

NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Bureau of Behavioral Health Wellness and Prevention
Substance Abuse Prevention and Treatment Agency

Announcement Type: Request for Application 2017-2018

Funding Opportunity Announcement

<Opioid State Targeted Response (STR): Integrated Opioid Treatment and Recovery Center (IORTC)>
Upon Approval - April 30, 2018

Release Date: September 22, 2017

Deadline for Submission and Time: October 16, 2017 @ 4:00 PM (PDT)

NOTE: This document is available online at

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

Nevada Department of Health and Human services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

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Funding Opportunity Title: State of Nevada Opioid STR Integrated Opioid Treatment and Recovery Center Request for Application

Funding Opportunity Number: NV STR-01

Due Date for Applications: October 16, 2017

Anticipated Total Funding Available: \$2,100,000.00

Estimated Number of Award(s): Minimum of 3 awards

Estimated Award Amount: \$700,000

Cost Sharing/Match Required: None

Project Period: Upon approval/November 15, 2017 through April 30, 2018

Eligible Applicants: Certified Community Behavioral Health Clinics (CCBHC)

Federally Qualified Health Centers (FQHC)

Opioid Treatment Service Provider (OTP)

Additional Information on Eligibility: Eligible applicants must be existing Medicaid providers.

Clinic locations must be in at least one of the required geographical areas (counties): Carson, Churchill, Clark, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, Washoe, or White Pine

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 provide integrated primary and behavioral health care for adults and adolescence with Opioid Use Disorder. Integrated Opioid Treatment and Recovery Center's (IOTRC) will serve as the regional consultants and subject matter experts on opioid use disorder treatment, provide Medication Assisted Treatment (MAT) and Recovery services for adult and adolescent populations, and develop formal networks of care through the following means:

1. Applicants must either have the capacity to dispense methadone or partner with an organization through a formalized coordinated care agreement for methadone services. Integrated Opioid Treatment and Recovery Center's in Rural Areas without access to methadone must be willing to partner in pursuing alternative methods of accessing methadone as the State develops these options.
2. Provide clinically appropriate evidence-based practices for opioid use disorder treatment, including the use of medication assisted treatment with Food and Drug Administration (FDA)-approved medications in combination with psychosocial interventions. Comprehensive Services provided by Integrated Opioid Treatment and Recovery Centers, either in-house or through formalized care coordination agreements, must include:
 - FDA approved Medication to treat Opioid Use Disorders (OUD)
 - Medical Evaluation
 - Toxicology Screening
 - HIV/Hepatitis C Testing
 - Behavioral Health Screening and Assessment
 - A minimum of American Society of Addiction Medicine, 3rd Edition (ASAM) Level 1 Ambulatory Withdrawal Management
 - Behavioral Health Treatment:
 - A minimum of ASAM Level 1 Outpatient
 - ASAM Level 3.2 and Level 3.7 Withdrawal Management
 - ASAM Level 3.1 and Level 3.5 Residential Services
 - Transitional Housing per SAPTA Division Criteria
 - Referral and Coordination with Psychiatric Services
 - Obstetricians/Perinatologists
 - Office-Based Opioid prescribers
 - Co-Occurring Disorder (COD) and other Community-based service providers
 - Peer & Recovery Support Services
 - Wellness Promotion
 - Overdose education and naloxone distribution
 - Mobile Recovery
 - Supported employment
 - Care Coordination
 - Partnerships with eligible organizations as listed in this RFA (CCBHC, FQHC, OTP)
 - Enrollment into Medicaid, TANF, SNAP, WIC
 - Engagement with criminal justice entities (e.g. police, judicial, correction)
3. Staff and maintain a mobile recovery unit outreach team to provide linkage and referral to the local Integrated Opioid Treatment and Recovery Center's for engagement, treatment, and/or recovery support for treatment transition. Populations required to be engaged by such teams are individuals who have

recently experienced an overdose, individuals who have recently undergone withdrawal from opioids in a controlled environment or in the community, and individuals who have an Opioid Use Disorder (OUD) and that would benefit from community based interventions. Individuals within this population are typically seen outside of the treatment center setting. This includes interventions for pregnant women and women with dependent children, individuals within emergency department, hospital, jail, or other facility settings.

4. Provide opioid overdose prevention activities, including but not limited to, the prescription of naloxone, distribution of naloxone (provided by Naloxone Virtual Dispensary) to individuals identified as at-risk, including friends, family members and others able to assist with an opioid overdose, and community promotion of the use of naloxone to reduce mortality in individuals identified with an OUD.

Request for Application (RFA) Timeline

TASK	DUE DATE & TIME
SAPTA distributes the Request for Application Guidance with all submission forms	September 22, 2017
Q&A Written Questions due to SAPTA	September 27, 2017
Mandatory Informational Webinar to address questions	October 2, 2017 (1:00p.m. – 2:00p.m.)
Deadline for submission of applications	October 16, 2017, by 4:00p.m.
Technical Review of Applications	October 17-18, 2017
SAPTA will notify organizations that have discrepancies within their application.	COB October 17, 2017
Evaluation Period: Content review of applications	October 18-23, 2017
Interviews with Applicants	October 24, 2017
Funding Decisions Announced – SAPTA will notify organizations via e-mail to the listed Project Director	November 1, 2017
Completion of subgrant awards for selected awardees	November 10, 2017
Grant Award Commencement of Project – Pending approved SAMHSA grant award and receipt of Notice of Award	November 15, 2017

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.

Introduction

Individuals with an opioid use disorder (OUD) have high rates of co-occurring medical and psychiatric complications. Left untreated, these complications are associated with significant morbidity and mortality, resulting in increased healthcare costs and threatening public health. Effective care coordination that addresses the complexity and variability of OUDs should be multifaceted and not a “one size fits all” model. Persons with an OUD often have complex treatment needs that require concurrent and coordinated attention to addiction, medical, psychiatric, and social problems. OUD patients do best when they have access to a full range of medication assisted treatment (MAT) options in a variety of settings. They can also benefit from assistance in locating and navigating an array of social and recovery support services (Stoller et al., 2016).

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

As an Opioid STR Grantee, the State of Nevada is required to expand access to treatment and recovery services, and must:

1. Implement system design models that will most rapidly address the gaps in their systems of care;
2. Deliver evidence-based treatment interventions, including medication and psychosocial interventions;
3. Report progress toward increasing availability of treatment for OUD and reducing opioid-related overdose deaths based on measures developed in collaboration with the Department of Health and Human Services (DHHS); and
4. Improve retention in care.

Purpose

The Nevada Division of Public and Behavioral Health (DPBH) is establishing a hybrid system of coordinated care for OUD in Nevada, based on the Vermont Hub and Spoke Model of Care for Opioid Use Disorders and the Collaborative Opioid Prescribing (CoOP) program model design that was initially developed and implemented at Johns Hopkins Hospital (Stoller, 2016).¹ The goal of the proposed program delivery model is to increase the availability, utilization, and efficacy of MAT, and provide pathways to evidence-based recovery and support services by establishing an Integrated Opioid Treatment and Recovery Center’s (IOTRC) System for Nevada residents with OUD.

This funding opportunity will establish a minimum of three Integrated Opioid Treatment and Recovery Center’s (IOTRC), a hybrid of the hubs in the Hub and Spoke and CoOp models. IOTRC sites will reach out to providers and form a network to treat individuals with an OUD through concurrent provision of medication assisted treatments, behavioral health therapies, collaborative stepped-care, wrap-around services, and expert consultation. The IOTRC can provide the initial comprehensive SUD/Co-Occurring

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

assessment, and when MAT maintenance is recommended, induct and stabilize the patient through its medication dispensary. The IOTRC will also provide ongoing counseling and, if unable to do so, will refer out to a substance use/co-occurring program that has been certified by the Division through the Substance Abuse Prevention and Treatment Agency (SAPTA) or other applicable Medicaid approved network of behavioral health providers. Once a patient is stabilized, the MAT provision can shift to an FDA Waiver approved prescriber through formal care coordination agreement if, and when the IOTRC and patient determine it is clinically appropriate to step-down care.

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

The IOTRCs will be able to refer out to a variety of other service providers through formalized care coordination agreements, for example, pain management clinics, recovery programs, behavioral health services, psychiatry, and obstetrician (OB)/neonatal services. All IOTRCs will provide mobile recovery units to conduct outreach and engagement services.

The scope of **required** services in each IOTRC network include comprehensive substance use disorder (SUD) and co-occurring disorder (COD) assessments, MAT induction and maintenance, and group and individual counseling based on a service-recipients needs per ASAM Criteria. Required wrap-around services include care coordination, peer recovery and support services, links to recovery/transitional housing, psychiatric evaluation/treatment, co-management of chronic medical disorders, and family engagement. A primary goal of the IOTRCs is to establish a “no wrong door” policy between a formalized network of partnerships facilitated by a Care Coordinator located at each IOTRC. Additionally, IOTRC mobile recovery units will be created to move between the IOTRC and formal partners to provide comprehensive recovery services. Care is coordinated during the entire treatment episode at a minimum through ongoing telephonic and electronic communication between IOTRC staff and partner providers.

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

The following table outlines the types of organizations eligible to serve as an IOTRC along with the services required to be provided either within the applicant organization or through formalized care coordination agreements with partner agencies.

² Ibid.

Table 1: Nevada Integrated Opioid Treatment and Recovery Center

Eligible Organizations	Status	IOTRC to provide at a minimum	Formal Written Care Coordination Agreements to Provide (IOTRC may choose to offer these services internally)
Certified Community Behavioral Health Clinic (CCBHC)	Nonprofits having a 501(c)(3) Status with the IRS	<ul style="list-style-type: none"> • Behavioral Health Screening/Assessment • Medical Evaluation • FDA Approved Medication for OUD Treatment • ASAM Level 1 Ambulatory Withdrawal Management • Toxicology Screening • ASAM Level 1 Outpatient • Overdose education and naloxone distribution • Psychiatry • Mobile Recovery • Peer/Recovery Support Services • Care Coordination • Supported employment • Enrollment into Medicaid, TANF, SNAP, WIC • Engagement with criminal justice entities (e.g. police, judicial, correction) 	<ul style="list-style-type: none"> • Opioid Treatment Provider for Methadone • ASAM Level 3.2 and Level 3.7 Withdrawal Management • OB/Perinatal providers • Office-Based Opioid prescribers • ASAM Level 3.1 and Level 3.5 Residential Services • Transitional Housing per SAPTA Division Criteria • COD and other Community-based service providers • Wellness Promotion • FQHC partnership • HIV/Hep C Testing
Federally Qualified Health Center (FQHC)	Nonprofits having a 501(c)(3) Status with the IRS	<ul style="list-style-type: none"> • Behavioral Health Screening/Assessment • Medical Evaluation • FDA Approved Medication for OUD Treatment • ASAM Level 1 Ambulatory Withdrawal Management • Toxicology Screening • ASAM Level 1 Outpatient • Overdose education and naloxone distribution • Psychiatry • Mobile Recovery 	<ul style="list-style-type: none"> • Opioid Treatment Provider for Methadone • ASAM Level 3.2 and Level 3.7 Withdrawal Management • ASAM Level 3.1 and Level 3.5 Residential Services • OB/Perinatal providers • Office-Based Opioid prescribers • Transitional Housing per SAPTA Division Criteria

FQHC - Continued		<ul style="list-style-type: none"> • Peer/Recovery Support Services • Care Coordination • Enrollment into Medicaid, TANF, SNAP, WIC • Engagement with criminal justice entities (e.g. police, judicial, correction) 	<ul style="list-style-type: none"> • COD and other Community-based service providers • Vocational rehab • Wellness Promotion • CCBHC partnership • HIV/Hep C Testing
Opioid Treatment Service Provider	Nonprofits having a 501(c)(3) Status with the IRS or For-Profit Organizations	<ul style="list-style-type: none"> • Behavioral Health Screening/Assessment • Medical Evaluation • FDA Approved Medication for OUD Treatment, including Methadone • ASAM Level 1 Ambulatory Withdrawal Management • Toxicology Screening • ASAM Level 1 Outpatient • Overdose education and naloxone distribution • Mobile Recovery • Peer/Recovery Support Services • Care Coordination • Enrollment into Medicaid, TANF, SNAP, WIC • Engagement with criminal justice entities (e.g. police, judicial, correction) 	<ul style="list-style-type: none"> • ASAM Level 3.2 and Level 3.7 Withdrawal Management • ASAM Level 3.1 and Level 3.5 Residential Services • OB/Perinatal Providers • Psychiatry • Office-Based Opioid prescribers • Transitional Housing per SAPTA Division Criteria • COD and other Community-based service providers • Vocational rehab • Wellness Promotion • CCBHC and FQHC partnerships • HIV/Hep C Testing

Program Funding

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

The Applicant, its employees and agents, must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an eligible organization.

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

Below are the Funding Categories that can be applied for:

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

Please note that funds requested cannot be used to supplant existing positions. The expectation is that staff supported by these funds cannot bill 3rd party payers for services rendered by grant funded positions. By no later than the end of the grant cycle (4/30/18), all grant funded positions will be converted to 3rd party billing options (e.g. Medicaid, SAPTA).

Allowable Activities:

- Salary Support
 - Allowable funds for the onboarding of new staff positions:
 - Nevada Licensed Healthcare professionals
 - Nevada Licensed / Certified Behavioral Health Professionals
 - Care Coordinators
 - Peer Support Specialists
- Training and Technical Assistance (No more than 10% of your budgeted costs)
 - Allowable funds for:
 - Training and technical assistance to increase provider competencies specifically related to the treatment, care coordination, and recovery support of individuals with OUD.
 - Travel required to obtain requested training.
- Residential Services (No more than 20% of your budgeted costs)

Please note that reimbursement of services within this category must be consistent with Division established rates of reimbursement **for room and board only as established by SAPTA** and must demonstrate all applicable licenses through Health Care Quality and Compliance and Division licensure for the level of care provided. **All ASAM residential/transitional services that can be reimbursable under Medicaid or 3rd party payers must be billed to those payers. To promote sustainability of services designed under this RFA, a sustainability plan for uninterrupted continuation of services must be included in this submission and be in place no later than the end of the grant cycle (4/30/18).**

 - Allowable funds for:
 - Level 3.2 or Level 3.7 Residential Withdrawal Management services based on ASAM Criteria and Division Criteria.
 - Level 3.1 or Level 3.5 Residential treatment services for MAT clients based on ASAM Criteria and Division Criteria.
 - Transitional Housing services for MAT clients based on Division Criteria.

Non-Allowable Activities:

Non-allowable budget items:

- Supplanting of existing positions.
- Individual provider purchase of naloxone.

- The purchasing of property, the construction of new structures, and the addition of a permanent structure, capital improvements of existing properties or structures.
- Bus passes / transportation.

Technical Requirements

- **Certification required to receive funding from the Division of Public and Behavioral Health, hereafter referred to as the Division. (NRS 439.200, 458.025)** A program must be certified by the Division through SAPTA to be eligible for any state or federal money for alcohol and drug abuse programs administered by the Division pursuant to [chapter 458](#) of NRS for the prevention or treatment of substance-related disorders. For currently non-certified applicants refer to the Certification Process below.
- Organizations must be enrolled as a Medicaid Provider at the time of application submission.
- **Excluded Parties** – The 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 J'Amie Frederick from SAPTA via email at jfrederick@health.nv.gov to obtain the Division Certification Application and checklist.
2. In addition to the application checklist materials requirements, please include the following items with your Certification Application Packet and submit per the instructions on the Certification Application.
 - a. A copy of the manual containing the policies and procedures of the program per NAC 458/ Division Criteria <https://www.leg.state.nv.us/NAC/NAC-458.html>;
 - b. Health Care Quality & Compliance (HCQC) license if applicable, this would include a Narcotic Treatment Program in which Methadone maintenance is provided, if applicable. Also, copies of FDA Waiver for Physicians, Physician Assistants and Nurse Practitioners approved to prescribe medications for OUD treatment.

Medicaid Enrollment Requirements and Division Funding Eligible Requirements

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

Application Submission

Applications must be completed on the forms included in the application packet provided by SAPTA. The application packet must be emailed to Dennis Humphrey in original files (Word, Excel) and five required hard copies must be received **on or before the deadline of October 16, 2017, by 4:00 p.m.** Deliver hard copies to:

Dennis Humphrey, Program Manager
 Nevada Department of Health and Human Services, Division of Public and Behavioral Health
 Opioid STR, Integrated Opioid Treatment and Recovery Center, Request for Application Grant
 4126 Technology Way, Second Floor | Carson City, NV 89706
 E: opioidrgrant@health.nv.gov

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

The Question and Answer (Q&A) period will be provided from September 22, 2017 through September 27, 2017. Questions must be submitted to opioidrgrant@health.nv.gov by 4:00 pm on September 27, 2017 and responses will be provided via mandatory webinar session on October 2, 2017 from 1:00 p.m. to 2:00 p.m. A follow-up Frequently Asked Questions (FAQ) document will be provided capturing all questions asked and will be distributed on the DHHS Website.

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

Page Limit	<p>Narrative to Consist of the following:</p> <ul style="list-style-type: none"> ▪ Organizational Strength and Description (no more than 3 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) <p>The following do not have page limitations:</p> <ul style="list-style-type: none"> ▪ Scope of Work ▪ Data and Performance Measures ▪ Budget ▪ Attachments ▪ Certification Documents
Submission Format	Stapled, no binding, single-sided, no-color
Font Size	11 pt., Times New Roman
Margins	1 inch on all sides
Spacing	Single Spaced
Headers	Mandatory and Identical to RFA Request
Attachments	Attachments other than those defined below, are not permitted. These appendices are not intended to

	extend or replace any required section of the Application.
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Required Format: Each proposal submitted **must** contain the following sections:

Technical RFA Submission Requirements		Completed
Document should be tabbed with the following section		
Required number of copies to submit per submission requirements (five copies)		
Tab I	Submission Checklist & Cover Page with all requested information	
Tab II	Agency Profile with all requested information	
Tab III	Contact Information with all requested information	
Tab IV	Narrative to Consist of the following: <ul style="list-style-type: none"> ▪ Organizational Strength and Description ▪ Collaborative Partnerships ▪ Service Delivery ▪ Cost Effectiveness and Leveraging of Funds ▪ Outcomes and Sustainability 	
Tab V	Scope of Work with all requested information	
Tab VI	Data and Performance Measures with all requested information	
Tab VII	Budget and Budget Justification with all requested information	
Tab VIII	Attachments <ul style="list-style-type: none"> ▪ Assurances ▪ Signed Conflict of Interest Policy Acknowledgement ▪ Completed Feasibility and Readiness Tool ▪ Proposed Staff Resume(s) ▪ Formal Care Coordination Agreements / MOUs currently in place ▪ 501 (c) 3 tax exempt where applicable ▪ Latest Audit Letter 	
Tab IX	National, State, and Division Certification through SAPTA Documents	
USB Flash Drive Required		
One (1)	One (1) Master USB Flash Drive (thumb drive) consisting of Tabs I-IX. Word and Excel Files only. Only Attachments within Tab VIII can be PDF files.	

Grant Objectives

Goal I: Implementation of the Integrated Opioid Treatment and Recovery Center (IOTRC) System to provide treatment and recovery services for Nevadans with an opioid use disorder (OUD) in the proposed service area.

Objective: By February 1, 2018 the IOTRC in the proposed service area will provide the services as outlined in Table 1 on Page 9 based on the applicable eligible organization for Nevada residents with an OUD either in-house, or through formal care coordination agreements with partner agencies that are both Division certified and listed as an approved vendor for the State of Nevada.

Goal II: Establish the infrastructure and staffing for an IOTRC System in the proposed service area.

Objective: No later than April 1, 2018, the IOTRC, in the proposed service area, shall be fully operational and compliant with all of the requirements set forth in the RFA.

Goal III: Evaluate process and outcomes measures for the IOTRC for treatment and recovery services for Nevadans with an OUD. *Specific forms for data collection will be finalized and distributed to awardees.*

Objective: By February 1, 2018 the Integrated Opioid Treatment and Recovery Center will be collecting the required performance measures and report the measures to SAPTA on a quarterly basis.

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; (5) The structure of the agency including Board of Directors (if applicable), hours of operation, and number of locations.

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; (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 layout of the IOTRC System; (2) Scope of Work Deliverables; (3) Proposed plan to expand access to treatment and recovery services to include number of new, unduplicated patients to be serviced; (4) Evidence-Based Practice to be utilized in OUD Treatment; (5) Description of Mobile Outreach Recovery Team, proposed team staffing and patient engagement activities; and (6) Description of MAT - FDA Waiver Approved Providers.

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

Elements to be evaluated: (1) Existing Grants and Projects dedicated to addressing OUD, prevention overdose and recovery activities and (2) Sources of reimbursement.

5. Outcomes & Sustainability (Up to 20 Points)

Elements to be evaluated: (1) Sustainability Plan (2) Impact of services to patients (3) Data Collection and Management Plan to include submission of required reports.

Award Process

1. SAPTA Program staff may contact any applicant to clarify any response; solicit information from any available source concerning any aspect of a proposal; and seek and review any other information deemed pertinent to the evaluation process. The evaluation committee shall not be obligated to accept the lowest priced proposal, but shall make an award in the best interests of the State of Nevada NRS § 333.335(5).
2. Discussions may, at the State's sole discretion, be conducted with applicants who submit proposals determined to be acceptable and competitive per NAC §333.165. Applicants shall be afforded fair and equal treatment with respect to any opportunity for discussion and/or written revisions of proposals. Such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing applicants.
3. Any award is contingent upon the successful negotiation of final award terms. Negotiations shall be confidential until an agreement is reached.
4. Any award resulting from this RFA will not be eligible for draw down of funds and until approved by the Nevada Division of Public and Behavioral Health; furthermore, any award or sub-award resulting from this RFA will not go into effect until approved and signed by all parties.

Terms, Conditions, and Exceptions

1. The State reserves the right to alter, amend, or modify any provisions of this RFA, or to withdraw this RFA, at any time prior to the award of an award pursuant hereto, if it is in the best interest of the State to do so.
2. The State reserves the right to waive informalities and minor irregularities in applications received.
3. The State reserves the right to reject any or all applications received prior to award (NRS §333.350).
4. The State shall not be obligated to accept the lowest priced application, but will make an award in the best interests of the State of Nevada after all factors have been evaluated (NRS §333.335).
5. Any irregularities or lack of clarity in the RFA should be brought to the Division designee's attention as soon as possible so that corrective addenda may be furnished to prospective applicants.
6. Alterations, modifications, or variations to an application may not be considered unless authorized by the RFA or by addendum or amendment.
7. Applications which appear unrealistic in the terms of technical commitments, lack of technical competence, or are indicative of failure to comprehend the complexity and risk of this RFA may be rejected.
8. Applications from employees of the State of Nevada will be considered in as much as they do not conflict with the State Administrative Manual, NRS Chapter §281 and NRS Chapter §284.

9. Applications may be withdrawn by written or email notice received prior to the submission time.
10. Prices offered by applicants in their applications are an irrevocable offer for the term of the award and any award extensions. The awarded applicant agrees to provide the project at the costs, rates, and fees set forth in their application in response to this RFA. No other costs, rates, or fees shall be payable to the awarded applicant for implementation of their application.
11. The State is not liable for any costs incurred by applicants prior to entering into a formal award. Costs of developing the applications or any other such expenses incurred by the applicant in responding to the RFA are entirely the responsibility of the applicant and shall not be reimbursed in any manner by the State.
12. The awarded applicant will be the sole point of award responsibility. The State will look solely to the awarded applicant for the performance of all award obligations that may result from an award based on this RFA, and the awarded applicant shall not be relieved for the non-performance of any or all awardees.
13. Each applicant must disclose any existing or potential conflict of interest relative to the performance of the services resulting from this RFA. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting an application in response to this RFA, applicants affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of it in connection with this grant award. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in disqualification of the application. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of an applicant. The State reserves the right to disqualify any applicant on the grounds of actual or apparent conflict of interest.
14. The State reserves the right to negotiate final award terms with any applicant selected. The award between the parties will consist of the RFA together with any modifications thereto, and the awarded application, together with any modifications and clarifications thereto that are submitted at the request of the State during the evaluation and negotiation process. In the event of any conflict or contradiction between or among these documents, the documents shall control in the following order of precedence: the final executed award, the RFA, any modifications and clarifications to the awarded application. Specific exceptions to this general rule may be noted in the final, executed award.
15. Applicant understands and acknowledges that the representations above are material and important and will be relied on by the State in evaluation of the application. Any applicant misrepresentation shall be treated as fraudulent concealment from the State of the true facts relating to the application.
16. Pursuant to NRS Chapter 613 in connection with the performance of work under this award, the applicant agrees not to unlawfully discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, sexual orientation or age, including, without limitation, with regard to employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including, without limitation apprenticeship.
17. The applicant further agrees to insert this provision in all awards and subsequent sub-awards, hereunder, except awards and subsequent sub-awards for standard commercial supplies or raw materials.

18. It is expressly understood and agreed all work done by the awardee shall be subject to inspection and acceptance by the State.
19. If travel is required, the following processes must be followed:
 - a. Requests for Reimbursement of travel expenses must be submitted on the State Claim for Travel Expense Form with original receipts for all expenses.
 - b. Providers will be reimbursed travel expenses and per diem at the rates allowed for State employees at the time travel occurs.
20. No announcement concerning the award of award as a result of this RFA can be made without the prior written approval of the Substance Abuse Prevention and Treatment Agency (SAPTA).
21. The awarded applicant must agree, 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 including the following:
 - a. Any federal, state, county or local agency, legislature, commission, counsel, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or board.

Requirements of Compliance

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

- Applicants must be a public entity in Nevada or a Nevada nonprofit organization with a tax-exempt determination under Section 501(c)(3) of the Internal Revenue Code. If currently debarred, suspended or otherwise excluded or ineligible for participation in federal or state assistance programs, the applicant is ineligible to apply for funds.
- Applicants expanding services to include medication assisted therapies, when those services do not currently exist within an organization or location, will be required to participate in Project ECHO Medication Assisted Treatment Clinic for providers. These trainings are at no-cost to provider organizations.
- Applicants must obtain Division Certification through SAPTA for levels of care provided. Costs of certification and licensure through Nevada State Health Division Bureau of Health Care Quality and Compliance (HCQC) may be included in the proposed budget. Certification review will also include a review using the Dual Diagnosis Capability Toolkits. Renewal reviews will be conducted at the end of each grant year.
- Applicants expanding services to include a Mobile Outreach Recovery Team, will be required to have their team members participate in coordinated training events specific for the team.
- Applicants must develop and implement policies that support the co-prescription and/or distribution of naloxone to patients at risk of opioid overdose.
- Applicants must partner with law enforcement entities who are engaged in jail diversion activities for individuals with Opioid Use Disorder where such activities are active and law enforcement is willing to partner.

- If the applicant has not met performance measures of previous DHHS awards, DHHS reserves the right to not award additional awards.
- All applicants must provide all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. [Section 330(a) of the PHS Act].
- Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purpose.
- Applicants awarded funds shall leverage Opioid STR funds with other resources if the actual cost of the deliverable exceeds the allowable and awarded amount.
- Bureau of Behavioral Health Wellness and Prevention (BBHWP) reserves the right during the award period to renegotiate or change deliverables to expand services or reduce funding when deliverables are not satisfactorily attained.

Definitions & Acronyms

Acronym	Definition
ASAM	American Society of Addiction Medicine, 3 rd Edition
AWARD	An award between the DPBH and an outside agency or sub-awardee to perform tasks identified in the RFA.
BBHWP	Bureau of Behavioral Health, Wellness and Prevention
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.
CCBHC	Certified Community Behavioral Health Clinic
Certification	Division Certification through SAPTA
IOTRCs	Integrated Opioid Treatment and Recovery Center
CDC	Centers for Disease Control and Prevention
CLIA	The Clinical Laboratory Improvement Amendments
FQHC	Federally Qualified Health Center
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.
HCQC	Bureau of Health Care Quality and Compliance
Hub and Spoke System	Hub and Spoke system means a model comprised of OTPs that serve as the hubs and Data 2000 waived prescribers who prescribe buprenorphine in office-based settings who serve as the spokes.

MAT	Medication Assisted Treatment (MAT) means a combination of medications utilized to treat an opioid use disorder (OUD) in conjunction with counseling services.
Medical Evaluation	A comprehensive assessment, conducted by Nevada Licensed medical professional, of a patient’s overall medical history and current condition for the purpose of identifying health problems and planning treatment.
Mobile Recovery Unit	An outreach team staffed to provide linkage and referral to the local Integrated Opioid Treatment and Recovery Center’s for engagement, treatment, and/or recovery support for treatment transition.
NAC	Nevada Administrative Code
NRS	Nevada Revised Statute
Peer/Recovery Support Service	Peer/Recovery Support Service means services provided to a patient to maintain the patient’s abstinence from the use of alcohol or drugs, maintain sobriety, or maintain any goal or objective that a patient achieved during treatment for his or her substance use disorder. Peer / Recovery Support Service includes any service designed to initiate, support, and enhance recovery.
Prescriber	An FDA Waiver approved prescriber for FDA approved medications for the treatment of OUDs.
OBOT	Office Based Opioid Treatment
OTP	Opioid Treatment Program
OUD	Opioid Use Disorder
RFA	Request for Application
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPTA	Substance Abuse Prevention & Treatment Agency
SUD	Substance Use Disorder
Wellness Promotion	The promotion of healthy ideas and concepts to motivate individuals to adopt healthy behaviors.

Resources

- Integrated Service Delivery Models for Opioid Treatment Programs in an Era of Increasing Opioid Addiction, Health Reform, and Parity (Stoller et. al., 2016)
<http://www.aatod.org/wp-content/uploads/2016/07/2nd-Whitepaper-.pdf>
- Vermont Hub and Spoke Model: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5537005/>
- The Division of Public and Behavioral Health certifies substance abuse facilities and programs through its Bureau of Behavioral Health Wellness and Prevention. Per Nevada Revised Statute 458.024(d) and Nevada Administrative Code 458.103 programs and facilities that are not certified are ineligible to receive state and federal funding for alcohol and drug abuse programs. Applicable regulations on certification can be found at:

<https://www.leg.state.nv.us/NAC/NAC-458.html#NAC458Sec103>

- National Registry of Evidence-based Programs and Practices (NREPP)
<https://knowledge.samhsa.gov/ta-centers/national-registry-evidence-based-programs-and-practices>
- SAPTA Strategic Plan
http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalSAPTA/SAPTA%20Strategic%20Plan_2017-2020.pdf
- SAPTA Reimbursement Scale (see following)

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

Rate List

Code	Description	SAPTA Rate
Behavior Change Intervention & Counseling Risk Factors (Licensed QMHP)		
99401	Preventive med counseling	\$ 38.27
99406	Smoking and tobacco cessation counseling	\$ 13.59
99407	Smoking and tobacco cessation counseling	\$ 26.53
99408	Alcohol and/or substance abuse screening	\$ 33.95
99409	Alcohol and/or substance abuse screening	\$ 66.14
HCPCS (Licensed Alcohol and Drug Counselors (LADC) and Certified Alcohol Drug Counselors (CADC))		
G9012	Other Specified Case Management Services - Targeted Case Management	\$ 15.84
H0001	Alcohol and/or drug assessment (1 unit per assessment at least 30 minutes) * If a CADC-I completes the assessment, it will not be counted completed until it has been reviewed and approved by the clinical supervisor.	\$ 152.15
H0002	Behavioral health screening to determine eligibility for admission to treatment program (1 unit per assessment at least 30 minutes)	\$ 33.57
H0005	Alcohol and/or drug services; group counseling by a clinician (1 unit per group at least 30 minutes)	\$ 32.57
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	\$ 23.69
H0015	Alcohol and/or drug services; intensive outpatient program (3 hours per day at least 3 days per week) (1 unit equals 1 day/visit)	\$ 153.23
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	\$ 4.30
H0034	Medication training and support; per 15 minutes	\$ 18.53
H0035	Mental health partial hospitalization, treatment less than 24 hours (1 unit equals 60 minutes)	\$ 59.76
H0038	Self-help/peer service; per 15 minutes	\$ 8.60
H0038	Self-help/peer service; per 15 minutes; Use modifier HQ when requesting/billing for a group setting	\$ 1.72
H0047	Alcohol and/or drug services; (State defined: individual counseling by a clinician). (1 unit per session at least 30 minutes)	\$ 57.78
H0049	Alcohol/drug screening (1 unit per screening)	\$ 10.64
Interactive Complexity & Psychiatric Diagnostic Procedures		
90785	Interactive Complexity	\$ 4.80
90791	Psychiatric diagnostic evaluation	\$ 152.15
90792	Psychiatric diagnostic evaluation with medical services	\$ 124.11

Psychotherapy		
90832	Psychotherapy, 30 mins, with pt and/or family member	\$ 63.04
90834	Psychotherapy, 45 mins, with pt and/or family member	\$ 80.65
90837	Psychotherapy, 60 mins, with pt and/or family member	\$ 117.99
90846	Family psychotherapy (without the patient present)	\$ 88.83
90847	Family psychotherapy (conjoint therapy) (with patient present)	\$ 106.75
90849	Multiple-family group psychotherapy	\$ 31.13
90853	Group psychotherapy (other than of a multiple-family group)	\$ 32.57
Psychotherapy for Crisis		
90839	Psychotherapy for Crisis first 60 mins	\$ 122.79
90840	Psychotherapy for Crisis each additional 30 mins	\$ 61.39
Evaluation & Management		
90833	Psychotherapy, 30 mins, with pt and/or family member when performed with an E/M service.	\$ 41.52
90836	Psychotherapy, 45 mins, with pt and/or family member when performed with an E/M service.	\$ 67.34
90838	Psychotherapy, 60 mins, with pt and/or family member when performed with an E/M service.	\$ 108.54
99201	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. 10 mins face-to-face.	\$ 32.23
99202	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. 20 mins face-to-face.	\$ 260.85
99203	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. 30 mins face-to-face.	\$ 87.62
99204	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. 45 mins face-to-face.	\$ 124.21
99205	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the	\$ 125.05

	presenting problem(s) are of moderate to high severity. 60 mins face-to-face.	
99211	Office or other outpatient visit for the E/M of an ESTABLISHED patient that may not require the presence of a physician or other qualified healthcare professional. Usually, the presenting problems are minimal. Typically, 5 minutes are spent performing or supervising these services.	\$ 19.47
99212	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are self limited or minor. Typically, 10 minutes face-to-face.	\$ 34.57
99213	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are low to moderate severity. Typically, 15 minutes face-to-face.	\$ 48.00
99214	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are of moderate to high severity. Typically, 25 minutes face-to-face.	\$ 74.86
99215	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are of moderate to high severity. Typically, 40 minutes face-to-face.	\$ 110.11
99218	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ 60.76

99219	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ 101.71
99220	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ 142.33
	Daily Room Rates (Room + Board)	Current Rate
101	Residential Treatment (Level 3.1)	\$ 130.92
101	Detoxification (Level 3.2-D)	\$ 130.92
101	Residential Treatment (Level 3.5)	\$ 130.92
104	Transitional Housing - Adult	\$ 43.64