

**Frequently Asked Questions (FAQ) for the
Nevada State Mental Health Block Grant (MHBG) ESMI Set Aside Funding Application
(Last Updated: 05/14/2025)**

Subject ESMI RFA Questions and Answers

Question: First, the website says Letters of Intent are due on Thursday, May 15th; however, the announcement states they are due on Tuesday, May 27th. Our team is assuming the announcement is correct. Second, the application PDF is not a fillable form. Will a fillable form be made available so applicants can complete this?

Answer: The ESMI RFA Webpage here [ESMI RFA](#) does have the correct due date for the Letter of Intent, which is Tuesday, May 27, 2025, at 11:509PM PST. This matches the due date in the ESMI RFA Announcement. A fillable PDF form has been uploaded for the Application.

Question: First, the website says Letters of Intent are due on Thursday, May 15th; however, the announcement states they are due on Tuesday, May 27th. Our team is assuming the announcement is correct. Second, the application PDF is not a fillable form. Will a fillable form be made available so applicants can complete this?

Answer: Thank you for your question. The ESMI RFA webpage here https://dpbh.nv.gov/Programs/BBHWP/Mental_Health_Programs/ESMI_RFA/ does have the correct due date for the Letter of Intent, which is Tuesday, May 27, 2025, at 11:59 PM PST. This matches the due date in the ESMI RFA announcement. Thank you.

Question: I noticed that individuals with substance use disorders are identified as one of the target populations for services in the early serious mental illness RFA. I wanted to check to make sure this was correct since the Nev. Admin. Code § 433.040 excludes disorders resulting from substance use in its definitions of serious mental illness and severe emotional disturbance (which is the child version of SMI). Thank you Dan

Answer: Thank you for the question. Yes, as the caller/writer correctly notes, the formal definitions for Serious Mental Illness (in adults) and Serious Emotional Disturbance (in children) includes mental, behavioral or emotional disorders, as defined in the Diagnostic and Statistical Manual of Mental Disorders (current version, DSM-5), and excludes as primary diagnoses substance use disorder, intellectual or developmental disability, irreversible dementia or a disorder caused by an alcohol or other substance use disorder. As adopted by reference in the Nevada Administrative Code, NAC 433.050, the following specify serious mental illness and serious emotional disturbance, “for counting purposes,” as: NAC 433.040 “Adult with a serious mental illness” and “child with a serious emotional disturbance” defined for counting purposes. (NRS 433.324) Each division facility shall use the following definitions to count the number of persons in this State who are adults with a serious mental illness or children with a serious emotional

disturbance: 1. “Adult with a serious mental illness” means a person who is at least 18 years old and has been diagnosed within the immediately preceding 12 months as having a mental, behavioral or emotional disorder as defined in the Diagnostic and Statistical Manual of Mental Disorders, as adopted by reference in NAC 433.050, other than a substance use disorder, intellectual or developmental disability, irreversible dementia or a disorder caused by an alcohol or other substance use disorder, which interferes with or limits one or more major life activities of the adult. 2. “Child with a serious emotional disturbance” means a person who is less than 18 years old and has been diagnosed within the immediately preceding 12 months as having a mental, behavioral or emotional disorder as defined in the Diagnostic and Statistical Manual of Mental Disorders, as adopted by reference in NAC 433.050, other than a mental disorder designated as a Code V disorder in the Manual, a developmental disorder or a disorder caused by an alcohol or other substance use disorder, which substantially interferes with or limits the child from developing social, behavioral, cognitive, communicative or adaptive skills or his or her activities relating to family, school or community. The term does not include a child with a disorder which is temporary or is an expected response to stressful events.

Question: Data Requirements: (1) In the RFA there is no specific requirement for eligibility assessments for these programs (such as IQ testing, cognitive testing, SCID, etc.). Please confirm that these assessments will no longer be required beginning with the FFY 2026 award. Medicaid/Uninsured Patients: (1) Is there an ETA for when Medicaid bundled billing will go into effect? (2) Will prior authorization be required for the bundled billing? Staffing and Partnerships (page 7): (1) Does anyone listed by name on the application, including those employed by a subawardee, need to be included in this section? Or just individuals who are providing direct care to clients? (i.e. can administrative/support staff be excluded?) Required Attachments (page 10): (1) Does anyone listed by name on the application, including those employed by a subawardee, need to submit a resume? Or just individuals who are providing direct care to clients? (i.e. can administrative/support staff be excluded?) (2) Is there a format these resumes should adhere to? (i.e. NIH biosketch?) (3) MOUs/Agreements with subawardees are not executed until a notice of funding/award has been received. The most we could provide at the time of application is the Letter of Commitment and/or an internal UNR form that shows the anticipated dates of award and budget that the subawardee signs. Is this sufficient?

Answer: Thank you for the question. For ESMI First Episode of Psychosis (FEP) Programs, FFY 26-27, we will use a streamlined assessment battery that includes SAMHSA Client Level Data (CLD) and Treatment Episode Data Set (TEDS), as well as basic information that is required to make the determination that the early treatment program of Coordinated Specialty Care (CSC) for ESMI FEP is appropriate for each referred client. In addition to the CLD and TEDS, the following domains will be evaluated to determine that appropriateness of treatment: clinical diagnosis (SCID-5), neuropsychological and social functioning, primary care evaluation (medical). Medicaid reimbursement is available for many of those evaluations.

Question:

Answer:

Question:

Answer:

Question:

Answer:

Question:

Answer:

Question:

Answer:

Question:

Answer:

Question:

Answer: