

## SOR 2.0

### Webinar Questions and Answer, October 20, 2020

1. SAPTA only has published rates for 3.2D (\$152.74) what are the 3.7 rates please? That is not currently on the SAPTA rate sheets.

*The FFS rates for SAPTA 3.7 for the SOR 2.0 Funds will be \$294.01, which was recommended during a rate study by Meyers and Stauffer.*

2. Clarification on Deadline.

*The deadline will be the date and time is favor of the applicant of October 30, 2020 at 5:00 p.m.*

3. For the sliding fee scale - Would this be something we present the client with to have on file to show that they basically have \$0 income and then qualify for services? Would this also be for those “working poor” which may make just under the limit of income to not qualify for Medicaid (state insurance) and may not be offered any benefits from their employer? (or unable to afford those plans)? We have forms for all of this explained in our client fees policy. Would this suffice for that qualification?

*Applicant should have a clear policy within the organization that ensures that services are only being provided to those who are uninsured or underinsured (who do not have access to behavioral health insurance).*

- *For those with zero income, a sliding fee scale would not be necessary.*
- *For those with who are eligible for Medicaid, they would not be eligible for grant funds, unless there is a service that is not covered by Medicaid. A sliding fee scale would not be necessary.*
- *For those with income, who are not eligible for Medicaid, a sliding fee scale would need to be completed showing the client's income and the number in the household and the level of service the client would be participating in. Cost of services needs to be based on the SAPTA FFS rates. Proof of denial from 3rd Party Payer (which could be Medicaid) must be provided justifying the utilization of the sliding scale fee.*

*Applicant is encouraged to work with the Grant Manager for circumstances defied.*

4. Also, does withdrawal management services (3.2 & 3.7) qualify under residential services and would therefore qualify for a FFS application?

*Yes. Grant applications that apply for residential treatment or transitional housing are given the highest consideration and would submit for a FFS budget. However, it is also important to note that Nevada is currently accepting cost reimbursement budgets that do not supplant programs and are allowable under the grant specifications. FFS rates of reimbursement are in alignment with the SAPTA FFS Schedule.*

5. Can organizations such as Foundation for Recovery partner with SOR 2.0 grant applicants who would like to include peer recovery services as part of their project scope?

*Yes.*

**6. We were hoping you could provide some guidance on how DHCFP reviews detox reimbursements, when the individual may have MediCAL or Medicare?**

*For dual eligible recipients Medicare and Medicaid – Nevada Medicaid picks up the balance of eligible services that Medicare does not cover. In cases where a patient attends treatment in another state such as California then the provider would either enroll in Nevada Medicaid or get a Letter of Agreement for treatment. Applicants may also work with other states to establish “single” case agreements, or provider agreements.*

**7. We received residential and transitional living under the SAPTA Block grant and want to introduce a new program, can we submit for SOR 2.0?**

*Yes, but not for the programs that are already funded under the SAPTA Block Grant. As part of the guidance, DPBH would like to highlight the importance of distinguishing between the current SAPTA funding awards and the new proposed program to ensure there is no supplanting of funds for the SOR 2.0.*

**8. What are things included in the indirect cost rate?**

*Indirect costs represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include, but are not limited to systems required to do business such as electronic health records, CEU’s, depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration staff, human resources, accounting, payroll, legal and data processing expenses.*

**9. How much can we ask for supplies? Can we include training?**

*It is also important to note that applicant should identify reasonable dollars for operations (i.e. supplies, which is generally \$30-\$50 per FTE approved for the grant, monthly), if an appropriate justification is provided. Training is not allowable under this funding source.*

**10. Just confirming that data collection is a direct cost?**

*Yes. However, it is within the maximum of 25% of the total grant for administrative costs.*

*Applicants must identify a specific point of contact (POC) and/or designated individual or position within the organization that collects and manages the GPRA data and processes. The number of compliance staff in FTE will depend on the number of clients expected to be treated by the agency. The table is a general guide. The amount of FTE depends on how the agency chooses to complete accompanying paperwork and defines who would be responsible for that paperwork. An example of the number of FTE staff allowable, based on eligible monthly clients (with an OUD or stimulant use disorder) is below.*

<i>Clients Admitted Monthly</i>	<i>FTE Need for GPRA Compliance</i>
50	1 to 1.5
100	2 to 2.5

**11. Do we have to use all ten pages identified or the narrative?**

*No. Applicants may provide up to ten pages for the narrative and must include the headings. Brevity is preferred, with the level of details required as defined by the NOFO.*

Access to SAPTA Fee for Service Rate Schedule:

<http://dphh.nv.gov/uploadedFiles/dphh.nv.gov/content/Programs/ClinicalSAPTA/dta/Partners/19-002%20Fee%20For%20Service%20Rate%20Schedule.pdf>

**Note:** Fee-For-Service Medicaid and Fee for Service SAPTA have two different rate schedules. The SAPTA rates account for some of the administrative oversight that is required for agencies.