

1. Is there a particular reason the turn around time is so quick?
 - a. The project is recognizing programs that are already ready to go.
 - b. To be able to get the subgrants completed to be released by August 1, 2018.

2. What is the funding amount?
 - a. Estimated about \$4.6 million total
 - b. Threshold per category- proposals not to exceed:
 - i. Category 1- \$832,000
 - ii. Category 2- \$832,000
 - iii. Category 3- \$832,000
 - iv. Category 4- \$800,000
 - v. Category 5- \$450,000
 - vi. Category 6- \$400,000
 - vii. Category 7- \$500,000
 - c. *The State reserves the right to re-distribute funds within categories based upon number and quality of applications.*

3. How many awards are anticipated?
 - a. Awards will be granted based upon quality of application. The State reserves the right to re-distribute funds within categories based upon number and quality of applications.

4. Can one group apply for multiple categories?
 - a. Yes, a scope of work and budget needs to be completed independently for each category applied for.

5. Does COD stand for co-occurring disorders? It is identified several times in the document, but never spelled out.
 - a. Yes, COD stands for co-occurring disorders.

6. For category 7, the grant states that “transportation” is a required service to provide, however, it is also listed under “Non-allowable budget items” as “bus passes/transportation” – can you please clarify?
 - a. Transportation is being removed as a required service. This remains a non-allowable expense.

7. Categories listed can be fulfilled by various agencies, however the positions listed under “allowable expenses” for salary support are very narrowly defined. Has any consideration been made to expand this to criminal justice or public health credentialed positions?
 - a. Yes, this may include other credentialed positions as long as it is a new position that is not currently already funded in your organization.
 - b. It is important to note how both your project and positions can be sustainable over the long term by identifying alternative funding methods once the grant cycle concludes.
 - c. If an agency would like to employ individuals not otherwise reimbursable, the application needs to make clear long-term support.

8. Are those possessing a valid Nevada Behavioral Health Association Prevention Specialist Certification included as “allowable expenses” for salary support?
 - a. Yes, if salaries are already being preexisting then grant funds cannot support existing position.
 - b. This grant is not for primary prevention efforts and any applicant needs to articulate why they want to fund the position.
 - c. Emphasize in the application how the position will remain sustainable upon the conclusion of grant funding.

9. How can we access the required Excel files?
 - a. The fillable documents will be posted online on the SAPTA webpage along with RFA.

10. Do I understand correctly that there are just two (2) pages requiring signatures to be submitted with the application?
 - a. Yes these are the only two documents that require a signature.
 - b. The Conflict of Interest Policy is being posted on the SAPTA webpage along with the RFA.

11. What is the expectation for delivering MAT services, specifically related to detox for residential treatment when detox services for opioid use disorders are not typically covered by Medicaid, as they do not usually meet the requirements for medical necessity?
 - a. If an individual has Medicaid and if they are enrolled, as a 3.7 withdrawal management facility, then the expectation is that they establish services for the individual. STR funding can be used to provide expansion, but should NOT replace available reimbursement through Medicaid. The STR Grant CAN NOT be charged for and reimburse for a service that was denied by Medicaid. If an individual does not meet the criteria for medical necessity, STR will not provide reimbursement.

12. In addition to providing SAPTA with the requested data, are there any limitations on our Organization collecting and analyzing data?
 - a. As a private organization you can collect and analyze whatever data points you would like. For the purposes of this funding opportunity, the STR grant has no restrictions, though the guidelines you should follow would fall under your local Institutional Review Board.

13. Audit letter only or the full audit?
 - a. Audit letter only.

14. Can the funds allotted be used to purchase Suboxone, if we are an existing Methadone Clinic to expand services?
 - a. At this time, STR funds CAN NOT purchase Suboxone.

15. What day will the information be listed on the SAPTA Website?
 - a. Information will be listed on the SAPTA Website on June 5, 2018.

16. Is an audit required - for nonprofit 501 c3?

- Audit Requirements

The following program Audit Requirements are for non-federal entities who do not meet the single audit requirement of 2 CFR Part 200, Subpart F-Audit requirements:

- a. Subrecipients of the program who expend less than \$750,000 during the non-federal entity's fiscal year in federal and state awards are required to report all organizational fiscal activities annually in the form of a Year-End Financial Report.
- b. Subrecipients of the program who expend \$750,000 or more during the fiscal year in federal and state awards are required to have a Limited Scope Audit conducted for that year. The Limited Scope Audit must be for the same organizational unit and fiscal year that meets the requirements of the Division Audit policy.

17. Was Category 1, option C covered in this presentation?

- Yes, it was covered.

Option C: Comprehensive Services from an Opioid Addiction Team

- ✖ This is a single organization serving as a team, employ or contract professionals with ability to prescribe medications, psychiatric, psychological, or counseling services, and provide care management internally.

18. Must you already be billing Medicaid to apply in Cat 1 Option C?

- a. The organization needs to be Medicaid eligible. If the organization is not currently billing, they MUST be billing within 4 months of receipt of award. There needs to be documentation within your project timeline how you will become a Medicaid provider.

19. If we are currently a Methadone Clinic, can we apply under Option B?

- a. Yes, if you are currently a Methadone Clinic, you can apply under Option B.

20. Our organization would like to apply under Category 1; Option C. We are enrolled in FFS Medicaid; however, the RFA also states that organizations must be enrolled "with each Managed Care Organization to the extent they have open networks..." Neither of our MCO's have open networks. We are Medicaid provider type 17. We have not yet begun billing Medicaid as we are still working on becoming credentialed through the managed care organizations; however, none of our clients are eligible for Medicaid FFS. **Based on this information, would we be eligible to apply?** It's not that we *are not* billing Medicaid, we *cannot* bill Medicaid based on our clients' current providers.

- a. The organization can apply.

21. On pages 18 &19 under Residential Transitional Living it says "This category does NOT include room and board rates of reimbursement as this is ONLY for the expansion and onboarding of MAT services within an established SAPTA Certified Residential or Transitional Living program. Programs must demonstrate all applicable licenses through Health Care Quality and Compliance and Division licensure for the level of care provided. All ASAM residential/transitional services that can be reimbursable under Medicaid or 3rd party payers must be billed to those payers. To promote sustainability of services designed under this RFA, a sustainability plan for

uninterrupted continuation of services must be included in this submission and be in place no later than the end of the grant cycle (4/30/19).

Allowable funds for:

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

I am finding this confusing, as it states that room and board rates are not included in this category but then states under allowable funds Transitional Housing. Can bednights be included?

The project is will not provide reimbursement for bednights because this has to be sustainable beyond this grant period. As a SAPTA funded agency for Transitional Housing, bed nights are already covered. Furthermore, the focus of this particular category is to build and expand access for clients diagnosed with an OUD to engage in MAT related services. For example, having access to a DATA 2000 waived prescriber and behavioral health services (Level 1, Level 2.1).