STEVE SISOLAK
*Governor*

LISA SHERYCH
*Administrator*

RICHARD WHITLEY, MS
*Director*

IHSAN AZZAM, Ph.D., MD
*Chief Medical Officer*

**State of Nevada**
**Department of Health and Human Services**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4126 Technology Way, Suite 200
Carson City, Nevada 89706
Telephone (775) 684-4190 • Fax (775) 684-4185
http://dpbh.nv.gov

# NOTICE OF FUNDING OPPORTUNITY (NOFO):

# FOR

# SUBSTANCE ABUSE PREVENTON AND TREATMENT AGENCY (SAPTA) SERVICES

**Release Date: May 14, 2020**

**Questions to be Submitted: On or before May 22, 2020, 3:00 p.m. PST**
Must be submitted to SLambert@DHHS.NV.GOV
with **NOFO SAPTA** in the subject line of the email.

**DEADLINE FOR APPLICATION SUBMISSION: MONDAY, JUNE 29, 2020, 3:00 P.M.**

***For additional information, please contact:***

Sheila D. Lambert
Project Manager | Southern Nevada Coordinator
Department of Health and Human Services
Director's Office, Grant Management Unit
Email: SLambert@DHHS.nv.gov

**DEPARTMENT OF PUBLIC AND BEHAVIORAL HEALTH**

**NOTICE OF FUNDING OPPORTUNITY (NOFO) SUMMARY**

**Notice of Funding Type:** New Award.

Any applicant who wants to be considered for funding under the Substance Abuse Prevention and Treatment Services Block Grant (SAPTA BG) or State Opioid Response Grant (SOR) must submit an application in compliance with this NOFA, pursuant to Code of Federal Regulations (CFR 200.318). **This includes any applicant that is currently receiving SAPTA or SOR funds that may want to request a continuation of that funding**. This NOFA may also be used for other state or federal grant awards (for up to four years) that are available for substance abuse prevention and treatment services.

**Funding Opportunity Award Type:** Grant

***Expected*** **Project Period:** October 1, 2020 – September 30, 2021 and/or
October 1, 2021 – September 30, 2022.

**Reporting Periods:** Monthly or Quarterly, as defined in Notice of Subgrant Award (NOSA).

**Estimated Number of Awards:** 10-30 awards, with awards ranging from $100,000 - $750,000

**Estimated Dollar Available:** $7-15 million

**Award Restrictions:** There are two expected project periods. The first project period begins October 1, 2020 and ends **on or** before September 30, 2021. The second project period begins October 1, 2021 and ends **on or** before September 30, 2022. All awards have the potential to be extended based on funding, performance and program needs. A scope of work with timeline and budget must be submitted as part of the application. *SAPTA Block Grant Funds (SAPTA BG) cannot be carried over.* All funding is subject to change, based on the availability of funds, federal awards, and the state needs. **By submitting an application to this NOFA, there is no guarantee of funding or funding at the level requested.**

| NOFA Timeline | |
|---|---|
| **Task** | **Due Date/Time** |
| Request for Approach (NOFA) Released | 05/14/2020 |
| Deadline for submission of written questions | 05/22/2020, 3:00 PST |
| Deadline for written response to submitted written questions | 05/30/2020, 3:00 PST |
| **Deadline for submission of application** | **06/29/2020, 3:00 PM PST** |
| Evaluation Period, on or before | 07/14/2020 |
| Funding Decisions, Applicants Notified on or before | 08/01/2020 |
| Completion of contract/subgrant awards, on or before | 09/30/2020 |
| Notice to Proceed (NTP)/Project Start Date, on or after | 10/01/2020 |
| Grant Period – Year Two, no carryovers. | 10/01/2020 – 09/30/2021 |
| Grant Period – Year Three, no carryovers. | 10/01/2021 – 09/30/2022 |

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# I. FUNDING OPPORTUNITY INTRODUCTION

## 1. Background

This Notice of Funding Announcement (NOFA) is intended to solicit applications for the Community Substance Abuse Prevention and Treatment Agency (SAPTA) Block Grant as authorized by Section 1921 of Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act Title 42, Chapter 6A, Subchapter XVII of the United States Code. In addition, this NOFA will be used for other federally funded programs such as the State Opioid Response (SOR) or other substance abuse program grants.

The United States Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA) oversees the SAPTA Block Grants as well as the SOR grants. The State of Nevada Department of Health and Human Services (DHHS), Division of Pubic and Behavioral Health (DPBH) serves as the Single State Authority (SSA) over the SAPTA in Nevada.

The SAPTA is part of the Bureau of Behavioral Health Wellness and Prevention (BBHWP) within the DPBH. Pursuant to NRS 458.025 and the Nevada Administrative Code (NAC) 458, SAPTA has the regulatory authority to govern the substance-related prevention and treatment programs and services. The role of the SSA with respect to the delivery of substance use disorder (SUD) services includes: 1) formulation and implementation of a state plan for prevention, early intervention, treatment, and recovery support; 2) statewide coordination and distribution of all state and federal funding (tax dollars, general fund, and grants) for community-based public and nonprofit organizations; 3) development and publication of standards for certification, such as the requirement that certified programs adopt evidenced-based programs and practices; and 4) certification of facilities, programs, and services. SAPTA updated its strategic plan with a focus on promoting healthy behaviors and reducing the impact of substance use and co-occurring disorders for Nevada's residents and communities.

The SAPTA priorities reflect the health care system's strong emphasis on coordinated and integrated care along with the need to improve services for persons with mental health and substance use disorders (M/SUD). For the grant purposes, Nevada is utilizing the following definition of Substance Misuse and Substance Use Disorders (SUD) and Co-Occurring Disorders, respectively: A SUD occurs when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), a diagnosis of a substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. **Co-Occurring Disorders** are defined as individuals with the coexistence of both a mental health and substance use disorder who are more likely than people without mental health disorders to experience an alcohol or substance use disorder. Cooccurring disorders can be difficult to diagnose due to the complexity of symptoms, as both may vary in severity. In many cases, people receive treatment for one disorder while the other disorder remains untreated. Nationally, nearly one in four adults with serious mental illness also experienced a substance use disorder in the previous year.

## 2. Purpose

The SAPTA administers programs and activities that provide community-based prevention and treatment. The SAPTA grant(s) provide Nevada service agencies with a degree of flexibility to design and implement substance use and co-occurring related services and activities to address the complex needs of individuals, families, and communities SUD specific to our population as defined by the SAPTA Strategic Plan. In order to ensure that the block grant program or other federally funded activities continue to support the needed and necessary services for the identified Nevada target population(s), SAMHSA has indicated that SAPTA may use grants:

1) To fund priority treatment and support services for individuals without insurance, underinsured or for whom coverage is terminated for short periods of time;

2) To fund those priority treatment and support services not covered by Children's Health Insurance Program (CHIP), Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery; and

3) To collect performance and outcome data for mental health and substance use, determine the ongoing effectiveness of promotion, treatment and supportive services and to plan the implementation of new services.

## 3. Target Population

Nevada's NOFA focuses on the following target populations. All grant applications must identify at least one of the following target populations.

- Pregnant Women and/or Women with dependent children
- Youth and Adolescents, including the transitional youth population (TAY)
- Individuals (Adults) with co-occurring M/SUD
- Intravenous drug user (individuals who inject drugs)
- Those who are involved with the criminal justice system

## 4. Eligible Entities

The block grant and federal grant authorizing legislation implementation regulations prohibit the assistance to any entity other than a ***public (government entity excluding local mental health authorities) or a nonprofit entity/organization*** and requires that funding be used only for authorized activities[1] as defined by the state needs assessment and strategic priorities.

Nevada is seeking applications from **public or non-profit agencies** who:

1) Have not less than one (1) year as a DPBH, SAPTA Certified Provider (http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Providers/SAPTAProviders).

[1] http://www.samhsa.gov/grants/block-grants/laws-regulations

Pursuant to Nevada Revised Statute (NRS) 458 and Nevada Administrative Code (NAC) 458, a program must be certified by DPBH to be eligible for any state or federal money for alcohol or drug abuse programs administered for the prevention or treatment of substance-related disorders **OR** have not less than two (2) years of providing direct services to at-risk populations and the ability to become SAPTA Certified within six (6) months.

2) Are registered with the Nevada Secretary of State, if applying as a non-profit, and have the appropriate business license as defined by law in the county/city of geographic location.
3) Do not have any provider or board member of organization identified as subject to the Office of Inspector General (OIG) exclusion from participation in federal health care programs (42 CFR 1001.1901).
4) Are able to comply with the Third-Party Liability (TPL) for any or all the expenditure(s) that would be payable by another private or public insurance.
5) Are registered as a Nevada vendor by time of application – Registration can be submitted to: http://purchasing.nv.gov/Vendors/Registration/.
6) Have an active DUNS/EI number.
7) Are able to provide services within 30-days of **Notice of Subgrant Award** (NOSA) if currently SAPTA certified, or within 30-days of obtaining SAPTA certification if applying based on a minimum of two years of previous experience with ability to become SAPTA certified within six (6) months.

## 5. Ineligibility Criteria

DPBH will consider the following criteria as potential reasons for applicant disqualification for consideration of award.

1) **Incomplete application**. 1) Failure to meet application requirements as described; and/or 2) Omission of required application elements as described.
2) **Insufficient supporting detail provided in the application.** DPBH will not review applications that merely restate the text within the NOFO. Applicants must detail their approach to achieving program goals and milestones. Reviewers will note evidence of how effectively the applicant includes these elements in its application.
3) **Inability or unwillingness to collect and share monitoring and evaluation data** with DPBH or its contractors.
4) **Program Integrity concerns**. DPBH may deny selection to an otherwise qualified applicant based on information found during a program integrity review regarding the organization, community partners, or any other relevant individuals or entities.
5) **Disregard of maximum page limits** stipulated in the NOFO.
6) **Late submission** of an application, regardless of reason.
7) **Supplanting Funds**: Federal grant dollars must be used to supplement (expand or enhance) existing funds for program activities and must not replace those funds that have been appropriated for the same purpose.

## 6. Matching Fund Requirements

The SAPTA or SOR Grant does not require a partner match.

# II. PROJECT SPECIFIC INFORMATION

## 1. Vision and Guiding Principles

All program activities are to be provided under the Values and Guiding Principles established by Substance Abuse and Treatment Agency, Bureau of Health Wellness and Prevention, Strategic Plan (2017-2020) approved by the Behavioral Health Planning and Advisory Council (BHPAC).
**The SAPTA Strategic Framework has adopted the following guiding values**:

- ➢ Data-driven decision making
- ➢ Comprehensive, coordinated, and integrated services
- ➢ Affordable and timely care that meets state quality assurance standards
- ➢ Culturally and linguistically appropriate services
- ➢ Well-trained and incentivized workforce sufficient to meet community needs
- ➢ Accountable to the people who are served, local communities, and the public

## 2. State Strategic Plan Compliance

In compliance with SAMHSA, the SSA is responsible to administer the funds in response to an integrated and strategic plan that includes the use of available data to identify strengths, needs, and services for specific populations. By identifying needs and gaps, DPBH has prioritized and establishes Nevada specific goals, objectives, strategies, and performance indicators. Nevada's SAPTA, Bureau of Behavioral Health, Wellness and Prevention, Strategic Plan (2017-2020) serves as Nevada's guiding document. For more information, this document can be found at: http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/ClinicalSAPTA/SAPTA%20Strategic%20Plan_2017-2020.pdf.

In addition, DPBH has developed the SAPTA Capacity Assessment Report for Nevada, which identifies priorities and a capacity analysis, which can be viewed at: http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/ClinicalSAPTA/Nevada%20Capacity%20Assessment%20Final%207%2015%2019.pdf.

Section 1921 of the PHS Act (42 U.S.C.§ 300x-21) authorizes the States to obligate and expend SABG funds to plan, carry out and evaluate activities and services designed to prevent and treat substance use disorders. The follow criterion is being targeted for this NOFA.

> **Criterion 1:** Statewide Plan for Substance Use Disorder Prevention, Treatment and Recovery Services for Individuals, Families and Communities.

**Criterion 2**: **Pregnant Women and Women with Dependent Children.** The authorizing legislation and implementing regulation established a 5 percent set-aside that was applicable to the FFY 1993 and FFY 1992 SABG Notices of Award. For FFY 1994 and subsequent fiscal years, States have been required to comply with a performance requirement that the States are required to obligate and expend funds for SUD treatment services designed for such women in an amount equal to the amount expended in FFY 1994.

**Criterion 3: Persons Who Inject Drugs.** The authorizing legislation and implementing regulation established two performance requirements related to persons who inject drugs: (1) Any programs that receive SABG funds to serve persons who inject drugs must comply with the requirement to admit an individual requesting admission to treatment within 14 days and not later than 120 days; and (2) outreach to encourage persons who inject drugs to seek SUD treatment

**Criterion 4**: **Group Homes for Persons in Recovery from Substance Use.** The authorizing legislation and implementing regulation provide states with the flexibility to establish and maintain a revolving loan fund for the purpose of making loans, not to exceed $4,000, to a group of not more than six individuals to establish a recovery residence.

**Criterion 5: Referrals to Treatment and Coordination of Ancillary Services**. The authorizing legislation and implementing regulation require States to promote the use of standardized screening and assessment instruments and placement criteria to improve patient retention and treatment outcomes.

### 3. System Goals and Strategies

Nevada needs align with SAMHSA's strategic initiatives.

A. **GOAL 1**: Ensure there is a continuum of high-quality recovery support and care to achieve and maintain stability.
B. **GOAL 2:** Ensure individuals have access to appropriate, timely services in the most integrated setting based on a self-determination plan.
C. **GOAL 3:** Ensure a system that prevents inappropriate incarceration, hospitalization, institutionalization, or placement.

The primary focus of the SAPTA is to provide treatment to individuals with SUD. SAPTA Programs can also support coordination, navigation, or case management of SUD with other transition support services**.** SAPTA may also fund supportive services essential to provision of SUD services. These essential services must **address gaps in services** that may **prevent** individuals from **accessing and/or participating** in SUD program. Client services to be provided as part of the proposed project must seek to target the four dimensions of recovery.
Grantees are required to implement, track, and monitor recovery-oriented, quality M/SUD.

As part of the necessary services, programs may choose to focus on addressing the opioid crisis by increasing access to medication-assisted treatment using the three Federal Drug Administration (FDA) approved medications for the treatment of opioid used disorder (OUD), which includes the illicit use prescription opioids, heroin, and fentanyl/fentanyl analogs. The program may also support evidence-based services to address stimulant misuse and use disorders, including for cocaine and methamphetamine

**The four dimensions of recovery:**

A. **Health:** *Overcoming or managing one's disease(s) or symptoms — for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an substance use issue — and for everyone in recovery making informed and healthy choices that support physical and emotional wellbeing.*
   1. Promote treatment, health, and recovery-support services for individuals with mental health and/or substance use disorders.
   2. Promote health, wellness, and resiliency. • Promote recovery-oriented service systems.
   3. Engage individuals in recovery and their families in self-directed care, shared decision-making and person-centered planning.

B. **Home:** *A stable and safe place to live.*
   1. Ensure that supported independent housing and recovery housing are available for individuals with mental health and/or substance use disorders.
   2. Improve access to mainstream benefits, housing assistance programs, and supportive services for people with mental health and/or substance use disorders.
   3. Build leadership, promote collaborations, and support the use of evidence-based practices related to permanent supportive housing and recovery housing.
   4. Increase knowledge of the M/SUD field about housing and homelessness among people with mental health and/or substance use disorders.

C. **Purpose:** *Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.*
   1. Increase gainful employment and educational opportunities for individuals with or in recovery from mental health and/or substance use disorders.
   2. Increase the proportion of individuals with mental health and/or substance use disorders who are gainfully employed and/or participating in self-directed educational endeavors.
   3. Develop employer strategies to address national employment and education disparities among people with identified M/SUD problems.
   4. Implement evidence-based practices related to employment and education for individuals with mental health and/or substance use disorders.

D. **Community:** *Relationships and social networks that provide support, friendship, love, and hope.*
   1. Promote peer support and the social inclusion of individuals with or in recovery from mental health and/or substance use disorders in the community.
   2. Increase the number and quality of consumer/peer recovery support specialists and consumer-operated/peer run recovery support service provider organizations.
   3. Promote the social inclusion of people with mental health and/or substance use disorders.

## 4. Key Priority Service Areas

To further the missions of the DPBH, this NOFO seeks partners whose proposals are focused on ***achieving positive outcomes***. The overarching objective is to improve the health and well-being of the children and families served while influencing positive change in Nevada communities.

To reach this goal, collaborations with school-related settings, health care agencies, and/or community organizations is ***required*** to address the clients holistically. A holistic approach recognizes the connection of health care to social services as equal partners in planning, developing programs, and monitoring patients to ensure their needs are met. Social determinates include factors like socio-economic status, education, the physical environment, and access to services. Underserved, low-income, and disparate populations have access to care issues. Access to services for this population is strained and requires innovative approaches on behalf of agencies in order to address these issues. Access barriers may include transportation limitations, cultural and linguistic differences, disabilities, and many other factors that may impede patients from accessing services. Agencies are encouraged to be creative to meet the needs of Nevada's families, especially those who are difficult to reach, and weave the philosophy of a holistic-centered approach into their proposals. Agencies must have the ability to address TPL. Applications should follow the American Society of Addiction Medicine (ASAM) Levels of Care.

Applicants must demonstrate current SAPTA certification or have a minimum of two years of experience with the ability to become SAPTA certified within six (6) months. Pursuant to NRS 458 and NAC 458, no funding shall be provided for any services for any provider that is not SAPTA certified.

Applicants may submit more than one application. However, each application must identify only ***one*** target population of either 1) Adults, 2) Youth/Adolescents or 3) Pregnant Women and/or Women with Dependent Children. For the identified target population, the applicant shall define ***one*** of the key priority service areas, listed in no specific order of importance. Applicants who choose to submit for more than one application must follow the same criteria for each application and must apply for a different population or service areas. If more than one application is submitted for same target population and service areas, DPBH may only consider the application submitted first or disqualify the agency. For more information on DPBH criteria for the Certification

of Programs through SAPTA per NAC 458, please follow this link: http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/ClinicalSAPTA/dta/Partners/Certification/Division%20Criteria-SAPTA%2012.2017_FINAL.pdf.

The DPBH Behavioral Health Wellness and Prevention (BHWP) operates on the Fee-For-Service (FFS) model based on provider capacity. The Adult and Youth Cohorts do not allow line items in the budget narrative for direct service staff as the funding is based on actual services performed. All direct services are based on the February 8, 2019 FFS Rate Schedule, included in Section X. For the Pregnant Women or Women with Children Cohort, budget line items ***may*** include direct staff with appropriate justification (i.e. Community Health Worker). There is no indirect permitted on direct services.

**For the adult populations, applicants will select one service area from the below priority service activities.**

**Target Population Adults (A)**

- **Target A1: Criminal Justice Diversion:** Agencies should identify programs focused on reducing the human and fiscal cost and consequences of repeated arrests and incarceration for people with mental health and substance use issues. Specific focus should be to improve access to SUD and supportive services to individuals involved in the criminal justice system. Agencies should provide details of a plan to: 1) identify individuals involved with the criminal justice system that have SMI/SUD; 2) use evidence based screenings and assessment to individuals with mental health and substance use disorders; 3) Pre- and post-adjudication using evidence-based screening and assessment to ensure comprehensive treatment, supports, and services; 4) Diversion of individuals from the justice system into home- and community-based treatment; 5) Assurance of equity of opportunities for diversion and linkage to community services and supports for all populations in order to decrease disproportionate minority contact with the justice system; and/or be part of providing services for those releasing from prison or jail as part of a reentry program. Applicants must utilize evidence-based models and should consider utilizing the Restorative Justice Model or similar approaches that include the flexibility to keep processes victim centered. The approaches should maintain a balance between public safety and providing a path for individuals in the criminal justice system to get treatment resulting in lasting change.

- **Target A2: Transitional Housing:** Transitional Housing should include intensive coordinated services to support individuals struggling with SUD. Transitional Housing Services consist of a supportive living environment for individuals who are receiving substance use treatment in a SAPTA Certified Intensive Outpatient or Outpatient program who are without appropriate living alternatives. Individuals admitted to transitional housing services must be concurrently admitted to a Level 1 Outpatient or Level 2.1 Intensive Outpatient program per an assessment. The American Society of Addiction Medicine (ASAM) 6-Dimensional Assessment must be reviewed to ensure there is sufficient risk in Dimension 6: Recovery Environment. Please refer to the link above for DPBH criteria for Transitional Housing. Funding for

transitional housing supports does not include capital expenses. However, it may include equipment and/or operational supplies to create or expand the number of beds available for the community. New residential supportive housing should demonstrate the ability to become operational within six (6) months of Notice of Subgrant Award (NOSA) and must also be able to address third-party liability for eligible services.

- **Target A3: Community-Based Treatment:** Community based-treatment must be focused on the ASAM Level 1 (Outpatient Services) and Level 2.1 (Intensive Outpatient Services). The ASAM criteria is used in treatment and how professionals, such as physicians and providers, determine what services are appropriate. The ASAM criteria also works to standardize treatment and planning for integrated care.

  Level 1 programs are appropriate in many situations as an initial level of care for patients with less severe disorders; for those who are in early stages of change, as a "step down" from more intensive services; or for those who are stable and for whom ongoing monitoring or disease management is appropriate. Adult services for Level 1 programs are provided less than 9 hours weekly; individuals recommended for more intensive levels of care may receive more intensive services. ***Therapies:*** Level 1 outpatient services may offer several therapies and service components, including individual and group counseling, motivational enhancement, family therapy, educational groups, occupational and recreational therapy, psychotherapy, MAT, or other skilled treatment services. Level 2 programs provide essential addiction education and treatment components. Level 2.1 intensive outpatient programs provide 9–19 hours of weekly structured programming for adults. Programs may occur during the day or evening, or on the weekend. ***Therapies:*** Level 2.1 intensive outpatient services include individual and group counseling, educational groups, occupational and recreational therapy, psychotherapy, MAT, motivational interviewing, enhancement and engagement strategies, family therapy, or other skilled treatment services.

  Agencies should focus on crisis community-based treatment or therapy that is focused on supporting the client to maintain relationships, friendships, jobs or school while receiving evidence-based treatment. Agencies should be prepared to detail relationships with other organizations for referrals and supportive services.

- **Target A4: Residential treatment:** Residential treatment is a commonly used direct intervention for individuals with co-occurring mental health and substance use disorders who need structured care. Treatment occurs in nonhospital, ***licensed, and certified residential*** facilities. Any proposed application for residential treatment must be certified by SAPTA pursuant to NRS 458 and NAC 458 and be licensed by the Bureau of Health Care Quality and Compliance (HCQC), pursuant to NRS 449 and NAC 449. Models vary, but all proposed models must demonstrate the ability to provide safe housing and medical care in a 24-hour recovery environment. Funding for residential treatment does not include capital expenses. It may include equipment/operational supplies to create or expand the number of residential treatment beds in the community. Any new residential treatment must provide

ensure that facilities would be operational and SAPTA certified within six (6) months of NOSA and be able to address third-party liability for eligible services. Residential treatment must be identified as part of the client's service plan. Applicants would be encouraged to review the Division Criteria for the Certification of Programs to review to include services available for payment under SAPTA to include, but not limited to Withdrawal Management for Level 3.2 and Level 3.5 Clinically Managed High-Intensity Residential.

- **Target A5: Multi-Service Program Delivery** must include at least three of the four programs 1) A1: Criminal Justice Diversion, A2: Transitional Housing, 2) A3: Community-based treatment **and/or** 3) A4: Residential Treatment serving the adult population. Applicants should refer to the requirements in A1, A2, A3 and A4 above for service delivery requirements. Applicants applying for the multi-service program delivery must have existing SAPTA certification in at least two of three programs, with the ability to get SAPTA certified within six months of the NOSA for the third program. Any proposed application which includes residential treatment must be certified by SAPTA pursuant to NRS 458 and NAC 458 and be licensed by the Bureau of Health Care Quality and Compliance (HCQC), pursuant to NRS 449 and NAC 449. Funding for residential or transitional housing supports does not include capital expenses. However, it may include equipment and/or operational supplies to create or expand the number of beds available for the community. Applications must demonstrate third-party liability for eligible services.

**For the Youth/Adolescent populations, applicants will select one service area from the below priority service activities.**

**<u>Target Population Youth/Adolescents (Y)</u>**

- **Target Y1: Juvenile Justice Diversion:** Agencies should integrate ASAM criteria for adolescents to identify programs focused on reducing the human and fiscal cost and consequences of repeated arrests and incarceration for youth and adolescents with mental health and substance use issues. Specific focus should be to improve access to SUD and supportive services to individuals involved in the criminal justice system. Agencies should provide details of a plan to: 1) identify individuals involved with the criminal justice system that have SMI/SUD; 2) use evidence based screenings and assessment to individuals with mental health and substance use disorders; 3) Pre- and post-adjudication using evidence-based screening and assessment to ensure comprehensive treatment, supports, and services; 4) Diversion of individuals from the justice system into home- and community-based treatment; 5) Assurance of equity of opportunities for diversion and linkage to community services and supports for all populations in order to decrease disproportionate minority contact with the justice system; and/or be part of providing services for those releasing from prison or jail as part of a reentry program. Applicants must utilize evidence-based models and should consider utilizing the Restorative Justice Model or similar approaches that include the flexibility to keep processes victim centered. The approaches should maintain a balance between

public safety and providing a path for individuals in the criminal justice system to get treatment resulting in lasting change.

- **Target Y2: Transitional Housing:** Transitional housing includes intensive coordinated services to support youth and adolescents struggling with SUD. Funding for residential transitional housing supports does not include capital expenses. Transitional Housing Services consist of a supportive living environment for individuals who are receiving substance use treatment in a SAPTA Certified Intensive Outpatient or Outpatient program who are without appropriate living alternatives. Individuals admitted to transitional housing services must be concurrently admitted to a Level 1 Outpatient or Level 2.1 Intensive Outpatient program per an assessment. The American Society of Addiction Medicine (ASAM) 6-Dimensional Assessment must be reviewed to ensure there is sufficient risk in Dimension 6: Recovery Environment. Please refer to the link above for DPBH criteria for Transitional Housing. Funding for transitional housing supports does not include capital expenses. However, it may include equipment and/or operational supplies to create or expand the number of beds available for the community. New residential supportive housing should demonstrate the ability to become operational within six (6) months of Notice of Subgrant Award (NOSA) and must also be able to address third-party liability for eligible services.

- **Target Y3: Residential treatment:** Residential treatment is a commonly used direct intervention for individuals with co-occurring mental health and substance use disorders who need structured care. Treatment occurs in nonhospital, ***licensed, and certified residential*** facilities. Any proposed application for residential treatment must be certified by SAPTA pursuant to NRS 458 and NAC 458 and be licensed by the Bureau of Health Care Quality and Compliance (HCQC), pursuant to NRS 449 and NAC 449. Models vary, but all proposed models must demonstrate the ability to provide safe housing and medical care in a 24-hour recovery environment. Funding for residential treatment does not include capital expenses. It may include equipment/operational supplies to create or expand the number of residential treatment beds in the community. Any new residential treatment must provide ensure that facilities would be operational and SAPTA certified within six (6) months of NOSA and be able to address third-party liability for eligible services. Residential treatment must be identified as part of the client's service plan. Applicants would be encouraged to review the Division Criteria for the Certification of Programs to review to include services available for payment under SAPTA to include, but not limited to Withdrawal Management for Level 3.2 and Level 3.5 Clinically Managed High-Intensity Residential.

- **Target Y4: Youth/Adolescent Community Based Services**: To ensure adolescents in Nevada have access to high quality out-patient SUD treatment, agencies should identify how they will provide and/or increase services and supports for adolescents. This should include increasing school-based or at-risk community center program services while collaborating with schools, community centers, and providing both child and family services. Services must be focused on American Society of Addiction Medicine (ASAM) Level 1 (Outpatient Services) and Level 2.1

(Intensive Outpatient Services). The ASAM criteria is used in treatment and how professionals, such as physicians and providers, determine what services are appropriate. The ASAM criteria also works to standardize treatment and planning for integrated care.

Level 1 is appropriate in many situations as an initial level of care for patients with less severe disorders; for those who are in early stages of change, as a "step down" from more intensive services; or for those who are stable and for whom ongoing monitoring or disease management is appropriate. Adolescent services for Level 1 programs are provided less provided less than 6 hours weekly; individuals recommended for more intensive levels of care may receive more intensive services. ***Therapies:*** Level 1 outpatient services may offer several therapies and service components, including individual and group counseling, motivational enhancement, family therapy, educational groups, occupational and recreational therapy, psychotherapy, MAT, or other skilled treatment services. Level 2 programs provide essential addiction education and treatment components. Level 2.1 intensive outpatient programs provide 6–19 hours of weekly structured programming for adolescents. Programs may occur during the day or evening, on the weekend, or after school for adolescents. ***Therapies:*** Level 2.1 intensive outpatient services include individual and group counseling, educational groups, occupational and recreational therapy, psychotherapy, MAT, motivational interviewing, enhancement and engagement strategies, family therapy, or other skilled treatment services.

Activities proposed may include: Crisis services; mental/behavioral health counseling, psycho-education, outpatient treatment, Intensive Outpatient Programs (IOP), wrap around response, family peer support and/or habilitation services. Agencies should focus on crisis community-based treatment or therapy that is focused on supporting the client to maintain relationships, friendships, jobs or school while receiving evidence-based treatment. Agencies should be prepared to detail relationships with other organizations for referrals and supportive services.

- **Target Y5: Multi-Service Program Delivery** must include at last three of the above four programs: 1) Y1 Juvenile Justice Diversion, 2) Y2: Transitional Housing, 3) Y3: Youth/Adolescent Community-based treatment **and/or** 4) Y4: Residential Treatment serving the youth-adolescent population. Applicants should refer to the requirements in Y1, Y2, Y3 and Y4 above for service delivery requirements. Applicants applying for the multi-service program delivery must have existing SAPTA certification in at least three of four programs, with the ability to get SAPTA certified within six months of the NOSA for the third program. Any proposed application which includes residential treatment must be certified by SAPTA pursuant to NRS 458 and NAC 458 and be licensed by the Bureau of Health Care Quality and Compliance (HCQC), pursuant to NRS 449 and NAC 449. Funding for residential or transitional housing supports does not include capital expenses. However, it may include equipment and/or operational supplies to create or expand the number of beds available for the community. Applications must demonstrate third-party liability for eligible services.

**For the Pregnant Women and Women with Dependent Children, applicants will select one service area from the below priority service activities.**

**Target Population Pregnant Women and Women with Dependent Children (P)**

- **Target P1: Transitional Housing:** Transitional Housing must include intensive coordinated services to support individuals struggling with SUD. Funding for residential housing supports does not include capital expenses. However, it may include equipment and/or operational supplies to create or expand the number of beds available for the community. New residential supportive housing must demonstrate the ability to become operational within six (6) months of NOSA and must also be able to address third-party liability for eligible services.

- **Target P2: Community-Based Treatment:** Community based-treatment should be focused on the American Society of Addiction Medicine (ASAM) Level 1 (Outpatient Services) and Level 2.1 (Intensive Outpatient Services). The ASAM criteria is used in treatment and how professionals, such as physicians and providers, determine what services are appropriate. The ASAM criteria also works to standardize treatment and planning for integrated care.

  ***Level 1*** programs are appropriate in many situations as an initial level of care for patients with less severe disorders; for those who are in early stages of change, as a "step down" from more intensive services; or for those who are stable and for whom ongoing monitoring or disease management is appropriate. Adult services for Level 1 programs are provided less than 9 hours weekly; individuals recommended for more intensive levels of care may receive more intensive services. ***Therapies:*** Level 1 outpatient services may offer several therapies and service components, including individual and group counseling, motivational enhancement, family therapy, educational groups, occupational and recreational therapy, psychotherapy, MAT, or other skilled treatment services.

  Level 2 programs provide essential addiction education and treatment components. Level 2.1 intensive outpatient programs provide 9–19 hours of weekly structured programming for adults. Programs may occur during the day or evening, or on the weekend.
  ***Therapies:*** Level 2.1 intensive outpatient services include individual and group counseling, educational groups, occupational and recreational therapy, psychotherapy, MAT, motivational interviewing, enhancement and engagement strategies, family therapy, or other skilled treatment services.

  Agencies should focus on crisis community-based treatment or therapy that is focused on supporting the client to maintain relationships, friendships, jobs, or school while receiving evidence-based treatment. Applicant must demonstrate that a coordinated and integrated service system is in place to meet the complex needs of both client and their families. Agencies should be prepared to detail relationships or provide Memorandums of Understandings (MOU) with other organizations for referrals and supportive services. For pregnant women and women with children, the

applicant must detail how services will be specific to this population and serve both 1) the mother; and 2) the child/children. Supportive Services such as local housing authorities, behavioral health, obstetrics/gynecological, MAT facilities, family assistances programs, including Temporary Assistance for Needy Families (TANF) and Medicaid, pediatricians, early intervention, and home visiting programs.

- **Target P3: Residential treatment:** Residential treatment is a commonly used direct intervention for individuals with co-occurring mental health and substance use disorders who need structured care. Treatment occurs in nonhospital, ***licensed, and certified residential*** facilities. Any proposed application for residential treatment must be certified by SAPTA pursuant to NRS 458 and NAC 458 and be licensed by the Bureau of Health Care Quality and Compliance (HCQC), pursuant to NRS 449 and NAC 449. Models vary, but all proposed models must demonstrate the ability to provide safe housing and medical care in a 24-hour recovery environment. Funding for residential treatment does not include capital expenses. It may include equipment/operational supplies to create or expand the number of residential treatment beds in the community. Any new residential treatment must provide ensure that facilities would be operational and SAPTA certified within six (6) months of NOSA and be able to address third-party liability for eligible services. Residential treatment must be identified as part of the client's service plan. Applicants would be encouraged to review the Division Criteria for the Certification of Programs to review to include services available for payment under SAPTA to include, but not limited to Withdrawal Management for Level 3.2 and Level 3.5 Clinically Managed High-Intensity Residential. Programs are responsible for partnering with healthcare professionals and/or facilities to insure that infants born during the residential stay are, if needed, brought safely through withdrawal, housing the infant with the mother and coordinating a full range of services for both mom and baby during and post treatment. It is important that treatment teams actively develop collaborative relationships with community partners that help to meet the long-term recovery goals of parenting individuals or the individual soon to be a parent as well as the health and safety needs of the child, and the family as a whole. Because navigating services is overwhelming for a person in recovery client will need assistance of staff to connect with resources such as housing, employment, child care, and other essential necessities to maintaining recovery after discharge.

- **Target P4: Multi-Service Program Delivery** must include at least two of the three programs: 1) P1: Transitional Housing, 2) P2: Youth/Adolescent Community-based treatment **and/or** 3) P3: Residential Treatment serving the pregnant women and/or women with women with children. Applicants should refer to the requirements in P1, P2 and P3 above for service delivery requirements. Applicants applying for the multi-service program delivery must have existing SAPTA certification in at least two of three programs, with the ability to get SAPTA certified within six months of the NOSA for the third program. Any proposed application which includes residential treatment must be certified by SAPTA pursuant to NRS 458 and NAC 458 and be licensed by the Bureau of Health Care Quality and Compliance (HCQC), pursuant to NRS 449 and NAC 449. Funding for residential or transitional housing supports does not include capital expenses. However, it may include equipment and/or operational

supplies to create or expand the number of beds available for the community. Applications must demonstrate third-party liability for eligible services.

**High need Services and resources that are limited in Nevada:**

- Wrap-around care
- Psychiatric care
- Detox
- Medication-Assisted treatment (MAT)
- Housing
- Transportation
- Outpatient services
- Community-based support
- Limited levels of care options, especially residential treatment services for women in Southern Nevada

A provider applying for women's set-aside should identify in their application how they plan to address some of the areas of need listed identified above.

### 5. Excluded Activities

Applicants should take note that this NOFA **does not** include the use of SAPTA funds for prevention or professional development activities. These funds cannot be used for individuals who are not diagnosed with a SUD.

### 6. Cultural Competence

DPBH expects all applicants to gather and utilize knowledge, information, and data about individuals, families, communities, and groups and integrate that information into clinical practices, standards and skills, service approaches, techniques, and evidenced-based initiatives to best address each client's treatment needs. Culturally competent care is a core value.

## III. GRANTEE RESPONSIBILITIES

### 1. SAPTA Grant Program Implementation

Nevada is focused on implementing a community mental health grant program to support SUD health programs providing services, treatment, and coordination supports. The SAPTA health grant program must: 1) Align with the mission, vision, and goals of the SAPTA Strategic Plan; 2) Support community programs providing SAPTA integrated services and treatment to individuals with SUD; 3) Coordinate health care services for individuals with SUD with other transition support services; 4) Foster community collaboration and coordination; 5) Encourage greater continuity of care for individuals receiving services through a diverse local provider network; and 6) Reduce the duplication of SUD services provided in the local service area.

In general, services include assessment and diagnosis, testing, basic medical and therapeutic services, crisis intervention, therapy (family, group, and individual), peer to peer, outpatient, intensive outpatient, medication management, and case management. Providers must demonstrate a minimum service endorsement of Co-Occurring Disorder Services Capable for Adults and Adolescents. A capable program can screen for co-occurring substance use and mental health services. For more information on service endorsements, please follow this link https://behavioralhealthnv.org/about/.

## 2. Data Collection and Reporting

### A. Data Collection

1. Collect data, including data collected using SAMHSA approved measurement instruments, at a minimum of pre and post service on each individual client served;

2. Document and track the amount of service received per client;

3. Collect standard demographic information for each client, such as gender, race, ethnicity, income, education, age; and,

4. Collect information on adverse events (including but not limited to hospitalization, justice involvement, suicide) avoided for program participants.

5. Comply with submitting data and information as part of the National Outcome Measurement System (NOMS) and Treatment Episode Data Set (TEDS) to DPBH's Central Data Repository (CDR). All applicant's must be able to extract data from each respective EHR systems to comply with the data collection measures.

### B. Performance Reports

Grantee will submit a Performance Report no later than thirty (30) calendar days after the end of each State Fiscal Quarter, which comprises the reporting period for that report.
Performance reports must show progress towards goals and services through defined data collection processes and measures. Specific outputs will be negotiated during the contract award process. DPBH anticipates negotiating performance measures using a standardized menu of outputs and outcomes, depending on the type of work funded.

**Examples of output measures to be reviewed and to be included in contracts may include, if appropriate, but are not limited to:**

- The number of unduplicated individuals served annually (by state fiscal year).
- The number of encounters, treatment/services provided, activities occurring per month.
- The percentage of service slots that are filled per month.

- The percentage of individuals that receive the intended number of service encounters.
- The percentage of individuals that receive the required screenings/assessments.
- The percentage of individuals who complete required survey instruments (e.g. satisfaction surveys).
- Increase in utilization of services, including behavioral health services by each sub population;
- Criminal Justice System involvement;
- School Attendance our Academic Performance;
- Demographics to include: Number, age, and gender of unduplicated patients seen each year; Workforce/Employment status; Housing status; Identified as part of a targeted population (homeless, veterans, LGBTQ, etc.); Number and percentage of clients screened for substance abuse disorders; Number and percentage of patients screened for behavioral health disorders.

**Examples of outcome areas include, but are not limited to:**

- Individuals will show improvements in client functioning after program participation (e.g. an ability to complete activities of daily living and basic functions with symptoms and/or does not disrupt activities or social interactions).
- Individuals will show improvements in autonomy after program participation (e.g. requiring less intervention and/or less-restrictive care, an ability to complete instrumental activities of daily living, and/or an ability to earn wages, maintain housing in the community, or access resources when needed).
- Individuals will show improved quality of life after program participation (e.g. self-reported satisfaction with life, fulfillment, and positive emotions and mood. The individual has positive social connections, is engaged with the community, and can achieve self-directed goals)
- SUD programs will show a decrease in occurrence of adverse events (including but not limited to hospitalization, justice involvement, suicide)
- Participants will report satisfaction with services and self-perceived improvement after program participation.
- Other outcome areas may include: 30-day use; stable housing; stable employment; percent of clients who complete treatment.

**3. Compliance of Application**

Applicant agrees to the following requirements of compliance with submission of an application.

1) If the applicant has not met performance measures of previous DHHS contracts, DHHS reserves the right to not award additional contracts.

2) Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purpose.

3) DHHS may conduct on-site subrecipient reviews annually, or as deemed necessary.

4) DHHS reserves the right during the contract period to renegotiate or change deliverables to expand services or reduce funding when deliverables are not satisfactorily attained.

5) The applicant, its employees and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an operational organization as defined under Eligible Organizations.

## 4. Program Income

Under Section 2 CFR §200.80, program income is defined as gross income earned by an organization that is directly generated by a supported activity or earned as result of the federal or state award during a specific period of performance. For programs receiving SAPTA funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives. Program income must be identified monthly on the Request for Reimbursement (RFR). All program funds must be expended prior to requested federal grant funds. Examples of where program funds have been used to augment program activities include, but are not limited to, outreach activities specific to program, bilingual telephone or program staff, improving Electronic Health Records (EHR), and/or telehealth equipment.

## 5. Licenses and Certifications

The Applicant, employees and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable for defined mental health direct services for children/youth and/or adults. Prior to award issuance, if selected, DPBH reserves the right to request that agencies provide documentation of all licenses and certifications which may include, but are not limited to licensing board requirements, SAPTA service endorsements, facility licensing requirements HCQC (ex: residential), county business license, proof of non-profit status, etc.

## IV. APPLICATION AND SUBMISSION INFORMATION

### 1. Technical Requirements

**A.** Completed applications must be submitted via mail to the DHHS-DBPH no later than **Friday, June 29, 2020, by 3:00 PM (Pacific Standard Time).** Proposal(s) must be delivered via email in PDF format to: SLambert@DHHS.NV.GOV. If you do not receive an acknowledgement of application receipt within 48 business hours, please send an email to with **Notification Status** in the subject line.

**The DPBH is not responsible for issues or delays in e-mail service**. Any applications received after the deadline may be disqualified from review. Therefore, the DPBH encourages organizations to submit their applications well before the deadline. No acknowledgements will be made for any submittal that arrives after the deadline has passed.

**B.** A complete application will require all items listed under the Application Checklist.

**C.** Formatting: Applicants are required to use ***11-point Arial Font, with 1.0" margins, double-spaced (unless specifically referenced as single spaced) and convert all items into one PDF document format. Submissions must abide by the maximum page limitations and exceeding identified limits may be cause for disqualification from review.***

**D.** Do not submit unsolicited materials as part of your application. Any unsolicited materials delivered or e-mailed to DPBH will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.

**E.** Complete the Application Checklist prior to submitting. The Application Checklist is for the benefit of the applicants and **is not** required to be included in the submission packet.

**F.** Once the application is submitted, no corrections or adjustments may be made. DPBH will consider corrections or adjusted prior to the issuance of a subgrant, should both the DPBH and the applicant agree on such changes or adjustments. Corrections or adjustments shall not be considered on any item that was considered critical to the consideration for the award.

## 2. Application Review Requirements

Applications that meet the basic minimum requirements will be evaluated using the following review criteria.

### A. Project Abstract Summary

A one-page abstract should serve as a succinct description of the proposed project and must include the target population, priority area, geographic area, services provided, the total budget, and a description of how the funds will be used. The abstract is often distributed to provide information to the public and the legislature, so write the abstract so that it is clear, accurate, concise, and without reference to other parts of the application. Applicant should identify how many individuals they have the capacity to serve, how many beds are in the facility (if appropriate). Personal identifying information should be excluded from the abstract. Abstract should be single spaced, and not exceed 500 words.

### B. Project Application Form

All applicants must complete the Project Application Form. Each letter corresponds to a field in the application that all applicants must complete. Missing information or unchecked boxes on the application form will result in an incomplete application. *Not to exceed four (4) pages.*

***A.*** **Organization Type.** Check the type of organization that is requesting funds.
***B.*** **Geographic Area of Service.** Check only one type of geographic area and provide a brief description of that area (up to 100 words).
***C.*** **Applicant Organization**. Enter the official name of the agency submitting the application. The address refers to the physical and mailing address of the applicant agency (the 9-digit zip code is required). DPBH will consider the application incomplete if the Federal Tax ID field or DUNS/EI field is incomplete.
***D.*** **Project Point of Contact (POC).** This field refers to the identified person at the applicant organization that DPBH may contact, with follow-up questions about the application. This is also the person DPBH may contact, with questions about quarterly reports, monthly financial claim forms, etc.
***E.*** **Fiscal Officer**. Enter the name of the person who will manage the fiscal requirements of the proposed project, if awarded. The Fiscal Officer must be someone other than the Project Point of Contact.
***F.*** **Key Personnel.** Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide identified services. List all such personnel in the provided table, adding additional rows as necessary. Include an up-to-date résumé and a copy of all required licenses for each person as an addendum to the application.
***G.*** **Target Population.** Organizations are required to select not less than (one) target population for the delivery of proposed services. Check at least one box.
***H.*** **Sub-Population of Focus:** Organizations "may" also identify a sub-population of the defined population in "G." If organizations select a sub-population,

organizations will be responsible to provide services and collect data/performance measures on the additional sub-population.

*I.* **Priority Area.** Organizations must ***only check one priority area***, per application. No more than one priority area should be defined in the application. Applicants may submit more than one application. Checking more than one priority area may result in disqualification. Organizations should define one priority area for either Adults or Juveniles, but not both.

*J.* **Third-Party Payers.** Some organizations bill third-party payers (e.g. insurance companies) for some mental health services. If the applicant does not bill any third-party payers, check the **No** box, and continue to field K. Otherwise, confirm by checking the **Yes** box and for each third-party payer organization and provide the specified financial information for the applicant's most recent, complete reporting period. Add rows to the table, if necessary

*K.* **Current Funding.** Some organizations receive funding (e.g. Federal grant dollars, foundation grants, donations, etc.) for mental health and/or behavioral health services. If the applicant does not receive funding, check the **No** box, and continue to field K. Otherwise, confirm by checking the **Yes** box and for each funding source, provide the name, type of funding, project period end date, and whole dollar amount. Add rows to the table, if necessary.

*L.* **SAPTA Block Grant or SOR Funding Capacity and Sustainability.** Organizations that have an active subgrant award and receive SAPTA funding should check **Yes**. If your organization does not have currently have an active SAPTA subgrant, check **No**. For applicants that have SAPTA funding, respond to clarification questions. For those applicants who do not have an active grant, go to M.

*M.* **Certification by Authorized Official**: The administrator, director, or other official ultimately responsible for this project/program must sign this document.

## C. Project Narrative

The applicant must provide a Project Narrative that articulates in detail the content requirements provided below and the specific criteria described Section II. Please include the title "Project Narrative" at the beginning of the Project Narrative. The project narrative should not exceed a total of ***ten pages*** double-spaced. **Page numbers and headings are required.**

The Project Narrative must include the following information under each subheading.

### 1. The Organization Description

The Organization Description should include the history of your organization demonstrating not less than one (1) year of operation as a DPBH, SAPTA Certified Provider OR two (2) years of experience and how the organization will become SAPTA certified within six (6) months. The applicant should detail its structure, information about major accomplishments of the organization, and relevant experience. Describe formal collaborations and/or existing Memorandums of Understanding (MOU) with established partners and relationships that will be important to carrying out the activities funded by the grant, and an explanation of how the description you provide makes your

organization an appropriate grantee. Describe organization's background and qualifications and experiences with the implementation of projects similar in scope and complexity to the Proposed Project. Provide at least three (3) examples of the applicant's success.

**2. Project Design and Implementation**

The Project Design and Implementation should provide a detailed description of the program that will be funded. Describe how the project will address the Target Population in Section II. The applicant must tie project activities/deliverables to objectives and deliverables in the program design. ***The applicant must include the 1) Number of clients that can be served, 2) the type and level of services that will be provided, and 3) the capacity of the organization to meet those goals. Information should include the size of the facility such as number of beds, clinical rooms, staff, etc.*** Applications that fail to include the above information on capacity and number individuals targeted will receive a zero for this section. Describe the goals of the project, how they will be achieved, the target population and/or subpopulation, and key priority services areas. Explain how the project will address the needs identified in SAPTA, BBHWP, Strategic Plan (2017-2020). The design and implementation should be based on the ASAM model for levels of care.

**3. Capabilities and Competencies**

Describe the capabilities of the applicant, the subrecipients, and/or contractors to successfully implement the project. This section should also state the competencies of the staff assigned to the project. Describe the roles, experiences, and tenure of key employees who will be running the day-to-day operations of the project.

**4. Plan for Collecting the Data**

Describe the process for collecting data and measuring project performance. Identify who will collect the data, who is responsible for performance measurement, and how the information will be used to guide and evaluate the project's impact. Describe the process to accurately collect data, including whether the agency has an electronic health record system.

## D. Scope of Work

Submit the below form to provide a description of the services proposed that includes goals, implementation timeline with key dates, activities, and deliverables ***(maximum of five pages) Single Spaced.*** This section should be written in complete sentences.

**Goal 1:** Describe the primary goal the program wishes to accomplish with this subaward.

| Objective | Activities \| Strategies | Due Date XX/XX/XX | Documentation Needed |
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**High Level Example:** An example of an objective would be to "provide residential treatment 3.1 to the adult male population in Clark County, Nevada."
Activities: 1. Provide residential treatment 3.1 to X number of homeless males, per month. 2. Provide X number of group therapy sessions to the homeless male population, estimate to be X per month.
Due Date: Monthly and annual estimates
Documentation Needed: Unduplicated program report which includes the number of individuals serviced, the number of services provided, average length of stay.
Remember: Collection of data is mandatory and is not considered an activity or strategy but is incorporated into the documentation needed.

**Goal 2:** Describe the most important secondary goal the program wishes to accomplish with this subaward.

| Objective | Activities \| Strategies | Due Date XX/XX/XX | Documentation Needed |
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| *Note to preparer: Line up activities, due dates and documentation as best as possible. | | | |

*** For each goal/objective, include implementation activities and due dates. There may be more than one Activity and Due Date per objective.**

## E. Budget

Provide a budget that is complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for program activities). **All proposals must include a detailed project budget for each project period requesting grant funding.** If one shot funding is requested, that should be identified in project period one only. The budget should be an accurate representation of the funds needed to carry out the proposed *Scope of Work* and achieve the projected outcomes over the grant period. If the project is not fully funded, the DPBH will work with the applicant to modify the budget, the Scope of Work and the projected outcomes**. Maximum of eight (8) pages.**

Applicants **must** use the budget template form (Excel spreadsheet) provided in this RFA. Use the budget definitions provided in the "Categorized Budgets" section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

The column for extensions (unit cost, quantity, total) on the budget narrative should include only funds requested in this application. Budget items funded through other sources may be included in the budget narrative description, but not in the extension column. **Ensure that all figures add up correctly and that totals match within and between all forms and sections.** The budget application must comply with 2 CFR 200.68 for Modified Total Direct Cost (MTDC) for determining if any indirect cost is permissible. Indirect cost may not be taken on direct services.

**Budget Funding Limitations:** For SAPTA programs, direct staff are only permitted for the Women set-aside cohort. FFS rates are enhanced Medicaid rates to incorporate activities for data and administration related to the grant.

1. **Personnel:** Employees who provide direct services are provided here. The Personnel section is for staff that are responsible, who work as part of the applicant organization, for whom the applicant organization provides a furnished work-space, tools, and the organization determines the means and the method of service delivery. Contractors include those staff who provide products or services independently, and provide their own workspace, tools, means and methods for completion. This is restricted to the Women/Children Cohort.

   **For example:**
   Intake Specialist | $20/hour X 40 hours/week X 52 weeks = $ 41,600
   Fringe = $41,600 X 15% (e.g. health insurance, FICA, workmen's comp) = $ 6,240
   Personnel Total = $ 47,840

   Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of

their time on grant activities. All others should be considered part of the applicant's indirect costs *(explained later).*

**2. Travel:**

Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and the state rate for mileage (currently 57.5 cents), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at https://www.gsa.gov/portal/category/26429.

**3. Operating**

***Supplies:*** List and justify tangible and expendable property, such as office supplies, printing, program supplies, etc., that are purchased specifically for this project. Generally, supplies do not need to be priced individually, but a list of typical program supplies is necessary.

***Occupancy:*** Identify and justify any facility costs specifically associated with the project, such as rent, insurance, as well as utilities such as power and water. If an applicant administers multiple projects that occupy the same facility, only the appropriate share of costs associated with **this grant project** should be requested in this budget. Note: Rent is not an allowable expense under occupancy for administrative services. That should be paid through indirect.

**Communications:** Identify, justify, and cost-allocate any communication expenses associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.

**4. Equipment**

Equipment is defined as 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. A computer that is valued at $1,200 is not considered equipment and should be requested in Operating. An X-Ray machine that costs $5,001 dollars, would be listed as equipment.

**5. Contractual/Consultant Services**

Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements or contracts must be maintained with each partner, and the applicant is

responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the DPBH. An example of a consultant would be a CPA that provides services to multiple agencies or firms and/or operates their own agency, in their own office, or on their own schedule. Another example would be an individual that provides intermittent, as-needed services and has the free-agency to determine how those services are developed or provided.

**6. Other Expenses**

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as client transportation, conference registrations etc. Sub-awards, mini-grants, stipends, or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

**7. Indirect Costs**

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: 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 that cannot be traced directly back to the grant project. Identify these costs in the narrative section, but do not enter any dollar values. If agencies have a federally approved indirect cost rate, that rate must be used. All other agencies may use the MTDC Base and Exclusions, currently at 10%. Indirect is not permitted to be used for direct service.

**F. Resume of Key Program Staff Member**

Provide the resume of the key staff member with the licensure or expertise in providing evidence-based services. This resume should not be more than two (2) pages long and should represent experience related to the proposed project. The DPBH receives the right to request additional resumes based on the proposed project (and included in the Project Information Form).

## 3. Scoring Matrix

| ***Field Name*** | ***Scoring Points or TR**** | ***Page Limit*** | |
|---|---|---|---|
| 1. Abstract | 5 | 1 | Single spaced, 500 words, Arial 11 Point Font |
| 2. Project Application | 15 | 5 | Must use attached form |
| 3. Narrative | 30 | 10 | Double-spaced, page numbered with headings as defined in RFA, Arial 11 |

| | | | |
|---|---|---|---|
| | | | Point Font (Tables may be single spaced) |
| 4. Scope of Work | 30 | 5 | Must use attached form, Arial 11 Point Font, may be single spaced |
| 5. Project Budget and Budget Justification | 15 | 8 | Must use attached form |
| 6. Resume of Project Manager | 5 | 2 | Project Manager with clinical expertise (through EBP and/or licensure) |
| | | **31** | **Total PAGES (CANNOT EXCEED)** |
| Total | 100 | | |
| Provisions of Grant Award is signed | TR | N/A | Signed and attached |
| Internal Controls Certification | TR | N/A | Signed and attached |
| ***Technical Requirement*** | | | |

## V. SELECTION PROCESS OF NOFO

DPBH has selected to use the Notice of Funding Opportunity (NOFO) process which describes the needs and existing goals under the SAPTA.

- The application must request funding within programmatic funding constraints.
- The application must be responsive to the scope of the solicitation.
- The application must include all items designated as basic minimum requirements.

### 1. RFA Review Process

Proposals received by the deadline will be reviewed as follows:

#### A. Technical Review

DHHS/DPBH staff will perform a technical review of each proposal to ensure that minimum standards are met. Proposals may be disqualified if they:

a. Are missing fundamental elements (i.e. abstract, application, narrative, scope of work or budget);
b. Do not meet the intent of the RFA; or
c. Are submitted by an entity that is financially unstable as evidenced by information gleaned from the submitted fiscal documents.

#### B. Evaluation

Applications that meet minimum standards will be forwarded to a review team selected by the DPBH. Reviewers will score each application, using the Scoring Matrix. In accordance with prevailing grant evaluation procedures, discussion

between applicants and reviewers will not be allowed during the scoring process. Requests must stand on their own merit.

**C. Program Priorities**

Projects applications shall not be selected solely on total scores but will also consider priority populations and shall be reviewed under each funding priority as defined in Section 2.4. Each proposed area of service will be reviewed separately. DPBH will make awards based on a combination of the grant proposals able to meet the needs of the target population and funding priorities in each section.

**D. Final Review – Director**

After reviewing and scoring the applications based on priority areas, the DPBH will submit funding recommendations to the DHHS Director, who will make the final funding decisions. Final decisions will be made by the DHHS Director based on the following factors:

a. Scores on the scoring matrix;
b. Geographic distribution between Clark County and the rest of the state;
c. Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding; and
d. Availability of funding

## 2. Notification Process

Applicants will be notified of their status with a Letter of Intent after July 2020 and all considerations have been made. DHHS/DPBH staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the DHHS/DPBH. These issues may include, but are not limited to:

- Revisions to the project budget;
- Revisions to the Scope of Work and/or Performance Indicators; and/or
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements or more frequent reviews, etc.).

Not all applicants who are contacted for final negotiations will necessarily receive an award. All related issues must be resolved before a grant will be awarded. **All funding is contingent upon availability of funds.** Upon successful conclusion of negotiations, DHHS staff will complete a written grant agreement in the form of a Notice of Subaward (NOSA). The NOSA and any supporting documents will be distributed to the subrecipient upon approval of the Subaward.

## 3. DISCLAIMER

DHHS reserves the right to accept or reject any or all applications. This NOFO does not obligate the State to award a contract or complete the project, and the State reserves the right to cancel solicitation if it is in its best interest. DPBH reserves the right to use this NOFA for grant funding for a period not to exceed four (4) years.

## 4. UPON APPROVAL OF AWARD

### A. Monthly Financial Status and Request for Reimbursement Reports

DHHS requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds. The monthly reports will be due by the 15th of the following month.

### B. Performance Reporting

Applicants who receive an award must collaborate with the DHHS in reporting quarterly on progress in meeting goals. Additional performance reports may be requested as instructed by the DHHS. Quarterly progress reports will be due by the 15th of the month following the end of the reporting quarter.

### C. Subrecipient Monitoring

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DPBH to the state oversight entities. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. At least one (1) board or executive level team member must also be available during the exit discussion. The subrecipient monitoring reports or action items will be sent to the subrecipient within 30 working days following the conclusion of the monitoring.

### D. Compliance with changes to Federal and State Laws

As federal and state laws change and affect either the DHHS process or the requirements of recipients, successful applicants will be required to respond to and adhere to all new regulations and requirements.

### E. Applicant Risk

Pursuant to the Part 200 Uniform Requirements, before award decisions are made, DPBH also reviews information related to the degree of risk posed by the applicant. Among other things to help assess whether an applicant that has one or more prior federal awards has a satisfactory record with respect to performance, integrity, and business ethics, DPBH checks whether the applicant is listed as excluded from receiving a federal award. In addition, if DPBH anticipates that an award will exceed $250,000 in federal funds, DPBH also must review and consider any information about the applicant that appears in the nonpublic segment of the integrity and performance system accessible through the Federal Awardee Performance and Integrity Information System, FAPIIS.

## VI. Application Form

### A. Organization Type

☐ Public Agency ☐ 501(c)(3) Nonprofit

### B. Geographic Area of Service

| | |
|---|---|
| ☐ Town/City | |
| ☐ County | |
| ☐ Region | |

### C. Applicant Organization

| | | |
|---|---|---|
| Name | | |
| Mailing Address | | |
| Physical Address | | |
| City | | NV |
| Zip (9-digit zip required) | | |
| Federal Tax ID # (xx-xxxxxxx) | | |
| DUNS No. | | |

### D. Program Point of Contact

| | | |
|---|---|---|
| Name | | |
| Title | | |
| Phone | | |
| Email | | |
| Same mailing address as section B? ☐ Yes ☐ No, use below address information | | |
| Address | | |
| City | | NV |
| Zip (9-digit zip required) | | |

**E. Fiscal Officer**

| | | |
|---|---|---|
| Name | | |
| Title | | |
| Phone | | |
| Email | | |
| Same mailing address as section B? ☐ Yes ☐ No, use below address information | | |
| Address | | |
| City | | NV |
| Zip (9-digit zip required) | | |

**F. Key Personnel (Add Rows if Required)**

| **Name** | **Title** | **Licensed?** |
|---|---|---|
| | Project Manager | ☐ Yes<br>☐ No |
| | Fiscal Manager | ☐ Yes<br>☐ No |
| | | ☐ Yes<br>☐ No |
| | | ☐ Yes<br>☐ No |
| | | ☐ Yes<br>☐ No |
| | | ☐ Yes<br>☐ No |

**G. Target Population (Select only <u>One</u>).**

☐ **(A)** Adults

☐ **(Y)** Youth/Adolescents

☐ **(P)** Pregnant Women and/or Women with Children

**H. Does applicant propose to have any subpopulation of focus as a secondary measure to the primary target population (<u>not required</u>), check all that apply.**

☐ Rural and Frontier residents

☐ Veterans

☐ Homeless

☐ Intravenous drug user (individuals who inject drugs)

**I. Priority Area (<u>Note – Applicants may not check more than one priority area).</u> Applicants may submit more than one application. Checking more than one priority area may result in disqualification. The priority service areas must match your population of focus in G.**

**Adults:**

- ☐ A1: Criminal Justice Diversion for Adults
- ☐ A2: Transitional Housing for Adults
- ☐ A3: Community-Based Treatment for Adults
- ☐ A4: Residential Treatment for Adults
- ☐ A5: Multi-Service Delivery which must include transitional housing, community-based treatment, and residential treatment.

**Youth/Adolescents:**

- ☐ Y1: Juvenile Justice Diversion
- ☐ Y2: Transitional Housing for Youth/Adolescents
- ☐ Y3: Residential Treatment
- ☐ Y4: Youth/Adolescent Community-Based Services
- ☐ Y5: Multi-Service Delivery which must include transitional housing, community-based treatment, and residential treatment.

**Pregnant Women and/or Women with Children:**

- ☐ P1: Transitional Housing for Pregnant Women with Dependent Children
- ☐ P2: Community-Based Treatment
- ☐ P3: Residential Treatment
- ☐ P4: Multi-Service Delivery which must include transitional housing, community-based treatment, and residential treatment.

**J. Third-Party Payers of Mental Health Services**

| Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for family planning services? ☐ Yes, specified below ☐ No | | | |
|---|---|---|---|
| **Third-Party Payers** | **Period** | **Billables Received ($)** | **Percentage of Operating Income (%)** |
| *Best Health Insurance* | *2017 YTD* | *130,000* | *10* |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**K. Current SAPTA (federal, state, and private funding). Add rows as required. Private funding may be identified as total. Any federal or state funds must be detailed out.**

| Funding | Type | Project Period End Date | Current or Previous Amount Awarded ($) |
|---|---|---|---|
| *Mental Health Block Grant Funding* | *Grant* | *April 2020* | *43,210* |
| | | | |
| | | | |
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**L. SAPTA Capacity and Sustainability**

**a) Does your organization currently receive SAPTA Funding? ☐ Yes ☐ No**

**b) SAPTA Funding is not awarded to your agency for FFY 21-22, would you continue existing operations?**

**☐ Yes ☐ Yes, but at reduced capacity ☐ No**

**c) If you responded Yes, but a reduced capacity or No, please define Impact (not to exceed 200 words):**

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**d) Define what you have done to increase sustainability efforts within the last three years (i.e. Medicaid billable, increased other forms of funding, e.g.) (not exceed 200 words)**

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## M. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the legislation governing the SAMHSA SAPTA Block Grant and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Statement of Grant Award.

| | |
|---|---|
| **Name (type/print):** | **Phone** |
| **Title** | **Email** |
| **Signature** | **Date** |

## VII. GENERAL PROVISIONS OF GRANT ACCEPTANCE OR AWARD

Applicability: This section is applicable to all subrecipients who receive finding from the Division of Public and Behavioral Health. The subrecipient 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
4. NRS 218G - Legislative Audits
5. NRS 458 - Abuse of Alcohol & Drugs
6. NRS 616 A through D Industrial Insurance
7. GAAP - Generally Accepted Accounting Principles and/or GAGAS Generally Accepted Government Auditing Standards
8. GSA - General Services Administration for guidelines for travel
9. The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention Policies and guidelines.
10. State Licensure and certification
    a. The Subrecipient is required to be in compliance with all State licensure and/or certification requirements.
11. The Subrecipient'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).
12. To the fullest extent permitted by law, Subrecipient 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 Subrecipient, its officers, employees and agents.
13. The subrecipient shall provide proof of workers' compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
14. The subrecipient 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;
15. The subrecipient 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).

16. The subrecipient 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 subgrantee serves minors with funds awarded through this sub-grant.
17. Application to 211 o As of October 1, 2017, the Subrecipient will be required to submit an application to register with the Nevada 211 system.
18. The Subrecipient 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.
19. The Subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
20. The Subrecipient 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.
21. The Subrecipient acknowledges that if the scope of work is NOT being met, the Subrecipient 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 Subrecipient 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.
22. "The Subrecipients 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: a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment. b. To purchase equipment over $1,000 without approval from the Division. c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds. d. To provide in-patient hospital services. e. To make payments to intended recipients of health services. f. 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. g. To provide treatment services in penal or correctional institutions of the State.
23. 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: Printed: 7/19/2019 8:58 PM - Nevada Page 4 of 9 Printed: 7/30/2019 6:29 PM - Nevada Page 4 of 9 Printed: 7/31/2019 11:40 AM - Nevada Page 4 of 9 Printed: 7/31/2019 3:16 PM - Nevada Page 4 of 9 Printed: 8/1/2019 6:16 PM - Nevada Page 4 of 9 Printed: 8/1/2019 6:16 PM - Nevada - OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022 Page 187 of 337

24. For subrecipients 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.
25. For subrecipients 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

26. 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.
27. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
28. Year-End Financial Report must be signed by the CEO or Chairman of the Board.
29. 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.
30. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must:
    a. List individual federal and State programs by agency and provide the applicable federal agency name. b. Include the name of the pass-through entity (State Program). c. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available. d. Include the total amount provided to the non-federal entity from each federal and State program.
31. 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

32. The auditor must: a. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS; b. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program; c. 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 federal program; d. 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; e. And, report any audit findings consistent with the requirements of 2 CFR Part 200, §200.516 Audit findings.
33. 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.
34. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following: a. 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; b. 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; c. 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 d. 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).
35. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the Printed: 7/19/2019 8:58 PM - Nevada Page 5 of 9 Printed: 7/30/2019 6:29 PM - Nevada Page 5 of 9 Printed: 7/31/2019 11:40 AM - Nevada Page 5 of 9 Printed: 7/31/2019 3:16 PM - Nevada Page 5 of 9 Printed: 8/1/2019 6:16 PM - Nevada Page 5 of 9 Printed: 8/1/2019 6:16 PM - Nevada - OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022 Page 188 of 337 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

36. 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.
37. 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.
38. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
39. 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.
40. The Subrecipient 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.
41. 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

42. 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.

Agreed to:

Signature:_____ Date:

Printed Name:
Title:

## VIII. FINANCIAL AND INTERNAL CONTROLS QUESTIONNAIRE

### ORGANIZATION FINANCIAL INFORMATION (for nonprofit organizations only)

1. According to your organization's most recent audit or balance sheet, are the total current assets greater than the liabilities?

   ☐ YES ☐ NO

2. Is the total amount requested for this SAPTA Program funding opportunity greater than 50% of your organization's current total annual budget?

   ☐ YES ☐ NO

### ACCOUNTING

3. Briefly describe your organization's accounting system and accounting processes, including:

   A. Is the accounting system computerized, manual, or a combination of both? If your accounting system is computerized, indicate the name of the financial software.

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   B. How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger?

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| |

   C. Your expenditure reports will be due by the 15th of each month. (If the 15th falls on a Saturday, Sunday, or State of Texas holiday, expenditure reports are due the next business day.) To ensure that you submit expenditure reports timely, please respond to the following:

      1) By what date must any Partner Organizations submit reimbursement requests to your agency (e.g., Partner Organizations must submit their reimbursement request, General Ledger report, and supporting documentation to us no later than the 10th of each month)?

2) By what date do you close the General Ledger (e.g., GL is closed no later than the 10th of each month)?

D. How are transactions organized, maintained, and summarized in financial reports?

Answer each of the following questions with either a “YES”, “NO”, or "NOT APPLICABLE" by checking the respective box.

4. The SAPTA has adopted the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) as the fiscal and administrative guidelines for this grant program. Is the staff who will be responsible for the financial management of your award familiar with these documents?

   ☐ YES ☐ NO

5. Does your organization have written accounting policies? Do your policies include policies on the procurement of goods/services?

   ☐ YES ☐ NO

6. Does your accounting system identify and segregate:

   - Allowable and unallowable costs;
   - Direct and indirect expenses;
   - Grant costs and non-grant costs; and
   - The allocation of indirect costs.

   ☐ YES ☐ NO

7. If your organization has more than one grant contract, does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each contract?

☐ YES ☐ NO ☐ NOT APPLICABLE

8. Are individual cost elements in your organization's chart of accounts reconciled to the cost categories in the approved budget?

☐ YES ☐ NO

9. Are your accounting records supported by source documentation (invoices, receipts, approvals, receiving reports, canceled checks, etc.) and on file for easy retrieval?

☐ YES ☐ NO

## GENERAL ADMINISTRATION AND INTERNAL CONTROLS

10. Does your organization have written personnel policies?

☐ YES ☐ NO

11. Does your organization have written job descriptions with set salary levels for each employee?

☐ YES ☐ NO

12. UGMS requires that any staff paid from State grant funds, such as SAPTA, to keep a record of time and attendance.

A. For staff funded 100% by the SAPTA grant, each staff person only needs to certify their time monthly. Both the employee and the employee's supervisor must sign the monthly certification of time worked.

B. For staff who split their time between the SAPTA grant and other funding sources, they will need to keep a time record or personnel activity reports, or equivalent documentation must meet the following standards:

1) They must reflect an after-the-fact distribution of the actual activity of each employee.
2) They must account for the total activity, for which each employee is compensated.
3) They must be prepared at least monthly and must coincide with one or more pay periods;
and
4) They must be signed by the employee and the supervisory official having first-hand knowledge of the work performed by the employee.

13. Does your organization maintain time allocated personnel activity reports that meet the above criteria?

☐ YES ☐ NO

14. Does your organization maintain personnel activity reports or equivalent documentation that meet the above criteria?

☐ YES ☐ NO

15. Are payroll checks prepared after receipt of approved time/attendance records and are
payroll checks based on those time/attendance records?

☐ YES ☐ NO

16. Are procedures in place to determine the allowability, allocability, and reasonableness of costs?

☐ YES ☐ NO

The Organizational Financial Information and Internal Controls Questionnaire must be signed by an authorized person who has completed the form or reviewed the form and can attest to the accuracy of the information provided.

Approved by:

Signature:_____ Date:

Printed Name:
Title:

## IX. Budget Form

http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/

## X. Fee-For-Service Rate Schedule

Listed below is the FFS Rate Schedule or you can access it at: http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/ClinicalSAPTA/dta/Partners/19-002%20Fee%20For%20Service%20Rate%20Schedule.pdf

STEVE SISOLAK
Governor

RICHARD WHITLEY, MS
Director

JULIE KOTCHEVAR, Ph.D.
Administrator

IHSAN AZZAM, M.D.
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way
Carson City, Nevada 89706
Telephone (775) 684-4200 • Fax (775) 687-7570
http://dpbh.nv.gov

# MEMORANDUM

DATE: February 8, 2019

TO: Subrecipients, Contractors, County Officials, and State Agencies

FROM: Brook Adie, Bureau Chief
Behavioral Health Wellness and Prevention

RE: Fee-For-Service Rate Schedule

During the last State Fiscal Year (SFY) 2018 (July 1, 2017 through June 30, 2018), the Bureau of Behavioral Health Wellness and Prevention (BBHWP) conducted monitors pursuant to Title 2 of the Code of Federal Regulations (CFR) section 200.331. During these monitors, BBHWP staff determined that there were various Fee-For-Service Rate Schedules distributed by BBHWP to treatment subrecipients. In these cases, the monitor findings related to this matter were issued to BBHWP via a corrective action plan. In an effort to be transparent and rectify this issue, please use the attached Fee-For-Service Rate Schedule for any Fee-For-Service BBHWP reimbursements. The attached rate schedule went into effect June 8, 2018. These rates will remain in effect until an official revised memorandum is released by BBHWP. Please review the attached rate schedule and compare it to your agency's SFY 2019 (July 1, 2018 through June 30, 2019) reimbursements to ensure that accurate rate schedule is being utilized. If your agency has determined that it used the incorrect rate schedule, please notify your designated analyst for more information. BBHWP will review this information and may require a final true-up reimbursement request for SFY 2019 subgrants. Failure to comply with this memorandum may result in a corrective action plan and the reimbursement of unallowable costs in future BBHWP monitors. BBHWP apologizes for any inconvenience this may have caused.

*Nevada Department of Health and Human Services*
*Helping People -- It's Who We Are And What We Do*

**Division of Public and Behavioral Health**
**Behavioral Health Wellness, Prevention and Treatment Program**
**Approved Rates List (Updated 06/08/2018)**

| Code | Service Code Description | SAPTA Rate | Eligible Service Levels | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Level 0.5: Early Intervention | Level 1: Outpatient Services | Level 2.1: Intensive Outpatient Services | Level 2.5: Partial Hospitalization Services | Level 3.1: CM Low Intensity Residential Services | Level 1-WM: Ambulatory WM | Level 3.2-WM: CM Residential WM | Level 3.5: CM Mod-I Residential Services | Level 3.7: WM High-I Inpatient Services | Level 3.7-WM: WM Inpatient WM | H0001/Level 1 Outpatient | H0001 / Level 2.1: IOP Services | Opioid Treatment Services (includes Level 1 OP and Level 1-WM) | Judgment Opioid Treatment & Recovery Home | Transitional Housing |
| 99401 | Preventive med counseling | $ 38.27 | X | X | | | | X | | | | | X | | | | | |
| 99406 | Smoking and tobacco cessation counseling (3-10 Minutes) | $ 12.59 | X | X | | | | X | | | | | X | | | | | |
| 99407 | Smoking and tobacco cessation counseling (>10 Minutes) | $ 26.53 | X | X | | | | X | | | | | X | | | | | |
| 99408 | Alcohol and/or substance abuse screening (15-30 Minutes) | $ 33.95 | X | X | | | | X | | | | | X | | | | | |
| 99409 | Alcohol and/or substance abuse screening (>30 Minutes) | $ 66.14 | X | X | | | | X | | | | | X | | | | | |
| H0001 | Alcohol and/or drug assessment (1 unit per assessment at least 30 minutes) * If a CADC-I completes the assessment, it will not be counted completed until it has been reviewed and approved by the clinical supervisor. | $ 152.16 | X | X | X | X | | X | | | | | X | | | | | |
| H0002 | Behavioral health screening to determine eligibility for admission to treatment program (1 unit per assessment at least 30 minutes) | $ 33.57 | X | X | X | X | | X | | | | | X | | | | | |
| H0005 | Alcohol and/or drug services; group counseling by a clinician (1 unit per group at least 90 minutes) | $ 32.57 | | X | | X | | X | | | | | X | | X | X | | |
| H0007 | Alcohol and/or drug services; crisis intervention (unscheduled) | $ 23.69 | | X | | X | | X | | | | | X | | X | X | | |
| H0015 | Alcohol and/or drug services; intensive outpatient program (3 hours per day at least 3 days per week) (1 unit equals 1 day/visit) | $ 153.29 | | | X | X | | X | | | | | | X | | | | |
| H0020 | Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) | $ 4.30 | | X | | X | | X | | | | | X | | X | X | | |
| H0034 | Medication training and support; per 15 minutes | $ 19.53 | | X | | X | | | | | | | X | | X | X | | |
| H0035 | Mental health partial hospitalization, treatment less than 24 hours (1 unit equals 60 minutes) | $ 59.76 | | X | | X | | X | | | | | X | | X | X | | |
| H0038 | Self-help/peer services; per 15 minutes | $ 8.60 | | X | | X | | X | | | | | X | | X | X | | |
| H0038 | Self-help/peer service; per 15 minutes, Use modifier HQ when requesting/billing for a group setting | $ 1.72 | | X | | X | | X | | | | | X | | X | X | | |
| H0047 | Alcohol and/or drug services; (State defined: Individual counseling by a clinician) (1 unit per session at least 30 minutes) | $ 83.04 | | X | | X | | X | | | | | X | | X | X | | |
| H0049 | Alcohol/drug screening (1 unit per screening) | $ 10.64 | X | X | | X | | X | | | | | X | X | X | X | | |
| 90785 | Interactive Complexity | $ 4.83 | | X | | X | | X | | | | | X | | X | X | | |
| 90791 | Psychiatric diagnostic evaluation | $ 182.15 | | X | | X | | X | | | | | X | | X | X | | |
| 90792 | Psychiatric diagnostic evaluation with medical services | $ 124.11 | | X | | X | | X | | | | | X | | X | X | | |
| 90832 | Psychotherapy, 30 mins with pt and/or family member | $ 83.04 | | X | | X | | X | | | | | X | | X | X | | |
| 90834 | Psychotherapy, 45 mins with pt and/or family member | $ 80.85 | | X | | X | | X | | | | | X | | X | X | | |
| 90837 | Psychotherapy, 60 mins with pt and/or family member | $ 117.89 | | X | | X | | X | | | | | X | | X | X | | |
| 90846 | Family psychotherapy (without the patient present) | $ 80.63 | | X | | X | | X | | | | | X | | X | X | | |
| 90847 | Family psychotherapy (conjoint therapy, with patient present) | $ 106.75 | | X | | X | | X | | | | | X | | X | X | | |
| 90849 | Multiple-family group psychotherapy | $ 31.13 | | X | | X | | X | | | | | X | | X | X | | |
| 90853 | Group psychotherapy (other than of a multiple-family group) | $ 32.57 | | X | | X | | X | | | | | X | | X | X | | |
| 90838 | Psychotherapy for Crisis first 60 mins | $ 122.80 | | X | | X | | X | | | | | X | | X | X | | |
| 90840 | Psychotherapy for Crisis each additional 30 mins | $ 61.39 | | X | | X | | X | | | | | X | | X | X | | |
| 90839 | Psychotherapy, 30 mins with pt and/or family member when performed with an E/M service. | $ 41.62 | | X | | X | | X | | | | | X | | X | X | | |
| 90836 | Psychotherapy, 45 mins with pt and/or family member when performed with an E/M service. | $ 67.34 | | X | | X | | X | | | | | X | | X | X | | |
| 90838 | Psychotherapy, 60 mins with pt and/or family member when performed with an E/M service. | $ 108.54 | | X | | X | | X | | | | | X | | X | X | | |
| 99201 | Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. 10 mins face-to-face. | $ 32.29 | | X | | X | | X | | | | | X | | X | X | | |
| 99202 | Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. 20 mins face-to-face. | $ 58.41 | | X | | X | | X | | | | | X | | X | X | | |
| 99203 | Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. 30 mins face-to-face. | $ 97.62 | | X | | X | | X | | | | | X | | X | X | | |
| 99204 | Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. 45 mins face-to-face. | $ 124.21 | | X | | X | | X | | | | | X | | X | X | | |
| 99205 | Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. 60 mins face-to-face. | $ 125.05 | | X | | X | | X | | | | | X | | X | X | | |

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| 99211 | Office or other outpatient visit for the E/M of an ESTABLISHED patient, that may not require the presence of a physician or other qualified healthcare professional. Usually, the presenting problems are minimal. Typically, 5 minutes are spent performing or supervising these services. | $ | 19.47 | | X | | X | | X | | | | | X | | X | X | | |
| 99212 | Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are self limited or minor. Typically, 10 minutes face-to-face. | $ | 34.57 | | X | | X | | X | | | | | X | | X | X | | |
| 99213 | Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are low to moderate severity. Typically, 15 minutes face-to-face. | $ | 49.00 | | X | | X | | X | | | | | X | | X | X | | |
| 99214 | Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are of moderate to high severity. Typically, 25 minutes face-to-face. | $ | 74.86 | | X | | X | | X | | | | | X | | X | X | | |
| 99215 | Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are of moderate to high severity. Typically, 40 minutes face-to-face. | $ | 110.11 | | X | | X | | X | | | | | X | | X | X | | |
| 99218 | Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit. | $ | 60.78 | | X | | X | | X | | | | | X | | X | X | | |
| 99219 | Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. | $ | 101.71 | | X | | X | | X | | | | | X | | X | X | | |
| 99220 | Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit. | $ | 142.39 | | X | | X | | X | | | | | X | | X | X | | |
| 31R | Residential Treatment (Level 3.1) | $ | 87.28 | | | | X | X | X | | | | | | | | | | |
| 32D | Detoxification (Level 3.2-D) | $ | 162.74 | | | | X | | X | X | | | | | | | | | |
| 35R | Residential Treatment (Level 3.5) | $ | 141.83 | | | | X | | X | | X | | | | | | | | |
| TRNS | Transitional Housing | $ | 43.64 | | | | X | | X | | | | | | | | | | X |

## XI. Applicant Checklist

**For your own use (do not submit with application).**
**Section A: Abstract (One page)**

- ☐ Abstract is compliant with formatting (single spaced, under 500 words)
- ☐ Does not exceed one page

**Section B: Application Form (Does not exceed four (5) pages). No modifications.**

- ☐ All boxes are checked to indicate the correct answer.
- ☐ All fields are completed according to instructions
- ☐ Certification is signed.

**Section C: Narrative (Does not exceed 10-pages)**

- ☐ Separate Headings for *Organization, Project Design and Implementation; Capabilities; and Data Collection.*
- ☐ Does not exceed ten (10) pages, double-spaced.
- ☐ Arial 11-point font has been retained.
- ☐ One-inch margins have been retained.

**Section D: Scope of Work (Does not exceed 5-pages)**

- ☐ All sections are complete and matches the narrative.
- ☐ Single-spaced, Arial 11-point font has been retained

**Section E: Budget (Existing Form – No modifications – Does not exceed 8-pages)**

- ☐ *Proposed Project Budget* is complete on the required form
- ☐ *Proposed Project Budget* is mathematically correct.
- ☐ *Proposed Project Budget* match numbers in the *Budget Narrative*.
- ☐ Justifications for *Budget Narrative* match the projected number of services identified in Narrative
- ☐ Verify that all budgets are direct service and do not include line items for staff, unless serving the set aside for Women population.
- ☐ One-inch margins have been retained.
- ☐ Does not exceed eight (8) pages.

**Section F: Resume (two-page limit)**

- ☐ Resume of lead clinician or licensed professional to oversee EBP

**Section G: Attachments (Existing Forms – No modifications) Not in page count.**

- ☐ Provisions of Grant Award is signed
- ☐ Internal Controls Certification is signed
- ☐ No other attachments (No MOU's, no marketing materials, cover letters, etc.)

**Application Submission**

☐ A single PDF will be emailed no later than 3:00 p.m. on **Monday, June 29, 2020.**