

Table of Contents

<u>Chapter I: General</u>	1
101 Mission, Purpose and Strategy	1
102 Authority and Responsibilities	2
103 Organization	3
104 Office Locations	4
105 Purposes of Manual	4
106 Advisory Board	4
107 Communications Plan	4
108 Strategic Plan	4
109 Certification	4
110 Critical Incident Reporting	5
111 Complaint Policy	5
<u>Chapter II: Substance Abuse Treatment</u>	6
201 Treatment Overview	6
202 Compliance Monitoring Policies and Procedures	8
203 Peer Review	8
204 Access and Availability, and Critical Incident Reporting	9
<u>Chapter III: Substance Abuse Prevention</u>	10
301 Prevention Service Delivery	10
302 Funded Prevention Program Requirements	13
303 Coalition Service Delivery	14
304 Compliance Monitoring Policies and Procedures	16
<u>Chapter IV: Data Planning and Evaluation</u>	17
401 Data Planning and Evaluation Team Functions.....	17
402 NHIPPS/AVATAR	17
403 Fiscal Data and Reporting Requirements	18
404 Prevention Data and Reporting Requirements	18
405 Treatment Data and Reporting Requirements	19

Chapter V: Fiscal Management 21

501 Fiscal Team..... 21

502 Funding 21

503 RFA Process 22

504 Budget Summary Form 22

505 Budget Request and Justification Form 22

506 Fund Map 23

507 Subgrant Application Review Procedures 24

508 Notice of Subgrant Reward 25

509 Subgrant Amendment Procedures 25

510 Financial Reporting Requirements..... 26

511 Retention of Subgrant Records 26

512 Audit Requirements 27

513 Fiscal Monitors and Site Visits 28

UNDER REVISION - 08/01/2014

CHAPTER I: GENERAL

The Division of Public and Behavioral Health's Substance Abuse Prevention and Treatment Agency (SAPTA) is the designated Single State Agency (SSA) for the purpose of applying for and expending the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant issued through the Substance Abuse and Mental Health Services Administration (SAMHSA). The Agency plans and coordinates statewide substance abuse service delivery and provides technical assistance to programs and other state agencies to ensure that resources are used in the most effective and efficient manner.

101 MISSION, PURPOSE AND STRATEGY

A. Mission and Purpose

The mission of the Agency is to reduce the negative impact of substance abuse in Nevada. SAPTA is the Single State Authority (SSA) designated to apply for and expend federal grants issued by SAMHSA and the United States Department of Education (USDOE), including: SAPT Block Grant, Synar, and Strategic Prevention Enhancement Grant (SPE). Although the Agency does not provide direct substance abuse prevention or treatment services, it plans, funds, and coordinates statewide substance abuse service delivery. It also provides technical assistance to programs and other state agencies to ensure that resources are used in the most effective and efficient manner. In accordance with Nevada Revised Statute (NRS) 458.025, the functions of SAPTA include:

- Statewide formulation and implementation of a state plan for prevention, intervention, treatment and recovery support.
- Statewide coordination and implementation of all state and federal funding for alcohol and drug abuse programs.
- Statewide development and publication of standards for certification and the authority to certify programs and services.

More detailed information is provided within the 2007 Strategic Plan, which may be found on SAPTA's web site.

B. Strategy

The primary Agency strategies are the coordination and implementation of all state and federal funding through planning and analysis of alcohol and drug abuse need. Through this process, the services required are identified, and applications are requested which address needed services. Applications are reviewed by Agency staff and outside independent review panels. Funds are awarded on the basis of the program's ability to provide the requested service. As stated in NRS 458.025, only agencies which have received SAPTA certification are eligible for funding. After awards are made, the Agency monitors compliance with the programmatic and fiscal terms of the subgrants. The Agency also provides technical assistance to programs to ensure that appropriate services are provided.

102 AUTHORITY AND RESPONSIBILITIES

A. SAPTA is authorized under Nevada Revised Statute (NRS) 458 and Nevada Administrative Code (NAC) 458. Refer to Appendices B1 to B2 for a more complete discussion.

B. The Agency works to reduce the impact of substance abuse in Nevada by identifying the alcohol and drug abuse needs of Nevadans, and supporting a continuum of services including education, prevention, and treatment. SAPTA provides regulatory oversight and funding for community-based public and nonprofit organizations and is responsible for the development and implementation of a state plan for prevention, treatment, rehabilitation services, coordination of state and federal funding, and the development of standards for the certification and approval of prevention and treatment programs.

The Agency serves as the SSA for the Federal SAPT Block Grant but does not provide direct substance abuse prevention or treatment services. In this capacity, the Agency is solicited by a number of organizations and governmental agencies to support their grant applications covering many different health and welfare projects. Accordingly, a policy on requesting letters of support has been developed to insure that sufficient background information is provided to enable SAPTA to evaluate the level and appropriateness of a letter of support and/or collaboration. Please refer to Appendix A8 for a copy of the letter of support policy.

Prevention is a process that prepares and supports individuals and communities in the creation and reinforcement of healthy behaviors and lifestyles. Statewide, SAPTA funds public and non-profit organizations that have implemented substance abuse prevention programs to reduce and prevent substance abuse statewide. SAPTA funds coalitions through various federal and state sources. The coalitions act as the pass-through entities to provide funding to the direct service providers at the community level for prevention. Sub-recipients funded through coalitions provide one or more of the six prevention strategies promoted by the Center for Substance Abuse Prevention (CSAP). The six strategies include:

- Information dissemination
- Prevention education
- Alternative activities
- Problem identification and referral
- Community based processes
- Environmental strategies
- Statewide, SAPTA funds subgrantees that provide substance abuse treatment services (adolescents and adults) to address the problem of substance abuse in Nevada communities, to include:
 - Intervention

- Outpatient
- Intensive outpatient
- Residential
- Transitional housing
- Detoxification services
- Opioid maintenance

103 ORGANIZATION (Section under Revision)

Division of Public and Behavioral Health

An organization chart showing the Agency's structure is contained in Appendix A1.

SAPTA is organized into teams: Treatment, Prevention, Data Planning and Evaluation, Fiscal, and Support Staff. Appendix A2 is a list of SAPTA staff organized by team, name, location, phone number, and e-mail.

In addition, staff relationship guidelines are contained in Appendix A3. They outline the general principles that SAPTA staff and administration adhere to by virtue of their positions as a public trust. They also highlight facets of staff relationships with alcohol and drug abuse service providers, clients, volunteers, boards of directors, the public, co-workers within SAPTA, and co-workers within the Department of Health and Human Services. These guidelines are incorporated into staff work performance standards, and are supplemental to the NAC, the NRS, the State Administrative Manual, and the Department of Health and Human Services Prohibitions and Penalties.

104 OFFICE LOCATIONS

Mental Health and Developmental Services
Substance Abuse Prevention and Treatment Agency
4126 Technology Way, 2nd Floor
Carson City, NV 89706
(775) 684-4190

Mental Health and Developmental Services
Substance Abuse Prevention and Treatment Agency
4220 S. Maryland Parkway, Building D, Suite 806
Las Vegas, Nevada 89119
(702) 486-8250

105 PURPOSE OF MANUAL

A. This Administrative Manual is designed to provide the information, guidance, policies, procedures and restrictions pertaining to the program and financial administration of programs funded with federal and state funds and subgranted by SAPTA. Policies are governed by the provisions of this manual, by any special conditions contained in subgrant awards, and by any general or special terms and conditions of the applicable funding source. Deviations must have the approval of the Agency Director.

B. Organizations must have access to the most current federal publications to insure that programs are administered effectively. These publications include: the Public Health Service Grants Policy Statement, the Social Security Act, the Veteran's Health Care Act of 1992, the Code of Federal Regulations, Titles 28; 42; 45; and 48, the United States Code, Title 42, and the Office of Management and Budget Circulars A-21; A-87; A-102; A-110; A-122; and A-133.

106 ADVISORY BOARD

The SAPTA Advisory Board serves in an advisory capacity to the Agency Director of SAPTA. Its purpose is to ensure the availability and accessibility of treatment and prevention services within the State. It consists of fifteen members who serve for two year terms and are chosen from SAPTA funded prevention and treatment programs. The chairperson is elected by the membership and serves as the chief executive of the Board and provides general supervision, direction and control of affairs of the Board. The Board meets at least quarterly, and the chairperson presides at all meetings. Appendix A4 contains the Advisory Board bylaws.

107 COMMUNICATIONS PLAN

The purpose of the Agency's communication plan is to insure an effective public information strategy that addresses required services in accordance with federal block grant requirements and strategic plan recommendations.

108 STRATEGIC PLAN

The 2007 Strategic Plan that was developed addresses the following topics:

Substance Abuse Prevention

Substance Abuse Treatment

Agency Operations

To access the plan, readers are encouraged to refer to SAPTA's website at **[Under Revision]**

109 CERTIFICATION

NRS 458.025, Appendix B1, requires that any alcohol and drug abuse program which receives state and/or federal funds through SAPTA must be certified by SAPTA. NAC 458.260-620, Appendix B2, outlines the requirements necessary to obtain program certification, and NAC 458.260 (8) allows SAPTA to inspect each program that is certified to determine if state certification should be continued. In addition to NAC 458, programs funded by SAPTA sign subgrant award documents which specify the type of services to be provided and place specific requirements upon those programs receiving funding. Policies and Procedures for certifications and compliance monitors are in Appendix C10a. Additional information may be found in the appropriate chapters. An application

for program certification for Prevention, Coalition, and Administrative programs is in Appendix A12. An application for program certification for treatment services is in Appendix C3. Program compliance monitors for Administrative programs will use the Administrative Compliance Monitor Instrument, Appendix A-13.

110 CRITICAL INCIDENT REPORTING

It is the policy of DPBH and SAPTA that all critical incidents will be reported immediately to the Agency Director, or designee. The Agency Director will be responsible for notifying the Division Administrator or Deputy Administrator of Mental Health and Developmental Services; the Division Administrator will report any high profile or unusual incidents to the Director of the Department of Health and Human Services. The Division Administrator or Deputy Administrator will be responsible for determining what constitutes high profile or unusual incidents. The Critical Incident Reporting Policy may be found in Appendix 7.

All individuals who are actively receiving or providing services from a SAPTA funded program will be required to complete a report in the event of a critical incident. All critical incidents will be reported on a Critical Incident Reporting Form, which may be found within the Policy.

111 COMPLAINT POLICY

SAPTA is required by NRS 458.025 (2) to develop standards to certify or deny certification to alcohol and drug abuse treatment facilities or primary prevention programs. In order to accomplish this, SAPTA has developed standards and requirements for the approval of treatment and primary prevention programs to meet the standards included in NAC 458.260-620.

NAC 458.601 specifically requires the investigation of all complaints received by SAPTA related to programs with current certification status. All investigation activities conducted by SAPTA will be in compliance with patient confidentiality standards for alcohol and drug abuse patients identified in 42 C.F.R., Part 2 and the Health Insurance Portability & Accountability Act (HIPAA) - 45 C.F.R Sections 160, 162 and 164. The Complaint Policy may be found in Appendix 7a.

UNDER REVISION 8/10/2014

CHAPTER II: SUBSTANCE ABUSE TREATMENT

201 TREATMENT OVERVIEW

Treatment is defined as the continuum of care an individual assessed as an alcoholic or drug abuser receives through the implementation of the Division Criteria for Programs Treating Substance Related Disorders. The Substance Abuse Prevention and Treatment Agency (SAPTA) has identified approved levels of service. Programs are required to develop a comprehensive service network to assist the client in the treatment process, which is outlined within the information found in the approved Division Treatment Criteria levels and description, Appendix C1.

SAPTA periodically issues Requests for Applications (RFAs) to support alcohol and drug abuse treatment/clinical services in all geographic areas of the state. Qualified applicants respond to the RFA by submitting an initial Letter of Intent, followed by a comprehensive application describing the project. Applications are evaluated on a competitive basis and result in subgrant awards. The most recent RFA may be viewed in Appendix H1. An application review conference is presented to provide organizations with the opportunity to meet with the Agency to ask questions, seek clarification and/or additional information, and receive suggestions for application submission.

In addition to holding a current state certification through the Agency, applicants must be a current non-profit 501(c) (3) or a governmental agency. Applicants not currently certified by the Agency must submit an application for Agency certification prior to submitting the application for funding. Failure to submit the application for certification will disqualify the applicant and the application will not be reviewed. The treatment certification policy may be found in Appendix C10a, Certification/Compliance Monitor Policy and Procedures. The Treatment Certification Application is in Appendix C3 and the Treatment Certification Instrument is in Appendix C4. A suggested format for organizing client files can be found in Appendix C11, Substance Abuse Treatment Overview. The Agency's core strategies remain constant from year to year and are designed to establish a statewide infrastructure whereby alcohol and drug abuse treatment services are purchased within a system that:

- Insures applicant compliance with federal and state requirements for the receipt of funds.
- Assigns responsibility to organizations to attain service delivery projections that are established as their scope of work.
- Utilizing the Program Operating and Access Standards to increase the quality of services available to clients. The standards are in Appendix C2.

Recipients should be aware that alcohol and drug abuse services must be of adequate quality if they are to be purchased with public funds. SAPTA strives to have quality services available throughout Nevada. Substance abuse treatment program applicants must provide information regarding how many clients is being seen as a result of AgencyCh2-2 Update 2011 funding and the quantity and type of services provided. NAC 458.274 and NAC 458.359, Appendix B2, require that all Agency funded programs utilize the Division Treatment Criteria. Programs need to identify the service area, scope of work, and their intent to comply with federal guidelines in regard to a level of service(s). Appendix C1 outlines the approved Division Treatment Criteria levels and description. Appendix C11 provides clarification regarding the clinical summary.

These conditions should be reviewed carefully, as noncompliance may result in negative sanctions that may include de-obligation of funding. If there is a change that potentially impacts the scope of work, programmatically or fiscally, an amendment is required to make the change official. Programs

will need to work with their program analyst and fiscal staff to determine what type(s) of information will need to be provided. More detailed information on budget amendments may be found in Chapter V, Fiscal Management, Appendix G3, Procedures for Change Request, Change Request Form, Appendix G3a, and Appendix G4, Subgrant Amendment.

Applicants will not expend federal block grant funds for any of the reasons referenced in the federal block grant requirements. Please refer to the most recent treatment RFA in Appendix H1 for restrictions on the expenditure of Substance Abuse Prevention and Treatment (SAPT) block grant funds.

Funded providers are to have policies and procedures to implement evidence-based practices and strategies. The ability to obtain and manage the essential client-related information required for each specific service or organization component should be addressed. The basic structure for evaluating quality should include structural or environmental measures, process measures, and outcome measures. All measures must be reliable and based on complete data. Reporting through the Agency is currently done with the Nevada Health Information Provider Performance System (NHIPPS) and required of all SAPTA funded programs and the federal block grant. More detailed information on NHIPPS reporting may be found in Chapter IV, Data Collection and Reporting.

Tuberculosis and HIV testing and referral services are available at all SAPTA funded treatment program sites through contract agreements between SAPTA and Southern Nevada Health District in Clark County, Northern Nevada HOPES in Washoe County and the Frontier and Rural Health Services in rural Nevada. Services provided must meet the federal block grant requirements. Please refer to the most recent treatment RFA, which is provided as Appendix H1, for federal block grant requirements.

Programs are required to have a system to prevent inappropriate disclosure of client records that is in compliance with all applicable state and federal laws and regulations, including 42 Code of Federal Regulations (CFR), Part 2,; Health Insurance Portability and Accountability Act (HIPAA), Appendix B7. The system shall include, but not be limited to, the following provisions:

- Employee education on the confidentiality requirements.
- Informing employees of the fact that disciplinary action may occur upon inappropriate disclosure.

SAPTA's sliding fee scale policy indicates no person will be denied services due to ability to pay and a "SAPTA client" is defined as a client who has received treatment from a provider subsidized in whole, or in part, with subgrant monies received through the Agency. Appendix C5 contains the sliding fee scale requirements and Appendix C5a is the Federal Poverty Guidelines.

Subgrant review is a multi-stage process beginning with SAPTA technical staff to determine if an application is complete and meets the requirements contained in the RFA. At this time, Agency staff will identify questions that may arise when the second level of review is conducted. The second level is the objective reviews conducted by professionals in the community who do not have an apparent conflict of interest or an affiliation with one of the applicants. This process must also include a clinical review. The third level of review is conducted by the Division of Mental Health and Developmental Services Administrator, who reviews the final funding recommendations with key Agency staff, typically the Agency Director, Treatment Supervisor, and the Administrative Services Officer. For more information, please refer to Chapter V, Fiscal Management.

When funding decisions are finalized, letters of notification are sent to funded and unfunded applicants. Funded programs may receive recommendations in regards to budget or scope of work modifications to be re-submitted for approval and development of subgrant documents. Please refer to Chapter V, Fiscal Management.

202 COMPLIANCE MONITORING POLICIES AND PROCEDURES FOR TREATMENT

A. The scope and focus of the two compliance monitors, Treatment Compliance Monitor Instrument, Appendix C6, and HIV/TB Treatment Compliance Monitor Instrument, Appendix C7, are a condition of receipt of SAPTA funding, and only those treatment programs funded by SAPTA are monitored. All funded programs must participate and have policy that reflects knowledge of the National Institute on Drug Abuse's (NIDA's) Community Based Outreach Model, Appendix C12. Monitoring determines if a program is meeting the terms and condition of the subgrant funded by SAPTA, and they focus on administrative, programming, and fiscal activities of a program as described in the Certification/Compliance Monitor Policies and Procedures, Appendix C10a. Standard for all programs include the application of NIDA's 13 Principles of Effective Treatment, Appendix C13.

B. A monitor is regulatory in nature and its purpose is to accomplish the following:

- verify that alcohol and drug abuse funds are being utilized as identified in subgrant award documents;
- ensure that SAPTA funds programs in compliance with state and federal block grant requirements and restrictions;
- identify problems or difficulties at an early point in time;
- provide structural feedback to program administration and boards of directors
- encourage quality improvement practices; and
- identify the need for technical assistance.

C. A separate monitor form is completed for each identified subgrant annually. See Appendix C10a to review the Compliance Monitoring Policies and Procedures, and Appendix C6 for the Treatment Compliance Monitor Instrument and the Corrective Action Plan Form.

203 PEER REVIEW

In accordance with 45 CFR, Part 96, Section 136, Appendix B6a, independent peer reviews are required to be conducted with an annual lottery to select five programs for review. Reviews will be conducted for the fiscal year in which grant funding is provided. Reviews are designed to assess the quality, appropriateness and efficacy of treatment services to individuals by focusing on treatment programs and the substance abuse service delivery system, with the overall goal being to continuously improve the treatment services to alcohol and drug abusers in the state.

Independent peer reviewers are required to have expertise in the field of alcohol and drug abuse treatment, and because treatment services may be provided by multiple disciplines, individual peer reviewers must be representative of the various disciplines utilized, must be knowledgeable of treatment settings and the differences in treatment approaches, and must be sensitive to cultural and environmental issues that may influence the quality of services provided. A representative sample of patient/client records are required to be reviewed to determine the quality and appropriateness of treatment services, as well as admission criteria, assessments, treatment planning, documentation of

treatment services, discharge and continuing care planning. See the Peer Review Model in Appendix C9.

204 ACCESS and AVAILABILITY and CRITICAL INCIDENT REPORTING

- Treatment Access and Availability Feedback Forms, Appendix C8, are utilized by SAPTA staff to address barriers to client ability to engage in treatment services.
- SAPTA has the responsibility of ensuring the safety and interests of all its contract clients, participants, employees, volunteers, and visitors as a “high priority” by immediately responding to and addressing any critical incidents described within this policy, and taking appropriate measures to remediate or rectify them. The Critical Incident Reporting Policy may be found in Appendix A7

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CHAPTER III: SUBSTANCE ABUSE PREVENTION

301 PREVENTION SERVICE DELIVERY

The Division of Mental Health and Development Services (DPBH), Substance Abuse Prevention Agency (SAPTA) is the Single State Agency for prevention and treatment services funding. Administrative Code (NAC) 458 identifies three distinct vehicles of service delivery for substance abuse prevention, Prevention Programs, Coalition Programs, and Administrative Programs. Each of these stated service delivery methods are described in the NAC under the appropriate heading. Within these service delivery methods, SAPTA currently recognizes six strategies to reduce the risk of substance abuse and related problems. All funded programs use a structure that is based on one or more of these six strategies, which are recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). These strategies include Information Dissemination, Prevention Education, Alternative Activities, Identification and Referral, Community Based Process, and Environmental. The description of each strategy is provided to briefly summarize viable prevention of substance abuse and related problems.

Strategies include:

- **Information Dissemination:** This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
- **Prevention Education:** This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/ facilitator and the participants is the basis of its activities. Activities under this strategy are intended to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.
- **Alternative Activities:** This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol and drugs and would, therefore, minimize or obviate resort to the latter.
- **Problem Identification and Referral:** This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.
- **Community-Based Process:** This strategy aims to enhance the ability of the community to more effectively provide prevention services for substance related disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.
- **Environmental:** This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

Classification

Strategies are determined based on the service delivery method. Classifications of strategies are determined based on the targeted population. Once strategies and classification have been determined evidence-based programming selection begins. Evidence-based programming is defined as conceptually sound, internally consistent, reasonably well implemented and evaluated. There are increased requirements for evidence-based programming implementation. These requirements have been established through SAPTA as initiated by SAMHSA, CSAP, and the United States Department of Education (USDOE). For additional information on evidence-based prevention programs, please refer to the following resources:

1. Substance Abuse and Mental Health Services Administration at www.modelprogram.samhsa.gov
2. Center of Substance Abuse Prevention at <http://prevention.samhsa.gov/>
3. SAPTA website at <http://www.DPBH.nv.gov>. Click on Substance Abuse Prevention & Treatment Agency link
4. Office of Safe and Drug Free Schools at <http://www.ed.gov/about/offices/list/osdfs/index.html>
5. Nevada Substance Abuse Resource Center Site in Reno at (775) 784-6336

All evidence-based programs are divided into one or more of the Institute of Medicine's (IOM)¹¹ Model prevention categories. The categories are divided into three classifications; universal, selective, and indicated prevention interventions.

Classifications Include:

- **Universal:** Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
 - **Universal Direct:** Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, afterschool program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).
 - **Universal Indirect:** Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

- **Selective:** Selective prevention strategies target subsets of the total population that are deemed to be at risk for a substance related disorder by virtue of their membership in a particular population segment. For example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM)¹², and targeted subgroups may be defined by age, gender, family history, place of residence such as high drug-use or low-

income neighborhoods, and victimization by physical and/or sexual abuse. Selective prevention strategies target the entire subgroup regardless of the degree of risk of any individual within the group. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for a substance related disorder than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup. For example, children of alcoholics.

- **Indicated:** Indicated prevention strategies are designed to prevent the onset of a substance related disorder for individuals who do not meet the Diagnostic Statistical Manual of Mental Disorder-Fourth Edition (DSM-IV) criteria for addiction. These individuals are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of a substance related disorder and

other problem behaviors associated with a substance related disorder and to target them with special programs. For example, youth suspended from school or those with legal problems.

302 FUNDED PREVENTION PROGRAMS REQUIREMENTS

Prevention Program Operating and Access Standards (POAS)

SAPTA recognizes the listed strategies and classifications which are based on over twenty years of field research. To incorporate this research into everyday practice SAPTA has created Prevention Program Operating and Access Standards (POAS), Appendix D1. The POAS are designed as a baseline for identifying, implementing, and operating effective evidence-based prevention programs. These standards help ensure that SAPTA's funded programs are able to meet all requirements set forth in their contracts. By definition a POAS is a standard description of essential elements for the implementation and sustainability of a substance abuse prevention program. Beginning in State Fiscal Year 2008-2009, direct service prevention programs received SAPTA funding from coalitions and not directly from SAPTA; however, SAPTA requires a certain minimum level of compliance monitoring which coalitions are able to build upon.

Cultural Competency

Prevention staff participates in training that focuses on both cultural competency and cultural adaptations that maintain the fidelity of evidence-based prevention programs. The State will continue to encourage prevention programs to research cultural adaptations to successful service programs that can assist their communities in meeting the cultural diverse needs in their service area. Additionally, cultural competence will be assisted by promotion, adoption and the requirement that recipients of SAPTA funding address recognized national and regional models of substance abuse codes of ethics. SAPTA will continue to initiate and fund relevant training community Providers. SAPTA will continue to follow the guidance developed by the federal Department of Health and Human Services, Office of Minority Health National Standards on Culturally and Linguistically Appropriate Services (CLAS). This commitment is reflected in SAPTA's efforts to recruit and retain a culturally diverse staff as well as providing aggressive Ch. III-4 Update 2011 technical assistance and outreach to prospective sub-recipients who have adopted culturally appropriate policies, programs, and practices.

Prevention Certification

NAC 458 requires that any alcohol and drug abuse program which receives state and/or federal funds through SAPTA must be certified by SAPTA. NAC 458 outlines the requirements necessary to obtain program certification and allows SAPTA to inspect each program that is certified to determine if state certification should be continued. In addition to NAC 458, programs funded by SAPTA sign subgrant award documents which specify the type of services to be provided and place specific requirements upon those programs receiving funding.

State Certification is available to any alcohol and drug abuse prevention program that meets the requirements for certification identified in NAC 458. Refer to Certification/ Compliance Monitor Policies and Procedures, Appendix C10a, and Prevention Certification Forms and Instrument, Appendix D2. Certification can be for a period of up to two years and determines if a program has met minimum requirements related to service delivery, and is mandatory for all programs receiving SAPTA funding. State certification for prevention is optional for programs that do not receive SAPTA funding; however, if a program receives SAPTA funding directly through another subrecipient, they must maintain current certification. Certification determines if a program has the necessary capacity and organizational structure to provide a specified service.

Prevention Funding

Funding sources for Nevada's Primary Prevention efforts come from Nevada's State General Funds and from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Funded activities for prevention are to reduce the risk of substance related disorders, underage drinking, and alcohol and drug related fatalities.

Prevention Program Compliance Monitors

Program Compliance Monitors are a condition of SAPTA funding and only those programs funded by SAPTA are monitored. Refer to Certification/Compliance Monitor Policies and Procedures, Appendix C10a, and Coalition Subrecipient Monitor, Appendix D3. The Coalition Subrecipient Monitor includes minimum compliance requirements, but the coalitions may add additional requirements. Monitor activities determine if a program is meeting the terms and conditions of the subgrant funded by the coalitions with SAPTA funding. In general, compliance monitors focus on the administrative, programming, and fiscal activities of a program to determine if a program is meeting subgrant requirements. A separate monitor form is completed for each identified subgrant number. A monitor is regulatory in nature and the purpose is to accomplish the following:

- Ensure the efficient delivery of substance abuse prevention services to Nevada's population.
- Encourage quality improvement practices.
- Verify that alcohol and drug abuse prevention funds are being utilized as identified in subgrant award documents.
- Ensure that SAPTA coalition funded programs are in compliance with state and federal requirements and restrictions.
- Identify the need for technical assistance.
- Identify problems or difficulties and develop an agreed upon compliance action plan.

Programs receiving SAPTA coalition funding are required to participate in both the certification and the monitor processes.

Prevention Evaluation

To evaluate the effectiveness and overall impact of funded prevention programs across Nevada and to reduce and/or prevent substance related disorders among Nevada's population, SAPTA continues to work towards refining a comprehensive statewide evaluation system. Because of the complexity and difficulty associated with evaluating programs having multiple prevention services, the evaluation system is multi-dimensional and will include: 1) a three dimensional model for evaluating community-based substance abuse prevention programs; 2) a web-based data application system for collecting process data and 3) outcome instruments for measuring attitudes, behaviors, perceptions, intentions, and use of alcohol, tobacco and other drugs (ATOD). This three dimensional model will permit the flexibility to access services and outcomes of individual programs, will make comparisons between and among programs, and will report global achievements of funded programs statewide and collectively.

Three operational characteristics will form the dimensions of the model; service strategy, target population, and service intensity. The six CSAP prevention strategies discussed earlier constitute the first dimension of the conceptual model. Target population or domain is the second dimension applied to the evaluation model. Prevention services may target such populations as: individual/peer, family, school, and community. Service intensity and dosage is the third dimension applied to the evaluation model. Intensity refers to the amount of exposure programs provided to a target population, and exposure refers to the number of contact hours and frequency of contacts, measured as low, medium, or high intensity.

All funded prevention providers are required to collect and report data, using the system and methodology required by SAPTA for the program or project for which they are funded. Outcome instruments measure 30-day alcohol tobacco and other drug use (ATOD) and ATOD risk and protective factors/intervening variables and contributing factors, related to attitudes, behaviors, perceptions, intentions, and use. Prior to administering questionnaires, programs must have on file signed consent forms from each youth's parent/legal guardian. Programs must use the approved SAPTA informed consent form or have incorporated the approved language into their existing consent form. Prior to distribution, a copy of this informed consent form must be submitted to SAPTA for pre-approval. SAPTA has designed a pre/post-test, which is distributed to funded prevention programs through their administering coalition. The pre/post-test is also available in Spanish.

Prevention Reporting Requirements

SAPTA mandates that funded coalitions require all subgrantees to complete program reporting, evaluation, fiscal reporting, and follow monitoring requirements. Refer to Chapter IV, Data Planning and Evaluation. All funded coalition subrecipient prevention programs must provide a program representative to participate in all scheduled meetings and comply with all evaluation requirements including working with a data management system for evaluation purposes. Subgrantees must agree to work with administering coalition in monitoring program outcome indicators which may include, but are not limited to, pre/post-testing participants. In order to adequately fulfill reporting requirements to the State and Federal Government, the following may also be required by administering coalitions from their funded subrecipients:

- All funded programs must submit current program schedules, as they are created, updated, or changed throughout the subgrant year.
- All funded programs must submit a Quarterly Prevention Report for each quarter in each subgrant year within the required timeframe determined by the administering coalition.
- All funded programs must submit to their administering coalition an Annual Report that summarizes all actual services and activities provided during each subgrant year within the required timeframe determined by the administering coalition.

303 COALITION SERVICE DELIVERY

Within the NAC 458, there are three distinct vehicles of services delivery for substance abuse prevention. Coalitions are one of the approved methods and are funded to coordinate community data collection, planning, implementation, and evaluation efforts. The coalitions are restricted from providing direct services in order to serve as prevention experts for their service areas; however, coalitions are able to receive SAPTA funding which they then can pass through to direct prevention service programs on a contractual basis. In addition, coalitions are funded to provide environmental strategies, community-based strategies, or information dissemination.

Coalition Eligibility Requirements

Coalition applicants must comply with the following requirements:

- Coalitions must be a private not-for-profit organization, [501 (c) 3] to receive SAPTA funding. Once SAPTA receives a copy of 501 (c) 3 status then any reimbursement requests will be processed. The coalition must receive its status as a nonprofit within three months of receiving the funding award.
- Coalitions must be certified by SAPTA. Refer to Certification/Compliance Monitor Policies and Procedures, Appendix C10a, and Coalition Certification Instrument, Appendix E3. If an applicant coalition is not certified, it must submit an application for certification with the subgrant application.

Coalitions are not required to pay the certification fee unless their subgrant is approved. For information on certification requirements and applications, contact the Agency at (775) 684-4190.

- The coalition's board of directors must be broadly representative of the community to be served. The coalition is required to provide evidence of such representation.
- The coalition's membership must include representatives from the geographic area to be served. The coalition is required to provide evidence of this.
- The coalition must comply with SAPTA's Minimum Training Requirements, Appendix D7. The coalition is required to provide evidence and assurances of compliance.
- Implementing a recognized prevention planning system, such as CSAP's Western CAPT's Strategic Prevention Framework. This includes the completion and submittal of a Comprehensive Community Prevention Plan containing the following specific to the area served by the coalition:
 - Needs Assessment
 - Capacity and Resource Assessment
 - Prioritized Intervening Variables and Contributing Factors

In addition, coalitions must demonstrate their ability to fiscally and programmatically manage both direct and indirect funding that may be passed through to local providers. This requires extensive documentation of the policies and procedures surrounding fiscal policy.

- The coalition must complete all evaluation activities, data collection and reporting required by SAPTA and CSAP.
- The coalition will not provide direct prevention services through a branch or other related agency of the coalition. This assures there will be no conflict of interest between the coalition as a funding/oversight organization and the direct providers of service in their communities. Refer to Conflict of Interest, Appendix E2.

Coalition Funding

Funding sources for Nevada's coalition efforts come from Nevada's State General Funds and from discretionary grants from the SAMHSA, Center for Substance Abuse Prevention (CSAP). All funding streams encourage the implementation of evidence-based prevention programs and strategies with a focus on increasing community collaboration, evaluation and statewide strategic planning at both the state and local level.

Coalition Program Compliance Monitors

Program Compliance Monitors are a condition of receipt of SAPTA funding. Only those programs that receive direct funding by SAPTA are monitored by SAPTA. Local subrecipient programs receiving funding via their coalition must be monitored by the coalition, who will in-turn be monitored by SAPTA for compliance. Refer to Certification/Compliance Monitor Policies and Procedures, Appendix C10a, and Coalition Compliance Monitor Instrument, Appendix E1. Monitor activities determine if a program is meeting the minimum terms and conditions of the subgrant funded with SAPTA funds. In general, compliance monitors focus on administrative, programming, and fiscal activities of a program to determine if a program is meeting subgrant requirements. The Prevention Compliance Monitor is different for coalition subrecipient programs. A separate monitor form is completed for each identified subgrant number. A monitor is regulatory in nature and the purpose of a Coalition/SAPTA monitor is to accomplish the following:

- Ensure the efficient delivery of prevention services to Nevada's population.
- Encourage quality improvement practices.
- Verify that alcohol and drug abuse funds are being utilized as identified in subgrant award documents.
- Ensure that SAPTA funds are used to fund programs in compliance with state and federal requirements and restrictions.

- Identify the need for technical assistance.
- Identify problems or difficulties and develop an agreed upon compliance action plan.

Programs receiving SAPTA funding, both directly and indirectly, are required to participate in both the certification and the monitor processes.

Coalition Evaluation

Coalitions are mandated to participate in the evaluation process that is required by their funding sources. The evaluations must be tailored to meet the needs of their funding sources. SAPTA understands that in order for Coalitions to meet the evaluation requirements of their funding sources, Coalitions may have different evaluations occurring simultaneously. To assist Coalitions with their evaluations, Coalitions may hire an independent external evaluator. Those that do are required to provide a copy of the contract to both SAPTA and the current state level evaluator. In addition, the coalition and all local sub-recipients must comply with all evaluation requirements set forth by both the state and the federal level evaluator. Coalitions along with assistance from SAPTA may need to gain IRB approval to implement the evaluation. Evaluation requirements may include, but are not limited to the completion of quarterly and annual reports and the completion of grant specific evaluation tools to be determined at the time of funding. In addition to grant specific evaluation tools, coalitions may be required to collect:

- a. Consent Packet in both English and Spanish
 - i. Agency Notification Letter to parent/guardian
 - ii. Active Consent Form to parent/guardian from agency

Coalition Reporting Requirements

SAPTA requires all sub-grantees to participate with program reporting, evaluation, fiscal reporting and monitoring requirements through cooperation with designated SAPTA staff and the identified state evaluator. All funded prevention programs must provide a program representative to participate in all scheduled meetings and comply with all evaluation requirements. In order for SAPTA to adequately fulfill their reporting requirements to the Federal Government, it has created additional monitoring requirements of all funded programs including:

- All funded programs must submit current program schedules as they are created, updated, or changed throughout the subgrant year.
- All funded programs must provide data to the NHIPPS system as required by the system.

304 COMPLIANCE MONITORING POLICIES AND PROCEDURES

The scope and focus of compliance monitors are a condition of receipt of SAPTA funding, and only those coalitions funded by SAPTA and subrecipients funded by coalitions will be monitored. Monitoring determines if a coalition/program is meeting the terms and conditions of the grant funded by SAPTA, and the monitors focus on administrative, programming, and fiscal activities of a program. Appendix C10a contains the Compliance Monitoring Policies and Procedures, Coalition Subrecipient Monitor Instrument, and Appendix E1 contains the Coalition Compliance Monitor Instrument (including tobacco). Appendix E1a contains the Compliance Plan Form.

^[1](Excerpt from "Drug Abuse Prevention: What Works", National Institute of Drug Abuse, 1997, p. 10-15)

^[2](Excerpt from "Drug Abuse Prevention: What Works", National Institute of Drug Abuse, 1997, p. 10-15)

CHAPTER IV: DATA PLANNING AND EVALUATION

401 DATA PLANNING AND EVALUATION TEAM FUNCTIONS

The Substance Abuse Prevention and Treatment Agency (SAPTA or Agency) Data Planning and Evaluation (DPE) Team provides support to the SAPTA Treatment, Prevention, and Fiscal Teams and to the Agency as a whole. The DPE Team is responsible for business analysis and applications support, desktop utilities development and maintenance, data management, technical support, training, research and evaluation, reporting, and project management

Data Quality

In the provision of health care, the importance of accurate records and complete information is vital. This is true at the individual, group, and policy levels. Furthermore, SAPTA's various funding sources now require the reporting of outcome measures. Maintaining data that is relevant, timely, and of good quality allows for the accurate measurement of performance outcomes and provides the foundation to ensure that SAPTA funded programs are working for the benefit of the people we serve.

NOTE: Section 402 to be replaced.

402 NEVADA HEALTH INFORMATION PROVIDER PERFORMANCE SYSTEM

The Nevada Health Information Provider Performance System (NHIPPS) is a web based computer application used to collect and store information about clients or participants in funded treatment and prevention programs. The data are used to satisfy the reporting requirements for the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Nevada State Legislature, SAPTA, and the public. The NHIPPS application is Health Insurance Portability and Accountability Act (HIPAA) compliant and runs on secured servers located at the Department of Information Technology facility and is protected by state-of-the-art firewall technology. The web server used to access the data is protected by VeriSign, an internationally known internet security company, and the NHIPPS database itself is password encrypted for additional security.

Security Administration

SAPTA performs high level, system-wide security administration to support the needs of funded providers, but once established in the system, providers are required to perform security administration for their own agency and staff. Security administrators are responsible for day-to-day NHIPPS account management such as resetting passwords and setting up and terminating user accounts, as well as ensuring that the provider environment is properly configured to maintain confidentiality of client information. Each agency must have both a primary and backup security administrator, and must notify SAPTA within two weeks when staffing of either of these positions changes. For detailed security administration procedures, see Appendix F1 entitled, "NHIPPS Security Administrator Step by Step Guide."

NHIPPS Support and Technical Assistance

SAPTA's DPE team members serve as NHIPPS subject matter experts for system related issues and provide technical assistance to all system users as needed. Obtaining quality data requires that system users understand the data collection process as it relates to the job functions they perform. Given high staff turnover and heavy workloads, it can be difficult to maintain well trained staff and to keep all system users up-to-date on the latest NHIPPS enhancements. Thus, training and help desk services are aimed at providing programs with the resources necessary to successfully use NHIPPS. SAPTA has established help desk procedures which are intended to provide users with NHIPPS information when problems are encountered. As is the case with other agency matters, programs

should typically contact their designated SAPTA Program Analyst as a first point of contact. Their program analyst will help them, or refer the call to appropriate DPE or Fiscal staff based on the nature of the inquiry. Should the Program Analyst be unavailable, there will be a designated contact from the Prevention or Treatment Team to take the call.

Coalitions serve as regional providers for training on Prevention and Fiscal modules for the prevention programs they oversee. Thus, coalition staff should be the first point of contact regarding training needs of prevention programs. Coalition staff can then provide training, or coordinate training needs with DPE staff.

Treatment providers are also trained on the Treatment and Fiscal modules. Electronic training media (CD ROM) is available for treatment staff, and can be found on the SAPTA website. SAPTA's DPE staff are working on Web-based trainings to be used for all NHIPPS modules.

NHIPPS Reports and Downloads

NHIPPS has three basic data collection modules: Treatment, Prevention, and Fiscal reporting. It essentially serves, with only a few exceptions, as a one-stop shop for vital information relevant to SAPTA funded substance abuse programs in the state. In addition to collecting data, SAPTA and its funded programs can get up-to-date information which is essential to providing the highest standard of care to clients.

Under the reports tab there are a number of downloads available which allow for downloading program records into Excel which can be used to do further analysis. There are some canned on-line reports available as well.

403 FISCAL DATA AND REPORTING REQUIREMENTS

Request for Reimbursement

All funded providers submit their monthly reimbursement requests in NHIPPS. A detailed MS Excel backup report, provided by SAPTA, is a required part of the reimbursement request and is the source data for the Request for Reimbursement (RFR) report. Individual expenditures are allocated to the appropriate fund source in the Fund Source Allocation section of the RFR. Each month, after a treatment or prevention agency's work is completed and recorded in the system and any performance and detailed backup reports are created, providers can log in to NHIPPS and access the appropriate grant. From within the grant, a RFR report can be generated for the current month. The provider representative completes the reimbursement amounts by budget category. From within NHIPPS, the MS Excel backup document is attached to the RFR report. NHIPPS calculates the reimbursement total, current year-to-date expenditure, budget balance, and the percent expended by budget category. Special permissions are required to submit the report. This may be the established grant signature authority or other agency personnel. Permissions are set by the funded agency's security administrator. For detailed backup document upload procedures, see Appendix F2 entitled, "Fiscal Reporting – Attaching a Document in NHIPPS."

404 PREVENTION DATA AND REPORTING REQUIREMENTS

The National Outcome Measurements (NOMs) are criteria that SAMHSA established to determine whether states are accomplishing its vision and meeting all Federal reporting requirements. The NOMs are defined in terms of domains, outcomes, and specific measures that would be expected from successful mental health and substance abuse treatment and prevention systems. Concerning prevention, the following NOMs are collected and reported from NHIPPS for the Substance Abuse Prevention and Treatment (SAPT) Block Grant:

- Number of persons served by age
- Number of persons served by gender
- Number of persons served by race

- Number of persons served by ethnicity
- Number of persons served by type of intervention
- Total number of evidence-based programs and strategies

Currently, SAMHSA pre-populates all other NOMs in the SAPT Block Grant.

Submission of this information in aggregate form for the most recent full contract year is required by all providers who expend SAPT Block Grant dollars for the provision of substance abuse prevention services.

Using the NHIPPS Prevention Module, these data are collected online. The NHIPPS Prevention Module was developed to collect information according to SAMHSA's Minimum Data Set. SAPTA DPE Team staff set up each prevention provider in NHIPPS entering provider information, subgrant information, budget and fund source allocation information, program definition, and projected scope of work. Prevention providers are responsible for entering the "Session Activity Detail" which includes the aggregate demographic data. The data are downloaded from NHIPPS to meet reporting requirements. SAPTA also collects data on all recurring direct service prevention programs using a pre-post survey. The survey instrument was designed by the Prevention Team and the State of Nevada Prevention Coalitions. The questions were taken from the Youth Risk Behavior Survey (YRBS), a previously validated instrument. Scantron technology is used to scan the surveys and the data is analyzed using SPSS.

405 TREATMENT DATA AND REPORTING REQUIREMENTS

As with prevention's direct services, treatment data are also required on each client served by a SAPTA funded provider and NOMs are collected and reported for each client treatment episode. SAMHSA requires SAPTA to collect data for the following NOMs domains and measurements:

1. Reduced Morbidity -- Abstinence from substance use
2. Employment / Education -- Increase in days employed or at school
3. Crime and Criminal Justice -- Reduction in the number of arrests
4. Stability in Housing -- Improvement in housing stability
5. Access / Capacity -- Unduplicated count of persons served
6. Retention -- Increased retention in treatment

The Treatment Module consists of a number of screens where these NOMs data, along with assessments, treatment plans and treatment plan reviews, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) diagnoses, progress notes and progress reports, are collected. Clients' treatment records can be shared with other agencies with the client's consent, and therefore can improve the quality of care a client receives throughout the course of his or her treatment.

Treatment providers who receive funding from the SAPT Block Grant are also required to collect data on assessed clients who are waiting for services and on their capacity levels.

Utilization Tracking

Treatment performance reporting is completed monthly in NHIPPS when the Monthly Utilization Report is run. Units of service are captured by the American Society of Addiction Medicine (ASAM) service level in each Progress Note the counselor writes after a treatment event. Understanding ASAM Service Levels is fundamental to good reporting in NHIPPS. For a detailed list of these codes, see Appendix F3 entitled, "Treatment Service Code Chart, Chart of Service Codes and Unit Descriptions, Health Division Criteria for Programs Treating Substance Related Disorders." After a provider specified cutoff date, no more than 15 days after the end of the month, the provider will run and save the Monthly Utilization Report for a specific month and year. Clients served and units completed are compared against the contracted scopes of work to determine the year-to-date

performance by ASAM service level. For detailed monthly utilization procedures, see Appendix F4 entitled, "Monthly Utilization -- Treatment."

Wait List

Wait list data is also a SAPT Block Grant requirement. Some State funded treatment providers were given additional funding in 2008 to complete a wait list reduction initiative. Clients served by these additional funds must first be assessed and have a substance abuse diagnosis rendered, at which point they may be placed on a wait list for service. The initiative also requires regular contact and documentation while the client waits for admission to a treatment facility. For detailed wait list procedures, see Appendix F5 entitled, "Wait List -- Treatment."

Capacity Reporting

When an agency has clients on a wait list for a particular service level, they are said to be at 90% Capacity for that service level. NHIPPS allows the appropriate agency staff to report 90% Capacity by service level with the submission of a simple capacity report. For detailed capacity reporting procedures, see Appendix F6 entitled, "Capacity Reporting -- Treatment."

Quarterly TB/HIV Activity Reporting

Consistent with reporting requirements found in the SAPT Block Grant Goals 5 and 6, the DPE team tracks TB and HIV activities on a quarterly basis. Providers of TB/HIV services report to SAPTA using the "SAPTA TB/HIV Report Form." A copy of this form is attached as Appendix F7 and directions for completing the form are included. When received, a DPE team member enters data from the forms into an Access Database developed and maintained by the DPE team.

UNDER REVISION 09/10/2014

CHAPTER V: FISCAL MANAGEMENT

501 FISCAL TEAM

The Fiscal Team of the Substance Abuse Prevention and Treatment Agency (SAPTA) is currently made up of three positions. The team is responsible for the Agency's accounting, budgeting, and financial monitoring and reporting. The team deals with all funded programs related to reimbursement and processing of claims, drafting and amending subgrants, and completing fiscal monitors of funded programs.

The Fiscal team has a dual reporting relationship to the Administrative Services Officer of the Division of Public and Behavioral Health (DPBH) and the SAPTA Agency Director. SAPTA also follows any DPBH administrative and fiscal policies that apply to SAPTA. DPBH policies are located on the web at: <http://DPBH.nv.gov>. Follow the link for 'Publications and Policies' and then 'Division' to obtain the most current DPBH policies.

502 FUNDING

SAPTA is funded by State of Nevada General Funds, Liquor Tax, federal funds from the Substance Abuse Prevention and Treatment (SAPT) Block Grant, and other smaller federal grants and contracts. The Agency acts as a pass-through agency and subgrants the majority of its funding to nonprofit and other governmental agencies to provide direct services. The organizations that receive funding through SAPTA are referred to as "providers" and "subgrantees" and the terms are used interchangeably throughout this document. The requirements and restrictions of state and federal funding are passed to the providers. Providers are responsible for understanding and complying with federal and state regulations in implementing the program. SAPTA is charged with the responsibility of verifying that all the requirements are met by the subgrantee, including 45 CFR parts 74 and 96, Appendix B4, B6, and OMB Circular A-133, Appendix B5. The primary method used in meeting this responsibility is the required annual audit for all funded programs, discussed in more detail later in this document. Another method is the fiscal monitor by SAPTA of providers, also discussed in more detail later in this document.

Funds are awarded on a competitive basis through a Request for Application (RFA). Major RFAs will be issued for treatment and prevention on a three year cycle. One year prevention will be issued, the next year treatment will be issued and the third year only supplemental RFAs will be issued based on funding and need. Programs which are awarded funding in a RFA will have the opportunity to continue their subgrant for the following two years with a noncompetitive continuation. As long as the program is in good standing, meeting its scope of work and funding source requirements, it will be eligible to submit a progress report and plan for the following year to continue its subgrant. RFAs may be issued between the standard funding cycles for new funds that become available, de-obligated funds, and special initiative funding. Subgrant agreements follow the State Fiscal Year (July 01 – June 30). Funds are allocated for prevention and treatment services based on requirements of the sources of funding. The commitment period of these funds will depend on availability of funding and the goals of any special initiatives.

503 RFA PROCESS

RFAs will be issued approximately six months prior to the beginning of a funding cycle. The RFA will outline the following:

- Eligibility
- Purpose
- Funding sources
- Strategies and priorities
- Restrictions and requirements
- Target populations
- Evaluation plan
- Special initiatives
- Scope of work development
- Budget

Each RFA will have the most current information relating to that cycle of funding. A sample of a treatment RFA is included as Appendix H1

Applications are reviewed on a competitive basis by objective reviewers and Agency staff. Point score assignments are outlined in each RFA and are applied in the review/award process.

The fiscal team's role in the RFA process is to complete technical reviews on all budget-related documents within an application. Each document is reviewed for accuracy, completeness, reasonableness, and consistency between the forms. There are three fiscal forms which are normally included in an application budget; a Budget Summary form, a Budget Request and Justification form, and a Fund Map. The fiscal team also prepares the final award documents.

504 BUDGET SUMMARY FORM

This form is a summary of the categorical detail outlined in the Budget Request and Justification form, and is broken out by funding source(s). This form will be different in each RFA based on the number of funding sources which are available. The total request must be the same on both forms. This form is usually completed after the detail on the Budget Request and Justification form is complete. An example of a budget summary form is included as Appendix G1a.

505 BUDGET REQUEST AND JUSTIFICATION FORM

This is the detail of cost and justification by category. All costs should be estimated to the nearest dollar. Each category should have a complete narrative justification as outlined in the budget form instructions. Equipment is not included as a category because it is the Agency's policy that equipment is an asset that may last longer than the subgrant and expenses should be directly related to the support of the services provided during the project period. Based on state regulations, equipment is defined as any item with a unit cost of \$5,000.00 and over, and a useful life of over one year. We encourage programs to look into leasing their equipment and including them as an operating expense. The following budget categories are included in the budget.

- Personnel: Includes all related salaries and wages. Note that funding from federal sources has a maximum allowable salary requirement. Therefore, if a percentage of a salary is calculated, the salary used for the calculation cannot be over the maximum salary limitation. Also, direct or indirect payments made to or on behalf of full time federal or state employees are not acceptable, including consultant fees and supporting costs.

- Payroll Taxes and Fringe Benefits: Includes details of how these amounts were calculated. If a percentage is used, the method to determine the percentage should be outlined.

- **Consultants and Contract Services:** Includes consultants and contract personnel, accounting contracts (except A-133 audits which should be included in the *Other* category) and other agreements. Travel and other expenses should be inclusive in the contract and not put into other categories, such as Travel. Also, consultant fees shall not be paid to individuals who are employed under the grant or who are otherwise paid with grant funds.
- **Travel Costs:** Includes required travel to complete the programs scope of work. Refer to Appendix G8 for one example. Do not include travel relating to training or consultants in this category.
- **Training:** Includes all related staff training costs including registration fees, books, supplies, and travel.
- **Operating:** Includes all costs relating to operating the program including insurance, supplies, leases, utilities, rent, printing, etc. Expenses and calculations for Agreed Upon Procedures audits (Limited Scope) go into this category. Please note, A-133 expenses and calculations go in the *Other* category.
- **Other:** This category is for A-133 audit costs and approved indirect costs up to a maximum of five percent (5%). A cognizant Federal agency is responsible for approving indirect cost rates for recipients based on an indirect cost proposal submission.

The Agency prefers direct costs, and any indirect costs must be approved by SAPTA after a federal agency has approved the rate. If the Agency approves an indirect rate, the maximum that will be allowed is 5% of the subgrant award. This amount relates to administrative cap restrictions in the block grant. Instructions for the budget request and justification form is included as Appendix G1, and the budget request and justification form is included as Appendix G1a.

506 FUND MAP

This form lists revenue and expense information for the period that the program identifies within the header of the form; usually the last completed fiscal year. In large organizations or government agencies, it may be difficult and meaningless to include every source of funding. It may be necessary to list funding sources for related services only. In this case, it is important to make a statement to the effect of the requirement for an A-133 audit. If the organization expends \$500,000 or more in funds that originated from federal sources, it is required to have an A-133 audit. If an audit was required for that year, please note it on the form. In addition, this form gives the Agency an overview of the sustainability of the program and how the program's resources are leveraged. Instructions for completing the fund map is included as Appendix G9, and the form is included as Appendix G9a.

507 SUBGRANT APPLICATION REVIEW PROCEDURES

A. Overview

SAPTA uses a multi-stage grant application review process. The first level of review is called a completeness review. This process identifies those applications that have met the requirements of the RFA to be passed on to the next review. Applications that do not pass the completeness review or are turned in late are returned to the applicant along with a letter of explanation.

The second level consists of SAPTA staff technical reviews and the objective review committee. Staff technical reviews are conducted by the fiscal team and the program team responsible for oversight of the programs being funded (treatment, prevention, etc.). The teams produce a report which will be presented at the Objective Review Committee meeting. Objective reviews are conducted by professionals in the community who do not have an apparent conflict of interest with the applicant. SAPTA conducts a brief orientation and training telephone conference for the Objective Review Committee members, which covers the review process and forms. The members of the committee receive the applications and information on the performance of applicants that were funded in the past. The members independently review the applications and bring completed score sheets to the meeting.

The third level of review is conducted by DPBH. This review determines the final funding recommendations along with key Agency staff; typically the Agency Director, the Health Program Manager, the Administrative Services Officer, and any required program staff.

B. Agency Technical Reviews

The purpose of the technical reviews conducted by SAPTA staff is to ensure that applicants provide evidence in their applications that they have complied with the various requirements contained within the RFA for each type of funding requested. Also, staff conducts detailed reviews of the financial information submitted by applicants to ensure that their budgets meet federal and state requirements. It is important to note that the provider is responsible for budget and/or actual item costs that do not meet federal and state regulations. An unallowable item that mistakenly makes it through the budget review process cannot be reimbursed.

1. Technical review areas and/or sections reviewed include:

- a. If previously funded, do applicants have state approval (certification) status, and if not previously funded is there an application for approval on file?
- b. Does the applicant generally follow instructions on the RFA format?
- c. If previously funded, did the program perform at an acceptable level, including timely and accurate submission of required reporting elements?
- d. Does the application adequately address all state and federal requirements?

2. Fiscal review areas and/or sections reviewed include: a. Ensuring expenses listed within the budget are allowable, allocable, and reasonable.

- b. If an A-133 audit is required, or if an Agreed Upon Procedures audit is necessary, is there an Engagement letter attached to the application?
- c. Are budget figures consistent throughout the application?
- d. Is the math correct?
- e. Are computations shown according to the instructions?
- f. Are budget justifications adequate to support budget amounts?

C. Objective Reviews

Objective reviews are conducted by professionals in the community who do not have an apparent conflict of interest or an affiliation with one of the applicants. Reviewers are sent the applications at least two weeks in advance and asked to prepare preliminary review sheets for each application. Typically, reviewers are divided into review teams who meet for up to two days to review assigned applications, arrive at group consensus on each application, and make funding recommendations to the Agency. Scoring sheets that are divided into sections are prepared for each application. Sections have space for comments on strengths and weaknesses, and point totals for each section are added to arrive at a total score. Space is also provided for preliminary funding and scope of work recommendations.

D. Division of Public and Behavioral Health Review

Once the objective review is completed, information is entered into the Agency database. An internal staff team then meets to review the consensus scores, group comments, and funding recommendations. Funding levels are then prepared for presentation to the DPBH Administrator by the Agency Director, Health Program Manager, and Administrative Services Officer.

E. Award Notification

Once the decisions have been announced, the DPBH Administrator will direct SAPTA to contact successful applicants and begin scope of work and budget negotiations. Applicants not receiving funding will also be contacted at this time. Directions on how to appeal the decision will be included in the notification letter.

F. Budget and Scope of Work Negotiations

Within two weeks of award notification, Agency staff begins the process of completing negotiations on funding and scopes of work so that subgrant award documents can be prepared and executed.

508 NOTICE OF SUBGRANT AWARD

Matching and cost-sharing requirements are not required in Agency subgrants. However, in-kind contributions and volunteer services are encouraged.

Examples of the Notice of Subgrant Award documents are provided as Appendix G2, G2a, and G2b. The actual award may differ from the example, but it will have a cover page, assurances, and any special conditions. The assurances within the award provide information on complying with audit and other requirements specific to the award. The assurances and other conditions are important parts of the award document. Performance criteria, including reimbursement expectations, are included in the award.

509 SUBGRANT AMENDMENT PROCESS

Subgrants may require amendments for various reasons including budget adjustments or changes in scope of work. Some changes do not require amendments but may require authorization by the Agency. To facilitate the process, the Agency developed a Change Request Form, provided as Appendix G3a. Instructions are provided as Appendix G3.

If an adjustment needs to be made to the budget the program will first contact the Program Analyst assigned to their program. The Program Analyst will discuss the proposed changes with the program and make a determination about the course of action that needs to be taken to accommodate their request. In some cases, an amendment will not be supported by the Agency or the proposed changes do not require an amendment. If an amendment is necessary, the program is instructed to contact the

Agency fiscal staff to request a Change Request Form. The program completes and signs the form and submits it to the Agency for review, approval, and signature. From this information, the subgrant amendment document is prepared and sent to the program for review and signature. The Subgrantee returns the signed amendment document to the Agency for final approval and signatures by the Agency Director and the Administrator or designee of DPBH.

In planning budget adjustments, an individual category can be overspent up to 20% without an amendment, as long as the total amount of the subgrant is not exceeded. Categories without any authority will always require an amendment.

If a change in the scope of work is required, the program will need to contact their Program Analyst at the Agency and discuss the changes and receive approval for the changes. The approved information will be given to the fiscal staff who will prepare the amendment documents.

Three originals of the subgrant amendment document, with the revised scope of work and/or budget, will be sent to the program (Subgrantee) for review and signature. The Subgrantee will return the original signed amendment documents to the Agency for final approval and signatures by the Agency Director and the DPBH Administrator. One original will be returned to the Subgrantee with all signatures.

Please refer to Appendix G4 for an example of a subgrant amendment document.

If the Program Analyst determines the change in the scope of work does not require an amendment, the program will receive verbal authorization followed by a confirmation memo/letter from the Agency. The Program Analyst may request the proposed change be sent in writing for further review by the Agency. If appropriate, the proposed change will be signed off as being approved by the Agency Director and/or the Program Analyst.

In either case, the first step is to contact the Agency and discuss the changes with Agency staff.

510 FINANCIAL REPORTING REQUIREMENTS

The Agency's policy is that Subgrantees will be reimbursed for allowable expenses on a monthly basis. Allowable expenses are those that are approved within the Budget Request and Justification form, Appendix G1a, and is included as part of the Notice of Subgrant Award document, Appendix G2, G2s and G2b. Instructions for the Budget Request and Justification form are provided as Appendix G1. All Requests for Reimbursement must be filed by the 15th of the month for the previous month's expenses. Reimbursement is also dependent on all other required reporting being considered current. Reimbursement requests are submitted through the Nevada Health Information Provider Performance System (NHIPPS). Applicants that receive funding are provided additional instructions on submitting a reimbursement request.

Advances will not be allowed unless the Subgrantee can demonstrate a compelling reason why the program's viability is in jeopardy without an advance. An advance must be paid back over the balance of the funding period. The backup documents must explain how the advance was used. Interest earned will be treated appropriately under the applicable federal regulations. The Agency Director must sign off on any advance request.

511 RETENTION OF SUBGRANT RECORDS

Refer to Appendix G2, G2a, and G2b, Notice of Subgrant Awards, Section A, for a discussion of records retention.

512 AUDIT REQUIREMENTS

Refer to Appendix G2, G2a, and G2b, Notice of Subgrant Award, Section A for a discussion of audit requirements. The information below is taken directly from that document:

Agency subgrants are subject to inspection and audit by representatives of the Division, Nevada Department of Health and Human Services, and the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:

- a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
- b. ascertain whether policies, plans and procedures are being followed;
- c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically;
- d. determine reliability of financial aspects of the conduct of the project; and
- e. chapter 218 of the NRS states that the Legislative Auditor, as directed by the Legislative Commission pursuant to NRS 218.850, shall conduct a special audit of an entity which is not an agency of this State but which receives an appropriation of public money during any fiscal year. The subgrantee agrees to make available to the Legislative Auditor of the State of Nevada all books, accounts, claims, reports, vouchers or other records of information that the Legislative Auditor determines to be necessary to conduct an audit pursuant to NRS 218.

Three months after the beginning of the program's fiscal year, an e-mail will be sent reminding funded providers that a fiscal audit report is due nine months after the end of the program's last fiscal year and requesting a copy of the engagement letter for the audit. Another e-mail will be sent 90 days prior to the due date as a reminder that the report needs to be completed and submitted to SAPTA by the due date.

Additional e-mails will be sent as necessary regarding the audit due date. Delinquent reports place the program out of compliance with their subgrant agreement and may result in withholding of payment of any request for reimbursement and/or termination of current funding. All funded programs must submit to the Agency one copy of their last audit, whether it was an A-133 or an Agreed Upon Procedures audit (Limited Scope); see Appendix G10 for guidance on items that must be included in a Limited Scope audit. An A-133 audit is required if a program expends \$500,000 or more in a year in federal awards. If a program was not audited, it must submit a statement from its board of directors that no audit was completed and state when it last had an audit, or that it has never been audited. All funded programs must also submit a letter of engagement for their next audit. Management letters or other recommendations submitted under separate cover must also be forwarded to the Agency.

Any disallowed cost recommended from an audit, site visit, internal review, or monitor by the Agency, DPBH, other state agencies, the state legislature or the federal government is the responsibility of the Subgrantee to repay. The Agency may use the right of offset of current and future awards or any other legal remedy which may be required to recover any disallowed cost. An example of a cost which may be disallowed would be a lease, purchase, consulting contract, or rental agreement with a board member or employee of the organization which is considered not to be an arm's length transaction, or a family member. All costs specifically disallowed by the cost principles that apply to the organization type are also unallowable. It is the responsibility of the Subgrantee to be familiar with the cost principles. Non-profit organizations must follow the cost principles as defined in 2 CFR 230 (formerly OMB circular A-122). Universities follow 2 CFR 220 (formerly OMB circular A-21). States and local governments, and Indian Tribal governments follow 2 CFR 225 (formerly OMB circular A-87).

513 FISCAL MONITORS AND SITE VISITS

The purpose of the fiscal monitor is to determine whether subgrantees have financial management systems capable of meeting all federal and state requirements. It is used in conjunction with an independent annual audit of the provider to help verify subgrantees are compliant with all rules and regulations. The Fiscal Team is responsible for completing fiscal monitors of funded programs. Fiscal monitors may be conducted in conjunction with program monitors or separately, based on available staff. It is the intention of the Agency that each Coalition will have an annual fiscal monitor, and all other funded programs will have a fiscal monitor **at least** once every two years. The fiscal monitor is performed in addition to annual program monitors and program certifications. The fiscal monitor may review similar information covered in program monitors and certifications. The Fiscal Team will attempt to limit duplication or complete fiscal monitors in conjunction with other site visits whenever possible.

Selection of programs for fiscal monitors may be based on a risk assessment. The risk assessment will be developed from input from program or certification analysts, age and experience of the program, complexity of the program, audit results, length of funding commitment, time since last monitor, prior problems or reporting difficulties, geographic location, agency priority, and program request for technical assistance.

Regulations found at Title 45, Code of Federal Regulations (CFR), Part 74 and Part 92, are the rules and requirements that govern the administration of Department of Health and Human Services (HHS) grants. Subgrantees are responsible for complying with all of the following requirements:

- 45 CFR, Part 74, Appendix B4, for non-profit organizations or Part 92 for State, local, and federally recognized Indian Tribal governments
- Cost principles: 2 CFR 230, 220, or 225 as applicable to the provider
- Administrative requirements: OMB circular A-110
- Audit requirements: OMB circular A-133, Appendix B5
- SAPT block grant requirements: 45 CFR, Part 96, Appendix B6
- State statutes and regulations, Appendix B1, B2, B3
- DPBH policies that further define state regulations
- Requirements in the subgrant award document

A priority of review required by the federal government relates to maintaining systems of internal controls in areas of accounting, procurement, personnel, property management, and travel. A self evaluation checklist is provided as Appendix I1 as a technical assistance guide. The Agency's Fiscal Monitor Instruments are provided as Appendix G6 and Appendix G6a.

The result of a fiscal monitor may be a Compliance Action Plan. The Fiscal Team will communicate the required corrections and provide technical assistance, if necessary, to assist programs in meeting any requirements. If a program fails to correct deficiencies, meet requirements and adhere to restrictions, the Agency may invoke sanctions. The sanctions may include cost disallowance, temporary withholding of funds, termination of the subgrant, denial of continued funding, and recommendation of debarment and suspension of access to federal funds under Executive Order (EO) 12549.