

## SOR 2.0 Questions and Answers

- I am working on the SAPTA SOR 2.0 grant application. Are the due dates on the first page correct as they do not necessarily match the days of the week that are listed? I just wanted to confirm the deadline for application submission is October 30.

*Yes, the dates are correct. The due date for the application is Friday, October 30, 2020 at 3:00 PM PST. The below dates and time are correct.*

NOFO Timeline	
Task	Due Date/Time
Request for Approach (NOFO) Released	09/30/2020
Deadline for submission of written questions	10/09/2020, 3:00 p.m. PST
Deadline for written response to submitted written questions	10/13/2020, 3:00 p.m. PST
<b>Informational Webinar via Zoom</b> Meeting ID: 949 9646 5495 Passcode: 737504	10/19/2020, 11:00 a.m. PST
<b>Deadline for submission of application</b>	<b>10/30/2020, 3:00 PM PST</b>
Evaluation Period, on or before	11/13/2020
Funding Decisions, Applicants Notified on or before	11/17/2020
Completion of contract/subgrant awards, on or before	12/04/2020
Notice to Proceed (NTP)/Project Start Date, before, on or after	01/01/2021
Grant Period – Year One, no carryovers (expected)	01/01/2021 – 09/30/2021
Grant Period – Year Two, no carryovers (if approved)	10/01/2021 – 09/30/2022

- Please send us a fillable PDF or Word document for the application. The document emailed out to us does not allow me to enter any information.

*A word document will be posted on the site on or before October 13, 2020.*

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

*This will be under the Title: State Opioid Stimulant use Grant.*

- Please add us to the state grant listserv.

*This ListServ is specific to the State Grant Office. You can request to receive grant notices at this website:*

[http://grant.nv.gov/Grant\\_Resources/Grant\\_Opportunity\\_Listservs/](http://grant.nv.gov/Grant_Resources/Grant_Opportunity_Listservs/)

- Can funding be used for dual diagnosis PHP/IOP if it includes OUD as a primary or secondary diagnosis?

*Yes.*

- We are currently working on a business plan for a 3 track IOP/PHP to include OUD. Can the funding be divided to support one track of the program being specific to OUD while the other two treat other psych diagnosis?

*In terms of providing guidance for programming, it is important for each applicant to identify how the funds will be utilized for those individuals with an opioid or stimulant use disorder. Any program that is able to identify how the funds will be implemented and not supplant other funding will be considered. If programs serve more than one population, it is important that applicants establish a methodology for the funding that is specific to the allowable activities and to the funding being requested.*

6. In one section of the instructions it states that staff may not bill third party payers for services rendered, does this include professional staff, i.e. psychiatry?
- a. Would contract staff fall under this category?

*Any individual who is contracted for full-time equivalency (FTE) that is eligible to bill for services (i.e. Psychiatrist, etc. is required to bill for those eligible services). The **grant does not cover** services that would be otherwise billable because a provider is not credentialed or paneled. The grant may cover the percentage of a defined caseload, time (specific methodology to be provided by applicant), to ensure payment for the services rendered for under or non-insured clients. As an example, Behavioral Health Technicians are not directly billable, but an important component of care. If justified based on the caseload and service population, they may be included in the grant as a position that is allowable to be funded by the SOR 2.0 funds.*

7. We currently have an inpatient program that treats dual diagnosis and is Jacho accredited, is SAPTA certification still required with existing accreditation?

*Joint Commission accreditation is acceptable for a hospital network/organization to apply for the SPR 2.0 grant dollars. All applicants will be expected to be SAPTA certified as part of the process. Programs who are CARF accredited must still obtain SAPTA certification.*

8. Does funding support program development from the ground up or is it meant to supplement current processes or practices?

*The SOR 2.0 funding is meant to expand these critical services in Nevada, which could be a new program or expansion of an existing program. This funding is not meant to supplant existing funding.*

9. Would this (funding) also only be applicable to free standing psych facilities, or would it also apply to hospitals with distinct part behavioral health units?

*All facilities are applicable based on services provided and scope of funding.*

10. Is this grant a cost reimbursement or a FFS?

*Nevada is working towards a Fee-For-Service program with the SOR 2.0 funds. Grant applications that apply for residential treatment or transitional housing are given consideration and would submit for FFS budget. However, it is also important to note that Nevada is currently accepting cost reimbursement budgets that do not supplant programs and are allowable under the grant specifications. Grant budgets do not pay for administrative staff, etc. This could be a cost reimbursement or FFS grant depending on what an applicant is requesting funding for. FFS rates of reimbursement are in alignment with the FFS rates as established by SAPTA FFS Schedule.*

11. As far as a client being “unfunded” would clients that present w/ an insurance we do not take (not paneled) be considered eligible for services under this grant?

*No. If a patient has insurance, they are not considered uninsured.*

12. As far as a client being “unfunded” would this include clients that may have high out of pocket costs which would impede the clients ability to receive services, would these be considered eligible under this grant?

*All applicants under the SOR 2.0 grant are expected to have a sliding fee schedule to determine eligibility for the program funds. The applicant organization would be required to bill the third-party liability. At this time, the grant SOR 2.0 does not cover deductibles, as those individuals are insured with behavioral health benefits.*

13. As far as a client being “unfunded” would this include the clients that have insurances that do not offer behavioral health coverage, would those be considered eligible under this grant?

*Yes, any applicant that does not have behavioral health insurance coverage is considered potentially eligible for SAPTA SOR 2.0 funds. However, it is important to note that all applicant organizations are expected to have a sliding fee schedule to determine eligibility for all program funds.*

14. Does the grant cover alcohol use?

*No.*

15. On page 1, please clarify the days/dates on the deadlines since they do not match.

*See Question 1*

16. On page 6, under #5 "Ineligibility Criteria", it does not exclude CCBHC's from applying. However, in our last 2 grant applications through the State, we were given considerable feedback about the expectations of a CCBHC and that most services are required for service delivery under a CCBHC. If a CCBHC writes for this grant, will they be given equal consideration?

*CCBHCs are always provided and given equal consideration. They are important components to the State’s behavioral health service system. However, CCBHCs may not apply for services that are covered under the Prospective Payment System (PPS) rates. CCBHCs receive an enhanced reimbursement based on the number of clients, which incorporates those who are uninsured. They are also required to submit for TPL. CCBHCs would be encouraged to refer to the billing codes that are identified for the fee schedule and ensure the program they are proposing is not already funded under the existing PPS Model. For more information on CPT or HCPCS Codes that are under the allowable services, please refer to: <https://www.medicaid.nv.gov/Downloads/provider/FQHC-CCBHC-Allowable-Services-Grid.pdf>.*

17. On page 8, #5 Allowable Activities, what does this sentence mean? "The expectation is that staff identified to support the SOR funding are not able to bill third party payors for services rendered?" and pls give examples of those staff positions.

*Applicants are expected to provide the details of the program and staff positions that would not be billable for services. Allowable activities are defined in the grant and specific to the type of services, and those eligible to receive services. Note that this is not a replacement of existing funding and will not supplant existing programs.*

18. On page 8, #4 Excluded Activities, it states 25% of the budget can be indirect activities. Does this funding cover training of staff in EBP's?

*Page 8, #4 for excluded activities is specific, "this NOFO does not include the use of SOR funds for primary or universal prevention strategies, training, technical assistance, or professional development activities.*

*The 25% does not say it can be "indirect" but does say that a minimum of the funding must be specific to direct services. "Not more than 25% of the grant may be used for administrative, indirect or data collection activities." This is specific to a minimum allocation of funding that is expected for direct services. Programs with a higher percentage of dollars going towards direct services, will be considered favorably.*

19. To clarify, if a client meets only an amphetamine diagnosis, they cannot be served on this grant? Please confirm if this is the case.

*Funds can be used for Stimulant or Opioid Use Disorder. An Amphetamine diagnosis would be allowable under this funding.*

20. For target 2, can we write the grant for a NAS program (continued from SOR funding)? Since SOR Funding ended and was fully expended, we do not believe this would constitute supplanting, but would like the State to confirm that in writing.

*Assuming NAS is Neonatal Abstinence Syndrome. We would not be able to consider or comment on previous funding depending on the criteria and objectives and/or if the previous program had expectations of sustainability beyond the term of any federal or state funding. To be clear, all grant programs are expected to work towards sustainability and are not expected to be maintained solely through federal grant funds indefinitely. However, we are encouraging all agencies or organizations who have eligible projects to apply.*

21. When will you be providing a fillable PDF or WORD document for all the Appendices, SOW and Budget?

*See Question 2*

22. "Our agency" was awarded funding for transitional living for women's programming and adult transitional housing under the SAPTA Block grant. I am inquiring as to whether we are eligible to receive SOR funding to make up the shortfall for what we submitted to fully cover our anticipated census / bed count for recovery/transitional housing.

*All agencies who are submitting for SOR 2.0 funds will need to provide a needs assessment in the narrative with details on how the funding does not supplant, but supplement any other funding to include the SAPTA Block Grant. If for example, the SAPTA Block Grant funded 75% of the beds, and you can document that a portion of the "unfunded beds" are specifically for clients with an opioid use or stimulant use disorder and not funded, you may apply for those funds. Residential treatment services will utilize the FFS rates as specified by SAPTA FFS Schedule. This requires only the details of the type of services expected, with the number of individuals, numbers of days, and total dollar amount in the "other category." Note, that an initial GPRA and subsequent follow-ups (six months, discharge, etc) will be a requirement for any client being provided services for under SOR 2.0 funding.*

23. I have a quick question of clarification. It appears that this is treatment funding for SAPTA certified sites, and not funding for MAT at NOT SAPTA certified sites, or funding for naloxone distribution.

*Nevada is interested in expanding the number of SAPTA certified sites and encourages all applications from all organizations and for all projects that are specific to serving the opioid use and stimulant use disorder population.*

24. The dates and days are not in sync with each other. Which is correct?

*See Question 1.*

25. Can we apply for SOR 2.0 funds to deal with methamphetamine use?

*Yes. Cocaine and methamphetamine are considered stimulants and allowable for funding under this program. Note, that an initial GPRA and subsequent follow-ups will be a requirement for any client being provided services for under SOR 2.0 funding.*

26. Our organization specializes in providing peer recovery support services and does not bill Medicaid. Target Area 4: Peer Recovery Support Services appears to match our work precisely. However, on the top of page 13, there is a note that states "the priority will be given to organizations with the ability to bill Medicaid." Does it mean that behavioral health care providers type 14, 17, 82 that are Medicaid eligible have priority for funding for Peer Recovery Support Services? Or does it simply mean that behavioral healthcare providers who apply in this category must be able to bill Medicaid for Peer Recovery Support Services?

*Programs that have the ability to be sustainable are given the highest priority. This does not mean that an agency that provides Peer Recovery Support Services will not be considered or funded, but it does mean that evaluators recognize that there are limited dollars and the focus of sustainability for continuation of activities beyond the federal dollars is a consideration of budget scoring. It is also important to note that not all activities have alternative funding methods.*

27. What is the difference between SOR 2.0 opportunity and "the Substance Abuse Prevention and Treatment Services Block Grant (SAPTA BG) or State Opioid Response Grant (SOR)," which had a due date of June 29, 2020? Both are referenced as SOR and SOR 2.0. has more Target Areas. Can one organization be funded by both?

*Yes, applicant may submit for programs that are not already funded by other funding sources. An applicant may have more than one program from the same source of grant funds.*

28. Are space rental and the purchase of office equipment allowable expenses, as long as those expenses are directly associated with the project and target population? There are conflicting statements in the NOFO about such costs.

*For those operations that have existing office space, that is considered an indirect expense. For new programs, a review will be considered as to if the rent is reasonable for the services being provided under the application, for a period of one year, with the expectation that indirect or other funds be utilized moving forward. This is based on the project in review with the Code of Federal Regulations (CFR)s.*

**29. For what time frame should the budget and scope of work be written? (9 mos, 12 mos, or 21 mos)?**

*The grant submittal should be written for nine-months. There is no guarantee of funding for year two. Any continuation of funding will be based quality of programs, which includes responsiveness, deliverables, and meeting the scope of work. There will be no carry over of funds. Each year would be considered a new award.*

**30. Will the appendices be made available in an accessible/editable format? If yes, where and when will they be posted?**

*See Question 2.*

**31. Do you have any suggestions on how to increase our chances of getting funded? Any help is appreciated!**

*The most important guidance that can be provided is to follow the instructions so that you are not disqualified. Be sure that the activities proposed are allowable, clearly defined and an implementation process has been well-considered. Narratives and Budget should be aligned. Evaluators will not and cannot consider any prior work or information, but only what is in the written application. Do not assume that each evaluator has information about your organization, staff, or program. Details should be included that include the number of individuals targeted, and the services that will be provided. It is also important to note that the evaluators are focused on the proposed program and what services will be provided to this targeted population. It is also important that the Statement of Work (SOW) deliverables match the funding that is being requested in the budget.*