Question and Answer Responses
to the Notice of Funding Opportunity for Community Mental Health, Substance Use, Prevention and Crisis Services

NOFO Release Date: October 14, 2021
Q & A Due: October 21, 2021
Q & A Posted: October 25, 2021

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1. Are multiple applications allowed if they are unique projects/populations?

   Response: *Yes*

2. Could I potentially use these funds to purchase, retrofit and open a new residential facility?

   Response: *No, funds cannot be used to purchase or retrofit a new residential facility. Infrastructure costs may be considered for hospitalization stabilization units.*

3. I would like to set up a phone call with you to discuss grant opportunities for children and families with mental health needs - psychiatry and therapy.

   Response: *We are in an open NOFO period, here is the link for the funding announcement.* SAPTAGrants (nv.gov). *Any discussion on project design, implementation or activities is prohibited during an open NOFO process.*

4. Is this the NOFO for our regular block grant? We just recently got awarded for this year so I'm confused why we would now be applying. Or is this supplemental funding outside of our regular block grant allocation?

   Response: *This is supplemental COVID & ARPA grant funding and is not part of the regular block grant.*

5. We are more wondering if this is a block grant because the language is confusing. Is this open to School Districts or geared more toward public entities like the local health department, etc.? More simply: would we apply with or under another organization?

   Response: *School districts are public entities and eligible to apply, with or without additional not-for-profit or for-profit agencies.*

6. Section 4.0 says "activities not identified as a priority within the NOFO are excluded." Does that mean anything falling outside of Section 3.4 is ineligible for funding?

   Response: *The State submitted a federal grant application to the Substance Abuse Mental Health Service Agency (SAMHSA) to request supplemental and ARPA COVID dollars, which included working with SAMHSA on eligible priorities areas for this funding. Any proposed activity must be in alignment with the priority areas outlined in Section 3.4 for services under this NOFO to be considered eligible for consideration.*

7. Is it possible to extend the "question and answer" period since we only have one week from release date to closing questions date to get in all the potential questions that might arise?

   Response: *No. The Q&A is designed to provide high-level technical assistance to clarify any information within the formal NOFO that may impact decisions to apply, eligibility, etc. The Q&A is open to all applicants to promote transparency and equity. Technical questions regarding the application may be directed to SLambert@dhhs.nv.gov.*

8. Since this funding is not for continuation of existing programs that are already funded with other dollars, can you "briefly" summarize what these dollars are for? There appears to be a multitude of different focus areas representing this funding

   Response: *These are one-shot funds and may be used to enhance or expand any identified priority area for consideration under 3.4 (A-J). Each of these areas stands as a separate application. At the conclusion of funding, programs are expected to be self-sustaining.*

9. Does writing for this funding stream in any way affect already funded existing programs?

   Response: *This question is unclear as "any way" is ambiguous and the State would not be able to consider any and all potential actions or inactions. If the question is "Does the supplemental or ARPA COVID dollars impact existing subgrant agreements with an existing approved contract and scope of work?" the answer is No.*

10. Does this NOFO have to be written in order to be considered for future funding for substance abuse treatment and transitional housing services?

    Response: *This NOFO may be used by the State for existing and future funding awards. The state has reserved the right to use this NOFO for future programs to ensure that funding is able to be pushed out to the community quickly. There is no guarantee the state will put out additional NOFOs for services included within this NOFO. Any future NOFO will be based on the number of responses received, the quality of programs proposed, and the needs of state.*

11. We're seeking further clarity on our eligibility regarding section 2.4, bullet number six. We have more than 2 years of providing direct services to at-risk populations and the ability and willingness to become SAPTA Certified within 6 months. Are we eligible to apply for this grant?

    Response: Yes.

12. Will the time constraints associated with standing up and/or delivering of a program take into consideration recruitment time?

    Response: Yes, but the timeline must be reasonable and identified in the application and proposed scope of work. If objectives or timelines are not met, the funding could be pulled for non-compliance.

13. Will programs which target populations disproportionately affected by the COVID pandemic and intend to improve and increase access to such groups be considered for this funding?

    Response: Yes

14. Will facility and capital improvement cost be considered appropriate budgetary items?

    Response: *Depending on details of the program proposal and specific funding allocation, new programs may be considered for facility improvements for hospital stabilization. Capital expenditures to purchase or build new buildings is not allowable.*

15. Will there be dollars specifically allocated for programs which specifically address rural populations?

    Response: *The dollars are allocated by program types, with consideration of all communities in Nevada including rural and frontier counties.*

16. Will recruitment expenditures be considered acceptable budgetary line items?

    Response: *No. Human Resource activities are part of indirect costs.*

17. Can I contact my SAPTA grant manager to get ideas on what the state needs for funding?

    Response: *No. Please refer to the documents within the NOFO, which identify the needs and gaps in the community. Any information shared through this open and competitive grant process must be available to all individuals and agencies applying to ensure equity and transparency.*

18. We understand Nevada Medicaid will be establishing a rate for hospitals that meets the HCQC endorsement requirements for Crisis Stabilization Centers. When can we expect the Medicaid rate for CSCs to be available for our consideration? How will we (hospitals) be notified when the CSC rate is available? What will hospitals need to do to be eligible for the rate?

    Response: *There is a prospective rate, but the methodology and rate will still need to be approved by CMS, so the prospective rate could change. DHCFP will be holding a public workshop to review proposed Medicaid Services Manual Chapter 400 policy and proposed State Plan Amendment language being submitted regarding the new rate for Crisis Stabilization Centers on February 22, 2022. Once the Public Workshop has been completed, DHCFP will consider public feedback from the public workshop to submit State Plan Amendment to CMS and work through the approval process. DHCFP is working on identifying the most appropriate way for hospitals to enroll and confirm their endorsement through HCQC. This specific information will be included in the Public Workshop. The State has no ability to control the timeline from CMS, but it is estimated to be four to six months. In addition, system implementation will need to be defined clearly.*

19. Does the State have a minimum target number of patients to serve per project proposal / minimum amount of award? (Average would be $1M per award, over a maximum of two years.)

    Response: *No. The State expects applications to define the number of individuals who will be served by the program based on the priority area and services defined. Scope of work activities must align with the funding amount being requested.*

20. Does the State have a preferred model of sustainability?

    Response: *Transition to third-party liability would be the preferred model, but any model that is effective, detailed, and sustainable would be considered.*

21. Is Telehealth a requirement, or an option?

    Response: *No. Expansion of telehealth activity is not an allowable activity.*

22. NOFO Section F: What is the basis for the allowed MTDC indirect rate calculation? (NOFO instructions say not to calculate indirect on any direct costs, which is confusing. Typical MTDC are calculated up to $25,000 of approved direct costs.)

    Response: *The indirect expenses are only allowed on "direct costs." However, if utilizing subgrants, you can only count the first $25,000 of the subgrant towards indirect, regardless of the total funding and regardless of the period of the project (i.e., 1, 2, or 3 years).*

23. Would the State prefer a coalition partnership application composed of complementary for- and-non-profit entities; or one lead applicant that includes the partners as subcontractors for certain services?

    Response: *Each applicant should determine which model will best service the targeted community, with the priority service. Either option would be acceptable.*

24. Relatedly, are there any concerns with overlapping ownership/leadership of the partner / subcontracted entities? For example: the nonprofit's Board President is also the owning physician of the private practice contracted in the grant for services.

    Response: *The state will require conflict of interest assurances. This would be determined based on the budget allocation, separation of authority between program and budget authority, with demonstrated separation of duties. For example, an individual cannot be the authorized signature and the fiscal signatory, there must be a clear and distinct separation of duties.*

25. Priority Service B: Assertive Community Treatment (ACT) or Forensic Assertive Community Treatment (FACT). We are considering both ACT and FACT for one of our communities. If the programs are implemented at the same facility, but by different organizations, should they be included on the same application, or should each organization apply for their program separately? Example: Organization(s) A wishes to implement ACT, while Organization(s) B wishes to implement FACT, as each group has different specialties, with overlap between them. The two programs would coordinate with one another and operate at Facility 1. Same application, or separate applications?

    Response: *The applicant may choose to submit an application by one organization as the prime subgrantee, and one organization as the subrecipient. The applicant may choose to submit each as a prime, being clear on how the overlap does not supplant the activities of the other. This is a program approach question that can only be answered by the applicant. Either is acceptable to the state. Should the project be selected each entity, the prime and subsequent sub-awardee(s), must be SAPTA certified within 6-months post award.*

26. 1) For G (Page 33) although we are a CCBHC we do not see a lot of children and the CCBHC model requires we see some children. Can we use this funding to expand in available treatment for children and hire an APRN or Child Psychiatrist who can see this population, and also include play therapy?

    Response: *Currently community-based treatment for children, youth and families is a required activity under the CCBHC model. The CCBHCs have the ability to expand and enhance program activities, but must be clear as to what "new program" is being established and how that is not currently under the PPS rates or required programming.*

27. For F (page 31) does this include any court that we currently do not work with or have a contract with (Muni-Court for instance)?

    Response: *Yes, or can expand or enhance an existing program (work with more clients).*

28. We do not understand 6.4.4 at all. This seems new. Perhaps a different explanation can help.

    Response: *If any applicant is served by grant funds, and is presumptive Medicaid eligible the organization is required to submit for Medicaid funds for services allowable under Chapter 400 of the Medicaid State Manual. If the applicant receives reimbursement for those activities, they must identify that program income on their monthly reports and monthly Requests for Reimbursements (RfR). This will be reconciled as part of site audits with the DHCFP. Those program incomes may not be used for other activities, but must be put back into the program to further the program objectives. This will be added to the grant funds as grant funds are the funding source of last resort. For those services not allowable under Medicaid, this does not apply. The state will work with each applicant selected for funding to determine if this is mandatory, based on the services provided. In essence, we must all be good stewards of tax payer dollars and double-dipping/supplanting is not allowed.*

29. Please clarify the due date, as it does not seem to line up with the evaluation period dates outlined on page #2 of the NOFO.

    Response: *The due date is an ongoing and rolling deadline. This simply means that in November 2021 the state will receive and begin to review applications as they are received. Applications will be accepted anytime after the close of the Question and Answer period through December 23, 2021. This would be similar to an employment process, where applications are accepted until the position is filled. In this case, applications will be accepted through December 23, 2021. Applicants may be selected for immediate funding based on their scoring, rejected for consideration without meeting a minimum score, or placed in a review file for consideration after the December 23, 2021, deadline.*

30. In regards to the target populations (outlined on page #18 of NOFO), are we supposed to identify if the target population is children or adults AND identify within that the subpopulation (i.e. SMI, SUD, etc.). or just identify if it is kids or adults and then in the narrative speak about the specific BH concern that will be addressed.

    Response: *Section 2.2 provides specific definitions to ensure transparency on expectations for the application. Please refer to the program application page 7 "K" where the applicant identifies if they are going to serve adults, youth/adolescents, or both. On page 7 "L" applicants will identify which application they are submitting to serve the identified population.*

31. Does the request have to meet one of the priority areas, or are those the programs that will have priority when looking at which programs to fund?

    Response: *All applications must fall under one of the priority services for funding consideration under section 3.4.*

32. Will the grant cover salary for new providers (not supplanted) who are providing billable services within the priority areas?

    Response: *For new programs, a methodology must be defined as to what is being requested for salary for new providers. The state will consider salary expenses for providers that are billable, to implement a new program to move towards sustainability.*

33. Are there any cases where the applicant does not need to become SAPTA certified?

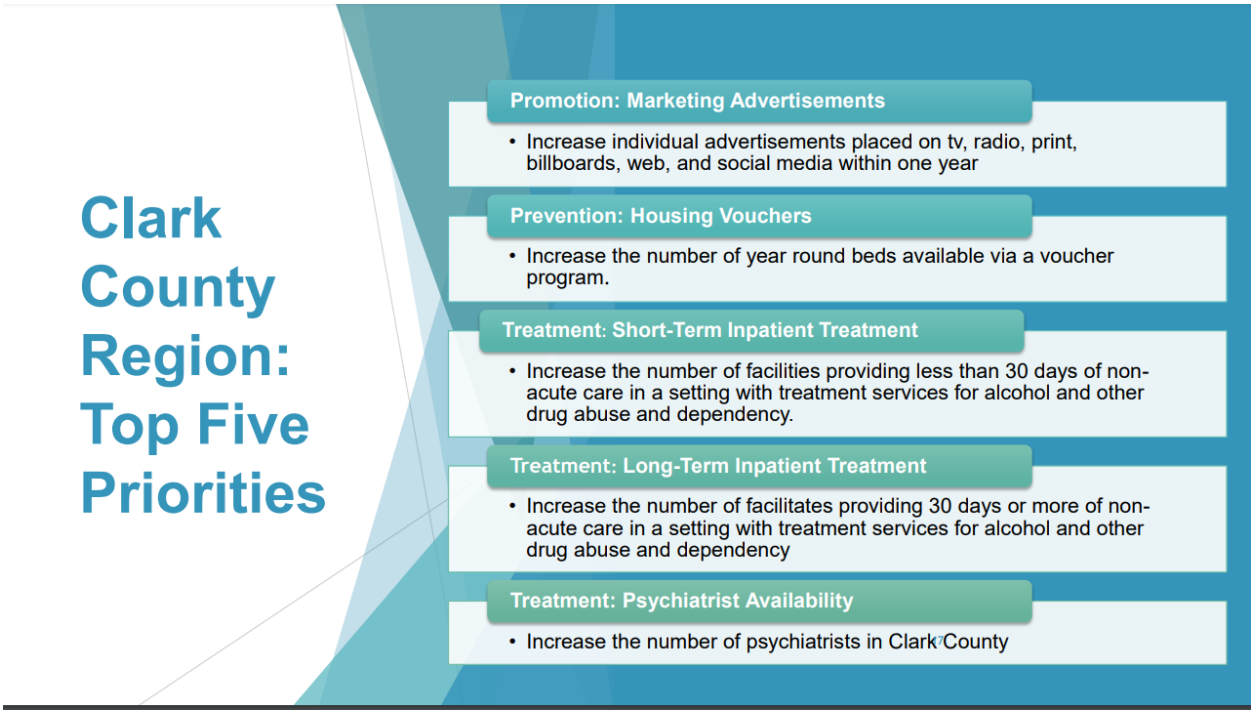
Response: *Organizations that are selected to be funded under this funding opportunity must be certified or in the process of becoming SAPTA certified within six months post award.*

34. Does this NOFO only cover ARP and "additional" block grant dollars, or will this NOFO also potentially be used for the ongoing/regular Block Grant?

Response: *This NOFO has the flexibility to be utilized for any behavioral funding for up to four years. This previous NOFO for the regular block also has the ability to be used for up to four years. Any new NOFOs will be based on the needs of the state to ensure services and dollars are expended to serve the community.*

35. On page 9, it references the policy boards have identified 5 priorities developed from the CAST. Can you please share where to find Clark County's priorities?

Response:
https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/ClinicalSAPTA/Meetings/Calculating%20an%20Adequate%20System%20Tool%20(CAST).pdf1.pdf



36. On Page 9, findings from the CAST are listed. Several of these findings fall under the scope of Prevention Programming, such as availability and access to methamphetamines and opioids. However, with the 4 Prevention Programming priorities listed pages 34-35 the only substances that are referenced include marijuana and alcohol. Will other substances like methamphetamine and opioids be considered under Prevention Programming applications?

Response: *Yes, for primary prevention evidence-based, promising practice activities.*

37. For Prevention Programming, is primary prevention the focus or are we able to develop strategic messaging and other evidence-based prevention strategies that are secondary and or tertiary such as overdose prevention?

Response: *Under 3.4, Section H, page 34, any prevention programming is specific to meet the criteria under 1, 2, 3 and 4, which is focused on school, youth-based, or adverse childhood experiences. This is focused on primary prevention. Activities proposed should consider other campaigns the state currently has in process and how this will compliment or further expand, if appropriate.*

38. On page 36, the target population is identified for Prevention Programming. Would an ideal application include sub-populations of focus?

Response: *This is up to the applicant.*

39. Are there specific evaluations requirements for prevention programming?

Response: *Yes, evaluation and monitoring requirements are part of every application and required by the federal funder. These will be developed based on the program activities proposed.*

40. If the budget contains a contract that will carry out direct programming, are we able to follow MTDC with 10% indirect capped at the $25,000?

Response: *Indirect can be submitted through the Omnibus or an audited indirect cost rate in compliance with 2 CFR 200.68. There are exclusions under the federal authority on activities that can be considered for indirect, please refer to the Appendix of the 2 CFR Chapter 200 for further clarification on items excluded from the indirect cost rate.*

41. If the agency's internal controls has rent billed as a direct cost and is tied to a cost allocation that is based on budgeted FTE will the rent for these staff be allowable under this funding?

Response: *If the agency has requested indirect costs, federal regulations require that an indirect methodology be used. If the agency has a cost allocation plan, the agency would submit under that plan consistent with the audited CAP. Generally, rent is only allowable for an expansion of service until that program is lifted, and then would be part of the indirect moving forward.*

42. If letters of support will not be accepted, where should collaboration be highlighted?

Response: *Please identify collaboration in organizational capacity description in the Application under N.*

43. Is there a maximum or minimum amount an agency can apply for per grant application?

Response: *No. The application must be reasonable for the number of individuals served.*

44. Are providers required to be SAPTA certified?

Response: *Providers that are providing services under SAPTA must be certified or in the process of becoming SAPTA certified within six months post award.*

45. For Community-Based Treatment for Children, Youth and Families, can we target only children with SED or does the service need to be for both SED and SUD?

Response: *Services can be SED and/or SUD. They can be separate or together.*

46. TAY typically refers to "Transition Aged Youth" which is defined by youth who are currently in foster care and are transitioning to adulthood. In Nevada, TAY have Medicaid. Would they be excluded from eligibility?

Response: *Not all services are covered by Medicaid. This question would determine what services were being proposed and whether those services are covered by Medicaid.*

47. Project Design, max of 1,500 words. There are 7 questions in that section, is the word limit per question or total for the 7?

Response: *The 1,500 words if for the total of Section 7. The state is looking for deliberate, concise programs that are clear and direct.*

48. Page 48 item #7 Indirect Cost provides "All other allowable organizations may use the Modified Total Direct Cost Base and Exclusions, currently at 10%" however, on the Budget Template Indirect Costs are calculated at 8%. Which is correct?

Response: *The budget template was an example, as agencies may have an audited indirect cost rate that is less. Please note that government agencies are not permitted to use the omnibus pursuant to 2 CFR Appendix IX (5) (f) "except for those non-Federal entities described in appendix VII" without further justification on the CAP and/or audited indirect cost rate. Government agencies are considered public entities and are not considered "non-federal entities."*

49. What is the maximum amount that will be awarded to each grantee?

Response: *There is not a maximum amount. The application must be reasonable for the number of individuals served.*

50. Do we have to be SAPTA certified for at least 1 year which would exclude all or some of the newly certified CCBHCs?

Response: *No. The requirement is to be SAPTA certified or be willing to be SAPTA certified within six months.*

51. Can salaries for new staff be covered?

Response: *Salaries for new staff, depending on the proposal, will be considered.*

52. Are there restrictions or a cap on the amount of funding that can be requested?

Response: *No.*

53. Regarding the eligible entities criteria, is says that providers "have not less than two (2) years of providing direct services to at-risk populations and the ability and willingness to become SAPTA Certified within six (6) months." If a provider is applying for treatment, does that direct service have to be in treatment, or can it be direct service in other related fields such as social services?

Response: *This NOFO is direct-service related. If the applicant organization is interested in submitting a proposal it will be scored by a panel of independent reviewers based on the criteria outlined within the NOFO.*

54. The NOFO states that the applicant must be able to provide direct services within 60 days. It also says that mobile crisis teams must be available 24/7/365. Does the applicant need to have 24/7 mobile crisis within

the 60 days or period of the grant, or can the applicant work to build up to 24/7 in a time period longer than 60 days? In addition, could the applicant just apply to expand the current mobile team by one shift, with the hope of eventually expanding to 24/7?

Response: Question 1 - The purpose of this funding is to uplift projects that are immediately ready to initiate or expand. If the project is not ready to provide 24/7/365 services, provide a detailed timeline on how the project will get there in a reasonable amount of time. Question 2 - This is up to the applicant. If the project is not ready to provide 24/7/365 services, provide a detailed timeline on how the project will get there in a reasonable amount of time.

This application is specific to lifting mobile crisis teams, which is best practice to run with a clinician and a peer. Depending on the service delivery model, applicants who follow the best practice model will be scored higher for expansion or enhancement.

55. **Do you need to be SAPTA certified for prevention (or get SAPTA certification within 6 months) to apply for direct prevention services?**

    Response: Yes. Organizations that are selected to be funded under this funding opportunity must be certified or in the process of becoming SAPTA certified within six months post award.

56. **Can the applicant who is SAPTA certified for treatment sub grant to entities that are not SAPTA certified to do the service?**

    Response: Organizations that are selected to be funded under this funding opportunity must be certified or in the process of becoming SAPTA certified within six months post award, this includes both the prime awardee and all sub-awardee organizations that will be providing treatment and/or prevention services.

57. *Can provider organizations that are outside of Nevada apply for funding?*

    Response: Yes.

58. *Do mental health service agencies have to be SAPTA certified?*

    Response: No, unless providing dual diagnosis services or any SUD related program or services. SAPTA certification is required for braided programs.

If you submitted a question that was not included in these responses, please contact SLambert@dhhs.nv.gov, on or before November 1, 2021. An updated posting will be made if there are any additional questions that were missed. This is not an opportunity to submit for new questions. Applicants should forward the question submitted to the email above, to demonstrate that it was not included.