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FFY24 SUPTRS RFA Frequently Asked Questions (FAQ)

1. **Q: In the “Organizational Description” section the organizational chart is required as an attachment, but do I also put an image embedded in the section?**

Section reference: IX. Appendix C – Project Narrative Components (page 29): A proposed organizational chart with grant-specific staff identified of sub-awardees or subcontractors to accomplish the proposed project work activities and Scope of Work.

A: Include the organizational chart as an attachment only. It can be referred to when describing your organization's key staff and reporting lines in that section. Embedding an image of it in the section is not necessary.

2. **Q: We are a SAPTA Certified Prevention Coalition. However, the question in Section H asks if we are both certified under NRS/NAC 458 (which we are) AND have 2 years providing substance use disorder treatment. How do you want us to answer this question? Do you want us to search for someone who is SAPTA certified even if we are not working with them just to have an MOU? As coalitions we do not provide treatment or recovery services.**

Section reference: VIII. Appendix B – Project Application Form, Section H (page 28):

A: Please answer “yes” as you are SAPTA certified. Since you do not provide treatment services, the “and do you have a minimum of two (2) years providing substance use disorder treatment” does not apply to you. We will ensure our grading rubric captures the answer to this question appropriately.

3. **Q: Who do we send the completed application to?**

A: As directed on the Cover Page to the RFA, please send your completed application to Brandon Beckman, Health Program Manager I, at bbeckman@health.nv.gov

4. **Q: Under the grant, can an organization use interns under the supervision of its LCSWs and CADACs for reimbursement?**

A: If applying to provide substance use treatment services, all services that are Medicaid billable must be billed to Medicaid, this includes interns.

5. **Q: We have applied for Medicaid – Provider 14 and private insurance but all are pending approval. On the application, do I indicate we have applied, and these are in a pending status or CHECK NO that we are not a current provider?**

A: If applying to provide substance use treatment services, you must be enrolled with Medicaid as a Provider Type 17/215. If this enrollment is pending, please indicate so on the RFA.

6. **Q: On program income, I want to write our clinician contractors into the grant although I am interested in accountability and appropriateness of billing the grant vs billing the insurance and listing the insurance reimbursement as program income. Do I bill the grant for clinicians providing the service? Or wait to see if insurance companies are picking up the fee before billing the grant?**

A: If applying to provide substance use treatment services, all services must be billed to Medicaid or private insurance. The Block Grant will not reimburse for clinician time on Medicaid billable services. The treatment services reimburses through the Block Grant are limited to uncovered benefits.

7. **Q: Reporting monthly – Do we report on all of our clients in the targeted population identified in the grant or only the clients with services paid by the grant?**

A: Reporting is limited to the parameters of the grant.

8. **Q: Is there a particular quality assurance program that is mandated for this grant? HCQC, Joint Commission Accreditation, etc.**

A: Relating to substance use treatment services, depending on the type of facility, HCQC licensure may be required. SAPTA certification is also required for all prevention and treatment agencies.

9. **Q: Is a contractor considered a sub-grantee for the sake of the application?**

A: A contractor is considered a "sub-subrecipient" and must adhere to all requirements of the Block Grant.

10. **Q: Are private LLCs eligible to apply?**

A: Reference Page 8, Sec. 4 to review the eligibility criteria and note public, tribal, or non-profit organizations can apply.

11. Q: What is the funding level for the grant and how much should we write our budget for?

A: Please evaluate your program requirements and fiscal needs to determine the level of funding requested in the application.

12. Q: Can you please clarify Question 6 in the section regarding “Does your accounting system identify and segregate “direct and indirect expenses”?”

Section Reference: XIII – Appendix G – Agency Self-Assessment (page 43)

A: SAPTA has amended the question to replace “direct and indirect expenses” with “direct OR indirect expenses”.

13. Q: Is this grant replacing the previous Block grant which covered all Residential 3.5, 3.1, Withdrawal Management 3.2, 3.7 and Transitional Living? If “Yes” and we are used to asking for approx. \$4-5 Million (since these services are not currently covered by alternate funding/Medicaid), would that be a general line item to the budget, or would we need to insert a table breaking this out?

A: Yes, this is that block grant. Identify the levels of care and projections that you are applying for funds.

14. Q: Under the application, portion, page 28 section I Current Funding, would we list Medicaid even though it currently does not fund these services?

A: No, Medicaid is not a funder, it's an insurance. However, all other grants, or financial support must be listed.

15. Q: Is this application written in preparation of the changes coming under the pending 1115 waiver?

A: Yes, although the changes are not completely known right now. Therefore, apply as if nothing has changed. Adjustments will be made during the negotiation phase, as needed.

16. Q: Can you please clarify whether the RFR and billing dates on pages 16 and 42 of the RFA?

A: *For the purposes of this RFA, the subgrant deadline for requests for reimbursement is the 15th of the following month.*