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NEVADA SUBSTANCE USE PREVENTION, TREATMENT AND RECOVERY SERVICES REQUEST FOR APPLICATIONS (RFA) QUESTIONS AND ANSWERS

Questions from the Frequently Asked Question (FAQ) portal:

*minor edits were made to the answers for questions 26, 27, 28, 36

1. **Question:** Are academic institutions in Nevada eligible for this funding?

Answer: Yes, as we would refer to an academic institution as a Nevada-based government agency or community-based organization.

2. **Question:** If we have clients present for services from all over the state, but only have an office in a single county, would we select each county in the state?

Answer: Yes, if your target population you serve is Statewide, then please select Statewide. If the service area is concentrated on single counties, then please specify which counties. Since, your services reach Statewide, please select Statewide.

3. **Question:** When filling out the Funding Acknowledgement Form, the cells were automatically populating. Why?

Answer: The new Funding Acknowledgement Form has been uploaded to the website.
https://dphh.nv.gov/Programs/BBHWP/SUPTRS/SUPTRS_RFA/

4. **Question:** Will Transitional Housing funding requests be submitted under Recovery/Harm Reduction funding?

Answer: Yes, transitional housing can be submitted under Treatment or Recovery as mentioned in the Definitions of Application Type on page 3, Recovery includes Recovery Housing. Transitional Housing can also fit under Treatment depending on strategic goals aligning with treatment that is a non-Medicaid billable service. As page 7 states, Medicaid-reimbursable activities are not allowed activities.

5. **Question:** The application states we must include the objectives of "Enhancing Harm Reduction Strategies" and "Promoting and Disseminating of Standardized State Anti-Stigma Campaign" in one of the goals. But then it states only one application type per application. If we are required to use one of those two objectives, then our application type can only be Harm Reduction, correct?

Answer: Correct. There has been some discussion in where Harm Reduction fits in form of application type. Please select the application type that best suits your program to align to the Strategic Plan and after evaluation during the negotiations, the program specialists will discuss where the program best fits.

6. **Question:** Who is the point of contact for this grant?

Answer: Point of contact for this grant is based on the application, and after evaluations, the Health Program Specialist will start negotiations. Since this RFA is a competitive process, no individual questions will be answered unless done at the Webinar and posted in this FAQ.

7. **Question:** What is the project period?

Answer: Please refer to page two of the application. Project Period dates are listed. The SUPTRS Block Grant award period will run from October 1, 2025, through September 30, 2027. This will be divided into two budget periods:

- Budget Period #1: October 1, 2025-September 30, 2026.
- Budget Period #2: October 1, 2026-September 30, 2027.

This application will be used to fund both budget periods. Please use the budget template to create two budgets, one for Budget Period #1 and one for Budget Period #2.

The Nevada State General Funds award period will run from January 1, 2026, through June 30, 2027. This will be divided into two budget periods:

- Budget Period #1: January 1, 2026-June 30, 2026.
- Budget Period #2: July 1, 2026- June 30, 2027.

The Nevada State General Funds support the SUPTRS Block Grant through a Maintenance of Effort and the expectation is that all subrecipients of future funding must apply for the RFA.

8. **Question:** If we at Northern Nevada HOPES are SAPTA Certified for Level 2.1 do we need to get certified for Transitional Housing?

Answer: When a provider applies for certification(s), there is a fee for every certification type. If Northern Nevada HOPES is not certified in transitional or recovery housing (which it does not look like they are), then they would need to apply for certification in those treatment services.

9. **Question:** Is there no longer a separate grant application for the wrap around services we traditionally written for Fee for Service and Women's Services?

Answer: One treatment application can be submitted for all treatment services. If easier, the agency can submit separate applications depending on the need.

10. **Question:** For programs providing transitional housing for people undergoing substance use disorder treatment, would the current transitional housing reimbursement rate be used when determining the overall budget amount?

Answer: Yes, the current transitional housing reimbursement rate can be used to determine budget amount.

11. **Question:** Does transitional housing fall under the Enhancing homelessness outreach and programming Strategic Plan Objective Priority Area?

Answer: It is up to the submitting agency to align your services to the priority areas listed.

12. **Question:** How come I cannot access the Application in the embedded links?

Answer: The embedded links had some downtime on May 7, 2025 due to an application file being deleted. To access the RFA Application, please use the website links posted directly on https://dpbh.nv.gov/Programs/BBHWP/SUPTRS/SUPTRS_RFA/

13. **Question:** Where can the scoring rubric be found?

Answer: The Scoring Rubric is in the application. Section XII on page 10 through 12 of the application is where you will find the details of the Scoring Rubric.

14. **Question:** If our funding is only for personnel do you need a resume for each person?

Answer: If they are all key personnel, then you would want to include one resume for each key personnel. Each line item personnel you would use would need a resume.

15. **Question:** Does the applicant select the application type?

Answer: Initially you pick which application type you would like to apply for. During budget negotiations, if we believe it's targeted towards a different application type then we would discuss that with you.

16. **Question:** Have the floor and ceiling had been identified?

Answer: It has not been identified at this time. That will happen during the negotiations after application evaluation.

17. **Question:** Do you happen to know a potential number of awardees or is that still open?

Answer: That's still open simply because we haven't even gotten the letters of interest yet.

18. **Question:** for providers, do you have a preference by chance of either contracted or sub granted providers if we were to outsource?

Answer: There is no preference as long as it aligns with your strategic goals and priority areas.

19. **Question:** How many applications are you allowed to submit?

Answer: You can submit applications for each type. There is no limit to how many you can submit.

20. **Question:** Can you please clarify whether the program type refers exclusively to the four categories listed on page 2, like primary prevention, or does the strategic plan objectives, such as integrating primary care, are also considered program types that would require separate applications?

Answer: They are not separate applications. The program application types and definitions are on page 3. The strategic priority area ties to your SMART goals for the programming. You would align your strategic priority area with your goals. An application would be one of those 4 types: primary prevention, secondary prevention, treatment services or recovery harm reduction.

21. **Question:** Can you provide any guidance on the expected scale of implementation? Should we plan to engage with a single clinic, a regional network or multiple clinics statewide?

Answer: There are no expectations at this time. Focus on what you can encompass and what's realistic and time bound for you for that sub award period. Confirm that the scope is realistic and attainable during that time frame.

22. **Question:** Is coaching, TA or Training allowable to implement SBIRT using their own billing mechanisms rather than the applicant providing expert directly?

Answer: If it is a Medicaid billable service, as it says on page 7, it cannot be funded. If personnel are providing the training to providers it can be put into the programming as part of the Scope of Work and mention that it is not a Medicaid billable service on the application.

23. **Question:** Can existing Peer Recovery Support Specialists be reimbursed under the grant?

Answer: They cannot be reimbursed if it is a Medicaid reimbursable service under this grant.

24. **Question:** If services that are being billed by the peers are separate from the grant activities, could we still be reimbursed for the peer salary?

Answer: It is the applicant's responsibility to understand the Medicaid reimbursable opportunities and models. If anything is Medicaid reimbursable, we won't be able to fund it.

25. **Question:** Is contingency management allowed under this programming?

Answer: You can put it into your programming if you if you feel that it's aligned with the strategic goals. At the time of negotiation, that would be when your program specialist would work with you to understand if it's allowable.

26. **Question:** Pact Coalition gets funded by the block grant and general funds. Do we then apply for the funding twice?

Answer: Applications will be submitted, without tied to a specific funding source. The Bureau will be responsible for parsing out the funded projects to the appropriate funding source. Do not apply separately.

27. **Question:** If awarded three different areas of prevention, would that mean that we're getting three grants instead of one as we have in the past?

Answer: Not necessarily. The Bureau will work to negotiate scopes of work to properly align with funding priorities within the various application types.

28. **Question:** Are we able to address other substance problems and prevention, other than alcohol or is alcohol the only substance we should focus on?

Answer: All submitted projects/programs must align with the Strategic Objective Priority Areas outlined in the RFA.

29. **Question:** Clark County is currently in the process of creating a new office, the Office of Clinical and Community Services, and we're taking pieces from Clark County social services, Clark County Family Services and Clark County Juvenile justice services, all of which have been in operation for several years. The reason that we're combining some of those services into one office is based on the DOJ audit findings for the state. Because the programs themselves have been running for more than two years, does it matter that the organization has changed a little bit with the new office?

Answer: As long as it has been up and running before 2 years before July 1st of 2024, you should be OK to apply. You would be eligible. Please refer to page 7 of the Informational Resource under Eligibility.

30. **Question:** Is there a cost sharing or match requirement for these grants?

Answer: No there are not any match requirements.

31. **Question:** How much funding is being offered for the full state?

Answer: Program needs for funding should be included in your budget. Please put that amount in your application, and then upon negotiation, we will have a better idea of the funding available.

32. **Question:** In terms of the submitting two budgets for the two periods, does that also mean we have to submit two scopes of works as well?

Answer: No, every scope of work will be aligned for each goal. You'll have a scope of work equal to one table per goal. If your scope of work doesn't change throughout the budget periods, then it should just be one scope of work for one application.

33. **Question:** For the application type we choose one of those and then we choose the strategic goals is that correct?

Answer: Correct, yes. Go with the majority of what application type the programming is for.

34. **Question:** In the strategic goal says that harm reduction must be included, and must be addressed in one of the goals. In the goals that we have, we still need to mention harm reduction. Is that right?

Answer: Correct, yes.

35. **Question:** Are there any expectations regarding in person or on-site service delivery, particularly for rural outreach or integration in primary care like for example our virtual only services acceptable for some objectives or is physical presence in clinics preferred or required?

Answer: It's up to your programming in means of virtual, for example telehealth or if you're doing primary care in clinic.

36. **Question:** The RFA says that the sub recipient is required to regularly report treatment episode datasets data to the state of Nevada. If the applicant is focusing on a strategic objective that does not involve delivering SUD treatment, for example, integration of expert prevention services into primary care. Does this reporting requirement apply to them?

Answer: Not necessarily. TEDS data is required for episodic treatment services. If your program/project is not funding treatment services, you may not need to submit TEDS Data. However, the Bureau has data requirements on all projects/programs.

37. Question: What is the maximum indirect rate?

Answer: The current federally approved indirect rate is 15%. You can use something less than 15%, but anything more than 15% would require you to provide the federal letter for the federal indirect rate that you are using for the budgets.

38. Question: For enhanced harm reduction strategies distribution, if it is already in place and is given to every participant, should it just be listed?

Answer: Yes. You can list it in your in your scope of work as well as. It could be enhanced by enhancing the numbers by mean of how many are receiving treatment services. It refers to increasing the numbers in the service population. The enhancement would be in terms of the number of clients served.

39. Question: Is there an amount of strategic plan objectives that need to be addressed?

Answer: You can list as many as you want. The ten that we listed are priority areas that our strategic plan is focusing on. The goals should tie back to the strategic areas.

40. Question: If we have more than one goal, do we need to have that many scopes of work for each goal?

Answer: In means of each table, one table will be equivalent to one goal in the scope of work. If your scope of work doesn't change throughout the two budget periods, then there would only be one scope of work. There will be two Budgets, one for each budget period per an application.

41. Question: What are the differences between secondary prevention, and harm reduction?

Answer: On page 3 of the informational resource, secondary prevention is defined as interventions aimed at early identification and intervention for individuals who exhibit early signs or symptoms of substance misuse or are at risk for developing substance use disorders. This level of prevention focuses on halting or slowing the progression of substance misuse and limiting potential negative consequences. For harm reduction, it's defined as a practical and transformative approach that incorporates community driven public health strategies, including prevention, risk reduction and health promotion to empower people who use drugs and their families with the choice to live healthier, self-directed and purpose filled lives.

42. Question: The last goal lists promoting and disseminating a standardized state anti-stigma campaign. Are those materials going to be provided by the State to us?

Answer: Yes, the State is currently in the process of creating an anti-stigma campaign.