grantee agrees to report within 24 hours to the Bureau of Behavioral Health Wellness and Prevention when any level of service reaches 90% capacity or greater in accord with the Division’s Waitlist and Capacity Management policy.
4. A sub-grantee who provides residential services agrees to report bed capacity in the HavBed system or a successor system for residential services daily in accord with the Division’s Waitlist and Capacity Management policy.
5. Programs will make continuing education in alcohol and other drug treatment available to all employees who provide services.
6. The sub-grantee must post a notice, where clients, visitors, and persons requesting services may easily view it, that no persons may be denied services due to inability to pay. This notice may stipulate that the organization is authorized to deny services to those who are able to pay but refuse to do so.

1. The sub-grantee is required to implement the National Institute of Drug Abuse (NIDA) 13 principles of treatment.
2. The sub-grantee is required to participate, if selected to be reviewed by the Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (AADAPTS) annual peer review process.

**Capacity of treatment for intravenous substance abusers**

1. A sub-grantee must admit an individual who requests and needs treatment for intravenous drug use to a treatment program. If unable to provide services, the sub-grantee must contact the Bureau of Behavioral Health and Wellness according to the Division’s Capacity Management and Waitlist policy.
2. The sub-grantee who treats persons who inject drugs agrees to carry out activities to encourage individuals in need of treatment for injection drug use to undergo such treatment. The sub-grantee must use outreach models that are scientifically sound or an alternate outreach method that is reasonably expected to be effective and has been approved by the Bureau of Behavioral Health Wellness and Prevention. All outreach activities will be reported to the Division quarterly. The model shall require that outreach efforts include the following at a minimum:
	1. Selecting, training, and supervising outreach workers;
	2. Contacting, communicating, and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
	3. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
	4. Recommend steps that can be taken to ensure that HIV transmission does not occur; and
	5. Encouraging entry into treatment.

**Treatment services for pregnant women (45 CFR § 96.131)**

1. All sub-grantees who treat women agree to provide immediate comprehensive treatment services to pregnant women, or if the sub-grantee is unable to do so, the sub-grantee must immediately contact the Bureau of Behavioral Health Wellness and Prevention in accord to the Divisions Capacity Management and Waitlist policy.
2. Sub-grantees who do not treat women and who receive a request for treatment services from a pregnant woman must provide a referral to an appropriate treatment provider within 48 hours of the request for services and must immediately notify the Bureau of Behavioral Health Wellness and Prevention of the need for such services.
3. Sub-grantees who provide services to women agree to publicize the availability of services to women in priority populations and the admission priority granted to pregnant women. The publication of services for women in priority populations may be achieved by means of street outreach programs, ongoing public service announcements, regular advertisements, posters placed in target areas, and frequent notification of availability of such treatment services distributed to the network of community based organizations, health care providers, and social services agencies.

**Records**

1. All sub-grantees will have in effect a system to protect from inappropriate disclosure of client records, compliant with all applicable State and federal laws and regulations, including 42 CFR, Part 2.
2. The system to protect confidentiality shall include, but not be limited to, the following provisions:
	1. Employee education about the confidentiality requirements, to be provided annually;
	2. Informing employees of the fact that disciplinary action may occur upon inappropriate disclosure.

**Reporting**

1. The sub-grantee is required to submit monthly Treatment Episode Data Set (TEDS) admissions files and TEDS discharges files in accordance with current block grant requirements.  The sub-grantee is also required to submit any other reporting as defined and requested by the Bureau of Behavioral Health Wellness and Prevention.
2. The sub-grantee agrees to participate in reporting all required data and information through the authorized Bureau of Behavioral Health Wellness and Prevention data reporting system and to the evaluation team as required, or, if applicable, another qualified Electronic Health Record (EHR) reporting system.

**Fee for Service requirements**

1. Sub-grantees that have been awarded a fee for service sub-grant must comply with the Division’s Utilization Management policy and the following billing and eligibility rules for claims processing.
2. The service must be delivered at a Division certified facility.
3. The certifications must cover the service levels under which the qualified service was delivered.
4. The service must be provided by an appropriately licensed/certified staff member.
5. The service delivered must be a Division qualified service which is **NOT** reimbursable by Medicaid or other third-party insurance carrier.
6. The rate of reimbursement will be based on the Division approved rates (available upon request).
7. The sub-grantee agrees to accept the Division reimbursement rate as full payment for any program eligible services provided.
8. The Sub-grantee is responsible for ensuring that all third-party liabilities are billed and collected from the third-party payers and are **NOT** billed to the Division.
9. Division funds will **NOT** be used to fund the services for self-pay clients or clients who elect not to use their insurance coverages. This includes clients that elect not sign up for insurance under the Affordable Care Act or clients that have existing insurance and choose not to use their insurance for treatment services. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.
10. Division funds will **NOT** be used to reimburse Medicare claims.
11. Division funds will **NOT** be used to reimburse claims for which the client is pending eligible for insurance coverage.
12. Division funds will **NOT** be used to reimburse claims denied by Medicaid or other insurance carriers unless the claim was denied as “not a covered benefit”.
	1. Claims denied as “not a covered benefit” and billed to the Division must have the accompanying denial attached in order to guarantee payment.
13. Division funds will **NOT** be used to cover any unpaid costs that Medicaid and/or other insurance carriers may not reimburse (i.e. copayments, deductibles).
14. The sub-grantee agrees to use Division funds as the “payer of last resort” for all services provided to clients. If an undue barrier to treatment exist, a written request to the Division may be submitted for review and some services may be covered upon written permission from the Division.
15. The Sub-grantee must establish policies, procedures, and the systems for eligibility determination, billing, and collection to:
	1. Ensure that all eligible clients are insured and/or enrolled in Medicaid in accord with the Affordable Care Act.
	2. Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any State compensation program, any other public assistance program for medical assistance, any grant program, any private health insurance, or any other benefit program; and secure from client’s payment for services in accordance with their ability to pay.
	3. And prohibits billing the Division for a service that is covered by Medicaid or any other insurance carrier. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.

**Billing the Division**

**Fee for Services only:**

1. The sub-grantee agrees to submit a monthly billing invoice, along with back-up documentation via the Secure File Transfer Protocol (SFTP) site to the Division; the Sub-grantee agrees to notify the treatment analyst once the invoice has been posted to the SFTP site.
2. Upon official written notification from the Bureau of Behavioral Health Wellness and Prevention, prior authorizations will be required for all residential and transitional housing services being billed to the Division.
3. The sub-grantee agrees to include an explanation of benefits for all charges requested for services that have been denied by Medicaid or any other third-party payer due to non-coverage of that benefit.

1. The sub-grantee understands that charges greater than 90 days from the date of service will be considered stale dated and may not be paid.
2. The sub-grantee understands that quarterly Medicaid audits will be conducted by Division and recouping of funds may occur.
3. The sub-grantee understands that they are required to produce an invoice that breaks out the total number of services provided by level of care and CPT or HCPCS code. The invoice must, at a minimum meet the following conditions.
	1. The invoice must contain, company information (Name, address, City, State and Zip), date, unique invoice #, vendor #, PA or HD#.
	2. The invoice must contain contact name, phone number, e-mail and identify the invoice period.
	3. The invoice must contain: Billed To: The Division of Public and Behavioral Health, 4126 Technology Way, Suite 200, Carson City, NV 89706.
	4. The invoice must show the total number of services by CPT or HCPS code, the rate being charged, the total amount charged to that CPT or HCPS code line and summarize the totals by level of care.
	5. The invoice must also show the total number of services provided, the total number of unique clients served for the invoice and the total amount charged to the invoice.
	6. The invoice must be signed and dated by the organizations fiscal officer and include the following certification, "By submitting this invoice, we certify that all billing is correct and no Medicaid or other insurance eligible services have been charged to this invoice."

**PREVENTION SERVICES**

Applicability

This section is only applicable to primary prevention coalitions and programs.

1. The sub-grantee will implement the Center for Substance Abuse Prevention’s (CSAP) Strategic Prevention Framework Planning Process.
2. If the sub-grantee is a certified prevention coalition, it will solicit representatives from local substance abuse prevention programs and treatment providers to become coalition members and assist with efforts to implement the CSAP’s Strategic Prevention Framework Planning Process.
3. The sub-grantee representatives are required to attend prevention training as listed below if applicable to provide prevention services:
	1. All fulltime staff must annually complete a minimum of twenty hours of prevention training.
	2. All part-time staff must annually complete a minimum for ten hours of prevention training.
	3. Participate in the implementation of evidence-based prevention programs, strategies, policies, and practices, and use the Prevention Program Operating and Access Standards as the basis for program, workforce, and agency development.

**Requests for reimbursements (All non-fee for service sub-grants):**

1. A Request for Reimbursement is due, at a minimum, on a monthly basis, based on the terms of the sub-grant agreement, no later than the 15th of the month. If there has been no fiscal activity in a given month, a Request for Reimbursement claiming zero dollars is required to be submitted for the month.
2. Reimbursement is based on actual expenditures incurred during the period being reported.
3. Requests for advance of payment will not be considered or allowed by the Division.
4. Reimbursement must be submitted with all Division required supporting back up documentation. The Division has the authority to ask for additional supporting documentation at any time and the information must be provided to Division staff within 10 business days of the request.
5. Payment will not be processed without all programmatic reporting being current.
6. Reimbursement may only be claimed for allowable expenditures approved within the sub-grant award.
7. The sub-grantee is required to submit a complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUB-GRANT PERIOD. All remaining balances of a federally funded sub-grant revert back to the Division 30 days after the close of the sub-grant period.
8. The Request for Reimbursement to close the State Fiscal Year (SFY) is due at a minimum of 25 days after the close of the SFY which occurs on June 30. All remaining balances of the State funded sub-grants revert back to the State after the close of the SFY.
9. The sub-grantee must retain copies of approved travel requests and claims, consultant invoices, payroll register indicating title, receipts for goods purchased, and any other relevant source documentation in support of reimbursement requests for a period of three years from the date of submission of the State’s final financial expenditure report submitted to the governing federal agency.

The sub-grantee agrees that any failure to meet any of the conditions listed within the above Program Requirements may result in the withholding of reimbursement for payment, termination of current contract and/or the disqualification of future funding.

**Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Sub-grantee's Official & Title Date Approved**

# ATTACHMENT D: CONFLICT OF INTEREST POLICY ACKNOWLEDGMENT

Vendor must have a conflict of interest policy designed to foster public confidence in our integrity, and to protect our interest when we are contemplating entering a transaction or arrangement that might benefit the private interest of a director, a corporate officer, our top management official, and top financial official, any of our key employees, or other interested persons.

I hereby acknowledge that **[INSERT NAME OF AGENCY]**, has a conflict of interest policy on file and that all employees, contractors, and volunteers have read and understand it, and agree to comply with its terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Agency Signature Date

# ATTACHMENT E: DEFINITIONS & ACRONYMS

|  |  |
| --- | --- |
| **Acronym** | **Definition** |
| Applicant | Substance Abuse Prevention & Treatment Agency (SAPTA) certified residential and/or transitional treatment facilities applying for funding. |
| FQHC  | Federally Qualified Health Center |
| HCQC | Bureau of Health Care Quality and Compliance |
| IDU | Injection Drug Use / Intravenous Drug User |
| NAC | Nevada Administrative Codes |
| NRS | Nevada Revised Statutes |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SAPTA | Substance Abuse Prevention & Treatment Agency |
| Subcontractor | A contract between the applicant of the grant and an outside agency to perform tasks identified in the RFP |

# ATTACHMENT F: Quarterly Progress Report

**Substance Abuse Prevention & Treatment Agency**

**Quarterly Progress Report**

**Adolescent & Transitional Age Youth Expansion**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Name:**  | State Substance Abuse Treatment | **HD #:**  |  |
| **Report Date:** | **Quarter Reporting:** |  **Provider Name:** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome Objective 1a:** To reduce the number of adolescent female clients on the waitlist by 50% for residential beds in Washoe County by September 30, 2019.  | **Percent Funding:**  | **100** | **%** |
| **Activities** | **Due Date** | **Progress Narrative:** (Please list all progress, activities, and dates of completion as applicable to this activity). |
| 1. Secure residential location, licensing, inspections, and certifications
 | 2/28/2018 |  |
| 1. Hire support staff for the program; therapy, maintenance
 | 2/19/2018 |  |
| 1. Work with law enforcement, prosecutors, the judiciary and other agencies to identify, enroll and place clients.
 | 3/5/2018 |  |
| 1. Purchase operating supplies, equipment, furniture
 | 2/28/2018 |  |
| 1. Identify and implement advertising, outreach, fundraising, and other financial support mechanisms to support future sustainability.
 | 3/31/2018 |  |
| **Evaluation:** Successful execution of a building lease/contract. Obtaining licenses and required certifications. Getting the building ready for admissions. Securing and placing adolescent females (admissions tracking). |
| **Narrative:** |