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Request for Applications (RFA)

For

Opioid State Targeted Response (STR): Services Expansion

Release Date: May 29, 2018

Questions to be Submitted: On or before June 1, 2018, 5:00 p.m. PST

Must be submitted to: opioidstrgrant@health.nv.gov
with **RFA Opioid State Targeted Response: Service Expansion Questions** in the subject line of the email.

Technical Assistance Webinar: June 5, 2018, 10:00 a.m. PST

https://zoom.us/j/944128376
Or iPhone one-tap: US: +16468769923,,944128376# or +16699006833,,944128376#

Or Telephone: US: +1 646 876 9923 or +1 669 900 6833
Meeting ID: 944 128 376

Deadline for Application Submission: June 13, 2018

For additional information, please contact:

Dennis Humphrey, Bureau of Behavioral Health Wellness and Prevention
Division of Public and Behavioral Health, Department of Health and Human Services
4126 Technology Way, Suite 200 Carson City, NV 89706|
Phone: (775) 684-2212 | Email address: dhumphrey@health.nv.gov

Dear Interested Parties and Potential Subgrantees:

In April 2017, Nevada was awarded a Fiscal Year (FY) 2017 State Targeted Response to the Opioid Crisis Grant (Short Title: Opioid STR). The program was aimed at addressing the opioid crisis (including misuse of prescription opioids as well as other illicit drugs) by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of overdose prevention, treatment, and recovery activities for opioid use disorders.

As an Opioid STR Grantee, the State of Nevada is required to expand access to treatment and recovery services. Nevada expects to meet the goals of the Opioid STR Grant through the following activities:

- Implement system design models that will most rapidly address the gaps in their systems of care to deliver evidence-based treatment interventions, including induction and maintenance of medication assisted treatment services (MAT) medication and psychosocial interventions;
- Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of medication assisted treatment (MAT), i.e., the use of FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions. (For more relevant resources: https://www.samhsa.gov/medication-assisted-treatment.)
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- Report progress toward increasing availability of treatment for OUD and reducing opioid-related overdose deaths based on measures developed in collaboration with the Department of Health and Human Services (DHHS); and
- Ensure individuals have opportunities for engagement in treatment and recovery supports throughout the continuum of care and increase retention in care.
- Enhance or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.

For the period of August 2018 – April 30, 2019 the goal of this RFA is promote MAT Expansion services across the state by increasing Nevada's service and referral network. Activities and services will build upon the work accomplished during the 2017-2018 funding cycle that established three Integrated Opioid Treatment and Recovery Centers (IOTRC) across the State of Nevada. The Integrated Opioid Treatment and Recovery Center's (IOTRC) serve as the regional consultants and subject matter experts on opioid use disorder treatment, provide Medication Assisted Treatment (MAT), clinically appropriated evidence-based interventions for the treatment of OUD, and Recovery services for adult and adolescent populations.

The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention's Substance Abuse Prevention and Treatment Agency (SAPTA) solicits applications from entities that will provide supportive services in collaboration with SAPTA Certified Behavioral Health Providers, the IOTRCs (when geographically able) in an effort to provide integrated primary and behavioral health care for adults and adolescence with opioid use disorder.

Completed applications must be received no later than Wednesday, 06/13/2018 at 4:00 PM (PST).

Thank you,

Dennis Humphrey

Bureau of Behavioral Health Wellness and Prevention

Division of Public and Behavioral Health

Department of Health and Human Services

4126 Technology Way, Suite 200, Carson City NV 89706

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Funding Opportunity Title:	State of Nevada Opioid STR Integrated Opioid Treatment and Recovery Center Request for Application
Funding Opportunity Number:	NV STR-02
Due Date for Applications:	June 13, 2018
Anticipated Total Funding Available:	TBD
Estimated Number of Award(s):	TBD
Estimated Award Amount:	TBD
Cost Sharing/Match Required:	None
Project Period:	Upon approval through April 30, 2019
Eligible Applicants:	Certified Community Behavioral Health Clinics (CCBHC) Indian Health Centers Federally Qualified Health Centers (FQHC) Opioid Treatment Service Provider (OTP) Community-Based Organizations EMS – First Responder Organizations SAPTA Certified Providers Licensed Medical Facilities Medical Providers Specialty Courts, Jails, Prisons, Law Enforcement Organizations Peer Recovery Organizations
Additional Information on Eligibility:	Clinical or treatment-based services must beprovided by applicants that are existing Medicaid providers. Program locations must be providing services in at least one of the required geographical areas (counties): Carson, Churchill, Clark, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, Washoe, or White Pine

Request for Application (RFA) Timeline

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

TASK	DUE DATE & TIME
SAPTA distributes the Request for Application Guidance with all submission forms	May 29, 2018
Q&A Written Questions due to SAPTA	June 1, 2018
Mandatory Informational Webinar to address questions	June 5, 2018 (10:00am – 11:00am) Join from PC, Mac, Linux, iOS or Android: https://zoom.us/j/944128376 Or iPhone one-tap : US: +16468769923,,944128376# or +16699006833,,944128376# Or Telephone: US: +1 646 876 9923 or +1 669 900 6833 Meeting ID: 944 128 376
Deadline for submission of applications	June 13, 2018 by 4:00p.m.
Technical Review of Applications	June 14, 2018
SAPTA will notify organizations that have discrepancies within their application.	June 15, 2018
Evaluation Period: Content review of applications	June 15 - 22, 2018
Interviews with Applicants	June 26, 2018
Funding Decisions Announced – SAPTA will notify organizations via e-mail to the listed Project Director	June 29, 2018
Completion of subgrant awards for selected awardees	July 20, 2018
Grant Award Commencement of Project – Pending approved SAMHSA grant award and receipt of Notice of Award	August 1, 2018

Introduction

In 2017, the State of Nevada Department of Health and Human Services Office of Analytics reported over 7,125 emergency room visits and 8,661 inpatient admissions for opioid related diagnoses. These figures have more than doubled since 2010. The burden of opioid related disorders, opioid use disorders and opioid overdose have increased exponentially over the past 8 years. From 2010-2017, 3,277 individuals have died from opioid related overdoses, with approximately 30% of the deaths also involving benzodiazepines. Opioid use disorder and opioid related overdoses has impacted individuals, families, communities, healthcare systems, and the criminal justice system in Nevada. The goal of this RFA is to continue to expand access and enhance the quality of care for individuals with Opioid Use Disorder and prevent opioid overdoses through increased access to naloxone. For additional data see http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Resources/opioids/NevadaOpioidSurveillance10-17(4-2018).pdf.

Individuals with an opioid use disorder (OUD) must have access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of medication assisted treatment (MAT), i.e., the use of FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions. Individuals with OUD must also have access to specialty care for co-occurring medical and psychiatric complications. Left untreated, these complications are associated with significant morbidity and mortality, resulting in increased healthcare costs and threatening public health. Effective care coordination that addresses the complexity and variability of OUDs should be multifaceted and not a "one size fits all" model. Persons with an OUD often have complex treatment needs that require concurrent and coordinated attention to addiction, medical, psychiatric, and social problems. OUD patients do best when they have access to a full range of medication assisted treatment (MAT) options in a variety of settings. They can also benefit from assistance in locating and navigating an array of social and recovery support services (Stoller et al., 2016).

Purpose

The Nevada Division of Public and Behavioral Health (DPBH) is establishing a hybrid system of coordinated care for OUD in Nevada, based on the Vermont Hub and Spoke Model of Care for Opioid Use Disorders and the Collaborative Opioid Prescribing (CoOP) program model design that was initially developed and implemented at Johns Hopkins Hospital (Stoller, 2016). [1] The goal of the proposed program delivery model is to continue increasing the availability, utilization, and efficacy of MAT, and provide pathways to evidence-based recovery and support services.

Service expansion for the Nevada STR project through this RFA includes: Outpatient Clinical Treatment and Recovery Services, Medication Assisted Treatment Expansion for SAPTA-Certified Providers, Tribal Treatment and Recovery Services, Criminal Justice Treatment and Recovery Services, Community Paramedicine, Neonatal Abstinence Syndrome Prevention, Peer Recovery Support Services. All projects

[1] Stoller K.B., Stephens, M. C., & Schorr, A. (2016) Integrated *Service Delivery Models for Opioid Treatment Programs in an Era of Increasing Opioid Addiction, Health Reform, and Parity*. Submitted by the American Association for the Treatment of Opioid Dependence in partial fulfillment of contract #HHSP233201400268P.

funded under this opportunity will be expected to also provide overdose education and naloxone to prevent opioid overdose.

The 2017-2018 funding cycle established three Integrated Opioid Treatment and Recovery Center's (IOTRC). These centers serve as the regional consultants and subject matter experts on opioid use disorder treatment, provide Medication Assisted Treatment (MAT) and Recovery services for adult and adolescent populations. IOTRCs will work in collaboration with applicant organizations to continue to foster a network to treat individuals with an OUD within the State of Nevada through concurrent provision of medication assisted treatments, behavioral health therapies, collaborative stepped-care, wrap-around services, and expert consultation. The IOTRC can provide the initial comprehensive SUD/Co-Occurring screening and assessment, and when MAT maintenance is recommended, induct and stabilize the patient through its medication clinic. The IOTRC will also provide at a minimum Level 1 Outpatient counseling services and meet the criteria for co-occurring capable and can refer out to a substance use/co-occurring program that has been certified by the Division through the Substance Abuse Prevention and Treatment Agency (SAPTA) or other applicable Medicaid approved network of behavioral health providers. Once a patient is stabilized, the MAT provision can shift to an FDA Waiver approved prescriber through formal care coordination agreement if, and when the IOTRC and patient determine it is clinically appropriate to step-down care.

This System will be structured to ensure that service-recipients receive the appropriate service for their assessed level of care, coupled with wraparound services based on American Society of Addiction Medicine (ASAM) Criteria. The System will feature an adaptive stepped care model that adjusts counseling intensity and medication prescribing and dispensing based on ongoing indicators of treatment response (e.g., toxicology screen results and counseling adherence). If there are indications of clinical destabilization (e.g., positive toxicology screen or decline in counseling adherence), treatment plans can be revised and counseling interventions can be intensified based on ASAM Criteria. When necessary, if a patient's needs become too acute or intense for an office-based opioid treatment provider, medication dispensing can be shifted from an office-based MAT provider to the IOTRC site. Conversely, as the patient stabilizes, counseling intensity is decreased and medication prescribing in the office-based setting resumed.[2]

The objective of this RFA is to identify qualified applicants who meet the eligible organization criteria to fulfill the Nevada STR MAT Service Expansion as outlined below. This RFA does not obligate the State to award a subgrant or complete the project, and the State reserves the right to cancel solicitation if it is in its best interest.

[2] Ibid.

Nevada STR MAT Services Expansion

Service expansion for the Nevada STR project is comprised of the following categories:

1. Outpatient Clinical Treatment and Recovery Services
2. Medication Assisted Treatment Expansion for SAPTA-Certified Providers
3. Tribal Treatment and Recovery Services
4. Criminal Justice Treatment and Recovery Services
5. Community Paramedicine
6. Neonatal Abstinence Syndrome Prevention
7. Peer Recovery Support Services

Applicant organizations may apply for one or more one category areas within the application. Each category area must be specified and provide sperate budgets for each category applied for.

Category 1: Outpatient Clinical Treatment and Recovery Services

The purpose of this programing is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving MAT in a Patient-Centered Opioid Addiction Treatment Model (P-COAT).

The Patient-Centered Opioid Addiction Treatment Model is designed to:

- to provide appropriate financial support to enable physicians and other clinicians to provide successful MAT services for individuals with opioid use disorders;
- to encourage more primary care practices to provide MAT;
- to encourage coordinated delivery of three types of services needed for effective outpatient care of patients with opioid addiction – medication therapy, psychological and counseling therapies, and social services support;
- to reduce or eliminate spending on outpatient treatments that are ineffective or unnecessarily expensive;
- to reduce use of inpatient/residential addiction treatment for patients who could be treated successfully through office-based or outpatient treatment;
- to improve access to evidence-based outpatient care for patients being discharged from more intensive levels of care;
- to reduce spending on potentially avoidable emergency department visits and hospitalizations related to opioid addiction;
- to increase the proportion of individuals with an opioid addiction who are successfully treated; and
- to reduce deaths caused by opioid overdose and complications of opioid use.

Services can be delivered through the following means[3]:

Option A: Medical Management by a Data 2000 Practitioner

Under Option A, the Opioid Addiction Team would consist of:

- A physician, or other qualified healthcare professional with a waiver to prescribe buprenorphine under the Drug Addiction Treatment Act of 2000. This practitioner could bill for IMAT/MMAT payments to support medication-assisted treatment (using buprenorphine or naltrexone) and care management services for the patient.
- A physician who specializes in addiction medicine who would be available for consultative support, including telephonic/electronic support to the waivered practitioner via telephonic or electronic communication links. This Addiction Specialist could bill for payments to support consultations with the DATA 2000 practitioner. An Addiction Specialist would need to be board certified in addiction medicine by the American Board of Addiction Medicine (ABAM), the American Board of Preventive Medicine (ABPM), American Osteopathic Association (AOA), or ASAM or be board certified in addiction psychiatry by the American Board of Psychiatry and Neurology.
- One or more physicians, psychologists, counselors, nurses, social workers, or other qualified healthcare professionals, who are licensed and certified to provide appropriate psychiatric, psychological, or counseling services to individuals with an opioid use disorder, and who have contracts or collaboration agreements with the practitioner prescribing buprenorphine or naltrexone to deliver services to patients in a coordinated way. Under Option A, these providers would be paid using existing billing codes or other payment methods that support their services.
- One or more nurses, social workers, pharmacists, or other healthcare or social services professionals, who have the training and skills necessary to help individuals with an opioid use disorder to address non-medical needs, and who have a contract or collaboration agreement with the practitioner prescribing buprenorphine or naltrexone to deliver services to patients in a coordinated way. Under Option A, these providers would be paid using existing billing codes or other payment methods that support their services.

Option B: Medical Management by an Addiction Specialist

Under Option B, the Opioid Addiction Team would consist of:

- A physician who specializes in addiction medicine. This Addiction Specialist could bill for IMAT/MMAT payments to support medication-assisted treatment and care management services for the patient. An Addiction Specialist would need to be board certified in addiction medicine by the American Board of Addiction Medicine (ABAM), the American Board of Preventive Medicine (ABPM), American Osteopathic Association (AOA), or ASAM or be board certified in addiction psychiatry by the American Board of Psychiatry and Neurology.
- One or more physicians, psychologists, counselors, nurses, social workers, or other qualified healthcare professionals, who are licensed and certified to provide appropriate psychiatric, psychological, or counseling services to individuals with an opioid use disorder, and who have contracts or collaboration agreements with the Addiction Specialist to deliver services to patients in a coordinated way. Under Option B, these providers would be paid using existing billing codes or other payment methods.

[3] Following criteria taken from ASAM (2018) *Patient-Centered Opioid Addiction Treatment (P-COAT): Alternative Payment Model (APM)*. Developed in collaboration with the AMA.

- One or more nurses, social workers, pharmacists, or other healthcare or social services professionals, who have the training and skills necessary to help individuals with an opioid use disorder to address non-medical needs, and who have contracts or collaboration agreements with the Addiction Specialist to deliver services to patients in a coordinated way. Under Option B, these providers would be paid using existing billing codes or other payment methods that support their services.

Option C: Comprehensive Services from an Opioid Addiction Team Under

Under Option C, a single organization would serve as the Opioid Addiction Team, and it would employ or contract with the necessary personnel to prescribe medications, deliver psychiatric, psychological, or counseling services, address non-medical needs, and provide care management services for individuals with an opioid use disorder.

Applicant organizations are encouraged work to provide treatment for individuals with an OUD through concurrent provision of medication assisted treatments, behavioral health therapies, collaborative stepped-care, wrap-around services, and expert consultation. STR will award funds to SAPTA Certified Organizations[4], Federally Qualified Health Centers (FQHC), Opioid Treatment Programs, or practitioners who have a waiver to prescribe buprenorphine in an effort to expand access to Food and Drug Administration (FDA)-approved drugs or devices for emergency treatment of known or suspected opioid overdose. The recipients must partner with the Integrated Opioid Treatment and Recovery Centers (as geographically able) in addition to other prescribers at the community level and SAPTA Certified Community-Based Organizations to implement best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs.

[4] Certification process can be found on page 19

Category 2: Medication Assisted Treatment Expansion for SAPTA-Certified Providers**

The purpose of this programing is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving withdrawal management (WM) services, residential services, or transitional living services.

Medication Assisted Treatment Expansion for SAPTA-Certified Provider is designed to:

- Provide appropriate financial support to enable physicians and other clinicians to provide successful MAT services for individuals with opioid use disorders within WM, Residential, or transitional living settings;
- Encourage more of these settings to provide MAT;
- Encourage coordinated delivery of three types of services needed for effective care of patients with opioid addiction – medication therapy, psychological and counseling therapies, and social services support;
- Reduce or eliminate spending on services that are ineffective or unnecessarily expensive;
- Reduce use risk for patients who could be treated successfully through MAT;
- Improve access to evidence-based care for patients being discharged from more intensive levels of care;
- Reduce spending on potentially avoidable emergency department visits and hospitalizations related to opioid addiction;
- Increase the proportion of individuals with an opioid addiction who are successfully treated; and
- Reduce deaths caused by opioid overdose and complications of opioid use.

**Provider organizations applying under this category must already have services in place for the appropriate level of care under SAPTA certification and actively bill third party payers, including Medicaid, where applicable. Programs must also be at a minimum co-occurring capable.

All programs must use ASAM criteria to design and develop their programing under this announcement to include the required staffing, support systems, therapies, assessment and treatment plan review, documentation, and follow ASAM admission, transfer, and discharge criteria.

Programs currently certified to provide to provide Level 3.2WM may apply for this funding to enhance services in order to meet criteria for Level 3.7WM, at a minimum. It is expected that providers enhancing services at all levels through this funding announcement will successfully meet all requirements for SAPTA certification and licensing through Health Care Quality and Compliance by the completion of the sub-award.

Applicant organizations may qualify for one or more of the following service areas.

Service Area	Required Services to be Provided by Applicant Organization	Services programs may choose to offer internally or develop through formalized care coordination agreements to provide the following services/levels of care
Transition from ASAM Level 3.5 withdrawal management to level	• Behavioral Health Screening/Assessment • Medical Evaluation • FDA Approved Medication for OUD Treatment	• SAPTA certified Level 3.1 and Level 3.5 Residential Services based on ASAM and Division criteria

3.7 withdrawal management *(Providers must be providing or seeking transition to a Medically Monitored Withdrawal Management Program)*	• Toxicology Screening • Check Prescription Drug Monitoring Program for new patient admission under prescriber care • Establish and implement a plan to mitigate the risk of diversion of methadone or buprenophrine and ensure the appropriate use/dose of medication by patients • Ensure all applicable practitioners working on the grant-funded project obtain a DATA waiver • Use telehealth services, or other innovative interventions, to reach, engage and retain clients in treatment • Care Coordination with an IOTRC as applicable • Establish DWSS program eligibility • Data Collection • Provide a Plan for Ongoing Program Sustainability • Update organization information in Nevada 211. • Collaborate with STR grant or Southern Nevada Health District for Naloxone Distribution* *Clark County applicants will need to collaborate with Southern Nevada Health District for naloxone distribution. All others will collaborate with STR Grant team.	• SAPTA certified Level 1 Outpatient based on ASAM and Division criteria • Office-Based Opioid prescribers for FDA Approved Medication for OUD Treatment • Psychiatry • Transitional Housing • COD and other Community-based service providers • Peer/Recovery Support Services • Medical Care
Residential Treatment Provider *(Programs must be established SAPTA certified residential treatment programs - ASAM Level 3.1 and currently providing or seeking to expand MAT services within residential treatment)*	• Behavioral Health Screening/Assessment • Medical Evaluation • FDA Approved Medication for OUD Treatment • Toxicology Screening • Check Prescription Drug Monitoring Program for new patient admission under prescriber care • Establish and implement a plan to mitigate the risk of diversion of methadone or buprenophrine and ensure the appropriate use/dose of medication by patients • Ensure all applicable practitioners working on the grant-funded project obtain a DATA waiver	• SAPTA certified Level 3.7 Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 1 Ambulatory Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 1 Outpatient based on ASAM and Division criteria • Office-Based Opioid prescribers for FDA Approved Medication for OUD Treatment • Psychiatry • Transitional Housing • COD and other Community-based service providers

	• Use telehealth services, or other innovative interventions, to reach, engage and retain clients in treatment • Care Coordination with an IOTRC as applicable • Establish DWSS Program Eligibility • Data Collection • Provide a Plan for Ongoing Program Sustainability • Update organization information in Nevada 211.	• Peer/Recovery Support Services • Medical Care
Transitional Living *(Programs must currently be established SAPTA certified transitional living programs and either currently providing or seeking to expand MAT services within transitional living)*	• Care Coordination with an IOTRC when applicable • Establish DWSS program eligibility • Data Collection • Provide a Plan for Ongoing Program Sustainability • Update organization information in Nevada 211. • Collaborate with STR grant or Southern Nevada Health District for Naloxone Distribution* *Clark County applicants will need to collaborate with Southern Nevada Health District for naloxone distribution. All others will collaborate with STR Grant team.	• SAPTA certified Level 3.7 Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 3.1 and Level 3.5 Residential Services based on ASAM and Division criteria • SAPTA certified Level 1 Ambulatory Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 1 Outpatient based on ASAM and Division criteria • Office-Based Opioid prescribers for FDA Approved Medication for OUD Treatment • Psychiatry • Transitional Housing • COD and other Community-based service providers • Peer/Recovery Support Services • Medical Care

Category 3: Tribal Treatment and Recovery Services

Services targeting tribal populations utilizing culturally appropriate treatment services to address the needs of the community including prevention, treatment and recovery. Services will be focusing on improving MAT access for tribal communities, both urban and rural.

Service Area	Required Services to be Provided by Applicant Organization	Services programs may choose to offer internally or develop through formalized care coordination agreements to provide the following services/levels of care
Tribal Organizations	• Behavioral Health Screening/Assessment • Medical Evaluation • ASAM Level 1 Outpatient • FDA Approved Medication for OUD Treatment • Toxicology Screening • Check Prescription Drug Monitoring Program for new patient admission under prescriber care • Establish and implement a plan to mitigate the risk of diversion of methadone or buprenophrine and ensure the appropriate use/dose of medication by patients • Culturally relevant prevention activities targeting OUD and overdose • Ensure all applicable practitioners working on the grant-funded project obtain a DATA waiver • Use telehealth services, or other innovative interventions, to reach, engage and retain clients in treatment • Care Coordination with an IOTRC • Establish DWSS program eligibility • Data Collection • Provide a Plan for Ongoing Program Sustainability • Collaborate with STR grant or Southern Nevada Health District for Naloxone Distribution* *Clark County applicants will need to collaborate with Southern Nevada Health District for naloxone distribution.	• SAPTA certified Level 3.7 Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 3.1 and Level 3.5 Residential Services based on ASAM and Division criteria • SAPTA certified Level 1 Ambulatory Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 1 Outpatient based on ASAM and Division criteria • Office-Based Opioid prescribers for FDA Approved Medication for OUD Treatment • Psychiatry • Transitional Housing • COD and other Community-based service providers • Peer/Recovery Support Services • Medical Care

	All others will collaborate with STR Grant team.	

Category 4: Criminal Justice

Eligible entities can be linked to programming along the Sequential Intercept Model addressing individuals with OUD. The Intercept points of the model include:

1. Intercept 1: Law Enforcement
2. Intercept 2: Initial Detention/Initial Court Hearings
3. Intercept 3: Jails/Courts
4. Intercept 4: Reentry
5. Intercept 5: Community Corrections

These programs are intended for the development of services targeted towards individuals in contact with the criminal justice system who qualify for an OUD. Programs will develop interventions within the of field, prison mental/behavioral health, and re-entry.

	Required Services to Provide	Services programs may choose to offer internally or develop through formalized care coordination agreements to provide the following services/levels of care
Criminal Justice	• Behavioral Health Screening/Assessment • Peer/Recovery Support Services • Interventions based upon evidenced based practice including MAT • Establish and implement a plan to mitigate the risk of diversion of methadone or buprenophrine and ensure the appropriate use/dose of medication by patients • Care Coordination with community care providers and/or IOTRC as applicable • Care coordination with probation and parole • Data Collection • Establish DWSS program eligibility • Provide a Plan for Ongoing Program Sustainability	• Outreach and screen to identify incarcerated individuals who are within four months of release and may benefit from MAT services • SAPTA certified Level 3.7 Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 3.1 and Level 3.5 Residential Services based on ASAM and Division criteria • SAPTA certified Level 1 Ambulatory Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 1 Outpatient based on ASAM and Division criteria • Office-Based Opioid prescribers for FDA Approved Medication for OUD Treatment • Psychiatry • Transitional Housing • COD and other Community-based service providers • Use telehealth services, or other innovative interventions, to reach, engage and retain clients in treatment

Correctional Facilities	• Interventions using evidenced based practices including MAT for incarcerated individuals up to 4 months prior to release • Re-entry care coordination with probation and parole • Peer/Recovery Support Services following reentry • Re-entry care Coordination with community care providers and/or IOTRC as applicable • Re-entry care coordination with Third Party Payer • Establish DWSS program eligibility • Data Collection • Provide a Plan for Ongoing Program Sustainability • Collaborate with STR grant or Southern Nevada Health District for Naloxone Distribution* *Clark County applicants will need to collaborate with Southern Nevada Health District for naloxone distribution. All others will collaborate with STR Grant team.	

Category 5: Community Paramedicine

Community Paramedicine allows emergency health care providers including paramedics and emergency medical technicians (EMTs) to integrate with and support existing treatment resources to bridge gaps in the current health care system. Community Paramedics (CPs) will be tasked with the responsibility of providing services to individuals that have recently experienced

an overdose. To be eligible, Community Paramedicine programs must meet criteria to be an eligible Medicaid provider and be enrolled as a provider.

	Required Services to Provide	Services programs may choose to offer internally or develop through formalized care coordination agreements to provide the following services/levels of care
Community Paramedicine	• Post-hospital release follow-up care for opioid overdose • Overdose education and naloxone distribution • Post-discharge follow-up including home visits care to ensure that a patient understands discharge instructions, have sufficient support and support systems, have scheduled needed follow-up services, and evaluate for additional support service needs • Establish and implement a plan to mitigate the risk of diversion of methadone or buprenophrine and ensure the appropriate use/dose of medication by patients • Use telehealth services, or other innovative interventions, to reach, engage and retain clients in treatment • Transportation • Care Coordination with an IOTRC, local hospitals, and SAPTA certified treatment providers as applicable • Data Collection • Provide a Plan for Ongoing Program Sustainability • Collaborate with STR grant or Southern Nevada Health District for Naloxone Distribution*	• SAPTA certified Level 3.7 Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 3.1 and Level 3.5 Residential Services based on ASAM and Division criteria • SAPTA certified Level 1 Ambulatory Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 1 Outpatient based on ASAM and Division criteria • Toxicology screening • Office-Based Opioid prescribers for FDA Approved Medication for OUD Treatment • Psychiatry • Transitional Housing • COD and other Community-based service providers • Peer/Recovery Support Services • Ensure all applicable practitioners working on the grant-funded project obtain a DATA waiver

	*Clark County applicants will need to collaborate with Southern Nevada Health District for naloxone distribution. All others will collaborate with STR Grant team.	

Category 6: Neonatal Abstinence Syndrome (NAS)

Neonatal Abstinence Syndrome (NAS) is a condition that affects the central and autonomic nervous systems and results from prenatal exposure to opiates in utero. The abrupt discontinuation to the exposure to substances increases the risk of withdrawal at birth and further long-term medical complications (Kocherlakota, 2014). Services and referrals will follow the recommendations set forth by the Council of Patient Safety in Women's Health Care (2018) in providing wrap-around care services to assist both the parent and infant.

	Required Services to Provide	Services programs may choose to offer internally or develop through formalized care coordination agreements to provide the following services/levels of care
Neonatal Abstinence Syndrome	• Behavioral Health Screening/Assessment • Medical Evaluation • Toxicology screening • Medication management with FDA approved medication (including tapering and discontinuation of medication) • Prenatal intervention and monitoring • Post-discharge follow-up to ensure or assist a patient in family planning, including wrap around services such as breastfeeding, pain management, comforting and swaddling techniques, nutrition, infant care counseling, and education about ongoing needs • Collaborate with Nevada Early Intervention Services, Child Welfare and Departments of Family Services	• SAPTA certified Level 3.7 Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 3.1 and Level 3.5 Residential Services based on ASAM and Division criteria • SAPTA certified Level 1 Ambulatory Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 1 Outpatient based on ASAM and Division criteria • Toxicology screening • Office-Based Opioid Office-Based Opioid prescribers for FDA Approved Medication for OUD Treatment • Psychiatry • COD and other Community-based service providers • Peer/Recovery Support Services

	• Establish and implement a plan to mitigate the risk of diversion of methadone or buprenophrine and ensure the appropriate use/dose of medication by patients • Compliance with Nevada Plan of Safe Care requiring multi-disciplinary collaboration across all intervention stages • Use telehealth services, or other innovative interventions, to reach, engage and retain clients in treatment • Care Coordination with an IOTRC, local hospitals, and treatment providers • Establish DWSS Program Eligibility • Data Collection • Provide a Plan for Ongoing Program Sustainability • Collaborate with STR grant or Southern Nevada Health District for Naloxone Distribution* *Clark County applicants will need to collaborate with Southern Nevada Health District for naloxone distribution. All others will collaborate with STR Grant team.	• Ensure all applicable practitioners working on the grant-funded project obtain a DATA waiver

Category 7: Recovery Support Services

Recovery Community Organizations are currently limited in Nevada. Expanding such organizations is needed to further the participation of peer support specialists within behavior health and healthcare settings.

All Recovery Support Services funded under this announcement must provide services in accordance with principles that support stage of change, harm reduction, patient engagement, and the use of Medication Assisted Recovery Services. Recovery Support Services are intended to complement, supplement, and extend formal behavioral health services throughout the continuum of care. When working on conjunction with other behavioral and primary health services peer support has been found to promote sustained behavior change for people at risk. These programs do not replace the role of

formal treatment. Organizations providing recovery support services under a medical or recovery model need to include the following:

	Required Services to Provide	Services programs may choose to offer internally or develop through formalized care coordination agreements to provide the following services/levels of care
Recovery Support Services	• Organized support groups and social networks • Provide training to assist with clarity and understanding related to culture, leadership and mentoring • Provide assistance and resources to recruit and train new peer support specialists • Provide cultural and linguistic appropriate recovery support services • Transportation, as applicable • Establish and implement a plan to mitigate the risk of diversion of methadone or buprenophrine and ensure the appropriate use/dose of medication by patients • Care Coordination with an IOTRC and SAPTA certified treatment providers as applicable • Data Collection • Provide a Plan for Ongoing Program Sustainability	• SAPTA certified Level 3.7 Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 3.1 and Level 3.5 Residential Services based on ASAM and Division criteria • SAPTA certified Level 1 Ambulatory Withdrawal Management based on ASAM and Division criteria • SAPTA certified Level 1 Outpatient based on ASAM and Division criteria • Toxicology screening • Office-Based Opioid prescribers for FDA Approved Medication for OUD Treatment • Psychiatry • COD and other Community-based service providers • Use telehealth services, or other innovative interventions, to reach, engage and retain clients in treatment • Ensure all applicable practitioners working on the grant-funded project obtain a DATA waiver • Crisis Call Center

Organizations that are Medicaid eligible (e.g. qualify for provider type 14, 17, 82) providing peer recovery support under this award must be capable to provide services within Medicaid.

Program Funding

This is a competitive process and as such, sub recipient(s) who receive awards through this RFA are not guaranteed future funding. All costs incurred in responding to this RFA will be borne by the applicant(s). In the event no qualified applicants are identified through this RFA, the State reserves the right to perform alternate measures to identify potential applicants.

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 eligible organization.

Program funds may support staff salaries, training opportunities, technical assistance, transitional housing and residential services. The Division of Public and Behavioral Health through SAPTA will make the final determination of an applicant's abilities and intent to comply with the required program expectations. Funds are intended to establish infrastructure, support program implementation, and promote sustainability. See Appendix D for additional instructions.

Below are the Funding Categories that can be applied for:
(*Please note that any sub-awardees must be certified by the Division through SAPTA and be an approved vendor for the state of Nevada. Sub-award organizations MUST also comply with established rates of reimbursement for services as defined by the Division).*

Please note that funds requested cannot be used to supplant existing positions. The expectation is that staff supported by these funds cannot bill 3rd party payers for services rendered by grant funded positions. By no later than the end of the grant cycle (4/30/2019), all grant funded positions must be converted to 3rd party billing options (e.g. Medicaid, SAPTA).

Allowable Activities

- *Salary Support*
    - Allowable funds for the onboarding of new staff positions:
        - Nevada Licensed Healthcare professionals
        - Nevada Licensed / Certified Behavioral Health Professionals
        - Nevada Licensed EMT I or EMT II
        - Care Coordinators
        - Peer Support Specialists

- *Training and Technical Assistance (No more than 10% of your budgeted costs)*
    - Allowable funds for:
        - Training and technical assistance to increase provider competencies specifically related to the treatment, care coordination, and recovery support of individuals with OUD.
        - Travel required to obtain requested training.

- *Residential/Transitional Living MAT Expansion Services*
  This category does NOT include room and board rates of reimbursement as this is ONLY for the expansion and onboarding of MAT services within an established SAPTA Certified Residential or Transitional Living program. Programs must demonstrate all applicable licenses through Health Care Quality and Compliance and Division licensure for the level of care provided. ***All ASAM residential/transitional services that can be reimbursable under Medicaid or 3rd party payers must be billed to those payers. To promote sustainability of services designed under this RFA, a sustainability plan for uninterrupted continuation of services must be included in this submission and be in place no later than the end of the grant cycle (4/30/19).***

- Allowable funds for:
  - Level 3.7 Residential Withdrawal Management services based on ASAM Criteria and Division Criteria.
  - Level 3.1 or Level 3.5 Residential treatment services for MAT clients based on ASAM Criteria and Division Criteria.
  - Transitional Housing services for MAT clients based on Division Criteria.

Non-Allowable Activities

Non-allowable budget items:

- Supplanting of funding for existing positions.
- Individual provider purchase of naloxone.
- Individual provider purchase of MAT (i.e. Buprenorphine, Suboxone, Methadone, Naltrexone, Vivitrol).
- The purchasing of property, the construction of new structures, and the addition of a permanent structure, capital improvements of existing properties or structures.
- The purchasing of vehicles or lease of a vehicle.
- Bus passes / transportation.
- Incentives.

Technical Requirements

- **Certification is required to receive funding from the Division of Public and Behavioral Health, hereafter referred to as the Division. (**NRS 439.200**,** 458.025**)** A program must be certified by the Division through SAPTA to be eligible for any state or federal money for alcohol and drug abuse programs administered by the Division pursuant to chapter 458 of NRS for the prevention or treatment of substance-related disorders. For currently non-certified applicants refer to the Certification Process below.
- Organizations must be enrolled as a Medicaid Provider, and actively billing Medicaid for approved services within 30 days of application submission.
- **Excluded Parties –** DPBH requires that no sub-recipients of federal funding are to be found on the Lists of Parties Excluded from Federal Procurement or Non-procurement Programs accessible at https://www.sam.gov.

(Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

Division Certification Process through SAPTA

The following steps describe the process to submit a Certification Application along with the funding application:

1. Contact Joan Waldock from SAPTA via email at jwaldock@health.nv.gov to obtain the Division Certification Application and checklist.
2. In additional to the application checklist materials requirements, please include the following items with your Certification Application Packet and submit per the instructions on the Certification Application.
   a. A copy of the manual containing the policies and procedures of the program per NAC 458/ Division Criteria https://www.leg.state.nv.us/NAC/NAC-458.html;
   b. Health Care Quality & Compliance (HCQC) license if applicable, this would include a Narcotic Treatment Program in which Methadone maintenance is provided, if applicable.

Also, copies of FDA Waiver for Physicians, Physician Assistants and Nurse Practitioners approved to prescribe medications for OUD treatment.

Medicaid Enrollment Requirements and Division Funding Eligible Requirements

1. Organizations must be enrolled in both Fee For Service (FFS) Medicaid and with each Managed Care Organization to the extent they have open networks in order to maximize all Medicaid billing opportunities. Additionally, the applicant organization must be actively billing Medicaid for services at time of application submission.
2. Organizations must be a Division Certified Provider through SAPTA, or submit a Certification application at the time of application submission. For currently non-certified applicants refer to the Certification Process above.

Submission of Proposals

Applications must be completed on the forms included in the application packet provided by SAPTA. The application packet must be emailed to Dennis Humphrey in original files (Word, Excel) and must be received **on or before the deadline of June 13, 2018, by 4:00 p.m**.

Dennis Humphrey, Program Manager
Must be submitted to: opioidstrgrant@health.nv.gov and dhumphrey@health.nv.gov
with **RFA Opioid State Targeted Response: Service Expansion** in the subject line of the email.

Attachments are required to be in Microsoft Word or Excel format.

The Question and Answer (Q&A) period will be provided from May 29 – June 1, 2018. Questions must be submitted to: opioidstrgrant@health.nv.gov by 4:00 pm on and June 1, 2018. Responses will be provided via mandatory webinar session on June 5, 2018 from 10:00am. to 11:00am [https://zoom.us/j/944128376]. In addition a follow-up Frequently Asked Questions (FAQ) document will be provided capturing all questions asked and will be distributed on the DHHS Website.

Submissions should be in Times New Roman font using only 11-point. Submissions must abide by the maximum page limitations and exceeding identified limits may be cause for disqualification for review. Any documents or questions that are not applicable, identify the question and reflect NA.

Page Limit	Narrative to Consist of the following: ▪ Organizational Strength and Description (no more than 2 pages) ▪ Collaborative Partnerships (no more than 2 pages) ▪ Service Delivery (no more than 3 pages) ▪ Cost Effectiveness and Leveraging of Funds (no more than 1 page) ▪ Outcomes and Sustainability (no more than 3 pages) The following do not have page limitations: ▪ Scope of Work (See Appendix C) ▪ Outcome Objectives (See Outcome Objectives worksheet) ▪ Budget (See Appendix D) ▪ Attachments

	▪ Certification Documents
Submission Format	Emailed, Microsoft word or excel format, no-color
Font Size	11 pt., Times New Roman
Margins	1 inch on all sides
Spacing	Single Spaced
Headers	Mandatory and Identical to RFA Request
Attachments	Attachments other than those defined below, are not permitted. These appendices are not intended to extend or replace any required section of the Application.

Required Format: Each proposal submitted **must** contain the following sections:

Technical RFA Submission Requirements **Document should be tabbed with the following section**		**Completed**
Required number of copies to submit per submission requirements **(five copies)**		
Tab I	Submission Checklist & Cover Page with all requested information	
Tab II	Agency Profile and contact information with all requested information (Appendix B)	
Tab III	Narrative to Consist of the following: (Appendix C) ▪ Organizational Strength and Description ▪ Collaborative Partnerships ▪ Service Delivery ▪ Cost Effectiveness and Leveraging of Funds ▪ Outcomes and Sustainability	
Tab IV	Scope of Work with all requested information (Appendix D)	
Tab V	Outcome Objectives with all requested information (See Outcome Objectives Worksheet)	
Tab VI	Budget and Budget Justification with all requested information (Appendix E)	
Tab VII	Attachments ▪ Assurances ▪ Signed Conflict of Interest Policy Acknowledgement ▪ Proposed Staff Resume(s) ▪ Formal Care Coordination Agreements / MOUs currently in place ▪ 501 (c) 3 tax exempt where applicable ▪ Latest Audit Letter	
Tab VIII	National, State, and Division Certification through SAPTA Documents	
Email completed application in Microsoft Word or Excel format to opioidstrgrant@health.nv.gov and dhumphrey@health.nv.gov		

Application Evaluation Criteria

Applicants must provide evidence of their capacity to successfully execute all proposed strategies and activities to meet the objectives outlined in this RFA. Applications will be scored using the following criteria:

1. **ORGANIZATION STRENGTH AND DESCRIPTION (Up to 25 Points)**
   Elements to be evaluated: (1) Service area applying for and P-COAT Option, if applicable (2) Agency history, client population and levels of service, and experience in the community to include knowledge of local needs; (3) Project alignment with agency mission and goals; (4) Geographic Service Area; (5) Qualifications and tenure of staff providing proposed services; (6) The structure of the agency including Board of Directors (if applicable), hours of operation, and number of locations (7) Location(s) where service that you are applying for will be provided.

2. **COLLABORATIVE PARTNERSHIPS (Up to 15 Points)**
   Elements to be evaluated: (1) Collaboration with external community resources; (2) Roles of collaborating partners including sub-awardees (if any); (3) Plan to monitor sub-awardees to ensure adherence to award agreements and terms; and (4) Formalized care coordination agreements that are in place.

3. **SERVICE DELIVERY (Up to 25 Points)**
   Elements to be evaluated: 1) Proposed Project Service System; (2) Scope of Work Deliverables; (3) Proposed plan to expand access to treatment and recovery services to include number of new, unduplicated patients to be serviced; (4) Evidence-Based Practice to be utilized in OUD overdose education, treatment and recovery supports, if applicable; (5) Plan to align with Nevada Plan of Safe Care, if applicable (6) Patient engagement activities, if applicable; and (7) Description of MAT Services to be provided and FDA Waiver Approved Providers (if-applicable).

4. **COST-EFFECTIVENESS AND LEVERAGING OF FUNDS (Up to 15 Points)**
   Elements to be evaluated: (1) Existing Grants and Projects dedicated to addressing OUD, overdose prevention overdose and recovery activities and (2) Sources of reimbursement (e.g. Medicaid, Contracted MCOs, Sliding Fee Scale, Private Pay).

5. **Outcomes & Sustainability (Up to 20 Points)**
   Elements to be evaluated: (1) Sustainability Plan to include transition from grant funds to 3rd party payers (2) Impact of services to patients (3) Data Collection (TEDS and STR specific data) and Management Plan to include submission of required reports in a timely manner; (4) Outcome Objectives Worksheet.

APPENDICES

APPENDIX A

COVER PAGE

Nevada Division of Public and Behavioral Health

Bureau of Behavioral Health Prevention and Wellness

In response to:

Request for Applications
STR Service Expansion

Release Date: 05/29/2018

Deadline for Submission and Time: 06/13/2018 at 4:00 PM (PST)

Our application is respectfully submitted as follows:

Company Name:			
Clinic Address:			
Mailing Address: (If different)			
Phone:		**Fax:**	
Executive Director/CEO:			
Name of Primary Contact for Proposal:			
Proposal Primary Contact Email Address:			

As a duly authorized representative, I hereby certify that I have read, understand, and agree to all terms and conditions contained within this request for applications and that information included in our organization's application hereby submitted is accurate and complete.

Signed: **Date:**

Print Name: **Title:**

APPENDIX B

AGENCY PROFILE INSTRUCTIONS

Project Number – Leave blank (Assigned by SAPTA)

Application Number – Leave blank (Assigned by SAPTA)

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

Agency Name – Applicant's legal agency name

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

Agency Address – Street and floor or suite number

Agency City/State – City and State

Agency Zip Code – Five or nine-digit zip code

Employer ID Number – Provide employer identification number (EIN)

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

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

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

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

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

AGENCY PROFILE

Project HD Number: *(Assigned by DPBH)*		
Application Number: *(Assigned by DPBH)*		
Agency Name:		
Agency Website:		
Agency Telephone Number:		
Agency Fax Number:		
Agency Address:		
Agency City, State:		
Agency Zip Code:		
Employer ID Number (EIN):		
DUNS Number:		
SAPTA Certified Residential and/or Transitional Treatment Facility:	☐ Yes ☐ No	Date certified?
Project Period: *(Month/Day/Year)*	Start Date 10/01/18	End Date 09/30/20
Amount Requested:		

ADDITIONAL FACILITY LOCATIONS

1.	Service Location: Address: Phone Number: Site Contact Person/Email:
2.	Service Location: Address: Phone Number: Site Contact Person/Email:
3.	Service Location: Address: Phone Number: Site Contact Person/Email:
4.	Service Location: Address: Phone Number: Site Contact Person/Email:

CONTACT INFORMATION

Name of **Project Manager/ Director**:	
Title:	
Telephone:	
Fax:	
Email:	

☐ Check, If same as Project Director

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

Signature Authority:

☐ Check, If same as Project Director

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

Additional Point of Contacts

Name // Title:	
Title:	
Telephone:	
Email:	

Name // Title:	
Title:	
Telephone:	
Email:	

Name // Title:	
Title:	
Telephone:	
Email:	

APPENDIX C

Narrative

Applicants must provide evidence of their capacity to successfully execute all proposed strategies and activities to meet the objectives as outlined in this RFA. Outline category area(s) in which you are submitting for.

Organizational Strength and Description (up to 25 points)

In no more than three pages, single spaced, please describe:

- Service area applying for and P-COAT Option, if applicable
- Agency history, client population and levels of service, and experience in the community to include knowledge of local needs;
- Project alignment with agency mission and goals;
- Geographic Service Area;
- Qualifications and tenure of staff providing proposed services;
- The structure of the agency including Board of Directors (if applicable), hours of operation, and number of locations
- Location(s) where service that you are applying for will be provided.

Collaborative Partnerships (up to 15 points)

In no more than two pages, single spaced, please describe:

- Collaboration with external community resources;
- Roles of collaborating partners including sub-awardees (if any);
- Plan to monitor sub-awardees to ensure adherence to award agreements and terms; and
- Formalized care coordination agreements that are in place.

**Please note that any sub-awardees must be certified by SAPTA and an approved vendor for the state of Nevada-DPBH.*

Service Delivery (up to 25 points)

In no more than three pages, single spaced, please describe:

- Proposed Project Service System;
- Scope of Work Deliverables;
- Proposed plan to expand access to treatment and recovery services to include number of new, unduplicated patients to be served;
- Evidence-Based Practice to be utilized in OUD overdose education, treatment and recovery supports, if applicable;
- Plan to align with Nevada Plan of Safe Care, if applicable
- Patient engagement activities, if applicable; and
- Description of MAT Services to be provided and FDA Waiver Approved Providers (if-applicable).

Cost Effectiveness and Leveraging of Funds (up to 15 points)

In no more than one page, single spaced, please describe:

- Existing Grants and Projects dedicated to addressing OUD, overdose prevention overdose and recovery activities and
- Sources of reimbursement (e.g. Medicaid, Contracted MCOs, Sliding Fee Scale, Private Pay).

Outcomes and Sustainability (up to 20 points)

In no more than three pages, single spaced, please describe:

- Sustainability Plan to include transition from grant funds to 3rd party payers
- Impact of services to patients
- Data Collection (TEDS and STR specific data) and Management Plan to include submission of required reports in a timely manner.
- Outcome Objectives Worksheet

APPENDIX D

PROPOSED SCOPE OF WORK INSTRUCTIONS

(Please use the attached Scope of Work Template (not the example template))

1. **Provider Name:** Please fill in the name of your organization.
2. **HD #:** The 5-digit HD (Health Division number). ***Please leave this space blank***. This number will be assigned by Division staff.
3. **Purpose/Title:** Please fill in the purpose or title (project name) and then a brief description. *Example: Women's Housing; to increase the number of beds available for treatment in Nevada for women.*
4. **Brief Description of Program:** Please provide a short description of the program/project.

   Example: A SAPTA certified and licensed residential facility designed for women and children which supports abstinence from alcohol and other drugs.
5. **Problem Statement:** Briefly describe the problem or the gap that is being addressed through this scope of work.

   Example: Our facility continually carries a waitlist on average of 5 women.
6. **Goal (Provide a description of a broad goal):** The goal does not need to be measurable (e.g. improve the health of women, reduce IVDU, etc.). The goal is the broadly stated purpose of the program. A goal may be stated as reducing a specific behavioral health problem or as improving health and thriving in some specific way. It should be a very broad result that you are looking to achieve. Goals can be one or many; however, each goal must have its own Outcome Objectives and Activities and may include the target population to be served.

   Example: To add beds to a stable residential care facility providing therapy for substance abuse, mental illness, other behavioral problems and other wrap around services.
7. **Outcome Objectives:** Please enter a description of measurable Outcome Objectives which are Specific, Measurable, Achievable, Realistic, Time limited (S.M.A.R.T.). Outcome objectives are specific statements describing the strategies you will employ, the subrecipients you will fund, the evidence-based programs you hope to accomplish that must be measurable and should include:

   Who: Target population

   What: Strategies and Evidence based programs utilized to effect change

   Where: Area

   When: When will the change occur

   How much: Measurable quantity of change

Example: will increase the number of women's beds from 6 to 12.

Outcome Objectives can be Qualitative or Quantifiable:

Example – Qualitative: At least 95% of 2018-2019 program graduates will report an understanding of the increased risk of negative birth outcomes when women consume alcohol during pregnancy.

Example – Quantifiable: By June 2019, the waitlist for residential substance abuse treatment beds will be reduced from sixty days to no more than fourteen days.

(Refer to Outcome Objectives Worksheet for further guidance. There may be several objectives under one goal.)

8. **Percent Funding:** Please enter the estimated percent of the budget that will be allocated to this objective. Total sum of the percentages allocated to the following budget categories – Personnel, Travel, Equipment, Operating, Consultant/Contracts, Training and Other – should equal 100%.

   Example: *% (for this Outcome Objective)*

9. **Activities:** List the steps planned to achieve the stated Outcome Objective.

   Example:

   1. *Secure residential location, licensing, inspections, and certifications*
   2. *Hire support staff for the program; therapy, maintenance, etc.*
   3. *Work with law enforcement, prosecutors and the judiciary system to identify potential clients.*
   4. *Purchase operating supplies, equipment, furniture, etc.*

   Identify and implement advertising, outreach, fundraising, and other financial support mechanisms to support future sustainability.

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

    Example: September 30, 2019

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

    Example:

    1. *Informational brochures, copies of flyers, ads and newspaper articles, social media and TV ads used in this effort.*
    2. *Contracts related to leasing, employment, supplies, maintenance agreements, operations, etc.*
    3. *Meeting minutes, Memorandum of Understanding, records of efforts to influence public opinion.*

4. Records of interviews, surveys, reports, focus groups, local law enforcement data, etc.

12. **Evaluation:** Please explain how you will evaluate whether you have met your objectives or not. The evaluation plan should clearly explain what data will be used, where and how you will collect the data, and any analysis, e.g. simple rate comparison, statistical tests of significance, etc. If you are using an evidence-based program, many times the evaluation criteria is provided and should be used to preserve fidelity with the evidence-based methods. (Please note: Bureau/Division can provide technical assistance on this element, if needed, if application is approved for funding.)

    Example: *Bi-weekly monitoring of the county residential treatment waitlist will be conducted. Changes in wait times will be analyzed to ensure that evidence supports the desired wait reduction. If analysis shows that wait times remain stagnant, increase, or do not decrease at a rate significant to meet stated reduction objective, a root cause analysis will be conducted to determine reasons.*

SCOPE OF WORK

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

Goal – List the achievement desired.

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

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

Due Dates: The date by which activities will be completed.

Documentation:

- **Performance Measures –** What are the measures by which you will evaluate the progress of achieving your goals and objectives through the activities? These are the items that will be evaluated as a successful realization of the project.

- **Evaluation and Outcome for this Objective –** This is how your agency will qualify and quantify the selected performance measures. Measure or evaluate the work being done to ensure that the agency is on track to achieve the goals and objectives. What tools will the agency use to evaluate performance?

SCOPE OF WORK - TEMPLATE

State of Nevada

Division of Public & Behavioral Health

2018 STR Expansion Services – Behavioral Health Wellness and Prevention

Provider: Click here to name.

Purpose: Click here to enter text.

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

Problem Statement: Click here to enter the problem being addressed

Goal 1: Click here to enter a goal

Problem Statement: Click here to enter the problem being addressed

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

NOTE: Please add or delete table rows as necessary. You may also add additional charts if needed to detail additional objectives under each goal and/or to add additional goals.

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

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

Goal 2: Click here to enter a goal

Problem Statement: Click here to enter the problem being addressed

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

SCOPE OF WORK EXAMPLE

Provider Name: Second Chances, Inc.

Purpose/Title: Women's Housing; to increase beds in Nevada for women

Brief Description of program: A SAPTA certified and licensed residential facility designed for women and children which supports abstinence from alcohol and other drugs.

Problem Statement: Second Chances continually carries a waitlist of an average of 5 women.

Goal 1: To add beds to a stable residential care **facility** providing therapy for substance abuse, mental illness, other behavioral problems and other wrap around services.

Outcome Objective 1a: Second Chances, located in Washoe County, will increase the number of women's beds from 6 to 12.	**% Funding:**	**60%**

Activities	**Date due by**	**Documentation**
1. Secure residential location, licensing, inspections, and certifications.	2/28/2019	Contracts, licenses, certification certificates
2. Hire support staff for the program; therapy, maintenance, etc.	2/19/2019	Job Announcements, work performance standards, interviewing and hiring packets, personnel records.

3. Work with law enforcement, prosecutors. the judiciary and other agencies to identify, enroll and place clients.	3/5/2019	Meeting minutes, opinion surveys, newspaper articles to influence public opinion, local law enforcement records, any memoranda of understanding
4. Purchase operating supplies, equipment, furniture, etc.	2/28/2019	Purchase orders, invoices, AP receipts.
5. Identify and implement advertising, outreach, fundraising, and other financial support mechanisms to support future sustainability.	3/31/2019	Meeting minutes, public opinion surveys, Copies of flyers, public service announcements, advertisements on radio, tv & social media
Evaluation: Successful execution of a building lease/contract. Obtaining licenses and required certifications. Getting the building ready for admissions. Securing and placing adolescent females (admissions tracking).		

OUTCOME OBJECTIVES WORKSHEET

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

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

Who (or what)	**What (desired effect)**	**How (expected results)**	**When (by when)**
The person, place or thing in which the objective will cause some change. **Example:** The number of pregnant women receiving substance abuse treatment.	This should illustrate some change in either a positive or negative direction, i.e. increase or decrease. **Example:** will increase	This should depict the magnitude of the desired change, i.e. a change in percentage, a change in raw numbers, or a statistical measure. Be as specific as possible and make sure it is realistic. **Example:** By 10% from the previous year October 1, 2017 to September 30, 2018	This depicts the target date for the objective to be achieved. Don't confuse this with deadlines for activities. This should be your final deadline for the objective. **Example:** by September 30, 2018

APPENDIX E

PROPOSED BUDGET PLAN – INSTRUCTIONS & BUDGET EXAMPLE

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

Funding Details and Requirements:

This funding announcement is for the STR Service Expansion. The subgrant period for this application will be for **the project period of 10 months** and will start **August 1, 2018** and continue through **May 30, 2019**.

1. Apply for the project period. Complete an individual scope of work (SOW), budget and budget narrative for each budget cycle of the ten-month project period.
2. Unspent funding will be returned to the state. No exceptions.
3. All funding is subject to the availability of funding.

Detailed Budget Building Instructions by Line Item:

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

1. **Under the "Category" section of the line item;** there is nothing to be filled out or completed by the applicant. **Please see the Example Budget for reference**

2. **Under the "Total Cost" section of the line item;** the total cost identified should represent the sum of all costs represented in the "Detailed Cost" section associated to the line item. **Please see the Example Budget for reference**

3. **Under the "Detailed Cost" section of the line item**; the detailed costs identified should represent the sum of all costs represented in the "Details of expected expenses" section associated to the line item. **Please see the Example Budget for reference**

Under the "Details of Expected Expenses" section of the line item; the details of expected expenses identified here should represent the fiscal/mathematical representation of all costs that are outlined in the budget narrative. The expenses should represent a projection of the expenses that will be charged to the subgrant that directly support the work necessary to complete the tasks that are required to meet the goals and objectives as outlined in the scope of work (SOW) for this subgrant.

Example Budget for reference.				
Category		**Total Cost**	**Detailed Cost**	**Details of Expected Expenses**
1. Personnel	**$**	**77,280**	**Personnel: The costs that are allowable in this budget line item are personnel costs only. This does not include any form of temporary staff, contract employees and/or volunteers.** The following details must be included in the details of expected expenses sections of the line item. 1. The positions title must be included. **NOTE:** Do not put an individual name. 2. The number of staff that will be charged to the grant under a specific position title. **NOTE:** If your organization charges multiple staff that share the same projected allocation of time, then group them together. See Project Coordinators **NOTE:** If your organization charges multiple staff that do not share the same projected allocation of time, then separate them. See Administrative Assistant 3. The total annual salary of the position per year. 4. The percentage of time they will be contributing to the project. 5. The sum total of 1 through 4. 6. The fringe benefits line must be represented as an average percent of the total salaries being charged to the grant. **Example:** $7,000 + $22,500 + $35,000 + $3,000 + $1,500 = $69,000. The average cost of fringe benefits for all staff being charged to the grant is 12%. Fringe benefits are calculated as $69,000 X 12% (0.12) = $8,280. **Salaries:** (FTE X Annual Salary X % of Effort = Salary Charged) **Fringe:** (Total Salary Charged X Average Fringe Benefit Rate = Fringe Benefit Cost) **NOTE:** Please see the example below.	
			$ 7,000	Executive Director, 1 X $70,000 per year X 10% = $7,000
			22,500	Project Manager, 1 X $45,000 per year X 50% = $22,500
			35,000	Project Coordinators, 2 X 35,000 per year X 50% = $35,000
			3,000	Administrative Assist, 1 X $15,000 per year X 20% = $3,000
			1,500	Administrative Assist, 1 X $15,000 per year X 10% = $1,500
			8,280	

			Fringe Benefits equals 12% of total salaries charged - $69,000 X 12% = $8,280
2. Travel	**$ 8,160**	**Travel: The costs that are allowable in this budget line item are all travel costs.** The following details must be included in the details of expected expenses sections of the line item. All rates must be reflective of actual GSA approved rates at the time budget development. 1. Mileage should reflect GSA approved rate and total projected miles to be driven. 2. A brief description of the trip. 3. The destination of the trip. 4. The number of staff that will be traveling. 5. An estimated trip cost per staff traveling. 6. The projected trip total. **Mileage:** (GSA Rate X Number of Miles = Cost) **Trips**: (Number of staff X estimated cost per staff X number of trips = Cost) **NOTE:** Please see the example below	
		$ 1,070 3,000 4,000 90	Mileage for local meeting and events - $.535 X 2000 miles =$1,070 1 SAMHSA Conference, Washington DC, April 2017, 2 Staff, $1,500 each = $3,000 4 Quarterly Meetings, Statewide, 2 Staff, $500 each = $4,000 1 "Prevention Training" travel only, Reno, 6 staff, $15 each = $90
3. Operating	**$ 7,075**	**Operating: The costs that are allowable in this budget line item are all operating costs. Operating costs may include but are not limited to; building space, utilities, telephone, postage, printing and copying, publication, desktop/consumable office supplies, drugs, biologicals, certification fees and insurance costs. If applicable, indirect costs are not included in this section. Organizational costs that do not reasonably contribute the accomplishments of project tasks, goals and objectives of the scope of work cannot not be charged to the grant.**	

<table>
<tr><td></td><td></td><td colspan="2">The following details must be included in the details of expected expenses sections of the line item.

1. A brief description of the item being charged.
1. The monthly average cost of the item.
2. The number of months that the budget encompasses.
3. If the item of cost is split between funding sources, then include the percentage of split being charged to this grant.
NOTE: if one item of cost is split at 25% then all other items of cost should share the same percent of the split.

Supplies: (Per Month Cost X number of months charged X Rate of Allocation = Cost)

NOTE: Please see the example below</td></tr>
<tr><td colspan="2"></td><td>$ 900

4,500

300

375

1,000</td><td>Office Supplies (paper, pencils, pens, etc.) - $75 per month X 12 months = $900

Rent - $1,500 per month X 12 Months = $18,000 X 25% allocation.

Phone - $100 per month X 12 months = $1,200 X 25% allocation.

E-mail - $125 per month X 12 months = $1,500 X 25% allocation.

1 Computer for the project manager X $1000 per computer</td></tr>
<tr><td>4. Equipment</td><td>$ 16,500</td><td colspan="2">Equipment: The costs that are allowable in this budget line item are equipment costs. Per federal regulation; §200.33 Equipment. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000 per unit

The following details must be included in the details of expected expenses sections of the line item.

1. Include a brief description of the item being charged.
2. Include the cost of the item, per unit.
3. Include the number of units that are being purchased.</td></tr>
</table>

		4. If the item of cost is split between funding sources, then include the percentage of split being charged to this grant. **NOTE:** if one item of cost is split at 25% then all other items of cost should share the same percent of the split. **Equipment:** (Per Unit Cost X Number of Units = Cost) **NOTE:** Please see the example below	
		$ 16,500	Examination Table, $5,500 per unit X 3 units – 16,500 (*this is almost never used; most expenditures will fall under Operating costs*)
5. Contractual Consultant	**$ 99,575**	**Contractual: The costs that are allowable in this budget line item are contract costs. List all sub-grants, consultants, contract, personnel/temporary employees and/or vendors that will be procured through a competitive process. (Travel and expenses of consultants and contractor should be incorporated into the contracts and included in this section as a part of the estimate contract cost.)** The following details must be included in the details of expected expenses sections of the line item. 1. Include a brief description of the intended future contract that is being considered. 2. Include the estimated cost of the contract. 3. If applicable, include the cost of and number of deliverables that will be the result of the completed contract. 4. If applicable, include the per hour rate of the contract and the number of hours the project is going to take. 5. For subgrant funding; provide a brief description of the sub-grant project or projects and the total estimated pass-through amount. **NOTE:** Do not list the actual names of contractors, consultants, vendors or subgrantees in the budget. **NOTE:** Please see the example below	
		$ 20,000 4,375 15,200	Contract to provide 4 regional prevention training courses; $5,000 X 4 Courses = $20,000 Media consultant - $35 per hour X 125 hours = $4,375 Contract for the development of a community needs assessment = $95.00 per hour X 160 hours - $15,200 Sub-grants for community primary prevention programs = $60,000

		60,000	
6. Training	**$ 1,650**	**Training: The costs that are allowable in this budget line item are training costs. This line item may include registration fees/conference fees and training costs. This line item can be used to budget for training that will be attended by staff and for the costs of training and educational materials being provided to targeted populations as identified in accordance to the proposed SOW.** The following details must be included in the details of expected expenses sections of the line item. 1. Include a brief description of the intended training cost being considered. 2. Include the estimated cost of the training. 3. If developing educational materials for hosting a training. 4. Include the "per unit" cost and number of units being developed for the training. **NOTE:** Please see the example below	
		$ 500	SAMSHA Conference registration fees, 2 staff X $250 each = $500
			Prevention Training registration fees, 6 staff X $25 each = $150
		150	Printing cost for education books for addiction prevention seminar = $20 per book X 50 books = $1000
		1,000	
7. Other/Indirect	$ 27,469	**Other/Indirect: The costs that are allowable in this budget line item are indirect costs and if applicable audit costs.** The following details must be included in the details of expected expenses sections of the line item. 1. Include a brief description of the intended cost being considered. 1. For audit costs include the total annual of the audit and the rate of allocation. **NOTE:** the rate of allocation should be the same as the rates of allocation in the operating section. If not, provide a justification as why the rate of allocation is different. 2. If applicable, include the total direct costs being charged for indirect. 3. If applicable, include the federally approved indirect rate total direct costs being charged for indirect. **Audit Cost:** (Annual audit cost X Rate of Allocation = Cost)	

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

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

Review and complete the included Excel budget form. Please refer to the Instructions for Proposed Budget Plan(s) and/or Subcontracting Budget Plan provided in Attachment B.

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

See Proposed Budget Template on the next page…

PROPOSED BUDGET TEMPLATE

Click to insert the Organizations Name			
BUDGET NARRATIVE			
June 20, 2018 through September 30, 2018			
Detailed Budget Year 1 – July 1, 2018 through June 30, 2019			
Category	**Total cost**	**Detailed cost**	**Details of expected expenses**
1. Personnel	$		
		$	# and type (position type; FTE type) of staff to be hired
2. Travel	$		
		$	# traveling, positions traveling, location, dates of travel, purpose, reimbursement made in accordance with SAM
3. Operating	$		
		$	To include: xxxx
4. Equipment	$		
		$	Itemize expenses allowed within this category
5. Contractual Consultant	$		
		$	Itemize expenses allowed within this category
6. Training	$		
		$	Type of training, location, # attending, benefit to Subgrantee and implementation of subgrant
7. Other	$		
		$	Itemize expenses allowed within this category
Total Cost	$		

APPENDIX F

SPENDING PLAN

Template

Sub-grant Time Period	Aug-18	To	Jul-19
Total Budget Requested:			

Category	Total Requested Budget	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Total of Months
Personnel	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Travle	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Operating	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Equipment	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Contract/Consultant	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Training	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total:	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Percent of Total	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Instructions:

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

- In cell C3, please enter the name of your organization.
- In cell C4, select the start month and year of your subgrant by using the drop-down box. After you make your month and year selection, the rest of the dates will be filled in automatically for a 12-month time period.
- In cell C5, enter the total amount of your sub-grant award.
- In cells B7 to B 13, put the total amount of the categorical costs in the appropriate section. These amounts must match the amounts in the same categories in you budget justification.
- In cells C7 to N7, enter your expected total personnel costs for each month.
- In Cells C8 to N8, please enter your expected travel costs for each month as appropriate.
- In Cells C9 to N9, please enter operating costs you expect to spend for each month.
- In Cells C10 to N10, please enter any planned equipment purchases and place those costs in the month(s) you expect to incur the costs.
- In Cell C11 to N11, place the total expected costs for Contracts/Consultants in the months you plan on using such services.
- In Cell C12 to N12, please note any expected training costs in the months you expect the training activities to occur.
- In Cell C13 to N13, please specify any other costs that are planned in the months they will occur.

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

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

APPENDIX G

BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION PROGRAM REQUIREMENTS

In addition to the Division of Public and Behavioral Health Subaward Grant Assurances, the subrecipient and all organizations or individuals to whom the sub-grantee passes through funding must be in compliance with all applicable rules, federal and state laws, regulations, requirements, guidelines, and policies and procedures. The terms and conditions of this State subaward flow down to the subrecipient's pass through entities unless a particular section specifically indicates otherwise.

GENERAL REQUIREMENTS

Applicability

This section is applicable to all subrecipients who receive finding from the Division of Public and Behavioral Health through the Bureau of Behavioral Health Wellness and Prevention (BBHWP). 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 and/or Projects for Assistance in Transition from Homelessness Grants

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] guidelines for travel

9. The Division of Public and Behavioral Health, BBHWP 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.
    b. The subrecipient's certification must be current and fees paid prior to release of certificate in order to receive funding from the Division. Subawards cannot be issued unless certifications are current.

11. The Subgrantee shall carry and maintain commercial general liability coverage for bodily injury and property damage as provided for by NRS 41.038 and NRS 334.060. In addition, Subgrantee shall maintain coverage for its employees in accordance with NRS Chapter 616A. The parties acknowledge that Subgrantee has adopted a self-insurance program with liability coverage up to $2,000,000 and has excess liability coverage up to $20,000,000 for bodily injury (automobile and general liability), property damage (automobile and general liability), professional liability, and personal injury liability. The parties further acknowledge that Subgrantee is self-insured for workers' compensation liability. Subgrantee warrants that its participation in the plan is in full force and effect and that there have been no material modifications thereof. If, at any time, Subgrantee is no longer a participant in the self-insurance program, then Subgrantee shall immediately become a participant in a comparable self-insurance program or immediately obtain a policy of commercial insurance. The parties acknowledge that any Subgrantee liability is limited by NRS 41.0305 through NRS 41.035.

12. 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.

13. 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.

14. 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).

15. The subrecipient shall 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 subrecipient serves minors with funds awarded through this subaward.

16. Application to 2-1-1
    - As of October 1, 2017, the Sub-grantee will be required to submit an application to register with the Nevada 2-1-1 system.

17. The subrecipient agrees to cooperate fully with all BBHWP sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.

18. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.

19. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subaward may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The BBHWP may reallocate funds to other programs to ensure that gaps in service are addressed.

20. The subrecipient acknowledges that if the scope of work is NOT being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical assistance will be provided by BBHWP staff or specified subcontractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, BBHWP will provide written notice identifying the reduction of funds and the necessary steps.

21. The subrecipient will NOT expend BBHWP 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.

22. Failure to meet any condition listed within the subaward 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:

23. 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.

24. 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

25. 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.
26. The non-federal entity financial statements may also include departments, agencies, and other organizational units.

27. Year-End Financial Report must be signed by the CEO or Chairman of the Board.

28. 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.

29. 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.

30. The Year-End Financial Report must be submitted to the Division 90 days after fiscal year end at the following address.

    Behavioral Health Wellness and
    Prevention

    Attn: Management Oversight Team

    4126 Technology Way, Second
    Floor Carson City, NV 89706

<u>Limited Scope Audits</u>

31. 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.

32. 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.

33. 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).

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

    Behavioral Health Wellness and
    Prevention Attn:
    Management Oversight Team

4126 Technology Way, Second Floor
Carson City, NV 89706

Amendments

35. 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 BBHWP through the assigned analyst prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via email.

36. For any budgetary changes that are in excess of 10 percent of the total award, an official amendment is required. Requests for such amendments must be made to BBHWP in writing.

37. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.

38. 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.

39. The subrecipient acknowledges that requests to revise the approved subaward must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
40. Final changes to the approved subaward that will result in an amendment must be received 60 days prior to the end of the subaward 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

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

SUBSTANCE USE TREATMENT SERVICES

Applicability

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

1. The subrecipient, as applicable, if identifying as Faith-Based Organizations must comply with 42 USC § 300x-65 and 42 CFR part 54 (42 CFR §§ 54.8(c) (4) and 54.8(b)), Charitable Choice provisions and regulations.

    a. The subrecipient must post a notice to advise all clients and potential clients that if the client objects to the religious character of the Sub-grantee's organization as applicable.

    b. The client has the right to be referred to another Division-funded provider that is not faith-based or that has a different religious orientation.

2. Priority Groups – The subrecipient agrees to prioritize and expedite access to appropriate treatment, except for Civil Protective Custody Services, for priority populations in the following order:

    a. Pregnant injecting drug users;
    b. Pregnant substance abusers;
    c. Injection drug users;
    d. Substance using females with dependent children and their families, including females who are attempting to regain custody of their children; and
    e. All others.

3. The subrecipient agrees to report within 24 hours to the Bureau of Behavioral Health Wellness and Prevention when any level of service reaches 90 percent capacity or greater in accord with the Division's Wait List and Capacity Management policy.

4. A subrecipient who provides residential services agrees to report bed capacity in the HavBed system or a successor system for residential services daily in accord with the Division's Wait List and Capacity Management policy.

5. Programs will make continuing education in alcohol and other drug treatment available to all employees who provide services.

6. The subrecipient must post a notice, where clients, visitors, and persons requesting services may easily view it, that no persons may be denied services due to inability to pay. This notice may stipulate that the organization is authorized to deny services to those who are able to pay but refuse to do so.

7. The subrecipient is required to implement the National Institute of Drug Abuse (NIDA) 13 principles of treatment.

8. The subrecipient is required to participate, if selected to be reviewed by the Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (AADAPTS) annual peer review process.

Capacity of Treatment for Intravenous Substance Abusers

9. A subrecipient must admit an individual who requests and needs treatment for intravenous drug use to a treatment program. If unable to provide services, the subrecipient must contact the BBHWP according to the Division's Capacity Management and Wait List policy.

10. The subrecipient who treats persons who inject drugs agrees to carry out activities to encourage individuals in need of treatment for injection drug use to undergo such treatment. The subrecipient must use outreach models that are scientifically sound or an alternate outreach method that is reasonably expected to be effective and has been approved by the BBHWP. All outreach activities will be reported to the Division quarterly. The model shall require that outreach efforts include the following at a minimum:

    a. Selecting, training and supervising outreach workers;
    b. Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
    c. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
    d. Recommend steps that can be taken to ensure that HIV transmission does not occur; and

e. Encouraging entry into treatment.

Treatment services for pregnant women (45 CFR § 96.131)

11. All subrecipient who treat women agree to provide immediate comprehensive treatment services to pregnant women, or if the sub-grantee is unable to do so, the sub-grantee must immediately contact the Bureau of Behavioral Health Wellness and Prevention in accord to the Divisions Capacity Management and Wait List policy.

12. Subrecipients who do not treat women and who receive a request for treatment services from a pregnant woman must provide a referral to an appropriate treatment provider within 48 hours of the request for services and must immediately notify the Bureau of Behavioral Health Wellness and Prevention of the need for such services.

13. Subrecipients who provide services to women agree to publicize the availability of services to women in priority populations and the admission priority granted to pregnant women. The publication of services for women in priority populations may be achieved by means of street outreach programs, ongoing public service announcements, regular advertisements, posters placed in target areas, and frequent notification of availability of such treatment services distributed to the network of community-based organizations, health care providers, and social services agencies.

Records

14. All subrecipients will have in effect a system to protect from inappropriate disclosure of client records, compliant with all applicable State and federal laws and regulations, including 42 CFR, Part 2.

15. The system to protect confidentiality shall include, but not be limited to, the following provisions:
    a. Employee education about the confidentiality requirements, to be provided annually;
    b. Informing employees of the fact that disciplinary action may occur upon inappropriate disclosure.

Reporting

16. The subrecipient is required to submit monthly Treatment Episode Data Set (TEDS) admissions files and TEDS discharges files in accordance with current block grant requirements. The subrecipient is also required to submit any other reporting as defined and requested by the BBHWP.

17. The subrecipient agrees to participate in reporting all required data and information through the authorized BBHWP data reporting system and to the evaluation team as required; or, if applicable, another qualified Electronic Health Record (EHR) reporting system.

Fee for Service requirements

18. Subrecipients that have been awarded a fee for service subaward must comply with the Division's Utilization Management policy and the following billing and eligibility rules for claims processing.

    a. The service must be delivered at a Division certified facility.
    b. The certifications must cover the service levels under which the qualified service was delivered.
    c. The service must be provided by an appropriately licensed/certified staff member.
    d. The service delivered must be a Division qualified service which is **NOT** reimbursable by Medicaid or other third-party insurance carrier.
    e. The rate of reimbursement will be based on the Division approved rates (available upon request).
    f. The subrecipient agrees to accept the Division reimbursement rate as full payment for any program eligible services provided.
    g. The subrecipient is responsible for ensuring that all third-party liabilities are billed and collected from the third party payers and are **NOT** billed to the Division.
    h. Division funds will **NOT** be used to fund the services for self-pay clients or clients who elect not to use their insurance coverages. This includes clients that elect not sign up for insurance under the ACA [Affordable Care Act] or clients that have existing insurance and choose not to use their insurance for treatment services. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.
    i. Division funds will **NOT** be used to reimburse Medicare claims.
    j. Division funds will **NOT** be used to reimburse claims for which the client is pending eligible for insurance coverage.
    k. Division funds will **NOT** be used to reimburse for claims denied by Medicaid or other insurance carriers unless the claim was denied as "not a covered benefit".

        i. Claims denied as "not a covered benefit" and billed to the Division must have the accompanying denial attached in order to guarantee payment.

    l. Division funds will **NOT** be used to cover any unpaid costs that Medicaid and/or other

insurance carriers may not reimburse (i.e. copayments, deductibles).

m. The subrecipient agrees to use Division funds as the "payer of last resort" for all services provided to clients. If an undue barrier to treatment exist, a written request to the Division may be submitted for review and some services may be covered upon written permission from the Division.

19. The subrecipient must establish policies, procedures, and the systems for eligibility determination, billing, and collection to:
    a. Ensure that all eligible clients are insured and/or enrolled in Medicaid in accord with the ACA;
    b. Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any State compensation program, any other public assistance program for medical assistance, any grant program, any private health insurance, or any other benefit program; and secure from client's payment for services in accordance with their ability to pay; and
    c. Prohibits billing the Division for a service that is covered by Medicaid or any other insurance carrier. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.

BILLING THE DIVISION

Fee-for-service only

20. The subrecipient agrees to submit a monthly billing invoice, along with back-up documentation via the Secure File Transfer Protocol (SFTP) site to the Division; the Sub-grantee agrees to notify the treatment analyst once the invoice has been posted to the SFTP site.

21. Upon official written notification from the BBHWP, prior authorizations will be required for all residential and transitional housing services being billed to the Division.

22. The subrecipient agrees to include an explanation of benefits for all charges requested for services that have been denied by Medicaid or any other third-party payer due to non-coverage of that benefit.

23. The subrecipient understands that charges greater than 90 days from the date of service will

be considered stale dated and may not be paid.

24. The subrecipient understands that quarterly Medicaid audits will be conducted by Division and recouping of funds may occur.

25. The subrecipient understands that they are required to produce an invoice that breaks out the total number of services provided by level of care and CPT or HCPCS code. The invoice must, at a minimum meet the following conditions.
    a. The invoice must contain, company information (Name, address, City, State and Zip), Date, unique Invoice #, vendor #, PA or HD#.
    b. The invoice must contain contact name, phone number, e-mail and identify the invoice period.
    c. The invoice must contain: Billed To: The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention, 4126 Technology Way, Suite 200, Carson City, NV 89706.
    d. The invoice must show the total number of services by CPT or HCPS code, the rate being charged, the total amount charged to that CPT or HCPS code line and summarize the totals by level of care.
    e. The invoice must also show the total number of services provided, the total number of unique clients served for the invoice and the total amount charged to the invoice.
    f. The invoice must be signed and dated by the organizations fiscal officer and include the following certification, "By submitting this invoice, we certify that all billing is correct and no Medicaid or other insurance eligible services have been charged to this invoice."

REQUESTS FOR REIMBURSEMENTS (All non-fee-for-service subawards)

1. Request for Reimbursement is due, at a minimum, on a monthly basis, based on the terms of the sub-grant agreement, no later than the 15th of the month. If there has been no fiscal activity in a given month, a Request for Reimbursement claiming zero dollars is required to be submitted for the month.

2. Reimbursement is based on actual expenditures incurred during the period being reported.

3. Requests for advance of payment will not be considered or allowed by the Division.

4. Reimbursement must be submitted with all Division required supporting back up documentation. The Division has the authority to ask for additional supporting documentation at any time and the information must be provided to Division staff within 10 business days of the request.

5. Payment will not be processed without all programmatic reporting being current.

6. Reimbursement may only be claimed for allowable expenditures approved within the sub-grant award.

7. The subrecipient is required to submit a complete financial accounting of all expenditures to the Division within 30 days of the **CLOSE OF THE SUBAWARD PERIOD**. All remaining balances of a federally funded sub-grant revert back to the Division 30 days after the close of the subaward period.

8. The Request for Reimbursement to close the State Fiscal Year (SFY) is due at a minimum of 25 days after the close of the SFY which occurs on June 30. All remaining balances of the State funded subawards revert back to the State after the close of the SFY.

9. The subrecipient must retain copies of approved travel requests and claims, consultant invoices, payroll register indicating title, receipts for goods purchased, and any other relevant source documentation in support of reimbursement requests for a period of three years from the date of submission of the State's final financial expenditure report submitted to the governing federal agency.

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

Acronyms & Definitions

Acronym	Definition
Agreement	As used in the context of care coordination, an agreement is an arrangement between the applicant organization and external entities with which care is coordinated. Such an agreement is evidenced by a contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU) with the other entity, or by a letter of support, letter of agreement, or letter of commitment from the other entity. The agreement describes the parties' mutual expectations and responsibilities related to care coordination.
AOR	Authorized Organization Representative -An AOR submits a grant on behalf of a company, organization, institution, or government. Only an AOR has the authority to sign and submit grant applications.
Applicant	Organization/individual submitting an RFA in response to this RFA.
Application Package	A group of specific forms and documents for a specific funding opportunity which are used to apply for a grant. Mandatory forms are the forms that are required for the application. Please note that a mandatory form must be completed before the system will allow the applicant to submit the application package. Optional forms are the forms that can be used to provide additional support for an application, but are not required to complete the application package.
ASAM	American Society of Addiction Medicine, 3rd Edition
Assumption	An idea or belief that something will happen or occur without proof. An idea or belief taken for granted without proof of occurrence.
AWARD	An award between the DPBH and an outside agency or sub-awardee to perform tasks identified in the RFA.
Awarded Applicant	The organization/individual that is awarded and has an approved contract with the State of Nevada for the services identified in this RFA.
BBHWP	Bureau of Behavioral Health, Wellness and Prevention
Behavioral health	Behavioral health is a general term "used to refer to both mental health and substance use" (SAMHSA-HRSA [2015]).
BOE	State of Nevada Board of Examiners
Care Coordination	The deliberate coordination of patient care activities between two agencies involved in a patient's care to facilitate the appropriate delivery of services identified on the treatment or care management plan. The Agency for Healthcare Research and Quality (2014) defines care coordination as "deliberately organizing consumer care activities and sharing information among all of the participants concerned with a consumer's care to achieve safer and more effective care. This means the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient."
Case management	Case management may be defined in many ways and can encompass services ranging from basic to intensive. The National Association of State Mental

	Health Program Directors (NASMHPD) defines case management as "a range of services provided to assist and support individuals in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational and other services essential to meeting basic human services; linkages and training for patient served in the use of basic community resources; and monitoring of overall service delivery" (NASMHPD [2014]). See also the definition of "targeted case management."
CCBHC or Clinic	CCBHC and/or Clinic are used interchangeably to refer to Certified Community Behavioral Health Clinics as certified by states in accordance with these criteria and with the requirements of PAMA. A CCBHC may offer services in different locations. For multi-site organizations, however, only clinics eligible pursuant to these criteria and PAMA may be certified as CCBHCs.
CDC	Centers for Disease Control and Prevention
Certification	Division Certification through SAPTA
CLIA	The Clinical Laboratory Improvement Amendments
Confidential Information	Any information relating to the amount or source of any income, profits, losses or expenditures of a person, including data relating to cost or price submitted in support of a bid, proposal, or RFA. The term does not include the amount of a bid, proposal, or RFA.
Consumer	Within this document, the term "consumer" refers to clients, persons being treated for or in recovery from mental and/or substance use disorders, persons with lived experience, service recipients and patients, all used interchangeably to refer to persons of all ages (i.e., children, adolescents, transition aged youth, adults, and geriatric populations) for whom health care services, including behavioral health services. Use of the term "patient" is restricted to areas where the statutory or other language is being quoted. Elsewhere, the word "consumer" is used.
Contract Approval Date	The date the State of Nevada Board of Examiners officially approves and accepts all contract language, terms and conditions as negotiated between the State and the successful applicant.
Contract Award Date	The date when applicants are notified that a contract has been successfully negotiated, executed and is awaiting approval of the Board of Examiners.
Contractor	The company or organization that has an approved contract with the State of Nevada for services identified in this RFA. The contractor has full responsibility for coordinating and controlling all aspects of the contract, including support to be provided by any subcontractor(s). The contractor will be the sole point of contact with the State relative to contract performance.
Cooperative Agreement	An award of financial assistance that is used to enter into the same kind of relationship as a grant and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the recipient in carrying out the activity contemplated by the award.
Cross Reference	A reference from one document/section to another document/section containing related material.

Cost Share/Match	The portion of a project or program costs not borne by the Federal government.
Cultural and linguistic competence	Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse consumers (Office of Minority Health [2014]).
Disallowed Costs	Charges to an award that the awarding agency determines to be unallowable, in accordance with the applicable Federal cost principles or other terms and conditions contained in the award.
Discretionary Grant	A grant (or cooperative agreement) for which the Federal awarding agency generally may select the recipient from among all eligible recipients, may decide to make or not make an award based on the programmatic, technical, or scientific content of an application, and can decide the amount of funding to be awarded.
Desirable	The terms "may, "can", "should", "preferably", or "prefers" identify a desirable or discretionary item or factor.
Division/Agency	The Division/Agency requesting services as identified in this RFA.
DUNS	Dun and Bradstreet Number.
Engagement	Engagement includes a set of activities connecting consumers with needed services. This involves the process of making sure consumers and families are informed about and initiate access with available services and, once services are offered or received, individuals and families make active decisions to continue receipt of the services provided. Activities such as outreach and education can serve the objective of engagement. Conditions such as accessibility, provider responsiveness, availability of culturally and linguistically competent care, and the provision of quality care, also promote consumer engagement.
Equipment	Tangible, nonexpendable personal property, including exempt property, charged directly to the award and having a useful life of more than one (1) year and an acquisition cost of $5,000 or more per unit. However, consistent with recipient policy, lower limits may be established.
Evaluation Committee	Means a body appointed to conduct the evaluation of the applications, typically an independent committee comprised of a majority of State officers or employees established to evaluate and score applications submitted in response to the RFA.
Exception	A formal objection taken to any statement/requirement identified within the RFA.
Family	Families of both adult and child consumers are important components of treatment planning, treatment and recovery. Families come in different forms and, to the extent possible, applicant organizations should respect the individual consumer's view of what constitutes their family. Families can be organized in a wide variety of configurations regardless of social or economic status. Families can include biological parents and their partners, adoptive parents and their partners, foster parents and their partners, grandparents

	and their partners, siblings and their partners, care givers, friends, and others as defined by the family.
Family-centered	The Health Resources and Services Administration defines family-centered care, sometimes referred to as "family-focused care," as "an approach to the planning, delivery, and evaluation of health care whose cornerstone is active participation between families and professionals. Family-centered care recognizes families are the ultimate decision-makers for their children, with children gradually taking on more and more of this decision-making themselves. When care is family-centered, services not only meet the physical, emotional, developmental, and social needs of children, but also support the family's relationship with the child's health care providers and recognize the family's customs and values" (Health Resources and Services Administration [2004]). More recently, this concept was broadened to explicitly recognize family-centered services are both developmentally appropriate and youth guided (American Academy of Child & Adolescent Psychiatry [2009]). Family-centered care is *family-driven* and *youth-driven*.
Federal Register	A daily journal of the U.S. Government containing notices, proposed rules, final rules, and presidential documents.
Formal Care Coordination Agreement	A formal, written agreement between an IOTRC and partner agency specifying the services to be provided for clients through a coordinated effort.
Grant	An award of financial assistance, the principal purpose of which is to transfer a thing of value from a Federal agency to a recipient to carry out a public purpose of support or stimulation authorized by a law of the United States [see 31 U.S.C. 6101(3)]. A grant is distinguished from a contract, which is used to acquire property or services for the Federal government's direct benefit or use.
Grants.gov	A storefront web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the www.grants.gov site.
FQHC	Federally Qualified Health Center
HCQC	Bureau of Health Care Quality and Compliance
Hub and Spoke System	Hub and Spoke system means a model comprised of OTPs that serve as the hubs and Data 2000 waivered prescribers who prescribe buprenorphine in office-based settings who serve as the spokes.
IFC	Interim Finance Committee.
IMAT	Initiation of Medication-Assisted Treatment
MAT	Medication Assisted Treatment (MAT) means a combination of medications utilized to treat an opioid use disorder (OUD) in conjunction with counseling services.

MMAT	Maintenance of Medication-Assisted Treatment
Medical Evaluation	A comprehensive assessment, conducted by Nevada Licensed medical professional, of a patient's overall medical history and current condition for the purpose of identifying health problems and planning treatment.
Mobile Recovery Unit	An outreach team staffed to provide linkage and referral to the local Integrated Opioid Treatment and Recovery Center's for engagement, treatment, and/or recovery support for treatment transition.
OBOT	Office Based Opioid Treatment
OTP	Opioid Treatment Program
OUD	Opioid Use Disorder
RFA	Request for Application
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPTA	Substance Abuse Prevention & Treatment Agency
SUD	Substance Use Disorder
Wellness Promotion	The promotion of healthy ideas and concepts to motivate individuals to adopt healthy behaviors.
Key Personnel	Applicant staff responsible for oversight of work during the life of the project and for deliverables.
LCB	Legislative Counsel Bureau.
LOI	Letter of Intent - notification of the State's intent to award a contract to an applicant, pending successful negotiations; all information remains confidential until the issuance of the formal notice of award.
Limited English Proficiency (LEP)	LEP includes individuals who do not speak English as their primary language or who have a limited ability to read, write, speak, or understand English and who may be eligible to receive language assistance with respect to the particular service, benefit, or encounter.
Mandatory	The terms "must", "shall", "will", and "required" identify a mandatory item or factor. Failure to meet a mandatory item or factor will result in the rejection of an application.
May	Indicates something that is recommended but not mandatory. If the applicant fails to provide recommended information, the State may, at its sole option, ask the applicant to provide the information or evaluate the RFA without the information.
Minor Technical Irregularities	Anything in the application that does not affect the price, quality, and quantity or any mandatory requirement.
Must	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.
NAC	Nevada Administrative Code –All applicable NAC documentation may be reviewed via the internet at: **www.leg.state.nv.us**.
NOA	Notice of Award – Formal notification of the State's decision to award a contract, pending Board of Examiners' approval of said contract, any non-confidential information becomes available upon written request.

NRS	Nevada Revised Statutes – All applicable NRS documentation may be reviewed via the internet at: **www.leg.state.nv.us**.
OMB	Office of Management and Budget.
PAMA	Protecting Access to Medicaid Act
Pacific Standard Time (PST)	Unless otherwise stated, all references to time in this RFA and any subsequent contract are understood to be Pacific Time.
Peer Support Services	Peer support services are services designed and delivered by individuals who have experienced a mental or substance use disorder and are in recovery. This also includes services designed and delivered by family members of those in recovery. Peer Recovery Support Service include any service designed to initiate, support and enhance recovery.
Peer Support Specialist	A peer provider (e.g., peer support specialist, recovery coach) is a person who uses their lived experience of recovery from mental or substance use disorders or as a family member of such a person, plus skills learned in formal training, to deliver services in behavioral health settings to promote recovery and resiliency. In states where Peer Support Services are covered through the state Medicaid Plans, the title of "certified peer specialist" often is used. SAMHSA recognizes states use different terminology for these providers.
Person-centered care	Person-centered care is aligned with the requirements of Section 2402(a) of the Patient Protection and Affordable Care Act, as implemented by the Department of Health & Human Services Guidance to HHS Agencies for Implementing Principles of Section 2403(a) of the Affordable Care Act: Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs (Department of Health & Human Services [June 6, 2014]). That guidance defines "person-centered planning" as a process directed by the person with service needs which identifies recovery goals, objectives and strategies. If the consumer wishes, this process may include a representative whom the person has freely chosen, or who is otherwise authorized to make personal or health decisions for the person. Person-centered planning also includes family members, legal guardians, friends, caregivers, and others whom the person wishes to include. Person-centered planning involves the consumer to the maximum extent possible. Person-centered planning also involves self- direction, which means the consumer has control over selecting and using services and supports, including control over the amount, duration, and scope of services and supports, as well as choice of providers (Department of Health & Human Services [June 6, 2014]).
Practitioner or Provider	Any individual (practitioner) or entity (provider) engaged in the delivery of health care services and who is legally authorized to do so by the state in which the individual or entity delivers the services (42 CFR § 400.203).
Prescriber	An FDA Waiver approved prescriber for FDA approved medications for the treatment of OUDs.

Project Costs	All allowable costs, as set forth in the applicable Federal cost principles (see Sec. 74.27), incurred by a recipient and the value of the contributions made by third parties in accomplishing the objectives of the award during the project period.
Project Period	The period established in the award document during which awarding agency sponsorship begins and ends.
Proprietary Information	Any trade secret or confidential business information that is contained in a bid, proposal, or RFA submitted on a particular contract.
Public Record	All books and public records of a governmental entity, the contents of which are not otherwise declared by law to be confidential, must be open to inspection by any person and may be fully copied or an abstract or memorandum may be prepared from those public books and public records.
RFA	Request for Application - a written statement which sets forth the requirements and qualifications of a contract to be awarded by an open and competitive selection.
Recovery	Recovery is defined as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." The 10 guiding principles of recovery are: hope; person-driven; many pathways; holistic; peer support; relational; culture; addresses trauma; strengths/responsibility; and respect. Recovery includes: Health (abstinence, "making informed healthy choices that support physical and emotional wellbeing"); Home (safe, stable housing); Purpose ("meaningful daily activities … and the independence, income and resources to participate in society"); and Community ("relationships and social networks that provide support, friendship, love, and hope") (Substance Abuse and Mental Health Services Administration [2012]).
Recovery-oriented care	Recovery-oriented care is oriented toward promoting and sustaining a person's recovery from a behavioral health condition. Care providers identify and build upon each individual's assets, strengths, and areas of health and competence to support the person in managing their condition while regaining a meaningful, constructive sense of membership in the broader community (Substance Abuse and Mental Health Services Administration [2015]).
Redacted	The process of removing confidential or proprietary information from a document prior to release of information to others.
SAM	State Administrative Manual. This document outlines the management of all Federal grant awards and provides guidance on sub-awards and sub-recipients.
Shall	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.
Shared Decision-Making (SDM)	SDM is an approach to care through which providers and consumers of health care come together as collaborators in determining the course of care. Key characteristics include having the health care provider, consumer, and sometimes family members and friends taking steps in sharing a treatment decision, sharing information about treatment options, and arriving at

	consensus regarding preferred treatment options (Schauer, Everett, delVecchio, & Anderson [2007]).
Should	Indicates something that is recommended but not mandatory. If the applicant fails to provide recommended information, the State may, at its sole option, ask the applicant to provide the information or evaluate the RFA without the information.
Standard Form 424	Standard government-wide grant application forms including: SF-424 (Application for Federal Assistance cover page); SF-424A (Budget Information Non-construction Programs); SF-424B (Assurances Non-construction Programs; SF-424C (Budget Information Construction Programs); and SF-424D (Assurances Construction Programs), plus named attachments including Project Narrative and Budget Narrative.
State	The State of Nevada and any agency identified herein.
Subcontractor	A third party, not directly employed by the contractor, who will provide services identified in this RFA. This does not include third parties who provide support or incidental services to the contractor.
Sub-recipient	The legal entity to which a sub-award is made, and which is accountable to the recipient for the use of the funds provided.
Supplant	Federal funds must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit. A written certification may be requested by the awarding agency stating that Federal funds will not be used to supplant State or local funds.
Targeted case management	Targeted case management is case management, as defined above, directed at specific groups, which may vary by state. CMS defines targeted case management as case management furnished without regard to requirements of statewide provision of service or comparability that typically apply for Medicaid reimbursement 42 CFR § 440.169(b). Examples of groups that might be targeted for case management are children with serious emotional disturbance, adults with serious mental and/or substance use disorders, pregnant women who meet risk criteria, individuals with HIV, and such other groups as a state might identify as in need of targeted case management. See also the definition of “case management.”
Trade Secret	Information, including, without limitation, a formula, pattern, compilation, program, device, method, technique, product, system, process, design, prototype, procedure, computer programming instruction or code that: derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by the public or any other person who can obtain commercial or economic value from its disclosure or use; and is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

Trauma-informed	**Trauma-informed:** A trauma-informed approach to care "*realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved in the system; and *responds* by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively *resist re-traumatization.*" The six key principles of a trauma-informed approach include: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues (Substance Abuse and Mental Health Services Administration [2014]).
User	Department, Division, Agency or County of the State of Nevada.
Will	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.

Resources

- Integrated Service Delivery Models for Opioid Treatment Programs in an Era of Increasing Opioid Addiction, Health Reform, and Parity (Stoller et. al., 2016) http://www.aatod.org/wp-content/uploads/2016/07/2nd-Whitepaper-.pdf

- Vermont Hub and Spoke Model: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5537005/

- The Division of Public and Behavioral Health certifies substance abuse facilities and programs through its Bureau of Behavioral Health Wellness and Prevention. Per Nevada Revised Statute 458.024(d) and Nevada Administrative Code 458.103 programs and facilities that are not certified are ineligible to receive state and federal funding for alcohol and drug abuse programs. Applicable regulations on certification can be found at: https://www.leg.state.nv.us/NAC/NAC-458.html#NAC458Sec103

- National Registry of Evidence-based Programs and Practices (NREPP) https://knowledge.samhsa.gov/ta-centers/national-registry-evidence-based-programs-and-practices

- SAPTA Strategic Plan http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/ClinicalSAPTA/SAPTA%20Strategic%20Plan_2017-2020.pdf

- SAPTA Reimbursement Scale (see following)

Division of Public and Behavioral Health
Bureau of Behavioral Health, Wellness, and Prevention
Substance Abuse Prevention and Treatment Agency

Rate List

Code	Description	SAPTA Rate
	Behavior Change Intervention & Counseling Risk Factors (Licensed QMHP)	
99401	Preventive med counseling	$ 38.27
99406	Smoking and tobacco cessation counseling	$ 13.59
99407	Smoking and tobacco cessation counseling	$ 26.53
99408	Alcohol and/or substance abuse screening	$ 33.95
99409	Alcohol and/or substance abuse screening	$ 66.14
	HCPCS (Licensed Alcohol and Drug Counselors (LADC) and Certified Alcohol Drug Counselors (CADC))	
G9012	Other Specified Case Management Services - Targeted Case Management	$ 15.84
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.	$ 152.15
H0002	Behavioral health screening to determine eligibility for admission to treatment program (1 unit per assessment at least 30 minutes)	$ 33.57
H0005	Alcohol and/or drug services; group counseling by a clinician (1 unit per group at least 30 minutes)	$ 32.57
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	$ 23.69
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)	$ 153.23
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	$ 4.30
H0034	Medication training and support; per 15 minutes	$ 18.53
H0035	Mental health partial hospitalization, treatment less than 24 hours (1 unit equals 60 minutes)	$ 59.76
H0038	Self-help/peer service; per 15 minutes	$ 8.60
H0038	Self-help/peer service; per 15 minutes; Use modifier HQ when requesting/billing for a group setting	$ 1.72
H0047	Alcohol and/or drug services; (State defined: individual counseling by a clinician). (1 unit per session at least 30 minutes)	$ 57.78
H0049	Alcohol/drug screening (1 unit per screening)	$ 10.64
	Interactive Complexity & Psychiatric Diagnostic Procedures	
90785	Interactive Complexity	$ 4.80
90791	Psychiatric diagnostic evaluation	$ 152.15
90792	Psychiatric diagnostic evaluation with medical services	$ 124.11

	Psychotherapy	
90832	Psychotherapy, 30 mins, with pt and/or family member	$ 63.04
90834	Psychotherapy, 45 mins, with pt and/or family member	$ 80.65
90837	Psychotherapy, 60 mins, with pt and/or family member	$ 117.99
90846	Family psychotherapy (without the patient present)	$ 88.83
90847	Family psychotherapy (conjoint therapy) (with patient present)	$ 106.75
90849	Multiple-family group psychotherapy	$ 31.13
90853	Group psychotherapy (other than of a multiple-family group)	$ 32.57
	Psychotherapy for Crisis	
90839	Psychotherapy for Crisis first 60 mins	$ 122.79
90840	Psychotherapy for Crisis each additional 30 mins	$ 61.39
	Evaluation & Management	
90833	Psychotherapy, 30 mins, with pt and/or family member when performed with an E/M service.	$ 41.52
90836	Psychotherapy, 45 mins, with pt and/or family member when performed with an E/M service.	$ 67.34
90838	Psychotherapy, 60 mins, with pt and/or family member when performed with an E/M service.	$ 108.54
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.	$ 32.23
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.	$ 260.85
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.	$ 87.62
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

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
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
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
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.	$ 48.00
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
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
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	$ 60.76

	minutes are spent at the bedside and on the patient's hospital floor or unit.	
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
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.	$ 142.33
	Daily Room Rates (Room + Board)	Current Rate
101	Residential Treatment (Level 3.1)	$ 130.92
101	Detoxification (Level 3.2-D)	$ 130.92
101	Residential Treatment (Level 3.5)	$ 130.92
104	Transitional Housing - Adult	$ 43.64