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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

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| **Request for Applications (RFA)** |
| For |
| Assertive Community Treatment Teams: (ACT) |
| **Release Date: July 31, 2018****Questions to be Submitted: On or before August 9, 2018, 5:00 p.m. PST**Must be submitted to: dhumphrey@health.nv.govwith **RFA Assertive Community Treatment** in the subject line of the email.**Technical Assistance Webinar: August 14, 2018 at 10:00 a.m. PST**Join from PC, Mac, Linux, iOS or Android: [https://zoom.us/j/427831163](https://www.google.com/url?q=https%3A%2F%2Fzoom.us%2Fj%2F427831163&sa=D&ust=1532892176756000&usg=AFQjCNF85rS6UZaRLOC_bilV__f7r8DfQw) Or iPhone one-tap :    US: +16699006833,,427831163# or +16468769923,,427831163# Or Telephone:    Dial(for higher quality, dial a number based on your current location):         US: +1 669 900 6833 or +1 646 876 9923     Meeting ID: 427 831 163    International numbers available: [https://zoom.us/u/etbxea5Oa](https://www.google.com/url?q=https%3A%2F%2Fzoom.us%2Fu%2Fetbxea5Oa&sa=D&ust=1532892176756000&usg=AFQjCNE2ijvMOspluTcdE3VrGDNxCR4vyw) |
| **Deadline for Application Submission: August 21, 2018 by noon** |
| *For additional information, please contact:* dhumphrey@health.nv.gov |
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| --- | --- |
| Funding Opportunity Title:  | Assertive Community Treatment Teams (ACT) |
| Funding Opportunity Number:  | NV ACT - 01 |
| Due Date for Applications:  | August 21, 2018 by noon |
| Anticipated Total Funding Available:  | $1,800,000 |
| Estimated Number of Award(s):  | Up to 6 awards |
| Estimated Award Amount:  | $350,000 / applicant organization |
| Cost Sharing/Match Required:  | None |
| Project Period:  | Upon approval through September 30, 2019 |
| Eligible Applicants:  | Indian Health CentersFederally Qualified Health Centers (FQHC) SAPTA Certified ProvidersMedicaid Enrolled Behavioral Health Providers*(Clinical or treatment-based services must be provided by applicants that are existing Medicaid providers)* |

**Successful awardees MUST attend the MANDATORY AWARDEE MEETING:
September 14, 2018 - Kickoff Meeting (specific location TBD)**

# Request for Application (RFA) Timeline

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| --- | --- |
| **Task** | **Due Date & Time** |
| SAPTA distributes the Request for Application Guidance with all submission forms | July 31, 2018 |
| Q&A Written Questions due to SAPTA | August 9, 2018 by 5:00 |
| Informational Webinar to address questions | August 14, 2018 (10:00am – 11:00am)Join from PC, Mac, Linux, iOS or Android: <https://zoom.us/j/427831163>Or iPhone one-tap :    US: +16699006833,,427831163# or +16468769923,,427831163# Or Telephone:    Dial(for higher quality, dial a number based on your current location):         US: +1 669 900 6833 or +1 646 876 9923     Meeting ID: 427 831 163    International numbers available: [https://zoom.us/u/etbxea5Oa](https://www.google.com/url?q=https%3A%2F%2Fzoom.us%2Fu%2Fetbxea5Oa&sa=D&ust=1532892176756000&usg=AFQjCNE2ijvMOspluTcdE3VrGDNxCR4vyw) |
| **Deadline for submission of applications** | August 21, 2018 by noon |
| Technical Review of Applications | August 21-22, 2018 |
| SAPTA will notify organizations that have discrepancies within their application.  | August 23, 2017 |
| Evaluation Period: Content review of applications | August 23-28, 2018 |
| Interviews with Applicants | August 30, 2018 |
| Funding Decisions Announced – SAPTA will notify organizations via e-mail to the listed Project Director | September 4, 2018 |
| Successful awardees MUST attend the MANDATORY AWARDEE MEETING:  Kickoff Meeting | September 14, 2018  |
| Completion of subgrant awards for selected awardees | September 30, 2018 |
| Grant Award Commencement of Project – Pending approved SAMHSA grant award and receipt of Notice of Award | Upon Execution of AwardOctober 2018 |

*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.*

Table of Contents

[Request for Application (RFA) Timeline 3](#_Toc520792421)

[ACT Model Implementation Timeline 6](#_Toc520792422)

[ACT Teams 7](#_Toc520792423)

[Staffing 7](#_Toc520792424)

[Staffing Definitions 7](#_Toc520792425)

[Staff Training 8](#_Toc520792426)

[Services to be Provided by ACT Team 8](#_Toc520792427)

[Service Definitions 9](#_Toc520792428)

[Safety Plan 10](#_Toc520792429)

[Cultural Competence 10](#_Toc520792430)

[Care Coordination with other Agencies 10](#_Toc520792431)

[Admission and Discharge Criteria 10](#_Toc520792432)

[ASAM Admission Criteria 10](#_Toc520792433)

[ACT Discharge Criteria 11](#_Toc520792434)

[Ongoing Program Evaluation 12](#_Toc520792435)

[Program Funding 13](#_Toc520792436)

[Allowable Activities 13](#_Toc520792437)

[Non-Allowable Activities 14](#_Toc520792438)

[Technical Requirements 14](#_Toc520792439)

[Division Certification Process through SAPTA 14](#_Toc520792440)

[Medicaid Enrollment Requirements and Division Funding Eligible Requirements 14](#_Toc520792441)

[Submission of Proposals 15](#_Toc520792442)

[***Required Format****:* Each proposal submitted **must** contain the following sections: 16](#_Toc520792443)

[Application Evaluation Criteria 17](#_Toc520792444)

[APPENDICES 18](#_Toc520792445)

[Application Submittal Package 18](#_Toc520792446)

[APPENDIX A 19](#_Toc520792447)

[COVER PAGE 19](#_Toc520792448)

[APPENDIX B 20](#_Toc520792449)

[AGENCY PROFILE INSTRUCTIONS 20](#_Toc520792450)

[AGENCY PROFILE 21](#_Toc520792451)

[ADDITIONAL FACILITY LOCATIONS 22](#_Toc520792452)

[CONTACT INFORMATION 23](#_Toc520792453)

[APPENDIX C 24](#_Toc520792454)

[Narrative 24](#_Toc520792455)

[Organizational Strength and Description (up to 25 points, no more than 2 pages) 24](#_Toc520792456)

[Collaborative Partnerships (up to 15 points no more than 2 pages) 24](#_Toc520792457)

[Service Delivery (up to 25 points, no more than 3 pages) 25](#_Toc520792458)

[Cost Effectiveness and Leveraging of Funds (up to 15 points, no more than 1 page) 25](#_Toc520792459)

[Outcomes and Sustainability (up to 20 points, no more than 3 pages) 25](#_Toc520792460)

[APPENDIX D 26](#_Toc520792461)

[PROPOSED SCOPE OF WORK INSTRUCTIONS 26](#_Toc520792462)

[SCOPE OF WORK 29](#_Toc520792463)

[SCOPE OF WORK - TEMPLATE 30](#_Toc520792464)

[SCOPE OF WORK EXAMPLE 35](#_Toc520792465)

[OUTCOME OBJECTIVES WORKSHEET 37](#_Toc520792466)

[APPENDIX E 38](#_Toc520792467)

[PROPOSED BUDGET PLAN – INSTRUCTIONS & BUDGET EXAMPLE 38](#_Toc520792468)

[PROPOSED ACT Team BUDGET TEMPLATE 44](#_Toc520792469)

[APPENDIX F 46](#_Toc520792470)

[SPENDING PLAN 46](#_Toc520792471)

[APPENDIX G 47](#_Toc520792472)

[SAMHSA READINESS ASSESSMENT 47](#_Toc520792473)

[APPENDIX H 52](#_Toc520792474)

[BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION 52](#_Toc520792475)

[PROGRAM REQUIREMENTS 52](#_Toc520792476)

[GENERAL REQUIREMENTS 52](#_Toc520792477)

[TREATMENT SERVICES 59](#_Toc520792478)

[Applicability 59](#_Toc520792479)

[Records 60](#_Toc520792480)

[Reporting 60](#_Toc520792481)

[Fee for Service requirements 60](#_Toc520792482)

[BILLING THE DIVISION 62](#_Toc520792483)

[Fee-for-service only 62](#_Toc520792484)

[REQUESTS FOR REIMBURSEMENTS (All non-fee-for-service subawards) 63](#_Toc520792485)

[Assurances 64](#_Toc520792486)

[APPENDIX I 67](#_Toc520792487)

[PROPOSED STAFF RESUME 67](#_Toc520792488)

[Acronyms & Definitions 68](#_Toc520792489)

[Resources 75](#_Toc520792490)

Executive Summary

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 to develop and provide Assertive Community Treatment Programs.

Assertive Community Treatment (ACT) is an evidenced based practice designed to assist individuals with Serious Mental Illness (SMI), primarily those who have been diagnosed with major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder, borderline personality disorder, who struggle living independently within the community, have been unsuccessful in traditional treatment models, engage emergency services frequently, have housing instability, and/or have legal issues. ACT has been shown to reduce psychotic hospitalizations, improve housing stability among participants, improve quality of life, reduce symptoms and improve social functioning, as well as improve client and family satisfaction (Phillips, et. al., 2001).

The ACT model is a team-based, multidisciplinary treatment approach that is capable of being more flexible based upon individual needs than a more traditional model. This multidisciplinary treatment program can provide intensive wrap around services within the assembled team rather than referring to external providers. Services are available 24 hours a day, 7 days a week and 365 days a year. Furthermore, services are provided primarily within the community and home-based setting. Minimums of 75% of direct contact hours, as participants are encouraged to engage within their environment throughout services.

Applicants may submit proposals that includes approaches specific to Forensic Assertive Community Treatment (FACT) and Medical Assertive Community Treatment (MACT) populations.

# ACT Model Implementation Timeline

Programs are expected to begin to provide services to the intended population 6-12 months after the grant has been awarded.

Each program will be responsible for establishing and implementing program standards that adhere to the ACT model and address the following:

* Admission and discharge;
* Staffing and credentials;
* Service intensity and capacity;
* Program organization and communication;
* Assessment and treatment planning;
* Required services;
* Medical records of program participants; and
* Program participant rights and grievance procedures.

Programs are further responsible for developing a plan of sustainability to ensure program continuation when funding ends.

# ACT Teams

## Staffing

Recommended staffing for each proposed team includes the following key personnel:

* Team leader - Licensed Mental Health or Co-Occurring Disorder (COD) Qualified Professional,
* Psychiatric Prescriber in an urban setting (1 per 100 patients); Psychiatric Prescriber in a rural setting (1 per 60 patients),
* Registered Nurse,
* Supportive Employment Specialist\*,
* Masters Level Substance Use Treatment Specialist,
* Peer Recovery Support Specialist,
* Case Manager (BA level position),
* Program or administrative support staff who work in shifts over a 24-hour period

\*Programs may refer out for some services such as Supportive Employment Specialists if unable to staff. Those organizations referring services to external providers will need to provide formal coordinated care agreements with this application, listing the specific services being offered by the external provider(s) such as vocational training, employment assistance, educational assistance, etc.

### Staffing Definitions

Team Leader: Full-time team leader/supervisor who serves as the clinical and administrative supervisor of the team and who functions as a practicing clinician on the ACT team. Team leader must carry a valid Nevada clinical license in nursing, social work, marriage and family therapy, psychiatric rehabilitation, clinical psychology, or be a psychiatric prescriber.

Psychiatric Prescriber: May include a psychiatrist or a psychiatric nurse practitioner. Psychiatric Prescriber may work full or part time for a minimum of 16 hours per week for every 50 consumers. The Prescriber provides medically managed services to all ACT participants; works with the team leader to monitor each participant’s clinical status and response to treatment; supervises staff delivery of medical services; and directs psychopharmacologic and medical services.

Registered Nurse: Is responsible for assessing physical needs; making appropriate referrals to community physicians; providing management and administration of medication in conjunction with the psychiatric prescriber; providing a range of treatment, rehabilitation, and support services. Though physical assessments and treatment are likely, the primary responsibilities are psychiatric, not medical.

Supportive Employment Specialist: Is responsible for integrating vocational goals and services within the treatment plan. Will provide needed assistance through all phases of the vocational service in addition to performing routine team duties.

Substance Use Specialist: Must hold a license or certification to provide, at a minimum, substance use treatment services; responsible for integrating co-occurring treatment within the treatment plan.

Peer Recovery Support Specialist: Serve as a role model, educate participants about self-help techniques and self-help group processes, teach effective coping strategies based on personal experience, teach symptom management skills, assist with clarifying rehabilitation and recovery goals, and assist in the development of community support systems and networks.

Case Manager: Minimum of a bachelor’s level degree in social work, or a behavioral science program and experience working with adults with serious mental illness. Will provide direct services including coordination of services and support services.

Program or Administrative Support Staff: Responsible for organizing, coordinating, and monitoring all nonclinical operations including managing medical records; maintaining accounting and budget records for participants and the program; and performing receptionist activities.

## Staff Training

ACT providers are responsible for ensuring all ACT staff receives appropriate and ongoing professional training. Providers are responsible for ensuring all staff are trained in evidence-based practices such as Integrated Dual Disorder Treatment (IDDT), Focus on Integrated Treatment (FIT), Motivational Interviewing (MI), and Trauma Informed Care. Ongoing training includes specialty practices, clinical skill development, and culturally competent care as related to providing ACT services. The Project will provide learning communities in which ACT Teams can participate to develop foundational skills to streamline organizational processes and begin to serve clients within the Assertive Community Treatment model.

Providers will maintain a plan for regular supervision of all staff members, including the team leader.

## Services to be Provided by ACT Team

Services are individually tailored with the input of each participant through relationship building, individual assessment and planning, and active involvement with participants for them to gain independence and maintain work in community jobs, better manage symptoms, and improve recovery outlook. The team is mobile and delivers services in the community to meet with participants where they are most comfortable and convenient. Seventy five percent (75%) or more of direct service is performed in the community. Clients can receive contact multiple times per day, daily or in rural areas they may receive extended individual contacts with less frequency due to geography. Due to the intensity of the services client to staff ratios are limited. Full time staff member to client ratio is limited to 1 to 10 (excluding team psychiatric prescriber and program assistant) in an urban community and 1 to 8 in the rural communities.

Services that are expected to be provided within the team, as directed within an individualized treatment plan, include:

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

### Service Definitions

Crisis Intervention: services that are offered 24 hours per day, seven days a week for participants who are at risk of and/or experiencing a crisis.

Clinical Evaluation/Assessment: a comprehensive assessment that addresses current and past information from the participant and family and/or support systems regarding: 1) mental and functional status; 2) effectiveness of past treatment; 3) current treatment, rehabilitation and support needs to achieve individual goals and support recovery; and 4) individual strengths that can act as resources towards achieving individual goals. The information gathered is used to: 1) establish appropriate intensity of care; 2) set initial goals and develop the first person-centered treatment plan; and 3) plan of utilization of client strengths and support network in treatment. [See NAC 458 and associated Division Criteria related to Clinical Evaluation and Assessment].

Psychiatric Care: includes psychiatric medical assessment, treatment and education regarding a participant’s mental health and substance use issues.

Case Management: ongoing process that connects participants to resources and supports to help them live in the community, manage their mental illness and meet their personal goals.

Medication Administration and Management: a collaborative effort between the participant and the psychiatric prescriber with the participation of the ACT team to evaluate the participant’s previous experience with psychotropic medications and side-effects; to identify and discuss the benefits and risks of psychotropic and other mediation; to choose a medication treatment; and to establish a method to prescribe and evaluate medication according to evidence-based practice standards.

Illness Management and Recovery Skills: combination of psychosocial approaches facilitating the learning and use of illness self-management strategies that help people make progress towards personally meaningful goals including relapse prevention planning, coping skills training, illness education, and promoting a healthy lifestyle.

Individual Supportive Therapy: includes verbal therapies that help people make changes in their feelings, thoughts, and behavior to move towards recovery, clarify goals, and address stigma. Supportive therapy and psychotherapy also help participants understand and identify symptoms in order to find strategies to lessen distress and symptomatology, improve role functioning, and evaluate treatment and rehabilitative services.

Supportive Employment: includes work-related services to help participants value, find, and maintain meaningful employment in community-based job sites as well as job development and coordination with employers.

Family and Natural Supports: includes psychoeducation and support in partnership with families and natural supports (supportive services built in their community in which the individual accesses, i.e. church, stable housing) to provide current information about mental illness and to help them develop coping skills for handling problems posed by mental illness as experienced by a significant other in their lives.

Coordination of Care between team members and/or external services: a process of organization and coordination within the transdisciplinary team to carry out the range of treatment, rehabilitation, and support services based upon the individualized treatment plan for each participant. Service coordination also includes coordination with community resources, including self-help and advocacy organizations that promote recovery.

Housing Assistance: varies based upon individual needs. It may include finding safe, affordable housing, negotiating leases and assisting clients in paying their rent, purchasing and repairing household items, or developing relationships with landlords.

## Safety Plan

Due to the nature of the ACT program providing services in the community where recipients live, work, and socialize, the safety of the staff in the community is an important feature of the model. The agency must develop a comprehensive safety plan specific to the ACT team and ensure that all staff are trained in community safety and actively follow the safety plan.

## Cultural Competence

ACT teams are expected to gather and utilize knowledge, information, and data about individuals, families, communities, and groups and integrate that information into clinical practices, standards and skills, service approaches, techniques, and evidenced-based initiatives to best address each client’s treatment needs. Culturally competent care is a core value within the ACT model. The agency is responsible for developing a Cultural Competence Plan. The plan further ensures that language assistance services are available.

## Care Coordination with other Agencies

ACT teams will be expected to build relationships and agreements for assuring service continuity with other systems of care including:

* Emergency service programs
* State and local psychiatric hospitals
* Rehabilitation services
* Housing agencies
* Social services
* Educational institutions
* Self-help/peer run services
* Independent living centers
* Natural community supports, including parenting programs, churches/spiritual centers and local groups/organizations
* Local correctional facilities and organizations such as parole and probation

Programs will submit formalized care coordination plans in response to this RFA and are expected to fully implement plans during the individual treatment of a client.

## Admission and Discharge Criteria

### ASAM Admission Criteria

Admission guidelines for ACT programs specific to NAC 458 / Division Criteria, at a minimum of Level 1 Outpatient will focus on participants with mental illnesses and/or COD that seriously impair their ability to successfully function in their community. Significant functional impairments (as identified by SAMHSA) include at minimum one of the following:

* Consistent inability to perform practical daily tasks needed to function in the community:
	+ Maintaining personal hygiene;
	+ Meeting nutritional needs;
	+ Caring for personal business affairs;
	+ Obtaining medical, legal, and housing services; and
	+ Recognizing and avoiding common dangers for hazards to one’s self and one’s possessions.
* Persistent or recurrent failure to perform daily living tasks, except with significant support from others;
* Consistent inability to maintain employment at a self-sustaining level or carry out homemaker roles; and
* Inability to maintain a safe living situation (e.g. repeated evictions or loss of housing).

Others who receive prioritization include those who:

* Have engaged in high acute psychiatric hospitalization (e.g. two or more admissions per year) or psychiatric emergency services;
* Persistent or recurrent severe mental health symptoms (e.g. affective, psychotic, suicidal);
* Coexisting substance-use disorder of significant duration (e.g. greater than 6 months);
* High risk or a recent history of being involved in the criminal justice system;
* In substandard housing, homeless, or at imminent risk of becoming homeless;
* Living in an inpatient facility or supervised community residence but assessed to be capable of living independently with assistance of intensive services; and
* Inability to participate in traditional office-based services.

Number of admissions per month for each new ACT team should not exceed the range of 4-6 to gradually build up capacity to serve no more than 80-100 participants on an urban team and no more than 42-50 participants on a rural team. The first weeks following admission requires the most intensive services including completion of the assessment and beginning to address any unmet needs (e.g. housing, entitlements, medical care and stabilizing psychiatric symptoms).

* Admission decision must be made within seven (7) business days of the receipt of the initial referral.

Refusal to take medication is not a sufficient reason for denying admission into an ACT program.

### ACT Discharge Criteria

There are no artificial time constraints for the length of program participation. Fewer than 5% of clients are expected to graduate annually. Discharges from the ACT occur when the participant and staff mutually agree to the termination of services. Discharge guidelines for ACT programs will be established specific to NAC 458 / Division Criteria. This will occur when:

* Participants demonstrate, over a minimum period of one year, the ability to function in major role areas (i.e. work, social, self-care).
* Participants move outside of the ACT team geographic area of responsibility. In such a case, the team is responsible for arranging for a transfer of services to an appropriate provider and will maintain contact with the participant until the transfer is established.
* Participants decline or refuse services and request a discharge, despite the teams repeated efforts to engage. For those with a history of harm to self or others alternative treatment should be arranged.

In addition to the mutually agreed upon discharge criteria, participants may be discharged for any one of the following circumstances:

* Deceased.
* Long-term hospitalization or incarceration for three months or longer. Provisions will be made for these individuals to reengage in services upon their release.
* Inability to locate the participant for a minimum of 3 months.

Refusal to take medication is not a sufficient reason for discharge.

## Ongoing Program Evaluation

ACT teams will be evaluated annually based upon the Dartmouth Assertive Community Treatment Fidelity Scale (DACTS) with considerations for rural locations, number of participants, and staffing availability.

The participant to full time staff ratio is limited to 10 participants to 1 full time staff member excluding a psychiatric prescriber and program assistant in an urban setting and 8 participants to 1 full time staff member in a rural setting. A full-time psychiatrist/psychiatric prescriber ratio to participants is 1 full time psychiatrist/psychiatric prescriber to 80-100 clients in an urban setting, and 1 full time psychiatrist/psychiatric prescriber to 60-80 clients in a rural setting.

Admission into the ACT program should not exceed 6 clients per month as new clients often require intensive services within the first weeks to stabilize in the program.

The ACT team should meet at minimum of 4 days a week to review each client, to address any concerns as they arise and to assess current treatment plans. At least 90% of participants should have face-to-face interaction with at least one member of the ACT team every 2 weeks. Seventy five percent (75%) of services provided are expected to be face-to-face within the community. It is typically recommended that clients have an average of 4 or more face-to-face contacts per week at 2 or more hours total of direct contact weekly. Rural communities, however, often do not share this ability do to geographical challenges. Extended visits at less frequency may be utilized to address the challenges with the same success.

# 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 and technical assistance. 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. 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 (9/30/2019), 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 specific and necessary for the operation of an ACT Team:
		- Nevada Licensed Healthcare professionals
		- Nevada Licensed / Certified Behavioral Health Professionals
		- Case Managers (BA Level)
		- Supportive Employment Specialist
		- Peer Recovery Support Specialist
		- Program Administrative Support

\*Programs may refer out for some services such as supportive employment specialists if unable to staff. Those that are referring out will need to provide formal coordinated care agreements with providers.

* *Training and Technical Assistance (Training/TA needs to align with the Program’s readiness assessment)*
	+ Allowable funds for:
		- Training and technical assistance to increase provider competencies specifically related to the development of the ACT Program.
		- Travel required to obtain requested training.
* *Allowable Activities*
	+ Allowable funds for:
		- ASAM Level 1 Outpatient with Co-Occurring Endorsement
		- ASAM Level 2.1 Intensive Outpatient with Co-Occurring Endorsement
		- Bus passes / transportation outside of Medicaid coverage.
		- Vocational Services and supports
			* Coordination with Vocational Rehabilitation, Department of Employment, Training and Rehabilitation or other community-based vocational services

### Non-Allowable Activities

Non-allowable budget items:

* Supplanting of funding for existing positions.
* The purchasing of property, the construction of new structures, and the addition of a permanent structure, capital improvements of existing properties or structures.
* Transitional Housing / Supportive Housing / Residential Services.
* The purchasing of vehicles or lease of a vehicle.
* Incentives.

# Technical Requirements

**Certification is required to receive funding from the Division of Public and Behavioral Health, hereafter referred to as the Division.**Per 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.
	1. Health Care Quality & Compliance (HCQC) license, if applicable.

# 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 within 30 days of application submission.
2. Organizations must be a Division Certified Provider through SAPTA or **submit a Certification application at the time of RFA submission**. For currently non-certified applicants refer to the Certification Process above.

# Submission of Proposals

Applications must be completed on the forms included in this application packet provided by SAPTA. The application packet must be emailed to dhumphrey@health.nv.gov in original files (Word, Excel) and must be received **on or before the deadline of August 21, 2018, by noon**.

Dennis Humphrey, Program Manager
Must be submitted to: dhumphrey@health.nv.gov
with **RFA Assertive Community Treatment** 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 July 31, 2018 – August 9, 2018. Questions must be submitted to: dhumphrey@health.nv.gov by 5:00 pm on August 9, 2018. Responses will be provided via informational webinar session on August 14, 2018; 10:00am. to 11:00am. Additionally, a follow-up Frequently Asked Questions (FAQ) document will be provided capturing all questions asked and will be distributed on the DHHS Website.

Applications 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.

|  |  |
| --- | --- |
| Section / 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/License 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 and Page Numbers | **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 Checklist****Document should be tabbed with the following sections** | **Completed** |
| Electronic Submission |  |
| Tab I | Technical RFA Submission Requirements Checklist & Cover Page with all requested information (Appendix A)  |  |
| 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) and Spending Plan (Appendix F) |  |
| Tab VII | Attachments* ACT Readiness Assessment (Appendix G)
* Program Requirements, Assurances and Conflict of Interest Policy Acknowledgement (Appendix H)
* Proposed Staff Resume(s) (Appendix I)
* Formal Care Coordination Agreements / MOUs currently in place
* 501 (c) 3 tax exempt where applicable
* Latest Audit Letter
 |  |
| Tab VIII | National, State, Division Certification through SAPTA Documents and HCQC License Documents |  |
| **Email completed application in Microsoft Word or Excel format to:** 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) Agency history, client population and levels of service, and experience in the community to include knowledge of local needs; (2) Project alignment with agency mission and goals; (3) Geographic Service Area; (4) Qualifications and tenure of staff providing proposed services, if staff is not currently hired, include a plan to onboard new staff, the type of staff and timeline in which this will occur; (5) The structure of the agency including Board of Directors (if applicable), hours of operation, and number of locations (6) Whether the program will have a local, regional or statewide impact.

**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 ACT Program services to include number of new, unduplicated patients to be serviced; (4) Patient and family engagement activities; (5) Population identification (SMI and/or COD with SMI) and plan for how the agency will access such clients.

**4. COST-EFFECTIVENESS AND LEVERAGING OF FUNDS (Up to 15 Points)**

Elements to be evaluated: (1) Existing Grants and Projects dedicated to addressing individuals with chronic mental illness, primarily those who have been diagnosed with psychotic disorders and severe mood disorders with psychotic components, who struggle living independently within the community, have been unsuccessful in traditional treatment models, engage in emergency services frequently, have housing instability and/or have legal issues, 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 data when applicable, Consumer Satisfaction Survey, Client level data) and Management Plan to include submission of required reports in a timely manner; (4) Outcome Objectives Worksheet.

# APPENDICES

# Application Submittal Package

# APPENDIX A

## COVER PAGE

**Nevada Division of Public and Behavioral Health**

**Bureau of Behavioral Health Prevention and Wellness**

*In response to:*

**Request for Applications**

**Assertive Community Treatment Teams (ACT)**

**Release Date: July 31, 2018**

**Deadline for Submission and Time: August 21, 2018 by noon**

*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, 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 Facility: 🞎 Yes 🞎 No | Levels of Care Certified For:  | Date certified: |
| Project Period: *(Month/Day/Year)* | Start Date10/01/18 | End Date09/30/19 |
| Amount Requested: |  |

|  |
| --- |
| ADDITIONAL FACILITY LOCATIONS |
|  | Service Location:Address:Phone Number:Site Contact Person/Email: |
|  | Service Location:Address:Phone Number:Site Contact Person/Email: |
|  | Service Location:Address:Phone Number:Site Contact Person/Email: |
|  | 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: |  |

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| --- | --- |
| 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.  |
| Organizational Strength and Description (up to 25 points, no more than 2 pages) |

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

* The clinic/agency’s history, client population and levels of service provided, along with the mission and purpose of the agency and how it aligns with this project,
* The proposed geographical service area based on the identified counties where services will be provided,
* Clinic/Agency experience in the community, to include knowledge and familiarity with the level of need for services within your selected service area and what group or groups of individuals will be targeted for services by the program,
* Describe the services to be provided and outreach methods that will be used to effectively reach the target population
* The qualification and tenure of staff members providing the proposed services (if staff is not currently hired, include a plan to onboard new staff, type of staff and timeline in which this will occur),
* The structure of the agency including the Board of Directors (if applicable), hours of operation, and number of locations and,
* Discuss whether your program and activities will have a local, regional or statewide impact.

|  |
| --- |
| Collaborative Partnerships (up to 15 points no more than 2 pages) |

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 the Division through SAPTA.*

|  |
| --- |
| Service Delivery (up to 25 points, no more than 3 pages) |

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

* Proposed Project Service System;
* Scope of Work Deliverables;
* Population identification (SMI and/or COD with SMI) and plan for how the agency will access such clients;
* Proposed plan to expand access to ACT Team services to include number of new, unduplicated patients to be served;
* Patient and family engagement activities.

|  |
| --- |
| Cost Effectiveness and Leveraging of Funds (up to 15 points, no more than 1 page) |

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

* Existing Grants and Projects dedicated to addressing individuals with chronic mental illness, primarily those who have been diagnosed with psychotic disorders and severe mood disorders with psychotic components, who struggle living independently within the community, have been unsuccessful in traditional treatment models, engage in emergency services frequently, have housing instability and/or have legal issues.
* The organizations ability for reimbursement of applicable services, including the sources of reimbursement (e.g. Medicaid, Contracted MCOs, Sliding Fee Scale, Private Pay).

|  |
| --- |
| Outcomes and Sustainability (up to 20 points, no more than 3 pages) |

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

* Based on the applicant’s responses within the Feasibility and Readiness Tool please address areas of concern and identify strategies to increase feasibility and readiness of your organization to operate an Assertive Community Treatment Team;
* Sustainability Plan to include transition from grant funds to 3rd party payers
* Impact of services to patients
* Data Collection TEDS data when applicable, Consumer Satisfaction Survey, Client Level 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.*

1. **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.*

1. **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.*

1. **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.)

1. **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)*

1. **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.*

1. **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*

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

*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.*
5. **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

**Assertive Community Treatment Teams – 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.] |
| 1. [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.] |
| 1. [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.] |
| 1. [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.] |
| 1. [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 |
| 1. Hire support staff for the program; therapy, maintenance, etc.

  | 2/19/2019 | Job Announcements, work performance standards, interviewing and hiring packets, personnel records. |
| 1. 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 |
| 1. Purchase operating supplies, equipment, furniture, etc.
 | 2/28/2019 | Purchase orders, invoices, AP receipts.  |
| 1. 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 Assertive Community Treatment Teams. The subgrant period for this application will be for **the project period of 12 months** and will start **October 1, 2018** and continue through **September 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.1. 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 Assistant1. The total annual salary of the position per year.
2. The percentage of time they will be contributing to the project.
3. The sum total of 1 through 4.
4. 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 22,500 35,000 3,000 1,500 8,280 | Executive Director, 1 X $70,000 per year X 10% = $7,000Project Manager, 1 X $45,000 per year X 50% = $22,500Project Coordinators, 2 X 35,000 per year X 50% = $35,000Administrative Assist, 1 X $15,000 per year X 20% = $3,000Administrative Assist, 1 X $15,000 per year X 10% = $1,500Fringe 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 =$1,0701 SAMHSA Conference, Washington DC, April 2017, 2 Staff, $1,500 each = $3,0004 Quarterly Meetings, Statewide, 2 Staff, $500 each = $4,0001 “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.**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.
2. The monthly average cost of the item.
3. The number of months that the budget encompasses.
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.**Supplies:** (Per Month Cost X number of months charged X Rate of Allocation = Cost)**NOTE:** Please see the example below |
|  |  |  | $ |  900  4,500 300 375 1,000 | Office Supplies (paper, pencils, pens, etc.) - $75 per month X 12 months = $900Rent - $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 $1000 per computer |
| 4. Equipment | **$** |  **16,500** |  | **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.
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 60,000 | Contract to provide 4 regional prevention training courses; $5,000 X 4 Courses = $20,000Media consultant - $35 per hour X 125 hours = $4,375Contract for the development of a community needs assessment = $95.00 per hour X 160 hours - $15,200Sub-grants for community primary prevention programs = $60,000 |
| 6. Training | **$** |  **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 |
|  |  |  | $ |  500 150 1,000 | SAMSHA Conference registration fees, 2 staff X $250 each = $500Prevention Training registration fees, 6 staff X $25 each = $150Printing cost for education books for addiction prevention seminar = $20 per book X 50 books = $1000 |
| 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.
2. 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.1. If applicable, include the total direct costs being charged for indirect.
2. 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% = $2,000Indirect 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 on the following page.

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 following page.***

|  |
| --- |
| PROPOSED ACT Team BUDGET TEMPLATE |



|  |
| --- |
| APPENDIX FSPENDING PLANTemplate |

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# APPENDIX G

## SAMHSA READINESS ASSESSMENT

Adopted from the SAMHSA Assertive Community Treatment Toolkit. Complete the Readiness Assessment and submit with the application.











|  |
| --- |
| APPENDIX HBUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTIONPROGRAM 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
	1. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
	2. 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.

1. 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.
2. 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.
3. 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).
4. 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.
5. 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.
1. 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.
2. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
3. 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.
4. 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.
5. 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:
	1. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
	2. To purchase equipment over $1,000 without approval from the Division.
	3. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
	4. To provide in-patient hospital services.
	5. To make payments to intended recipients of health services.
	6. 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.
	7. To provide treatment services in penal or correctional institutions of the State.
6. 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:

1. 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.
2. 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

1. 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.
2. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
3. Year-End Financial Report must be signed by the CEO or Chairman of the Board.
4. 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.
5. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must:
	1. List individual federal and State programs by agency and provide the applicable federal agency name.
	2. Include the name of the pass-through entity (State Program).
	3. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available.
	4. Include the total amount provided to the non-federal entity from each federal and State program.
6. 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 via secure FTP site that will be provided with award.

Limited Scope Audits

1. The auditor must:
	1. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS;
	2. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program;
	3. 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;
	4. 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;
	5. And, report any audit findings consistent with the requirements of 2 CFR Part 200,

§200.516 Audit findings.

1. 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.
2. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following:
	1. 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;
	2. 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;
	3. 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
	4. 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).
3. 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 submitted via FTP site that will be provided to awardees.

Amendments

1. 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.
2. 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.
3. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
4. 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.
5. 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.
6. 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

1. 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.

# 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.

* 1. 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.
	2. 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.
1. Priority Groups – The subrecipient agrees to prioritize and expedite access to appropriate treatment services specific to SMI/COD.
2. 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.
3. 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.
4. Programs will make continuing education in alcohol and other drug treatment available to all employees who provide services.
5. 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.
6. The subrecipient is required to participate, if selected to be reviewed by the Nevada Behavioral Health Association annual peer review process.

### Records

1. 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.
2. The system to protect confidentiality shall include, but not be limited to, the following provisions:
	1. Employee education about the confidentiality requirements, to be provided annually;
	2. Informing employees of the fact that disciplinary action may occur upon inappropriate disclosure.

### Reporting

1. Once the ACT Team is running, The subrecipient is required to submit monthly data reports for: Treatment Episode Data Set (TEDS) admissions files and TEDS discharges files in accordance with current block grant requirements along with Consumer Satisfaction Surveys and Client Level Data. The subrecipient is also required to submit any other reporting as defined and requested by the BBHWP.
2. 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

1. 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.
	1. The service must be delivered at a Division certified facility.
	2. The certifications must cover the service levels under which the qualified service was delivered.
	3. The service must be provided by an appropriately licensed/certified staff member.
	4. The service delivered must be a Division qualified service which is **NOT** reimbursable by Medicaid or other third-party insurance carrier.
	5. The rate of reimbursement will be based on the Division approved rates (available upon request).
	6. The subrecipient agrees to accept the Division reimbursement rate as full payment for any program eligible services provided.
	7. 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.
	8. 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.
	9. Division funds will **NOT** be used to reimburse Medicare claims.
	10. Division funds will **NOT** be used to reimburse claims for which the client is pending eligible for insurance coverage.
	11. 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”.

* + 1. Claims denied as “not a covered benefit” and billed to the Division must have the

accompanying denial attached in order to guarantee payment.

* 1. 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).
	2. 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.
1. The subrecipient must establish policies, procedures, and the systems for eligibility determination, billing, and collection to:
	1. Ensure that all eligible clients are insured and/or enrolled in Medicaid in accord with the ACA;
	2. 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
	3. 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

1. 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.
2. Upon official written notification from the BBHWP, prior authorizations will be required for all residential and transitional housing services being billed to the Division.
3. 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.
4. The subrecipient understands that charges greater than 90 days from the date of service will be considered stale dated and may not be paid.
5. The subrecipient understands that quarterly Medicaid audits will be conducted by Division and recouping of funds may occur.
6. 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.
	1. The invoice must contain, company information (Name, address, City, State and Zip), Date, unique Invoice #, vendor #, PA or HD#.
	2. The invoice must contain contact name, phone number, e-mail and identify the invoice period.
	3. 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.
	4. 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.
	5. 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.
	6. 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.

1. 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.
2. 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.
3. 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.

Authorized Agency Title / Signature Date

## Assurances

As a condition of receiving awarded funds from the Nevada State Division of Public and Behavioral Health, the Awardee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Awardee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. Reimbursement requests should only be submitted for expenditures approved in the budget. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of award budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work, the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this award. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of awards are required to maintain award accounting records, identifiable by award number. Such records shall be maintained in accordance with the following:
	1. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division.
	2. Records may be destroyed by the Awardee five (5) calendar years after the final financial and narrative reports have been submitted to the Division. In all cases, an overriding requirement exists to retain records until resolution of any audit questions relating to individual awards.
	3. Award accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the award activity.
5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this award. The Division reserves the right to disqualify any awardee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the awardee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. To comply with the requirements of Confidentiality of Substance Use Disorder Patient Records, 42

C.F.R. Part 2, as amended.

1. Awardee certifies by signing this notice of award that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from

participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every awardee receiving any payment in whole or in part from federal funds.

1. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the “PRO- KIDS Act of 1994,” smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
2. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this award will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
	1. Any federal, state, the proposed service area or local agency, legislature, commission, council, or board;
	2. Any federal, state, the proposed service area or local legislator, commission member, council member, board member, or other elected official; or
	3. Any officer or employee of any federal, state, the proposed service area or local agency, legislature, commission, council or board.
3. Division awards are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
	1. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
	2. Ascertain whether policies, plans and procedures are being followed;
	3. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
	4. Determine reliability of financial aspects of the conduct of the project.
4. Any audit of Awardee’s expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of award funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending $750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO: **Nevada State Division of Public and Behavioral Health, Attn: Contract Unit, 4150 Technology Way, Suite 300, Carson City, NV 89706**

##### Applicant affirms they are a treatment provider, certified by the Division through SAPTA or have submitted a Certification Application to the Division to become certified at the time of submission of this grant application.

I have read and am in agreement with the above assurances.

#####  Title / Signature Date

CONFLICT OF INTEREST POLICY ACKNOWLEDGMENT

Clinic/Agency must have a conflict of interest policy designed to foster public confidence in our integrity and to protect our interest when we are contemplating entering a transaction or arrangement that might benefit the private interest of a director, a corporate officer, our top management official, and top financial official, any of our key employees, or other interested persons.

I hereby acknowledge that **[INSERT NAME OF AGENCY]**, has a conflict of interest policy on file and that all employees, contractors, and volunteers have read and understood it, and agree to comply with its terms.

Authorized Agency Title / Signature Date

#

# APPENDIX I

## PROPOSED STAFF RESUME

*A resume must be completed for all proposed contractor staff and proposed subcontractor staff.*

|  |  |
| --- | --- |
| **COMPANY NAME:** |  |

|  |  |
| --- | --- |
| **Contractor** | **Subcontractor** |

|  |  |  |
| --- | --- | --- |
| **Name:** |  | ** Key Personnel** |
| **Classification:** |  | **# of Years in Classification:** |  |
| **Brief Summary of Experience:** |  |
| **# of Years with Agency:** |  |
| **RELEVANT PROFESSIONAL EXPERIENCE** |
| ***Required Information:******MMYYYY to Present:******Agency Name:******Staff Contact Name:******Address, Phone Number, Email:******Role in Contract/Project:*** |  |
| ***Required Information:******MMYYYY to Present:******Agency Name:******Staff Contact Name:******Address, Phone Number, Email:******Role in Contract/Project:*** |  |
| ***Required Information:******MMYYYY to Present:******Agency Name:******Staff Contact Name:******Address, Phone Number, Email:******Role in Contract/Project:*** |  |
| **EDUCATION** |
| ***Description*** | ***# of Years Experience*** |
| ***Institution Name:******City:******State:******Degree/Achievement:******Licenses/Certifications:*** |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **REFERENCES** |
| ***Minimum of three (3) required, including name, title, organization, phone number, fax number and email address*** |  |

# 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 |
| ***Assertive Community Treatment*** | Assertive Community Treatment (ACT) is a multidisciplinary, mobile outreach treatment model for adults who have serious and persistent mental health issues. The program delivers individualized, supportive services directly to clients in their own environment 24 hours a day, 7 days a week, 365 days a year. It emphasizes coordinating needed treatment services locally for clients, providing ongoing follow up with no time limit, and delivering support to clients within their own settings. |
| ***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]).  |
| ***Certification*** | Division Certification through SAPTA |
| ***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 |
| ***RFA*** | Request for Application |
| ***SAMHSA*** | Substance Abuse and Mental Health Services Administration |
| ***SAPTA*** | Substance Abuse Prevention & Treatment Agency |
| ***SUD*** | Substance Use Disorder |
| ***Key Personnel*** | Applicant staff responsible for oversight of work during the life of the project and for deliverables. |
| ***LOI to release funding*** | 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.  |
| ***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). |
| ***Psychiatric Prescriber*** | May include a psychiatrist or a psychiatric nurse practitioner. Psychiatric Prescriber may work full or part time for a minimum of 16 hours per week for every 50 consumers. The Prescriber provides medically managed services to all ACT participants; works with the team leader to monitor each participant’s clinical status and response to treatment; supervises staff delivery of services; and directs psychopharmacologic and medical services. |
| ***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.  |
| ***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. |
| ***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. |
| ***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. |

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# Resources

* 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
* Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT

<https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345>

* Behavioral Health Community Integration Plan <http://dpbh.nv.gov/Programs/ClinicalSAPTA/Home_-_SAPTA/>