BRIAN SANDOVAL

Governor

RICHARD WHITLEY, MS

Director

JULIE KOTCHEVAR, Ph.D.

Administrator

Ihsan Azzam, PhD, MD

 Chief Medical Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Bureau of Behavioral Health Wellness and Prevention

4126 Technology Way, Suite 200

Carson City, Nevada 89706

Telephone (775) 684-4200 • Fax (775) 687-7570

http://dpbh.nv.gov

#

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| --- |
| **Request for Applications (RFA) – Fillable Forms** |
| For |
| Opioid State Targeted Response (STR): Services Expansion  |
| **Release Date: May 29, 2018****Questions to be Submitted: On or before June 1, 2018, 5:00 p.m. PST**Must be submitted to: opioidstrgrant@health.nv.gov with **RFA Opioid State Targeted Response: Service Expansion Questions** in the subject line of the email.**Technical Assistance Webinar: June 5, 2018, 10:00 a.m. PST**https://zoom.us/j/944128376Or iPhone one-tap: US: +16468769923,,944128376# or +16699006833,,944128376#Or Telephone: US: +1 646 876 9923 or +1 669 900 6833     Meeting ID: 944 128 376 |
| **Deadline for Application Submission: June 13, 2018** |
| *For additional information, please contact:* |
| **Dennis Humphrey, Bureau of Behavioral Health Wellness and Prevention**Division of Public and Behavioral Health, Department of Health and Human Services4126 Technology Way, Suite 200 Carson City, NV 89706| Phone: (775) 684-2212 | Email address: dhumphrey@health.nv.g |

# Submission of Proposals

Applications must be completed on the forms included in the application packet provided by SAPTA. The application packet must be emailed to Dennis Humphrey in original files (Word, Excel) and must be received **on or before the deadline of June 13, 2018, by 4:00 p.m**.

Dennis Humphrey, Program Manager
Must be submitted to: opioidstrgrant@health.nv.gov and dhumphrey@health.nv.gov
with **RFA Opioid State Targeted Response: Service Expansion** in the subject line of the email.

Attachments are required to be in Microsoft Word or Excel format.

The Question and Answer (Q&A) period will be provided from May 29 – June 1, 2018. Questions must be submitted to: opioidstrgrant@health.nv.gov by 4:00 pm on and June 1, 2018. Responses will be provided via mandatory webinar session on June 5, 2018 from 10:00am. to 11:00am [https://zoom.us/j/944128376]. In addition a follow-up Frequently Asked Questions (FAQ) document will be provided capturing all questions asked and will be distributed on the DHHS Website.

Submissions should be in Times New Roman font using only 11-point. Submissions must abide by the maximum page limitations and exceeding identified limits may be cause for disqualification for review. Any documents or questions that are not applicable, identify the question and reflect NA.

|  |  |
| --- | --- |
| Page Limit | Narrative to Consist of the following:* Organizational Strength and Description (no more than 2 pages)
* Collaborative Partnerships (no more than 2 pages)
* Service Delivery (no more than 3 pages)
* Cost Effectiveness and Leveraging of Funds (no more than 1 page)
* Outcomes and Sustainability (no more than 3 pages)

The following do not have page limitations:* Scope of Work (See Appendix C)
* Outcome Objectives (See Outcome Objectives worksheet)
* Budget (See Appendix D)
* Attachments
* Certification Documents
 |
| Submission Format | Emailed, Microsoft word or excel format, no-color |
| Font Size | 11 pt., Times New Roman |
| Margins | 1 inch on all sides |
| Spacing | Single Spaced |
| Headers | Mandatory and Identical to RFA Request |
| Attachments | Attachments other than those defined below, are not permitted. These appendices are not intended to extend or replace any required section of the Application.  |

###

### ***Required Format****:* Each proposal submitted **must** contain the following sections:

|  |  |
| --- | --- |
| **Technical RFA Submission Requirements****Document should be tabbed with the following section** | **Completed** |
| Tab I | Submission Checklist & Cover Page with all requested information  |  |
| Tab II | Agency Profile and contact information with all requested information (Appendix B) |  |
| Tab III |  Narrative to Consist of the following: (Appendix C)* Organizational Strength and Description
* Collaborative Partnerships
* Service Delivery
* Cost Effectiveness and Leveraging of Funds
* Outcomes and Sustainability
 |  |
| Tab IV | Scope of Work with all requested information (Appendix D) |  |
| Tab V | Outcome Objectives with all requested information (See Outcome Objectives Worksheet) |  |
| Tab VI | Budget and Budget Justification with all requested information (Appendix E) |  |
| Tab VII | Attachments* Assurances
* Signed Conflict of Interest Policy Acknowledgement
* Proposed Staff Resume(s)
* Formal Care Coordination Agreements / MOUs currently in place
* 501 (c) 3 tax exempt where applicable
* Latest Audit Letter
 |  |
| Tab VIII | National, State, and Division Certification through SAPTA Documents |  |
| **Email completed application in Microsoft Word or Excel format to** opioidstrgrant@health.nv.gov and dhumphrey@health.nv.gov |  |

# Application Evaluation Criteria

Applicants must provide evidence of their capacity to successfully execute all proposed strategies and activities to meet the objectives outlined in this RFA. Applications will be scored using the following criteria:

**1. ORGANIZATION STRENGTH AND DESCRIPTION (Up to 25 Points)**

Elements to be evaluated: (1) Service area applying for and P-COAT Option, if applicable (2) Agency history, client population and levels of service, and experience in the community to include knowledge of local needs; (3) Project alignment with agency mission and goals; (4) Geographic Service Area; (5) Qualifications and tenure of staff providing proposed services; (6) The structure of the agency including Board of Directors (if applicable), hours of operation, and number of locations (7) Location(s) where service that you are applying for will be provided.

**2. COLLABORATIVE PARTNERSHIPS (Up to 15 Points)**

Elements to be evaluated: (1) Collaboration with external community resources; (2) Roles of collaborating partners including sub-awardees (if any); (3) Plan to monitor sub-awardees to ensure adherence to award agreements and terms; and (4) Formalized care coordination agreements that are in place.

**3. SERVICE DELIVERY (Up to 25 Points)**

Elements to be evaluated: 1) Proposed Project Service System; (2) Scope of Work Deliverables; (3) Proposed plan to expand access to treatment and recovery services to include number of new, unduplicated patients to be serviced; (4) Evidence-Based Practice to be utilized in OUD overdose education, treatment and recovery supports, if applicable; (5) Plan to align with Nevada Plan of Safe Care, if applicable (6) Patient engagement activities, if applicable; and (7) Description of MAT Services to be provided and FDA Waiver Approved Providers (if-applicable).

**4. COST-EFFECTIVENESS AND LEVERAGING OF FUNDS (Up to 15 Points)**

Elements to be evaluated: (1) Existing Grants and Projects dedicated to addressing OUD, overdose prevention overdose and recovery activities and (2) Sources of reimbursement (e.g. Medicaid, Contracted MCOs, Sliding Fee Scale, Private Pay).

**5. Outcomes & Sustainability (Up to 20 Points)**

Elements to be evaluated: (1) Sustainability Plan to include transition from grant funds to 3rd party payers (2) Impact of services to patients (3) Data Collection (TEDS and STR specific data) and Management Plan to include submission of required reports in a timely manner; (4) Outcome Objectives Worksheet.

# APPENDICES

# APPENDIX A

## COVER PAGE

**Nevada Division of Public and Behavioral Health
Bureau of Behavioral Health Prevention and Wellness**

*In response to:*

**Request for Applications**

**STR Service Expansion**

**Release Date: 05/29/2018**

**Deadline for Submission and Time: 06/13/2018 at 4:00 PM (PST)**

*Our application is respectfully submitted as follows:*

|  |  |
| --- | --- |
| **Company Name:**  |  |
| **Clinic Address:** |  |
| **Mailing Address: (If different)** |  |
| **Phone:** |  | **Fax:**  |  |
| **Executive Director/CEO:** |  |
| **Name of Primary Contact for Proposal:** |  |
| **Proposal Primary Contact Email Address:** |  |

*As a duly authorized representative, I hereby certify that I have read, understand, and agree to all terms and conditions contained within this request for applications and that information included in our organization’s application hereby submitted is accurate and complete.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:**  |  |
| **Print Name:**  |  | **Title:**  |  |

# APPENDIX B

## AGENCY PROFILE INSTRUCTIONS

Project Number – Leave blank (Assigned by SAPTA)

Application Number – Leave blank (Assigned by SAPTA)

Project Name – Provide a short descriptive name for the proposed project

Agency Name – Applicant’s legal agency name

Agency Website – If applicable, provide the applicant’s website address

Agency Address – Street and floor or suite number

Agency City/State – City and State

Agency Zip Code – Five or nine-digit zip code

Employer ID Number – Provide employer identification number (EIN)

DUNS Number – Provide Data Universal Numbering System (DUNS) number

Locations – Service location (i.e. Fallon, Clark, Elko, or Carson City), provide full address, phone number, fax, site contact person and their email (if applicable)

Project Director – This will be the main programmatic contact person for this project

Financial Officer – This will be the main fiscal contact person for this project

Agency Director – This will be the main administrative contact person for this project

|  |
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| AGENCY PROFILE |
| Project HD Number: *(Assigned by DPBH)* |  |
| Application Number: *(Assigned by DPBH)* |  |
| Agency Name: |  |
| Agency Website: |  |
| Agency Telephone Number: |  |
| Agency Fax Number: |  |
| Agency Address: |  |
| Agency City, State: |  |
| Agency Zip Code: |  |
| Employer ID Number (EIN): |  |
| DUNS Number: |  |
| SAPTA Certified Residential and/or Transitional Treatment Facility: | 🞎 Yes 🞎 No | Date certified? |
| Project Period: *(Month/Day/Year)* | Start DateUpon Execution of Award | End Date05/30/2019 |
| Amount Requested: |  |

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| --- |
| ADDITIONAL FACILITY LOCATIONS |
|  | Service Location:Address:Phone Number:Site Contact Person/Email: |
|  | Service Location:Address:Phone Number:Site Contact Person/Email: |
|  | Service Location:Address:Phone Number:Site Contact Person/Email: |
|  | Service Location:Address:Phone Number:Site Contact Person/Email: |

|  |
| --- |
| CONTACT INFORMATION |
| Name of **Project Manager/ Director**: |  |
| Title: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

[ ]  Check, If same as Project Director

|  |  |
| --- | --- |
| Name of **Financial Officer**: |  |
| Title: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

**Signature Authority:**
[ ]  Check, If same as Project Director

|  |  |
| --- | --- |
| Name of **Agency Director**: |  |
| Title: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

**Additional Point of Contacts**

|  |  |
| --- | --- |
| Name // Title:  |  |
| Title: |  |
| Telephone: |  |
| Email: |  |

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| Name // Title:  |  |
| Title: |  |
| Telephone: |  |
| Email: |  |

**CONFLICT OF INTEREST POLICY ACKNOWLEDGMENT**

Clinic/Agency must have a conflict of interest policy designed to foster public confidence in our integrity and to protect our interest when we are contemplating entering a transaction or arrangement that might benefit the private interest of a director, a corporate officer, our top management official, and top financial official, any of our key employees, or other interested persons.

I hereby acknowledge that **[INSERT NAME OF AGENCY]**, has a conflict of interest policy on file and that all employees, contractors, and volunteers have read and understood it, and agree to comply with its terms.

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Authorized Agency Title / Signature Date

**PROPOSED STAFF RESUME**



To open the document, double click on the icon.

If you are unable to access the above inserted file once you have double clicked on the icon, please contact Nevada STR Grant project staff at opioidstrgrant@health.nv.gov

# APPENDIX C

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| Narrative |
| Applicants must provide evidence of their capacity to successfully execute all proposed strategies and activities to meet the objectives as outlined in this RFA. Outline category area(s) in which you are submitting for.  |
| Organizational Strength and Description (up to 25 points) |

In no more than three pages, single spaced, please describe:

* Service area applying for and P-COAT Option, if applicable
* Agency history, client population and levels of service, and experience in the community to include knowledge of local needs;
* Project alignment with agency mission and goals;
* Geographic Service Area;
* Qualifications and tenure of staff providing proposed services;
* The structure of the agency including Board of Directors (if applicable), hours of operation, and number of locations
* Location(s) where service that you are applying for will be provided.

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| Collaborative Partnerships (up to 15 points) |

In no more than two pages, single spaced, please describe:

* Collaboration with external community resources;
* Roles of collaborating partners including sub-awardees (if any);
* Plan to monitor sub-awardees to ensure adherence to award agreements and terms; and
* Formalized care coordination agreements that are in place.

*\*Please note that any sub-awardees must be certified by SAPTA and an approved vendor for the state of Nevada-DPBH.*

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| Service Delivery (up to 25 points) |

In no more than three pages, single spaced, please describe:

* Proposed Project Service System;
* Scope of Work Deliverables;
* Proposed plan to expand access to treatment and recovery services to include number of new, unduplicated patients to be served;
* Evidence-Based Practice to be utilized in OUD overdose education, treatment and recovery supports, if applicable;
* Plan to align with Nevada Plan of Safe Care, if applicable
* Patient engagement activities, if applicable; and
* Description of MAT Services to be provided and FDA Waiver Approved Providers (if-applicable).

|  |
| --- |
| Cost Effectiveness and Leveraging of Funds (up to 15 points) |

In no more than one page, single spaced, please describe:

* Existing Grants and Projects dedicated to addressing OUD, overdose prevention overdose and recovery activities and
* Sources of reimbursement (e.g. Medicaid, Contracted MCOs, Sliding Fee Scale, Private Pay).

|  |
| --- |
| Outcomes and Sustainability (up to 20 points) |

In no more than three pages, single spaced, please describe:

* Sustainability Plan to include transition from grant funds to 3rd party payers
* Impact of services to patients
* Data Collection (TEDS and STR specific data) and Management Plan to include submission of required reports in a timely manner.
* Outcome Objectives Worksheet

# APPENDIX D

## PROPOSED SCOPE OF WORK INSTRUCTIONS

*(Please use the attached Scope of Work Template (not the example template))*

1. **Provider Name:** Please fill in the name of your organization.
2. **HD #:** The 5-digit HD (Health Division number). ***Please leave this space blank***. This number will be assigned by Division staff.
3. **Purpose/Title:** Please fill in the purpose or title (project name) and then a brief description. *Example: Women’s Housing; to increase the number of beds available for treatment in Nevada for women.*
4. **Brief Description of Program:** Please provide a short description of the program/project.

*Example:* *A SAPTA certified and licensed residential facility designed for women and children which supports abstinence from alcohol and other drugs.*

1. **Problem Statement:** Briefly describe the problem or the gap that is being addressed through this scope of work.

*Example: Our facility continually carries a waitlist on average of 5 women.*

1. **Goal (Provide a description of a broad goal):** The goal does not need to be measurable (e.g. improve the health of women, reduce IVDU, etc.). The goal is the broadly stated purpose of the program. A goal may be stated as reducing a specific behavioral health problem or as improving health and thriving in some specific way. It should be a very broad result that you are looking to achieve. Goals can be one or many; however, each goal must have its own Outcome Objectives and Activities and may include the target population to be served.

*Example: To add beds to a stable residential care facility providing therapy for substance abuse, mental illness, other behavioral problems and other wrap around services.*

1. **Outcome Objectives:** Please enter a description of measurable Outcome Objectives which are Specific, Measurable, Achievable, Realistic, Time limited (S.M.A.R.T.). Outcome objectives are specific statements describing the strategies you will employ, the subrecipients you will fund, the evidence-based programs you hope to accomplish that must be measurable and should include:

Who: Target population

What: Strategies and Evidence based programs utilized to effect change

Where: Area

When: When will the change occur

How much: Measurable quantity of change

*Example: will increase the number of women’s beds from 6 to 12.*

***Outcome Objectives can be Qualitative or Quantifiable:***

*Example – Qualitative: At least 95% of 2018-2019 program graduates will report an understanding of the increased risk of negative birth outcomes when women consume alcohol during pregnancy.*

*Example – Quantifiable: By June 2019, the waitlist for residential substance abuse treatment beds will be reduced from sixty days to no more than fourteen days.*

(Refer to Outcome Objectives Worksheet for further guidance. There may be several objectives under one goal.)

1. **Percent Funding:** Please enter the estimated percent of the budget that will be allocated to this objective. Total sum of the percentages allocated to the following budget categories – Personnel, Travel, Equipment, Operating, Consultant/Contracts, Training and Other – should equal 100%.

Example: *% (for this Outcome Objective)*

1. **Activities:** List the steps planned to achieve the stated Outcome Objective.

*Example:*

1. *Secure residential location, licensing, inspections, and certifications*
2. *Hire support staff for the program; therapy, maintenance, etc.*
3. *Work with law enforcement, prosecutors and the judiciary system to identify potential clients.*
4. *Purchase operating supplies, equipment, furniture, etc.*

*Identify and implement advertising, outreach, fundraising, and other financial support mechanisms to support future sustainability.*

1. **Date Due By:** Please indicate the expected date by which the activity will be accomplished. The end of the grant period may suffice in some cases but using the end of the grant to complete all activities should be avoided as activities should show progression towards achieving the objective. Please make these realistic dates that show a progression towards achieving the outcome objective.

*Example****:*** *September 30, 2019*

1. **Documentation:** Pease list any documentation or process evaluation documents that will be produced to track the completion of the activities.

*Example:*

1. *Informational brochures, copies of flyers, ads and newspaper articles, social media and TV ads used in this effort.*
2. *Contracts related to leasing, employment, supplies, maintenance agreements, operations, etc.*
3. *Meeting minutes, Memorandum of Understanding, records of efforts to influence public opinion.*
4. *Records of interviews, surveys, reports, focus groups, local law enforcement data, etc.*
5. **Evaluation:** Please explain how you will evaluate whether you have met your objectives or not. The evaluation plan should clearly explain what data will be used, where and how you will collect the data, and any analysis, e.g. simple rate comparison, statistical tests of significance, etc. If you are using an evidence-based program, many times the evaluation criteria is provided and should be used to preserve fidelity with the evidence-based methods. (Please note: Bureau/Division can provide technical assistance on this element, if needed, if application is approved for funding.)

***Example:*** *Bi-weekly monitoring of the county residential treatment waitlist will be conducted. Changes in wait times will be analyzed to ensure that evidence supports the desired wait reduction. If analysis shows that wait times remain stagnant, increase, or do not decrease at a rate significant to meet stated reduction objective, a root cause analysis will be conducted to determine reasons.*

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| SCOPE OF WORK |

*Please provide the following information for the Scope of Work using the provided template below*

**Goal –** List the achievement desired.

**Objectives –** Describe the program objectives used to obtain the goal.

**Activities –** Describe the steps or activities that the program will use to accomplish the objectives.

**Due Dates:** The date by which activities will be completed.

**Documentation:**

* **Performance Measures –** What are the measures by which you will evaluate the progress of achieving your goals and objectives through the activities? These are the items that will be evaluated as a successful realization of the project.
* **Evaluation and Outcome for this Objective –** This is how your agency will qualify and quantify the selected performance measures. Measure or evaluate the work being done to ensure that the agency is on track to achieve the goals and objectives. What tools will the agency use to evaluate performance?

## SCOPE OF WORK - TEMPLATE

State of Nevada

Division of Public & Behavioral Health

**2018 STR Expansion Services – Behavioral Health Wellness and Prevention**

**Provider**: Click here to name.

**Purpose**: Click here to enter text.

**Brief Description of program:** Click here to enter a brief description

**Problem Statement:** Click here to enter the problem being addressed

**Goal 1:** Click here to enter a goal

**Problem Statement:** Click here to enter the problem being addressed

|  |  |
| --- | --- |
| **Outcome Objective 1a:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
| **Evaluation:** Click here to enter evaluation. |

*NOTE: Please add or delete table rows as necessary. You may also add additional charts if needed to detail additional objectives under each goal and/or to add additional goals.*

|  |  |
| --- | --- |
| **Outcome Objective 1b:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
| **Evaluation:** Click here to enter evaluation. |

|  |  |
| --- | --- |
| **Outcome Objective 1c:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
| **Evaluation:** Click here to enter evaluation. |

**Goal 2:** Click here to enter a goal

**Problem Statement:** Click here to enter the problem being addressed

|  |  |
| --- | --- |
| **Outcome Objective 2a:** Click here to enter text. | **Percent Funding:** %. |
| **Activities including Evidence-based Programs** | **Date due by** | **Documentation** |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | [Documentation and or evidence that the activity was completed, e.g. meeting minutes, written policy, etc.] |
| 1. [List specific activities to be achieved to meet the outcome objective]
 | Enter date. | Click here to enter documentation. |
| **Evaluation:** Click here to enter evaluation. |

|  |
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| SCOPE OF WORK EXAMPLE |

 **Provider Name:** **Second Chances, Inc.**

 **Purpose/Title:** Women’s Housing; to increase beds in Nevada for women

**Brief Description of program:** A SAPTA certified and licensed residential facility designed for women and children which supports abstinence from alcohol and other drugs.

**Problem Statement:** Second Chances continually carries a waitlist of an average of 5 women.

**Goal 1:** To add beds to a stable residential care **facility** providing therapy for substance abuse, mental illness, other behavioral problems and other wrap around services.

|  |  |  |
| --- | --- | --- |
|  **Outcome Objective 1a:** Second Chances, located in Washoe County, will increase the number of women’s beds from 6 to 12.  | **% Funding:**  | **60%** |
| **Activities** | **Date due by** | **Documentation** |
| 1. Secure residential location, licensing, inspections, and certifications.
 | 2/28/2019 | Contracts, licenses, certification certificates |
| 1. Hire support staff for the program; therapy, maintenance, etc.

  | 2/19/2019 | Job Announcements, work performance standards, interviewing and hiring packets, personnel records. |
| 1. Work with law enforcement, prosecutors. the judiciary and other agencies to identify, enroll and place clients.
 | 3/5/2019 | Meeting minutes, opinion surveys, newspaper articles to influence public opinion, local law enforcement records, any memoranda of understanding |
| 1. Purchase operating supplies, equipment, furniture, etc.
 | 2/28/2019 | Purchase orders, invoices, AP receipts.  |
| 1. Identify and implement advertising, outreach, fundraising, and other financial support mechanisms to support future sustainability.
 | 3/31/2019 | Meeting minutes, public opinion surveys, Copies of flyers, public service announcements, advertisements on radio, tv & social media |
| **Evaluation:** Successful execution of a building lease/contract. Obtaining licenses and required certifications. Getting the building ready for admissions. Securing and placing adolescent females (admissions tracking). |

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| OUTCOME OBJECTIVES WORKSHEET |

This worksheet can assist you in writing outcome objectives for your project. For your review, we have provided a sample outcome, broken down into simple components. You can use this template by filling in outcome information in the spaces provided for your program. Then, below each table, write your outcome objective using the components identified. Please keep all objectives Simple, Measurable, Achievable, Realistic, and Time limited. This worksheet is presented for your planning use. Do not include it with your proposal.

***Sample outcome objective components - Sample outcome objective****: By September 30, 2018, the number of pregnant women receiving substance abuse treatment will increase by 10% from the previous year - October 1, 2017 to September 30, 2018.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Who (or what)** | **What (desired effect)** | **How (expected results)** | **When (by when)** |
| The person, place or thing in which the objective will cause some change.**Example:**The number of pregnant women receiving substance abuse treatment. | This should illustrate some change in either a positive or negative direction, i.e. increase or decrease.**Example:**will increase | This should depict the magnitude of the desired change, i.e. a change in percentage, a change in raw numbers, or a statistical measure. Be as specific as possible and make sure it is realistic.**Example:**By 10% from the previous year October 1, 2017 to September 30, 2018 | This depicts the target date for the objective to be achieved. Don’t confuse this with deadlines for activities. This should be your final deadline for the objective.**Example:**by September 30, 2018 |

# APPENDIX E

## PROPOSED BUDGET PLAN – INSTRUCTIONS & BUDGET EXAMPLE

The following budget development instructions and budget example have been prepared to help you develop a complete and clear budget to ensure delays in processing awards are minimized.

**Funding Details and Requirements:**

This funding announcement is for the STR Service Expansion. The subgrant period for this application will be for **the project period of 10 months** and will start **August 1, 2018** and continue through **May 30, 2019**.

1. Apply for the project period. Complete an individual scope of work (SOW), budget and budget narrative for each budget cycle of the ten-month project period.
2. Unspent funding will be returned to the state. No exceptions.
3. All funding is subject to the availability of funding.

**Detailed Budget Building Instructions by Line Item:**

Budget building is a critical component of the application process. The budget in the application is going to be the budget used for the subgrant. The budget must be error free and developed and documented as described in the instructions.

1. **Under the “Category” section of the line item;** there is nothing to be filled out or completed by the applicant. **Please see the Example Budget for reference**
2. **Under the “Total Cost” section of the line item;** the total cost identified should represent the sum of all costs represented in the “Detailed Cost” section associated to the line item. **Please see the Example Budget for reference**
3. **Under the “Detailed Cost” section of the line item**; the detailed costs identified should represent the sum of all costs represented in the “Details of expected expenses” section associated to the line item. **Please see the Example Budget for reference**

**Under the “Details of Expected Expenses”** **section of the line item;** the details of expected expenses identified here should represent the fiscal/mathematical representation of all costs that are outlined in the budget narrative. The expenses should represent a projection of the expenses that will be charged to the subgrant that directly support the work necessary to complete the tasks that are required to meet the goals and objectives as outlined in the scope of work (SOW) for this subgrant.

|  |
| --- |
| ***Example Budget for reference.*** |
| **Category** |  | **Total Cost** | **Detailed Cost** | **Details of Expected Expenses** |
| 1. Personnel | **$** |  **77,280** | **Personnel: The costs that are allowable in this budget line item are personnel costs only. This does not include any form of temporary staff, contract employees and/or volunteers.**The following details must be included in the details of expected expenses sections of the line item.1. The positions title must be included.

**NOTE:** Do not put an individual name.1. The number of staff that will be charged to the grant under a specific position title.

**NOTE:** If your organization charges multiple staff that share the same projected allocation of time, then group them together. See Project Coordinators**NOTE:** If your organization charges multiple staff that do not share the same projected allocation of time, then separate them. See Administrative Assistant1. The total annual salary of the position per year.
2. The percentage of time they will be contributing to the project.
3. The sum total of 1 through 4.
4. The fringe benefits line must be represented as an average percent of the total salaries being charged to the grant.

**Example:** $7,000 + $22,500 + $35,000 + $3,000 + $1,500 = $69,000. The average cost of fringe benefits for all staff being charged to the grant is 12%. Fringe benefits are calculated as $69,000 X 12% (0.12) = $8,280. **Salaries:** (FTE X Annual Salary X % of Effort = Salary Charged)**Fringe:** (Total Salary Charged X Average Fringe Benefit Rate = Fringe Benefit Cost)**NOTE:** Please see the example below. |
|  |  |  | $ |  7,000 22,500 35,000 3,000 1,500 8,280 | Executive Director, 1 X $70,000 per year X 10% = $7,000Project Manager, 1 X $45,000 per year X 50% = $22,500Project Coordinators, 2 X 35,000 per year X 50% = $35,000Administrative Assist, 1 X $15,000 per year X 20% = $3,000Administrative Assist, 1 X $15,000 per year X 10% = $1,500Fringe Benefits equals 12% of total salaries charged - $69,000 X 12% = $8,280 |
| 2. Travel | **$** |  **8,160** |  | **Travel: The costs that are allowable in this budget line item are all travel costs.**The following details must be included in the details of expected expenses sections of the line item. All rates must be reflective of actual GSA approved rates at the time budget development.1. Mileage should reflect GSA approved rate and total projected miles to be driven.
2. A brief description of the trip.
3. The destination of the trip.
4. The number of staff that will be traveling.
5. An estimated trip cost per staff traveling.
6. The projected trip total.

**Mileage:** (GSA Rate X Number of Miles = Cost)**Trips**: (Number of staff X estimated cost per staff X number of trips = Cost)**NOTE:** Please see the example below |
|  |  |  | $ |  1,070 3,000 4,000 90 | Mileage for local meeting and events - $.535 X 2000 miles =$1,0701 SAMHSA Conference, Washington DC, April 2017, 2 Staff, $1,500 each = $3,0004 Quarterly Meetings, Statewide, 2 Staff, $500 each = $4,0001 “Prevention Training” travel only, Reno, 6 staff, $15 each = $90 |
| 3. Operating | **$** |  **7,075** |  | **Operating: The costs that are allowable in this budget line item are all operating costs. Operating costs may include but are not limited to; building space, utilities, telephone, postage, printing and copying, publication, desktop/consumable office supplies, drugs, biologicals, certification fees and insurance costs. If applicable, indirect costs are not included in this section. Organizational costs that do not reasonably contribute the accomplishments of project tasks, goals and objectives of the scope of work cannot not be charged to the grant.**The following details must be included in the details of expected expenses sections of the line item. 1. A brief description of the item being charged.
2. The monthly average cost of the item.
3. The number of months that the budget encompasses.
4. If the item of cost is split between funding sources, then include the percentage of split being charged to this grant.

**NOTE:** if one item of cost is split at 25% then all other items of cost should share the same percent of the split.**Supplies:** (Per Month Cost X number of months charged X Rate of Allocation = Cost)**NOTE:** Please see the example below |
|  |  |  | $ |  900  4,500 300 375 1,000 | Office Supplies (paper, pencils, pens, etc.) - $75 per month X 12 months = $900Rent - $1,500 per month X 12 Months = $18,000 X 25% allocation.Phone - $100 per month X 12 months = $1,200 X 25% allocation.E-mail - $125 per month X 12 months = $1,500 X 25% allocation.1 Computer for the project manager X $1000 per computer |
| 4. Equipment | **$** |  **16,500** |  | **Equipment: The costs that are allowable in this budget line item are equipment costs. Per federal regulation; §200.33 Equipment. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000 per unit**The following details must be included in the details of expected expenses sections of the line item. 1. Include a brief description of the item being charged.
2. Include the cost of the item, per unit.
3. Include the number of units that are being purchased.
4. If the item of cost is split between funding sources, then include the percentage of split being charged to this grant.

**NOTE:** if one item of cost is split at 25% then all other items of cost should share the same percent of the split.**Equipment:** (Per Unit Cost X Number of Units = Cost)**NOTE:** Please see the example below |
|  |  |  | $ |  16,500 | Examination Table, $5,500 per unit X 3 units – 16,500 (*this is almost never used; most expenditures will fall under Operating costs*) |
| 5. Contractual Consultant | **$** |  **99,575** |  | **Contractual: The costs that are allowable in this budget line item are contract costs. List all sub-grants, consultants, contract, personnel/temporary employees and/or vendors that will be procured through a competitive process. (Travel and expenses of consultants and contractor should be incorporated into the contracts and included in this section as a part of the estimate contract cost.)** The following details must be included in the details of expected expenses sections of the line item. 1. Include a brief description of the intended future contract that is being considered.
2. Include the estimated cost of the contract.
3. If applicable, include the cost of and number of deliverables that will be the result of the completed contract.
4. If applicable, include the per hour rate of the contract and the number of hours the project is going to take.
5. For subgrant funding; provide a brief description of the sub-grant project or projects and the total estimated pass-through amount.

**NOTE:** Do not list the actual names of contractors, consultants, vendors or subgrantees in the budget. **NOTE:** Please see the example below |
|  |  |  | $ |  20,000 4,375 15,200 60,000 | Contract to provide 4 regional prevention training courses; $5,000 X 4 Courses = $20,000Media consultant - $35 per hour X 125 hours = $4,375Contract for the development of a community needs assessment = $95.00 per hour X 160 hours - $15,200Sub-grants for community primary prevention programs = $60,000 |
| 6. Training | **$** |  **1,650** |  | **Training: The costs that are allowable in this budget line item are training costs. This line item may include registration fees/conference fees and training costs. This line item can be used to budget for training that will be attended by staff and for the costs of training and educational materials being provided to targeted populations as identified in accordance to the proposed SOW.**The following details must be included in the details of expected expenses sections of the line item.1. Include a brief description of the intended training cost being considered.
2. Include the estimated cost of the training.
3. If developing educational materials for hosting a training.
4. Include the “per unit” cost and number of units being developed for the training.

**NOTE:** Please see the example below |
|  |  |  | $ |  500 150 1,000 | SAMSHA Conference registration fees, 2 staff X $250 each = $500Prevention Training registration fees, 6 staff X $25 each = $150Printing cost for education books for addiction prevention seminar = $20 per book X 50 books = $1000 |
| 7. Other/Indirect | $ |  27,469 |  | **Other/Indirect: The costs that are allowable in this budget line item are indirect costs and if applicable audit costs.** The following details must be included in the details of expected expenses sections of the line item. 1. Include a brief description of the intended cost being considered.
2. For audit costs include the total annual of the audit and the rate of allocation.

**NOTE:** the rate of allocation should be the same as the rates of allocation in the operating section. If not, provide a justification as why the rate of allocation is different.1. If applicable, include the total direct costs being charged for indirect.
2. If applicable, include the federally approved indirect rate total direct costs being charged for indirect.

**Audit Cost:** (Annual audit cost X Rate of Allocation = Cost)**Indirect Cost:** (Total Direct Costs being charged x Federally Approved Indirect Rate = Indirect Cost)**NOTE:** Please see the example below |
|  |  |  | $ |  2,000 25,469 | Annual audit cost: $8,000 X 25% = $2,000Indirect Costs: $210,228 X 12% = 25,468.80 |
| Total Cost | $ |  237,709 |  |
| Note #1: Totals listed must match totals on Cover Page.  |

*Please use the Excel template provided with the announcement package to complete and submit.*

Review and complete the included Excel budget form. Please refer to the Instructions for Proposed Budget Plan(s) and/or Subcontracting Budget Plan provided.

Develop a line item budget for the project. For each itemized category, specify the total project costs (including subcontracting cost), description of expense, and the amount requested from Nevada Division of Public and Behavioral Health (DPBH) funding. A line item expense under a category **must** include a description of the line item expense in the detail description.

***Click on the Proposed Budget Template below to access the EXCEL File.***

|  |
| --- |
| PROPOSED BUDGET TEMPLATE |



|  |
| --- |
| APPENDIX F – Spending PLANSPENDING PLAN – Click on the Excel form below to access the fileTemplate |

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| APPENDIX GBUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTIONPROGRAM REQUIREMENTS |

In addition to the Division of Public and Behavioral Health Subaward Grant Assurances, the subrecipient and all organizations or individuals to whom the sub-grantee passes through funding must be in compliance with all applicable rules, federal and state laws, regulations, requirements, guidelines, and policies and procedures. The terms and conditions of this State subaward flow down to the subrecipient’s pass through entities unless a particular section specifically indicates otherwise.

## GENERAL REQUIREMENTS

Applicability

This section is applicable to all subrecipients who receive finding from the Division of Public and Behavioral Health through the Bureau of Behavioral Health Wellness and Prevention (BBHWP). The subrecipient agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
2. 45 CFR 96 - Block Grants as it applies to the subrecipient and per Division policy.
3. 42 CFR 54 and 42 CFR 54A Charitable Choice Regulations Applicable to States Receiving Substance Abuse Prevention & Treatment Block Grants and/or Projects for Assistance in Transition from Homelessness Grants
4. NRS 218G - Legislative Audits
5. NRS 458 - Abuse of Alcohol & Drugs
6. NRS 616 A through D Industrial Insurance
7. GAAP – [Generally Accepted Accounting Principles] and/or GAGAS [Generally Accepted Government Auditing Standards]
8. GSA – [General Services Administration] guidelines for travel
9. The Division of Public and Behavioral Health, BBHWP policies and guidelines.
10. State Licensure and certification
	1. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
	2. The subrecipient’s certification must be current and fees paid prior to release of certificate in order to receive funding from the Division. Subawards cannot be issued unless certifications are current.
11. The Subgrantee shall carry and maintain commercial general liability coverage for bodily injury and property damage as provided for by NRS 41.038 and NRS 334.060. In addition, Subgrantee shall maintain coverage for its employees in accordance with NRS Chapter 616A. The parties acknowledge that Subgrantee has adopted a self-insurance program with liability coverage up to

$2,000,000 and has excess liability coverage up to $20,000,000 for bodily injury (automobile and general liability), property damage (automobile and general liability), professional liability, and personal injury liability. The parties further acknowledge that Subgrantee is self-insured for workers’ compensation liability. Subgrantee warrants that its participation in the plan is in full force and effect and that there have been no material modifications thereof. If, at any time, Subgrantee is no longer a participant in the self-insurance program, then Subgrantee shall immediately become a participant in a comparable self-insurance program or immediately obtain a policy of commercial insurance. The parties acknowledge that any Subgrantee liability is limited by NRS 41.0305 through NRS 41.035.

1. The subrecipient shall provide proof of workers’ compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
2. The subrecipient agrees to be a “tobacco, alcohol, and other drug free” environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
3. The subrecipient will report within 24 hours the occurrence of an incident, following Division policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
4. The subrecipient shall maintain a Central Repository for Nevada Records of Criminal History and FBI background checks every 3 to 5 years were conducted on all staff, volunteers, and consultants occupying clinical and supportive roles, if the subrecipient serves minors with funds awarded through this subaward.
5. Application to 2-1-1
* As of October 1, 2017, the Sub-grantee will be required to submit an application to register with the Nevada 2-1-1 system.
1. The subrecipient agrees to cooperate fully with all BBHWP sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
2. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
3. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subaward may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The BBHWP may reallocate funds to other programs to ensure that gaps in service are addressed.
4. The subrecipient acknowledges that if the scope of work is NOT being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical assistance will be provided by BBHWP staff or specified subcontractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, BBHWP will provide written notice identifying the reduction of funds and the necessary steps.
5. The subrecipient will NOT expend BBHWP funds, including Federal Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grant Funds for any of the following purposes:
	1. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
	2. To purchase equipment over $1,000 without approval from the Division.
	3. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
	4. To provide in-patient hospital services.
	5. To make payments to intended recipients of health services.
	6. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDS.
	7. To provide treatment services in penal or correctional institutions of the State.
6. Failure to meet any condition listed within the subaward award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

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:

1. 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.
2. 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.

Year-End Financial Report

1. The non-federal entity must prepare financial statements that reflect its financial position, results of operations or changes in net assets, and, where appropriate, cash flows for the fiscal year.
2. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
3. Year-End Financial Report must be signed by the CEO or Chairman of the Board.
4. The Year-End Financial Report must identify all organizational revenues and expenditures by funding source and show any balance forward onto the new fiscal year as applicable.
5. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must:
	1. List individual federal and State programs by agency and provide the applicable federal agency name.
	2. Include the name of the pass-through entity (State Program).
	3. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available.
	4. Include the total amount provided to the non-federal entity from each federal and State program.
6. The Year-End Financial Report must be submitted to the Division 90 days after fiscal year end at the following address.

Behavioral Health Wellness and Prevention Attn: Management Oversight Team

4126 Technology Way, Second Floor Carson City, NV 89706

Limited Scope Audits

1. The auditor must:
	1. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS;
	2. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program;
	3. Perform procedures to determine whether the auditee has complied with federal and State statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on the federal program consistent with the requirements of federal program;
	4. Follow up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with the requirements of 2 CFR Part 200, §200.511 Audit findings follow-up, and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding;
	5. And, report any audit findings consistent with the requirements of 2 CFR Part 200,

§200.516 Audit findings.

1. The auditor's report(s) may be in the form of either combined or separate reports and may be organized differently from the manner presented in this section.
2. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following:
	1. An opinion as to whether the financial statement(s) of the federal program is presented fairly in all material respects in accordance with the stated accounting policies;
	2. A report on internal control related to the federal program, which must describe the scope of testing of internal control and the results of the tests;
	3. A report on compliance which includes an opinion as to whether the auditee complied with laws, regulations, and the terms and conditions of the awards which could have a direct and material effect on the program; and
	4. A schedule of findings and questioned costs for the federal program that includes a summary of the auditor's results relative to the federal program in a format consistent with 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(1), and findings and questioned costs consistent with the requirements of 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(3).
3. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day. The Audit Report must be sent to:

Behavioral Health Wellness and Prevention Attn:
Management Oversight Team
4126 Technology Way, Second Floor Carson City, NV 89706

Amendments

1. The Division of Public and Behavioral Health policy is to allow no more than 10% flexibility within the approved Scope of Work budget line items. Notification of such modifications must be communicated in writing to the BBHWP through the assigned analyst prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via email.
2. For any budgetary changes that are in excess of 10 percent of the total award, an official amendment is required. Requests for such amendments must be made to BBHWP in writing.
3. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
4. Any significant changes to the scope of work over the course of the budget period will require an amendment. The assigned program analyst can provide guidance and approve all scope of work amendments.
5. The subrecipient acknowledges that requests to revise the approved subaward must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
6. Final changes to the approved subaward that will result in an amendment must be received 60 days prior to the end of the subaward period (no later than April 30 for State funded grants and July 31 for federal funded grants). Amendment requests received after the 60-day deadline will be denied.

Remedies for Noncompliance

1. The Division reserves the right to hold reimbursement under this subaward until any delinquent requests, forms, reports, and expenditure documentation are submitted to and approved by the Division.

# SUBSTANCE USE TREATMENT SERVICES

### Applicability

This section applies to all sub-grants that support direct services to persons being treated for substance use.

1. The subrecipient, as applicable, if identifying as Faith-Based Organizations must comply with 42 USC

§ 300x-65 and 42 CFR part 54 (42 CFR §§ 54.8(c) (4) and 54.8(b)), Charitable Choice provisions and regulations.

* 1. The subrecipient must post a notice to advise all clients and potential clients that if the client objects to the religious character of the Sub-grantee’s organization as applicable.
	2. The client has the right to be referred to another Division-funded provider that is not faith-based or that has a different religious orientation.
1. Priority Groups – The subrecipient agrees to prioritize and expedite access to appropriate treatment, except for Civil Protective Custody Services, for priority populations in the following order:
	1. Pregnant injecting drug users;
	2. Pregnant substance abusers;
	3. Injection drug users;
	4. Substance using females with dependent children and their families, including females who are attempting to regain custody of their children; and
	5. All others.
2. The subrecipient agrees to report within 24 hours to the Bureau of Behavioral Health Wellness and Prevention when any level of service reaches 90 percent capacity or greater in accord with the Division’s Wait List and Capacity Management policy.
3. A subrecipient who provides residential services agrees to report bed capacity in the HavBed system or a successor system for residential services daily in accord with the Division’s Wait List and Capacity Management policy.
4. Programs will make continuing education in alcohol and other drug treatment available to all employees who provide services.
5. The subrecipient must post a notice, where clients, visitors, and persons requesting services may easily view it, that no persons may be denied services due to inability to pay. This notice may stipulate that the organization is authorized to deny services to those who are able to pay but refuse to do so.
6. The subrecipient is required to implement the National Institute of Drug Abuse (NIDA) 13 principles of treatment.
7. The subrecipient is required to participate, if selected to be reviewed by the Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (AADAPTS) annual peer review process.

### Capacity of Treatment for Intravenous Substance Abusers

1. A subrecipient must admit an individual who requests and needs treatment for intravenous drug use to a treatment program. If unable to provide services, the subrecipient must contact the BBHWP according to the Division’s Capacity Management and Wait List policy.
2. The subrecipient who treats persons who inject drugs agrees to carry out activities to encourage individuals in need of treatment for injection drug use to undergo such treatment. The subrecipient must use outreach models that are scientifically sound or an alternate outreach method that is reasonably expected to be effective and has been approved by the BBHWP. All outreach activities will be reported to the Division quarterly. The model shall require that outreach efforts include the following at a minimum:
	1. Selecting, training and supervising outreach workers;
	2. Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
	3. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
	4. Recommend steps that can be taken to ensure that HIV transmission does not occur; and
	5. Encouraging entry into treatment.

### Treatment services for pregnant women (45 CFR § 96.131)

1. All subrecipient who treat women agree to provide immediate comprehensive treatment services to pregnant women, or if the sub-grantee is unable to do so, the sub-grantee must immediately contact the Bureau of Behavioral Health Wellness and Prevention in accord to the Divisions Capacity Management and Wait List policy.
2. Subrecipients who do not treat women and who receive a request for treatment services from a pregnant woman must provide a referral to an appropriate treatment provider within 48 hours of the request for services and must immediately notify the Bureau of Behavioral Health Wellness and Prevention of the need for such services.
3. Subrecipients who provide services to women agree to publicize the availability of services to women in priority populations and the admission priority granted to pregnant women. The publication of services for women in priority populations may be achieved by means of street outreach programs, ongoing public service announcements, regular advertisements, posters placed in target areas, and frequent notification of availability of such treatment services distributed to the network of community-based organizations, health care providers, and social services agencies.

### Records

1. All subrecipients will have in effect a system to protect from inappropriate disclosure of client records, compliant with all applicable State and federal laws and regulations, including 42 CFR, Part 2.
2. The system to protect confidentiality shall include, but not be limited to, the following provisions:
	1. Employee education about the confidentiality requirements, to be provided annually;
	2. Informing employees of the fact that disciplinary action may occur upon inappropriate disclosure.

### Reporting

1. The subrecipient is required to submit monthly Treatment Episode Data Set (TEDS) admissions files and TEDS discharges files in accordance with current block grant requirements. The subrecipient is also required to submit any other reporting as defined and requested by the BBHWP.
2. The subrecipient agrees to participate in reporting all required data and information through the authorized BBHWP data reporting system and to the evaluation team as required; or, if applicable, another qualified Electronic Health Record (EHR) reporting system.

## Fee for Service requirements

1. Subrecipients that have been awarded a fee for service subaward must comply with the Division’s Utilization Management policy and the following billing and eligibility rules for claims processing.
	1. The service must be delivered at a Division certified facility.
	2. The certifications must cover the service levels under which the qualified service was delivered.
	3. The service must be provided by an appropriately licensed/certified staff member.
	4. The service delivered must be a Division qualified service which is **NOT** reimbursable by Medicaid or other third-party insurance carrier.
	5. The rate of reimbursement will be based on the Division approved rates (available upon request).
	6. The subrecipient agrees to accept the Division reimbursement rate as full payment for any program eligible services provided.
	7. The subrecipient is responsible for ensuring that all third-party liabilities are billed and collected from the third party payers and are **NOT** billed to the Division.
	8. Division funds will **NOT** be used to fund the services for self-pay clients or clients who elect not to use their insurance coverages. This includes clients that elect not sign up for insurance under the ACA [Affordable Care Act] or clients that have existing insurance and choose not to use their insurance for treatment services. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.
	9. Division funds will **NOT** be used to reimburse Medicare claims.
	10. Division funds will **NOT** be used to reimburse claims for which the client is pending eligible for insurance coverage.
	11. Division funds will **NOT** be used to reimburse for claims denied by Medicaid or other insurance

carriers unless the claim was denied as “not a covered benefit”.

* + 1. Claims denied as “not a covered benefit” and billed to the Division must have the

accompanying denial attached in order to guarantee payment.

* 1. Division funds will **NOT** be used to cover any unpaid costs that Medicaid and/or other insurance carriers may not reimburse (i.e. copayments, deductibles).
	2. The subrecipient agrees to use Division funds as the “payer of last resort” for all services provided to clients. If an undue barrier to treatment exist, a written request to the Division may be submitted for review and some services may be covered upon written permission from the Division.
1. The subrecipient must establish policies, procedures, and the systems for eligibility determination, billing, and collection to:
	1. Ensure that all eligible clients are insured and/or enrolled in Medicaid in accord with the ACA;
	2. Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any State compensation program, any other public assistance program for medical assistance, any grant program, any private health insurance, or any other benefit program; and secure from client’s payment for services in accordance with their ability to pay; and
	3. Prohibits billing the Division for a service that is covered by Medicaid or any other insurance carrier. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.

# BILLING THE DIVISION

## Fee-for-service only

1. The subrecipient agrees to submit a monthly billing invoice, along with back-up documentation via the Secure File Transfer Protocol (SFTP) site to the Division; the Sub-grantee agrees to notify the treatment analyst once the invoice has been posted to the SFTP site.
2. Upon official written notification from the BBHWP, prior authorizations will be required for all residential and transitional housing services being billed to the Division.
3. The subrecipient agrees to include an explanation of benefits for all charges requested for services that have been denied by Medicaid or any other third-party payer due to non-coverage of that benefit.
4. The subrecipient understands that charges greater than 90 days from the date of service will be considered stale dated and may not be paid.
5. The subrecipient understands that quarterly Medicaid audits will be conducted by Division and recouping of funds may occur.
6. The subrecipient understands that they are required to produce an invoice that breaks out the total number of services provided by level of care and CPT or HCPCS code. The invoice must, at a minimum meet the following conditions.
	1. The invoice must contain, company information (Name, address, City, State and Zip), Date, unique Invoice #, vendor #, PA or HD#.
	2. The invoice must contain contact name, phone number, e-mail and identify the invoice period.
	3. The invoice must contain: Billed To: The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention, 4126 Technology Way, Suite 200, Carson City, NV 89706.
	4. The invoice must show the total number of services by CPT or HCPS code, the rate being charged, the total amount charged to that CPT or HCPS code line and summarize the totals by level of care.
	5. The invoice must also show the total number of services provided, the total number of unique clients served for the invoice and the total amount charged to the invoice.
	6. The invoice must be signed and dated by the organizations fiscal officer and include the following certification, "By submitting this invoice, we certify that all billing is correct and no Medicaid or other insurance eligible services have been charged to this invoice."

# REQUESTS FOR REIMBURSEMENTS (All non-fee-for-service subawards)

1. Request for Reimbursement is due, at a minimum, on a monthly basis, based on the terms of the sub-grant agreement, no later than the 15th of the month. If there has been no fiscal activity in a given month, a Request for Reimbursement claiming zero dollars is required to be submitted for the month.
2. Reimbursement is based on actual expenditures incurred during the period being reported.
3. Requests for advance of payment will not be considered or allowed by the Division.
4. Reimbursement must be submitted with all Division required supporting back up documentation. The Division has the authority to ask for additional supporting documentation at any time and the information must be provided to Division staff within 10 business days of the request.
5. Payment will not be processed without all programmatic reporting being current.
6. Reimbursement may only be claimed for allowable expenditures approved within the sub-grant award.

1. The subrecipient is required to submit a complete financial accounting of all expenditures to the Division within 30 days of the **CLOSE OF THE SUBAWARD PERIOD**. All remaining balances of a federally funded sub-grant revert back to the Division 30 days after the close of the subaward period.
2. The Request for Reimbursement to close the State Fiscal Year (SFY) is due at a minimum of 25 days after the close of the SFY which occurs on June 30. All remaining balances of the State funded subawards revert back to the State after the close of the SFY.
3. The subrecipient must retain copies of approved travel requests and claims, consultant invoices, payroll register indicating title, receipts for goods purchased, and any other relevant source documentation in support of reimbursement requests for a period of three years from the date of submission of the State’s final financial expenditure report submitted to the governing federal agency.

The subrecipient agrees that any failure to meet any of the conditions listed within the above Program Requirements may result in the withholding of reimbursement for payment, termination of current contract and/or the disqualification of future funding.