

**Assertive Community Treatment Teams
RFA Questions & Responses
August 2018**

Is it mandatory that we have SAPTA certification to address the COD issues of the clients we serve?

Yes, you will need to be Certified for Level 1 Outpatient at a minimum, with a Co-Occurring Disorder endorsement per NRS and NAC 458.

We are not totally clear relative to being eligible to apply for the grant due to not currently being SAPTA certified but is a Medicaid Behavioral Health Provider.

Per Page 14 of the RFA-Division Certification Process through SAPTA-if an agency is not currently Certified a Certification application should be submitted along with the grant application. See Certification Application, Application Checklist and Certification P&P Checklist for specific requirements.

Can the appendix A, B, C, D, G and I be converted to a word document file and E & F to an excel document file?

*These documents have been provided to SAPTA and can be accessed here:
<http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/>*

In the readiness assessment it spoke of the consumer records being done manually, can they also be accepted via electronic file in lieu of manual file.

Yes, an acceptable EHR is appropriate.

Cost Reimbursement or FFS Grant?

This is a capacity building grant. As such, it is the goal to establish the ACT Team and ensure the team is operational before seeing clients.

Grant Specifies \$1.8 M, \$350K per provider, will grant be selecting 6 different providers throughout the state?

The State seeks to fund up to 6 awards within Nevada, no more than \$350K will be awarded per application. Per Page 13 of the RFA-Program Funding-In the event no qualified applicants are identified through the RFA, the State reserves the right to perform alternate measures to identify potential applicants.

What type of services make up a service hour?

Service intensity can vary, but typically clients initially receive approximately 9 hours per week and then reduce to approximately a minimum of 4 hours per week. With this said, intensity of services should be determined by utilization criteria that will be established through the development of specific ACT Division Criteria. Service intensity should be specific to the needs of the client, but a minimum of 2 hours of face to face services per week per client. Services that are expected to be provided within the team, as directed within an individualized treatment plan, include this list below. Definitions for each can be found beginning on Page 8-9 of the RFA.

- *Crisis intervention,*
- *Clinical evaluation/assessment for Co-Occurring Care and Substance Use Treatment*
- *Psychiatric care,*
- *Case management,*

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- *Medication administration and management,*
- *Illness management and recovery skills,*
- *Individual supportive therapy,*
- *Supportive Employment services such as pursuing education or vocational training,*
- *Assistance with activities of daily living such as skill development addressing housing, performing household activities, personal hygiene and grooming tasks, money management, accessing and using transportation resources, accessing medical or dental resources and accessing other applicable benefits,*
- *Intervention with family and natural supports,*
- *Coordination of care between team members and/or external services,*
- *Housing assistance.*

(Rural) Ratio 1-8 for staffing per FTE? Are we to assume 1-FTE cannot exceed a case load of 8 at any time?

Correct, due to the intensity of services client to staff ratios are limited. Full time staff member to client ratio is limited to 1 to 8 in a rural setting (excluding team psychiatric prescriber and program assistant).

Staffing – Can the Team Leader also hold the Psychiatric Prescriber position?

No, these positions must be separate. The Team Leader manages the ACT Team and also serves the ACT participants as well. The Team Leader is a full time position and a Psychiatric Prescriber can work a minimum of 16 hours per week per 50 clients.

Transportation – Can we contract alternative transportation with these funds, IE Uber / Lyft?

Transportation costs reimbursable under Medicaid will not be covered. ACT Team client services will not commence until the end of this funding period.

Telehealth – can these services be provided via telehealth?

The initial assessment must be conducted in person with the client and when needed psychiatric follow ups using Telehealth (especially in the rural areas), are acceptable. The intent of the ACT model is to provide in-person services to clients in the community and home settings.

Can we subcontract for per diem work?

Per Page 7 of the RFA-Staffing Definitions-Supportive Employment Specialist services may be conducted through referral or subcontracting; Psychiatric Prescriber may work full or part time for a minimum of 16 hours per week for every 50 consumers. The Provider may subcontract for this position. The remaining positions identified in the RFA (Page 7 Staffing) are intended to be full time staff members.

Would the grant be payer of last resort if clients are Medicaid eligible? Would we be required to bill Medicaid first for any services eligible through Medicaid and charge back any payments to the grant in the reporting period?

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The first year of this funding is intended to build out your ACT Teams and increase capacity to provide the intensity of services required within the ACT Model. Once the Teams are active Provider are expected to first bill Medicaid for services.

MCO – would we need to be enrolled with all current MCO providers including Anthem, Silversummit and HPN as well as FFS?

Yes, it is recommended to be enrolled with all current MCOs available within your service area.

Crisis Intervention – please define services available 24 hours a day for those in crisis.

Any services offered by the ACT Team is to be available 24 hours a day, 7 days a week, 365 days a year for participants of the ACT Program who are at risk of or experiencing a behavioral health or life crisis.

Will SAPTA pay for those clients that are non Medicaid, i.e., Medicare, other ins, no ins.?

No, at this time SAPTA will not provide reimbursement for clients that are non Medicaid, i.e Medicare, other insurance and/or no insurance.

Do we have to serve an entire county, or just cities, for example, just reno sparks vs all of Washoe County?

The project provider does not need to serve an entire county; please list the geographic catchment area in which you will be providing services.

Where can I get a copy of the powerpoint?

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

Is it ok to not ask for funding for the program assistant if we can fund internally.

Yes, that is okay to not ask for funding if you are supporting the position internally. Please note that on your budget and justification.

Can a CCBHC apply for funding?

An organization that is an established/certified CCBHC or looking to expand service locations of an existing CCBHC is not eligible for funding under the ACT announcement.